Fee Schedule Instructions
Historical Behavioral Health Fee Schedules
Fee Schedule Formats
Format of CSV Fee Schedules
Special Indicators on Fee Schedules
Table Listing

Fee Schedule Instructions

Welcome to the Connecticut Medical Assistance Program enhanced fee schedule page. The fee schedules have been enhanced to provide different formats that can be easily viewed, downloaded and manipulated, and that have historical rate data. To reference provider bulletins with important fee schedule information, navigate to the Information page of this Web site by selecting Information > Publications and use the Publication Search feature to find provider bulletins for your provider type.

Limited policy restriction information is only provided on the fee schedule. For a comprehensive set of policy information, please refer to Chapter 7 of the Provider Manual. To reference provider manuals, navigate to the Information page of this Web site by clicking on Information > Publications > Provider Manuals to find the provider manual for your provider type and click the "View Chapter 7" button.

For enhanced pediatric and obstetrical services rate information, please review further down in the document the section titled Available Fee Schedules and the information provided under the "additional information column" for both the "Physician Office and Outpt Services" fee schedule.

Historical Behavioral Health Fee Schedules

This link contains Behavioral Health Partnership & Psychologist fee schedules produced prior to April 1, 2012.

Fee Schedule Formats

The most current fee schedules are now available in one of two formats as follows:

- PDF –Portable Document Format - Fee schedules in this format (easily viewed and printed with free Adobe Acrobat Reader) contain footnoted information pertaining to some specific policies related to the procedure codes. This is a picture that cannot be sorted or modified in any way. This document can be saved to your PC. It is important to note that this version is updated annually or when there are significant numbers of updates.

- CSV – Comma Separated Values - A CSV file type can be opened in Microsoft Excel or other spreadsheet programs. This file type is available to providers in the event that providers would like to use the fee schedule data for any necessary calculations. This fee schedule format can be manipulated as any other Excel document, with available spreadsheet features such as sorting, filtering, and adding columns. Please note the following tips when using the CSV format.
    - To open a fee schedule in this format, simply click on the CSV link next to the appropriate fee schedule. On the Pop Up box that appears, press the Save button and Save in the folder of your choice and with the name of your choice. Go to folder where the file was saved and open the file. After it is open, save the file in the desired spreadsheet program by selecting the file type, such as Microsoft Excel.
    - Once the file is opened, providers will have to expand the column size of each of the columns. Providers may then perform any functions available in the selected spreadsheet program, such as sort, filter, print, and add columns.
    - If the provider is interested only in current rates and not historical rate data, use the filter function of the selected spreadsheet program to filter by the effective date. If the provider is interested in viewing current and historical rate information, do not apply a filter.
    - If the fee schedule is to be printed, it may be wise to choose landscape and add page numbers using the page number feature of the selected spreadsheet program.
    - If the CSV link doesn't work for you, you may need to point to the link, right click and select Open to access the CSV format and/or on the pop-up blocker setting page there is a drop down with the Blocking level. If you have this set to "High" Then you need to override the popup blocker settings. You can investigate your settings in either of these ways:
        - Tools | Pop-up blocker | Pop-up Blocker Settings | set the Blocking level to Medium
        - Tools | Internet Options | Privacy tab | Click the Settings button in the pop-up blocker area | set the Blocking level to Medium

Format of CSV Fee Schedules

Each fee schedule contains the following data:

- Heading – Indicates the name of the fee schedule.
- Procedure Code – Indicates each procedure code that can be billed for that fee schedule.
- Proc description – Includes a description of each procedure code.
- Mod1 – Includes any modifiers that can be billed with the procedure code. Modifiers will not be applicable to all fee schedules.
- Mod1 Desc – Includes a description for the listed modifier. Beginning mid-May 2009, this field will be excluded on MEDS Fee Schedules.
- Rate Type – The rate type is used to further define the type of rate for the provider fee schedule. Some fee schedules may only have one rate type, whereas others may have multiple rate types. The rate type gives DSS the ability to reimburse procedure codes at a different rate amount based on criteria such as client age or gender.
- Max Fee – Indicates the maximum fee payable for that procedure code.

- Effective Date – Indicates the effective date for that rate type and max fee amount. The fee schedule may contain multiple rate types, max fee amounts, and effective dates so that providers have historical rate data.
- End Date – Indicates the end date for that rate type and max fee amount.
- PA – Indicates whether or not prior authorization (PA) is required. If the column contains a value of Y then PA is **ALWAYS** required for a procedure code. If the PA indicator lists an "*" asterisk; that implies the PA applies to specific billing rule situations, not all**.** **Ensure that you refer to Chapter 7 of the Provider Manual for situational PA requirements as this field shows codes that ALWAYS require PA.** To reference provider manuals, navigate to the Information page of this Web site by clicking on Information > Publications > Provider Manuals to find the provider manual for your provider type and click the "View Chapter 7" button.
- QTY – Applies only to MEDS fee schedules and indicates the quantity associated with the procedure code

Special Indicators on Fee Schedules

The Max Fee column lists the amount the procedure code will be reimbursed. Some fee schedules may contain special indicators in the Max Fee column. These indicators are:

- MP – Indicates that a procedure code is manually priced. No rate will be listed.
- PSR – Indicates that the rate for this procedure code is provider specific. No rate will be listed.
- BLLACQ - Indicates to Bill Acquisition Cost. This applies to the Optician Fee Schedule (formerly vision)
- %BILL – indicate that code pays a percentage of the claim billed amount. This applies to the Physician Surgical fee schedule. Please note you must do a find on the CSV format of "BILL" to locate the code. This value does not appear in the autofilter list if the CSV is filtered.

MEDS Specific Values

- Lst-15 – Indicates to be priced at the lesser of list minus 15% based on an appropriate published manufacturer's suggested retail price or Medicare Price if available. Appropriate documentation regarding pricing must be available upon request.
- Zero - Indicates that a procedure code is manually priced or requires PA. No rate will be listed.
- CST+75 – Indicates for a hearing aid repair, the payment for repairs performed by the manufacturer or third party vendor are limited to the manufacturer or third party vendor's actual costs plus $75. Appropriate documentation regarding pricing must be available upon request.

Table Listing

The following tables provide fee schedules, rate types and other additional information:

Table 1: The Enhanced Fee Schedule table, is a comprehensive listing of all fee schedules. The Rate Type column provides a 2 or 3 digit character value associated with the specific fee schedule that is used to generate the fee schedule. In a limited number of fee schedules, such as the physician fee schedule, the additional notes column contains specific instructions on how to use the Rate Type column. The Available Format column indicates whether the fee schedule is available in PDF or CSV.

Table 2: The Rate Type table further defines the rate types used in each fee schedule.

Table 3: Lists the Diagnosis Codes for Family Planning Services
Table 3a: contains ICD-9-CM codes
Table 3b: contains ICD-10-CM codes effective 10/1/2015.

Table 4: The HUSKY Health Primary Care Rates lists the services eligible for enhanced payments under the HUSKY Health Primary Care for services furnished by certain primary care physicians. The rates will be effective 01/01/2015 to 12/31/2299. Please refer to bulletin PB-2014-75, PB-2015-44, PB 2017-44 and PB 2017-72 for further information.

Table 5: Lists the services eligible for enhanced payments under ACA Section 1202 Increased Payments for Services Furnished by Certain Primary Care Physicians

Table 6: Lists Physician Office and Outpatient fee schedule procedure codes payable for 08/527 FQHC billing non-FQHC services physician services - non-mental health.

Table 7: Lists Physician Surgery fee schedule procedure codes payable for 08/527 FQHC billing non-FQHC services physician services - non-mental health.

Table 8: Lists Physician Office and Outpatient fee schedule procedure codes payable for 08/527 FQHC billing non-FQHC services for mental health services.

Table 9: Lists the Physician Office and Outpatient codes for OBS (Obstetrical) rate type ICD-10-CM codes effective 10/1/2015.

Table 10: Lists the ICD-10-CM Behavioral Health Diagnosis Codes effective 10/1/2015.

Table 11: Lists the ICD-10-CM Pregnancy Diagnosis Codes not requiring PA for Lab Procedures 81220-81224 effective 10/1/2015.
Table 11a: Lists ICD-10-CM Diagnosis Codes SMA Lab Procedure 81329 effective 1/1/2021.

Table 12: Lists the ICD-10 CM Diagnosis Codes for Tuberculosis Eligibility Waiver (Reference Provider Bulletin 2011-73) effective 10/1/2015.

Table 13: Lists the Diagnosis Codes for High Risk Obstetrical Radiology
Table 13a: contains ICD-9-CM codes effective 7/1/2015 - 9/30/2015
Table 13b: contains ICD-10-CM codes effective 10/1/2015.

Table 14: Kessner Index for Insufficient Prenatal Care. Please refer to policy transmittal, PT-36 Changes to the Obstetric (OBS) and Facility Obstetric (FTO) Rate Types. This table is effective 7/1/2015 forward.

Table 15: Lists Primary Diagnosis Codes for Therapy Audits Requiring Prior Authorization. All Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services in excess of nine treatments per calendar year per provider per client.

Table 16: Contains the diagnosis codes specified in policy transmittal 2015-102 pertaining to procedure code V2025 eyeglasses deluxe frames. Effective 2/1/2016: one of the listed diagnosis codes is required when V2025 is billed.

Table 17: List of ICD-10 diagnosis codes for DHMAS Targeted Case Management Services (2023T and T1017).

Table 18: List of Gender Reassignment Procedure and Surgery Pricing List.

Table 19: List of the Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.

Table 20: List of codes that are to be used for Chiropractor services.

Table 21: List of codes used in non-pharmacy rule configuration and in pharmacy edit 2828 EMDS Diagnosis Edit.

Table 22: List of diagnosis codes to be used for Emergency Medicaid Dialysis Coverage (EMDS).

Table 23: All other Substance Use (SUD) Diagnoses.

Table 24: Opioid Use Disorder (OUD) Diagnoses for OUT Medication for Addiction Treatment (MAT).

Table 25: List of SUD J-Codes.
Table 25 Part 1: contains description of SUD J-Codes that are payable with NDCs.
Table 25 Part 2: contains list of payable SUD J-Codes and NDCs combination.

Table 26: Diagnosis Codes for MNT Services

Table Listing, Next Table 2, End of Document

Table 1: Enhanced Fee Schedule Table

Note: For special projects the CSV format may be temporarily removed and replaced by a PDF. Once the special project updates are completed, the CSV will then be made available.

Table 1	Enhanced Fee Schedule Table		
Fee Schedule	**Rate Type(s) on CSV format**	**Available Format**	**Additional Notes**
Acquired Brain Injury Case Management	AAB PAB	CSV	For claims with dates of service 9/1/2016 and after
Acquired Brain Injury DOS Prior to 09/01/2016	DEF	CSV	Historical for claims with dates of service prior to 9/1/2016
Acquired Brain Injury Fiduciary	DEF	CSV	For claims with dates of service 9/1/2016 and after
Acquired Brain Injury II DOS Prior to 09/01/2016	ABI	CSV	Historical for claims with dates of service prior to 9/1/2016
Acquired Brain Injury Service Provider	ABI	CSV	For claims with dates of service 9/1/2016 and after
Acupuncture	ACU	CSV	For claims with dates of service 10/1/2021 and after
Autism Spectrum Disorder	ASD ASK	CSV	Effective 7/1/2024, the following rate type <ASK> was added to designate the increase in the reimbursement rates of select behavioral health services (including family therapy services) for HUSKY Health members ages, 20 years old and under.
Autism Waiver Fiscal Intermediary	AU2	CSV	
Autism Waiver Service Provider	AU1	CSV	
Behavioral Health Clinician	ASB BHC BHK BHT DEF FBH FBK FTD FTM MPH	CSV	Effective 2/23/2022 for dates of service 11/17/2021 and forward, the BHC and FBH rate types were created and replaced rate types ASB, DEF, FTD, FTM, and MPH. Effective 2/1/2016, claims billed with specified services by provider type 33 or 86 and 115, 118, 119, or 121 will be paid at a unique rate and identified on the fee schedule with a new rate type of ASB. This code will be designated in the fee schedule footer to disregard the MPH rate until changes are made to display the new ASB rate type.

Table 1	Enhanced Fee Schedule Table		
Fee Schedule	**Rate Type(s) on CSV format**	**Available Format**	**Additional Notes**
	THK		Effective 10/1/2014, claims billed with facility type code (FTC) 31 or 32 will be paid at a unique rate and identified on the fee schedule with a new rate type of FTD or FTM. Effective 7/1/2024, the following rate types <BHK, THK and FBK> were added to designate the increase in the reimbursement rates of select behavioral health services (including family therapy services) for HUSKY Health members ages, 20 years old and under.
Chiropractor	DEF	CSV	
Clinic - Ambulatory Surgical Center	ASC	CSV	
Clinic – Chemical Maintenance	MM MMM PMM	CSV	Formerly Clinic - Substance Abuse
Clinic – Clinic and Outpatient Hospital Behavioral Health	ATK CCK ECC ECK MH MAT MHK MMH OEC OMH OMK PMH	CSV	Formerly Clinic - Mental Health Formerly Clinic – Behavioral Health Effective 11/15/2022, MAT J / Q codes will become payable for PT 08 specialties 525 and 526 Effective 7/1/2024, the following rate types <CCK, ATK, MHK, ECK and OMK> were added to designate the increase in the reimbursement rates of select behavioral health services (including family therapy services) for HUSKY Health members ages, 20 years old and under.
Clinic - Dialysis	DC	CSV	
Clinic Family Planning / Abortion	FP PFP	CSV	
Clinic Medical	MC MCK MMC MMK SBC	CSV	Effective 7/1/2022, New SBC rate type added to distinguish PT/S 08/519 separately from medical clinics PT/S 08/523 Effective 7/1/2024, the following rate types <MCK and MMK> were added to designate the increase in the reimbursement rates of select behavioral health

Table 1	Enhanced Fee Schedule Table		
Fee Schedule	**Rate Type(s) on CSV format**	**Available Format**	**Additional Notes**
			services (including family therapy services) for HUSKY Health members ages, 20 years old and under.
Clinic - Rehabilitation	MRC MRK RC RCK	CSV	Effective 7/1/2024, the following rate types <RCK and MRK> were added to designate the increase in the reimbursement rates of select behavioral health services (including family therapy services) for HUSKY Health members ages, 20 years old and under.
Community First Choice - Assessments	CFP PFT	CSV	
Community First Choice - Services	CFA PFA	CSV	
Connecticut Housing Engagement and Support Services	CHS	CSV	
CT Home Care	CHC PCH	CSV	
DDS Specialized Service NF	DNH	CSV	
Dental Adult	DEN	CSV	
Dental DOS Prior to 09/01/2016	DEN DNA	CSV	Please note that 1) This fee schedule lists the fees for a client under the age of 21. The fee for a client 21 years of age and older is 52% of the fee listed on this schedule and 2) T1015 may be billed only by FQHCS and pays at the provider specific rate Current Dental Terminology (including procedure codes, nomenclature, descriptors and other data contained therein) is copyright 2008 American Dental Association. All rights reserved. Applicable FARS/DFARS Apply.
Dental Pediatric	DEN	CSV	
Dietitian/Nutritionist	DN	CSV	

Table 1	Enhanced Fee Schedule Table		
Fee Schedule	**Rate Type(s) on CSV format**	**Available Format**	**Additional Notes**
Doula	DEF	CSV	
Free Standing Birthing Center	BC	CSV	
Free-Standing Substance Use Disorder (SUD) Residential Treatment Facilities	FAT MAT PAT	CSV	As of 06/01/2022 name change from Ambulatory Detoxification to Free-Standing Substance Use Disorder (SUD) Residential Treatment Facilities
Home Health		PDF	
Hospice	DEF MSA	CSV	RCC 657 - Must include a HCPC from the Physician Fee Schedule. Pricing for this code uses the physician fee schedule rate. RCC 658 – Pricing based on the Nursing Home provider number on the client's eligibility file. RCC 659 – Must include procedure code S9381. Provider specific rate for add on cost for escort service. Provider must apply to DSS for this rate. Refer to chapter 1 - DSS Directory for rate setting contact information.
Hospital DRG Organ Acquisition	OTH OTK OTL OTP	PDF	
Hospital Outpatient Flat Fee	DEF OCD RCC	CSV	
Independent Audiology and Speech and Language Pathology	AUD	CSV	
Independent Physical Therapy and Occupational Therapy	OT PT	CSV	
Independent Radiology	IRA	CSV	
Integrated Care for Kids Targeted Case Management	INC	CSV	

Table 1	Enhanced Fee Schedule Table		
Fee Schedule	**Rate Type(s) on CSV format**	**Available Format**	**Additional Notes**
Lab	DEF	CSV	Please note: When billing for Physician Lab services, for surgical pathology codes use the Physician Office and Outpatient Fee Schedule with the LAB rate type. For all other Lab codes use the Lab Fee Schedule. Providers must bill their lowest price charged or accepted from any other payer.
Local Health Department	TB	CSV	Effective 8/26/19, a new Fee Schedule was created. TB rate type was transferred from Special Services to this fee schedule.
MEDS - DME	DEF	CSV	This fee schedule now incorporates all E codes including the oxygen codes.
MEDS-Hearing Aid / Prosthetic Eye	DEF	CSV	Please note that only one hearing aid or assistive listening device is allowed in any three-year period.
MEDS-Medical / Surgical Supplies	DEF	CSV	This fee schedule now incorporates all A codes.
MEDS-MISC	DEF	CSV	This fee schedule lists all S codes.
MEDS-Parenteral-Enteral	DEF	CSV	This fee schedule incorporates all B codes including the equipment.
MEDS-Prosthetic / Orthotic	DEF	CSV	This fee schedule incorporates all L codes.
Mental Health Waiver Assisted Living Provider	MHW	CSV	Assisted Living provider type 77 specialty 772 for dates of service 2/1/2020 forward
Mental Health Waiver DOS Prior to 02/01/2020	MHW	CSV	Documents historical rates for provider type 77 specialty 770 prior to services requiring a care plan prior to 2/1/2020
Mental Health Waiver Service and Fiscal Intermediary Provider	MHW	CSV	Service provider type 77 specialty 771 for dates of service 2/1/20 forward & Fiscal Intermediary provider type 77 specialty 770 for dates of service 2/1/2020 forward
Natureopath		PDF	
Optician / Eyeglasses	OPT	CSV	Replaces the historical Vision Fee Schedule

Table 1	Enhanced Fee Schedule Table		
Fee Schedule	**Rate Type(s) on CSV format**	**Available Format**	**Additional Notes**
Personal Care Assistant	DEF PCA	CSV	
Physician Anesthesia	DEF	CSV	The new format provides the conversion factor and relative value. Anesthesia claims price using the following formula: Anesthesia pricing formula: (units/15 + relative value) x conversion factor.
Physician Office and Outpt Services	BHC BHK DEF DEK FBH FBK FMK FPK FPY FTD FTK FTL FTM FTO FTP LAB MPH MPK OBS PED PY THK	CSV	If the rate type column is equal to PED, pediatric services, or OBS for obstetrical services, this indicates that there is a unique rate for providers submitting these services for qualified clients and claim data. 1. Claim will pay at the OBS rate when the following criteria are met: • The billing provider is a physician or physician group practice with a specialty in family practice or obstetrics and gynecology and has met enrollment requirements. • The OBS ICD-10 Diagnosis code must be the primary diagnosis code if claim dates of service are on or after 10/1/2015. • The procedure codes have an OBS rate type on the Physician Fee Schedule. • The client is a female and the claim indicates a pregnancy-related ICD-9-CM diagnosis code (630-634.92, 640-676.92, V22-V25.9, V26.3, and V28-V28.9). As of 4/1/2015, the following ICD-9-CM codes will no longer assign an OBS rate type: V25, V25.0, V25.01, V25.02, V25.03, V25.04, V25.09, V25.1, V25.11, V25.12, V25.13, V25.2, V25.3, V25.4, V25.40, V25.41, V25.42, V25.43, V25.49, V25.5, V25.8, V25.9. ICD-10-CM diagnosis codes see Table 9. 2. Claim will pay at the PED rate when the following criteria are met: • The billing provider is a physician or physician group practice with a specialty in family practice or pediatrics and has met enrollment requirements. • The procedure codes have a PED rate type on the Physician Fee Schedule. • The client is under the age of 21 on the date of service.

Table 1	Enhanced Fee Schedule Table		
Fee Schedule	**Rate Type(s) on CSV format**	**Available Format**	**Additional Notes**
			3. Please note: When billing for Physician Lab services, for surgical pathology codes use the Physician Office and Outpatient Fee Schedule with the LAB rate type. For all other Lab codes use the Lab Fee Schedule. For non-FQHC Service Billing: 08/527 Physician Services – Non-mental Health. See the following tables: PHYSICIAN OFFICE AND OUTPATIENT FEE SCHEDULE Procedure Codes Payable for 08/527 FQHC Billing non_FQHC Services PHYSICIAN SURGERY FEE SCHEDULE Procedure Codes Payable for 08/527 FQHC Billing non_FQHC Services For non-FQHC Service Billing: 08/528 Physician Services – Mental Health. See the following tables: PHYSICIAN OFFICE AND OUTPATIENT FEE SCHEDULE Procedure Codes Payable for 08/528 FQHC Billing non_FQHC Services Physician Services - Mental Health Effective 2/23/2022 for dates of service 11/17/2021 and forward, the BHC, FBH, FPY & PY rate types were created and replaced rate types ASB, ASP, DEF, FTD, FTM, and MPH. (See Behavioral Health Clinician & Psychologist) Effective 1/1/2016, claims billed with FTC 19 will be included. Effective 10/1/2014, claims billed with facility type code (FTC) of 21, 22, 23, 24, 25, 31, or 32 will be paid at a unique rate and identified on the fee schedule with a new rate type of FTD, FTL, FTM, FTO, or FTP. Effective 7/1/2024, the following rate types <BHK, THK, DEK, FBK, FPK, FTK, FMK and MPK> were added to designate the increase in the reimbursement rates of select behavioral health services (including family therapy services) for HUSKY Health members ages, 20 years old and under.
Physician Radiology	OBS PRA RAD	CSV	

Table 1	Enhanced Fee Schedule Table		
Fee Schedule	**Rate Type(s) on CSV format**	**Available Format**	**Additional Notes**
Physician Surgical	FTO FTP FTS OBS PED SUR	CSV	Effective 10/1/2014, claims billed with facility type code (FTC) of 21, 22, 23, 24, 25, 31, or 32 will be paid at a unique rate and identified on the fee schedule with a new rate type of FTO, FTP, or FTS. Effective 1/1/2016, claims billed with FTC 19 will be included.
Psychologist	ASP DEF FPK FPY FTD FTM MPH PYK PY	CSV	Formerly Behavioral Health Psychologist Effective 2/23/2022 for dates of service 11/17/2021 and forward, the PY and FPY rate types were created and replaced rate types ASP, DEF, FTD, FTM, and MPH. Effective 2/1/2016, claims billed with specified services by provider type 33 or 86 and provider specialty 112 will be paid at a unique rate and identified on the fee schedule with a new rate type of ASP. This code will be designated in the fee schedule footer to disregard the MPH rate until changes are made to display the new ASP rate. Effective 10/1/2014, claims billed with facility type code (FTC) of 31 or 32 will be paid at a unique rate and identified on the fee schedule with a new rate type of FTD or FTM Effective 7/1/2024, the following rate types <FPK and PYK> were added to designate the increase in the reimbursement rates of select behavioral health services (including family therapy services) for HUSKY Health members ages, 20 years old and under.
Special Services	PSS SS SSK ~~TB~~	CSV	Effective 8/26/19, TB rate type was moved to the new Local Health Department fee schedule Effective 7/1/2024, the following rate type <SSK> was added to designate the increase in the reimbursement rates of select behavioral health services (including family therapy services) for HUSKY Health members ages, 20 years old and under.
Special Services Birth to Three yrs	B3	CSV	
Support at Home Option	PSH SHO	CSV	

Table 1	Enhanced Fee Schedule Table		
Fee Schedule	**Rate Type(s) on CSV format**	**Available Format**	**Additional Notes**
Target Case Management Non-Contracted	TCM	CSV	
Transportation - Air Ambulance	DEF	CSV	
Transportation - Basic/Advanced	DEF	CSV	
Transportation - Critical Helicopter	DEF	CSV	
Transportation - Non-emergency Medical	NET	CSV	
Transportation - Travel Agent	DEF	CSV	
Violence Prevention Professional	VPP	CSV	

Table Listing, Previous Table 1, Next Table 3a, End of Document

Table 2: Rate Types

Table 2	Rate Types
Rate Type	**Rate Type Description**
AAB	ABI Initial Assessment
ABI	ABI II
ACU	Acupuncturist
ASB	Autism Spectrum Disorder for BH Clinician
ASC	Ambulatory Surgical Center
ASD	Autism Spectrum Disorder
ASK	Autism Spectrum Disorder for Kids
ASP	Autism Spectrum Disorder for Psychologist
ATK	Melded Alcohol Kids
AU1	Autism Service Provider
AU2	Autism Fiscal Intermediary
AUD	Audiology
BAT	Behavioral Health Alcohol Treatment
BC	Birthing Center
BFQ	Behavioral Health FQHC (Federally Qualified Health Center)
BHC	BH Clinicians
BHH	Behavioral Health Home Health
BHK	Behavioral Health Clinicians Kids
BHO	Behavioral Health Hospital
BHP	Behavioral Health Hospital for APC
BHT	BH Telehealth
BMC	Behavioral Health Medical Clinic
BMH	Behavioral Health Mental Health
BMM	Behavioral Health Methadone Maintenance
BPA	Provider Specific Rate Behavioral Health Alcohol
BPB	Provider Specific Rate Behavioral Health Methadone Maintenance
BPH	Behavioral Health Physician
BPM	Provider Specific Rate Behavioral Health Mental Health

Table 2	Rate Types
Rate Type	**Rate Type Description**
BPS	Provider Specific Rate Behavioral Health Special Service
BRC	Behavioral Health Rehabilitation Center
BSS	Behavioral Health Special Service
B3	Birth to Three
CCK	Enhanced Care Clinic Kids
CF	Outpatient Child First, limited to specified providers
CFA	Community First Choice Access Agency
CFP	Community First Choice PCA Services
CHC	CHC (Connecticut Home Care) Home Health
DC	Dialysis Center
DEF	Default- the BASE Rate for a Procedure code
DEK	Default Kids
DEN	Dental
DMR	Department of Mental Retardation/Department of Mental Health
DN	Diet/Nutritionist
DNA	Dental Adult
DNH	DDS/NH Clients
ECC	Enhanced Care Clinic
ECK	Outpatient Enhanced Care Clinic rate Kids
FAT	Alcohol Treatment
FBH	Facility BH
FBK	Facility Behavioral Health Kids
FP	Family Planning
FPK	Facility Psych Kids
FPY	Facility Psych
FTD	Facility Default Effective 10/1/2014, claims billed with facility type code (FTC) of 21, 22, 23, 24, 25, 31, or 32 will be paid at a unique rates. Effective 1/1/2016, claims billed with FTC 19 will be included.
FTK	Facility Default Kids
FTL	Facility Lab Effective 10/1/2014, claims billed with facility type code (FTC) of 21, 22, 23, 24, 25, 31, or 32 will be paid at a unique rates. Effective 1/1/2016, claims billed with FTC 19 will be included.
FTM	Facility Melded Effective 10/1/2014, claims billed with facility type code (FTC) of 21, 22, 23, 24, 25, 31, or 32 will be paid at a unique rates. Effective 1/1/2016, claims billed with FTC 19 will be included.

Table 2	Rate Types
Rate Type	**Rate Type Description**
FTO	Facility Obstetrical Effective 10/1/2014, claims billed with facility type code (FTC) of 21, 22, 23, 24, 25, 31, or 32 will be paid at a unique rates. Effective 1/1/2016, claims billed with FTC 19 will be included.
FTP	Facility Pediatrician Effective 10/1/2014, claims billed with facility type code (FTC) of 21, 22, 23, 24, 25, 31, or 32 will be paid at a unique rates. Effective 1/1/2016, claims billed with FTC 19 will be included.
FTS	Facility Surgical Effective 10/1/2014, claims billed with facility type code (FTC) of 21, 22, 23, 24, 25, 31, or 32 will be paid at a unique rates. Effective 1/1/2016, claims billed with FTC 19 will be included.
HH	Home Health
HOL	Hospital Lab
INL	Independent Lab
IRA	Independent Radiology
INC	InCK
LAB	Physician Lab
LBP	Lab Billed by Physician
MAT	Melded Alcohol Treatment
MC	Medical Clinic
MCK	Medical Clinic Kids
MFQ	Melded Clinic FQHC
MH	Mental Health
MHK	Melded Mental Health Clinic Kids
MHW	Mental Health Waiver
MM	Methadone Maintenance
MMC	Melded Medical Clinic
MMH	Melded Mental Health
MMK	Melded Medical Clinic Kids
MMM	Melded Methadone Maintenance
MOP	Melded Outpatient
MPH	Melded Physician
MPK	Facility Melded Physician Kids
MRC	Melded Rehab Clinic
MRK	Melded Rehabilitation Kids
MSA	Hospice MSA
NET	Non-emergency Medical Transportation

Table 2	Rate Types
Rate Type	**Rate Type Description**
OBS	Obstetrical
OCD	Outpt CD 01/019
ODS	Outpt Dental Surge
OEC	Outpatient ECC
OMH	Outpatient Mental Health
OMK	Outpatient Mental Health Kids
OPT	Vision Care
OT	Occupational Therapy
OTH	Organ Transplant Heart
OTK	Organ Transplant Kidney
OTL	Organ Transplant Liver
OTP	Organ Transplant Pancreas
PAB	ABI PSR Case Management
PAT	Provider Specific Rate Alcohol Treatment
PCA	Personal Care Assistant
PCH	Provider Specific Rate CT Home Care
PED	Pediatric
PFA	Provider Specific Rate Community First Choice Assessment
PFP	Provider Specific Rate Family Planning
PFT	Provider Specific Rate Community First Choice PCA or other services
PHK	Melded Physician Kids
PMC	Provider Specific Rate Medical Clinic
PMH	Provider Specific Rate Mental Health
PMM	Provider Specific Rate Methadone Maintenance
PRA	Physician Radiology
PRC	Provider Specific Rate Rehab Center
PSC	Provider Specific Rate Surgical Center
PSH	PSR SHO
PSS	Provider Specific Rate Special Services
PT	Physical Therapy
PY	Psychologist

Table 2	Rate Types
Rate Type	**Rate Type Description**
PYK	Psychologist Kids
RAD	APC Radiology
RC	Rehabilitation Center
RCC	RCC Flat Fee
RCK	Rehabilitation Center Kids
REP	Durable Medical Equipment Replacement
SBC	SBHC (School Based Health Centers)
SHO	Support at Home
SS	Special Services
SSK	Special Service Kids
SUR	Surgical
TB	TB - PT/PS 22/202
TCM	TCM Non Contracted
THK	Behavioral Health Telehealth Kids
VIS	Vision
VPP	Violence Prevent

Table 3: Family Planning Services

Table 3a: ICD-9-CM Diagnosis Codes for Family Planning Services

Table 3a	Diagnosis Codes for Family Planning Services
Use ICD-9-CM codes effective through 9/30/2015	**ICD-9-CM descriptions effective through 9/30/2015**
042	Human immunodeficiency virus [HIV] disease
054.0	Eczema herpeticum
054.1	Herpes simplex; Genital herpes
054.10	Genital herpes, unspecified
054.11	Herpetic vulvovaginitis
054.12	Herpetic ulceration of vulva
054.13	Herpetic infection of penis
054.19	Other genital herpes
054.5	Herpetic septicemia
054.6	Herpetic whitlow
054.9	Herpes simplex without mention of complication
078	Other diseases due to viruses and Chlamydiae
078.0	Molluscum contagiosum
078.1	Other diseases due to viruses and Chlamydiae; Viral warts
078.10	Viral warts, unspecified
078.11	Condyloma acuminatum
078.19	Other specified viral warts
078.88	Other specified diseases due to chlamydiae
079.4	Human papillomavirus in conditions classified elsewhere and of unspecified site

Table 3a	Diagnosis Codes for Family Planning Services
Use ICD-9-CM codes effective through 9/30/2015	**ICD-9-CM descriptions effective through 9/30/2015**
079.53	Human immunodeficiency virus, type 2 [HIV-2]
079.88	Other specified chlamydial infection
079.98	Unspecified chlamydial infection
079.99	Unspecified viral infection
091.0	Genital syphilis (primary)
091.1	Primary anal syphilis
091.2	Other primary syphilis
091.3	Secondary syphilis of skin or mucous membranes
091.4	Adenopathy due to secondary syphilis
091.5	Early syphilis, symptomatic; Uveitis due to secondary syphilis
091.50	Syphilitic uveitis, unspecified
091.51	Syphilitic chorioretinitis (secondary)
091.52	Syphilitic iridocyclitis (secondary)
091.6	Early syphilis, symptomatic; Secondary syphilis of viscera and bone
091.61	Secondary syphilitic periostitis
091.62	Secondary syphilitic hepatitis
091.69	Secondary syphilis of other viscera
091.7	Secondary syphilis, relapse
091.8	Early syphilis, symptomatic; Other forms of secondary syphilis
091.81	Acute syphilitic meningitis (secondary)
091.82	Syphilitic alopecia
091.89	Other forms of secondary syphilis
091.9	Unspecified secondary syphilis
092.0	Early syphilis, latent, serological relapse after treatment

Table 3a	Diagnosis Codes for Family Planning Services
Use ICD-9-CM codes effective through 9/30/2015	**ICD-9-CM descriptions effective through 9/30/2015**
092.9	Early syphilis, latent, unspecified
096	Late syphilis, latent
097.0	Late syphilis, unspecified
097.1	Latent syphilis, unspecified
097.9	Syphilis, unspecified
098.0	Gonococcal infection (acute) of lower genitourinary tract
098.1	Gonococcal infections; Acute, of upper genitourinary tract
098.10	Gonococcal infection (acute) of upper genitourinary tract, site unspecified
098.11	Gonococcal cystitis (acute)
098.12	Gonococcal prostatitis (acute)
098.13	Gonococcal epididymo-orchitis (acute)
098.14	Gonococcal seminal vesiculitis (acute)
098.15	Gonococcal cervicitis (acute)
098.16	Gonococcal endometritis (acute)
098.17	Gonococcal salpingitis, specified as acute
098.19	Other gonococcal infection (acute) of upper genitourinary tract
098.2	Gonococcal infection, chronic, of lower genitourinary tract
098.30	Chronic gonococcal infection of upper genitourinary tract, site unspecified
098.31	Gonococcal cystitis, chronic
098.32	Gonococcal prostatitis, chronic
098.33	Gonococcal epididymo-orchitis, chronic
098.34	Gonococcal seminal vesiculitis, chronic
098.35	Gonococcal cervicitis, chronic
098.36	Gonococcal endometritis, chronic

Table 3a	Diagnosis Codes for Family Planning Services
Use ICD-9-CM codes effective through 9/30/2015	**ICD-9-CM descriptions effective through 9/30/2015**
098.37	Gonococcal salpingitis (chronic)
098.39	Other chronic gonococcal infection of upper genitourinary tract
098.6	Gonococcal infection of pharynx
098.7	Gonococcal infection of anus and rectum
099.0	Chancroid
099.1	Lymphogranuloma venereum
099.2	Granuloma inguinale
099.40	Other nongonococcal urethritis, unspecified
099.41	Other nongonococcal urethritis, chlamydia trachomatis
099.49	Other nongonococcal urethritis, other specified organism
099.50	Other venereal diseases due to chlamydia trachomatis, unspecified site
099.51	Other venereal diseases due to chlamydia trachomatis, pharynx
099.52	Other venereal diseases due to chlamydia trachomatis, anus and rectum
099.53	Other venereal diseases due to chlamydia trachomatis, lower genitourinary sites
099.54	Other venereal diseases due to chlamydia trachomatis, other genitourinary sites
099.55	Other venereal diseases due to chlamydia trachomatis, unspecified genitourinary site
099.56	Other venereal diseases due to chlamydia trachomatis, peritoneum
099.59	Other venereal diseases due to chlamydia trachomatis, other specified site
099.8	Other specified venereal diseases
099.9	Venereal disease, unspecified
112.1	Candidiasis of vulva and vagina
112.2	Candidiasis of other urogenital sites
131.00	Urogenital trichomoniasis, unspecified
131.01	Trichomonal vulvovaginitis

Table 3a	Diagnosis Codes for Family Planning Services
Use ICD-9-CM codes effective through 9/30/2015	**ICD-9-CM descriptions effective through 9/30/2015**
131.02	Trichomonal urethritis
131.03	Trichomonal prostatitis
131.09	Other urogenital trichomoniasis
132.2	Phthirus pubis [pubic louse]
233.1	Carcinoma in situ of cervix uteri
599.0	Urinary tract infection, site not specified
608.89	Other specified disorders of male genital organs
614.3	Acute parametritis and pelvic cellulitis
616.0	Cervicitis and endocervicitis
616.1	Inflammatory disease of cervix, vagina, and vulva; Vaginitis and vulvovaginitis
616.10	Vaginitis and vulvovaginitis, unspecified
616.2	Cyst of Bartholin's gland
616.3	Abscess of Bartholin's gland
616.5	Inflammatory disease of cervix, vagina, and vulva; Ulceration of vulva
622.0	Erosion and ectropion of cervix
622.1	Noninflammatory disorders of cervix; Dysplasia of cervix (uteri)
622.11	Mild dysplasia of cervix
622.12	Moderate dysplasia of cervix
623.5	Leukorrhea, not specified as infective
625.9	Unspecified symptom associated with female genital organs
626	Disorders of menstruation and other abnormal bleeding from female genital tract
626.0	Absence of menstruation
626.1	Scanty or infrequent menstruation
626.2	Excessive or frequent menstruation

Table 3a	Diagnosis Codes for Family Planning Services
Use ICD-9-CM codes effective through 9/30/2015	**ICD-9-CM descriptions effective through 9/30/2015**
626.3	Puberty bleeding
626.4	Irregular menstrual cycle
626.6	Metrorrhagia
626.7	Postcoital bleeding
626.8	Other disorders of menstruation and other abnormal bleeding from female genital tract
626.9	Unspecified disorders of menstruation and other abnormal bleeding from female genital tract
698.1	Pruritus of genital organs
788.41	Urinary frequency
788.7	Urethral discharge
795.0	Other and nonspecific abnormal cytological, histological, immunological and DNA test findings; Abnormal Papanicolaou smear of cervix and cervical HPV
795.00	Abnormal glandular Papanicolaou smear of cervix
795.01	Papanicolaou smear of cervix with atypical squamous cells of undetermined significance (ASC-US)
795.02	Papanicolaou smear of cervix with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)
795.03	Papanicolaou smear of cervix with low grade squamous intraepithelial lesion (LGSIL)
795.04	Papanicolaou smear of cervix with high grade squamous intraepithelial lesion (HGSIL)
795.05	Cervical high risk human papillomavirus (HPV) DNA test positive
996.32	Mechanical complication due to intrauterine contraceptive device
V01.6	Contact with or exposure to venereal diseases
V01.79	Contact with or exposure to other viral diseases
V25.04	Counseling and instruction in natural family planning to avoid pregnancy
V25.09	Other general counseling and advice on contraceptive management
V25.1	Encounter for contraceptive management; Encounter for insertion or removal of intrauterine contraceptive device
V04.89	Need for prophylactic vaccination and inoculation against other viral diseases

Table 3a	Diagnosis Codes for Family Planning Services
Use ICD-9-CM codes effective through 9/30/2015	**ICD-9-CM descriptions effective through 9/30/2015**
V08	Asymptomatic human immunodeficiency virus [HIV] infection status
V25.01	General counseling on prescription of oral contraceptives
V25.02	General counseling on initiation of other contraceptive measures
V25.03	Encounter for emergency contraceptive counseling and prescription
V25.11	Encounter for insertion of intrauterine contraceptive device
V25.12	Encounter for removal of intrauterine contraceptive device
V25.13	Encounter for removal and reinsertion of intrauterine contraceptive device
V25.2	Sterilization
V25.40	Contraceptive surveillance, unspecified
V25.41	Surveillance of contraceptive pill
V25.42	Surveillance of intrauterine contraceptive device
V25.43	Surveillance of implantable subdermal contraceptive
V25.49	Surveillance of other contraceptive method
V25.5	Insertion of implantable subdermal contraceptive
V25.8	Other specified contraceptive management
V25.9	Unspecified contraceptive management
V26.51	Tubal ligation status
V26.52	Vasectomy status
V45.51	Presence of intrauterine contraceptive device
V45.52	Presence of subdermal contraceptive implant
V45.59	Presence of other contraceptive device
V65.44	Human immunodeficiency virus (HIV) counseling
V70.0	Routine general medical examination at a health care facility
V72.31	Routine gynecological examination

Table 3a	Diagnosis Codes for Family Planning Services
Use ICD-9-CM codes effective through 9/30/2015	**ICD-9-CM descriptions effective through 9/30/2015**
V72.32	Encounter for Papanicolaou cervical smear to confirm findings of recent normal smear following initial abnormal smear
V72.40	Pregnancy examination or test, pregnancy unconfirmed
V72.41	Pregnancy examination or test, negative result
V72.42	Pregnancy examination or test, positive result
V73.81	Special screening examination for Human papillomavirus (HPV)
V73.88	Special screening examination for other specified chlamydial diseases
V74.5	Screening examination for venereal disease
V76.2	Screening for malignant neoplasms of cervix

Table Listing, Previous Table 3a, Next Table 4, End of Document

Table 3b: ICD-10-CM **Diagnosis Codes for Family Planning Services**

Table 3b	Diagnosis Codes for Family Planning Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
A510	Primary genital syphilis	10/1/2015	12/31/2299
A511	Primary anal syphilis	10/1/2015	12/31/2299
A512	Primary syphilis of other sites	10/1/2015	12/31/2299
A5131	Condyloma latum	10/1/2015	12/31/2299
A5132	Syphilitic alopecia	10/1/2015	12/31/2299
A5139	Other secondary syphilis of skin	10/1/2015	12/31/2299
A5141	Secondary syphilitic meningitis	10/1/2015	12/31/2299
A5142	Secondary syphilitic female pelvic disease	10/1/2015	12/31/2299

Table 3b	Diagnosis Codes for Family Planning Services		
ICD-10-CM codes	ICD-10-CM descriptions	Effective Date	End Date
A5143	Secondary syphilitic oculopathy	10/1/2015	12/31/2299
A5144	Secondary syphilitic nephritis	10/1/2015	12/31/2299
A5145	Secondary syphilitic hepatitis	10/1/2015	12/31/2299
A5146	Secondary syphilitic osteopathy	10/1/2015	12/31/2299
A5149	Other secondary syphilitic conditions	10/1/2015	12/31/2299
A515	Early syphilis, latent	10/1/2015	12/31/2299
A519	Early syphilis, unspecified	10/1/2015	12/31/2299
A528	Late syphilis, latent	10/1/2015	12/31/2299
A529	Late syphilis, unspecified	10/1/2015	12/31/2299
A530	Latent syphilis, unspecified as early or late	10/1/2015	12/31/2299
A539	Syphilis, unspecified	10/1/2015	12/31/2299
A5400	Gonococcal infection of lower genitourinary tract, unsp	10/1/2015	12/31/2299
A5401	Gonococcal cystitis and urethritis, unspecified	10/1/2015	12/31/2299
A5402	Gonococcal vulvovaginitis, unspecified	10/1/2015	12/31/2299
A5403	Gonococcal cervicitis, unspecified	10/1/2015	12/31/2299
A5409	Other gonococcal infection of lower genitourinary tract	10/1/2015	12/31/2299
A541	Gonocl infct of lower GU tract w periureth and acc glnd abcs	10/1/2015	12/31/2299
A5421	Gonococcal infection of kidney and ureter	10/1/2015	12/31/2299
A5422	Gonococcal prostatitis	10/1/2015	12/31/2299
A5423	Gonococcal infection of other male genital organs	10/1/2015	12/31/2299
A5424	Gonococcal female pelvic inflammatory disease	10/1/2015	12/31/2299
A5429	Other gonococcal genitourinary infections	10/1/2015	12/31/2299
A545	Gonococcal pharyngitis	10/1/2015	12/31/2299
A546	Gonococcal infection of anus and rectum	10/1/2015	12/31/2299
A55	Chlamydial lymphogranuloma (venereum)	10/1/2015	12/31/2299
A5600	Chlamydial infection of lower genitourinary tract, unsp	10/1/2015	12/31/2299

Table 3b	Diagnosis Codes for Family Planning Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
A5601	Chlamydial cystitis and urethritis	10/1/2015	12/31/2299
A5602	Chlamydial vulvovaginitis	10/1/2015	12/31/2299
A5609	Other chlamydial infection of lower genitourinary tract	10/1/2015	12/31/2299
A5611	Chlamydial female pelvic inflammatory disease	10/1/2015	12/31/2299
A5619	Other chlamydial genitourinary infection	10/1/2015	12/31/2299
A562	Chlamydial infection of genitourinary tract, unspecified	10/1/2015	12/31/2299
A563	Chlamydial infection of anus and rectum	10/1/2015	12/31/2299
A564	Chlamydial infection of pharynx	10/1/2015	12/31/2299
A568	Sexually transmitted chlamydial infection of other sites	10/1/2015	12/31/2299
A57	Chancroid	10/1/2015	12/31/2299
A58	Granuloma inguinale	10/1/2015	12/31/2299
A5900	Urogenital trichomoniasis, unspecified	10/1/2015	12/31/2299
A5901	Trichomonal vulvovaginitis	10/1/2015	12/31/2299
A5902	Trichomonal prostatitis	10/1/2015	12/31/2299
A5903	Trichomonal cystitis and urethritis	10/1/2015	12/31/2299
A5909	Other urogenital trichomoniasis	10/1/2015	12/31/2299
A6000	Herpesviral infection of urogenital system, unspecified	10/1/2015	12/31/2299
A6001	Herpesviral infection of penis	10/1/2015	12/31/2299
A6002	Herpesviral infection of other male genital organs	10/1/2015	12/31/2299
A6003	Herpesviral cervicitis	10/1/2015	12/31/2299
A6004	Herpesviral vulvovaginitis	10/1/2015	12/31/2299
A6009	Herpesviral infection of other urogenital tract	10/1/2015	12/31/2299
A601	Herpesviral infection of perianal skin and rectum	10/1/2015	12/31/2299
A609	Anogenital herpesviral infection, unspecified	10/1/2015	12/31/2299
A630	Anogenital (venereal) warts	10/1/2015	12/31/2299
A638	Other specified predominantly sexually transmitted diseases	10/1/2015	12/31/2299

Table 3b	Diagnosis Codes for Family Planning Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
A64	Unspecified sexually transmitted disease	10/1/2015	12/31/2299
A7489	Other chlamydial diseases	10/1/2015	12/31/2299
A749	Chlamydial infection, unspecified	10/1/2015	12/31/2299
B000	Eczema herpeticum	10/1/2015	12/31/2299
B007	Disseminated herpesviral disease	10/1/2015	12/31/2299
B0089	Other herpesviral infection	10/1/2015	12/31/2299
B009	Herpesviral infection, unspecified	10/1/2015	12/31/2299
B078	Other viral warts	10/1/2015	12/31/2299
B079	Viral wart, unspecified	10/1/2015	12/31/2299
B081	Molluscum contagiosum	10/1/2015	12/31/2299
B20	Human immunodeficiency virus [HIV] disease	10/1/2015	12/31/2299
B373	Candidiasis of vulva and vagina	10/1/2015	12/31/2299
B3741	Candidal cystitis and urethritis	10/1/2015	12/31/2299
B3742	Candidal balanitis	10/1/2015	12/31/2299
B3749	Other urogenital candidiasis	10/1/2015	12/31/2299
B853	Phthiriasis	10/1/2015	12/31/2299
B9735	HIV 2 as the cause of diseases classified elsewhere	10/1/2015	12/31/2299
B977	Papillomavirus as the cause of diseases classified elsewhere	10/1/2015	12/31/2299
B9789	Oth viral agents as the cause of diseases classd elswhr	10/1/2015	12/31/2299
D060	Carcinoma in situ of endocervix	10/1/2015	12/31/2299
D061	Carcinoma in situ of exocervix	10/1/2015	12/31/2299
D067	Carcinoma in situ of other parts of cervix	10/1/2015	12/31/2299
D069	Carcinoma in situ of cervix, unspecified	10/1/2015	12/31/2299
L290	Pruritus ani	1/1/2017	12/31/2299
L291	Pruritus scroti	10/1/2015	12/31/2299
L292	Pruritus vulvae	10/1/2015	12/31/2299

Table 3b	Diagnosis Codes for Family Planning Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
L293	Anogenital pruritus, unspecified	10/1/2015	12/31/2299
N341	Nonspecific urethritis	10/1/2015	12/31/2299
N390	Urinary tract infection, site not specified	10/1/2015	12/31/2299
N441	Cyst of tunica albuginea testis	10/1/2015	12/31/2299
N442	Benign cyst of testis	10/1/2015	12/31/2299
N448	Other noninflammatory disorders of the testis	10/1/2015	12/31/2299
N503	Cyst of epididymis	10/1/2015	12/31/2299
N508	Other specified disorders of male genital organs	10/1/2015	9/30/2016
N5312	Painful ejaculation	10/1/2015	12/31/2299
N72	Inflammatory disease of cervix uteri	10/1/2015	12/31/2299
N730	Acute parametritis and pelvic cellulitis	10/1/2015	12/31/2299
N739	Female pelvic inflammatory disease, unspecified	10/1/2015	12/31/2299
N750	Cyst of Bartholin's gland	10/1/2015	12/31/2299
N751	Abscess of Bartholin's gland	10/1/2015	12/31/2299
N758	Other diseases of Bartholin's gland	10/1/2015	12/31/2299
N760	Acute vaginitis	10/1/2015	12/31/2299
N761	Subacute and chronic vaginitis	10/1/2015	12/31/2299
N762	Acute vulvitis	10/1/2015	12/31/2299
N763	Subacute and chronic vulvitis	10/1/2015	12/31/2299
N766	Ulceration of vulva	10/1/2015	12/31/2299
N86	Erosion and ectropion of cervix uteri	10/1/2015	12/31/2299
N870	Mild cervical dysplasia	10/1/2015	12/31/2299
N871	Moderate cervical dysplasia	10/1/2015	12/31/2299
N897	Hematocolpos	10/1/2015	12/31/2299
N898	Other specified noninflammatory disorders of vagina	10/1/2015	12/31/2299
N910	Primary amenorrhea	10/1/2015	12/31/2299

Table 3b	Diagnosis Codes for Family Planning Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
N911	Secondary amenorrhea	10/1/2015	12/31/2299
N912	Amenorrhea, unspecified	10/1/2015	12/31/2299
N913	Primary oligomenorrhea	10/1/2015	12/31/2299
N914	Secondary oligomenorrhea	10/1/2015	12/31/2299
N915	Oligomenorrhea, unspecified	10/1/2015	12/31/2299
N920	Excessive and frequent menstruation with regular cycle	10/1/2015	12/31/2299
N921	Excessive and frequent menstruation with irregular cycle	10/1/2015	12/31/2299
N922	Excessive menstruation at puberty	10/1/2015	12/31/2299
N925	Other specified irregular menstruation	10/1/2015	12/31/2299
N926	Irregular menstruation, unspecified	10/1/2015	12/31/2299
N930	Postcoital and contact bleeding	10/1/2015	12/31/2299
N938	Other specified abnormal uterine and vaginal bleeding	10/1/2015	12/31/2299
N939	Abnormal uterine and vaginal bleeding, unspecified	10/1/2015	12/31/2299
N9489	Oth cond assoc w female genital organs and menstrual cycle	10/1/2015	12/31/2299
R102	Pelvic and perineal pain	10/1/2015	12/31/2299
R309	Painful micturition, unspecified	10/1/2015	12/31/2299
R350	Frequency of micturition	10/1/2015	12/31/2299
R360	Urethral discharge without blood	10/1/2015	12/31/2299
R369	Urethral discharge, unspecified	10/1/2015	12/31/2299
R87610	Atyp squam cell of undet signfc cyto smr crvx (ASC-US)	10/1/2015	12/31/2299
R87611	Atyp squam cell not excl hi grd intrepith lesn cyto smr crvx	10/1/2015	12/31/2299
R87612	Low grade intrepith lesion cyto smr crvx (LGSIL)	10/1/2015	12/31/2299
R87613	High grade intrepith lesion cyto smr crvx (HGSIL)	10/1/2015	12/31/2299
R87619	Unsp abnormal cytolog findings in specmn from cervix uteri	10/1/2015	12/31/2299
R87810	Cervical high risk HPV DNA test positive	10/1/2015	12/31/2299
T8331XA	Breakdown (mechanical) of intrauterine contracep dev, init	10/1/2015	12/31/2299

Table 3b	Diagnosis Codes for Family Planning Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
T8332XA	Displacement of intrauterine contraceptive device, init	10/1/2015	12/31/2299
T8339XA	Mech compl of intrauterine contraceptive device, init encntr	10/1/2015	12/31/2299
Z0000	Encntr for general adult medical exam w/o abnormal findings	10/1/2015	12/31/2299
Z0001	Encounter for general adult medical exam w abnormal findings	10/1/2015	12/31/2299
Z01411	Encntr for gyn exam (general) (routine) w abnormal findings	10/1/2015	12/31/2299
Z01419	Encntr for gyn exam (general) (routine) w/o abn findings	10/1/2015	12/31/2299
Z0142	Encntr for cerv smear to cnfrm norm smr fol init abn smear	10/1/2015	12/31/2299
Z113	Encntr screen for infections w sexl mode of transmiss	10/1/2015	12/31/2299
Z114	Encounter for screening for human immunodeficiency virus	10/1/2015	12/31/2299
Z1151	Encounter for screening for human papillomavirus (HPV)	10/1/2015	12/31/2299
Z118	Encounter for screening for oth infec/parastc diseases	10/1/2015	12/31/2299
Z124	Encounter for screening for malignant neoplasm of cervix	10/1/2015	12/31/2299
Z202	Contact w and exposure to infect w a sexl mode of transmiss	10/1/2015	12/31/2299
Z205	Contact with and (suspected) exposure to viral hepatitis	10/1/2015	12/31/2299
Z206	Contact w and (suspected) exposure to human immunodef virus	10/1/2015	12/31/2299
Z20828	Contact w and exposure to oth viral communicable diseases	10/1/2015	12/31/2299
Z21	Asymptomatic human immunodeficiency virus infection status	10/1/2015	12/31/2299
Z23	Encounter for immunization	10/1/2015	12/31/2299
Z30011	Encounter for initial prescription of contraceptive pills	10/1/2015	12/31/2299
Z30012	Encounter for prescription of emergency contraception	10/1/2015	12/31/2299
Z30013	Encounter for initial prescription of injectable contracep	10/1/2015	12/31/2299
Z30014	Encounter for initial prescription of uterin contracep dev	10/1/2015	12/31/2299
Z30015	Encounter for initial prescription of vagnl ring	10/1/2016	12/31/2299
Z30016	Enctr for init prescription of patch hormonal contracep dev	10/1/2016	12/31/2299
Z30017	Enctr for init prescription of implntbl subdermal contracep	10/1/2016	12/31/2299
Z30018	Encounter for initial prescription of other contraceptives	10/1/2015	12/31/2299

Table 3b	Diagnosis Codes for Family Planning Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
Z30019	Encounter for initial prescription of contraceptives, unsp	10/1/2015	12/31/2299
Z3002	Cnsl and instruction in natrl family planning to avoid preg	10/1/2015	12/31/2299
Z3009	Encounter for oth general cnsl and advice on contraception	10/1/2015	12/31/2299
Z302	Encounter for sterilization	10/1/2015	12/31/2299
Z3040	Encounter for surveillance of contraceptives, unspecified	10/1/2015	12/31/2299
Z3041	Encounter for surveillance of contraceptive pills	10/1/2015	12/31/2299
Z3042	Encounter for surveillance of injectable contraceptive	10/1/2015	12/31/2299
Z30430	Encounter for insertion of intrauterine contraceptive device	10/1/2015	12/31/2299
Z30431	Encounter for routine checking of intrauterine contracep dev	10/1/2015	12/31/2299
Z30432	Encounter for removal of intrauterine contraceptive device	10/1/2015	12/31/2299
Z30433	Encntr for removal and reinsertion of uterin contracep dev	10/1/2015	12/31/2299
Z3044	Encounter for surveillance of vagnl ring	10/1/2016	12/31/2299
Z3045	Enctr srvlnc transdermal patch hormonal contraceptive device	10/1/2016	12/31/2299
Z3046	Enctr srvlnc implantable subdermal contraceptive	10/1/2016	12/31/2299
Z3049	Encounter for surveillance of other contraceptives	10/1/2015	12/31/2299
Z308	Encounter for other contraceptive management	10/1/2015	12/31/2299
Z309	Encounter for contraceptive management, unspecified	10/1/2015	12/31/2299
Z3200	Encounter for pregnancy test, result unknown	10/1/2015	12/31/2299
Z3201	Encounter for pregnancy test, result positive	10/1/2015	12/31/2299
Z3202	Encounter for pregnancy test, result negative	10/1/2015	12/31/2299
Z717	Human immunodeficiency virus [HIV] counseling	10/1/2015	12/31/2299
Z975	Presence of (intrauterine) contraceptive device	10/1/2015	12/31/2299
Z9851	Tubal ligation status	10/1/2015	12/31/2299
Z9852	Vasectomy status	10/1/2015	12/31/2299

Table Listing, Previous Table 3b, Next Table 5, End of Document

Table 4: HUSKY Health Primary Care Rates

Table 4	HUSKY Health Primary Care Rates (effective 01/01/2015 to 12/31/2299)														
Proc Code	Procedure Code Description	Non-Facility Rate 7/1/2025 - 12/31/2299	Facility Rate 7/1/2025 - 12/31/2299	Non-Facility Rate 1/1/2025 - 6/30/2025	Facility Rate 1/1/2025 - 6/30/2025	Non-Facility Rate 1/1/2023 - 12/31/2024	Facility Rate 1/1/2023 - 12/31/2024	Non-Facility Rate 1/1/2021 - 12/31/2022	Facility Rate 1/1/2021 - 12/31/2022	Non-Facility Rate 12/01/17 - 12/31/2021	Facility Rate 12/01/17 - 12/31/2021	Non-Facility Rate 8/11/17 - 11/30/17	Facility Rate 8/11/17 - 11/30/17	Non-Facility Rate 1/1/15 - 08/10/17	Facility Rate 1/1/15 - 08/10/17
90460	IM ADMIN 1ST/ONLY COMPONENT	$22.24	-	$22.24	-	$22.24	-	$22.24	-	$22.24	-	$21.07	-	$23.41	-
90471	IMMUNIZATION ADMINISTRATION	$26.28	-	$26.28	-	$26.28	-	$26.28	-	$26.28	-	$24.89	-	$27.66	-
90472	IMMUNIZATION ADMIN EACH ADD	$12.95	-	$12.95	-	$12.95	-	$12.95	-	$12.95	-	$12.27	-	$13.63	-
90473	IMMUNIZATION ADMINISTRATION BY	$26.28	-	$26.28	-	$26.28	-	$26.28	-	$26.28	-	$24.89	-	$27.66	-
90474	IMMUNIZATION ADMINISTRATION BY	$12.95	-	$12.95	-	$12.95	-	$12.95	-	$12.95	-	$12.27	-	$13.63	-
98000	SYNCH AUDIO-VIDEO NEW SF 15	$76.89	$51.27	$76.89	$51.27	-	-	-	-	-	-	-	-	-	-
98001	SYNCH AUDIO-VIDEO NEW LOW 30	$111.52	$78.26	$111.52	$78.26	-	-	-	-	-	-	-	-	-	-
98002	SYNCH AUDIO-VIDEO NEW MOD 45	$170.65	$133.94	$170.65	$133.94	-	-	-	-	-	-	-	-	-	-
98003	SYNCH AUDIO-VIDEO NEW HI 60	$212.08	$172.69	$212.08	$172.69	-	-	-	-	-	-	-	-	-	-
98004	SYNCH AUDIO-VIDEO EST SF 10	$45.30	$25.80	$45.30	$25.80	-	-	-	-	-	-	-	-	-	-
98005	SYNCH AUDIO-VIDEO EST LOW 20	$75.23	$52.29	$75.23	$52.29	-	-	-	-	-	-	-	-	-	-
98006	SYNCH AUDIO-VIDEO EST MOD 30	$110.77	$80.18	$110.77	$80.18	-	-	-	-	-	-	-	-	-	-

Table 4	HUSKY Health Primary Care Rates (effective 01/01/2015 to 12/31/2299)														
Proc Code	Procedure Code Description	Non-Facility Rate 7/1/2025 - 12/31/2299	Facility Rate 7/1/2025 - 12/31/2299	Non-Facility Rate 1/1/2025 - 6/30/2025	Facility Rate 1/1/2025 - 6/30/2025	Non-Facility Rate 1/1/2023 - 12/31/2024	Facility Rate 1/1/2023 - 12/31/2024	Non-Facility Rate 1/1/2021 - 12/31/2022	Facility Rate 1/1/2021 - 12/31/2022	Non-Facility Rate 12/01/17 - 12/31/2021	Facility Rate 12/01/17 - 12/31/2021	Non-Facility Rate 8/11/17 - 11/30/17	Facility Rate 8/11/17 - 11/30/17	Non-Facility Rate 1/1/15 - 08/10/17	Facility Rate 1/1/15 - 08/10/17
98007	SYNCH AUDIO-VIDEO EST HI 40	$147.97	$112.80	$147.97	$112.80	-	-	-	-	-	-	-	-	-	-
99201*	OFFICE/OUTPATIENT VISIT NEW	-	-	-	-	-	-	-	-	$44.92	$26.94	$42.55	$25.53	$47.28	$28.36
99202	OFFICE/OUTPATIENT VISIT NEW	$76.89	$51.27	$76.89	$51.27	$76.89	$51.27	$76.89	$51.27	$76.89	$51.27	$72.85	$48.57	$80.94	$53.96
99203	OFFICE/OUTPATIENT VISIT NEW	$111.52	$78.26	$111.52	$78.26	$111.52	$78.26	$111.52	$78.26	$111.52	$78.26	$105.65	$74.14	$117.39	$82.38
99204	OFFICE/OUTPATIENT VISIT NEW	$170.65	$133.94	$170.65	$133.94	$170.65	$133.94	$170.65	$133.94	$170.65	$133.94	$161.67	$126.89	$179.63	$140.99
99205	OFFICE/OUTPATIENT VISIT NEW	$212.08	$172.69	$212.08	$172.69	$212.08	$172.69	$212.08	$172.69	$212.08	$172.69	$200.92	$163.60	$223.24	$181.78
99211	OFFICE/OUTPATIENT VISIT EST	$20.89	$9.41	$20.89	$9.41	$20.89	$9.41	$20.89	$9.41	$20.89	$9.41	$19.79	$8.92	$21.99	$9.91
99212	OFFICE/OUTPATIENT VISIT EST	$45.30	$25.80	$45.30	$25.80	$45.30	$25.80	$45.30	$25.80	$45.30	$25.80	$42.91	$24.44	$47.68	$27.15
99213	OFFICE/OUTPATIENT VISIT EST	$75.23	$52.29	$75.23	$52.29	$75.23	$52.29	$75.23	$52.29	$75.23	$52.29	$71.27	$49.54	$79.19	$55.04
99214	OFFICE/OUTPATIENT VISIT EST	$110.77	$80.18	$110.77	$80.18	$110.77	$80.18	$110.77	$80.18	$110.77	$80.18	$104.94	$75.96	$116.60	$84.40
99215	OFFICE/OUTPATIENT VISIT EST	$147.97	$112.80	$147.97	$112.80	$147.97	$112.80	$147.97	$112.80	$147.97	$112.80	$140.18	$106.86	$155.76	$118.73
99304	NURSING FACILITY CARE INIT	$95.16	-	$95.16	-	$95.16	-	$95.16	-	$95.16	-	$90.15	-	$100.17	-
99305	NURSING FACILITY CARE INIT	$135.60	-	$135.60	-	$135.60	-	$135.60	-	$135.60	-	$128.47	-	$142.74	-
99306	NURSING FACILITY CARE INIT	$171.34	-	$171.34	-	$171.34	-	$171.34	-	$171.34	-	$162.32	-	$180.36	-

Table 4	HUSKY Health Primary Care Rates (effective 01/01/2015 to 12/31/2299)														
Proc Code	Procedure Code Description	Non-Facility Rate 7/1/2025 - 12/31/2299	Facility Rate 7/1/2025 - 12/31/2299	Non-Facility Rate 1/1/2025 - 6/30/2025	Facility Rate 1/1/2025 - 6/30/2025	Non-Facility Rate 1/1/2023 - 12/31/2024	Facility Rate 1/1/2023 - 12/31/2024	Non-Facility Rate 1/1/2021 - 12/31/2022	Facility Rate 1/1/2021 - 12/31/2022	Non-Facility Rate 12/01/17 - 12/31/2021	Facility Rate 12/01/17 - 12/31/2021	Non-Facility Rate 8/11/17 - 11/30/17	Facility Rate 8/11/17 - 11/30/17	Non-Facility Rate 1/1/15 - 08/10/17	Facility Rate 1/1/15 - 08/10/17
99307	NURSING FAC CARE SUBSEQ	$45.56	-	$45.56	-	$45.56	-	$45.56	-	$45.56	-	$43.16	-	$47.96	-
99308	NURSING FAC CARE SUBSEQ	$70.42	-	$70.42	-	$70.42	-	$70.42	-	$70.42	-	$66.72	-	$74.13	-
99309	NURSING FAC CARE SUBSEQ	$92.56	-	$92.56	-	$92.56	-	$92.56	-	$92.56	-	$87.69	-	$97.43	-
99310	NURSING FAC CARE SUBSEQ	$137.66	-	$137.66	-	$137.66	-	$137.66	-	$137.66	-	$130.41	-	$144.90	-
99315	NURSING FACILITY DISCHARGE DAY MANAGEMEN	$74.68	-	$74.68	-	$74.68	-	$74.68	-	$74.68	-	$70.75	-	$78.61	-
99316	NURSING FACILITY DISCHARGE DAY MANAGEMEN	$106.84	-	$106.84	-	$106.84	-	$106.84	-	$106.84	-	$101.21	-	$112.46	-
99318**	ANNUAL NURSING FAC ASSESSMNT	-	-	-	-	-	-	$97.88	-	$97.88	-	$92.73	-	$103.03	-
99324**	DOMICIL/R-HOME VISIT NEW PAT	-	-	-	-	-	-	$56.74	-	$56.74	-	$53.76	-	$59.73	-
99325**	DOMICIL/R-HOME VISIT NEW PAT	-	-	-	-	-	-	$82.41	-	$82.41	-	$78.08	-	$86.75	-
99326**	DOMICIL/R-HOME VISIT NEW PAT	-	-	-	-	-	-	$141.83	-	$141.83	-	$134.36	-	$149.29	-
99327**	DOMICIL/R-HOME VISIT NEW PAT	-	-	-	-	-	-	$189.54	-	$189.54	-	$179.57	-	$199.52	-
99328**	DOMICIL/R-HOME VISIT NEW PAT	-	-	-	-	-	-	$219.37	-	$219.37	-	$207.83	-	$230.92	-
99334**	DOMICIL/R-HOME VISIT EST PAT	-	-	-	-	-	-	$61.91	-	$61.91	-	$58.65	-	$65.17	-

Table 4	HUSKY Health Primary Care Rates (effective 01/01/2015 to 12/31/2299)														
Proc Code	Procedure Code Description	Non-Facility Rate 7/1/2025 - 12/31/2299	Facility Rate 7/1/2025 - 12/31/2299	Non-Facility Rate 1/1/2025 - 6/30/2025	Facility Rate 1/1/2025 - 6/30/2025	Non-Facility Rate 1/1/2023 - 12/31/2024	Facility Rate 1/1/2023 - 12/31/2024	Non-Facility Rate 1/1/2021 - 12/31/2022	Facility Rate 1/1/2021 - 12/31/2022	Non-Facility Rate 12/01/17 - 12/31/2021	Facility Rate 12/01/17 - 12/31/2021	Non-Facility Rate 8/11/17 - 11/30/17	Facility Rate 8/11/17 - 11/30/17	Non-Facility Rate 1/1/15 - 08/10/17	Facility Rate 1/1/15 - 08/10/17
99335**	DOMICIL/R-HOME VISIT EST PAT	-	-	-	-	-	-	$96.70	-	$96.70	-	$91.61	-	$101.79	-
99336**	DOMICIL/R-HOME VISIT EST PAT	-	-	-	-	-	-	$136.16	-	$136.16	-	$129.00	-	$143.33	-
99337**	DOMICIL/R-HOME VISIT EST PAT	-	-	-	-	-	-	$196.47	-	$196.47	-	$186.13	-	$206.81	-
99339	INDIVIDUAL PHYSICIAN SUPERVISION OF A PA	$80.12	-	$80.12	-	$80.12	-	$80.12	-	$80.12	-	$75.91	-	$84.34	-
99341	HOME VISIT NEW PATIENT	$56.36	-	$56.36	-	$56.36	-	$56.36	-	$56.36	-	$53.40	-	$59.33	-
99342	HOME VISIT NEW PATIENT	$81.31	-	$81.31	-	$81.31	-	$81.31	-	$81.31	-	$77.03	-	$85.59	-
99343**	HOME VISIT NEW PATIENT	$185.59	-	$185.59	-	-	-	$132.66	-	$132.66	-	$125.68	-	$139.64	-
99344	HOME VISIT NEW PATIENT	$223.66	-	$223.66	-	$185.59	-	$185.59	-	$185.59	-	$175.82	-	$195.36	-
99345	HOME VISIT NEW PATIENT	$56.78	-	$56.78	-	$223.66	-	$223.66	-	$223.66	-	$211.89	-	$235.43	-
99347	HOME VISIT EST PATIENT	$85.73	-	$85.73	-	$56.78	-	$56.78	-	$56.78	-	$53.79	-	$59.77	-
99348	HOME VISIT EST PATIENT	$85.73	-	$85.73	-	$85.73	-	$85.73	-	$85.73	-	$81.22	-	$90.24	-
99349	HOME VISIT EST PATIENT	$129.68	-	$129.68	-	$129.68	-	$129.68	-	$129.68	-	$122.86	-	$136.51	-
99350	HOME VISIT EST PATIENT	$180.94	-	$180.94	-	$180.94	-	$180.94	-	$180.94	-	$171.41	-	$190.46	-

Table 4	HUSKY Health Primary Care Rates (effective 01/01/2015 to 12/31/2299)														
Proc Code	Procedure Code Description	Non-Facility Rate 7/1/2025 - 12/31/2299	Facility Rate 7/1/2025 - 12/31/2299	Non-Facility Rate 1/1/2025 - 6/30/2025	Facility Rate 1/1/2025 - 6/30/2025	Non-Facility Rate 1/1/2023 - 12/31/2024	Facility Rate 1/1/2023 - 12/31/2024	Non-Facility Rate 1/1/2021 - 12/31/2022	Facility Rate 1/1/2021 - 12/31/2022	Non-Facility Rate 12/01/17 - 12/31/2021	Facility Rate 12/01/17 - 12/31/2021	Non-Facility Rate 8/11/17 - 11/30/17	Facility Rate 8/11/17 - 11/30/17	Non-Facility Rate 1/1/15 - 08/10/17	Facility Rate 1/1/15 - 08/10/17
99381	INIT PM E/M NEW PAT INFANT	$114.21	-	$114.21	-	$114.21	-	$114.21	-	$114.21	-	$108.20	-	$120.22	-
99382	INIT PM E/M NEW PAT 1-4 YRS	$118.83	-	$118.83	-	$118.83	-	$118.83	-	$118.83	-	$112.57	-	$125.08	-
99383	PREV VISIT NEW AGE 5-11	$123.91	-	$123.91	-	$123.91	-	$123.91	-	$123.91	-	$117.39	-	$130.43	-
99384	PREV VISIT NEW AGE 12-17	$139.87	-	$139.87	-	$139.87	-	$139.87	-	$139.87	-	$132.51	-	$147.23	-
99385	PREV VISIT NEW AGE 18-39	$135.92	-	$135.92	-	$135.92	-	$135.92	-	$135.92	-	$128.76	-	$143.07	-
99386	PREV VISIT NEW AGE 40-64	$156.49	-	$156.49	-	$156.49	-	$156.49	-	$156.49	-	$148.26	-	$164.73	-
99387	INIT PM E/M NEW PAT 65+ YRS	$170.19	-	$170.19	-	$170.19	-	$170.19	-	$170.19	-	$161.24	-	$179.15	-
99391	PER PM REEVAL EST PAT INFANT	$102.73	-	$102.73	-	$102.73	-	$102.73	-	$102.73	-	$97.33	-	$108.14	-
99392	PREV VISIT EST AGE 1-4	$109.62	-	$109.62	-	$109.62	-	$109.62	-	$109.62	-	$103.85	-	$115.39	-
99393	PREV VISIT EST AGE 5-11	$109.24	-	$109.24	-	$109.24	-	$109.24	-	$109.24	-	$103.49	-	$114.99	-
99394	PREV VISIT EST AGE 12-17	$119.32	-	$119.32	-	$119.32	-	$119.32	-	$119.32	-	$113.04	-	$125.60	-
99395	PREV VISIT EST AGE 18-39	$121.84	-	$121.84	-	$121.84	-	$121.84	-	$121.84	-	$115.43	-	$128.25	-
99396	PREV VISIT EST AGE 40-64	$129.82	-	$129.82	-	$129.82	-	$129.82	-	$129.82	-	$122.99	-	$136.65	-
99397	PER PM REEVAL EST PAT 65+ YR	$139.87	-	$139.87	-	$139.87	-	$139.87	-	$139.87	-	$132.51	-	$147.23	-

Table 4	HUSKY Health Primary Care Rates (effective 01/01/2015 to 12/31/2299)														
Proc Code	Procedure Code Description	Non-Facility Rate 7/1/2025 - 12/31/2299	Facility Rate 7/1/2025 - 12/31/2299	Non-Facility Rate 1/1/2025 - 6/30/2025	Facility Rate 1/1/2025 - 6/30/2025	Non-Facility Rate 1/1/2023 - 12/31/2024	Facility Rate 1/1/2023 - 12/31/2024	Non-Facility Rate 1/1/2021 - 12/31/2022	Facility Rate 1/1/2021 - 12/31/2022	Non-Facility Rate 12/01/17 - 12/31/2021	Facility Rate 12/01/17 - 12/31/2021	Non-Facility Rate 8/11/17 - 11/30/17	Facility Rate 8/11/17 - 11/30/17	Non-Facility Rate 1/1/15 - 08/10/17	Facility Rate 1/1/15 - 08/10/17
99401	PREVENTIVE COUNSELING INDIV	$37.61	-	$37.61	-	$37.61	-	$37.61	-	$37.61	-	$35.63	-	$39.59	-
99402	PREVENTIVE COUNSELING INDIV	$64.11	-	$64.11	-	$64.11	-	$64.11	-	$64.11	-	$60.73	-	$67.48	-
99403	PREVENTIVE COUNSELING INDIV	$89.10	-	$89.10	-	$89.10	-	$89.10	-	$89.10	-	$84.41	-	$93.79	-
99404	PREVENTIVE COUNSELING INDIV	$113.98	-	$113.98	-	$113.98	-	$113.98	-	$113.98	-	$107.98	-	$119.98	-
99406	BEHAV CHNG SMOKING 3-10 MIN	$14.19	$12.47	$14.19	$12.47	$14.19	$12.47	$14.19	$12.47	$14.19	$12.47	$13.45	$11.81	$14.94	$13.12
99407	BEHAV CHNG SMOKING > 10 MIN	$26.51	$26.47	$26.51	$26.47	$26.51	$26.47	$26.51	$26.47	$26.51	$26.47	$26.51	$25.08	$29.46	$27.86
99408	AUDIT/DAST 15-30 MIN	-	-	$35.97	-	$35.97	-	$35.97	-	$35.97	-	$34.07	-	$37.86	-
99409	AUDIT/DAST OVER 30 MIN	-	-	$70.02	-	$70.02	-	$70.02	-	$70.02	-	$66.34	-	$73.71	-
99411	PREVENTIVE COUNSELING GROUP	$17.16	-	$17.16	-	$17.16	-	$17.16	-	$17.16	-	$16.25	-	$18.06	-
99412	PREVENTIVE COUNSELING GROUP	$22.19	-	$22.19	-	$22.19	-	$22.19	-	$22.19	-	$21.02	-	$23.36	-
H0049	ALCOHOL AND/OR DRUG SCREENING	$24.00	-	-	-	-	-	-	-	-	-	-	-	-	-
H0050	ALCOHOL AND/OR DRUG SCREENING, PER 15 MIN	$48.00	-	-	-	-	-	-	-	-	-	-	-	-	-

*Procedure code 99201 was end-dated 12/31/2020

**Procedure code range of 99318-99337 was end-dated 12/31/2022

Table Listing, Previous Table 4, Next Table 6, End of Document

Table 5: 2013 / 2014 Fee Table for ACA Section 1202

The fee table below lists the services eligible for enhanced payments under ACA Section 1202 Increased Payments for Services Furnished by Certain Primary Care Physicians. The non-facility 2013 column is effective for dates of service 1/1/2013 – 12/31/2013 and the new non-facility 2014 column is effective for dates of service 1/1/2014 – 12/31/2014. The fees below will pay only when the services are provided by an enrolled, eligible provider. For all non-eligible providers and non-eligible services please continue to refer to the physician office and outpatient fee schedule. Fees are effective retroactive to dates of service 1/1/2013 for approved attestations submitted prior to April 1, 2013. For approved attestations submitted April 1st and later, the effective date for the enhanced fees is based on the date of attestation. For more information regarding provider eligibility and ACA Section 1202 Increased Payments for Services Furnished by Certain Primary Care Physicians please refer to PB 2013-08 and PB 2013-37.

Table 5	2014 Fee Table for ACA Section 1202		
Proc Code	**Procedure Code Description**	**Non-Facility 2013**	**Non-Facility 2014 Non-Facility**
90460	IM ADMIN 1ST/ONLY COMPONENT	$ 23.41	$ 23.41
90471	IMMUNIZATION ADMINISTRATION	$ 29.95	$ 27.66
90472	IMMUNIZATION ADMIN EACH ADD	$ 14.40	$ 13.63
90473	IMMUNIZATION ADMINISTRATION BY	$ 29.95	$ 27.66
90474	IMMUNIZATION ADMINISTRATION BY	$ 14.40	$ 13.63
99201	OFFICE/OUTPATIENT VISIT, NEW	$ 50.33	$ 47.28
99202	OFFICE/OUTPATIENT VISIT, NEW	$ 85.10	$ 80.93
99203	OFFICE/OUTPATIENT VISIT, NEW	$ 123.53	$ 117.40
99204	OFFICE/OUTPATIENT VISIT, NEW	$ 187.26	$ 179.63
99205	OFFICE/OUTPATIENT VISIT, NEW	$ 231.19	$ 223.23
99211	OFFICE/OUTPATIENT VISIT, EST	$ 23.51	$ 21.99
99212	OFFICE/OUTPATIENT VISIT, EST	$ 50.33	$ 47.68
99213	OFFICE/OUTPATIENT VISIT, EST	$ 82.98	$ 79.19
99214	OFFICE/OUTPATIENT VISIT, EST	$ 121.50	$ 116.60
99215	OFFICE/OUTPATIENT VISIT, EST	$ 162.23	$ 155.76
99217	OBSERVATION CARE DISCHARGE	$ 79.66	$ 77.81
99218	INITIAL OBSERVATION CARE	$ 108.29	$ 106.00

Table 5	2014 Fee Table for ACA Section 1202		
Proc Code	Procedure Code Description	Non-Facility 2013	Non-Facility 2014 Non-Facility
99219	INITIAL OBSERVATION CARE	$ 147.64	$ 145.00
99220	INITIAL OBSERVATION CARE	$ 202.62	$ 198.47
99221	INITIAL HOSPITAL CARE	$ 111.75	$ 109.07
99222	INITIAL HOSPITAL CARE	$ 151.43	$ 148.00
99223	INITIAL HOSPITAL CARE	$ 222.33	$ 217.81
99231	SUBSEQUENT HOSPITAL CARE	$ 42.71	$ 41.96
99232	SUBSEQUENT HOSPITAL CARE	$ 78.52	$ 77.03
99233	SUBSEQUENT HOSPITAL CARE	$ 113.24	$ 110.96
99234	OBSERV/HOSP SAME DATE	$ 147.58	$ 144.95
99235	OBSERV/HOSP SAME DATE	$ 184.30	$ 180.93
99236	OBSERV/HOSP SAME DATE	$ 238.09	$ 233.59
99238	HOSPITAL DISCHARGE DAY	$ 79.61	$ 77.76
99239	HOSPITAL DISCHARGE DAY	$ 117.91	$ 114.92
99241	OFFICE CONSULTATION	$ 53.17	$ 53.32
99242	OFFICE CONSULTATION	$ 99.76	$ 99.55
99243	OFFICE CONSULTATION	$ 135.90	$ 135.76
99244	OFFICE CONSULTATION	$ 199.80	$ 199.77
99245	OFFICE CONSULTATION	$ 244.23	$ 244.27
99251	INPATIENT CONSULTATION	$ 52.87	$ 52.93
99252	INPATIENT CONSULTATION	$ 81.56	$ 81.22
99253	INPATIENT CONSULTATION	$ 124.14	$ 123.88
99254	INPATIENT CONSULTATION	$ 178.77	$ 178.58
99255	INPATIENT CONSULTATION	$ 223.27	$ 215.93
99281	EMERGENCY DEPT VISIT	$ 22.76	$ 22.38
99282	EMERGENCY DEPT VISIT	$ 44.83	$ 44.07

Table 5	2014 Fee Table for ACA Section 1202		
Proc Code	Procedure Code Description	Non-Facility 2013	Non-Facility 2014 Non-Facility
99283	EMERGENCY DEPT VISIT	$ 66.75	$ 65.61
99284	EMERGENCY DEPT VISIT	$ 127.96	$ 125.23
99285	Emergency Dept Visit	$ 186.93	$ 183.84
99291	Critical Care, First Hour	$ 307.84	$ 295.20
99292	Critical Care Addl 30 Min	$ 135.95	$ 131.72
99304	Nursing Facility Care, Init	$ 103.24	$ 100.16
99305	Nursing Facility Care, Init	$ 146.54	$ 142.74
99306	Nursing Facility Care, Init	$ 184.91	$ 180.36
99307	Nursing Fac Care, Subseq	$ 49.07	$ 47.96
99308	Nursing Fac Care, Subseq	$ 76.39	$ 74.13
99309	Nursing Fac Care, Subseq	$ 100.04	$ 97.43
99310	Nursing Fac Care, Subseq	$ 149.08	$ 144.90
99315	Nursing Fac Discharge Day	$ 80.46	$ 78.61
99316	Nursing Fac Discharge Day	$ 115.06	$ 112.46
99318	Annual Nursing Fac Assessmnt	$ 105.24	$ 103.02
99324	Domicil/R-Home Visit New Pat	$ 61.24	$ 59.74
99325	Domicil/R-Home Visit New Pat	$ 88.22	$ 86.75
99326	Domicil/R-Home Visit New Pat	$ 152.70	$ 149.29
99327	Domicil/R-Home Visit New Pat	$ 204.04	$ 199.52
99328	Domicil/R-Home Visit New Pat	$ 236.61	$ 230.92
99334	Domicil/R-Home Visit Est Pat	$ 66.66	$ 65.17
99335	Domicil/R-Home Visit Est Pat	$ 104.00	$ 101.78
99336	Domicil/R-Home Visit Est Pat	$ 147.53	$ 143.33
99337	Domicil/R-Home Visit Est Pat	$ 211.32	$ 206.81
99339	Domicil/R-Home Care Supervis	$ 86.56	$ 84.34

Table 5	2014 Fee Table for ACA Section 1202		
Proc Code	Procedure Code Description	Non-Facility 2013	Non-Facility 2014 Non-Facility
99341	Home Visit, New Patient	$ 60.84	$ 59.33
99342	Home Visit, New Patient	$ 87.46	$ 85.59
99343	Home Visit, New Patient	$ 143.49	$ 139.64
99344	Home Visit, New Patient	$ 199.89	$ 195.36
99345	Home Visit, New Patient	$ 240.70	$ 235.43
99347	Home Visit, Est Patient	$ 61.27	$ 59.77
99348	Home Visit, Est Patient	$ 92.49	$ 90.24
99349	Home Visit, Est Patient	$ 140.33	$ 136.52
99350	Home Visit, Est Patient	$ 194.99	$ 190.46
99354	Prolonged Service, Office	$ 109.50	$ 107.30
99355	Prolonged Service, Office	$ 107.10	$ 104.88
99356	Prolonged Service, Inpatient	$ 100.48	$ 98.64
99357	Prolonged Service, Inpatient	$ 100.08	$ 97.83
99363	Anticoag Mgmt, Init	$ 145.10	$ 138.69
99364	Anticoag Mgmt, Subseq	$ 48.67	$ 46.78
99374	Home Health Care Supervision	$ 78.17	$ 75.94
99377	Hospice Care Supervision	$ 78.17	$ 75.94
99379	Nursing Fac Care Supervision	$ 78.17	$ 75.94
99380	Nursing Fac Care Supervision	$ 116.83	$ 113.87
99381	Init Pm E/M, New Pat, Inf	$ 125.11	$ 120.22
99382	Init Pm E/M, New Pat 1-4 Yrs	$ 129.95	$ 125.08
99383	Prev Visit, New, Age 5-11	$ 135.30	$ 130.43
99384	Prev Visit, New, Age 12-17	$ 152.91	$ 147.23
99385	Prev Visit, New, Age 18-39	$ 148.36	$ 143.07
99386	Prev Visit, New, Age 40-64	$ 171.20	$ 164.73

Table 5	2014 Fee Table for ACA Section 1202		
Proc Code	Procedure Code Description	Non-Facility 2013	Non-Facility 2014 Non-Facility
99387	Init Pm E/M, New Pat 65+ Yrs	$ 185.98	$ 179.15
99391	Per Pm Reeval, Est Pat, Inf	$ 112.25	$ 108.14
99392	Prev Visit, Est, Age 1-4	$ 119.90	$ 115.39
99393	Prev Visit, Est, Age 5-11	$ 119.50	$ 114.99
99394	Prev Visit, Est, Age 12-17	$ 130.09	$ 125.60
99395	Prev Visit, Est, Age 18-39	$ 132.74	$ 128.25
99396	Prev Visit, Est, Age 40-64	$ 141.57	$ 136.65
99397	Per Pm Reeval Est Pat 65+ Yr	$ 152.91	$ 147.23
99401	Preventive Counseling, Indiv	$ 41.08	$ 39.59
99402	Preventive Counseling, Indiv	$ 69.34	$ 67.48
99403	Preventive Counseling, Indiv	$ 96.40	$ 93.79
99404	Preventive Counseling, Indiv	$ 123.00	$ 119.98
99406	Behav Chng Smoking 3-10 Min	$ 15.71	$ 14.94
99407	Behav Chng Smoking > 10 Min	$ 30.21	$ 29.46
99408	Audit/Dast, 15-30 Min	$ 38.60	$ 37.86
99409	Audit/Dast, Over 30 Min	$ 74.80	$ 73.71
99411	Preventive Counseling, Group	$ 19.20	$ 18.06
99412	Preventive Counseling, Group	$ 24.49	$ 23.36
99460	Init Nb Em Per Day, Hosp	$ 98.89	$ 100.63
99461	Init Nb Em Per Day, Non-Fac	$ 113.76	$ 106.85
99462	Sbsq Nb Em Per Day, Hosp	$ 45.26	$ 44.92
99463	Same Day Nb Discharge	$ 126.40	$ 122.61
99464	Attendance At Delivery	$ 83.34	$ 75.42
99465	Nb Resuscitation	$ 160.45	$ 157.81
99466	Ped Crit Care Transport	$ 300.01	$ 285.33

Table 5	2014 Fee Table for ACA Section 1202		
Proc Code	**Procedure Code Description**	**Non-Facility 2013**	**Non-Facility 2014 Non-Facility**
99467	Ped Crit Care Transport Addl	$ 133.71	$ 131.45
99468	Neonate Crit Care, Initial	$ 1,048.92	$ 997.87
99469	Neonate Crit Care, Subsq	$ 429.90	$ 421.57
99471	Ped Critical Care, Initial	$ 936.39	$ 914.10
99472	Ped Critical Care, Subsq	$ 444.18	$ 429.07
99475	Ped Crit Care Age 2-5, Init	$ 617.13	$ 616.61
99476	Ped Crit Care Age 2-5, Subsq	$ 382.95	$ 372.98
99477	Init Day Hosp Neonate Care	$ 382.75	$ 369.94
99478	Ic, Lbw Inf < 1500 Gm Subsq	$ 154.02	$ 146.96
99479	Ic Lbw Inf 1500-2500 G Subsq	$ 139.90	$ 133.22
99480	Ic Inf Pbw 2501-5000 G Subsq	$ 130.59	$ 128.32

Table Listing, Previous Table 5, Next Table 7, End of Document

Table 6: Physician Office and Outpatient fee schedule procedure codes payable for 08/527 FQHC billing non-FQHC services physician services - non-mental health

Table 6

PHYSICIAN OFFICE AND OUTPATIENT FEE SCHEDULE
Procedure Codes Payable for 08/527 FQHC Billing non_FQHC Services
Physician Services - Non-Mental Health

PROSPECTIVE: FTC 21, 22, 23, 24, 25, 31, 32 (7/1/2014 - 12/31/2299) All codes in Table. FTC 19 as of 1/1/2016.

RETROSPECTIVE: Facility type code (FTC) 21 ONLY (1/1/2012 - 06/30/2014)

Procedure Code	Proc description
99217	Observation care discharge
99218	Initial observation care
99219	Initial observation care
99220	Initial observation care
99221	Initial hospital care
99222	Initial hospital care
99223	Initial hospital care
99231	Subsequent hospital care
99232	Subsequent hospital care
99233	Subsequent hospital care
99234	Observ/hosp same date
99235	Observ/hosp same date
99236	Observ/hosp same date
99238	Hospital discharge day management; 30 mi
99239	Hospital discharge day management; more
99251	Inpatient consultation

Table 6

PHYSICIAN OFFICE AND OUTPATIENT FEE SCHEDULE
Procedure Codes Payable for 08/527 FQHC Billing non_FQHC Services
Physician Services - Non-Mental Health

PROSPECTIVE: FTC 21, 22, 23, 24, 25, 31, 32 (7/1/2014 - 12/31/2299) All codes in Table. FTC 19 as of 1/1/2016.

RETROSPECTIVE: Facility type code (FTC) 21 ONLY (1/1/2012 - 06/30/2014)

Procedure Code	Proc description
99252	Inpatient consultation
99253	Inpatient consultation
99254	Inpatient consultation
99255	Inpatient consultation
99281	Emergency dept visit
99282	Emergency dept visit
99283	Emergency dept visit
99284	Emergency dept visit
99285	Emergency dept visit
99291	Critical care first hour
99292	Critical care addl 30 min
99304	Nursing facility care init
99305	Nursing facility care init
99306	Nursing facility care init
99307	Nursing fac care subseq
99308	Nursing fac care subseq
99309	Nursing fac care subseq
99310	Nursing fac care subseq
99315	Nursing facility discharge day managemen
99316	Nursing facility discharge day managemen
99374	Home health care supervision

Table 6

PHYSICIAN OFFICE AND OUTPATIENT FEE SCHEDULE
Procedure Codes Payable for 08/527 FQHC Billing non_FQHC Services
Physician Services - Non-Mental Health

PROSPECTIVE: FTC 21, 22, 23, 24, 25, 31, 32 (7/1/2014 - 12/31/2299) All codes in Table. FTC 19 as of 1/1/2016.

RETROSPECTIVE: Facility type code (FTC) 21 ONLY (1/1/2012 - 06/30/2014)

Procedure Code	Proc description
99377	Hospice care supervision
99379	Nursing fac care supervision
99380	Nursing fac care supervision
99460	Init nb em per day hosp
99462	Sbsq nb em per day hosp
99463	Same day nb discharge
99464	Attendance at delivery
99465	Nb resuscitation
99466	Ped crit care transport
99467	Ped crit care transport addl
99468	Neonate crit care initial
99469	Neonate crit care subsq
99471	Ped critical care initial
99472	Ped critical care subsq
99475	Ped crit care age 2-5 init
99476	Ped crit care age 2-5 subsq
99477	Init day hosp neonate care
99478	Ic lbw inf < 1500 gm subsq
99479	Ic lbw inf 1500-2500 g subsq
99480	Ic inf pbw 2501-5000 g subsq

Table Listing, Previous Table 6, Next Table 8, End of Document

Table 7: Physician Surgery fee schedule procedure codes payable for 08/527 FQHC billing non-FQHC services physician services - non-mental health

Table 7

PHYSICIAN SURGERY FEE SCHEDULE
Procedure Codes Payable for 08/527 FQHC Billing non_FQHC Services
Physician Services - Non-Mental Health

PROSPECTIVE: FTC 21, 22, 23, 24, 25, 31, & 32 (7/1/2014-12/31/2299) All codes in Table

RETROSPECTIVE: Facility type code (FTC) 21 ONLY (1/1/2012 - 06/30/2014)

Procedure Code	Proc description
11976	Remove contraceptive capsule
11981	Insertion non-biodegradable drug delive
11982	Remove drug implant device
11983	Remove/insert drug implant
43235	Egd diagnostic brush wash
43239	Egd biopsy single/multiple
43243	Egd injection varices
43244	Egd varices ligation
43246	Egd place gastrostomy tube
43247	Egd remove foreign body
43249	Esoph egd dilation <30 mm
43251	Egd remove lesion snare
43255	Egd control bleeding any
43270	Egd lesion ablation
45378	Diagnostic colonoscopy
45379	Colonoscopy w/fb removal
45379	Colonoscopy w/fb removal
45380	Colonoscopy and biopsy
45381	Colonoscopy submucous njx

Table 7

PHYSICIAN SURGERY FEE SCHEDULE
Procedure Codes Payable for 08/527 FQHC Billing non_FQHC Services
Physician Services - Non-Mental Health

PROSPECTIVE: FTC 21, 22, 23, 24, 25, 31, & 32 (7/1/2014-12/31/2299) All codes in Table

RETROSPECTIVE: Facility type code (FTC) 21 ONLY (1/1/2012 - 06/30/2014)	
Procedure Code	Proc description
45384	Colonoscopy w/lesion removal
45385	Colonoscopy w/lesion removal
45388	Colonoscopy w/ablation
46600	Diagnostic anoscopy
49000	Exploratory laparotomy exploratory celi
49255	Omentectomy epiploectomy resection of
49320	Laparoscopy abdomen peritoneum and om
49321	Laparoscopy biopsy
49322	Laparoscopy aspiration
56405	Incision and drainage of vulva or perine
56420	Drainage of gland abscess
56440	Surgery for vulva lesion
56441	Lysis of labial adhesions
56442	Hymenotomy simple incision
56501	Destroy vulva lesions sim
56515	Destruction of lesion(s) vulva; extensi
56605	Biopsy of vulva or perineum (separate pr
56606	Biopsy of vulva or perineum (separate pr
56620	Vulvectomy simple; partial
56625	Vulvectomy simple; complete
56630	Vulvectomy radical partial;
56631	Vulvectomy radical partial; with unila
56632	Vulvectomy radical partial; with bilat
56633	Vulvectomy radical complete;

Table 7

PHYSICIAN SURGERY FEE SCHEDULE
Procedure Codes Payable for 08/527 FQHC Billing non_FQHC Services
Physician Services - Non-Mental Health

PROSPECTIVE: FTC 21, 22, 23, 24, 25, 31, & 32 (7/1/2014-12/31/2299) All codes in Table

RETROSPECTIVE: Facility type code (FTC) 21 ONLY (1/1/2012 - 06/30/2014)

Procedure Code	Proc description
56634	Vulvectomy radical complete; with unil
56637	Vulvectomy radical complete; with bila
56640	Vulvectomy radical complete with ingu
56700	Partial hymenectomy or revision of hymen
56740	Remove vagina gland lesion
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
56810	Perineoplasty repair of perineum nonob
56820	Colposcopy of the vulva;
56821	Colposcopy of the vulva; with biopsy(s)
57000	Colpotomy; with exploration
57010	Colpotomy; with drainage of pelvic absce
57020	Colpocentesis (separate procedure)
57022	I & d vaginal hematoma pp
57023	I & d vag hematoma non-ob
57061	Destroy vag lesions simple
57065	Destroy vag lesions complex
57100	Biopsy of vaginal mucosa; simple (separa
57105	Biopsy of vaginal mucosa; extensive req
57106	Remove vagina wall partial
57107	Remove vagina tissue part
57109	Vaginectomy partial removal of vaginal
57110	Remove vagina wall complete
57111	Remove vagina tissue compl

Table 7

PHYSICIAN SURGERY FEE SCHEDULE
Procedure Codes Payable for 08/527 FQHC Billing non_FQHC Services
Physician Services - Non-Mental Health

PROSPECTIVE: FTC 21, 22, 23, 24, 25, 31, & 32 (7/1/2014-12/31/2299) All codes in Table

RETROSPECTIVE: Facility type code (FTC) 21 ONLY (1/1/2012 - 06/30/2014)

Procedure Code	Proc description
57112	Vaginectomy w/nodes compl
57120	Colpocleisis (le fort type)
57130	Excision of vaginal septum
57135	Excision of vaginal cyst or tumor
57150	Irrigation of vagina and/or application
57155	Insert uteri tandem/ovoids
57156	Ins vag brachytx device
57160	Fitting and insertion of pessary or othe
57170	Diaphragm or cervical cap fitting with i
57180	Introduction of any hemostatic agent or
57200	Colporrhaphy suture of injury of vagina
57210	Colpoperineorrhaphy suture of injury of
57220	Plastic operation on urethral sphincter
57230	Plastic repair of urethrocele
57240	Anterior colporrhaphy repair of cystoce
57250	Posterior colporrhaphy repair of rectoc
57260	Combined anteroposterior colporrhaphy;
57265	Combined anteroposterior colporrhaphy; w
57267	Insertion of mesh or other prosthesis fo
57268	Repair of enterocele vaginal approach (
57270	Repair of enterocele abdominal approach
57280	Colpopexy abdominal approach
57282	Colpopexy extraperitoneal
57283	Colpopexy intraperitoneal

Table 7

PHYSICIAN SURGERY FEE SCHEDULE
Procedure Codes Payable for 08/527 FQHC Billing non_FQHC Services
Physician Services - Non-Mental Health

PROSPECTIVE: FTC 21, 22, 23, 24, 25, 31, & 32 (7/1/2014-12/31/2299) All codes in Table

RETROSPECTIVE: Facility type code (FTC) 21 ONLY (1/1/2012 - 06/30/2014)	
Procedure Code	Proc description
57284	Repair paravag defect open
57285	Repair paravag defect vag
57287	Removal or revision of sling for stress
57288	Sling operation for stress incontinence
57289	Pereyra procedure including anterior co
57291	Construction of artificial vagina; witho
57292	Construction of artificial vagina; with
57295	Revise vag graft via vagina
57296	Revise vag graft open abd
57300	Closure of rectovaginal fistula; vaginal
57305	Closure of rectovaginal fistula; abdomen
57307	Closure of rectovaginal fistula; abdomen
57308	Fistula repair transperine
57310	Closure of urethrovaginal fistula;
57311	Closure of urethrovaginal fistula; with
57320	Closure of vesicovaginal fistula; vagina
57330	Closure of vesicovaginal fistula; transv
57335	Vaginoplasty for intersex state
57400	Dilation of vagina
57410	Pelvic examination
57415	Remove vaginal foreign body
57420	Colposcopy of the entire vagina with ce
57421	Colposcopy of the entire vagina with ce
57423	Repair paravag defect lap

Table 7

PHYSICIAN SURGERY FEE SCHEDULE
Procedure Codes Payable for 08/527 FQHC Billing non_FQHC Services
Physician Services - Non-Mental Health

PROSPECTIVE: FTC 21, 22, 23, 24, 25, 31, & 32 (7/1/2014-12/31/2299) All codes in Table

RETROSPECTIVE: Facility type code (FTC) 21 ONLY (1/1/2012 - 06/30/2014)

Procedure Code	Proc description
57425	Laparoscopy surg colpopexy
57426	Revise prosth vag graft lap
57452	Colposcopy (vaginoscopy); (separate proc
57454	Colposcopy (vaginoscopy); with biopsy(s)
57455	Colposcopy of the cervix including upper
57456	Colposcopy of the cervix including upper
57460	Bx of cervix w/scope leep
57461	Conz of cervix w/scope leep
57500	Biopsy of cervix
57505	Endocervical curettage (not done as part
57510	Cautery of cervix; electro or thermal
57511	Cauterization of cervix; cryocautery in
57513	Cauterization of cervix; laser ablation/
57520	Conization of cervix with or without fu
57522	Conization of cervix with or without fu
57530	Trachelectomy (cervicectomy) amputation
57531	Removal of cervix radical
57540	Excision of cervical stump abdominal ap
57545	Excision of cervical stump abdominal ap
57550	Excision of cervical stump vaginal appr
57555	Excision of cervical stump vaginal appr
57556	Remove cervix repair bowel
57558	Dilation and curettage of cervical stump
57700	Cerclage of uterine cervix nonobstetric

Table 7

PHYSICIAN SURGERY FEE SCHEDULE
Procedure Codes Payable for 08/527 FQHC Billing non_FQHC Services
Physician Services - Non-Mental Health

PROSPECTIVE: FTC 21, 22, 23, 24, 25, 31, & 32 (7/1/2014-12/31/2299) All codes in Table

RETROSPECTIVE: Facility type code (FTC) 21 ONLY (1/1/2012 - 06/30/2014)	
Procedure Code	Proc description
57720	Trachelorrhaphy plastic repair of uteri
57800	Dilation of cervical canal instrumental
58100	Endometrial sampling (biopsy) with or wi
58110	Endometrial sampling (biopsy) performed
58120	Dilation and curettage diagnostic and/o
58140	Myomectomy abdom method
58145	Myomectomy vag method
58146	Myomectomy excision of fibroid tumor(s)
58150	Total abdominal hysterectomy (corpus and
58152	Total abdominal hysterectomy (corpus and
58180	Supracervical abdominal hysterectomy (su
58200	Total abdominal hysterectomy including
58210	Radical abdominal hysterectomy with bil
58240	Pelvic exenteration for gynecologic mali
58260	Vaginal hysterectomy for uterus 250 gra
58262	Vaginal hysterectomy for uterus 250 gra
58263	Vaginal hysterectomy for uterus 250 gra
58267	Vaginal hysterectomy for uterus 250 gra
58270	Vaginal hysterectomy for uterus 250 gra
58275	Vaginal hysterectomy with total or part
58280	Vaginal hysterectomy with total or part
58285	Vaginal hysterectomy radical (schauta t
58290	Vaginal hysterectomy for uterus greater
58291	Vag hyst incl t/o complex

Table 7

PHYSICIAN SURGERY FEE SCHEDULE
Procedure Codes Payable for 08/527 FQHC Billing non_FQHC Services
Physician Services - Non-Mental Health

PROSPECTIVE: FTC 21, 22, 23, 24, 25, 31, & 32 (7/1/2014-12/31/2299) All codes in Table

RETROSPECTIVE: Facility type code (FTC) 21 ONLY (1/1/2012 - 06/30/2014)	
Procedure Code	Proc description
58292	Vag hyst t/o & repair compl
58293	Vag hyst w/uro repair compl
58294	Vag hyst w/enterocele compl
58300	Insertion of intrauterine device (iud)
58301	Removal of intrauterine device (iud)
58340	Catheterization and introduction of sali
58345	Transcervical introduction of fallopian
58346	Insertion of heyman capsules for clinica
58350	Chromotubation of oviduct including mat
58353	Endometr ablate thermal
58356	Endometrial cryoablation with ultrasonic
58400	Uterine suspension with or without shor
58410	Uterine suspension with or without shor
58520	Hysterorrhaphy repair of ruptured uteru
58540	Hysteroplasty repair of uterine anomaly
58541	Lsh uterus 250 g or less
58542	Laparoscopy surgical supracervical hys
58543	Laparoscopy surgical supracervical hys
58544	Laparoscopy surgical supracervical hys
58545	Laparoscopy surgical myomectomy excis
58546	Laparo-myomectomy complex
58548	Laparoscopy surgical with radical hyst
58550	Laparoscopy surgical with vaginal hyste
58552	Laparoscopy surgical with vaginal hyste

Table 7

PHYSICIAN SURGERY FEE SCHEDULE
Procedure Codes Payable for 08/527 FQHC Billing non_FQHC Services
Physician Services - Non-Mental Health

PROSPECTIVE: FTC 21, 22, 23, 24, 25, 31, & 32 (7/1/2014-12/31/2299) All codes in Table

RETROSPECTIVE: Facility type code (FTC) 21 ONLY (1/1/2012 - 06/30/2014)	
Procedure Code	Proc description
58553	Laparo-vag hyst complex
58554	Laparo-vag hyst w/t/o compl
58555	Hysteroscopy dx sep proc
58558	Hysteroscopy biopsy
58559	Hysteroscopy lysis
58560	Hysteroscopy resect septum
58561	Hysteroscopy remove myoma
58562	Hysteroscopy remove fb
58563	Hysteroscopy ablation
58565	Hysteroscopy sterilization
58570	Tlh uterus 250 g or less
58571	Tlh w/t/o 250 g or less
58572	Tlh uterus over 250 g
58573	Tlh w/t/o uterus over 250 g
58578	Laparo proc uterus
58579	Unlisted hysteroscopy procedure uterus
58600	Ligation or transection of fallopian tub
58605	Ligation or transection of fallopian tub
58611	Ligation or transection of fallopian tub
58615	Occlusion of fallopian tube(s) by device
58660	Laparoscopy lysis
58661	Laparoscopy remove adnexa
58662	Laparoscopy excise lesions
58670	Laparoscopy tubal cautery

Table 7

PHYSICIAN SURGERY FEE SCHEDULE
Procedure Codes Payable for 08/527 FQHC Billing non_FQHC Services
Physician Services - Non-Mental Health

PROSPECTIVE: FTC 21, 22, 23, 24, 25, 31, & 32 (7/1/2014-12/31/2299) All codes in Table

RETROSPECTIVE: Facility type code (FTC) 21 ONLY (1/1/2012 - 06/30/2014)

Procedure Code	Proc description
58671	Laparoscopy tubal block
58672	Laparoscopy fimbrioplasty
58673	Laparoscopy salpingostomy
58679	Laparo proc oviduct-ovary
58700	Salpingectomy complete or partial unil
58720	Salpingo-oophorectomy complete or parti
58740	Adhesiolysis tube ovary
58750	Tubotubal anastomosis
58752	Tubouterine implantation
58760	Fimbrioplasty
58770	Salpingostomy (salpingoneostomy)
58800	Drainage of ovarian cyst(s) unilateral
58805	Drainage of ovarian cyst(s) unilateral
58820	Drain ovary abscess open
58822	Drain ovary abscess percut
58825	Transposition ovary(s)
58900	Biopsy of ovary unilateral or bilateral
58920	Wedge resection or bisection of ovary u
58925	Ovarian cystectomy unilateral or bilate
58940	Oophorectomy partial or total unilater
58943	Oophorectomy partial or total unilater
58950	Resection (initial) of ovarian tubal or
58951	Resection of ovarian malignancy with bil
58952	Resection of ovarian tubal or primary p

Table 7

PHYSICIAN SURGERY FEE SCHEDULE
Procedure Codes Payable for 08/527 FQHC Billing non_FQHC Services
Physician Services - Non-Mental Health

PROSPECTIVE: FTC 21, 22, 23, 24, 25, 31, & 32 (7/1/2014-12/31/2299) All codes in Table

RETROSPECTIVE: Facility type code (FTC) 21 ONLY (1/1/2012 - 06/30/2014)

Procedure Code	Proc description
58953	Tah rad dissect for debulk
58954	Bilateral salpingo-oophorectomy with ome
58956	Bso omentectomy w/tah
58957	Resection (tumor debulking) of recurrent
58958	Resection (tumor debulking) of recurrent
58960	Laparotomy for staging or restaging of
58999	Unlisted procedure female genital syste
59000	Amniocentesis diagnostic
59001	Amniocentesis therapeutic
59012	Fetal cord puncture prenatal
59015	Chorionic villus sampling any method
59020	Fetal contraction stress test
59025	Fetal non-stress test
59030	Fetal scalp blood sampling
59050	Fetal monitoring during labor by consult
59051	Fetal monitoring during labor by consult
59070	Transabdominal amnioinfusion including
59072	Fetal umbilical cord occlusion includin
59074	Fetal fluid drainage (eg vesicocentesis
59076	Fetal shunt placement w/us
59100	Hysterotomy abdominal (eg for hydatidi
59120	Surgical treatment of ectopic pregnancy;
59121	Surgical treatment of ectopic pregnancy;
59130	Surgical treatment of ectopic pregnancy;

Table 7

PHYSICIAN SURGERY FEE SCHEDULE
Procedure Codes Payable for 08/527 FQHC Billing non_FQHC Services
Physician Services - Non-Mental Health

PROSPECTIVE: FTC 21, 22, 23, 24, 25, 31, & 32 (7/1/2014-12/31/2299) All codes in Table

RETROSPECTIVE: Facility type code (FTC) 21 ONLY (1/1/2012 - 06/30/2014)	
Procedure Code	Proc description
59135	Surgical treatment of ectopic pregnancy;
59136	Surgical treatment of ectopic pregnancy;
59140	Surgical treatment of ectopic pregnancy;
59150	Laparoscopic treatment of ectopic pregna
59151	Laparoscopic treatment of ectopic pregna
59160	Curettage postpartum/currettage postpa
59200	Insertion of cervical dilator (eg lamin
59320	Cerclage of cervix during pregnancy; va
59325	Cerclage of cervix during pregnancy; ab
59350	Hysterorrhaphy of ruptured uterus
59409	Vaginal delivery only (with or without e
59410	Vaginal delivery only (with or without e
59412	External cephalic version with or witho
59414	Delivery of placenta (separate procedure
59425	Antepartum care only; 4-6 visits
59426	Antepartum care only; 7 or more visits
59514	Cesarean delivery only;
59515	Cesarean delivery only; including postpa
59525	Subtotal or total hysterectomy after ces
59612	Vaginal delivery only after previous ce
59614	Vaginal delivery only after previous ce
59620	Cesarean delivery only following attemp
59622	Cesarean delivery only following attemp
59812	Treatment of incomplete abortion any tr

Table 7

PHYSICIAN SURGERY FEE SCHEDULE
Procedure Codes Payable for 08/527 FQHC Billing non_FQHC Services
Physician Services - Non-Mental Health

PROSPECTIVE: FTC 21, 22, 23, 24, 25, 31, & 32 (7/1/2014-12/31/2299) All codes in Table

RETROSPECTIVE: Facility type code (FTC) 21 ONLY (1/1/2012 - 06/30/2014)

Procedure Code	Proc description
59820	Treatment of missed abortion completed
59821	Treatment of missed abortion completed
59830	Treatment of septic abortion completed
59840	Induced abortion by dilation and curett
59841	Induced abortion by dilation and evacua
59850	Induced abortion by one or more intra-a
59851	Induced abortion by one or more intra-a
59852	Induced abortion by one or more intra-a
59855	Induced abortion by one or more vaginal
59856	Induced abortion by one or more vaginal
59857	Induced abortion by one or more vaginal
59866	Multifetal pregnancy reduction(s) (mpr)
59870	Uterine evacuation and curettage for hyd
59871	Removal of cerclage suture under anesthe
59897	Fetal invas px w/us
59898	Laparo proc ob care/deliver
59899	Unlisted procedure maternity care and d

Table Listing, Previous Table 7, Next Table 9, End of Document

Table 8: Physician Office and Outpatient fee schedule procedure codes payable for 08/527 FQHC billing non-FQHC services for mental health services

Table 8 PHYSICIAN OFFICE AND OUTPATIENT FEE SCHEDULE Procedure Codes Payable for 08/528 FQHC Billing non_FQHC Services Physician Services - Mental Health Prospective: FTC 21, 31, 32 ONLY (7/1/2014 – 12/31/2299)	
RETROSPECTIVE: Facility type code (FTC) 21 ONLY (1/1/2012 - 06/30/2014)	
Procedure Code	**Proc description**
99217	Observation care discharge
99218	Initial observation care
99219	Initial observation care
99220	Initial observation care
99221	Initial hospital care
99222	Initial hospital care
99223	Initial hospital care
99231	Subsequent hospital care
99232	Subsequent hospital care
99233	Subsequent hospital care
99234	Observ/hosp same date
99235	Observ/hosp same date
99236	Observ/hosp same date
99238	Hospital discharge day management; 30 mi
99239	Hospital discharge day management; more
99251	Inpatient consultation
99252	Inpatient consultation
99253	Inpatient consultation

Table 8

PHYSICIAN OFFICE AND OUTPATIENT FEE SCHEDULE
Procedure Codes Payable for 08/528 FQHC Billing non_FQHC Services
Physician Services - Mental Health

Prospective: FTC 21, 31, 32 ONLY (7/1/2014 – 12/31/2299)

RETROSPECTIVE: Facility type code (FTC) 21 ONLY (1/1/2012 - 06/30/2014)

Procedure Code	Proc description
99254	Inpatient consultation
99255	Inpatient consultation
99304	Nursing facility care init
99305	Nursing facility care init
99306	Nursing facility care init
99307	Nursing fac care subseq
99308	Nursing fac care subseq
99309	Nursing fac care subseq
99310	Nursing fac care subseq
99315	Nursing facility discharge day managemen
99316	Nursing facility discharge day management

Table 9: Physician Office and Outpatient codes for OBS (Obstetrical) rate type ICD-10-CM codes

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O000	Abdominal pregnancy	20151001	20160930
O0000	Abdominal pregnancy without intrauterine pregnancy	20161001	22991231
O0001	Abdominal pregnancy with intrauterine pregnancy	20161001	22991231
O001	Tubal pregnancy	20151001	20160930
O0010	Tubal pregnancy without intrauterine pregnancy	20161001	20170930
O00101	Right tubal pregnancy without intrauterine pregnancy	20171001	22991231
O00102	Left tubal pregnancy without intrauterine pregnancy	20171001	22991231
O0011	Tubal pregnancy with intrauterine pregnancy	20161001	20170930
O00111	Right tubal pregnancy with intrauterine pregnancy	20171001	22991231
O00112	Left tubal pregnancy with intrauterine pregnancy	20171001	22991231
O002	Ovarian pregnancy	20151001	20160930
O0020	Ovarian pregnancy without intrauterine pregnancy	20161001	20170930
O00201	Right ovarian pregnancy without intrauterine pregnancy	20171001	22991231
O00202	Left ovarian pregnancy without intrauterine pregnancy	20171001	22991231
O0021	Ovarian pregnancy with intrauterine pregnancy	20161001	20170930
O00211	Right ovarian pregnancy with intrauterine pregnancy	20171001	22991231
O00212	Left ovarian pregnancy with intrauterine pregnancy	20171001	22991231
O008	Other ectopic pregnancy	20151001	20160930
O0080	Other ectopic pregnancy without intrauterine pregnancy	20161001	22991231
O0081	Other ectopic pregnancy with intrauterine pregnancy	20161001	22991231
O009	Ectopic pregnancy, unspecified	20151001	22991231
O010	Classical hydatidiform mole	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O011	Incomplete and partial hydatidiform mole	20151001	22991231
O019	Hydatidiform mole, unspecified	20151001	22991231
O020	Blighted ovum and nonhydatidiform mole	20151001	22991231
O021	Missed abortion	20151001	22991231
O0281	Inapprop chg quantitav hCG in early pregnancy	20151001	22991231
O0289	Other abnormal products of conception	20151001	22991231
O029	Abnormal product of conception, unspecified	20151001	22991231
O030	Genitl trct and pelvic infection fol incmpl spon abortion	20151001	22991231
O031	Delayed or excessive hemor following incmpl spon abortion	20151001	22991231
O032	Embolism following incomplete spontaneous abortion	20151001	22991231
O0330	Unsp complication following incomplete spontaneous abortion	20151001	22991231
O0331	Shock following incomplete spontaneous abortion	20151001	22991231
O0332	Renal failure following incomplete spontaneous abortion	20151001	22991231
O0333	Metabolic disorder following incomplete spontaneous abortion	20151001	22991231
O0334	Damage to pelvic organs following incomplete spon abortion	20151001	22991231
O0335	Oth venous comp following incomplete spontaneous abortion	20151001	22991231
O0336	Cardiac arrest following incomplete spontaneous abortion	20151001	22991231
O0337	Sepsis following incomplete spontaneous abortion	20151001	22991231
O0338	Urinary tract infection following incomplete spon abortion	20151001	22991231
O0339	Incomplete spontaneous abortion with other complications	20151001	22991231
O034	Incomplete spontaneous abortion without complication	20151001	22991231
O035	Genitl trct and pelvic infct fol complete or unsp spon abort	20151001	22991231
O036	Delayed or excess hemor fol complete or unsp spon abortion	20151001	22991231
O037	Embolism following complete or unsp spontaneous abortion	20151001	22991231
O0380	Unsp comp following complete or unsp spontaneous abortion	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O0381	Shock following complete or unspecified spontaneous abortion	20151001	22991231
O0382	Renal failure following complete or unsp spon abortion	20151001	22991231
O0383	Metabolic disorder following complete or unsp spon abortion	20151001	22991231
O0384	Damage to pelvic organs fol complete or unsp spon abortion	20151001	22991231
O0385	Oth venous comp following complete or unsp spon abortion	20151001	22991231
O0386	Cardiac arrest following complete or unsp spon abortion	20151001	22991231
O0387	Sepsis following complete or unsp spontaneous abortion	20151001	22991231
O0388	Urinary tract infection fol complete or unsp spon abortion	20151001	22991231
O0389	Complete or unsp spontaneous abortion with oth complications	20151001	22991231
O039	Complete or unsp spontaneous abortion without complication	20151001	22991231
O0900	Suprvsn of preg w history of infertility, unsp trimester	20151001	22991231
O0901	Suprvsn of preg w history of infertility, first trimester	20151001	22991231
O0902	Suprvsn of preg w history of infertility, second trimester	20151001	22991231
O0903	Suprvsn of preg w history of infertility, third trimester	20151001	22991231
O0910	Suprvsn of preg with history of ectopic preg, unsp trimester	20151001	22991231
O0911	Suprvsn of preg with history of ectopic preg, first tri	20151001	22991231
O0912	Suprvsn of preg with history of ectopic preg, second tri	20151001	22991231
O0913	Suprvsn of preg with history of ectopic preg, third tri	20151001	22991231
O09211	Suprvsn of preg w history of pre-term labor, first trimester	20151001	22991231
O09212	Suprvsn of preg w history of pre-term labor, second tri	20151001	22991231
O09213	Suprvsn of preg w history of pre-term labor, third trimester	20151001	22991231
O09219	Suprvsn of preg w history of pre-term labor, unsp trimester	20151001	22991231
O09291	Suprvsn of preg w poor reprodctv or obstet hx, first tri	20151001	22991231
O09292	Suprvsn of preg w poor reprodctv or obstet hx, second tri	20151001	22991231
O09293	Suprvsn of preg w poor reprodctv or obstet hx, third tri	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O09299	Suprvsn of preg w poor reprodctv or obstet history, unsp tri	20151001	22991231
O0930	Suprvsn of preg w insufficient antenat care, unsp trimester	20151001	22991231
O0931	Suprvsn of preg w insufficient antenat care, first trimester	20151001	22991231
O0932	Suprvsn of preg w insufficient antenat care, second tri	20151001	22991231
O0933	Suprvsn of preg w insufficient antenat care, third trimester	20151001	22991231
O0940	Supervision of pregnancy w grand multiparity, unsp trimester	20151001	22991231
O0941	Suprvsn of pregnancy w grand multiparity, first trimester	20151001	22991231
O0942	Suprvsn of pregnancy w grand multiparity, second trimester	20151001	22991231
O0943	Suprvsn of pregnancy w grand multiparity, third trimester	20151001	22991231
O09511	Supervision of elderly primigravida, first trimester	20151001	22991231
O09512	Supervision of elderly primigravida, second trimester	20151001	22991231
O09513	Supervision of elderly primigravida, third trimester	20151001	22991231
O09519	Supervision of elderly primigravida, unspecified trimester	20151001	22991231
O09521	Supervision of elderly multigravida, first trimester	20151001	22991231
O09522	Supervision of elderly multigravida, second trimester	20151001	22991231
O09523	Supervision of elderly multigravida, third trimester	20151001	22991231
O09529	Supervision of elderly multigravida, unspecified trimester	20151001	22991231
O09611	Supervision of young primigravida, first trimester	20151001	22991231
O09612	Supervision of young primigravida, second trimester	20151001	22991231
O09613	Supervision of young primigravida, third trimester	20151001	22991231
O09619	Supervision of young primigravida, unspecified trimester	20151001	22991231
O09621	Supervision of young multigravida, first trimester	20151001	22991231
O09622	Supervision of young multigravida, second trimester	20151001	22991231
O09623	Supervision of young multigravida, third trimester	20151001	22991231
O09629	Supervision of young multigravida, unspecified trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O0970	Suprvsn of high risk preg due to social problems, unsp tri	20151001	22991231
O0971	Suprvsn of high risk preg due to social problems, first tri	20151001	22991231
O0972	Suprvsn of high risk preg due to social problems, second tri	20151001	22991231
O0973	Suprvsn of high risk preg due to social problems, third tri	20151001	22991231
O09811	Suprvsn of preg rslt from assisted reprodctv tech, first tri	20151001	22991231
O09812	Suprvsn of preg rslt from assist reprodctv tech, second tri	20151001	22991231
O09813	Suprvsn of preg rslt from assisted reprodctv tech, third tri	20151001	22991231
O09819	Suprvsn of preg rslt from assisted reprodctv tech, unsp tri	20151001	22991231
O09821	Suprvsn of preg w hx of in utero proc dur prev preg, 1st tri	20151001	22991231
O09822	Suprvsn of preg w hx of in utero proc dur prev preg, 2nd tri	20151001	22991231
O09823	Suprvsn of preg w hx of in utero proc dur prev preg, 3rd tri	20151001	22991231
O09829	Suprvsn of preg w hx of in utero proc dur prev preg,unsp tri	20151001	22991231
O09891	Supervision of other high risk pregnancies, first trimester	20151001	22991231
O09892	Supervision of other high risk pregnancies, second trimester	20151001	22991231
O09893	Supervision of other high risk pregnancies, third trimester	20151001	22991231
O09899	Supervision of other high risk pregnancies, unsp trimester	20151001	22991231
O0990	Supervision of high risk pregnancy, unsp, unsp trimester	20151001	22991231
O0991	Supervision of high risk pregnancy, unsp, first trimester	20151001	22991231
O0992	Supervision of high risk pregnancy, unsp, second trimester	20151001	22991231
O0993	Supervision of high risk pregnancy, unsp, third trimester	20151001	22991231
O09A1	Suprvsn of preg with history of molar preg, first trimester	20161001	22991231
O09A2	Suprvsn of preg with history of molar preg, second trimester	20161001	22991231
O09A3	Suprvsn of preg with history of molar preg, third trimester	20161001	22991231
O10011	Pre-existing essential htn comp pregnancy, first trimester	20151001	22991231
O10012	Pre-existing essential htn comp pregnancy, second trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O10013	Pre-existing essential htn comp pregnancy, third trimester	20151001	22991231
O10019	Pre-existing essential htn comp pregnancy, unsp trimester	20151001	22991231
O1002	Pre-existing essential hypertension complicating childbirth	20151001	22991231
O1003	Pre-existing essential hypertension comp the puerperium	20151001	22991231
O10111	Pre-exist hyp heart disease comp pregnancy, first trimester	20151001	22991231
O10112	Pre-exist hyp heart disease comp pregnancy, second trimester	20151001	22991231
O10113	Pre-exist hyp heart disease comp pregnancy, third trimester	20151001	22991231
O10119	Pre-exist hyp heart disease comp pregnancy, unsp trimester	20151001	22991231
O1012	Pre-existing hypertensive heart disease comp childbirth	20151001	22991231
O1013	Pre-existing hypertensive heart disease comp the puerperium	20151001	22991231
O10211	Pre-exist hyp chronic kidney disease comp preg, first tri	20151001	22991231
O10212	Pre-exist hyp chronic kidney disease comp preg, second tri	20151001	22991231
O10213	Pre-exist hyp chronic kidney disease comp preg, third tri	20151001	22991231
O10219	Pre-exist hyp chronic kidney disease comp preg, unsp tri	20151001	22991231
O1022	Pre-existing hyp chronic kidney disease comp childbirth	20151001	22991231
O1023	Pre-existing hyp chronic kidney disease comp the puerperium	20151001	22991231
O10311	Pre-exist hyp heart and chr kidney dis comp preg, first tri	20151001	22991231
O10312	Pre-exist hyp heart and chr kidney dis comp preg, second tri	20151001	22991231
O10313	Pre-exist hyp heart and chr kidney dis comp preg, third tri	20151001	22991231
O10319	Pre-exist hyp heart and chr kidney dis comp preg, unsp tri	20151001	22991231
O1032	Pre-exist hyp heart and chronic kidney disease comp chldbrth	20151001	22991231
O1033	Pre-exist hyp heart and chr kidney disease comp the puerp	20151001	22991231
O10411	Pre-existing secondary htn comp pregnancy, first trimester	20151001	22991231
O10412	Pre-existing secondary htn comp pregnancy, second trimester	20151001	22991231
O10413	Pre-existing secondary htn comp pregnancy, third trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O10419	Pre-existing secondary htn comp pregnancy, unsp trimester	20151001	22991231
O1042	Pre-existing secondary hypertension complicating childbirth	20151001	22991231
O1043	Pre-existing secondary hypertension comp the puerperium	20151001	22991231
O10911	Unsp pre-existing htn comp pregnancy, first trimester	20151001	22991231
O10912	Unsp pre-existing htn comp pregnancy, second trimester	20151001	22991231
O10913	Unsp pre-existing htn comp pregnancy, third trimester	20151001	22991231
O10919	Unsp pre-existing htn comp pregnancy, unsp trimester	20151001	22991231
O1092	Unsp pre-existing hypertension complicating childbirth	20151001	22991231
O1093	Unsp pre-existing hypertension complicating the puerperium	20151001	22991231
O111	Pre-existing hypertension w pre-eclampsia, first trimester	20151001	22991231
O112	Pre-existing hypertension w pre-eclampsia, second trimester	20151001	22991231
O113	Pre-existing hypertension w pre-eclampsia, third trimester	20151001	22991231
O114	Pre-existing htn with pre-eclampsia, comp childbirth	20161001	22991231
O115	Pre-existing htn with pre-eclampsia, comp the puerperium	20161001	22991231
O119	Pre-existing hypertension with pre-eclampsia, unsp trimester	20151001	22991231
O1200	Gestational edema, unspecified trimester	20151001	22991231
O1201	Gestational edema, first trimester	20151001	22991231
O1202	Gestational edema, second trimester	20151001	22991231
O1203	Gestational edema, third trimester	20151001	22991231
O1204	Gestational edema, complicating childbirth	20161001	22991231
O1205	Gestational edema, complicating the puerperium	20161001	22991231
O1210	Gestational proteinuria, unspecified trimester	20151001	22991231
O1211	Gestational proteinuria, first trimester	20151001	22991231
O1212	Gestational proteinuria, second trimester	20151001	22991231
O1213	Gestational proteinuria, third trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O1214	Gestational proteinuria, complicating childbirth	20161001	22991231
O1215	Gestational proteinuria, complicating the puerperium	20161001	22991231
O1220	Gestational edema with proteinuria, unspecified trimester	20151001	22991231
O1221	Gestational edema with proteinuria, first trimester	20151001	22991231
O1222	Gestational edema with proteinuria, second trimester	20151001	22991231
O1223	Gestational edema with proteinuria, third trimester	20151001	22991231
O1224	Gestational edema with proteinuria, complicating childbirth	20161001	22991231
O1225	Gestational edema with proteinuria, comp the puerperium	20161001	22991231
O131	Gestational htn w/o significant proteinuria, first trimester	20151001	22991231
O132	Gestatnl htn w/o significant proteinuria, second trimester	20151001	22991231
O133	Gestational htn w/o significant proteinuria, third trimester	20151001	22991231
O134	Gestatnl htn without significant protein, comp childbirth	20161001	22991231
O135	Gestatnl htn without significant protein, comp the puerp	20161001	22991231
O139	Gestational htn w/o significant proteinuria, unsp trimester	20151001	22991231
O1400	Mild to moderate pre-eclampsia, unspecified trimester	20151001	22991231
O1402	Mild to moderate pre-eclampsia, second trimester	20151001	22991231
O1403	Mild to moderate pre-eclampsia, third trimester	20151001	22991231
O1404	Mild to moderate pre-eclampsia, complicating childbirth	20161001	22991231
O1405	Mild to moderate pre-eclampsia, complicating the puerperium	20161001	22991231
O1410	Severe pre-eclampsia, unspecified trimester	20151001	22991231
O1412	Severe pre-eclampsia, second trimester	20151001	22991231
O1413	Severe pre-eclampsia, third trimester	20151001	22991231
O1414	Severe pre-eclampsia complicating childbirth	20161001	22991231
O1415	Severe pre-eclampsia, complicating the puerperium	20161001	22991231
O1420	HELLP syndrome (HELLP), unspecified trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O1422	HELLP syndrome (HELLP), second trimester	20151001	22991231
O1423	HELLP syndrome (HELLP), third trimester	20151001	22991231
O1424	HELLP syndrome, complicating childbirth	20161001	22991231
O1425	HELLP syndrome, complicating the puerperium	20161001	22991231
O1490	Unspecified pre-eclampsia, unspecified trimester	20151001	22991231
O1492	Unspecified pre-eclampsia, second trimester	20151001	22991231
O1493	Unspecified pre-eclampsia, third trimester	20151001	22991231
O1494	Unspecified pre-eclampsia, complicating childbirth	20161001	22991231
O1495	Unspecified pre-eclampsia, complicating the puerperium	20161001	22991231
O1500	Eclampsia complicating pregnancy, unspecified trimester	20151001	22991231
O1502	Eclampsia complicating pregnancy, second trimester	20151001	22991231
O1503	Eclampsia complicating pregnancy, third trimester	20151001	22991231
O151	Eclampsia complicating labor	20151001	22991231
O152	Eclampsia complicating the puerperium	20151001	22991231
O159	Eclampsia, unspecified as to time period	20151001	22991231
O161	Unspecified maternal hypertension, first trimester	20151001	22991231
O162	Unspecified maternal hypertension, second trimester	20151001	22991231
O163	Unspecified maternal hypertension, third trimester	20151001	22991231
O164	Unspecified maternal hypertension, complicating childbirth	20161001	22991231
O165	Unspecified maternal hypertension, comp the puerperium	20161001	22991231
O169	Unspecified maternal hypertension, unspecified trimester	20151001	22991231
O200	Threatened abortion	20151001	22991231
O208	Other hemorrhage in early pregnancy	20151001	22991231
O209	Hemorrhage in early pregnancy, unspecified	20151001	22991231
O210	Mild hyperemesis gravidarum	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O211	Hyperemesis gravidarum with metabolic disturbance	20151001	22991231
O212	Late vomiting of pregnancy	20151001	22991231
O218	Other vomiting complicating pregnancy	20151001	22991231
O219	Vomiting of pregnancy, unspecified	20151001	22991231
O2200	Varicose veins of low extrm in pregnancy, unsp trimester	20151001	22991231
O2201	Varicose veins of low extrm in pregnancy, first trimester	20151001	22991231
O2202	Varicose veins of low extrm in pregnancy, second trimester	20151001	22991231
O2203	Varicose veins of low extrm in pregnancy, third trimester	20151001	22991231
O2210	Genital varices in pregnancy, unspecified trimester	20151001	22991231
O2211	Genital varices in pregnancy, first trimester	20151001	22991231
O2212	Genital varices in pregnancy, second trimester	20151001	22991231
O2213	Genital varices in pregnancy, third trimester	20151001	22991231
O2220	Superficial thrombophlebitis in pregnancy, unsp trimester	20151001	22991231
O2221	Superficial thrombophlebitis in pregnancy, first trimester	20151001	22991231
O2222	Superficial thrombophlebitis in pregnancy, second trimester	20151001	22991231
O2223	Superficial thrombophlebitis in pregnancy, third trimester	20151001	22991231
O2230	Deep phlebothrombosis in pregnancy, unspecified trimester	20151001	22991231
O2231	Deep phlebothrombosis in pregnancy, first trimester	20151001	22991231
O2232	Deep phlebothrombosis in pregnancy, second trimester	20151001	22991231
O2233	Deep phlebothrombosis in pregnancy, third trimester	20151001	22991231
O2240	Hemorrhoids in pregnancy, unspecified trimester	20151001	22991231
O2241	Hemorrhoids in pregnancy, first trimester	20151001	22991231
O2242	Hemorrhoids in pregnancy, second trimester	20151001	22991231
O2243	Hemorrhoids in pregnancy, third trimester	20151001	22991231
O2250	Cerebral venous thrombosis in pregnancy, unsp trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O2251	Cerebral venous thrombosis in pregnancy, first trimester	20151001	22991231
O2252	Cerebral venous thrombosis in pregnancy, second trimester	20151001	22991231
O2253	Cerebral venous thrombosis in pregnancy, third trimester	20151001	22991231
O228X1	Other venous complications in pregnancy, first trimester	20151001	22991231
O228X2	Other venous complications in pregnancy, second trimester	20151001	22991231
O228X3	Other venous complications in pregnancy, third trimester	20151001	22991231
O228X9	Other venous complications in pregnancy, unsp trimester	20151001	22991231
O2290	Venous complication in pregnancy, unsp, unsp trimester	20151001	22991231
O2291	Venous complication in pregnancy, unsp, first trimester	20151001	22991231
O2292	Venous complication in pregnancy, unsp, second trimester	20151001	22991231
O2293	Venous complication in pregnancy, unsp, third trimester	20151001	22991231
O2300	Infections of kidney in pregnancy, unspecified trimester	20151001	22991231
O2301	Infections of kidney in pregnancy, first trimester	20151001	22991231
O2302	Infections of kidney in pregnancy, second trimester	20151001	22991231
O2303	Infections of kidney in pregnancy, third trimester	20151001	22991231
O2310	Infections of bladder in pregnancy, unspecified trimester	20151001	22991231
O2311	Infections of bladder in pregnancy, first trimester	20151001	22991231
O2312	Infections of bladder in pregnancy, second trimester	20151001	22991231
O2313	Infections of bladder in pregnancy, third trimester	20151001	22991231
O2320	Infections of urethra in pregnancy, unspecified trimester	20151001	22991231
O2321	Infections of urethra in pregnancy, first trimester	20151001	22991231
O2322	Infections of urethra in pregnancy, second trimester	20151001	22991231
O2323	Infections of urethra in pregnancy, third trimester	20151001	22991231
O2330	Infections of prt urinary tract in pregnancy, unsp trimester	20151001	22991231
O2331	Infect of prt urinary tract in pregnancy, first trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O2332	Infect of prt urinary tract in pregnancy, second trimester	20151001	22991231
O2333	Infect of prt urinary tract in pregnancy, third trimester	20151001	22991231
O2340	Unsp infection of urinary tract in pregnancy, unsp trimester	20151001	22991231
O2341	Unsp infct of urinary tract in pregnancy, first trimester	20151001	22991231
O2342	Unsp infct of urinary tract in pregnancy, second trimester	20151001	22991231
O2343	Unsp infct of urinary tract in pregnancy, third trimester	20151001	22991231
O23511	Infections of cervix in pregnancy, first trimester	20151001	22991231
O23512	Infections of cervix in pregnancy, second trimester	20151001	22991231
O23513	Infections of cervix in pregnancy, third trimester	20151001	22991231
O23519	Infections of cervix in pregnancy, unspecified trimester	20151001	22991231
O23521	Salpingo-oophoritis in pregnancy, first trimester	20151001	22991231
O23522	Salpingo-oophoritis in pregnancy, second trimester	20151001	22991231
O23523	Salpingo-oophoritis in pregnancy, third trimester	20151001	22991231
O23529	Salpingo-oophoritis in pregnancy, unspecified trimester	20151001	22991231
O23591	Infection oth prt genitl trct in pregnancy, first trimester	20151001	22991231
O23592	Infection oth prt genitl trct in pregnancy, second trimester	20151001	22991231
O23593	Infection oth prt genitl trct in pregnancy, third trimester	20151001	22991231
O23599	Infection oth prt genital tract in pregnancy, unsp trimester	20151001	22991231
O2390	Unsp GU tract infection in pregnancy, unsp trimester	20151001	22991231
O2391	Unsp GU tract infection in pregnancy, first trimester	20151001	22991231
O2392	Unsp GU tract infection in pregnancy, second trimester	20151001	22991231
O2393	Unsp GU tract infection in pregnancy, third trimester	20151001	22991231
O24011	Pre-existing type 1 diabetes, in pregnancy, first trimester	20151001	22991231
O24012	Pre-existing type 1 diabetes, in pregnancy, second trimester	20151001	22991231
O24013	Pre-existing type 1 diabetes, in pregnancy, third trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O24019	Pre-exist type 1 diabetes, in pregnancy, unsp trimester	20151001	22991231
O2402	Pre-existing type 1 diabetes mellitus, in childbirth	20151001	22991231
O2403	Pre-existing type 1 diabetes mellitus, in the puerperium	20151001	22991231
O24111	Pre-existing type 2 diabetes, in pregnancy, first trimester	20151001	22991231
O24112	Pre-existing type 2 diabetes, in pregnancy, second trimester	20151001	22991231
O24113	Pre-existing type 2 diabetes, in pregnancy, third trimester	20151001	22991231
O24119	Pre-exist type 2 diabetes, in pregnancy, unsp trimester	20151001	22991231
O2412	Pre-existing type 2 diabetes mellitus, in childbirth	20151001	22991231
O2413	Pre-existing type 2 diabetes mellitus, in the puerperium	20151001	22991231
O24311	Unsp pre-existing diabetes in pregnancy, first trimester	20151001	22991231
O24312	Unsp pre-existing diabetes in pregnancy, second trimester	20151001	22991231
O24313	Unsp pre-existing diabetes in pregnancy, third trimester	20151001	22991231
O24319	Unsp pre-existing diabetes in pregnancy, unsp trimester	20151001	22991231
O2432	Unspecified pre-existing diabetes mellitus in childbirth	20151001	22991231
O2433	Unspecified pre-existing diabetes mellitus in the puerperium	20151001	22991231
O24410	Gestational diabetes mellitus in pregnancy, diet controlled	20151001	22991231
O24414	Gestational diabetes in pregnancy, insulin controlled	20151001	22991231
O24415	Gestatnl diabetes in preg, ctrl by oral hypoglycemic drugs	20161001	22991231
O24419	Gestational diabetes mellitus in pregnancy, unsp control	20151001	22991231
O24420	Gestational diabetes mellitus in childbirth, diet controlled	20151001	22991231
O24424	Gestational diabetes in childbirth, insulin controlled	20151001	22991231
O24425	Gestatnl diab in chldbrth, ctrl by oral hypoglycemic drugs	20161001	22991231
O24429	Gestational diabetes mellitus in childbirth, unsp control	20151001	22991231
O24430	Gestational diabetes in the puerperium, diet controlled	20151001	22991231
O24434	Gestational diabetes in the puerperium, insulin controlled	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O24435	Gestatnl diabetes in puerp, ctrl by oral hypoglycemic drugs	20161001	22991231
O24439	Gestational diabetes in the puerperium, unsp control	20151001	22991231
O24811	Oth pre-existing diabetes in pregnancy, first trimester	20151001	22991231
O24812	Oth pre-existing diabetes in pregnancy, second trimester	20151001	22991231
O24813	Oth pre-existing diabetes in pregnancy, third trimester	20151001	22991231
O24819	Oth pre-existing diabetes in pregnancy, unsp trimester	20151001	22991231
O2482	Other pre-existing diabetes mellitus in childbirth	20151001	22991231
O2483	Other pre-existing diabetes mellitus in the puerperium	20151001	22991231
O24911	Unspecified diabetes mellitus in pregnancy, first trimester	20151001	22991231
O24912	Unspecified diabetes mellitus in pregnancy, second trimester	20151001	22991231
O24913	Unspecified diabetes mellitus in pregnancy, third trimester	20151001	22991231
O24919	Unsp diabetes mellitus in pregnancy, unspecified trimester	20151001	22991231
O2492	Unspecified diabetes mellitus in childbirth	20151001	22991231
O2493	Unspecified diabetes mellitus in the puerperium	20151001	22991231
O2510	Malnutrition in pregnancy, unspecified trimester	20151001	22991231
O2511	Malnutrition in pregnancy, first trimester	20151001	22991231
O2512	Malnutrition in pregnancy, second trimester	20151001	22991231
O2513	Malnutrition in pregnancy, third trimester	20151001	22991231
O252	Malnutrition in childbirth	20151001	22991231
O253	Malnutrition in the puerperium	20151001	22991231
O2600	Excessive weight gain in pregnancy, unspecified trimester	20151001	22991231
O2601	Excessive weight gain in pregnancy, first trimester	20151001	22991231
O2602	Excessive weight gain in pregnancy, second trimester	20151001	22991231
O2603	Excessive weight gain in pregnancy, third trimester	20151001	22991231
O2610	Low weight gain in pregnancy, unspecified trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O2611	Low weight gain in pregnancy, first trimester	20151001	22991231
O2612	Low weight gain in pregnancy, second trimester	20151001	22991231
O2613	Low weight gain in pregnancy, third trimester	20151001	22991231
O2620	Preg care for patient w recurrent preg loss, unsp trimester	20151001	22991231
O2621	Preg care for patient w recurrent preg loss, first trimester	20151001	22991231
O2622	Preg care for patient w recur preg loss, second trimester	20151001	22991231
O2623	Preg care for patient w recurrent preg loss, third trimester	20151001	22991231
O2630	Retained uterin contracep dev in pregnancy, unsp trimester	20151001	22991231
O2631	Retained uterin contracep dev in pregnancy, first trimester	20151001	22991231
O2632	Retained uterin contracep dev in pregnancy, second trimester	20151001	22991231
O2633	Retained uterin contracep dev in pregnancy, third trimester	20151001	22991231
O2640	Herpes gestationis, unspecified trimester	20151001	22991231
O2641	Herpes gestationis, first trimester	20151001	22991231
O2642	Herpes gestationis, second trimester	20151001	22991231
O2643	Herpes gestationis, third trimester	20151001	22991231
O2650	Maternal hypotension syndrome, unspecified trimester	20151001	22991231
O2651	Maternal hypotension syndrome, first trimester	20151001	22991231
O2652	Maternal hypotension syndrome, second trimester	20151001	22991231
O2653	Maternal hypotension syndrome, third trimester	20151001	22991231
O26611	Liver and biliary tract disord in pregnancy, first trimester	20151001	22991231
O26612	Liver and biliary tract disord in preg, second trimester	20151001	22991231
O26613	Liver and biliary tract disord in pregnancy, third trimester	20151001	22991231
O26619	Liver and biliary tract disord in pregnancy, unsp trimester	20151001	22991231
O2662	Liver and biliary tract disorders in childbirth	20151001	22991231
O2663	Liver and biliary tract disorders in the puerperium	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O26711	Sublux of symphysis (pubis) in pregnancy, first trimester	20151001	22991231
O26712	Sublux of symphysis (pubis) in pregnancy, second trimester	20151001	22991231
O26713	Sublux of symphysis (pubis) in pregnancy, third trimester	20151001	22991231
O26719	Sublux of symphysis (pubis) in pregnancy, unsp trimester	20151001	22991231
O2672	Subluxation of symphysis (pubis) in childbirth	20151001	22991231
O2673	Subluxation of symphysis (pubis) in the puerperium	20151001	22991231
O26811	Pregnancy related exhaustion and fatigue, first trimester	20151001	22991231
O26812	Pregnancy related exhaustion and fatigue, second trimester	20151001	22991231
O26813	Pregnancy related exhaustion and fatigue, third trimester	20151001	22991231
O26819	Pregnancy related exhaustion and fatigue, unsp trimester	20151001	22991231
O26821	Pregnancy related peripheral neuritis, first trimester	20151001	22991231
O26822	Pregnancy related peripheral neuritis, second trimester	20151001	22991231
O26823	Pregnancy related peripheral neuritis, third trimester	20151001	22991231
O26829	Pregnancy related peripheral neuritis, unspecified trimester	20151001	22991231
O26831	Pregnancy related renal disease, first trimester	20151001	22991231
O26832	Pregnancy related renal disease, second trimester	20151001	22991231
O26833	Pregnancy related renal disease, third trimester	20151001	22991231
O26839	Pregnancy related renal disease, unspecified trimester	20151001	22991231
O26841	Uterine size-date discrepancy, first trimester	20151001	22991231
O26842	Uterine size-date discrepancy, second trimester	20151001	22991231
O26843	Uterine size-date discrepancy, third trimester	20151001	22991231
O26849	Uterine size-date discrepancy, unspecified trimester	20151001	22991231
O26851	Spotting complicating pregnancy, first trimester	20151001	22991231
O26852	Spotting complicating pregnancy, second trimester	20151001	22991231
O26853	Spotting complicating pregnancy, third trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O26859	Spotting complicating pregnancy, unspecified trimester	20151001	22991231
O2686	Pruritic urticarial papules and plaques of pregnancy (PUPPP)	20151001	22991231
O26872	Cervical shortening, second trimester	20151001	22991231
O26873	Cervical shortening, third trimester	20151001	22991231
O26879	Cervical shortening, unspecified trimester	20151001	22991231
O26891	Oth pregnancy related conditions, first trimester	20151001	22991231
O26892	Oth pregnancy related conditions, second trimester	20151001	22991231
O26893	Oth pregnancy related conditions, third trimester	20151001	22991231
O26899	Oth pregnancy related conditions, unspecified trimester	20151001	22991231
O2690	Pregnancy related conditions, unsp, unspecified trimester	20151001	22991231
O2691	Pregnancy related conditions, unspecified, first trimester	20151001	22991231
O2692	Pregnancy related conditions, unspecified, second trimester	20151001	22991231
O2693	Pregnancy related conditions, unspecified, third trimester	20151001	22991231
O29011	Aspirat pneumonitis due to anesth during preg, first tri	20151001	22991231
O29012	Aspirat pneumonitis due to anesth during preg, second tri	20151001	22991231
O29013	Aspirat pneumonitis due to anesth during preg, third tri	20151001	22991231
O29019	Aspirat pneumonitis due to anesth during preg, unsp tri	20151001	22991231
O29021	Pressr collapse of lung due to anesth during preg, first tri	20151001	22991231
O29022	Pressr collapse of lung d/t anesth during preg, second tri	20151001	22991231
O29023	Pressr collapse of lung due to anesth during preg, third tri	20151001	22991231
O29029	Pressr collapse of lung due to anesth during preg, unsp tri	20151001	22991231
O29091	Oth pulmonary comp of anesth during preg, first trimester	20151001	22991231
O29092	Oth pulmonary comp of anesth during preg, second trimester	20151001	22991231
O29093	Oth pulmonary comp of anesth during preg, third trimester	20151001	22991231
O29099	Oth pulmonary comp of anesth during preg, unsp trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O29111	Cardiac arrest due to anesth during preg, first trimester	20151001	22991231
O29112	Cardiac arrest due to anesth during preg, second trimester	20151001	22991231
O29113	Cardiac arrest due to anesth during preg, third trimester	20151001	22991231
O29119	Cardiac arrest due to anesth during preg, unsp trimester	20151001	22991231
O29121	Cardiac failure due to anesth during preg, first trimester	20151001	22991231
O29122	Cardiac failure due to anesth during preg, second trimester	20151001	22991231
O29123	Cardiac failure due to anesth during preg, third trimester	20151001	22991231
O29129	Cardiac failure due to anesth during preg, unsp trimester	20151001	22991231
O29191	Oth cardiac comp of anesth during pregnancy, first trimester	20151001	22991231
O29192	Oth cardiac comp of anesth during preg, second trimester	20151001	22991231
O29193	Oth cardiac comp of anesth during pregnancy, third trimester	20151001	22991231
O29199	Oth cardiac comp of anesth during pregnancy, unsp trimester	20151001	22991231
O29211	Cerebral anoxia due to anesth during preg, first trimester	20151001	22991231
O29212	Cerebral anoxia due to anesth during preg, second trimester	20151001	22991231
O29213	Cerebral anoxia due to anesth during preg, third trimester	20151001	22991231
O29219	Cerebral anoxia due to anesth during preg, unsp trimester	20151001	22991231
O29291	Oth cnsl comp of anesth during pregnancy, first trimester	20151001	22991231
O29292	Oth cnsl comp of anesth during pregnancy, second trimester	20151001	22991231
O29293	Oth cnsl comp of anesth during pregnancy, third trimester	20151001	22991231
O29299	Oth cnsl comp of anesthesia during pregnancy, unsp trimester	20151001	22991231
O293X1	Toxic reaction to local anesth during preg, first trimester	20151001	22991231
O293X2	Toxic reaction to local anesth during preg, second trimester	20151001	22991231
O293X3	Toxic reaction to local anesth during preg, third trimester	20151001	22991231
O293X9	Toxic reaction to local anesth during preg, unsp trimester	20151001	22991231
O2940	Spinal and epidur anesth induce hdache during preg, unsp tri	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O2941	Spinal and epidur anesth induce hdache dur preg, first tri	20151001	22991231
O2942	Spinal and epidur anesth induce hdache dur preg, second tri	20151001	22991231
O2943	Spinal and epidur anesth induce hdache dur preg, third tri	20151001	22991231
O295X1	Oth comp of spinal and epidur anesth during preg, first tri	20151001	22991231
O295X2	Oth comp of spinal and epidur anesth during preg, second tri	20151001	22991231
O295X3	Oth comp of spinal and epidur anesth during preg, third tri	20151001	22991231
O295X9	Oth comp of spinal and epidural anesth during preg, unsp tri	20151001	22991231
O2960	Failed or difficult intubation for anesth dur preg, unsp tri	20151001	22991231
O2961	Fail or difficult intubation for anesth dur preg, first tri	20151001	22991231
O2962	Fail or difficult intubation for anesth dur preg, second tri	20151001	22991231
O2963	Fail or difficult intubation for anesth dur preg, third tri	20151001	22991231
O298X1	Oth comp of anesthesia during pregnancy, first trimester	20151001	22991231
O298X2	Oth comp of anesthesia during pregnancy, second trimester	20151001	22991231
O298X3	Oth comp of anesthesia during pregnancy, third trimester	20151001	22991231
O298X9	Oth comp of anesthesia during pregnancy, unsp trimester	20151001	22991231
O2990	Unsp comp of anesthesia during pregnancy, unsp trimester	20151001	22991231
O2991	Unsp comp of anesthesia during pregnancy, first trimester	20151001	22991231
O2992	Unsp comp of anesthesia during pregnancy, second trimester	20151001	22991231
O2993	Unsp comp of anesthesia during pregnancy, third trimester	20151001	22991231
O30001	Twin preg, unsp num plcnta & amnio sacs, first trimester	20151001	22991231
O30002	Twin preg, unsp num plcnta & amnio sacs, second trimester	20151001	22991231
O30003	Twin preg, unsp num plcnta & amnio sacs, third trimester	20151001	22991231
O30009	Twin pregnancy, unsp num plcnta & amnio sacs, unsp trimester	20151001	22991231
O30011	Twin pregnancy, monochorionic/monoamniotic, first trimester	20151001	22991231
O30012	Twin pregnancy, monochorionic/monoamniotic, second trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O30013	Twin pregnancy, monochorionic/monoamniotic, third trimester	20151001	22991231
O30019	Twin pregnancy, monochorionic/monoamniotic, unsp trimester	20151001	22991231
O30031	Twin pregnancy, monochorionic/diamniotic, first trimester	20151001	22991231
O30032	Twin pregnancy, monochorionic/diamniotic, second trimester	20151001	22991231
O30033	Twin pregnancy, monochorionic/diamniotic, third trimester	20151001	22991231
O30039	Twin pregnancy, monochorionic/diamniotic, unsp trimester	20151001	22991231
O30041	Twin pregnancy, dichorionic/diamniotic, first trimester	20151001	22991231
O30042	Twin pregnancy, dichorionic/diamniotic, second trimester	20151001	22991231
O30043	Twin pregnancy, dichorionic/diamniotic, third trimester	20151001	22991231
O30049	Twin pregnancy, dichorionic/diamniotic, unsp trimester	20151001	22991231
O30091	Twin preg, unable to dtrm num plcnta & amnio sacs, first tri	20151001	22991231
O30092	Twin preg, unable to dtrm num plcnta & amnio sacs, 2nd tri	20151001	22991231
O30093	Twin preg, unable to dtrm num plcnta & amnio sacs, third tri	20151001	22991231
O30099	Twin preg, unable to dtrm num plcnta & amnio sacs, unsp tri	20151001	22991231
O30101	Triplet preg, unsp num plcnta & amnio sacs, first trimester	20151001	22991231
O30102	Triplet preg, unsp num plcnta & amnio sacs, second trimester	20151001	22991231
O30103	Triplet preg, unsp num plcnta & amnio sacs, third trimester	20151001	22991231
O30109	Triplet preg, unsp num plcnta & amnio sacs, unsp trimester	20151001	22991231
O30111	Triplet preg w two or more monochorionic fetuses, first tri	20151001	22991231
O30112	Triplet preg w two or more monochorionic fetuses, second tri	20151001	22991231
O30113	Triplet preg w two or more monochorionic fetuses, third tri	20151001	22991231
O30119	Triplet preg w two or more monochorionic fetuses, unsp tri	20151001	22991231
O30121	Triplet preg w two or more monoamnio fetuses, first tri	20151001	22991231
O30122	Triplet preg w two or more monoamnio fetuses, second tri	20151001	22991231
O30123	Triplet preg w two or more monoamnio fetuses, third tri	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O30129	Triplet preg w two or more monoamnio fetuses, unsp trimester	20151001	22991231
O30131	Triplet pregnancy, trichorionic/triamniotic, first trimester	20181001	22991231
O30132	Triplet preg, trichorionic/triamniotic, second trimester	20181001	22991231
O30133	Triplet pregnancy, trichorionic/triamniotic, third trimester	20181001	22991231
O30139	Triplet pregnancy, trichorionic/triamniotic, unsp trimester	20181001	22991231
O30191	Trp preg, unable to dtrm num plcnta & amnio sacs, first tri	20151001	22991231
O30192	Trp preg, unable to dtrm num plcnta & amnio sacs, second tri	20151001	22991231
O30193	Trp preg, unable to dtrm num plcnta & amnio sacs, third tri	20151001	22991231
O30199	Trp preg, unable to dtrm num plcnta & amnio sacs, unsp tri	20151001	22991231
O30201	Quad preg, unsp num plcnta & amnio sacs, first trimester	20151001	22991231
O30202	Quad preg, unsp num plcnta & amnio sacs, second trimester	20151001	22991231
O30203	Quad preg, unsp num plcnta & amnio sacs, third trimester	20151001	22991231
O30209	Quad pregnancy, unsp num plcnta & amnio sacs, unsp trimester	20151001	22991231
O30211	Quad preg w two or more monochorionic fetuses, first tri	20151001	22991231
O30212	Quad preg w two or more monochorionic fetuses, second tri	20151001	22991231
O30213	Quad preg w two or more monochorionic fetuses, third tri	20151001	22991231
O30219	Quad preg w two or more monochorionic fetuses, unsp tri	20151001	22991231
O30221	Quad preg w two or more monoamnio fetuses, first trimester	20151001	22991231
O30222	Quad preg w two or more monoamnio fetuses, second trimester	20151001	22991231
O30223	Quad preg w two or more monoamnio fetuses, third trimester	20151001	22991231
O30229	Quad preg w two or more monoamnio fetuses, unsp trimester	20151001	22991231
O30231	Quad preg, quadrachorionic/quadra-amniotic, first trimester	20181001	22991231
O30232	Quad preg, quadrachorionic/quadra-amniotic, second trimester	20181001	22991231
O30233	Quad preg, quadrachorionic/quadra-amniotic, third trimester	20181001	22991231
O30239	Quad preg, quadrachorionic/quadra-amniotic, unsp trimester	20181001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O30291	Quad preg, unable to dtrm num plcnta & amnio sacs, first tri	20151001	22991231
O30292	Quad preg, unable to dtrm num plcnta & amnio sacs, 2nd tri	20151001	22991231
O30293	Quad preg, unable to dtrm num plcnta & amnio sacs, third tri	20151001	22991231
O30299	Quad preg, unable to dtrm num plcnta & amnio sacs, unsp tri	20151001	22991231
O30801	Oth multiple gest, unsp num plcnta & amnio sacs, first tri	20151001	22991231
O30802	Oth multiple gest, unsp num plcnta & amnio sacs, second tri	20151001	22991231
O30803	Oth multiple gest, unsp num plcnta & amnio sacs, third tri	20151001	22991231
O30809	Oth multiple gest, unsp num plcnta & amnio sacs, unsp tri	20151001	22991231
O30811	Oth mult gest w two or more monochorionic fetuses, first tri	20151001	22991231
O30812	Oth mult gest w two or more monochorionic fetuses, 2nd tri	20151001	22991231
O30813	Oth mult gest w two or more monochorionic fetuses, third tri	20151001	22991231
O30819	Oth mult gest w two or more monochorionic fetuses, unsp tri	20151001	22991231
O30821	Oth multiple gest w two or more monoamnio fetuses, first tri	20151001	22991231
O30822	Oth mult gest w two or more monoamnio fetuses, second tri	20151001	22991231
O30823	Oth multiple gest w two or more monoamnio fetuses, third tri	20151001	22991231
O30829	Oth multiple gest w two or more monoamnio fetuses, unsp tri	20151001	22991231
O30831	Oth mult gest, num chorions & amnions = num ftses, 1st tri	20181001	22991231
O30832	Oth mult gest, num chorions & amnions = num ftses, 2nd tri	20181001	22991231
O30833	Oth mult gest, num chorions & amnions = num ftses, 3rd tri	20181001	22991231
O30839	Oth mult gest, num chorions & amnions = num ftses, unsp tri	20181001	22991231
O30891	Oth mult gest, unab to dtrm num plcnta & amnio sacs, 1st tri	20151001	22991231
O30892	Oth mult gest, unab to dtrm num plcnta & amnio sacs, 2nd tri	20151001	22991231
O30893	Oth mult gest, unab to dtrm num plcnta & amnio sacs, 3rd tri	20151001	22991231
O30899	Oth mult gest,unab to dtrm num plcnta & amnio sacs, unsp tri	20151001	22991231
O3090	Multiple gestation, unspecified, unspecified trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3091	Multiple gestation, unspecified, first trimester	20151001	22991231
O3092	Multiple gestation, unspecified, second trimester	20151001	22991231
O3093	Multiple gestation, unspecified, third trimester	20151001	22991231
O3100X0	Papyraceous fetus, unsp trimester, not applicable or unsp	20151001	22991231
O3100X1	Papyraceous fetus, unspecified trimester, fetus 1	20151001	22991231
O3100X2	Papyraceous fetus, unspecified trimester, fetus 2	20151001	22991231
O3100X3	Papyraceous fetus, unspecified trimester, fetus 3	20151001	22991231
O3100X4	Papyraceous fetus, unspecified trimester, fetus 4	20151001	22991231
O3100X5	Papyraceous fetus, unspecified trimester, fetus 5	20151001	22991231
O3100X9	Papyraceous fetus, unspecified trimester, other fetus	20151001	22991231
O3101X0	Papyraceous fetus, first trimester, not applicable or unsp	20151001	22991231
O3101X1	Papyraceous fetus, first trimester, fetus 1	20151001	22991231
O3101X2	Papyraceous fetus, first trimester, fetus 2	20151001	22991231
O3101X3	Papyraceous fetus, first trimester, fetus 3	20151001	22991231
O3101X4	Papyraceous fetus, first trimester, fetus 4	20151001	22991231
O3101X5	Papyraceous fetus, first trimester, fetus 5	20151001	22991231
O3101X9	Papyraceous fetus, first trimester, other fetus	20151001	22991231
O3102X0	Papyraceous fetus, second trimester, not applicable or unsp	20151001	22991231
O3102X1	Papyraceous fetus, second trimester, fetus 1	20151001	22991231
O3102X2	Papyraceous fetus, second trimester, fetus 2	20151001	22991231
O3102X3	Papyraceous fetus, second trimester, fetus 3	20151001	22991231
O3102X4	Papyraceous fetus, second trimester, fetus 4	20151001	22991231
O3102X5	Papyraceous fetus, second trimester, fetus 5	20151001	22991231
O3102X9	Papyraceous fetus, second trimester, other fetus	20151001	22991231
O3103X0	Papyraceous fetus, third trimester, not applicable or unsp	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3103X1	Papyraceous fetus, third trimester, fetus 1	20151001	22991231
O3103X2	Papyraceous fetus, third trimester, fetus 2	20151001	22991231
O3103X3	Papyraceous fetus, third trimester, fetus 3	20151001	22991231
O3103X4	Papyraceous fetus, third trimester, fetus 4	20151001	22991231
O3103X5	Papyraceous fetus, third trimester, fetus 5	20151001	22991231
O3103X9	Papyraceous fetus, third trimester, other fetus	20151001	22991231
O3110X0	Cont preg aft spon abort of one fts or more, unsp tri, unsp	20151001	22991231
O3110X1	Cont preg aft spon abort of one fts or more, unsp tri, fts1	20151001	22991231
O3110X2	Cont preg aft spon abort of one fts or more, unsp tri, fts2	20151001	22991231
O3110X3	Cont preg aft spon abort of one fts or more, unsp tri, fts3	20151001	22991231
O3110X4	Cont preg aft spon abort of one fts or more, unsp tri, fts4	20151001	22991231
O3110X5	Cont preg aft spon abort of one fts or more, unsp tri, fts5	20151001	22991231
O3110X9	Cont preg aft spon abort of one fetus or more, unsp tri, oth	20151001	22991231
O3111X0	Cont preg aft spon abort of one fts or more, first tri, unsp	20151001	22991231
O3111X1	Cont preg aft spon abort of one fts or more, first tri, fts1	20151001	22991231
O3111X2	Cont preg aft spon abort of one fts or more, first tri, fts2	20151001	22991231
O3111X3	Cont preg aft spon abort of one fts or more, first tri, fts3	20151001	22991231
O3111X4	Cont preg aft spon abort of one fts or more, first tri, fts4	20151001	22991231
O3111X5	Cont preg aft spon abort of one fts or more, first tri, fts5	20151001	22991231
O3111X9	Cont preg aft spon abort of one fts or more, first tri, oth	20151001	22991231
O3112X0	Cont preg aft spon abort of one fetus or more, 2nd tri, unsp	20151001	22991231
O3112X1	Cont preg aft spon abort of one fetus or more, 2nd tri, fts1	20151001	22991231
O3112X2	Cont preg aft spon abort of one fetus or more, 2nd tri, fts2	20151001	22991231
O3112X3	Cont preg aft spon abort of one fetus or more, 2nd tri, fts3	20151001	22991231
O3112X4	Cont preg aft spon abort of one fetus or more, 2nd tri, fts4	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3112X5	Cont preg aft spon abort of one fetus or more, 2nd tri, fts5	20151001	22991231
O3112X9	Cont preg aft spon abort of one fetus or more, 2nd tri, oth	20151001	22991231
O3113X0	Cont preg aft spon abort of one fts or more, third tri, unsp	20151001	22991231
O3113X1	Cont preg aft spon abort of one fts or more, third tri, fts1	20151001	22991231
O3113X2	Cont preg aft spon abort of one fts or more, third tri, fts2	20151001	22991231
O3113X3	Cont preg aft spon abort of one fts or more, third tri, fts3	20151001	22991231
O3113X4	Cont preg aft spon abort of one fts or more, third tri, fts4	20151001	22991231
O3113X5	Cont preg aft spon abort of one fts or more, third tri, fts5	20151001	22991231
O3113X9	Cont preg aft spon abort of one fts or more, third tri, oth	20151001	22991231
O3120X0	Cont preg aft uterin dth of one fts or more, unsp tri, unsp	20151001	22991231
O3120X1	Cont preg aft uterin dth of one fts or more, unsp tri, fts1	20151001	22991231
O3120X2	Cont preg aft uterin dth of one fts or more, unsp tri, fts2	20151001	22991231
O3120X3	Cont preg aft uterin dth of one fts or more, unsp tri, fts3	20151001	22991231
O3120X4	Cont preg aft uterin dth of one fts or more, unsp tri, fts4	20151001	22991231
O3120X5	Cont preg aft uterin dth of one fts or more, unsp tri, fts5	20151001	22991231
O3120X9	Cont preg aft uterin dth of one fetus or more, unsp tri, oth	20151001	22991231
O3121X0	Cont preg aft uterin dth of one fts or more, first tri, unsp	20151001	22991231
O3121X1	Cont preg aft uterin dth of one fts or more, first tri, fts1	20151001	22991231
O3121X2	Cont preg aft uterin dth of one fts or more, first tri, fts2	20151001	22991231
O3121X3	Cont preg aft uterin dth of one fts or more, first tri, fts3	20151001	22991231
O3121X4	Cont preg aft uterin dth of one fts or more, first tri, fts4	20151001	22991231
O3121X5	Cont preg aft uterin dth of one fts or more, first tri, fts5	20151001	22991231
O3121X9	Cont preg aft uterin dth of one fts or more, first tri, oth	20151001	22991231
O3122X0	Cont preg aft uterin dth of one fetus or more, 2nd tri, unsp	20151001	22991231
O3122X1	Cont preg aft uterin dth of one fetus or more, 2nd tri, fts1	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3122X2	Cont preg aft uterin dth of one fetus or more, 2nd tri, fts2	20151001	22991231
O3122X3	Cont preg aft uterin dth of one fetus or more, 2nd tri, fts3	20151001	22991231
O3122X4	Cont preg aft uterin dth of one fetus or more, 2nd tri, fts4	20151001	22991231
O3122X5	Cont preg aft uterin dth of one fetus or more, 2nd tri, fts5	20151001	22991231
O3122X9	Cont preg aft uterin dth of one fetus or more, 2nd tri, oth	20151001	22991231
O3123X0	Cont preg aft uterin dth of one fts or more, third tri, unsp	20151001	22991231
O3123X1	Cont preg aft uterin dth of one fts or more, third tri, fts1	20151001	22991231
O3123X2	Cont preg aft uterin dth of one fts or more, third tri, fts2	20151001	22991231
O3123X3	Cont preg aft uterin dth of one fts or more, third tri, fts3	20151001	22991231
O3123X4	Cont preg aft uterin dth of one fts or more, third tri, fts4	20151001	22991231
O3123X5	Cont preg aft uterin dth of one fts or more, third tri, fts5	20151001	22991231
O3123X9	Cont preg aft uterin dth of one fts or more, third tri, oth	20151001	22991231
O3130X0	Cont preg aft elctv fetl rdct of 1 fts or more,unsp tri,unsp	20151001	22991231
O3130X1	Cont preg aft elctv fetl rdct of 1 fts or more,unsp tri,fts1	20151001	22991231
O3130X2	Cont preg aft elctv fetl rdct of 1 fts or more,unsp tri,fts2	20151001	22991231
O3130X3	Cont preg aft elctv fetl rdct of 1 fts or more,unsp tri,fts3	20151001	22991231
O3130X4	Cont preg aft elctv fetl rdct of 1 fts or more,unsp tri,fts4	20151001	22991231
O3130X5	Cont preg aft elctv fetl rdct of 1 fts or more,unsp tri,fts5	20151001	22991231
O3130X9	Cont preg aft elctv fetl rdct of 1 fts or more,unsp tri, oth	20151001	22991231
O3131X0	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, unsp	20151001	22991231
O3131X1	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, fts1	20151001	22991231
O3131X2	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, fts2	20151001	22991231
O3131X3	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, fts3	20151001	22991231
O3131X4	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, fts4	20151001	22991231
O3131X5	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, fts5	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3131X9	Cont preg aft elctv fetl rdct of 1 fts or more, 1st tri, oth	20151001	22991231
O3132X0	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, unsp	20151001	22991231
O3132X1	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, fts1	20151001	22991231
O3132X2	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, fts2	20151001	22991231
O3132X3	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, fts3	20151001	22991231
O3132X4	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, fts4	20151001	22991231
O3132X5	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, fts5	20151001	22991231
O3132X9	Cont preg aft elctv fetl rdct of 1 fts or more, 2nd tri, oth	20151001	22991231
O3133X0	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, unsp	20151001	22991231
O3133X1	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, fts1	20151001	22991231
O3133X2	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, fts2	20151001	22991231
O3133X3	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, fts3	20151001	22991231
O3133X4	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, fts4	20151001	22991231
O3133X5	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, fts5	20151001	22991231
O3133X9	Cont preg aft elctv fetl rdct of 1 fts or more, 3rd tri, oth	20151001	22991231
O318X10	Oth comp specific to multiple gest, first trimester, unsp	20151001	22991231
O318X11	Oth comp specific to multiple gest, first trimester, fetus 1	20151001	22991231
O318X12	Oth comp specific to multiple gest, first trimester, fetus 2	20151001	22991231
O318X13	Oth comp specific to multiple gest, first trimester, fetus 3	20151001	22991231
O318X14	Oth comp specific to multiple gest, first trimester, fetus 4	20151001	22991231
O318X15	Oth comp specific to multiple gest, first trimester, fetus 5	20151001	22991231
O318X19	Oth comp specific to multiple gest, first trimester, oth	20151001	22991231
O318X20	Oth comp specific to multiple gest, second trimester, unsp	20151001	22991231
O318X21	Oth comp specific to multiple gest, second tri, fetus 1	20151001	22991231
O318X22	Oth comp specific to multiple gest, second tri, fetus 2	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O318X23	Oth comp specific to multiple gest, second tri, fetus 3	20151001	22991231
O318X24	Oth comp specific to multiple gest, second tri, fetus 4	20151001	22991231
O318X25	Oth comp specific to multiple gest, second tri, fetus 5	20151001	22991231
O318X29	Oth comp specific to multiple gest, second trimester, oth	20151001	22991231
O318X30	Oth comp specific to multiple gest, third trimester, unsp	20151001	22991231
O318X31	Oth comp specific to multiple gest, third trimester, fetus 1	20151001	22991231
O318X32	Oth comp specific to multiple gest, third trimester, fetus 2	20151001	22991231
O318X33	Oth comp specific to multiple gest, third trimester, fetus 3	20151001	22991231
O318X34	Oth comp specific to multiple gest, third trimester, fetus 4	20151001	22991231
O318X35	Oth comp specific to multiple gest, third trimester, fetus 5	20151001	22991231
O318X39	Oth comp specific to multiple gest, third trimester, oth	20151001	22991231
O318X90	Oth comp specific to multiple gest, unsp trimester, unsp	20151001	22991231
O318X91	Oth comp specific to multiple gest, unsp trimester, fetus 1	20151001	22991231
O318X92	Oth comp specific to multiple gest, unsp trimester, fetus 2	20151001	22991231
O318X93	Oth comp specific to multiple gest, unsp trimester, fetus 3	20151001	22991231
O318X94	Oth comp specific to multiple gest, unsp trimester, fetus 4	20151001	22991231
O318X95	Oth comp specific to multiple gest, unsp trimester, fetus 5	20151001	22991231
O318X99	Oth comp specific to multiple gestation, unsp trimester, oth	20151001	22991231
O320XX0	Maternal care for unstable lie, not applicable or unsp	20151001	22991231
O320XX1	Maternal care for unstable lie, fetus 1	20151001	22991231
O320XX2	Maternal care for unstable lie, fetus 2	20151001	22991231
O320XX3	Maternal care for unstable lie, fetus 3	20151001	22991231
O320XX4	Maternal care for unstable lie, fetus 4	20151001	22991231
O320XX5	Maternal care for unstable lie, fetus 5	20151001	22991231
O320XX9	Maternal care for unstable lie, other fetus	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O321XX0	Maternal care for breech presentation, unsp	20151001	22991231
O321XX1	Maternal care for breech presentation, fetus 1	20151001	22991231
O321XX2	Maternal care for breech presentation, fetus 2	20151001	22991231
O321XX3	Maternal care for breech presentation, fetus 3	20151001	22991231
O321XX4	Maternal care for breech presentation, fetus 4	20151001	22991231
O321XX5	Maternal care for breech presentation, fetus 5	20151001	22991231
O321XX9	Maternal care for breech presentation, other fetus	20151001	22991231
O322XX0	Maternal care for transverse and oblique lie, unsp	20151001	22991231
O322XX1	Maternal care for transverse and oblique lie, fetus 1	20151001	22991231
O322XX2	Maternal care for transverse and oblique lie, fetus 2	20151001	22991231
O322XX3	Maternal care for transverse and oblique lie, fetus 3	20151001	22991231
O322XX4	Maternal care for transverse and oblique lie, fetus 4	20151001	22991231
O322XX5	Maternal care for transverse and oblique lie, fetus 5	20151001	22991231
O322XX9	Maternal care for transverse and oblique lie, other fetus	20151001	22991231
O323XX0	Maternal care for face, brow and chin presentation, unsp	20151001	22991231
O323XX1	Maternal care for face, brow and chin presentation, fetus 1	20151001	22991231
O323XX2	Maternal care for face, brow and chin presentation, fetus 2	20151001	22991231
O323XX3	Maternal care for face, brow and chin presentation, fetus 3	20151001	22991231
O323XX4	Maternal care for face, brow and chin presentation, fetus 4	20151001	22991231
O323XX5	Maternal care for face, brow and chin presentation, fetus 5	20151001	22991231
O323XX9	Maternal care for face, brow and chin presentation, oth	20151001	22991231
O324XX0	Maternal care for high head at term, not applicable or unsp	20151001	22991231
O324XX1	Maternal care for high head at term, fetus 1	20151001	22991231
O324XX2	Maternal care for high head at term, fetus 2	20151001	22991231
O324XX3	Maternal care for high head at term, fetus 3	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O324XX4	Maternal care for high head at term, fetus 4	20151001	22991231
O324XX5	Maternal care for high head at term, fetus 5	20151001	22991231
O324XX9	Maternal care for high head at term, other fetus	20151001	22991231
O326XX0	Maternal care for compound presentation, unsp	20151001	22991231
O326XX1	Maternal care for compound presentation, fetus 1	20151001	22991231
O326XX2	Maternal care for compound presentation, fetus 2	20151001	22991231
O326XX3	Maternal care for compound presentation, fetus 3	20151001	22991231
O326XX4	Maternal care for compound presentation, fetus 4	20151001	22991231
O326XX5	Maternal care for compound presentation, fetus 5	20151001	22991231
O326XX9	Maternal care for compound presentation, other fetus	20151001	22991231
O328XX0	Maternal care for oth malpresentation of fetus, unsp	20151001	22991231
O328XX1	Maternal care for other malpresentation of fetus, fetus 1	20151001	22991231
O328XX2	Maternal care for other malpresentation of fetus, fetus 2	20151001	22991231
O328XX3	Maternal care for other malpresentation of fetus, fetus 3	20151001	22991231
O328XX4	Maternal care for other malpresentation of fetus, fetus 4	20151001	22991231
O328XX5	Maternal care for other malpresentation of fetus, fetus 5	20151001	22991231
O328XX9	Maternal care for oth malpresentation of fetus, other fetus	20151001	22991231
O329XX0	Maternal care for malpresentation of fetus, unsp, unsp	20151001	22991231
O329XX1	Maternal care for malpresentation of fetus, unsp, fetus 1	20151001	22991231
O329XX2	Maternal care for malpresentation of fetus, unsp, fetus 2	20151001	22991231
O329XX3	Maternal care for malpresentation of fetus, unsp, fetus 3	20151001	22991231
O329XX4	Maternal care for malpresentation of fetus, unsp, fetus 4	20151001	22991231
O329XX5	Maternal care for malpresentation of fetus, unsp, fetus 5	20151001	22991231
O329XX9	Maternal care for malpresentation of fetus, unsp, oth fetus	20151001	22991231
O330	Matern care for disproprtn d/t deformity of matern pelv bone	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O331	Matern care for disproprtn d/t generally contracted pelvis	20151001	22991231
O332	Maternal care for disproprtn due to inlet contrctn of pelvis	20151001	22991231
O333XX0	Matern care for disproprtn d/t outlet contrctn of pelv, unsp	20151001	22991231
O333XX1	Matern care for disproprtn d/t outlet contrctn of pelv, fts1	20151001	22991231
O333XX2	Matern care for disproprtn d/t outlet contrctn of pelv, fts2	20151001	22991231
O333XX3	Matern care for disproprtn d/t outlet contrctn of pelv, fts3	20151001	22991231
O333XX4	Matern care for disproprtn d/t outlet contrctn of pelv, fts4	20151001	22991231
O333XX5	Matern care for disproprtn d/t outlet contrctn of pelv, fts5	20151001	22991231
O333XX9	Matern care for disproprtn d/t outlet contrctn of pelv, oth	20151001	22991231
O334XX0	Matern care for disproprtn of mix matern & fetl origin, unsp	20151001	22991231
O334XX1	Matern care for disproprtn of mix matern & fetl origin, fts1	20151001	22991231
O334XX2	Matern care for disproprtn of mix matern & fetl origin, fts2	20151001	22991231
O334XX3	Matern care for disproprtn of mix matern & fetl origin, fts3	20151001	22991231
O334XX4	Matern care for disproprtn of mix matern & fetl origin, fts4	20151001	22991231
O334XX5	Matern care for disproprtn of mix matern & fetl origin, fts5	20151001	22991231
O334XX9	Matern care for disproprtn of mix matern & fetl origin, oth	20151001	22991231
O335XX0	Matern care for disproprtn d/t unusually large fetus, unsp	20151001	22991231
O335XX1	Matern care for disproprtn d/t unusually large fetus, fts1	20151001	22991231
O335XX2	Matern care for disproprtn d/t unusually large fetus, fts2	20151001	22991231
O335XX3	Matern care for disproprtn d/t unusually large fetus, fts3	20151001	22991231
O335XX4	Matern care for disproprtn d/t unusually large fetus, fts4	20151001	22991231
O335XX5	Matern care for disproprtn d/t unusually large fetus, fts5	20151001	22991231
O335XX9	Matern care for disproprtn due to unusually large fetus, oth	20151001	22991231
O336XX0	Matern care for disproprtn due to hydrocephalic fetus, unsp	20151001	22991231
O336XX1	Matern care for disproprtn due to hydrocephalic fetus, fts1	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O336XX2	Matern care for disproprtn due to hydrocephalic fetus, fts2	20151001	22991231
O336XX3	Matern care for disproprtn due to hydrocephalic fetus, fts3	20151001	22991231
O336XX4	Matern care for disproprtn due to hydrocephalic fetus, fts4	20151001	22991231
O336XX5	Matern care for disproprtn due to hydrocephalic fetus, fts5	20151001	22991231
O336XX9	Maternal care for disproprtn due to hydrocephalic fetus, oth	20151001	22991231
O337	Maternal care for disproportion due to oth fetal deformities	20151001	20160930
O337XX0	Maternal care for disproprtn due to other fetal deform, unsp	20161001	22991231
O337XX1	Matern care for disproprtn due to other fetal deform, fts1	20161001	22991231
O337XX2	Matern care for disproprtn due to other fetal deform, fts2	20161001	22991231
O337XX3	Matern care for disproprtn due to other fetal deform, fts3	20161001	22991231
O337XX4	Matern care for disproprtn due to other fetal deform, fts4	20161001	22991231
O337XX5	Matern care for disproprtn due to other fetal deform, fts5	20161001	22991231
O337XX9	Maternal care for disproprtn due to other fetal deform, oth	20161001	22991231
O338	Maternal care for disproportion of other origin	20151001	22991231
O339	Maternal care for disproportion, unspecified	20151001	22991231
O3400	Maternal care for unsp congen malform of uterus, unsp tri	20151001	22991231
O3401	Maternal care for unsp congen malform of uterus, first tri	20151001	22991231
O3402	Maternal care for unsp congen malform of uterus, second tri	20151001	22991231
O3403	Maternal care for unsp congen malform of uterus, third tri	20151001	22991231
O3410	Maternal care for benign tumor of corpus uteri, unsp tri	20151001	22991231
O3411	Maternal care for benign tumor of corpus uteri, first tri	20151001	22991231
O3412	Maternal care for benign tumor of corpus uteri, second tri	20151001	22991231
O3413	Maternal care for benign tumor of corpus uteri, third tri	20151001	22991231
O3421	Maternal care for scar from previous cesarean delivery	20151001	20160930
O34211	Matern care for low transverse scar from prev cesarean del	20161001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O34212	Maternal care for vertical scar from previous cesarean del	20161001	22991231
O34219	Maternal care for unsp type scar from previous cesarean del	20161001	22991231
O3429	Maternal care due to uterine scar from oth previous surgery	20151001	22991231
O3430	Maternal care for cervical incompetence, unsp trimester	20151001	22991231
O3431	Maternal care for cervical incompetence, first trimester	20151001	22991231
O3432	Maternal care for cervical incompetence, second trimester	20151001	22991231
O3433	Maternal care for cervical incompetence, third trimester	20151001	22991231
O3440	Maternal care for oth abnlt of cervix, unsp trimester	20151001	22991231
O3441	Maternal care for oth abnlt of cervix, first trimester	20151001	22991231
O3442	Maternal care for oth abnlt of cervix, second trimester	20151001	22991231
O3443	Maternal care for oth abnlt of cervix, third trimester	20151001	22991231
O34511	Maternal care for incarceration of gravid uterus, first tri	20151001	22991231
O34512	Maternal care for incarceration of gravid uterus, second tri	20151001	22991231
O34513	Maternal care for incarceration of gravid uterus, third tri	20151001	22991231
O34519	Maternal care for incarceration of gravid uterus, unsp tri	20151001	22991231
O34521	Maternal care for prolapse of gravid uterus, first trimester	20151001	22991231
O34522	Maternal care for prolapse of gravid uterus, second tri	20151001	22991231
O34523	Maternal care for prolapse of gravid uterus, third trimester	20151001	22991231
O34529	Maternal care for prolapse of gravid uterus, unsp trimester	20151001	22991231
O34531	Maternal care for retroversion of gravid uterus, first tri	20151001	22991231
O34532	Maternal care for retroversion of gravid uterus, second tri	20151001	22991231
O34533	Maternal care for retroversion of gravid uterus, third tri	20151001	22991231
O34539	Maternal care for retroversion of gravid uterus, unsp tri	20151001	22991231
O34591	Maternal care for oth abnlt of gravid uterus, first tri	20151001	22991231
O34592	Maternal care for oth abnlt of gravid uterus, second tri	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O34593	Maternal care for oth abnlt of gravid uterus, third tri	20151001	22991231
O34599	Maternal care for oth abnlt of gravid uterus, unsp trimester	20151001	22991231
O3460	Maternal care for abnormality of vagina, unsp trimester	20151001	22991231
O3461	Maternal care for abnormality of vagina, first trimester	20151001	22991231
O3462	Maternal care for abnormality of vagina, second trimester	20151001	22991231
O3463	Maternal care for abnormality of vagina, third trimester	20151001	22991231
O3470	Maternal care for abnlt of vulva and perineum, unsp tri	20151001	22991231
O3471	Maternal care for abnlt of vulva and perineum, first tri	20151001	22991231
O3472	Maternal care for abnlt of vulva and perineum, second tri	20151001	22991231
O3473	Maternal care for abnlt of vulva and perineum, third tri	20151001	22991231
O3480	Maternal care for oth abnlt of pelvic organs, unsp trimester	20151001	22991231
O3481	Maternal care for oth abnlt of pelvic organs, first tri	20151001	22991231
O3482	Maternal care for oth abnlt of pelvic organs, second tri	20151001	22991231
O3483	Maternal care for oth abnlt of pelvic organs, third tri	20151001	22991231
O3490	Maternal care for abnlt of pelvic organ, unsp, unsp tri	20151001	22991231
O3491	Maternal care for abnlt of pelvic organ, unsp, first tri	20151001	22991231
O3492	Maternal care for abnlt of pelvic organ, unsp, second tri	20151001	22991231
O3493	Maternal care for abnlt of pelvic organ, unsp, third tri	20151001	22991231
O3500X0	Mat care (suspected) cnsl malf/damag fts, unspecified, unsp	20221001	22991231
O3500X1	Mat care cnsl malf/damag fts, unspecified, fetus 1	20221001	22991231
O3500X2	Mat care cnsl malf/damag fts, unspecified, fetus 2	20221001	22991231
O3500X3	Mat care cnsl malf/damag fts, unspecified, fetus 3	20221001	22991231
O3500X4	Mat care cnsl malf/damag fts, unspecified, fetus 4	20221001	22991231
O3500X5	Mat care cnsl malf/damag fts, unspecified, fetus 5	20221001	22991231
O3500X9	Mat care cnsl malf/damag fts, unspecified, other fetus	20221001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3501X0	Mat care cnsl malf/damag fts, agenesis corpus callosum, unsp	20221001	22991231
O3501X1	Mat care cnsl malf/damag fts, agenesis corpus callosum, fts1	20221001	22991231
O3501X2	Mat care cnsl malf/damag fts, agenesis corpus callosum, fts2	20221001	22991231
O3501X3	Mat care cnsl malf/damag fts, agenesis corpus callosum, fts3	20221001	22991231
O3501X4	Mat care cnsl malf/damag fts, agenesis corpus callosum, fts4	20221001	22991231
O3501X5	Mat care cnsl malf/damag fts, agenesis corpus callosum, fts5	20221001	22991231
O3501X9	Mat care cnsl malf/damag fts, agenesis corpus callosum, oth	20221001	22991231
O3502X0	Mat care (suspected) cnsl malf/damag fts, anencephaly, unsp	20221001	22991231
O3502X1	Mat care cnsl malf/damag fts, anencephaly, fetus 1	20221001	22991231
O3502X2	Mat care cnsl malf/damag fts, anencephaly, fetus 2	20221001	22991231
O3502X3	Mat care cnsl malf/damag fts, anencephaly, fetus 3	20221001	22991231
O3502X4	Mat care cnsl malf/damag fts, anencephaly, fetus 4	20221001	22991231
O3502X5	Mat care cnsl malf/damag fts, anencephaly, fetus 5	20221001	22991231
O3502X9	Mat care cnsl malf/damag fts, anencephaly, other fetus	20221001	22991231
O3503X0	Mat care cnsl malf/damag fts, choroid plexus cysts, unsp	20221001	22991231
O3503X1	Mat care cnsl malf/damag fts, choroid plexus cysts, fetus 1	20221001	22991231
O3503X2	Mat care cnsl malf/damag fts, choroid plexus cysts, fetus 2	20221001	22991231
O3503X3	Mat care cnsl malf/damag fts, choroid plexus cysts, fetus 3	20221001	22991231
O3503X4	Mat care cnsl malf/damag fts, choroid plexus cysts, fetus 4	20221001	22991231
O3503X5	Mat care cnsl malf/damag fts, choroid plexus cysts, fetus 5	20221001	22991231
O3503X9	Mat care cnsl malf/damag fts, choroid plexus cysts, oth	20221001	22991231
O3504X0	Mat care (suspected) cnsl malf/damag fts, encephaloc, unsp	20221001	22991231
O3504X1	Mat care cnsl malf/damag fts, encephaloc, fetus 1	20221001	22991231
O3504X2	Mat care cnsl malf/damag fts, encephaloc, fetus 2	20221001	22991231
O3504X3	Mat care cnsl malf/damag fts, encephaloc, fetus 3	20221001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3504X4	Mat care cnsl malf/damag fts, encephaloc, fetus 4	20221001	22991231
O3504X5	Mat care cnsl malf/damag fts, encephaloc, fetus 5	20221001	22991231
O3504X9	Mat care cnsl malf/damag fts, encephaloc, other fetus	20221001	22991231
O3505X0	Mat care cnsl malf/damag fts, holoprosenceph, unsp	20221001	22991231
O3505X1	Mat care cnsl malf/damag fts, holoprosenceph, fetus 1	20221001	22991231
O3505X2	Mat care cnsl malf/damag fts, holoprosenceph, fetus 2	20221001	22991231
O3505X3	Mat care cnsl malf/damag fts, holoprosenceph, fetus 3	20221001	22991231
O3505X4	Mat care cnsl malf/damag fts, holoprosenceph, fetus 4	20221001	22991231
O3505X5	Mat care cnsl malf/damag fts, holoprosenceph, fetus 5	20221001	22991231
O3505X9	Mat care cnsl malf/damag fts, holoprosenceph, other fetus	20221001	22991231
O3506X0	Mat care (suspected) cnsl malf/damag fts, hydrocephaly, unsp	20221001	22991231
O3506X1	Mat care (suspected) cnsl malf/damag fts, hydroceph, fetus 1	20221001	22991231
O3506X2	Mat care (suspected) cnsl malf/damag fts, hydroceph, fetus 2	20221001	22991231
O3506X3	Mat care (suspected) cnsl malf/damag fts, hydroceph, fetus 3	20221001	22991231
O3506X4	Mat care (suspected) cnsl malf/damag fts, hydroceph, fetus 4	20221001	22991231
O3506X5	Mat care (suspected) cnsl malf/damag fts, hydroceph, fetus 5	20221001	22991231
O3506X9	Mat care cnsl malf/damag fts, hydroceph, other fetus	20221001	22991231
O3507X0	Mat care (suspected) cnsl malf/damag fts, microcephaly, unsp	20221001	22991231
O3507X1	Mat care (suspected) cnsl malf/damag fts, microceph, fetus 1	20221001	22991231
O3507X2	Mat care (suspected) cnsl malf/damag fts, microceph, fetus 2	20221001	22991231
O3507X3	Mat care (suspected) cnsl malf/damag fts, microceph, fetus 3	20221001	22991231
O3507X4	Mat care (suspected) cnsl malf/damag fts, microceph, fetus 4	20221001	22991231
O3507X5	Mat care (suspected) cnsl malf/damag fts, microceph, fetus 5	20221001	22991231
O3507X9	Mat care cnsl malf/damag fts, microceph, other fetus	20221001	22991231
O3508X0	Mat care (suspected) cnsl malf/damag fts, spina bifida, unsp	20221001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3508X1	Mat care cnsl malf/damag fts, spina bifida, fetus 1	20221001	22991231
O3508X2	Mat care cnsl malf/damag fts, spina bifida, fetus 2	20221001	22991231
O3508X3	Mat care cnsl malf/damag fts, spina bifida, fetus 3	20221001	22991231
O3508X4	Mat care cnsl malf/damag fts, spina bifida, fetus 4	20221001	22991231
O3508X5	Mat care cnsl malf/damag fts, spina bifida, fetus 5	20221001	22991231
O3508X9	Mat care cnsl malf/damag fts, spina bifida, other fetus	20221001	22991231
O3509X0	Mat care (suspected) other cnsl malf/damag fts, unsp	20221001	22991231
O3509X1	Mat care (suspected) other cnsl malf/damag fts, fetus 1	20221001	22991231
O3509X2	Mat care (suspected) other cnsl malf/damag fts, fetus 2	20221001	22991231
O3509X3	Mat care (suspected) other cnsl malf/damag fts, fetus 3	20221001	22991231
O3509X4	Mat care (suspected) other cnsl malf/damag fts, fetus 4	20221001	22991231
O3509X5	Mat care (suspected) other cnsl malf/damag fts, fetus 5	20221001	22991231
O3509X9	Mat care (suspected) other cnsl malf/damag fts, other fetus	20221001	22991231
O350XX0	Maternal care for (suspected) cnsl malform in fetus, unsp	20151001	20220930
O350XX0	Maternal care for (suspected) cnsl malform in fetus, unsp	20221001	22991231
O350XX1	Maternal care for (suspected) cnsl malform in fetus, fetus 1	20151001	20220930
O350XX1	Maternal care for (suspected) cnsl malform in fetus, fetus 1	20221001	22991231
O350XX2	Maternal care for (suspected) cnsl malform in fetus, fetus 2	20151001	20220930
O350XX2	Maternal care for (suspected) cnsl malform in fetus, fetus 2	20221001	22991231
O350XX3	Maternal care for (suspected) cnsl malform in fetus, fetus 3	20151001	20220930
O350XX3	Maternal care for (suspected) cnsl malform in fetus, fetus 3	20221001	22991231
O350XX4	Maternal care for (suspected) cnsl malform in fetus, fetus 4	20151001	20220930
O350XX4	Maternal care for (suspected) cnsl malform in fetus, fetus 4	20221001	22991231
O350XX5	Maternal care for (suspected) cnsl malform in fetus, fetus 5	20151001	20220930
O350XX5	Maternal care for (suspected) cnsl malform in fetus, fetus 5	20221001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O350XX9	Maternal care for (suspected) cnsl malform in fetus, oth	20151001	20220930
O350XX9	Maternal care for (suspected) cnsl malform in fetus, oth	20221001	22991231
O3510X0	Mat care chromosomal abnormality in fetus, unspecified, unsp	20221001	22991231
O3510X1	Mat care chromosomal abnlt in fetus, unspecified, fetus 1	20221001	22991231
O3510X2	Mat care chromosomal abnlt in fetus, unspecified, fetus 2	20221001	22991231
O3510X3	Mat care chromosomal abnlt in fetus, unspecified, fetus 3	20221001	22991231
O3510X4	Mat care chromosomal abnlt in fetus, unspecified, fetus 4	20221001	22991231
O3510X5	Mat care chromosomal abnlt in fetus, unspecified, fetus 5	20221001	22991231
O3510X9	Mat care chromsoml abnlt in fetus, unspecified, other fetus	20221001	22991231
O3511X0	Mat care chromosomal abnormality in fetus, Trisomy 13, unsp	20221001	22991231
O3511X1	Mat care chromosomal abnlt in fetus, Trisomy 13, fetus 1	20221001	22991231
O3511X2	Mat care chromosomal abnlt in fetus, Trisomy 13, fetus 2	20221001	22991231
O3511X3	Mat care chromosomal abnlt in fetus, Trisomy 13, fetus 3	20221001	22991231
O3511X4	Mat care chromosomal abnlt in fetus, Trisomy 13, fetus 4	20221001	22991231
O3511X5	Mat care chromosomal abnlt in fetus, Trisomy 13, fetus 5	20221001	22991231
O3511X9	Mat care chromosomal abnlt in fetus, Trisomy 13, other fetus	20221001	22991231
O3512X0	Mat care chromosomal abnormality in fetus, Trisomy 18, unsp	20221001	22991231
O3512X1	Mat care chromosomal abnlt in fetus, Trisomy 18, fetus 1	20221001	22991231
O3512X2	Mat care chromosomal abnlt in fetus, Trisomy 18, fetus 2	20221001	22991231
O3512X3	Mat care chromosomal abnlt in fetus, Trisomy 18, fetus 3	20221001	22991231
O3512X4	Mat care chromosomal abnlt in fetus, Trisomy 18, fetus 4	20221001	22991231
O3512X5	Mat care chromosomal abnlt in fetus, Trisomy 18, fetus 5	20221001	22991231
O3512X9	Mat care chromosomal abnlt in fetus, Trisomy 18, other fetus	20221001	22991231
O3513X0	Mat care chromosomal abnormality in fetus, Trisomy 21, unsp	20221001	22991231
O3513X1	Mat care chromosomal abnlt in fetus, Trisomy 21, fetus 1	20221001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3513X2	Mat care chromosomal abnlt in fetus, Trisomy 21, fetus 2	20221001	22991231
O3513X3	Mat care chromosomal abnlt in fetus, Trisomy 21, fetus 3	20221001	22991231
O3513X4	Mat care chromosomal abnlt in fetus, Trisomy 21, fetus 4	20221001	22991231
O3513X5	Mat care chromosomal abnlt in fetus, Trisomy 21, fetus 5	20221001	22991231
O3513X9	Mat care chromosomal abnlt in fetus, Trisomy 21, other fetus	20221001	22991231
O3514X0	Mat care chromosomal abnlt in fetus, Turner Syndrome, unsp	20221001	22991231
O3514X1	Mat care chromsoml abnlt in fetus, Turner Syndrome, fetus 1	20221001	22991231
O3514X2	Mat care chromsoml abnlt in fetus, Turner Syndrome, fetus 2	20221001	22991231
O3514X3	Mat care chromsoml abnlt in fetus, Turner Syndrome, fetus 3	20221001	22991231
O3514X4	Mat care chromsoml abnlt in fetus, Turner Syndrome, fetus 4	20221001	22991231
O3514X5	Mat care chromsoml abnlt in fetus, Turner Syndrome, fetus 5	20221001	22991231
O3514X9	Mat care chromsoml abnlt in fetus, Turner Syndrome, oth	20221001	22991231
O3515X0	Mat care chromsoml abnlt in fetus, sex chromo abnlt, unsp	20221001	22991231
O3515X1	Mat care chromsoml abnlt in fetus, sex chromo abnlt, fetus 1	20221001	22991231
O3515X2	Mat care chromsoml abnlt in fetus, sex chromo abnlt, fetus 2	20221001	22991231
O3515X3	Mat care chromsoml abnlt in fetus, sex chromo abnlt, fetus 3	20221001	22991231
O3515X4	Mat care chromsoml abnlt in fetus, sex chromo abnlt, fetus 4	20221001	22991231
O3515X5	Mat care chromsoml abnlt in fetus, sex chromo abnlt, fetus 5	20221001	22991231
O3515X9	Mat care chromsoml abnlt in fetus, sex chromosome abnlt, oth	20221001	22991231
O3519X0	Mat care chromsoml abnlt in fts, other chromsoml abnlt, unsp	20221001	22991231
O3519X1	Mat care chromsoml abnlt in fts, other chromsoml abnlt, fts1	20221001	22991231
O3519X2	Mat care chromsoml abnlt in fts, other chromsoml abnlt, fts2	20221001	22991231
O3519X3	Mat care chromsoml abnlt in fts, other chromsoml abnlt, fts3	20221001	22991231
O3519X4	Mat care chromsoml abnlt in fts, other chromsoml abnlt, fts4	20221001	22991231
O3519X5	Mat care chromsoml abnlt in fts, other chromsoml abnlt, fts5	20221001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3519X9	Mat care chromsoml abnlt in fts, other chromsoml abnlt, oth	20221001	22991231
O351XX0	Maternal care for chromosomal abnormality in fetus, unsp	20151001	20220930
O351XX0	Maternal care for chromosomal abnormality in fetus, unsp	20221001	22991231
O351XX1	Maternal care for chromosomal abnormality in fetus, fetus 1	20151001	20220930
O351XX1	Maternal care for chromosomal abnormality in fetus, fetus 1	20221001	22991231
O351XX2	Maternal care for chromosomal abnormality in fetus, fetus 2	20151001	20220930
O351XX2	Maternal care for chromosomal abnormality in fetus, fetus 2	20221001	22991231
O351XX3	Maternal care for chromosomal abnormality in fetus, fetus 3	20151001	20220930
O351XX3	Maternal care for chromosomal abnormality in fetus, fetus 3	20221001	22991231
O351XX4	Maternal care for chromosomal abnormality in fetus, fetus 4	20151001	20220930
O351XX4	Maternal care for chromosomal abnormality in fetus, fetus 4	20221001	22991231
O351XX5	Maternal care for chromosomal abnormality in fetus, fetus 5	20151001	20220930
O351XX5	Maternal care for chromosomal abnormality in fetus, fetus 5	20221001	22991231
O351XX9	Maternal care for chromosomal abnormality in fetus, oth	20151001	20220930
O351XX9	Maternal care for chromosomal abnormality in fetus, oth	20221001	22991231
O352XX0	Maternal care for hereditary disease in fetus, unsp	20151001	22991231
O352XX1	Maternal care for hereditary disease in fetus, fetus 1	20151001	22991231
O352XX2	Maternal care for hereditary disease in fetus, fetus 2	20151001	22991231
O352XX3	Maternal care for hereditary disease in fetus, fetus 3	20151001	22991231
O352XX4	Maternal care for hereditary disease in fetus, fetus 4	20151001	22991231
O352XX5	Maternal care for hereditary disease in fetus, fetus 5	20151001	22991231
O352XX9	Maternal care for hereditary disease in fetus, oth	20151001	22991231
O353XX0	Matern care for damag to fts from viral dis in mother, unsp	20151001	22991231
O353XX1	Matern care for damag to fts from viral dis in mother, fts1	20151001	22991231
O353XX2	Matern care for damag to fts from viral dis in mother, fts2	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O353XX3	Matern care for damag to fts from viral dis in mother, fts3	20151001	22991231
O353XX4	Matern care for damag to fts from viral dis in mother, fts4	20151001	22991231
O353XX5	Matern care for damag to fts from viral dis in mother, fts5	20151001	22991231
O353XX9	Matern care for damag to fetus from viral dis in mother, oth	20151001	22991231
O354XX0	Maternal care for damage to fetus from alcohol, unsp	20151001	22991231
O354XX1	Maternal care for damage to fetus from alcohol, fetus 1	20151001	22991231
O354XX2	Maternal care for damage to fetus from alcohol, fetus 2	20151001	22991231
O354XX3	Maternal care for damage to fetus from alcohol, fetus 3	20151001	22991231
O354XX4	Maternal care for damage to fetus from alcohol, fetus 4	20151001	22991231
O354XX5	Maternal care for damage to fetus from alcohol, fetus 5	20151001	22991231
O354XX9	Maternal care for damage to fetus from alcohol, oth	20151001	22991231
O355XX0	Maternal care for (suspected) damage to fetus by drugs, unsp	20151001	22991231
O355XX1	Maternal care for damage to fetus by drugs, fetus 1	20151001	22991231
O355XX2	Maternal care for damage to fetus by drugs, fetus 2	20151001	22991231
O355XX3	Maternal care for damage to fetus by drugs, fetus 3	20151001	22991231
O355XX4	Maternal care for damage to fetus by drugs, fetus 4	20151001	22991231
O355XX5	Maternal care for damage to fetus by drugs, fetus 5	20151001	22991231
O355XX9	Maternal care for (suspected) damage to fetus by drugs, oth	20151001	22991231
O356XX0	Maternal care for damage to fetus by radiation, unsp	20151001	22991231
O356XX1	Maternal care for damage to fetus by radiation, fetus 1	20151001	22991231
O356XX2	Maternal care for damage to fetus by radiation, fetus 2	20151001	22991231
O356XX3	Maternal care for damage to fetus by radiation, fetus 3	20151001	22991231
O356XX4	Maternal care for damage to fetus by radiation, fetus 4	20151001	22991231
O356XX5	Maternal care for damage to fetus by radiation, fetus 5	20151001	22991231
O356XX9	Maternal care for damage to fetus by radiation, oth	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O358XX0	Maternal care for oth fetal abnormality and damage, unsp	20151001	22991231
O358XX1	Maternal care for oth fetal abnormality and damage, fetus 1	20151001	22991231
O358XX2	Maternal care for oth fetal abnormality and damage, fetus 2	20151001	22991231
O358XX3	Maternal care for oth fetal abnormality and damage, fetus 3	20151001	22991231
O358XX4	Maternal care for oth fetal abnormality and damage, fetus 4	20151001	22991231
O358XX5	Maternal care for oth fetal abnormality and damage, fetus 5	20151001	22991231
O358XX9	Maternal care for oth fetal abnormality and damage, oth	20151001	22991231
O359XX0	Maternal care for fetal abnormality and damage, unsp, unsp	20151001	22991231
O359XX1	Maternal care for fetal abnlt and damage, unsp, fetus 1	20151001	22991231
O359XX2	Maternal care for fetal abnlt and damage, unsp, fetus 2	20151001	22991231
O359XX3	Maternal care for fetal abnlt and damage, unsp, fetus 3	20151001	22991231
O359XX4	Maternal care for fetal abnlt and damage, unsp, fetus 4	20151001	22991231
O359XX5	Maternal care for fetal abnlt and damage, unsp, fetus 5	20151001	22991231
O359XX9	Maternal care for fetal abnormality and damage, unsp, oth	20151001	22991231
O35AXX0	Mat care oth fetl abnlt and damag, fetl facial anomal, unsp	20221001	22991231
O35AXX1	Mat care oth fetl abnlt and damag, fetl facial anomal, fts1	20221001	22991231
O35AXX2	Mat care oth fetl abnlt and damag, fetl facial anomal, fts2	20221001	22991231
O35AXX3	Mat care oth fetl abnlt and damag, fetl facial anomal, fts3	20221001	22991231
O35AXX4	Mat care oth fetl abnlt and damag, fetl facial anomal, fts4	20221001	22991231
O35AXX5	Mat care oth fetl abnlt and damag, fetl facial anomal, fts5	20221001	22991231
O35AXX9	Mat care other fetl abnlt and damag, fetl facial anomal, oth	20221001	22991231
O35BXX0	Mat care other fetl abnlt and damag, fetal card anomal, unsp	20221001	22991231
O35BXX1	Mat care other fetl abnlt and damag, fetal card anomal, fts1	20221001	22991231
O35BXX2	Mat care other fetl abnlt and damag, fetal card anomal, fts2	20221001	22991231
O35BXX3	Mat care other fetl abnlt and damag, fetal card anomal, fts3	20221001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O35BXX4	Mat care other fetl abnlt and damag, fetal card anomal, fts4	20221001	22991231
O35BXX5	Mat care other fetl abnlt and damag, fetal card anomal, fts5	20221001	22991231
O35BXX9	Mat care other fetal abnlt and damag, fetal card anomal, oth	20221001	22991231
O35CXX0	Mat care other fetl abnlt and damag, fetal pulm anomal, unsp	20221001	22991231
O35CXX1	Mat care other fetl abnlt and damag, fetal pulm anomal, fts1	20221001	22991231
O35CXX2	Mat care other fetl abnlt and damag, fetal pulm anomal, fts2	20221001	22991231
O35CXX3	Mat care other fetl abnlt and damag, fetal pulm anomal, fts3	20221001	22991231
O35CXX4	Mat care other fetl abnlt and damag, fetal pulm anomal, fts4	20221001	22991231
O35CXX5	Mat care other fetl abnlt and damag, fetal pulm anomal, fts5	20221001	22991231
O35CXX9	Mat care other fetal abnlt and damag, fetal pulm anomal, oth	20221001	22991231
O35DXX0	Mat care other fetal abnlt and damage, fetal GI anomal, unsp	20221001	22991231
O35DXX1	Mat care other fetal abnlt and damage, fetal GI anomal, fts1	20221001	22991231
O35DXX2	Mat care other fetal abnlt and damage, fetal GI anomal, fts2	20221001	22991231
O35DXX3	Mat care other fetal abnlt and damage, fetal GI anomal, fts3	20221001	22991231
O35DXX4	Mat care other fetal abnlt and damage, fetal GI anomal, fts4	20221001	22991231
O35DXX5	Mat care other fetal abnlt and damage, fetal GI anomal, fts5	20221001	22991231
O35DXX9	Mat care other fetal abnlt and damage, fetal GI anomal, oth	20221001	22991231
O35EXX0	Mat care other fetal abnlt and damage, fetal GU anomal, unsp	20221001	22991231
O35EXX1	Mat care other fetal abnlt and damage, fetal GU anomal, fts1	20221001	22991231
O35EXX2	Mat care other fetal abnlt and damage, fetal GU anomal, fts2	20221001	22991231
O35EXX3	Mat care other fetal abnlt and damage, fetal GU anomal, fts3	20221001	22991231
O35EXX4	Mat care other fetal abnlt and damage, fetal GU anomal, fts4	20221001	22991231
O35EXX5	Mat care other fetal abnlt and damage, fetal GU anomal, fts5	20221001	22991231
O35EXX9	Mat care other fetal abnlt and damage, fetal GU anomal, oth	20221001	22991231
O35FXX0	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, unsp	20221001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O35FXX1	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, fts1	20221001	22991231
O35FXX2	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, fts2	20221001	22991231
O35FXX3	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, fts3	20221001	22991231
O35FXX4	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, fts4	20221001	22991231
O35FXX5	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, fts5	20221001	22991231
O35FXX9	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, oth	20221001	22991231
O35GXX0	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, unsp	20221001	22991231
O35GXX1	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, fts1	20221001	22991231
O35GXX2	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, fts2	20221001	22991231
O35GXX3	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, fts3	20221001	22991231
O35GXX4	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, fts4	20221001	22991231
O35GXX5	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, fts5	20221001	22991231
O35GXX9	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, oth	20221001	22991231
O35HXX0	Mat care oth fetl abnlt & damag, fetl low extrm anomal, unsp	20221001	22991231
O35HXX1	Mat care oth fetl abnlt & damag, fetl low extrm anomal, fts1	20221001	22991231
O35HXX2	Mat care oth fetl abnlt & damag, fetl low extrm anomal, fts2	20221001	22991231
O35HXX3	Mat care oth fetl abnlt & damag, fetl low extrm anomal, fts3	20221001	22991231
O35HXX4	Mat care oth fetl abnlt & damag, fetl low extrm anomal, fts4	20221001	22991231
O35HXX5	Mat care oth fetl abnlt & damag, fetl low extrm anomal, fts5	20221001	22991231
O35HXX9	Mat care oth fetl abnlt & damag, fetl low extrm anomal, oth	20221001	22991231
O360110	Maternal care for anti-D antibodies, first trimester, unsp	20151001	22991231
O360111	Maternal care for anti-D antibodies, first tri, fetus 1	20151001	22991231
O360112	Maternal care for anti-D antibodies, first tri, fetus 2	20151001	22991231
O360113	Maternal care for anti-D antibodies, first tri, fetus 3	20151001	22991231
O360114	Maternal care for anti-D antibodies, first tri, fetus 4	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O360115	Maternal care for anti-D antibodies, first tri, fetus 5	20151001	22991231
O360119	Maternal care for anti-D antibodies, first trimester, oth	20151001	22991231
O360120	Maternal care for anti-D antibodies, second trimester, unsp	20151001	22991231
O360121	Maternal care for anti-D antibodies, second tri, fetus 1	20151001	22991231
O360122	Maternal care for anti-D antibodies, second tri, fetus 2	20151001	22991231
O360123	Maternal care for anti-D antibodies, second tri, fetus 3	20151001	22991231
O360124	Maternal care for anti-D antibodies, second tri, fetus 4	20151001	22991231
O360125	Maternal care for anti-D antibodies, second tri, fetus 5	20151001	22991231
O360129	Maternal care for anti-D antibodies, second trimester, oth	20151001	22991231
O360130	Maternal care for anti-D antibodies, third trimester, unsp	20151001	22991231
O360131	Maternal care for anti-D antibodies, third tri, fetus 1	20151001	22991231
O360132	Maternal care for anti-D antibodies, third tri, fetus 2	20151001	22991231
O360133	Maternal care for anti-D antibodies, third tri, fetus 3	20151001	22991231
O360134	Maternal care for anti-D antibodies, third tri, fetus 4	20151001	22991231
O360135	Maternal care for anti-D antibodies, third tri, fetus 5	20151001	22991231
O360139	Maternal care for anti-D antibodies, third trimester, oth	20151001	22991231
O360190	Maternal care for anti-D antibodies, unsp trimester, unsp	20151001	22991231
O360191	Maternal care for anti-D antibodies, unsp trimester, fetus 1	20151001	22991231
O360192	Maternal care for anti-D antibodies, unsp trimester, fetus 2	20151001	22991231
O360193	Maternal care for anti-D antibodies, unsp trimester, fetus 3	20151001	22991231
O360194	Maternal care for anti-D antibodies, unsp trimester, fetus 4	20151001	22991231
O360195	Maternal care for anti-D antibodies, unsp trimester, fetus 5	20151001	22991231
O360199	Maternal care for anti-D antibodies, unsp trimester, oth	20151001	22991231
O360910	Maternal care for oth rhesus isoimmun, first trimester, unsp	20151001	22991231
O360911	Maternal care for oth rhesus isoimmun, first tri, fetus 1	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O360912	Maternal care for oth rhesus isoimmun, first tri, fetus 2	20151001	22991231
O360913	Maternal care for oth rhesus isoimmun, first tri, fetus 3	20151001	22991231
O360914	Maternal care for oth rhesus isoimmun, first tri, fetus 4	20151001	22991231
O360915	Maternal care for oth rhesus isoimmun, first tri, fetus 5	20151001	22991231
O360919	Maternal care for oth rhesus isoimmun, first trimester, oth	20151001	22991231
O360920	Maternal care for oth rhesus isoimmun, second tri, unsp	20151001	22991231
O360921	Maternal care for oth rhesus isoimmun, second tri, fetus 1	20151001	22991231
O360922	Maternal care for oth rhesus isoimmun, second tri, fetus 2	20151001	22991231
O360923	Maternal care for oth rhesus isoimmun, second tri, fetus 3	20151001	22991231
O360924	Maternal care for oth rhesus isoimmun, second tri, fetus 4	20151001	22991231
O360925	Maternal care for oth rhesus isoimmun, second tri, fetus 5	20151001	22991231
O360929	Maternal care for oth rhesus isoimmun, second trimester, oth	20151001	22991231
O360930	Maternal care for oth rhesus isoimmun, third trimester, unsp	20151001	22991231
O360931	Maternal care for oth rhesus isoimmun, third tri, fetus 1	20151001	22991231
O360932	Maternal care for oth rhesus isoimmun, third tri, fetus 2	20151001	22991231
O360933	Maternal care for oth rhesus isoimmun, third tri, fetus 3	20151001	22991231
O360934	Maternal care for oth rhesus isoimmun, third tri, fetus 4	20151001	22991231
O360935	Maternal care for oth rhesus isoimmun, third tri, fetus 5	20151001	22991231
O360939	Maternal care for oth rhesus isoimmun, third trimester, oth	20151001	22991231
O360990	Maternal care for oth rhesus isoimmun, unsp trimester, unsp	20151001	22991231
O360991	Maternal care for oth rhesus isoimmun, unsp tri, fetus 1	20151001	22991231
O360992	Maternal care for oth rhesus isoimmun, unsp tri, fetus 2	20151001	22991231
O360993	Maternal care for oth rhesus isoimmun, unsp tri, fetus 3	20151001	22991231
O360994	Maternal care for oth rhesus isoimmun, unsp tri, fetus 4	20151001	22991231
O360995	Maternal care for oth rhesus isoimmun, unsp tri, fetus 5	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O360999	Maternal care for oth rhesus isoimmun, unsp trimester, oth	20151001	22991231
O361110	Maternal care for Anti-A sensitization, first tri, unsp	20151001	22991231
O361111	Maternal care for Anti-A sensitization, first tri, fetus 1	20151001	22991231
O361112	Maternal care for Anti-A sensitization, first tri, fetus 2	20151001	22991231
O361113	Maternal care for Anti-A sensitization, first tri, fetus 3	20151001	22991231
O361114	Maternal care for Anti-A sensitization, first tri, fetus 4	20151001	22991231
O361115	Maternal care for Anti-A sensitization, first tri, fetus 5	20151001	22991231
O361119	Maternal care for Anti-A sensitization, first trimester, oth	20151001	22991231
O361120	Maternal care for Anti-A sensitization, second tri, unsp	20151001	22991231
O361121	Maternal care for Anti-A sensitization, second tri, fetus 1	20151001	22991231
O361122	Maternal care for Anti-A sensitization, second tri, fetus 2	20151001	22991231
O361123	Maternal care for Anti-A sensitization, second tri, fetus 3	20151001	22991231
O361124	Maternal care for Anti-A sensitization, second tri, fetus 4	20151001	22991231
O361125	Maternal care for Anti-A sensitization, second tri, fetus 5	20151001	22991231
O361129	Maternal care for Anti-A sensitization, second tri, oth	20151001	22991231
O361130	Maternal care for Anti-A sensitization, third tri, unsp	20151001	22991231
O361131	Maternal care for Anti-A sensitization, third tri, fetus 1	20151001	22991231
O361132	Maternal care for Anti-A sensitization, third tri, fetus 2	20151001	22991231
O361133	Maternal care for Anti-A sensitization, third tri, fetus 3	20151001	22991231
O361134	Maternal care for Anti-A sensitization, third tri, fetus 4	20151001	22991231
O361135	Maternal care for Anti-A sensitization, third tri, fetus 5	20151001	22991231
O361139	Maternal care for Anti-A sensitization, third trimester, oth	20151001	22991231
O361190	Maternal care for Anti-A sensitization, unsp trimester, unsp	20151001	22991231
O361191	Maternal care for Anti-A sensitization, unsp tri, fetus 1	20151001	22991231
O361192	Maternal care for Anti-A sensitization, unsp tri, fetus 2	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O361193	Maternal care for Anti-A sensitization, unsp tri, fetus 3	20151001	22991231
O361194	Maternal care for Anti-A sensitization, unsp tri, fetus 4	20151001	22991231
O361195	Maternal care for Anti-A sensitization, unsp tri, fetus 5	20151001	22991231
O361199	Maternal care for Anti-A sensitization, unsp trimester, oth	20151001	22991231
O361910	Maternal care for oth isoimmunization, first trimester, unsp	20151001	22991231
O361911	Maternal care for oth isoimmun, first trimester, fetus 1	20151001	22991231
O361912	Maternal care for oth isoimmun, first trimester, fetus 2	20151001	22991231
O361913	Maternal care for oth isoimmun, first trimester, fetus 3	20151001	22991231
O361914	Maternal care for oth isoimmun, first trimester, fetus 4	20151001	22991231
O361915	Maternal care for oth isoimmun, first trimester, fetus 5	20151001	22991231
O361919	Maternal care for oth isoimmunization, first trimester, oth	20151001	22991231
O361920	Maternal care for oth isoimmun, second trimester, unsp	20151001	22991231
O361921	Maternal care for oth isoimmun, second trimester, fetus 1	20151001	22991231
O361922	Maternal care for oth isoimmun, second trimester, fetus 2	20151001	22991231
O361923	Maternal care for oth isoimmun, second trimester, fetus 3	20151001	22991231
O361924	Maternal care for oth isoimmun, second trimester, fetus 4	20151001	22991231
O361925	Maternal care for oth isoimmun, second trimester, fetus 5	20151001	22991231
O361929	Maternal care for oth isoimmunization, second trimester, oth	20151001	22991231
O361930	Maternal care for oth isoimmunization, third trimester, unsp	20151001	22991231
O361931	Maternal care for oth isoimmun, third trimester, fetus 1	20151001	22991231
O361932	Maternal care for oth isoimmun, third trimester, fetus 2	20151001	22991231
O361933	Maternal care for oth isoimmun, third trimester, fetus 3	20151001	22991231
O361934	Maternal care for oth isoimmun, third trimester, fetus 4	20151001	22991231
O361935	Maternal care for oth isoimmun, third trimester, fetus 5	20151001	22991231
O361939	Maternal care for oth isoimmunization, third trimester, oth	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O361990	Maternal care for oth isoimmunization, unsp trimester, unsp	20151001	22991231
O361991	Maternal care for oth isoimmun, unsp trimester, fetus 1	20151001	22991231
O361992	Maternal care for oth isoimmun, unsp trimester, fetus 2	20151001	22991231
O361993	Maternal care for oth isoimmun, unsp trimester, fetus 3	20151001	22991231
O361994	Maternal care for oth isoimmun, unsp trimester, fetus 4	20151001	22991231
O361995	Maternal care for oth isoimmun, unsp trimester, fetus 5	20151001	22991231
O361999	Maternal care for oth isoimmunization, unsp trimester, oth	20151001	22991231
O3620X0	Maternal care for hydrops fetalis, unsp trimester, unsp	20151001	22991231
O3620X1	Maternal care for hydrops fetalis, unsp trimester, fetus 1	20151001	22991231
O3620X2	Maternal care for hydrops fetalis, unsp trimester, fetus 2	20151001	22991231
O3620X3	Maternal care for hydrops fetalis, unsp trimester, fetus 3	20151001	22991231
O3620X4	Maternal care for hydrops fetalis, unsp trimester, fetus 4	20151001	22991231
O3620X5	Maternal care for hydrops fetalis, unsp trimester, fetus 5	20151001	22991231
O3620X9	Maternal care for hydrops fetalis, unsp trimester, oth fetus	20151001	22991231
O3621X0	Maternal care for hydrops fetalis, first trimester, unsp	20151001	22991231
O3621X1	Maternal care for hydrops fetalis, first trimester, fetus 1	20151001	22991231
O3621X2	Maternal care for hydrops fetalis, first trimester, fetus 2	20151001	22991231
O3621X3	Maternal care for hydrops fetalis, first trimester, fetus 3	20151001	22991231
O3621X4	Maternal care for hydrops fetalis, first trimester, fetus 4	20151001	22991231
O3621X5	Maternal care for hydrops fetalis, first trimester, fetus 5	20151001	22991231
O3621X9	Maternal care for hydrops fetalis, first trimester, oth	20151001	22991231
O3622X0	Maternal care for hydrops fetalis, second trimester, unsp	20151001	22991231
O3622X1	Maternal care for hydrops fetalis, second trimester, fetus 1	20151001	22991231
O3622X2	Maternal care for hydrops fetalis, second trimester, fetus 2	20151001	22991231
O3622X3	Maternal care for hydrops fetalis, second trimester, fetus 3	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3622X4	Maternal care for hydrops fetalis, second trimester, fetus 4	20151001	22991231
O3622X5	Maternal care for hydrops fetalis, second trimester, fetus 5	20151001	22991231
O3622X9	Maternal care for hydrops fetalis, second trimester, oth	20151001	22991231
O3623X0	Maternal care for hydrops fetalis, third trimester, unsp	20151001	22991231
O3623X1	Maternal care for hydrops fetalis, third trimester, fetus 1	20151001	22991231
O3623X2	Maternal care for hydrops fetalis, third trimester, fetus 2	20151001	22991231
O3623X3	Maternal care for hydrops fetalis, third trimester, fetus 3	20151001	22991231
O3623X4	Maternal care for hydrops fetalis, third trimester, fetus 4	20151001	22991231
O3623X5	Maternal care for hydrops fetalis, third trimester, fetus 5	20151001	22991231
O3623X9	Maternal care for hydrops fetalis, third trimester, oth	20151001	22991231
O364XX0	Maternal care for intrauterine death, not applicable or unsp	20151001	22991231
O364XX1	Maternal care for intrauterine death, fetus 1	20151001	22991231
O364XX2	Maternal care for intrauterine death, fetus 2	20151001	22991231
O364XX3	Maternal care for intrauterine death, fetus 3	20151001	22991231
O364XX4	Maternal care for intrauterine death, fetus 4	20151001	22991231
O364XX5	Maternal care for intrauterine death, fetus 5	20151001	22991231
O364XX9	Maternal care for intrauterine death, other fetus	20151001	22991231
O365110	Matern care for known or susp placntl insuff, 1st tri, unsp	20151001	22991231
O365111	Matern care for known or susp placntl insuff, 1st tri, fts1	20151001	22991231
O365112	Matern care for known or susp placntl insuff, 1st tri, fts2	20151001	22991231
O365113	Matern care for known or susp placntl insuff, 1st tri, fts3	20151001	22991231
O365114	Matern care for known or susp placntl insuff, 1st tri, fts4	20151001	22991231
O365115	Matern care for known or susp placntl insuff, 1st tri, fts5	20151001	22991231
O365119	Matern care for known or susp placntl insuff, first tri, oth	20151001	22991231
O365120	Matern care for known or susp placntl insuff, 2nd tri, unsp	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O365121	Matern care for known or susp placntl insuff, 2nd tri, fts1	20151001	22991231
O365122	Matern care for known or susp placntl insuff, 2nd tri, fts2	20151001	22991231
O365123	Matern care for known or susp placntl insuff, 2nd tri, fts3	20151001	22991231
O365124	Matern care for known or susp placntl insuff, 2nd tri, fts4	20151001	22991231
O365125	Matern care for known or susp placntl insuff, 2nd tri, fts5	20151001	22991231
O365129	Matern care for known or susp placntl insuff, 2nd tri, oth	20151001	22991231
O365130	Matern care for or susp placntl insuff, third tri, unsp	20151001	22991231
O365131	Matern care for or susp placntl insuff, third tri, fts1	20151001	22991231
O365132	Matern care for or susp placntl insuff, third tri, fts2	20151001	22991231
O365133	Matern care for or susp placntl insuff, third tri, fts3	20151001	22991231
O365134	Matern care for or susp placntl insuff, third tri, fts4	20151001	22991231
O365135	Matern care for or susp placntl insuff, third tri, fts5	20151001	22991231
O365139	Matern care for known or susp placntl insuff, third tri, oth	20151001	22991231
O365190	Matern care for known or susp placntl insuff, unsp tri, unsp	20151001	22991231
O365191	Matern care for known or susp placntl insuff, unsp tri, fts1	20151001	22991231
O365192	Matern care for known or susp placntl insuff, unsp tri, fts2	20151001	22991231
O365193	Matern care for known or susp placntl insuff, unsp tri, fts3	20151001	22991231
O365194	Matern care for known or susp placntl insuff, unsp tri, fts4	20151001	22991231
O365195	Matern care for known or susp placntl insuff, unsp tri, fts5	20151001	22991231
O365199	Matern care for known or susp placntl insuff, unsp tri, oth	20151001	22991231
O365910	Matern care for oth or susp poor fetl grth, 1st tri, unsp	20151001	22991231
O365911	Matern care for oth or susp poor fetl grth, 1st tri, fts1	20151001	22991231
O365912	Matern care for oth or susp poor fetl grth, 1st tri, fts2	20151001	22991231
O365913	Matern care for oth or susp poor fetl grth, 1st tri, fts3	20151001	22991231
O365914	Matern care for oth or susp poor fetl grth, 1st tri, fts4	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O365915	Matern care for oth or susp poor fetl grth, 1st tri, fts5	20151001	22991231
O365919	Matern care for oth or susp poor fetl grth, 1st tri, oth	20151001	22991231
O365920	Matern care for oth or susp poor fetl grth, 2nd tri, unsp	20151001	22991231
O365921	Matern care for oth or susp poor fetl grth, 2nd tri, fts1	20151001	22991231
O365922	Matern care for oth or susp poor fetl grth, 2nd tri, fts2	20151001	22991231
O365923	Matern care for oth or susp poor fetl grth, 2nd tri, fts3	20151001	22991231
O365924	Matern care for oth or susp poor fetl grth, 2nd tri, fts4	20151001	22991231
O365925	Matern care for oth or susp poor fetl grth, 2nd tri, fts5	20151001	22991231
O365929	Matern care for oth or susp poor fetl grth, 2nd tri, oth	20151001	22991231
O365930	Matern care for oth or susp poor fetl grth, third tri, unsp	20151001	22991231
O365931	Matern care for oth or susp poor fetl grth, third tri, fts1	20151001	22991231
O365932	Matern care for oth or susp poor fetl grth, third tri, fts2	20151001	22991231
O365933	Matern care for oth or susp poor fetl grth, third tri, fts3	20151001	22991231
O365934	Matern care for oth or susp poor fetl grth, third tri, fts4	20151001	22991231
O365935	Matern care for oth or susp poor fetl grth, third tri, fts5	20151001	22991231
O365939	Matern care for oth or susp poor fetl grth, third tri, oth	20151001	22991231
O365990	Matern care for oth or susp poor fetl grth, unsp tri, unsp	20151001	22991231
O365991	Matern care for oth or susp poor fetl grth, unsp tri, fts1	20151001	22991231
O365992	Matern care for oth or susp poor fetl grth, unsp tri, fts2	20151001	22991231
O365993	Matern care for oth or susp poor fetl grth, unsp tri, fts3	20151001	22991231
O365994	Matern care for oth or susp poor fetl grth, unsp tri, fts4	20151001	22991231
O365995	Matern care for oth or susp poor fetl grth, unsp tri, fts5	20151001	22991231
O365999	Matern care for oth or susp poor fetl grth, unsp tri, oth	20151001	22991231
O3660X0	Maternal care for excess fetal growth, unsp trimester, unsp	20151001	22991231
O3660X1	Maternal care for excess fetal growth, unsp tri, fetus 1	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3660X2	Maternal care for excess fetal growth, unsp tri, fetus 2	20151001	22991231
O3660X3	Maternal care for excess fetal growth, unsp tri, fetus 3	20151001	22991231
O3660X4	Maternal care for excess fetal growth, unsp tri, fetus 4	20151001	22991231
O3660X5	Maternal care for excess fetal growth, unsp tri, fetus 5	20151001	22991231
O3660X9	Maternal care for excess fetal growth, unsp trimester, oth	20151001	22991231
O3661X0	Maternal care for excess fetal growth, first trimester, unsp	20151001	22991231
O3661X1	Maternal care for excess fetal growth, first tri, fetus 1	20151001	22991231
O3661X2	Maternal care for excess fetal growth, first tri, fetus 2	20151001	22991231
O3661X3	Maternal care for excess fetal growth, first tri, fetus 3	20151001	22991231
O3661X4	Maternal care for excess fetal growth, first tri, fetus 4	20151001	22991231
O3661X5	Maternal care for excess fetal growth, first tri, fetus 5	20151001	22991231
O3661X9	Maternal care for excess fetal growth, first trimester, oth	20151001	22991231
O3662X0	Maternal care for excess fetal growth, second tri, unsp	20151001	22991231
O3662X1	Maternal care for excess fetal growth, second tri, fetus 1	20151001	22991231
O3662X2	Maternal care for excess fetal growth, second tri, fetus 2	20151001	22991231
O3662X3	Maternal care for excess fetal growth, second tri, fetus 3	20151001	22991231
O3662X4	Maternal care for excess fetal growth, second tri, fetus 4	20151001	22991231
O3662X5	Maternal care for excess fetal growth, second tri, fetus 5	20151001	22991231
O3662X9	Maternal care for excess fetal growth, second trimester, oth	20151001	22991231
O3663X0	Maternal care for excess fetal growth, third trimester, unsp	20151001	22991231
O3663X1	Maternal care for excess fetal growth, third tri, fetus 1	20151001	22991231
O3663X2	Maternal care for excess fetal growth, third tri, fetus 2	20151001	22991231
O3663X3	Maternal care for excess fetal growth, third tri, fetus 3	20151001	22991231
O3663X4	Maternal care for excess fetal growth, third tri, fetus 4	20151001	22991231
O3663X5	Maternal care for excess fetal growth, third tri, fetus 5	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3663X9	Maternal care for excess fetal growth, third trimester, oth	20151001	22991231
O3670X0	Maternal care for viable fetus in abd preg, unsp tri, unsp	20151001	22991231
O3670X1	Matern care for viable fetus in abd preg, unsp tri, fetus 1	20151001	22991231
O3670X2	Matern care for viable fetus in abd preg, unsp tri, fetus 2	20151001	22991231
O3670X3	Matern care for viable fetus in abd preg, unsp tri, fetus 3	20151001	22991231
O3670X4	Matern care for viable fetus in abd preg, unsp tri, fetus 4	20151001	22991231
O3670X5	Matern care for viable fetus in abd preg, unsp tri, fetus 5	20151001	22991231
O3670X9	Maternal care for viable fetus in abd preg, unsp tri, oth	20151001	22991231
O3671X0	Maternal care for viable fetus in abd preg, first tri, unsp	20151001	22991231
O3671X1	Matern care for viable fetus in abd preg, first tri, fetus 1	20151001	22991231
O3671X2	Matern care for viable fetus in abd preg, first tri, fetus 2	20151001	22991231
O3671X3	Matern care for viable fetus in abd preg, first tri, fetus 3	20151001	22991231
O3671X4	Matern care for viable fetus in abd preg, first tri, fetus 4	20151001	22991231
O3671X5	Matern care for viable fetus in abd preg, first tri, fetus 5	20151001	22991231
O3671X9	Maternal care for viable fetus in abd preg, first tri, oth	20151001	22991231
O3672X0	Maternal care for viable fetus in abd preg, second tri, unsp	20151001	22991231
O3672X1	Matern care for viable fetus in abd preg, second tri, fts1	20151001	22991231
O3672X2	Matern care for viable fetus in abd preg, second tri, fts2	20151001	22991231
O3672X3	Matern care for viable fetus in abd preg, second tri, fts3	20151001	22991231
O3672X4	Matern care for viable fetus in abd preg, second tri, fts4	20151001	22991231
O3672X5	Matern care for viable fetus in abd preg, second tri, fts5	20151001	22991231
O3672X9	Maternal care for viable fetus in abd preg, second tri, oth	20151001	22991231
O3673X0	Maternal care for viable fetus in abd preg, third tri, unsp	20151001	22991231
O3673X1	Matern care for viable fetus in abd preg, third tri, fetus 1	20151001	22991231
O3673X2	Matern care for viable fetus in abd preg, third tri, fetus 2	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3673X3	Matern care for viable fetus in abd preg, third tri, fetus 3	20151001	22991231
O3673X4	Matern care for viable fetus in abd preg, third tri, fetus 4	20151001	22991231
O3673X5	Matern care for viable fetus in abd preg, third tri, fetus 5	20151001	22991231
O3673X9	Maternal care for viable fetus in abd preg, third tri, oth	20151001	22991231
O3680X0	Pregnancy w inconclusive fetal viability, unsp	20151001	22991231
O3680X1	Pregnancy with inconclusive fetal viability, fetus 1	20151001	22991231
O3680X2	Pregnancy with inconclusive fetal viability, fetus 2	20151001	22991231
O3680X3	Pregnancy with inconclusive fetal viability, fetus 3	20151001	22991231
O3680X4	Pregnancy with inconclusive fetal viability, fetus 4	20151001	22991231
O3680X5	Pregnancy with inconclusive fetal viability, fetus 5	20151001	22991231
O3680X9	Pregnancy with inconclusive fetal viability, other fetus	20151001	22991231
O368120	Decreased fetal movements, second trimester, unsp	20151001	22991231
O368121	Decreased fetal movements, second trimester, fetus 1	20151001	22991231
O368122	Decreased fetal movements, second trimester, fetus 2	20151001	22991231
O368123	Decreased fetal movements, second trimester, fetus 3	20151001	22991231
O368124	Decreased fetal movements, second trimester, fetus 4	20151001	22991231
O368125	Decreased fetal movements, second trimester, fetus 5	20151001	22991231
O368129	Decreased fetal movements, second trimester, other fetus	20151001	22991231
O368130	Decreased fetal movements, third trimester, unsp	20151001	22991231
O368131	Decreased fetal movements, third trimester, fetus 1	20151001	22991231
O368132	Decreased fetal movements, third trimester, fetus 2	20151001	22991231
O368133	Decreased fetal movements, third trimester, fetus 3	20151001	22991231
O368134	Decreased fetal movements, third trimester, fetus 4	20151001	22991231
O368135	Decreased fetal movements, third trimester, fetus 5	20151001	22991231
O368139	Decreased fetal movements, third trimester, other fetus	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O368190	Decreased fetal movements, unsp trimester, unsp	20151001	22991231
O368191	Decreased fetal movements, unspecified trimester, fetus 1	20151001	22991231
O368192	Decreased fetal movements, unspecified trimester, fetus 2	20151001	22991231
O368193	Decreased fetal movements, unspecified trimester, fetus 3	20151001	22991231
O368194	Decreased fetal movements, unspecified trimester, fetus 4	20151001	22991231
O368195	Decreased fetal movements, unspecified trimester, fetus 5	20151001	22991231
O368199	Decreased fetal movements, unsp trimester, other fetus	20151001	22991231
O368311	Matern care for abnlt fetl hrt rate or rhym, 1st tri, fts1	20171001	22991231
O368312	Matern care for abnlt fetl hrt rate or rhym, 1st tri, fts2	20171001	22991231
O368313	Matern care for abnlt fetl hrt rate or rhym, 1st tri, fts3	20171001	22991231
O368314	Matern care for abnlt fetl hrt rate or rhym, 1st tri, fts4	20171001	22991231
O368315	Matern care for abnlt fetl hrt rate or rhym, 1st tri, fts5	20171001	22991231
O368319	Matern care for abnlt of fetl hrt rate or rhym, 1st tri, oth	20171001	22991231
O368321	Matern care for abnlt fetl hrt rate or rhym, 2nd tri, fts1	20171001	22991231
O368322	Matern care for abnlt fetl hrt rate or rhym, 2nd tri, fts2	20171001	22991231
O368323	Matern care for abnlt fetl hrt rate or rhym, 2nd tri, fts3	20171001	22991231
O368324	Matern care for abnlt fetl hrt rate or rhym, 2nd tri, fts4	20171001	22991231
O368325	Matern care for abnlt fetl hrt rate or rhym, 2nd tri, fts5	20171001	22991231
O368329	Matern care for abnlt of fetl hrt rate or rhym, 2nd tri, oth	20171001	22991231
O368331	Matern care for abnlt fetl hrt rate or rhym, 3rd tri, fts1	20171001	22991231
O368332	Matern care for abnlt fetl hrt rate or rhym, 3rd tri, fts2	20171001	22991231
O368333	Matern care for abnlt fetl hrt rate or rhym, 3rd tri, fts3	20171001	22991231
O368334	Matern care for abnlt fetl hrt rate or rhym, 3rd tri, fts4	20171001	22991231
O368335	Matern care for abnlt fetl hrt rate or rhym, 3rd tri, fts5	20171001	22991231
O368339	Matern care for abnlt of fetl hrt rate or rhym, 3rd tri, oth	20171001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O368391	Matern care for abnlt fetl hrt rate or rhym, unsp tri, fts1	20171001	22991231
O368392	Matern care for abnlt fetl hrt rate or rhym, unsp tri, fts2	20171001	22991231
O368393	Matern care for abnlt fetl hrt rate or rhym, unsp tri, fts3	20171001	22991231
O368394	Matern care for abnlt fetl hrt rate or rhym, unsp tri, fts4	20171001	22991231
O368395	Matern care for abnlt fetl hrt rate or rhym, unsp tri, fts5	20171001	22991231
O368399	Matern care for abnlt fetl hrt rate or rhym, unsp tri, oth	20171001	22991231
O368910	Maternal care for oth fetal problems, first trimester, unsp	20151001	22991231
O368911	Maternal care for oth fetal problems, first tri, fetus 1	20151001	22991231
O368912	Maternal care for oth fetal problems, first tri, fetus 2	20151001	22991231
O368913	Maternal care for oth fetal problems, first tri, fetus 3	20151001	22991231
O368914	Maternal care for oth fetal problems, first tri, fetus 4	20151001	22991231
O368915	Maternal care for oth fetal problems, first tri, fetus 5	20151001	22991231
O368919	Maternal care for oth fetal problems, first trimester, oth	20151001	22991231
O368920	Maternal care for oth fetal problems, second trimester, unsp	20151001	22991231
O368921	Maternal care for oth fetal problems, second tri, fetus 1	20151001	22991231
O368922	Maternal care for oth fetal problems, second tri, fetus 2	20151001	22991231
O368923	Maternal care for oth fetal problems, second tri, fetus 3	20151001	22991231
O368924	Maternal care for oth fetal problems, second tri, fetus 4	20151001	22991231
O368925	Maternal care for oth fetal problems, second tri, fetus 5	20151001	22991231
O368929	Maternal care for oth fetal problems, second trimester, oth	20151001	22991231
O368930	Maternal care for oth fetal problems, third trimester, unsp	20151001	22991231
O368931	Maternal care for oth fetal problems, third tri, fetus 1	20151001	22991231
O368932	Maternal care for oth fetal problems, third tri, fetus 2	20151001	22991231
O368933	Maternal care for oth fetal problems, third tri, fetus 3	20151001	22991231
O368934	Maternal care for oth fetal problems, third tri, fetus 4	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O368935	Maternal care for oth fetal problems, third tri, fetus 5	20151001	22991231
O368939	Maternal care for oth fetal problems, third trimester, oth	20151001	22991231
O368990	Maternal care for oth fetal problems, unsp trimester, unsp	20151001	22991231
O368991	Maternal care for oth fetal problems, unsp tri, fetus 1	20151001	22991231
O368992	Maternal care for oth fetal problems, unsp tri, fetus 2	20151001	22991231
O368993	Maternal care for oth fetal problems, unsp tri, fetus 3	20151001	22991231
O368994	Maternal care for oth fetal problems, unsp tri, fetus 4	20151001	22991231
O368995	Maternal care for oth fetal problems, unsp tri, fetus 5	20151001	22991231
O368999	Maternal care for oth fetal problems, unsp trimester, oth	20151001	22991231
O3690X0	Maternal care for fetal problem, unsp, unsp trimester, unsp	20151001	22991231
O3690X1	Maternal care for fetal problem, unsp, unsp tri, fetus 1	20151001	22991231
O3690X2	Maternal care for fetal problem, unsp, unsp tri, fetus 2	20151001	22991231
O3690X3	Maternal care for fetal problem, unsp, unsp tri, fetus 3	20151001	22991231
O3690X4	Maternal care for fetal problem, unsp, unsp tri, fetus 4	20151001	22991231
O3690X5	Maternal care for fetal problem, unsp, unsp tri, fetus 5	20151001	22991231
O3690X9	Maternal care for fetal problem, unsp, unsp trimester, oth	20151001	22991231
O3691X0	Maternal care for fetal problem, unsp, first trimester, unsp	20151001	22991231
O3691X1	Maternal care for fetal problem, unsp, first tri, fetus 1	20151001	22991231
O3691X2	Maternal care for fetal problem, unsp, first tri, fetus 2	20151001	22991231
O3691X3	Maternal care for fetal problem, unsp, first tri, fetus 3	20151001	22991231
O3691X4	Maternal care for fetal problem, unsp, first tri, fetus 4	20151001	22991231
O3691X5	Maternal care for fetal problem, unsp, first tri, fetus 5	20151001	22991231
O3691X9	Maternal care for fetal problem, unsp, first trimester, oth	20151001	22991231
O3692X0	Maternal care for fetal problem, unsp, second tri, unsp	20151001	22991231
O3692X1	Maternal care for fetal problem, unsp, second tri, fetus 1	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3692X2	Maternal care for fetal problem, unsp, second tri, fetus 2	20151001	22991231
O3692X3	Maternal care for fetal problem, unsp, second tri, fetus 3	20151001	22991231
O3692X4	Maternal care for fetal problem, unsp, second tri, fetus 4	20151001	22991231
O3692X5	Maternal care for fetal problem, unsp, second tri, fetus 5	20151001	22991231
O3692X9	Maternal care for fetal problem, unsp, second trimester, oth	20151001	22991231
O3693X0	Maternal care for fetal problem, unsp, third trimester, unsp	20151001	22991231
O3693X1	Maternal care for fetal problem, unsp, third tri, fetus 1	20151001	22991231
O3693X2	Maternal care for fetal problem, unsp, third tri, fetus 2	20151001	22991231
O3693X3	Maternal care for fetal problem, unsp, third tri, fetus 3	20151001	22991231
O3693X4	Maternal care for fetal problem, unsp, third tri, fetus 4	20151001	22991231
O3693X5	Maternal care for fetal problem, unsp, third tri, fetus 5	20151001	22991231
O3693X9	Maternal care for fetal problem, unsp, third trimester, oth	20151001	22991231
O401XX0	Polyhydramnios, first trimester, not applicable or unsp	20151001	22991231
O401XX1	Polyhydramnios, first trimester, fetus 1	20151001	22991231
O401XX2	Polyhydramnios, first trimester, fetus 2	20151001	22991231
O401XX3	Polyhydramnios, first trimester, fetus 3	20151001	22991231
O401XX4	Polyhydramnios, first trimester, fetus 4	20151001	22991231
O401XX5	Polyhydramnios, first trimester, fetus 5	20151001	22991231
O401XX9	Polyhydramnios, first trimester, other fetus	20151001	22991231
O402XX0	Polyhydramnios, second trimester, not applicable or unsp	20151001	22991231
O402XX1	Polyhydramnios, second trimester, fetus 1	20151001	22991231
O402XX2	Polyhydramnios, second trimester, fetus 2	20151001	22991231
O402XX3	Polyhydramnios, second trimester, fetus 3	20151001	22991231
O402XX4	Polyhydramnios, second trimester, fetus 4	20151001	22991231
O402XX5	Polyhydramnios, second trimester, fetus 5	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O402XX9	Polyhydramnios, second trimester, other fetus	20151001	22991231
O403XX0	Polyhydramnios, third trimester, not applicable or unsp	20151001	22991231
O403XX1	Polyhydramnios, third trimester, fetus 1	20151001	22991231
O403XX2	Polyhydramnios, third trimester, fetus 2	20151001	22991231
O403XX3	Polyhydramnios, third trimester, fetus 3	20151001	22991231
O403XX4	Polyhydramnios, third trimester, fetus 4	20151001	22991231
O403XX5	Polyhydramnios, third trimester, fetus 5	20151001	22991231
O403XX9	Polyhydramnios, third trimester, other fetus	20151001	22991231
O409XX0	Polyhydramnios, unsp trimester, not applicable or unsp	20151001	22991231
O409XX1	Polyhydramnios, unspecified trimester, fetus 1	20151001	22991231
O409XX2	Polyhydramnios, unspecified trimester, fetus 2	20151001	22991231
O409XX3	Polyhydramnios, unspecified trimester, fetus 3	20151001	22991231
O409XX4	Polyhydramnios, unspecified trimester, fetus 4	20151001	22991231
O409XX5	Polyhydramnios, unspecified trimester, fetus 5	20151001	22991231
O409XX9	Polyhydramnios, unspecified trimester, other fetus	20151001	22991231
O4100X0	Oligohydramnios, unsp trimester, not applicable or unsp	20151001	22991231
O4100X1	Oligohydramnios, unspecified trimester, fetus 1	20151001	22991231
O4100X2	Oligohydramnios, unspecified trimester, fetus 2	20151001	22991231
O4100X3	Oligohydramnios, unspecified trimester, fetus 3	20151001	22991231
O4100X4	Oligohydramnios, unspecified trimester, fetus 4	20151001	22991231
O4100X5	Oligohydramnios, unspecified trimester, fetus 5	20151001	22991231
O4100X9	Oligohydramnios, unspecified trimester, other fetus	20151001	22991231
O4101X0	Oligohydramnios, first trimester, not applicable or unsp	20151001	22991231
O4101X1	Oligohydramnios, first trimester, fetus 1	20151001	22991231
O4101X2	Oligohydramnios, first trimester, fetus 2	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O4101X3	Oligohydramnios, first trimester, fetus 3	20151001	22991231
O4101X4	Oligohydramnios, first trimester, fetus 4	20151001	22991231
O4101X5	Oligohydramnios, first trimester, fetus 5	20151001	22991231
O4101X9	Oligohydramnios, first trimester, other fetus	20151001	22991231
O4102X0	Oligohydramnios, second trimester, not applicable or unsp	20151001	22991231
O4102X1	Oligohydramnios, second trimester, fetus 1	20151001	22991231
O4102X2	Oligohydramnios, second trimester, fetus 2	20151001	22991231
O4102X3	Oligohydramnios, second trimester, fetus 3	20151001	22991231
O4102X4	Oligohydramnios, second trimester, fetus 4	20151001	22991231
O4102X5	Oligohydramnios, second trimester, fetus 5	20151001	22991231
O4102X9	Oligohydramnios, second trimester, other fetus	20151001	22991231
O4103X0	Oligohydramnios, third trimester, not applicable or unsp	20151001	22991231
O4103X1	Oligohydramnios, third trimester, fetus 1	20151001	22991231
O4103X2	Oligohydramnios, third trimester, fetus 2	20151001	22991231
O4103X3	Oligohydramnios, third trimester, fetus 3	20151001	22991231
O4103X4	Oligohydramnios, third trimester, fetus 4	20151001	22991231
O4103X5	Oligohydramnios, third trimester, fetus 5	20151001	22991231
O4103X9	Oligohydramnios, third trimester, other fetus	20151001	22991231
O411010	Infct of amniotic sac and membrns, unsp, first tri, unsp	20151001	22991231
O411011	Infct of amniotic sac and membrns, unsp, first tri, fetus 1	20151001	22991231
O411012	Infct of amniotic sac and membrns, unsp, first tri, fetus 2	20151001	22991231
O411013	Infct of amniotic sac and membrns, unsp, first tri, fetus 3	20151001	22991231
O411014	Infct of amniotic sac and membrns, unsp, first tri, fetus 4	20151001	22991231
O411015	Infct of amniotic sac and membrns, unsp, first tri, fetus 5	20151001	22991231
O411019	Infct of amniotic sac and membrns, unsp, first tri, oth	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O411020	Infct of amniotic sac and membrns, unsp, second tri, unsp	20151001	22991231
O411021	Infct of amniotic sac and membrns, unsp, second tri, fetus 1	20151001	22991231
O411022	Infct of amniotic sac and membrns, unsp, second tri, fetus 2	20151001	22991231
O411023	Infct of amniotic sac and membrns, unsp, second tri, fetus 3	20151001	22991231
O411024	Infct of amniotic sac and membrns, unsp, second tri, fetus 4	20151001	22991231
O411025	Infct of amniotic sac and membrns, unsp, second tri, fetus 5	20151001	22991231
O411029	Infct of amniotic sac and membrns, unsp, second tri, oth	20151001	22991231
O411030	Infct of amniotic sac and membrns, unsp, third tri, unsp	20151001	22991231
O411031	Infct of amniotic sac and membrns, unsp, third tri, fetus 1	20151001	22991231
O411032	Infct of amniotic sac and membrns, unsp, third tri, fetus 2	20151001	22991231
O411033	Infct of amniotic sac and membrns, unsp, third tri, fetus 3	20151001	22991231
O411034	Infct of amniotic sac and membrns, unsp, third tri, fetus 4	20151001	22991231
O411035	Infct of amniotic sac and membrns, unsp, third tri, fetus 5	20151001	22991231
O411039	Infct of amniotic sac and membrns, unsp, third tri, oth	20151001	22991231
O411090	Infct of amniotic sac and membrns, unsp, unsp tri, unsp	20151001	22991231
O411091	Infct of amniotic sac and membrns, unsp, unsp tri, fetus 1	20151001	22991231
O411092	Infct of amniotic sac and membrns, unsp, unsp tri, fetus 2	20151001	22991231
O411093	Infct of amniotic sac and membrns, unsp, unsp tri, fetus 3	20151001	22991231
O411094	Infct of amniotic sac and membrns, unsp, unsp tri, fetus 4	20151001	22991231
O411095	Infct of amniotic sac and membrns, unsp, unsp tri, fetus 5	20151001	22991231
O411099	Infct of amniotic sac and membrns, unsp, unsp trimester, oth	20151001	22991231
O411210	Chorioamnionitis, first trimester, not applicable or unsp	20151001	22991231
O411211	Chorioamnionitis, first trimester, fetus 1	20151001	22991231
O411212	Chorioamnionitis, first trimester, fetus 2	20151001	22991231
O411213	Chorioamnionitis, first trimester, fetus 3	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O411214	Chorioamnionitis, first trimester, fetus 4	20151001	22991231
O411215	Chorioamnionitis, first trimester, fetus 5	20151001	22991231
O411219	Chorioamnionitis, first trimester, other fetus	20151001	22991231
O411220	Chorioamnionitis, second trimester, not applicable or unsp	20151001	22991231
O411221	Chorioamnionitis, second trimester, fetus 1	20151001	22991231
O411222	Chorioamnionitis, second trimester, fetus 2	20151001	22991231
O411223	Chorioamnionitis, second trimester, fetus 3	20151001	22991231
O411224	Chorioamnionitis, second trimester, fetus 4	20151001	22991231
O411225	Chorioamnionitis, second trimester, fetus 5	20151001	22991231
O411229	Chorioamnionitis, second trimester, other fetus	20151001	22991231
O411230	Chorioamnionitis, third trimester, not applicable or unsp	20151001	22991231
O411231	Chorioamnionitis, third trimester, fetus 1	20151001	22991231
O411232	Chorioamnionitis, third trimester, fetus 2	20151001	22991231
O411233	Chorioamnionitis, third trimester, fetus 3	20151001	22991231
O411234	Chorioamnionitis, third trimester, fetus 4	20151001	22991231
O411235	Chorioamnionitis, third trimester, fetus 5	20151001	22991231
O411239	Chorioamnionitis, third trimester, other fetus	20151001	22991231
O411290	Chorioamnionitis, unsp trimester, not applicable or unsp	20151001	22991231
O411291	Chorioamnionitis, unspecified trimester, fetus 1	20151001	22991231
O411292	Chorioamnionitis, unspecified trimester, fetus 2	20151001	22991231
O411293	Chorioamnionitis, unspecified trimester, fetus 3	20151001	22991231
O411294	Chorioamnionitis, unspecified trimester, fetus 4	20151001	22991231
O411295	Chorioamnionitis, unspecified trimester, fetus 5	20151001	22991231
O411299	Chorioamnionitis, unspecified trimester, other fetus	20151001	22991231
O411410	Placentitis, first trimester, not applicable or unspecified	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O411411	Placentitis, first trimester, fetus 1	20151001	22991231
O411412	Placentitis, first trimester, fetus 2	20151001	22991231
O411413	Placentitis, first trimester, fetus 3	20151001	22991231
O411414	Placentitis, first trimester, fetus 4	20151001	22991231
O411415	Placentitis, first trimester, fetus 5	20151001	22991231
O411419	Placentitis, first trimester, other fetus	20151001	22991231
O411420	Placentitis, second trimester, not applicable or unspecified	20151001	22991231
O411421	Placentitis, second trimester, fetus 1	20151001	22991231
O411422	Placentitis, second trimester, fetus 2	20151001	22991231
O411423	Placentitis, second trimester, fetus 3	20151001	22991231
O411424	Placentitis, second trimester, fetus 4	20151001	22991231
O411425	Placentitis, second trimester, fetus 5	20151001	22991231
O411429	Placentitis, second trimester, other fetus	20151001	22991231
O411430	Placentitis, third trimester, not applicable or unspecified	20151001	22991231
O411431	Placentitis, third trimester, fetus 1	20151001	22991231
O411432	Placentitis, third trimester, fetus 2	20151001	22991231
O411433	Placentitis, third trimester, fetus 3	20151001	22991231
O411434	Placentitis, third trimester, fetus 4	20151001	22991231
O411435	Placentitis, third trimester, fetus 5	20151001	22991231
O411439	Placentitis, third trimester, other fetus	20151001	22991231
O411490	Placentitis, unsp trimester, not applicable or unspecified	20151001	22991231
O411491	Placentitis, unspecified trimester, fetus 1	20151001	22991231
O411492	Placentitis, unspecified trimester, fetus 2	20151001	22991231
O411493	Placentitis, unspecified trimester, fetus 3	20151001	22991231
O411494	Placentitis, unspecified trimester, fetus 4	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O411495	Placentitis, unspecified trimester, fetus 5	20151001	22991231
O411499	Placentitis, unspecified trimester, other fetus	20151001	22991231
O418X10	Oth disrd of amniotic fluid and membrns, first tri, unsp	20151001	22991231
O418X11	Oth disrd of amniotic fluid and membrns, first tri, fetus 1	20151001	22991231
O418X12	Oth disrd of amniotic fluid and membrns, first tri, fetus 2	20151001	22991231
O418X13	Oth disrd of amniotic fluid and membrns, first tri, fetus 3	20151001	22991231
O418X14	Oth disrd of amniotic fluid and membrns, first tri, fetus 4	20151001	22991231
O418X15	Oth disrd of amniotic fluid and membrns, first tri, fetus 5	20151001	22991231
O418X19	Oth disrd of amniotic fluid and membrns, first tri, oth	20151001	22991231
O418X20	Oth disrd of amniotic fluid and membrns, second tri, unsp	20151001	22991231
O418X21	Oth disrd of amniotic fluid and membrns, second tri, fetus 1	20151001	22991231
O418X22	Oth disrd of amniotic fluid and membrns, second tri, fetus 2	20151001	22991231
O418X23	Oth disrd of amniotic fluid and membrns, second tri, fetus 3	20151001	22991231
O418X24	Oth disrd of amniotic fluid and membrns, second tri, fetus 4	20151001	22991231
O418X25	Oth disrd of amniotic fluid and membrns, second tri, fetus 5	20151001	22991231
O418X29	Oth disrd of amniotic fluid and membrns, second tri, oth	20151001	22991231
O418X30	Oth disrd of amniotic fluid and membrns, third tri, unsp	20151001	22991231
O418X31	Oth disrd of amniotic fluid and membrns, third tri, fetus 1	20151001	22991231
O418X32	Oth disrd of amniotic fluid and membrns, third tri, fetus 2	20151001	22991231
O418X33	Oth disrd of amniotic fluid and membrns, third tri, fetus 3	20151001	22991231
O418X34	Oth disrd of amniotic fluid and membrns, third tri, fetus 4	20151001	22991231
O418X35	Oth disrd of amniotic fluid and membrns, third tri, fetus 5	20151001	22991231
O418X39	Oth disrd of amniotic fluid and membrns, third tri, oth	20151001	22991231
O418X90	Oth disrd of amniotic fluid and membrns, unsp tri, unsp	20151001	22991231
O418X91	Oth disrd of amniotic fluid and membrns, unsp tri, fetus 1	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O418X92	Oth disrd of amniotic fluid and membrns, unsp tri, fetus 2	20151001	22991231
O418X93	Oth disrd of amniotic fluid and membrns, unsp tri, fetus 3	20151001	22991231
O418X94	Oth disrd of amniotic fluid and membrns, unsp tri, fetus 4	20151001	22991231
O418X95	Oth disrd of amniotic fluid and membrns, unsp tri, fetus 5	20151001	22991231
O418X99	Oth disrd of amniotic fluid and membrns, unsp trimester, oth	20151001	22991231
O4190X0	Disorder of amniotic fluid and membrns, unsp, unsp tri, unsp	20151001	22991231
O4190X1	Disorder of amnio fluid and membrns, unsp, unsp tri, fetus 1	20151001	22991231
O4190X2	Disorder of amnio fluid and membrns, unsp, unsp tri, fetus 2	20151001	22991231
O4190X3	Disorder of amnio fluid and membrns, unsp, unsp tri, fetus 3	20151001	22991231
O4190X4	Disorder of amnio fluid and membrns, unsp, unsp tri, fetus 4	20151001	22991231
O4190X5	Disorder of amnio fluid and membrns, unsp, unsp tri, fetus 5	20151001	22991231
O4190X9	Disorder of amniotic fluid and membrns, unsp, unsp tri, oth	20151001	22991231
O4191X0	Disorder of amnio fluid and membrns, unsp, first tri, unsp	20151001	22991231
O4191X1	Disord of amnio fluid and membrns, unsp, first tri, fetus 1	20151001	22991231
O4191X2	Disord of amnio fluid and membrns, unsp, first tri, fetus 2	20151001	22991231
O4191X3	Disord of amnio fluid and membrns, unsp, first tri, fetus 3	20151001	22991231
O4191X4	Disord of amnio fluid and membrns, unsp, first tri, fetus 4	20151001	22991231
O4191X5	Disord of amnio fluid and membrns, unsp, first tri, fetus 5	20151001	22991231
O4191X9	Disorder of amniotic fluid and membrns, unsp, first tri, oth	20151001	22991231
O4192X0	Disorder of amnio fluid and membrns, unsp, second tri, unsp	20151001	22991231
O4192X1	Disord of amnio fluid and membrns, unsp, second tri, fetus 1	20151001	22991231
O4192X2	Disord of amnio fluid and membrns, unsp, second tri, fetus 2	20151001	22991231
O4192X3	Disord of amnio fluid and membrns, unsp, second tri, fetus 3	20151001	22991231
O4192X4	Disord of amnio fluid and membrns, unsp, second tri, fetus 4	20151001	22991231
O4192X5	Disord of amnio fluid and membrns, unsp, second tri, fetus 5	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O4192X9	Disorder of amnio fluid and membrns, unsp, second tri, oth	20151001	22991231
O4193X0	Disorder of amnio fluid and membrns, unsp, third tri, unsp	20151001	22991231
O4193X1	Disord of amnio fluid and membrns, unsp, third tri, fetus 1	20151001	22991231
O4193X2	Disord of amnio fluid and membrns, unsp, third tri, fetus 2	20151001	22991231
O4193X3	Disord of amnio fluid and membrns, unsp, third tri, fetus 3	20151001	22991231
O4193X4	Disord of amnio fluid and membrns, unsp, third tri, fetus 4	20151001	22991231
O4193X5	Disord of amnio fluid and membrns, unsp, third tri, fetus 5	20151001	22991231
O4193X9	Disorder of amniotic fluid and membrns, unsp, third tri, oth	20151001	22991231
O4200	Prem ROM, onset labor w/n 24 hr of rupt, unsp weeks of gest	20151001	22991231
O42011	Pretrm prem ROM, onset labor w/n 24 hours of rupt, first tri	20151001	22991231
O42012	Pretrm prem ROM, onset labor w/n 24 hours of rupt, 2nd tri	20151001	22991231
O42013	Pretrm prem ROM, onset labor w/n 24 hours of rupt, third tri	20151001	22991231
O42019	Pretrm prem ROM, onset labor w/n 24 hours of rupt, unsp tri	20151001	22991231
O4202	Full-term prem ROM, onset labor within 24 hours of rupture	20151001	22991231
O4210	Prem ROM, onset labor > 24 hr fol rupt, unsp weeks of gest	20151001	22991231
O42111	Pretrm prem ROM, onset labor > 24 hours fol rupt, first tri	20151001	22991231
O42112	Pretrm prem ROM, onset labor > 24 hours fol rupt, second tri	20151001	22991231
O42113	Pretrm prem ROM, onset labor > 24 hours fol rupt, third tri	20151001	22991231
O42119	Pretrm prem ROM, onset labor > 24 hours fol rupt, unsp tri	20151001	22991231
O4212	Full-term premature ROM, onset labor > 24 hours fol rupture	20151001	22991231
O4290	Prem ROM, 7th0 betw rupt & onst labr, unsp weeks of gest	20151001	22991231
O42911	Pretrm prem ROM, unsp time betw rupt and onset labr, 1st tri	20151001	22991231
O42912	Pretrm prem ROM, unsp time betw rupt and onset labr, 2nd tri	20151001	22991231
O42913	Pretrm prem ROM, unsp time betw rupt and onst labr, 3rd tri	20151001	22991231
O42919	Pretrm prem ROM, unsp time betw rupt and onst labr, unsp tri	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O4292	Full-term prem ROM, unsp time betw rupture and onset labor	20151001	22991231
O43011	Fetomaternal placental transfusion syndrome, first trimester	20151001	22991231
O43012	Fetomaternal placental transfuse syndrome, second trimester	20151001	22991231
O43013	Fetomaternal placental transfusion syndrome, third trimester	20151001	22991231
O43019	Fetomaternal placental transfusion syndrome, unsp trimester	20151001	22991231
O43021	Fetus-to-fetus placental transfuse syndrome, first trimester	20151001	22991231
O43022	Fetus-to-fetus placntl transfuse syndrome, second trimester	20151001	22991231
O43023	Fetus-to-fetus placental transfuse syndrome, third trimester	20151001	22991231
O43029	Fetus-to-fetus placental transfuse syndrome, unsp trimester	20151001	22991231
O43101	Malformation of placenta, unspecified, first trimester	20151001	22991231
O43102	Malformation of placenta, unspecified, second trimester	20151001	22991231
O43103	Malformation of placenta, unspecified, third trimester	20151001	22991231
O43109	Malformation of placenta, unspecified, unspecified trimester	20151001	22991231
O43111	Circumvallate placenta, first trimester	20151001	22991231
O43112	Circumvallate placenta, second trimester	20151001	22991231
O43113	Circumvallate placenta, third trimester	20151001	22991231
O43119	Circumvallate placenta, unspecified trimester	20151001	22991231
O43121	Velamentous insertion of umbilical cord, first trimester	20151001	22991231
O43122	Velamentous insertion of umbilical cord, second trimester	20151001	22991231
O43123	Velamentous insertion of umbilical cord, third trimester	20151001	22991231
O43129	Velamentous insertion of umbilical cord, unsp trimester	20151001	22991231
O43191	Other malformation of placenta, first trimester	20151001	22991231
O43192	Other malformation of placenta, second trimester	20151001	22991231
O43193	Other malformation of placenta, third trimester	20151001	22991231
O43199	Other malformation of placenta, unspecified trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O43211	Placenta accreta, first trimester	20151001	22991231
O43212	Placenta accreta, second trimester	20151001	22991231
O43213	Placenta accreta, third trimester	20151001	22991231
O43219	Placenta accreta, unspecified trimester	20151001	22991231
O43221	Placenta increta, first trimester	20151001	22991231
O43222	Placenta increta, second trimester	20151001	22991231
O43223	Placenta increta, third trimester	20151001	22991231
O43229	Placenta increta, unspecified trimester	20151001	22991231
O43231	Placenta percreta, first trimester	20151001	22991231
O43232	Placenta percreta, second trimester	20151001	22991231
O43233	Placenta percreta, third trimester	20151001	22991231
O43239	Placenta percreta, unspecified trimester	20151001	22991231
O43811	Placental infarction, first trimester	20151001	22991231
O43812	Placental infarction, second trimester	20151001	22991231
O43813	Placental infarction, third trimester	20151001	22991231
O43819	Placental infarction, unspecified trimester	20151001	22991231
O43891	Other placental disorders, first trimester	20151001	22991231
O43892	Other placental disorders, second trimester	20151001	22991231
O43893	Other placental disorders, third trimester	20151001	22991231
O43899	Other placental disorders, unspecified trimester	20151001	22991231
O4390	Unspecified placental disorder, unspecified trimester	20151001	22991231
O4391	Unspecified placental disorder, first trimester	20151001	22991231
O4392	Unspecified placental disorder, second trimester	20151001	22991231
O4393	Unspecified placental disorder, third trimester	20151001	22991231
O4400	Complete placenta previa NOS or without hemor, unsp tri	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O4401	Complete placenta previa NOS or without hemor, first tri	20151001	22991231
O4402	Complete placenta previa NOS or without hemor, second tri	20151001	22991231
O4403	Complete placenta previa NOS or without hemor, third tri	20151001	22991231
O4410	Complete placenta previa with hemorrhage, unsp trimester	20151001	22991231
O4411	Complete placenta previa with hemorrhage, first trimester	20151001	22991231
O4412	Complete placenta previa with hemorrhage, second trimester	20151001	22991231
O4413	Complete placenta previa with hemorrhage, third trimester	20151001	22991231
O4421	Partial placenta previa NOS or without hemor, first tri	20161001	22991231
O4422	Partial placenta previa NOS or without hemor, second tri	20161001	22991231
O4423	Partial placenta previa NOS or without hemor, third tri	20161001	22991231
O4431	Partial placenta previa with hemorrhage, first trimester	20161001	22991231
O4432	Partial placenta previa with hemorrhage, second trimester	20161001	22991231
O4433	Partial placenta previa with hemorrhage, third trimester	20161001	22991231
O4441	Low lying placenta NOS or without hemor, first trimester	20161001	22991231
O4442	Low lying placenta NOS or without hemor, second trimester	20161001	22991231
O4443	Low lying placenta NOS or without hemor, third trimester	20161001	22991231
O4451	Low lying placenta with hemorrhage, first trimester	20161001	22991231
O4452	Low lying placenta with hemorrhage, second trimester	20161001	22991231
O4453	Low lying placenta with hemorrhage, third trimester	20161001	22991231
O45001	Prem separtn of placenta w coag defect, unsp, first tri	20151001	22991231
O45002	Prem separtn of placenta w coag defect, unsp, second tri	20151001	22991231
O45003	Prem separtn of placenta w coag defect, unsp, third tri	20151001	22991231
O45009	Prem separtn of placenta w coag defect, unsp, unsp trimester	20151001	22991231
O45011	Prem separtn of placenta w afibrinogenemia, first trimester	20151001	22991231
O45012	Prem separtn of placenta w afibrinogenemia, second trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O45013	Prem separtn of placenta w afibrinogenemia, third trimester	20151001	22991231
O45019	Prem separtn of placenta w afibrinogenemia, unsp trimester	20151001	22991231
O45021	Prem separtn of placenta w dissem intravasc coag, first tri	20151001	22991231
O45022	Prem separtn of placenta w dissem intravasc coag, second tri	20151001	22991231
O45023	Prem separtn of placenta w dissem intravasc coag, third tri	20151001	22991231
O45029	Prem separtn of placenta w dissem intravasc coag, unsp tri	20151001	22991231
O45091	Prem separtn of placenta w oth coag defect, first trimester	20151001	22991231
O45092	Prem separtn of placenta w oth coag defect, second trimester	20151001	22991231
O45093	Prem separtn of placenta w oth coag defect, third trimester	20151001	22991231
O45099	Prem separtn of placenta w oth coag defect, unsp trimester	20151001	22991231
O458X1	Other premature separation of placenta, first trimester	20151001	22991231
O458X2	Other premature separation of placenta, second trimester	20151001	22991231
O458X3	Other premature separation of placenta, third trimester	20151001	22991231
O458X9	Other premature separation of placenta, unsp trimester	20151001	22991231
O4590	Premature separation of placenta, unsp, unsp trimester	20151001	22991231
O4591	Premature separation of placenta, unsp, first trimester	20151001	22991231
O4592	Premature separation of placenta, unsp, second trimester	20151001	22991231
O4593	Premature separation of placenta, unsp, third trimester	20151001	22991231
O46001	Antepartum hemorrhage w coag defect, unsp, first trimester	20151001	22991231
O46002	Antepartum hemorrhage w coag defect, unsp, second trimester	20151001	22991231
O46003	Antepartum hemorrhage w coag defect, unsp, third trimester	20151001	22991231
O46009	Antepartum hemorrhage w coag defect, unsp, unsp trimester	20151001	22991231
O46011	Antepartum hemorrhage with afibrinogenemia, first trimester	20151001	22991231
O46012	Antepartum hemorrhage with afibrinogenemia, second trimester	20151001	22991231
O46013	Antepartum hemorrhage with afibrinogenemia, third trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O46019	Antepartum hemorrhage with afibrinogenemia, unsp trimester	20151001	22991231
O46021	Antepart hemorrhage w dissem intravasc coag, first trimester	20151001	22991231
O46022	Antepart hemor w dissem intravasc coag, second trimester	20151001	22991231
O46023	Antepart hemorrhage w dissem intravasc coag, third trimester	20151001	22991231
O46029	Antepart hemorrhage w dissem intravasc coag, unsp trimester	20151001	22991231
O46091	Antepartum hemorrhage w oth coag defect, first trimester	20151001	22991231
O46092	Antepartum hemorrhage w oth coag defect, second trimester	20151001	22991231
O46093	Antepartum hemorrhage w oth coag defect, third trimester	20151001	22991231
O46099	Antepartum hemorrhage w oth coag defect, unsp trimester	20151001	22991231
O468X1	Other antepartum hemorrhage, first trimester	20151001	22991231
O468X2	Other antepartum hemorrhage, second trimester	20151001	22991231
O468X3	Other antepartum hemorrhage, third trimester	20151001	22991231
O468X9	Other antepartum hemorrhage, unspecified trimester	20151001	22991231
O4690	Antepartum hemorrhage, unspecified, unspecified trimester	20151001	22991231
O4691	Antepartum hemorrhage, unspecified, first trimester	20151001	22991231
O4692	Antepartum hemorrhage, unspecified, second trimester	20151001	22991231
O4693	Antepartum hemorrhage, unspecified, third trimester	20151001	22991231
O4700	False labor before 37 completed weeks of gest, unsp tri	20151001	22991231
O4702	False labor before 37 completed weeks of gest, second tri	20151001	22991231
O4703	False labor before 37 completed weeks of gest, third tri	20151001	22991231
O471	False labor at or after 37 completed weeks of gestation	20151001	22991231
O479	False labor, unspecified	20151001	22991231
O480	Post-term pregnancy	20151001	22991231
O481	Prolonged pregnancy	20151001	22991231
O6000	Preterm labor without delivery, unspecified trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O6002	Preterm labor without delivery, second trimester	20151001	22991231
O6003	Preterm labor without delivery, third trimester	20151001	22991231
O6010X0	Preterm labor w preterm delivery, unsp trimester, unsp	20151001	22991231
O6010X1	Preterm labor with preterm delivery, unsp trimester, fetus 1	20151001	22991231
O6010X2	Preterm labor with preterm delivery, unsp trimester, fetus 2	20151001	22991231
O6010X3	Preterm labor with preterm delivery, unsp trimester, fetus 3	20151001	22991231
O6010X4	Preterm labor with preterm delivery, unsp trimester, fetus 4	20151001	22991231
O6010X5	Preterm labor with preterm delivery, unsp trimester, fetus 5	20151001	22991231
O6010X9	Preterm labor w preterm delivery, unsp trimester, oth fetus	20151001	22991231
O6012X0	Preterm labor second tri w preterm delivery second tri, unsp	20151001	22991231
O6012X1	Preterm labor second tri w preterm del second tri, fetus 1	20151001	22991231
O6012X2	Preterm labor second tri w preterm del second tri, fetus 2	20151001	22991231
O6012X3	Preterm labor second tri w preterm del second tri, fetus 3	20151001	22991231
O6012X4	Preterm labor second tri w preterm del second tri, fetus 4	20151001	22991231
O6012X5	Preterm labor second tri w preterm del second tri, fetus 5	20151001	22991231
O6012X9	Preterm labor second tri w preterm delivery second tri, oth	20151001	22991231
O6013X0	Preterm labor second tri w preterm delivery third tri, unsp	20151001	22991231
O6013X1	Preterm labor second tri w preterm del third tri, fetus 1	20151001	22991231
O6013X2	Preterm labor second tri w preterm del third tri, fetus 2	20151001	22991231
O6013X3	Preterm labor second tri w preterm del third tri, fetus 3	20151001	22991231
O6013X4	Preterm labor second tri w preterm del third tri, fetus 4	20151001	22991231
O6013X5	Preterm labor second tri w preterm del third tri, fetus 5	20151001	22991231
O6013X9	Preterm labor second tri w preterm delivery third tri, oth	20151001	22991231
O6014X0	Preterm labor third tri w preterm delivery third tri, unsp	20151001	22991231
O6014X1	Preterm labor third tri w preterm del third tri, fetus 1	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O6014X2	Preterm labor third tri w preterm del third tri, fetus 2	20151001	22991231
O6014X3	Preterm labor third tri w preterm del third tri, fetus 3	20151001	22991231
O6014X4	Preterm labor third tri w preterm del third tri, fetus 4	20151001	22991231
O6014X5	Preterm labor third tri w preterm del third tri, fetus 5	20151001	22991231
O6014X9	Preterm labor third tri w preterm delivery third tri, oth	20151001	22991231
O6020X0	Term delivery w preterm labor, unsp trimester, unsp	20151001	22991231
O6020X1	Term delivery with preterm labor, unsp trimester, fetus 1	20151001	22991231
O6020X2	Term delivery with preterm labor, unsp trimester, fetus 2	20151001	22991231
O6020X3	Term delivery with preterm labor, unsp trimester, fetus 3	20151001	22991231
O6020X4	Term delivery with preterm labor, unsp trimester, fetus 4	20151001	22991231
O6020X5	Term delivery with preterm labor, unsp trimester, fetus 5	20151001	22991231
O6020X9	Term delivery with preterm labor, unsp trimester, oth fetus	20151001	22991231
O6022X0	Term delivery w preterm labor, second trimester, unsp	20151001	22991231
O6022X1	Term delivery with preterm labor, second trimester, fetus 1	20151001	22991231
O6022X2	Term delivery with preterm labor, second trimester, fetus 2	20151001	22991231
O6022X3	Term delivery with preterm labor, second trimester, fetus 3	20151001	22991231
O6022X4	Term delivery with preterm labor, second trimester, fetus 4	20151001	22991231
O6022X5	Term delivery with preterm labor, second trimester, fetus 5	20151001	22991231
O6022X9	Term delivery w preterm labor, second trimester, oth fetus	20151001	22991231
O6023X0	Term delivery w preterm labor, third trimester, unsp	20151001	22991231
O6023X1	Term delivery with preterm labor, third trimester, fetus 1	20151001	22991231
O6023X2	Term delivery with preterm labor, third trimester, fetus 2	20151001	22991231
O6023X3	Term delivery with preterm labor, third trimester, fetus 3	20151001	22991231
O6023X4	Term delivery with preterm labor, third trimester, fetus 4	20151001	22991231
O6023X5	Term delivery with preterm labor, third trimester, fetus 5	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O6023X9	Term delivery with preterm labor, third trimester, oth fetus	20151001	22991231
O610	Failed medical induction of labor	20151001	22991231
O611	Failed instrumental induction of labor	20151001	22991231
O618	Other failed induction of labor	20151001	22991231
O619	Failed induction of labor, unspecified	20151001	22991231
O620	Primary inadequate contractions	20151001	22991231
O621	Secondary uterine inertia	20151001	22991231
O622	Other uterine inertia	20151001	22991231
O623	Precipitate labor	20151001	22991231
O624	Hypertonic, incoordinate, and prolonged uterine contractions	20151001	22991231
O628	Other abnormalities of forces of labor	20151001	22991231
O629	Abnormality of forces of labor, unspecified	20151001	22991231
O630	Prolonged first stage (of labor)	20151001	22991231
O631	Prolonged second stage (of labor)	20151001	22991231
O632	Delayed delivery of second twin, triplet, etc.	20151001	22991231
O639	Long labor, unspecified	20151001	22991231
O640XX0	Obstructed labor due to incmpl rotation of fetal head, unsp	20151001	22991231
O640XX1	Obst labor due to incmpl rotation of fetal head, fetus 1	20151001	22991231
O640XX2	Obst labor due to incmpl rotation of fetal head, fetus 2	20151001	22991231
O640XX3	Obst labor due to incmpl rotation of fetal head, fetus 3	20151001	22991231
O640XX4	Obst labor due to incmpl rotation of fetal head, fetus 4	20151001	22991231
O640XX5	Obst labor due to incmpl rotation of fetal head, fetus 5	20151001	22991231
O640XX9	Obstructed labor due to incmpl rotation of fetal head, oth	20151001	22991231
O641XX0	Obstructed labor due to breech presentation, unsp	20151001	22991231
O641XX1	Obstructed labor due to breech presentation, fetus 1	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O641XX2	Obstructed labor due to breech presentation, fetus 2	20151001	22991231
O641XX3	Obstructed labor due to breech presentation, fetus 3	20151001	22991231
O641XX4	Obstructed labor due to breech presentation, fetus 4	20151001	22991231
O641XX5	Obstructed labor due to breech presentation, fetus 5	20151001	22991231
O641XX9	Obstructed labor due to breech presentation, other fetus	20151001	22991231
O642XX0	Obstructed labor due to face presentation, unsp	20151001	22991231
O642XX1	Obstructed labor due to face presentation, fetus 1	20151001	22991231
O642XX2	Obstructed labor due to face presentation, fetus 2	20151001	22991231
O642XX3	Obstructed labor due to face presentation, fetus 3	20151001	22991231
O642XX4	Obstructed labor due to face presentation, fetus 4	20151001	22991231
O642XX5	Obstructed labor due to face presentation, fetus 5	20151001	22991231
O642XX9	Obstructed labor due to face presentation, other fetus	20151001	22991231
O643XX0	Obstructed labor due to brow presentation, unsp	20151001	22991231
O643XX1	Obstructed labor due to brow presentation, fetus 1	20151001	22991231
O643XX2	Obstructed labor due to brow presentation, fetus 2	20151001	22991231
O643XX3	Obstructed labor due to brow presentation, fetus 3	20151001	22991231
O643XX4	Obstructed labor due to brow presentation, fetus 4	20151001	22991231
O643XX5	Obstructed labor due to brow presentation, fetus 5	20151001	22991231
O643XX9	Obstructed labor due to brow presentation, other fetus	20151001	22991231
O644XX0	Obstructed labor due to shoulder presentation, unsp	20151001	22991231
O644XX1	Obstructed labor due to shoulder presentation, fetus 1	20151001	22991231
O644XX2	Obstructed labor due to shoulder presentation, fetus 2	20151001	22991231
O644XX3	Obstructed labor due to shoulder presentation, fetus 3	20151001	22991231
O644XX4	Obstructed labor due to shoulder presentation, fetus 4	20151001	22991231
O644XX5	Obstructed labor due to shoulder presentation, fetus 5	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O644XX9	Obstructed labor due to shoulder presentation, other fetus	20151001	22991231
O645XX0	Obstructed labor due to compound presentation, unsp	20151001	22991231
O645XX1	Obstructed labor due to compound presentation, fetus 1	20151001	22991231
O645XX2	Obstructed labor due to compound presentation, fetus 2	20151001	22991231
O645XX3	Obstructed labor due to compound presentation, fetus 3	20151001	22991231
O645XX4	Obstructed labor due to compound presentation, fetus 4	20151001	22991231
O645XX5	Obstructed labor due to compound presentation, fetus 5	20151001	22991231
O645XX9	Obstructed labor due to compound presentation, other fetus	20151001	22991231
O648XX0	Obstructed labor due to oth malposition and malpresent, unsp	20151001	22991231
O648XX1	Obstructed labor due to oth malpos and malpresent, fetus 1	20151001	22991231
O648XX2	Obstructed labor due to oth malpos and malpresent, fetus 2	20151001	22991231
O648XX3	Obstructed labor due to oth malpos and malpresent, fetus 3	20151001	22991231
O648XX4	Obstructed labor due to oth malpos and malpresent, fetus 4	20151001	22991231
O648XX5	Obstructed labor due to oth malpos and malpresent, fetus 5	20151001	22991231
O648XX9	Obstructed labor due to oth malposition and malpresent, oth	20151001	22991231
O649XX0	Obstructed labor due to malpos and malpresent, unsp, unsp	20151001	22991231
O649XX1	Obstructed labor due to malpos and malpresent, unsp, fetus 1	20151001	22991231
O649XX2	Obstructed labor due to malpos and malpresent, unsp, fetus 2	20151001	22991231
O649XX3	Obstructed labor due to malpos and malpresent, unsp, fetus 3	20151001	22991231
O649XX4	Obstructed labor due to malpos and malpresent, unsp, fetus 4	20151001	22991231
O649XX5	Obstructed labor due to malpos and malpresent, unsp, fetus 5	20151001	22991231
O649XX9	Obstructed labor due to malpos and malpresent, unsp, oth	20151001	22991231
O650	Obstructed labor due to deformed pelvis	20151001	22991231
O651	Obstructed labor due to generally contracted pelvis	20151001	22991231
O652	Obstructed labor due to pelvic inlet contraction	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O653	Obst labor due to pelvic outlet and mid-cavity contrctn	20151001	22991231
O654	Obstructed labor due to fetopelvic disproportion, unsp	20151001	22991231
O655	Obstructed labor due to abnlt of maternal pelvic organs	20151001	22991231
O658	Obstructed labor due to other maternal pelvic abnormalities	20151001	22991231
O659	Obstructed labor due to maternal pelvic abnormality, unsp	20151001	22991231
O660	Obstructed labor due to shoulder dystocia	20151001	22991231
O661	Obstructed labor due to locked twins	20151001	22991231
O662	Obstructed labor due to unusually large fetus	20151001	22991231
O663	Obstructed labor due to other abnormalities of fetus	20151001	22991231
O6640	Failed trial of labor, unspecified	20151001	22991231
O6641	Failed attempt vaginal birth after previous cesarean del	20151001	22991231
O665	Attempted application of vacuum extractor and forceps	20151001	22991231
O666	Obstructed labor due to other multiple fetuses	20151001	22991231
O668	Other specified obstructed labor	20151001	22991231
O669	Obstructed labor, unspecified	20151001	22991231
O670	Intrapartum hemorrhage with coagulation defect	20151001	22991231
O678	Other intrapartum hemorrhage	20151001	22991231
O679	Intrapartum hemorrhage, unspecified	20151001	22991231
O68	Labor and delivery comp by abnlt of fetal acid-base balance	20151001	22991231
O690XX0	Labor and delivery complicated by prolapse of cord, unsp	20151001	22991231
O690XX1	Labor and delivery complicated by prolapse of cord, fetus 1	20151001	22991231
O690XX2	Labor and delivery complicated by prolapse of cord, fetus 2	20151001	22991231
O690XX3	Labor and delivery complicated by prolapse of cord, fetus 3	20151001	22991231
O690XX4	Labor and delivery complicated by prolapse of cord, fetus 4	20151001	22991231
O690XX5	Labor and delivery complicated by prolapse of cord, fetus 5	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O690XX9	Labor and delivery complicated by prolapse of cord, oth	20151001	22991231
O691XX0	Labor and delivery comp by cord around neck, w comprsn, unsp	20151001	22991231
O691XX1	Labor and del comp by cord around neck, w comprsn, fetus 1	20151001	22991231
O691XX2	Labor and del comp by cord around neck, w comprsn, fetus 2	20151001	22991231
O691XX3	Labor and del comp by cord around neck, w comprsn, fetus 3	20151001	22991231
O691XX4	Labor and del comp by cord around neck, w comprsn, fetus 4	20151001	22991231
O691XX5	Labor and del comp by cord around neck, w comprsn, fetus 5	20151001	22991231
O691XX9	Labor and delivery comp by cord around neck, w comprsn, oth	20151001	22991231
O692XX0	Labor and del comp by oth cord entangle, w comprsn, unsp	20151001	22991231
O692XX1	Labor and del comp by oth cord entangle, w comprsn, fetus 1	20151001	22991231
O692XX2	Labor and del comp by oth cord entangle, w comprsn, fetus 2	20151001	22991231
O692XX3	Labor and del comp by oth cord entangle, w comprsn, fetus 3	20151001	22991231
O692XX4	Labor and del comp by oth cord entangle, w comprsn, fetus 4	20151001	22991231
O692XX5	Labor and del comp by oth cord entangle, w comprsn, fetus 5	20151001	22991231
O692XX9	Labor and delivery comp by oth cord entangle, w comprsn, oth	20151001	22991231
O693XX0	Labor and delivery complicated by short cord, unsp	20151001	22991231
O693XX1	Labor and delivery complicated by short cord, fetus 1	20151001	22991231
O693XX2	Labor and delivery complicated by short cord, fetus 2	20151001	22991231
O693XX3	Labor and delivery complicated by short cord, fetus 3	20151001	22991231
O693XX4	Labor and delivery complicated by short cord, fetus 4	20151001	22991231
O693XX5	Labor and delivery complicated by short cord, fetus 5	20151001	22991231
O693XX9	Labor and delivery complicated by short cord, other fetus	20151001	22991231
O694XX0	Labor and delivery complicated by vasa previa, unsp	20151001	22991231
O694XX1	Labor and delivery complicated by vasa previa, fetus 1	20151001	22991231
O694XX2	Labor and delivery complicated by vasa previa, fetus 2	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O694XX3	Labor and delivery complicated by vasa previa, fetus 3	20151001	22991231
O694XX4	Labor and delivery complicated by vasa previa, fetus 4	20151001	22991231
O694XX5	Labor and delivery complicated by vasa previa, fetus 5	20151001	22991231
O694XX9	Labor and delivery complicated by vasa previa, other fetus	20151001	22991231
O695XX0	Labor and delivery comp by vascular lesion of cord, unsp	20151001	22991231
O695XX1	Labor and delivery comp by vascular lesion of cord, fetus 1	20151001	22991231
O695XX2	Labor and delivery comp by vascular lesion of cord, fetus 2	20151001	22991231
O695XX3	Labor and delivery comp by vascular lesion of cord, fetus 3	20151001	22991231
O695XX4	Labor and delivery comp by vascular lesion of cord, fetus 4	20151001	22991231
O695XX5	Labor and delivery comp by vascular lesion of cord, fetus 5	20151001	22991231
O695XX9	Labor and delivery comp by vascular lesion of cord, oth	20151001	22991231
O6981X0	Labor and del comp by cord around neck, w/o comprsn, unsp	20151001	22991231
O6981X1	Labor and del comp by cord around neck, w/o comprsn, fetus 1	20151001	22991231
O6981X2	Labor and del comp by cord around neck, w/o comprsn, fetus 2	20151001	22991231
O6981X3	Labor and del comp by cord around neck, w/o comprsn, fetus 3	20151001	22991231
O6981X4	Labor and del comp by cord around neck, w/o comprsn, fetus 4	20151001	22991231
O6981X5	Labor and del comp by cord around neck, w/o comprsn, fetus 5	20151001	22991231
O6981X9	Labor and del comp by cord around neck, w/o comprsn, oth	20151001	22991231
O6982X0	Labor and del comp by oth cord entangle, w/o comprsn, unsp	20151001	22991231
O6982X1	Labor and del comp by oth cord entangle, w/o comprsn, fts1	20151001	22991231
O6982X2	Labor and del comp by oth cord entangle, w/o comprsn, fts2	20151001	22991231
O6982X3	Labor and del comp by oth cord entangle, w/o comprsn, fts3	20151001	22991231
O6982X4	Labor and del comp by oth cord entangle, w/o comprsn, fts4	20151001	22991231
O6982X5	Labor and del comp by oth cord entangle, w/o comprsn, fts5	20151001	22991231
O6982X9	Labor and del comp by oth cord entangle, w/o comprsn, oth	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O6989X0	Labor and delivery complicated by oth cord comp, unsp	20151001	22991231
O6989X1	Labor and delivery complicated by oth cord comp, fetus 1	20151001	22991231
O6989X2	Labor and delivery complicated by oth cord comp, fetus 2	20151001	22991231
O6989X3	Labor and delivery complicated by oth cord comp, fetus 3	20151001	22991231
O6989X4	Labor and delivery complicated by oth cord comp, fetus 4	20151001	22991231
O6989X5	Labor and delivery complicated by oth cord comp, fetus 5	20151001	22991231
O6989X9	Labor and delivery complicated by oth cord comp, oth	20151001	22991231
O699XX0	Labor and delivery complicated by cord comp, unsp, unsp	20151001	22991231
O699XX1	Labor and delivery complicated by cord comp, unsp, fetus 1	20151001	22991231
O699XX2	Labor and delivery complicated by cord comp, unsp, fetus 2	20151001	22991231
O699XX3	Labor and delivery complicated by cord comp, unsp, fetus 3	20151001	22991231
O699XX4	Labor and delivery complicated by cord comp, unsp, fetus 4	20151001	22991231
O699XX5	Labor and delivery complicated by cord comp, unsp, fetus 5	20151001	22991231
O699XX9	Labor and delivery complicated by cord comp, unsp, oth	20151001	22991231
O700	First degree perineal laceration during delivery	20151001	22991231
O701	Second degree perineal laceration during delivery	20151001	22991231
O702	Third degree perineal laceration during delivery	20151001	20160930
O7021	Third degree perineal laceration during delivery, IIIa	20161001	22991231
O7022	Third degree perineal laceration during delivery, IIIb	20161001	22991231
O7023	Third degree perineal laceration during delivery, IIIc	20161001	22991231
O703	Fourth degree perineal laceration during delivery	20151001	22991231
O704	Anal sphincter tear comp del, not assoc w third degree lac	20151001	22991231
O709	Perineal laceration during delivery, unspecified	20151001	22991231
O7100	Rupture of uterus before onset of labor, unsp trimester	20151001	22991231
O7102	Rupture of uterus before onset of labor, second trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O7103	Rupture of uterus before onset of labor, third trimester	20151001	22991231
O711	Rupture of uterus during labor	20151001	22991231
O712	Postpartum inversion of uterus	20151001	22991231
O713	Obstetric laceration of cervix	20151001	22991231
O714	Obstetric high vaginal laceration alone	20151001	22991231
O715	Other obstetric injury to pelvic organs	20151001	22991231
O716	Obstetric damage to pelvic joints and ligaments	20151001	22991231
O717	Obstetric hematoma of pelvis	20151001	22991231
O7181	Laceration of uterus, not elsewhere classified	20151001	22991231
O7182	Other specified trauma to perineum and vulva	20151001	22991231
O7189	Other specified obstetric trauma	20151001	22991231
O719	Obstetric trauma, unspecified	20151001	22991231
O720	Third-stage hemorrhage	20151001	22991231
O721	Other immediate postpartum hemorrhage	20151001	22991231
O722	Delayed and secondary postpartum hemorrhage	20151001	22991231
O723	Postpartum coagulation defects	20151001	22991231
O730	Retained placenta without hemorrhage	20151001	22991231
O731	Retained portions of placenta and membranes, w/o hemorrhage	20151001	22991231
O740	Aspirat pneumonitis due to anesth during labor and delivery	20151001	22991231
O741	Oth pulmonary comp of anesthesia during labor and delivery	20151001	22991231
O742	Cardiac comp of anesthesia during labor and delivery	20151001	22991231
O743	Cnsl complications of anesthesia during labor and delivery	20151001	22991231
O744	Toxic reaction to local anesthesia during labor and delivery	20151001	22991231
O745	Spinal and epidur anesthesia-induced hdache dur labr and del	20151001	22991231
O746	Oth comp of spinal and epidural anesth during labor and del	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O747	Failed or difficult intubation for anesth dur labor and del	20151001	22991231
O748	Other complications of anesthesia during labor and delivery	20151001	22991231
O749	Complication of anesthesia during labor and delivery, unsp	20151001	22991231
O750	Maternal distress during labor and delivery	20151001	22991231
O751	Shock during or following labor and delivery	20151001	22991231
O752	Pyrexia during labor, not elsewhere classified	20151001	22991231
O753	Other infection during labor	20151001	22991231
O754	Other complications of obstetric surgery and procedures	20151001	22991231
O755	Delayed delivery after artificial rupture of membranes	20151001	22991231
O7581	Maternal exhaustion complicating labor and delivery	20151001	22991231
O7582	Onset labor 37-39 weeks, w del by (planned) cesarean section	20151001	22991231
O7589	Other specified complications of labor and delivery	20151001	22991231
O759	Complication of labor and delivery, unspecified	20151001	22991231
O76	Abnlt in fetal heart rate and rhythm comp labor and delivery	20151001	22991231
O770	Labor and delivery complicated by meconium in amniotic fluid	20151001	22991231
O771	Fetal stress in labor or delivery due to drug administration	20151001	22991231
O778	Labor and delivery comp by oth evidence of fetal stress	20151001	22991231
O779	Labor and delivery complicated by fetal stress, unspecified	20151001	22991231
O80	Encounter for full-term uncomplicated delivery	20151001	22991231
O82	Encounter for cesarean delivery without indication	20151001	22991231
O85	Puerperal sepsis	20151001	22991231
O860	Infection of obstetric surgical wound	20151001	20180930
O8600	Infection of obstetric surgical wound, unspecified	20181001	22991231
O8601	Infct of obstetric surgical wound, superfic incisional site	20181001	22991231
O8602	Infection of obstetric surgical wound, deep incisional site	20181001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O8603	Infection of obstetric surgical wound, organ and space site	20181001	22991231
O8604	Sepsis following an obstetrical procedure	20181001	22991231
O8609	Infection of obstetric surgical wound, other surgical site	20181001	22991231
O8611	Cervicitis following delivery	20151001	22991231
O8612	Endometritis following delivery	20151001	22991231
O8613	Vaginitis following delivery	20151001	22991231
O8619	Other infection of genital tract following delivery	20151001	22991231
O8620	Urinary tract infection following delivery, unspecified	20151001	22991231
O8621	Infection of kidney following delivery	20151001	22991231
O8622	Infection of bladder following delivery	20151001	22991231
O8629	Other urinary tract infection following delivery	20151001	22991231
O864	Pyrexia of unknown origin following delivery	20151001	22991231
O8681	Puerperal septic thrombophlebitis	20151001	22991231
O8689	Other specified puerperal infections	20151001	22991231
O870	Superficial thrombophlebitis in the puerperium	20151001	22991231
O871	Deep phlebothrombosis in the puerperium	20151001	22991231
O872	Hemorrhoids in the puerperium	20151001	22991231
O873	Cerebral venous thrombosis in the puerperium	20151001	22991231
O874	Varicose veins of lower extremity in the puerperium	20151001	22991231
O878	Other venous complications in the puerperium	20151001	22991231
O879	Venous complication in the puerperium, unspecified	20151001	22991231
O88011	Air embolism in pregnancy, first trimester	20151001	22991231
O88012	Air embolism in pregnancy, second trimester	20151001	22991231
O88013	Air embolism in pregnancy, third trimester	20151001	22991231
O88019	Air embolism in pregnancy, unspecified trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O8802	Air embolism in childbirth	20151001	22991231
O8803	Air embolism in the puerperium	20151001	22991231
O88111	Amniotic fluid embolism in pregnancy, first trimester	20151001	22991231
O88112	Amniotic fluid embolism in pregnancy, second trimester	20151001	22991231
O88113	Amniotic fluid embolism in pregnancy, third trimester	20151001	22991231
O88119	Amniotic fluid embolism in pregnancy, unspecified trimester	20151001	22991231
O8812	Amniotic fluid embolism in childbirth	20151001	22991231
O8813	Amniotic fluid embolism in the puerperium	20151001	22991231
O88211	Thromboembolism in pregnancy, first trimester	20151001	22991231
O88212	Thromboembolism in pregnancy, second trimester	20151001	22991231
O88213	Thromboembolism in pregnancy, third trimester	20151001	22991231
O88219	Thromboembolism in pregnancy, unspecified trimester	20151001	22991231
O8822	Thromboembolism in childbirth	20151001	22991231
O8823	Thromboembolism in the puerperium	20151001	22991231
O88311	Pyemic and septic embolism in pregnancy, first trimester	20151001	22991231
O88312	Pyemic and septic embolism in pregnancy, second trimester	20151001	22991231
O88313	Pyemic and septic embolism in pregnancy, third trimester	20151001	22991231
O88319	Pyemic and septic embolism in pregnancy, unsp trimester	20151001	22991231
O8832	Pyemic and septic embolism in childbirth	20151001	22991231
O8833	Pyemic and septic embolism in the puerperium	20151001	22991231
O88811	Other embolism in pregnancy, first trimester	20151001	22991231
O88812	Other embolism in pregnancy, second trimester	20151001	22991231
O88813	Other embolism in pregnancy, third trimester	20151001	22991231
O88819	Other embolism in pregnancy, unspecified trimester	20151001	22991231
O8882	Other embolism in childbirth	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O8883	Other embolism in the puerperium	20151001	22991231
O8901	Aspiration pneumonitis due to anesth during the puerperium	20151001	22991231
O8909	Oth pulmonary comp of anesthesia during the puerperium	20151001	22991231
O891	Cardiac complications of anesthesia during the puerperium	20151001	22991231
O892	Cnsl complications of anesthesia during the puerperium	20151001	22991231
O893	Toxic reaction to local anesthesia during the puerperium	20151001	22991231
O894	Spinal and epidur anesthesia-induced hdache during the puerp	20151001	22991231
O895	Oth comp of spinal and epidural anesth during the puerperium	20151001	22991231
O896	Failed or difficult intubation for anesth during the puerp	20151001	22991231
O898	Other complications of anesthesia during the puerperium	20151001	22991231
O899	Complication of anesthesia during the puerperium, unsp	20151001	22991231
O900	Disruption of cesarean delivery wound	20151001	22991231
O901	Disruption of perineal obstetric wound	20151001	22991231
O902	Hematoma of obstetric wound	20151001	22991231
O903	Peripartum cardiomyopathy	20151001	22991231
O904	Postpartum acute kidney failure	20151001	20230930
O9041	Hepatorenal syndrome following labor and delivery	20231001	22991231
O9049	Other postpartum acute kidney failure	20231001	22991231
O905	Postpartum thyroiditis	20151001	22991231
O906	Postpartum mood disturbance	20151001	22991231
O9081	Anemia of the puerperium	20151001	22991231
O9089	Oth complications of the puerperium, NEC	20151001	22991231
O909	Complication of the puerperium, unspecified	20151001	22991231
O91011	Infection of nipple associated w pregnancy, first trimester	20151001	22991231
O91012	Infection of nipple associated w pregnancy, second trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O91013	Infection of nipple associated w pregnancy, third trimester	20151001	22991231
O91019	Infection of nipple associated w pregnancy, unsp trimester	20151001	22991231
O9102	Infection of nipple associated with the puerperium	20151001	22991231
O9103	Infection of nipple associated with lactation	20151001	22991231
O91111	Abscess of breast associated with pregnancy, first trimester	20151001	22991231
O91112	Abscess of breast associated w pregnancy, second trimester	20151001	22991231
O91113	Abscess of breast associated with pregnancy, third trimester	20151001	22991231
O91119	Abscess of breast associated with pregnancy, unsp trimester	20151001	22991231
O9112	Abscess of breast associated with the puerperium	20151001	22991231
O9113	Abscess of breast associated with lactation	20151001	22991231
O91211	Nonpurulent mastitis associated w pregnancy, first trimester	20151001	22991231
O91212	Nonpurulent mastitis assoc w pregnancy, second trimester	20151001	22991231
O91213	Nonpurulent mastitis associated w pregnancy, third trimester	20151001	22991231
O91219	Nonpurulent mastitis associated w pregnancy, unsp trimester	20151001	22991231
O9122	Nonpurulent mastitis associated with the puerperium	20151001	22991231
O9123	Nonpurulent mastitis associated with lactation	20151001	22991231
O92011	Retracted nipple associated with pregnancy, first trimester	20151001	22991231
O92012	Retracted nipple associated with pregnancy, second trimester	20151001	22991231
O92013	Retracted nipple associated with pregnancy, third trimester	20151001	22991231
O92019	Retracted nipple associated with pregnancy, unsp trimester	20151001	22991231
O9202	Retracted nipple associated with the puerperium	20151001	22991231
O9203	Retracted nipple associated with lactation	20151001	22991231
O92111	Cracked nipple associated with pregnancy, first trimester	20151001	22991231
O92112	Cracked nipple associated with pregnancy, second trimester	20151001	22991231
O92113	Cracked nipple associated with pregnancy, third trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O92119	Cracked nipple associated with pregnancy, unsp trimester	20151001	22991231
O9212	Cracked nipple associated with the puerperium	20151001	22991231
O9213	Cracked nipple associated with lactation	20151001	22991231
O9220	Unsp disorder of breast assoc w pregnancy and the puerperium	20151001	22991231
O9229	Oth disorders of breast assoc w pregnancy and the puerperium	20151001	22991231
O923	Agalactia	20151001	22991231
O924	Hypogalactia	20151001	22991231
O925	Suppressed lactation	20151001	22991231
O926	Galactorrhea	20151001	22991231
O9270	Unspecified disorders of lactation	20151001	22991231
O9279	Other disorders of lactation	20151001	22991231
O98011	Tuberculosis complicating pregnancy, first trimester	20151001	22991231
O98012	Tuberculosis complicating pregnancy, second trimester	20151001	22991231
O98013	Tuberculosis complicating pregnancy, third trimester	20151001	22991231
O98019	Tuberculosis complicating pregnancy, unspecified trimester	20151001	22991231
O9802	Tuberculosis complicating childbirth	20151001	22991231
O9803	Tuberculosis complicating the puerperium	20151001	22991231
O98111	Syphilis complicating pregnancy, first trimester	20151001	22991231
O98112	Syphilis complicating pregnancy, second trimester	20151001	22991231
O98113	Syphilis complicating pregnancy, third trimester	20151001	22991231
O98119	Syphilis complicating pregnancy, unspecified trimester	20151001	22991231
O9812	Syphilis complicating childbirth	20151001	22991231
O9813	Syphilis complicating the puerperium	20151001	22991231
O98211	Gonorrhea complicating pregnancy, first trimester	20151001	22991231
O98212	Gonorrhea complicating pregnancy, second trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O98213	Gonorrhea complicating pregnancy, third trimester	20151001	22991231
O98219	Gonorrhea complicating pregnancy, unspecified trimester	20151001	22991231
O9822	Gonorrhea complicating childbirth	20151001	22991231
O9823	Gonorrhea complicating the puerperium	20151001	22991231
O98311	Oth infect w sexl mode of transmiss comp preg, first tri	20151001	22991231
O98312	Oth infect w sexl mode of transmiss comp preg, second tri	20151001	22991231
O98313	Oth infect w sexl mode of transmiss comp preg, third tri	20151001	22991231
O98319	Oth infect w sexl mode of transmiss comp preg, unsp tri	20151001	22991231
O9832	Oth infections w sexl mode of transmiss comp childbirth	20151001	22991231
O9833	Oth infections w sexl mode of transmiss comp the puerperium	20151001	22991231
O98411	Viral hepatitis complicating pregnancy, first trimester	20151001	22991231
O98412	Viral hepatitis complicating pregnancy, second trimester	20151001	22991231
O98413	Viral hepatitis complicating pregnancy, third trimester	20151001	22991231
O98419	Viral hepatitis complicating pregnancy, unsp trimester	20151001	22991231
O9842	Viral hepatitis complicating childbirth	20151001	22991231
O9843	Viral hepatitis complicating the puerperium	20151001	22991231
O98511	Other viral diseases complicating pregnancy, first trimester	20151001	22991231
O98512	Oth viral diseases complicating pregnancy, second trimester	20151001	22991231
O98513	Other viral diseases complicating pregnancy, third trimester	20151001	22991231
O98519	Other viral diseases complicating pregnancy, unsp trimester	20151001	22991231
O9852	Other viral diseases complicating childbirth	20151001	22991231
O9853	Other viral diseases complicating the puerperium	20151001	22991231
O98611	Protozoal diseases complicating pregnancy, first trimester	20151001	22991231
O98612	Protozoal diseases complicating pregnancy, second trimester	20151001	22991231
O98613	Protozoal diseases complicating pregnancy, third trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O98619	Protozoal diseases complicating pregnancy, unsp trimester	20151001	22991231
O9862	Protozoal diseases complicating childbirth	20151001	22991231
O9863	Protozoal diseases complicating the puerperium	20151001	22991231
O98711	Human immunodef virus disease comp preg, first trimester	20151001	22991231
O98712	Human immunodef virus disease comp preg, second trimester	20151001	22991231
O98713	Human immunodef virus disease comp preg, third trimester	20151001	22991231
O98719	Human immunodef virus disease comp pregnancy, unsp trimester	20151001	22991231
O9872	Human immunodeficiency virus disease complicating childbirth	20151001	22991231
O9873	Human immunodef virus disease complicating the puerperium	20151001	22991231
O98811	Oth maternal infec/parastc diseases comp preg, first tri	20151001	22991231
O98812	Oth maternal infec/parastc diseases comp preg, second tri	20151001	22991231
O98813	Oth maternal infec/parastc diseases comp preg, third tri	20151001	22991231
O98819	Oth maternal infec/parastc diseases comp preg, unsp tri	20151001	22991231
O9882	Oth maternal infec/parastc diseases complicating childbirth	20151001	22991231
O9883	Oth maternal infec/parastc diseases comp the puerperium	20151001	22991231
O98911	Unsp maternal infec/parastc disease comp preg, first tri	20151001	22991231
O98912	Unsp maternal infec/parastc disease comp preg, second tri	20151001	22991231
O98913	Unsp maternal infec/parastc disease comp preg, third tri	20151001	22991231
O98919	Unsp maternal infec/parastc disease comp preg, unsp tri	20151001	22991231
O9892	Unsp maternal infec/parastc disease complicating childbirth	20151001	22991231
O9893	Unsp maternal infec/parastc disease comp the puerperium	20151001	22991231
O99011	Anemia complicating pregnancy, first trimester	20151001	22991231
O99012	Anemia complicating pregnancy, second trimester	20151001	22991231
O99013	Anemia complicating pregnancy, third trimester	20151001	22991231
O99019	Anemia complicating pregnancy, unspecified trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O9902	Anemia complicating childbirth	20151001	22991231
O9903	Anemia complicating the puerperium	20151001	22991231
O99111	Oth dis of bld/bld-form org/immun mechnsm comp preg, 1st tri	20151001	22991231
O99112	Oth dis of bld/bld-form org/immun mechnsm comp preg, 2nd tri	20151001	22991231
O99113	Oth dis of bld/bld-form org/immun mechnsm comp preg, 3rd tri	20151001	22991231
O99119	Oth dis of bld/bld-form org/immun mechnsm comp preg,unsp tri	20151001	22991231
O9912	Oth dis of the bld/bld-form org/immun mechnsm comp chldbrth	20151001	22991231
O9913	Oth dis of the bld/bld-form org/immun mechnsm comp the puerp	20151001	22991231
O99210	Obesity complicating pregnancy, unspecified trimester	20151001	22991231
O99211	Obesity complicating pregnancy, first trimester	20151001	22991231
O99212	Obesity complicating pregnancy, second trimester	20151001	22991231
O99213	Obesity complicating pregnancy, third trimester	20151001	22991231
O99214	Obesity complicating childbirth	20151001	22991231
O99215	Obesity complicating the puerperium	20151001	22991231
O99280	Endo, nutritional and metab diseases comp preg, unsp tri	20151001	22991231
O99281	Endo, nutritional and metab diseases comp preg, first tri	20151001	22991231
O99282	Endo, nutritional and metab diseases comp preg, second tri	20151001	22991231
O99283	Endo, nutritional and metab diseases comp preg, third tri	20151001	22991231
O99284	Endocrine, nutritional and metabolic diseases comp chldbrth	20151001	22991231
O99285	Endocrine, nutritional and metabolic diseases comp the puerp	20151001	22991231
O99310	Alcohol use complicating pregnancy, unspecified trimester	20151001	22991231
O99311	Alcohol use complicating pregnancy, first trimester	20151001	22991231
O99312	Alcohol use complicating pregnancy, second trimester	20151001	22991231
O99313	Alcohol use complicating pregnancy, third trimester	20151001	22991231
O99314	Alcohol use complicating childbirth	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O99315	Alcohol use complicating the puerperium	20151001	22991231
O99320	Drug use complicating pregnancy, unspecified trimester	20151001	22991231
O99321	Drug use complicating pregnancy, first trimester	20151001	22991231
O99322	Drug use complicating pregnancy, second trimester	20151001	22991231
O99323	Drug use complicating pregnancy, third trimester	20151001	22991231
O99324	Drug use complicating childbirth	20151001	22991231
O99325	Drug use complicating the puerperium	20151001	22991231
O99330	Smoking (tobacco) complicating pregnancy, unsp trimester	20151001	22991231
O99331	Smoking (tobacco) complicating pregnancy, first trimester	20151001	22991231
O99332	Smoking (tobacco) complicating pregnancy, second trimester	20151001	22991231
O99333	Smoking (tobacco) complicating pregnancy, third trimester	20151001	22991231
O99334	Smoking (tobacco) complicating childbirth	20151001	22991231
O99335	Smoking (tobacco) complicating the puerperium	20151001	22991231
O99340	Oth mental disorders complicating pregnancy, unsp trimester	20151001	22991231
O99341	Oth mental disorders complicating pregnancy, first trimester	20151001	22991231
O99342	Oth mental disorders comp pregnancy, second trimester	20151001	22991231
O99343	Oth mental disorders complicating pregnancy, third trimester	20151001	22991231
O99344	Other mental disorders complicating childbirth	20151001	22991231
O99345	Other mental disorders complicating the puerperium	20151001	22991231
O99350	Diseases of the nervous sys comp pregnancy, unsp trimester	20151001	22991231
O99351	Diseases of the nervous sys comp pregnancy, first trimester	20151001	22991231
O99352	Diseases of the nervous sys comp pregnancy, second trimester	20151001	22991231
O99353	Diseases of the nervous sys comp pregnancy, third trimester	20151001	22991231
O99354	Diseases of the nervous system complicating childbirth	20151001	22991231
O99355	Diseases of the nervous system complicating the puerperium	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O99411	Diseases of the circ sys comp pregnancy, first trimester	20151001	22991231
O99412	Diseases of the circ sys comp pregnancy, second trimester	20151001	22991231
O99413	Diseases of the circ sys comp pregnancy, third trimester	20151001	22991231
O99419	Diseases of the circ sys comp pregnancy, unsp trimester	20151001	22991231
O9942	Diseases of the circulatory system complicating childbirth	20151001	22991231
O9943	Diseases of the circ sys complicating the puerperium	20151001	22991231
O99511	Diseases of the resp sys comp pregnancy, first trimester	20151001	22991231
O99512	Diseases of the resp sys comp pregnancy, second trimester	20151001	22991231
O99513	Diseases of the resp sys comp pregnancy, third trimester	20151001	22991231
O99519	Diseases of the resp sys comp pregnancy, unsp trimester	20151001	22991231
O9952	Diseases of the respiratory system complicating childbirth	20151001	22991231
O9953	Diseases of the resp sys complicating the puerperium	20151001	22991231
O99611	Diseases of the dgstv sys comp pregnancy, first trimester	20151001	22991231
O99612	Diseases of the dgstv sys comp pregnancy, second trimester	20151001	22991231
O99613	Diseases of the dgstv sys comp pregnancy, third trimester	20151001	22991231
O99619	Diseases of the dgstv sys comp pregnancy, unsp trimester	20151001	22991231
O9962	Diseases of the digestive system complicating childbirth	20151001	22991231
O9963	Diseases of the digestive system complicating the puerperium	20151001	22991231
O99711	Diseases of the skin, subcu comp pregnancy, first trimester	20151001	22991231
O99712	Diseases of the skin, subcu comp pregnancy, second trimester	20151001	22991231
O99713	Diseases of the skin, subcu comp pregnancy, third trimester	20151001	22991231
O99719	Diseases of the skin, subcu comp pregnancy, unsp trimester	20151001	22991231
O9972	Diseases of the skin, subcu complicating childbirth	20151001	22991231
O9973	Diseases of the skin, subcu complicating the puerperium	20151001	22991231
O99810	Abnormal glucose complicating pregnancy	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O99814	Abnormal glucose complicating childbirth	20151001	22991231
O99815	Abnormal glucose complicating the puerperium	20151001	22991231
O99820	Streptococcus B carrier state complicating pregnancy	20151001	22991231
O99824	Streptococcus B carrier state complicating childbirth	20151001	22991231
O99825	Streptococcus B carrier state complicating the puerperium	20151001	22991231
O99830	Other infection carrier state complicating pregnancy	20151001	22991231
O99834	Other infection carrier state complicating childbirth	20151001	22991231
O99835	Other infection carrier state complicating the puerperium	20151001	22991231
O99840	Bariatric surgery status comp pregnancy, unsp trimester	20151001	22991231
O99841	Bariatric surgery status comp pregnancy, first trimester	20151001	22991231
O99842	Bariatric surgery status comp pregnancy, second trimester	20151001	22991231
O99843	Bariatric surgery status comp pregnancy, third trimester	20151001	22991231
O99844	Bariatric surgery status complicating childbirth	20151001	22991231
O99845	Bariatric surgery status complicating the puerperium	20151001	22991231
O9989	Oth diseases and conditions compl preg/chldbrth	20151001	20200930
O99891	Oth diseases and conditions complicating pregnancy	20201001	22991231
O99892	Oth diseases and conditions complicating childbirth	20201001	22991231
O99893	Oth diseases and conditions complicating puerperium	20201001	22991231
O9A111	Malignant neoplasm complicating pregnancy, first trimester	20151001	22991231
O9A112	Malignant neoplasm complicating pregnancy, second trimester	20151001	22991231
O9A113	Malignant neoplasm complicating pregnancy, third trimester	20151001	22991231
O9A119	Malignant neoplasm complicating pregnancy, unsp trimester	20151001	22991231
O9A12	Malignant neoplasm complicating childbirth	20151001	22991231
O9A13	Malignant neoplasm complicating the puerperium	20151001	22991231
O9A211	Inj/poisn/oth conseq of external causes comp preg, first tri	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O9A212	Inj/poisn/oth conseq of extrn causes comp preg, second tri	20151001	22991231
O9A213	Inj/poisn/oth conseq of external causes comp preg, third tri	20151001	22991231
O9A219	Inj/poisn/oth conseq of external causes comp preg, unsp tri	20151001	22991231
O9A22	Inj/poisn/oth conseq of external causes comp childbirth	20151001	22991231
O9A23	Inj/poisn/oth conseq of external causes comp the puerperium	20151001	22991231
O9A311	Physical abuse complicating pregnancy, first trimester	20151001	22991231
O9A312	Physical abuse complicating pregnancy, second trimester	20151001	22991231
O9A313	Physical abuse complicating pregnancy, third trimester	20151001	22991231
O9A319	Physical abuse complicating pregnancy, unspecified trimester	20151001	22991231
O9A32	Physical abuse complicating childbirth	20151001	22991231
O9A33	Physical abuse complicating the puerperium	20151001	22991231
O9A411	Sexual abuse complicating pregnancy, first trimester	20151001	22991231
O9A412	Sexual abuse complicating pregnancy, second trimester	20151001	22991231
O9A413	Sexual abuse complicating pregnancy, third trimester	20151001	22991231
O9A419	Sexual abuse complicating pregnancy, unspecified trimester	20151001	22991231
O9A42	Sexual abuse complicating childbirth	20151001	22991231
O9A43	Sexual abuse complicating the puerperium	20151001	22991231
O9A511	Psychological abuse complicating pregnancy, first trimester	20151001	22991231
O9A512	Psychological abuse complicating pregnancy, second trimester	20151001	22991231
O9A513	Psychological abuse complicating pregnancy, third trimester	20151001	22991231
O9A519	Psychological abuse complicating pregnancy, unsp trimester	20151001	22991231
O9A52	Psychological abuse complicating childbirth	20151001	22991231
O9A53	Psychological abuse complicating the puerperium	20151001	22991231
Z331	Pregnant state, incidental	20151001	22991231
Z3400	Encntr for suprvsn of normal first pregnancy, unsp trimester	20151001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
Z3401	Encntr for suprvsn of normal first preg, first trimester	20151001	22991231
Z3402	Encntr for suprvsn of normal first preg, second trimester	20151001	22991231
Z3403	Encntr for suprvsn of normal first preg, third trimester	20151001	22991231
Z3480	Encounter for suprvsn of normal pregnancy, unsp trimester	20151001	22991231
Z3481	Encounter for suprvsn of normal pregnancy, first trimester	20151001	22991231
Z3482	Encounter for suprvsn of normal pregnancy, second trimester	20151001	22991231
Z3483	Encounter for suprvsn of normal pregnancy, third trimester	20151001	22991231
Z3490	Encntr for suprvsn of normal pregnancy, unsp, unsp trimester	20151001	22991231
Z3491	Encntr for suprvsn of normal preg, unsp, first trimester	20151001	22991231
Z3492	Encntr for suprvsn of normal preg, unsp, second trimester	20151001	22991231
Z3493	Encntr for suprvsn of normal preg, unsp, third trimester	20151001	22991231
Z36	Encounter for antenatal screening of mother	20151001	20170930
Z360	Encounter for antenatal screening for chromosomal anomalies	20171001	22991231
Z361	Enctr for antenat screen for raised alphafetoprotein level	20171001	22991231
Z362	Encounter for other antenatal screening follow-up	20171001	22991231
Z363	Encounter for antenatal screening for malformations	20171001	22991231
Z364	Enctr for antenatal screening for fetal growth retardation	20171001	22991231
Z365	Encounter for antenatal screening for isoimmunization	20171001	22991231
Z3681	Encounter for antenatal screening for hydrops fetalis	20171001	22991231
Z3682	Encounter for antenatal screening for nuchal translucency	20171001	22991231
Z3683	Encounter for fetal screening for congenital cardiac abnlt	20171001	22991231
Z3684	Encounter for antenatal screening for fetal lung maturity	20171001	22991231
Z3685	Encounter for antenatal screening for Streptococcus B	20171001	22991231
Z3686	Encounter for antenatal screening for cervical length	20171001	22991231
Z3687	Encounter for antenatal screening for uncertain dates	20171001	22991231

Table 9	ICD-10-CM Diagnosis Codes for OBS		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
Z3688	Encounter for antenatal screening for fetal macrosomia	20171001	22991231
Z3689	Encounter for other specified antenatal screening	20171001	20220930
Z368A	Encounter for antenatal screening for other genetic defects	20171001	20220930
Z390	Encntr for care and exam of mother immediately after del	20151001	22991231
Z391	Encounter for care and examination of lactating mother	20151001	22991231
Z392	Encounter for routine postpartum follow-up	20151001	22991231

Table 10: ICD-10-CM Behavioral Health Diagnosis Codes

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F0281	Dementia in oth diseases classd elswhr w behavioral disturb	20151001	20220930
F0391	Unspecified dementia with behavioral disturbance	20151001	20220930
F060	Psychotic disorder w hallucin due to known physiol condition	20151001	22991231
F061	Catatonic disorder due to known physiological condition	20151001	22991231
F062	Psychotic disorder w delusions due to known physiol cond	20151001	22991231
F0630	Mood disorder due to known physiological condition, unsp	20151001	22991231
F0631	Mood disorder due to known physiol cond w depressv features	20151001	22991231
F0632	Mood disord d/t physiol cond w major depressive-like epsd	20151001	22991231
F0633	Mood disorder due to known physiol cond w manic features	20151001	22991231
F0634	Mood disorder due to known physiol cond w mixed features	20151001	22991231
F064	Anxiety disorder due to known physiological condition	20151001	22991231
F068	Oth mental disorders due to known physiological condition	20151001	22991231
F070	Personality change due to known physiological condition	20151001	22991231
F0789	Oth personality & behavrl disord due to known physiol cond	20151001	22991231
F1010	Alcohol abuse, uncomplicated	20151001	22991231
F1011	Alcohol abuse, in remission	20171001	22991231
F10120	Alcohol abuse with intoxication, uncomplicated	20151001	22991231
F10121	Alcohol abuse with intoxication delirium	20151001	22991231
F10129	Alcohol abuse with intoxication, unspecified	20151001	22991231
F10130	Alcohol abuse with withdrawal, uncomplicated	20201001	22991231
F10131	Alcohol abuse with withdrawal delirium	20201001	22991231
F10132	Alcohol abuse with withdrawal with perceptual disturbance	20201001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F10139	Alcohol abuse with withdrawal, unspecified	20201001	22991231
F1014	Alcohol abuse with alcohol-induced mood disorder	20151001	22991231
F10150	Alcohol abuse w alcoh-induce psychotic disorder w delusions	20151001	22991231
F10151	Alcohol abuse w alcoh-induce psychotic disorder w hallucin	20151001	22991231
F10159	Alcohol abuse with alcohol-induced psychotic disorder, unsp	20151001	22991231
F10180	Alcohol abuse with alcohol-induced anxiety disorder	20151001	22991231
F10181	Alcohol abuse with alcohol-induced sexual dysfunction	20151001	22991231
F10182	Alcohol abuse with alcohol-induced sleep disorder	20151001	22991231
F10188	Alcohol abuse with other alcohol-induced disorder	20151001	22991231
F1019	Alcohol abuse with unspecified alcohol-induced disorder	20151001	22991231
F1020	Alcohol dependence, uncomplicated	20151001	22991231
F1021	Alcohol dependence, in remission	20151001	22991231
F10220	Alcohol dependence with intoxication, uncomplicated	20151001	22991231
F10221	Alcohol dependence with intoxication delirium	20151001	22991231
F10229	Alcohol dependence with intoxication, unspecified	20151001	22991231
F10230	Alcohol dependence with withdrawal, uncomplicated	20151001	22991231
F10231	Alcohol dependence with withdrawal delirium	20151001	22991231
F10232	Alcohol dependence w withdrawal with perceptual disturbance	20151001	22991231
F10239	Alcohol dependence with withdrawal, unspecified	20151001	22991231
F1024	Alcohol dependence with alcohol-induced mood disorder	20151001	22991231
F10250	Alcohol depend w alcoh-induce psychotic disorder w delusions	20151001	22991231
F10251	Alcohol depend w alcoh-induce psychotic disorder w hallucin	20151001	22991231
F10259	Alcohol dependence w alcoh-induce psychotic disorder, unsp	20151001	22991231
F1026	Alcohol depend w alcoh-induce persisting amnestic disorder	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F1027	Alcohol dependence with alcohol-induced persisting dementia	20151001	22991231
F10280	Alcohol dependence with alcohol-induced anxiety disorder	20151001	22991231
F10281	Alcohol dependence with alcohol-induced sexual dysfunction	20151001	22991231
F10282	Alcohol dependence with alcohol-induced sleep disorder	20151001	22991231
F10288	Alcohol dependence with other alcohol-induced disorder	20151001	22991231
F1029	Alcohol dependence with unspecified alcohol-induced disorder	20151001	22991231
F1090	Alcohol use, unspecified, uncomplicated	20221001	22991231
F1091	Alcohol use, unspecified, in remission	20221001	22991231
F10920	Alcohol use, unspecified with intoxication, uncomplicated	20151001	22991231
F10921	Alcohol use, unspecified with intoxication delirium	20151001	22991231
F10929	Alcohol use, unspecified with intoxication, unspecified	20151001	22991231
F10930	Alcohol use, unspecified with withdrawal, uncomplicated	20201001	22991231
F10931	Alcohol use, unspecified with withdrawal delirium	20201001	22991231
F10932	Alcohol use, unspecified with w/drawal w perceptual disturb	20201001	22991231
F10939	Alcohol use, unspecified with withdrawal, unspecified	20201001	22991231
F1094	Alcohol use, unspecified with alcohol-induced mood disorder	20151001	22991231
F10950	Alcohol use, unsp w alcoh-induce psych disorder w delusions	20151001	22991231
F10951	Alcohol use, unsp w alcoh-induce psych disorder w hallucin	20151001	22991231
F10959	Alcohol use, unsp w alcohol-induced psychotic disorder, unsp	20151001	22991231
F1096	Alcohol use, unsp w alcoh-induce persist amnestic disorder	20151001	22991231
F1097	Alcohol use, unsp with alcohol-induced persisting dementia	20151001	22991231
F10980	Alcohol use, unsp with alcohol-induced anxiety disorder	20151001	22991231
F10981	Alcohol use, unsp with alcohol-induced sexual dysfunction	20151001	22991231
F10982	Alcohol use, unspecified with alcohol-induced sleep disorder	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F10988	Alcohol use, unspecified with other alcohol-induced disorder	20151001	22991231
F1099	Alcohol use, unsp with unspecified alcohol-induced disorder	20151001	22991231
F1110	Opioid abuse, uncomplicated	20151001	22991231
F1111	Opioid abuse, in remission	20171001	22991231
F11120	Opioid abuse with intoxication, uncomplicated	20151001	22991231
F11121	Opioid abuse with intoxication delirium	20151001	22991231
F11122	Opioid abuse with intoxication with perceptual disturbance	20151001	22991231
F11129	Opioid abuse with intoxication, unspecified	20151001	22991231
F1113	Opioid abuse with withdrawal	20201001	22991231
F1114	Opioid abuse with opioid-induced mood disorder	20151001	22991231
F11150	Opioid abuse w opioid-induced psychotic disorder w delusions	20151001	22991231
F11151	Opioid abuse w opioid-induced psychotic disorder w hallucin	20151001	22991231
F11159	Opioid abuse with opioid-induced psychotic disorder, unsp	20151001	22991231
F11181	Opioid abuse with opioid-induced sexual dysfunction	20151001	22991231
F11182	Opioid abuse with opioid-induced sleep disorder	20151001	22991231
F11188	Opioid abuse with other opioid-induced disorder	20151001	22991231
F1119	Opioid abuse with unspecified opioid-induced disorder	20151001	22991231
F1120	Opioid dependence, uncomplicated	20151001	22991231
F1121	Opioid dependence, in remission	20151001	22991231
F11220	Opioid dependence with intoxication, uncomplicated	20151001	22991231
F11221	Opioid dependence with intoxication delirium	20151001	22991231
F11222	Opioid dependence w intoxication with perceptual disturbance	20151001	22991231
F11229	Opioid dependence with intoxication, unspecified	20151001	22991231
F1123	Opioid dependence with withdrawal	20151001	22991231
F1124	Opioid dependence with opioid-induced mood disorder	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F11250	Opioid depend w opioid-induc psychotic disorder w delusions	20151001	22991231
F11251	Opioid depend w opioid-induc psychotic disorder w hallucin	20151001	22991231
F11259	Opioid dependence w opioid-induced psychotic disorder, unsp	20151001	22991231
F11281	Opioid dependence with opioid-induced sexual dysfunction	20151001	22991231
F11282	Opioid dependence with opioid-induced sleep disorder	20151001	22991231
F11288	Opioid dependence with other opioid-induced disorder	20151001	22991231
F1129	Opioid dependence with unspecified opioid-induced disorder	20151001	22991231
F1190	Opioid use, unspecified, uncomplicated	20151001	22991231
F1191	Opioid use, unspecified, in remission	20221001	22991231
F11920	Opioid use, unspecified with intoxication, uncomplicated	20151001	22991231
F11921	Opioid use, unspecified with intoxication delirium	20151001	22991231
F11922	Opioid use, unsp w intoxication with perceptual disturbance	20151001	22991231
F11929	Opioid use, unspecified with intoxication, unspecified	20151001	22991231
F1193	Opioid use, unspecified with withdrawal	20151001	22991231
F1194	Opioid use, unspecified with opioid-induced mood disorder	20151001	22991231
F11950	Opioid use, unsp w opioid-induc psych disorder w delusions	20151001	22991231
F11951	Opioid use, unsp w opioid-induc psych disorder w hallucin	20151001	22991231
F11959	Opioid use, unsp w opioid-induced psychotic disorder, unsp	20151001	22991231
F11981	Opioid use, unsp with opioid-induced sexual dysfunction	20151001	22991231
F11982	Opioid use, unspecified with opioid-induced sleep disorder	20151001	22991231
F11988	Opioid use, unspecified with other opioid-induced disorder	20151001	22991231
F1199	Opioid use, unsp with unspecified opioid-induced disorder	20151001	22991231
F1210	Cannabis abuse, uncomplicated	20151001	22991231
F1211	Cannabis abuse, in remission	20171001	22991231
F12120	Cannabis abuse with intoxication, uncomplicated	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F12121	Cannabis abuse with intoxication delirium	20151001	22991231
F12122	Cannabis abuse with intoxication with perceptual disturbance	20151001	22991231
F12129	Cannabis abuse with intoxication, unspecified	20151001	22991231
F1213	Cannabis abuse with withdrawal	20201001	22991231
F12150	Cannabis abuse with psychotic disorder with delusions	20151001	22991231
F12151	Cannabis abuse with psychotic disorder with hallucinations	20151001	22991231
F12159	Cannabis abuse with psychotic disorder, unspecified	20151001	22991231
F12180	Cannabis abuse with cannabis-induced anxiety disorder	20151001	22991231
F12188	Cannabis abuse with other cannabis-induced disorder	20151001	22991231
F1219	Cannabis abuse with unspecified cannabis-induced disorder	20151001	22991231
F1220	Cannabis dependence, uncomplicated	20151001	22991231
F1221	Cannabis dependence, in remission	20151001	22991231
F12220	Cannabis dependence with intoxication, uncomplicated	20151001	22991231
F12221	Cannabis dependence with intoxication delirium	20151001	22991231
F12222	Cannabis dependence w intoxication w perceptual disturbance	20151001	22991231
F12229	Cannabis dependence with intoxication, unspecified	20151001	22991231
F1223	Cannabis dependence with withdrawal	20181001	22991231
F12250	Cannabis dependence with psychotic disorder with delusions	20151001	22991231
F12251	Cannabis dependence w psychotic disorder with hallucinations	20151001	22991231
F12259	Cannabis dependence with psychotic disorder, unspecified	20151001	22991231
F12280	Cannabis dependence with cannabis-induced anxiety disorder	20151001	22991231
F12288	Cannabis dependence with other cannabis-induced disorder	20151001	22991231
F1229	Cannabis dependence with unsp cannabis-induced disorder	20151001	22991231
F1290	Cannabis use, unspecified, uncomplicated	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F1291	Cannabis use, unspecified, in remission	20221001	22991231
F12920	Cannabis use, unspecified with intoxication, uncomplicated	20151001	22991231
F12921	Cannabis use, unspecified with intoxication delirium	20151001	22991231
F12922	Cannabis use, unsp w intoxication w perceptual disturbance	20151001	22991231
F12929	Cannabis use, unspecified with intoxication, unspecified	20151001	22991231
F1293	Cannabis use, unspecified with withdrawal	20181001	22991231
F12950	Cannabis use, unsp with psychotic disorder with delusions	20151001	22991231
F12951	Cannabis use, unsp w psychotic disorder with hallucinations	20151001	22991231
F12959	Cannabis use, unsp with psychotic disorder, unspecified	20151001	22991231
F12980	Cannabis use, unspecified with anxiety disorder	20151001	22991231
F12988	Cannabis use, unsp with other cannabis-induced disorder	20151001	22991231
F1299	Cannabis use, unsp with unsp cannabis-induced disorder	20151001	22991231
F1310	Sedative, hypnotic or anxiolytic abuse, uncomplicated	20151001	22991231
F1311	Sedative, hypnotic or anxiolytic abuse, in remission	20171001	22991231
F13120	Sedatv/hyp/anxiolytc abuse w intoxication, uncomplicated	20151001	22991231
F13121	Sedatv/hyp/anxiolytc abuse w intoxication delirium	20151001	22991231
F13129	Sedative, hypnotic or anxiolytic abuse w intoxication, unsp	20151001	22991231
F13130	Sedatv/hyp/anxiolytc abuse with withdrawal, uncomplicated	20201001	22991231
F13131	Sedatv/hyp/anxiolytc abuse with withdrawal delirium	20201001	22991231
F13132	Sedatv/hyp/anxiolytc abuse with w/drawal w perceptl disturb	20201001	22991231
F13139	Sedatv/hyp/anxiolytc abuse with withdrawal, unspecified	20201001	22991231
F1314	Sedative, hypnotic or anxiolytic abuse w mood disorder	20151001	22991231
F13150	Sedatv/hyp/anxiolytc abuse w psychotic disorder w delusions	20151001	22991231
F13151	Sedatv/hyp/anxiolytc abuse w psychotic disorder w hallucin	20151001	22991231
F13159	Sedatv/hyp/anxiolytc abuse w psychotic disorder, unsp	20151001	22991231
F13180	Sedative, hypnotic or anxiolytic abuse w anxiety disorder	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F13181	Sedative, hypnotic or anxiolytic abuse w sexual dysfunction	20151001	22991231
F13182	Sedative, hypnotic or anxiolytic abuse w sleep disorder	20151001	22991231
F13188	Sedative, hypnotic or anxiolytic abuse w oth disorder	20151001	22991231
F1319	Sedative, hypnotic or anxiolytic abuse w unsp disorder	20151001	22991231
F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated	20151001	22991231
F1321	Sedative, hypnotic or anxiolytic dependence, in remission	20151001	22991231
F13220	Sedatv/hyp/anxiolytc dependence w intoxication, uncomp	20151001	22991231
F13221	Sedatv/hyp/anxiolytc dependence w intoxication delirium	20151001	22991231
F13229	Sedatv/hyp/anxiolytc dependence w intoxication, unsp	20151001	22991231
F13230	Sedatv/hyp/anxiolytc dependence w withdrawal, uncomplicated	20151001	22991231
F13231	Sedatv/hyp/anxiolytc dependence w withdrawal delirium	20151001	22991231
F13232	Sedatv/hyp/anxiolytc depend w w/drawal w perceptual disturb	20151001	22991231
F13239	Sedatv/hyp/anxiolytc dependence w withdrawal, unsp	20151001	22991231
F1324	Sedative, hypnotic or anxiolytic dependence w mood disorder	20151001	22991231
F13250	Sedatv/hyp/anxiolytc depend w psychotic disorder w delusions	20151001	22991231
F13251	Sedatv/hyp/anxiolytc depend w psychotic disorder w hallucin	20151001	22991231
F13259	Sedatv/hyp/anxiolytc dependence w psychotic disorder, unsp	20151001	22991231
F1326	Sedatv/hyp/anxiolytc depend w persisting amnestic disorder	20151001	22991231
F1327	Sedatv/hyp/anxiolytc dependence w persisting dementia	20151001	22991231
F13280	Sedatv/hyp/anxiolytc dependence w anxiety disorder	20151001	22991231
F13281	Sedatv/hyp/anxiolytc dependence w sexual dysfunction	20151001	22991231
F13282	Sedative, hypnotic or anxiolytic dependence w sleep disorder	20151001	22991231
F13288	Sedative, hypnotic or anxiolytic dependence w oth disorder	20151001	22991231
F1329	Sedative, hypnotic or anxiolytic dependence w unsp disorder	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	ICD-10-CM descriptions	Effective Date	End Date
F1390	Sedative, hypnotic, or anxiolytic use, unsp, uncomplicated	20151001	22991231
F1391	Sedatv/hyp/anxiolytc use, unspecified, in remission	20221001	22991231
F13920	Sedatv/hyp/anxiolytc use, unsp w intoxication, uncomplicated	20151001	22991231
F13921	Sedatv/hyp/anxiolytc use, unsp w intoxication delirium	20151001	22991231
F13929	Sedatv/hyp/anxiolytc use, unsp w intoxication, unsp	20151001	22991231
F13930	Sedatv/hyp/anxiolytc use, unsp w withdrawal, uncomplicated	20151001	22991231
F13931	Sedatv/hyp/anxiolytc use, unsp w withdrawal delirium	20151001	22991231
F13932	Sedatv/hyp/anxiolytc use, unsp w w/drawal w perceptl disturb	20151001	22991231
F13939	Sedatv/hyp/anxiolytc use, unsp w withdrawal, unsp	20151001	22991231
F1394	Sedative, hypnotic or anxiolytic use, unsp w mood disorder	20151001	22991231
F13950	Sedatv/hyp/anxiolytc use, unsp w psych disorder w delusions	20151001	22991231
F13951	Sedatv/hyp/anxiolytc use, unsp w psych disorder w hallucin	20151001	22991231
F13959	Sedatv/hyp/anxiolytc use, unsp w psychotic disorder, unsp	20151001	22991231
F1396	Sedatv/hyp/anxiolytc use, unsp w persist amnestic disorder	20151001	22991231
F1397	Sedatv/hyp/anxiolytc use, unsp w persisting dementia	20151001	22991231
F13980	Sedatv/hyp/anxiolytc use, unsp w anxiety disorder	20151001	22991231
F13981	Sedatv/hyp/anxiolytc use, unsp w sexual dysfunction	20151001	22991231
F13982	Sedative, hypnotic or anxiolytic use, unsp w sleep disorder	20151001	22991231
F13988	Sedative, hypnotic or anxiolytic use, unsp w oth disorder	20151001	22991231
F1399	Sedative, hypnotic or anxiolytic use, unsp w unsp disorder	20151001	22991231
F1410	Cocaine abuse, uncomplicated	20151001	22991231
F1411	Cocaine abuse, in remission	20171001	22991231
F14120	Cocaine abuse with intoxication, uncomplicated	20151001	22991231
F14121	Cocaine abuse with intoxication with delirium	20151001	22991231
F14122	Cocaine abuse with intoxication with perceptual disturbance	20151001	22991231
F14129	Cocaine abuse with intoxication, unspecified	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F1413	Cocaine abuse, unspecified with withdrawal	20201001	22991231
F1414	Cocaine abuse with cocaine-induced mood disorder	20151001	22991231
F14150	Cocaine abuse w cocaine-induc psychotic disorder w delusions	20151001	22991231
F14151	Cocaine abuse w cocaine-induc psychotic disorder w hallucin	20151001	22991231
F14159	Cocaine abuse with cocaine-induced psychotic disorder, unsp	20151001	22991231
F14180	Cocaine abuse with cocaine-induced anxiety disorder	20151001	22991231
F14181	Cocaine abuse with cocaine-induced sexual dysfunction	20151001	22991231
F14182	Cocaine abuse with cocaine-induced sleep disorder	20151001	22991231
F14188	Cocaine abuse with other cocaine-induced disorder	20151001	22991231
F1419	Cocaine abuse with unspecified cocaine-induced disorder	20151001	22991231
F1420	Cocaine dependence, uncomplicated	20151001	22991231
F1421	Cocaine dependence, in remission	20151001	22991231
F14220	Cocaine dependence with intoxication, uncomplicated	20151001	22991231
F14221	Cocaine dependence with intoxication delirium	20151001	22991231
F14222	Cocaine dependence w intoxication w perceptual disturbance	20151001	22991231
F14229	Cocaine dependence with intoxication, unspecified	20151001	22991231
F1423	Cocaine dependence with withdrawal	20151001	22991231
F1424	Cocaine dependence with cocaine-induced mood disorder	20151001	22991231
F14250	Cocaine depend w cocaine-induc psych disorder w delusions	20151001	22991231
F14251	Cocaine depend w cocaine-induc psychotic disorder w hallucin	20151001	22991231
F14259	Cocaine dependence w cocaine-induc psychotic disorder, unsp	20151001	22991231
F14280	Cocaine dependence with cocaine-induced anxiety disorder	20151001	22991231
F14281	Cocaine dependence with cocaine-induced sexual dysfunction	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F14282	Cocaine dependence with cocaine-induced sleep disorder	20151001	22991231
F14288	Cocaine dependence with other cocaine-induced disorder	20151001	22991231
F1429	Cocaine dependence with unspecified cocaine-induced disorder	20151001	22991231
F1490	Cocaine use, unspecified, uncomplicated	20151001	22991231
F1491	Cocaine use, unspecified, in remission	20221001	22991231
F14920	Cocaine use, unspecified with intoxication, uncomplicated	20151001	22991231
F14921	Cocaine use, unspecified with intoxication delirium	20151001	22991231
F14922	Cocaine use, unsp w intoxication with perceptual disturbance	20151001	22991231
F14929	Cocaine use, unspecified with intoxication, unspecified	20151001	22991231
F1493	Cocaine use, unspecified with withdrawal	20201001	22991231
F1494	Cocaine use, unspecified with cocaine-induced mood disorder	20151001	22991231
F14950	Cocaine use, unsp w cocaine-induc psych disorder w delusions	20151001	22991231
F14951	Cocaine use, unsp w cocaine-induc psych disorder w hallucin	20151001	22991231
F14959	Cocaine use, unsp w cocaine-induced psychotic disorder, unsp	20151001	22991231
F14980	Cocaine use, unsp with cocaine-induced anxiety disorder	20151001	22991231
F14981	Cocaine use, unsp with cocaine-induced sexual dysfunction	20151001	22991231
F14982	Cocaine use, unspecified with cocaine-induced sleep disorder	20151001	22991231
F14988	Cocaine use, unspecified with other cocaine-induced disorder	20151001	22991231
F1499	Cocaine use, unsp with unspecified cocaine-induced disorder	20151001	22991231
F1510	Other stimulant abuse, uncomplicated	20151001	22991231
F1511	Other stimulant abuse, in remission	20171001	22991231
F15120	Other stimulant abuse with intoxication, uncomplicated	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F15121	Other stimulant abuse with intoxication delirium	20151001	22991231
F15122	Oth stimulant abuse w intoxication w perceptual disturbance	20151001	22991231
F15129	Other stimulant abuse with intoxication, unspecified	20151001	22991231
F1513	Other stimulant abuse with withdrawal	20201001	22991231
F1514	Other stimulant abuse with stimulant-induced mood disorder	20151001	22991231
F15150	Oth stimulant abuse w stim-induce psych disorder w delusions	20151001	22991231
F15151	Oth stimulant abuse w stim-induce psych disorder w hallucin	20151001	22991231
F15159	Oth stimulant abuse w stim-induce psychotic disorder, unsp	20151001	22991231
F15180	Oth stimulant abuse with stimulant-induced anxiety disorder	20151001	22991231
F15181	Oth stimulant abuse w stimulant-induced sexual dysfunction	20151001	22991231
F15182	Other stimulant abuse with stimulant-induced sleep disorder	20151001	22991231
F15188	Other stimulant abuse with other stimulant-induced disorder	20151001	22991231
F1519	Other stimulant abuse with unsp stimulant-induced disorder	20151001	22991231
F1520	Other stimulant dependence, uncomplicated	20151001	22991231
F1521	Other stimulant dependence, in remission	20151001	22991231
F15220	Other stimulant dependence with intoxication, uncomplicated	20151001	22991231
F15221	Other stimulant dependence with intoxication delirium	20151001	22991231
F15222	Oth stimulant dependence w intox w perceptual disturbance	20151001	22991231
F15229	Other stimulant dependence with intoxication, unspecified	20151001	22991231
F1523	Other stimulant dependence with withdrawal	20151001	22991231
F1524	Oth stimulant dependence w stimulant-induced mood disorder	20151001	22991231
F15250	Oth stim depend w stim-induce psych disorder w delusions	20151001	22991231
F15251	Oth stimulant depend w stim-induce psych disorder w hallucin	20151001	22991231
F15259	Oth stimulant depend w stim-induce psychotic disorder, unsp	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F15280	Oth stimulant dependence w stim-induce anxiety disorder	20151001	22991231
F15281	Oth stimulant dependence w stim-induce sexual dysfunction	20151001	22991231
F15282	Oth stimulant dependence w stimulant-induced sleep disorder	20151001	22991231
F15288	Oth stimulant dependence with oth stimulant-induced disorder	20151001	22991231
F1529	Oth stimulant dependence w unsp stimulant-induced disorder	20151001	22991231
F1590	Other stimulant use, unspecified, uncomplicated	20151001	22991231
F1591	Other stimulant use, unspecified, in remission	20221001	22991231
F15920	Other stimulant use, unsp with intoxication, uncomplicated	20151001	22991231
F15921	Other stimulant use, unspecified with intoxication delirium	20151001	22991231
F15922	Oth stimulant use, unsp w intox w perceptual disturbance	20151001	22991231
F15929	Other stimulant use, unsp with intoxication, unspecified	20151001	22991231
F1593	Other stimulant use, unspecified with withdrawal	20151001	22991231
F1594	Oth stimulant use, unsp with stimulant-induced mood disorder	20151001	22991231
F15950	Oth stim use, unsp w stim-induce psych disorder w delusions	20151001	22991231
F15951	Oth stim use, unsp w stim-induce psych disorder w hallucin	20151001	22991231
F15959	Oth stimulant use, unsp w stim-induce psych disorder, unsp	20151001	22991231
F15980	Oth stimulant use, unsp w stimulant-induced anxiety disorder	20151001	22991231
F15981	Oth stimulant use, unsp w stim-induce sexual dysfunction	20151001	22991231
F15982	Oth stimulant use, unsp w stimulant-induced sleep disorder	20151001	22991231
F15988	Oth stimulant use, unsp with oth stimulant-induced disorder	20151001	22991231
F1599	Oth stimulant use, unsp with unsp stimulant-induced disorder	20151001	22991231
F1610	Hallucinogen abuse, uncomplicated	20151001	22991231
F1611	Hallucinogen abuse, in remission	20171001	22991231
F16120	Hallucinogen abuse with intoxication, uncomplicated	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F16121	Hallucinogen abuse with intoxication with delirium	20151001	22991231
F16122	Hallucinogen abuse w intoxication w perceptual disturbance	20151001	22991231
F16129	Hallucinogen abuse with intoxication, unspecified	20151001	22991231
F1614	Hallucinogen abuse with hallucinogen-induced mood disorder	20151001	22991231
F16150	Hallucinogen abuse w psychotic disorder w delusions	20151001	22991231
F16151	Hallucinogen abuse w psychotic disorder w hallucinations	20151001	22991231
F16159	Hallucinogen abuse w psychotic disorder, unsp	20151001	22991231
F16180	Hallucinogen abuse w hallucinogen-induced anxiety disorder	20151001	22991231
F16183	Hallucign abuse w hallucign persisting perception disorder	20151001	22991231
F16188	Hallucinogen abuse with other hallucinogen-induced disorder	20151001	22991231
F1619	Hallucinogen abuse with unsp hallucinogen-induced disorder	20151001	22991231
F1620	Hallucinogen dependence, uncomplicated	20151001	22991231
F1621	Hallucinogen dependence, in remission	20151001	22991231
F16220	Hallucinogen dependence with intoxication, uncomplicated	20151001	22991231
F16221	Hallucinogen dependence with intoxication with delirium	20151001	22991231
F16229	Hallucinogen dependence with intoxication, unspecified	20151001	22991231
F1624	Hallucinogen dependence w hallucinogen-induced mood disorder	20151001	22991231
F16250	Hallucinogen dependence w psychotic disorder w delusions	20151001	22991231
F16251	Hallucinogen dependence w psychotic disorder w hallucin	20151001	22991231
F16259	Hallucinogen dependence w psychotic disorder, unsp	20151001	22991231
F16280	Hallucinogen dependence w anxiety disorder	20151001	22991231
F16283	Hallucign depend w hallucign persisting perception disorder	20151001	22991231
F16288	Hallucinogen dependence w oth hallucinogen-induced disorder	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F1629	Hallucinogen dependence w unsp hallucinogen-induced disorder	20151001	22991231
F1690	Hallucinogen use, unspecified, uncomplicated	20151001	22991231
F1691	Hallucinogen use, unspecified, in remission	20221001	22991231
F16920	Hallucinogen use, unsp with intoxication, uncomplicated	20151001	22991231
F16921	Hallucinogen use, unsp with intoxication with delirium	20151001	22991231
F16929	Hallucinogen use, unspecified with intoxication, unspecified	20151001	22991231
F1694	Hallucinogen use, unsp w hallucinogen-induced mood disorder	20151001	22991231
F16950	Hallucinogen use, unsp w psychotic disorder w delusions	20151001	22991231
F16951	Hallucinogen use, unsp w psychotic disorder w hallucinations	20151001	22991231
F16959	Hallucinogen use, unsp w psychotic disorder, unsp	20151001	22991231
F16980	Hallucinogen use, unsp w anxiety disorder	20151001	22991231
F16983	Hallucign use, unsp w hallucign persist perception disorder	20151001	22991231
F16988	Hallucinogen use, unsp w oth hallucinogen-induced disorder	20151001	22991231
F1699	Hallucinogen use, unsp w unsp hallucinogen-induced disorder	20151001	22991231
F17200	Nicotine dependence, unspecified, uncomplicated	20151001	22991231
F17201	Nicotine dependence, unspecified, in remission	20151001	22991231
F17203	Nicotine dependence unspecified, with withdrawal	20151001	22991231
F17208	Nicotine dependence, unsp, w oth nicotine-induced disorders	20151001	22991231
F17209	Nicotine dependence, unsp, w unsp nicotine-induced disorders	20151001	22991231
F17210	Nicotine dependence, cigarettes, uncomplicated	20151001	22991231
F17211	Nicotine dependence, cigarettes, in remission	20151001	22991231
F17213	Nicotine dependence, cigarettes, with withdrawal	20151001	22991231
F17218	Nicotine dependence, cigarettes, w oth disorders	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F17219	Nicotine dependence, cigarettes, w unsp disorders	20151001	22991231
F17220	Nicotine dependence, chewing tobacco, uncomplicated	20151001	22991231
F17221	Nicotine dependence, chewing tobacco, in remission	20151001	22991231
F17223	Nicotine dependence, chewing tobacco, with withdrawal	20151001	22991231
F17228	Nicotine dependence, chewing tobacco, w oth disorders	20151001	22991231
F17229	Nicotine dependence, chewing tobacco, w unsp disorders	20151001	22991231
F17290	Nicotine dependence, other tobacco product, uncomplicated	20151001	22991231
F17291	Nicotine dependence, other tobacco product, in remission	20151001	22991231
F17293	Nicotine dependence, other tobacco product, with withdrawal	20151001	22991231
F17298	Nicotine dependence, oth tobacco product, w oth disorders	20151001	22991231
F17299	Nicotine dependence, oth tobacco product, w unsp disorders	20151001	22991231
F1810	Inhalant abuse, uncomplicated	20151001	22991231
F1811	Inhalant abuse, in remission	20171001	22991231
F18120	Inhalant abuse with intoxication, uncomplicated	20151001	22991231
F18121	Inhalant abuse with intoxication delirium	20151001	22991231
F18129	Inhalant abuse with intoxication, unspecified	20151001	22991231
F1814	Inhalant abuse with inhalant-induced mood disorder	20151001	22991231
F18150	Inhalant abuse w inhalnt-induce psych disorder w delusions	20151001	22991231
F18151	Inhalant abuse w inhalnt-induce psych disorder w hallucin	20151001	22991231
F18159	Inhalant abuse w inhalant-induced psychotic disorder, unsp	20151001	22991231
F1817	Inhalant abuse with inhalant-induced dementia	20151001	22991231
F18180	Inhalant abuse with inhalant-induced anxiety disorder	20151001	22991231
F18188	Inhalant abuse with other inhalant-induced disorder	20151001	22991231
F1819	Inhalant abuse with unspecified inhalant-induced disorder	20151001	22991231
F1820	Inhalant dependence, uncomplicated	20151001	22991231
F1821	Inhalant dependence, in remission	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F18220	Inhalant dependence with intoxication, uncomplicated	20151001	22991231
F18221	Inhalant dependence with intoxication delirium	20151001	22991231
F18229	Inhalant dependence with intoxication, unspecified	20151001	22991231
F1824	Inhalant dependence with inhalant-induced mood disorder	20151001	22991231
F18250	Inhalant depend w inhalnt-induce psych disorder w delusions	20151001	22991231
F18251	Inhalant depend w inhalnt-induce psych disorder w hallucin	20151001	22991231
F18259	Inhalant depend w inhalnt-induce psychotic disorder, unsp	20151001	22991231
F1827	Inhalant dependence with inhalant-induced dementia	20151001	22991231
F18280	Inhalant dependence with inhalant-induced anxiety disorder	20151001	22991231
F18288	Inhalant dependence with other inhalant-induced disorder	20151001	22991231
F1829	Inhalant dependence with unsp inhalant-induced disorder	20151001	22991231
F1890	Inhalant use, unspecified, uncomplicated	20151001	22991231
F1891	Inhalant use, unspecified, in remission	20221001	22991231
F18920	Inhalant use, unspecified with intoxication, uncomplicated	20151001	22991231
F18921	Inhalant use, unspecified with intoxication with delirium	20151001	22991231
F18929	Inhalant use, unspecified with intoxication, unspecified	20151001	22991231
F1894	Inhalant use, unsp with inhalant-induced mood disorder	20151001	22991231
F18950	Inhalant use, unsp w inhalnt-induce psych disord w delusions	20151001	22991231
F18951	Inhalant use, unsp w inhalnt-induce psych disord w hallucin	20151001	22991231
F18959	Inhalant use, unsp w inhalnt-induce psychotic disorder, unsp	20151001	22991231
F1897	Inhalant use, unsp with inhalant-induced persisting dementia	20151001	22991231
F18980	Inhalant use, unsp with inhalant-induced anxiety disorder	20151001	22991231
F18988	Inhalant use, unsp with other inhalant-induced disorder	20151001	22991231
F1899	Inhalant use, unsp with unsp inhalant-induced disorder	20151001	22991231
F1910	Other psychoactive substance abuse, uncomplicated	20151001	22991231
F1911	Other psychoactive substance abuse, in remission	20171001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F19120	Oth psychoactive substance abuse w intoxication, uncomp	20151001	22991231
F19121	Oth psychoactive substance abuse with intoxication delirium	20151001	22991231
F19122	Oth psychoactv substance abuse w intox w perceptual disturb	20151001	22991231
F19129	Other psychoactive substance abuse with intoxication, unsp	20151001	22991231
F19130	Other psychoactive substance abuse with withdrawal, uncomp	20201001	22991231
F19131	Other psychoactive substance abuse with withdrawal delirium	20201001	22991231
F19132	Other psychoactv sub abuse with w/drawal w perceptl disturb	20201001	22991231
F19139	Other psychoactv substance abuse with withdrawal, unsp	20201001	22991231
F1914	Oth psychoactive substance abuse w mood disorder	20151001	22991231
F19150	Oth psychoactv substance abuse w psych disorder w delusions	20151001	22991231
F19151	Oth psychoactv substance abuse w psych disorder w hallucin	20151001	22991231
F19159	Oth psychoactive substance abuse w psychotic disorder, unsp	20151001	22991231
F1916	Oth psychoactv substance abuse w persist amnestic disorder	20151001	22991231
F1917	Oth psychoactive substance abuse w persisting dementia	20151001	22991231
F19180	Oth psychoactive substance abuse w anxiety disorder	20151001	22991231
F19181	Oth psychoactive substance abuse w sexual dysfunction	20151001	22991231
F19182	Oth psychoactive substance abuse w sleep disorder	20151001	22991231
F19188	Oth psychoactive substance abuse w oth disorder	20151001	22991231
F1919	Oth psychoactive substance abuse w unsp disorder	20151001	22991231
F1920	Other psychoactive substance dependence, uncomplicated	20151001	22991231
F1921	Other psychoactive substance dependence, in remission	20151001	22991231
F19220	Oth psychoactive substance dependence w intoxication, uncomp	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F19221	Oth psychoactive substance dependence w intox delirium	20151001	22991231
F19222	Oth psychoactv substance depend w intox w perceptual disturb	20151001	22991231
F19229	Oth psychoactive substance dependence w intoxication, unsp	20151001	22991231
F19230	Oth psychoactive substance dependence w withdrawal, uncomp	20151001	22991231
F19231	Oth psychoactive substance dependence w withdrawal delirium	20151001	22991231
F19232	Oth psychoactv sub depend w w/drawal w perceptl disturb	20151001	22991231
F19239	Oth psychoactive substance dependence with withdrawal, unsp	20151001	22991231
F1924	Oth psychoactive substance dependence w mood disorder	20151001	22991231
F19250	Oth psychoactv substance depend w psych disorder w delusions	20151001	22991231
F19251	Oth psychoactv substance depend w psych disorder w hallucin	20151001	22991231
F19259	Oth psychoactv substance depend w psychotic disorder, unsp	20151001	22991231
F1926	Oth psychoactv substance depend w persist amnestic disorder	20151001	22991231
F1927	Oth psychoactive substance dependence w persisting dementia	20151001	22991231
F19280	Oth psychoactive substance dependence w anxiety disorder	20151001	22991231
F19281	Oth psychoactive substance dependence w sexual dysfunction	20151001	22991231
F19282	Oth psychoactive substance dependence w sleep disorder	20151001	22991231
F19288	Oth psychoactive substance dependence w oth disorder	20151001	22991231
F1929	Oth psychoactive substance dependence w unsp disorder	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F1990	Other psychoactive substance use, unspecified, uncomplicated	20151001	22991231
F1991	Other psychoactive substance use, unspecified, in remission	20221001	22991231
F19920	Oth psychoactive substance use, unsp w intoxication, uncomp	20151001	22991231
F19921	Oth psychoactive substance use, unsp w intox w delirium	20151001	22991231
F19922	Oth psychoactv sub use, unsp w intox w perceptl disturb	20151001	22991231
F19929	Oth psychoactive substance use, unsp with intoxication, unsp	20151001	22991231
F19930	Oth psychoactive substance use, unsp w withdrawal, uncomp	20151001	22991231
F19931	Oth psychoactive substance use, unsp w withdrawal delirium	20151001	22991231
F19932	Oth psychoactv sub use, unsp w w/drawal w perceptl disturb	20151001	22991231
F19939	Other psychoactive substance use, unsp with withdrawal, unsp	20151001	22991231
F1994	Oth psychoactive substance use, unsp w mood disorder	20151001	22991231
F19950	Oth psychoactv sub use, unsp w psych disorder w delusions	20151001	22991231
F19951	Oth psychoactv sub use, unsp w psych disorder w hallucin	20151001	22991231
F19959	Oth psychoactv substance use, unsp w psych disorder, unsp	20151001	22991231
F1996	Oth psychoactv sub use, unsp w persist amnestic disorder	20151001	22991231
F1997	Oth psychoactive substance use, unsp w persisting dementia	20151001	22991231
F19980	Oth psychoactive substance use, unsp w anxiety disorder	20151001	22991231
F19981	Oth psychoactive substance use, unsp w sexual dysfunction	20151001	22991231
F19982	Oth psychoactive substance use, unsp w sleep disorder	20151001	22991231
F19988	Oth psychoactive substance use, unsp w oth disorder	20151001	22991231
F1999	Oth psychoactive substance use, unsp w unsp disorder	20151001	22991231
F200	Paranoid schizophrenia	20151001	22991231
F201	Disorganized schizophrenia	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F202	Catatonic schizophrenia	20151001	22991231
F203	Undifferentiated schizophrenia	20151001	22991231
F205	Residual schizophrenia	20151001	22991231
F2081	Schizophreniform disorder	20151001	22991231
F2089	Other schizophrenia	20151001	22991231
F209	Schizophrenia, unspecified	20151001	22991231
F21	Schizotypal disorder	20151001	22991231
F22	Delusional disorders	20151001	22991231
F23	Brief psychotic disorder	20151001	22991231
F24	Shared psychotic disorder	20151001	22991231
F250	Schizoaffective disorder, bipolar type	20151001	22991231
F251	Schizoaffective disorder, depressive type	20151001	22991231
F258	Other schizoaffective disorders	20151001	22991231
F259	Schizoaffective disorder, unspecified	20151001	22991231
F28	Oth psych disorder not due to a sub or known physiol cond	20151001	22991231
F29	Unsp psychosis not due to a substance or known physiol cond	20151001	22991231
F3010	Manic episode without psychotic symptoms, unspecified	20151001	22991231
F3011	Manic episode without psychotic symptoms, mild	20151001	22991231
F3012	Manic episode without psychotic symptoms, moderate	20151001	22991231
F3013	Manic episode, severe, without psychotic symptoms	20151001	22991231
F302	Manic episode, severe with psychotic symptoms	20151001	22991231
F303	Manic episode in partial remission	20151001	22991231
F304	Manic episode in full remission	20151001	22991231
F308	Other manic episodes	20151001	22991231
F309	Manic episode, unspecified	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F310	Bipolar disorder, current episode hypomanic	20151001	22991231
F3110	Bipolar disord, crnt episode manic w/o psych features, unsp	20151001	22991231
F3111	Bipolar disord, crnt episode manic w/o psych features, mild	20151001	22991231
F3112	Bipolar disord, crnt episode manic w/o psych features, mod	20151001	22991231
F3113	Bipolar disord, crnt epsd manic w/o psych features, severe	20151001	22991231
F312	Bipolar disord, crnt episode manic severe w psych features	20151001	22991231
F3130	Bipolar disord, crnt epsd depress, mild or mod severt, unsp	20151001	22991231
F3131	Bipolar disorder, current episode depressed, mild	20151001	22991231
F3132	Bipolar disorder, current episode depressed, moderate	20151001	22991231
F314	Bipolar disord, crnt epsd depress, sev, w/o psych features	20151001	22991231
F315	Bipolar disord, crnt epsd depress, severe, w psych features	20151001	22991231
F3160	Bipolar disorder, current episode mixed, unspecified	20151001	22991231
F3161	Bipolar disorder, current episode mixed, mild	20151001	22991231
F3162	Bipolar disorder, current episode mixed, moderate	20151001	22991231
F3163	Bipolar disord, crnt epsd mixed, severe, w/o psych features	20151001	22991231
F3164	Bipolar disord, crnt episode mixed, severe, w psych features	20151001	22991231
F3170	Bipolar disord, currently in remis, most recent episode unsp	20151001	22991231
F3171	Bipolar disord, in partial remis, most recent epsd hypomanic	20151001	22991231
F3172	Bipolar disord, in full remis, most recent episode hypomanic	20151001	22991231
F3173	Bipolar disord, in partial remis, most recent episode manic	20151001	22991231
F3174	Bipolar disorder, in full remis, most recent episode manic	20151001	22991231
F3175	Bipolar disord, in partial remis, most recent epsd depress	20151001	22991231
F3176	Bipolar disorder, in full remis, most recent episode depress	20151001	22991231
F3177	Bipolar disord, in partial remis, most recent episode mixed	20151001	22991231
F3178	Bipolar disorder, in full remis, most recent episode mixed	20151001	22991231
F3181	Bipolar II disorder	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F3189	Other bipolar disorder	20151001	22991231
F319	Bipolar disorder, unspecified	20151001	22991231
F320	Major depressive disorder, single episode, mild	20151001	22991231
F321	Major depressive disorder, single episode, moderate	20151001	22991231
F322	Major depressv disord, single epsd, sev w/o psych features	20151001	22991231
F323	Major depressv disord, single epsd, severe w psych features	20151001	22991231
F324	Major depressv disorder, single episode, in partial remis	20151001	22991231
F325	Major depressive disorder, single episode, in full remission	20151001	22991231
F328	Other depressive episodes	20151001	20160930
F3281	Premenstrual dysphoric disorder	20161001	22991231
F3289	Other specified depressive episodes	20161001	22991231
F329	Major depressive disorder, single episode, unspecified	20151001	22991231
F330	Major depressive disorder, recurrent, mild	20151001	22991231
F331	Major depressive disorder, recurrent, moderate	20151001	22991231
F332	Major depressv disorder, recurrent severe w/o psych features	20151001	22991231
F333	Major depressv disorder, recurrent, severe w psych symptoms	20151001	22991231
F3340	Major depressive disorder, recurrent, in remission, unsp	20151001	22991231
F3341	Major depressive disorder, recurrent, in partial remission	20151001	22991231
F3342	Major depressive disorder, recurrent, in full remission	20151001	22991231
F338	Other recurrent depressive disorders	20151001	22991231
F339	Major depressive disorder, recurrent, unspecified	20151001	22991231
F340	Cyclothymic disorder	20151001	22991231
F341	Dysthymic disorder	20151001	22991231
F348	Other persistent mood [affective] disorders	20151001	20160930
F3481	Disruptive mood dysregulation disorder	20161001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F3489	Other specified persistent mood disorders	20161001	22991231
F349	Persistent mood [affective] disorder, unspecified	20151001	22991231
F39	Unspecified mood [affective] disorder	20151001	22991231
F4000	Agoraphobia, unspecified	20151001	22991231
F4001	Agoraphobia with panic disorder	20151001	22991231
F4002	Agoraphobia without panic disorder	20151001	22991231
F4010	Social phobia, unspecified	20151001	22991231
F4011	Social phobia, generalized	20151001	22991231
F40210	Arachnophobia	20151001	22991231
F40218	Other animal type phobia	20151001	22991231
F40220	Fear of thunderstorms	20151001	22991231
F40228	Other natural environment type phobia	20151001	22991231
F40230	Fear of blood	20151001	22991231
F40231	Fear of injections and transfusions	20151001	22991231
F40232	Fear of other medical care	20151001	22991231
F40233	Fear of injury	20151001	22991231
F40240	Claustrophobia	20151001	22991231
F40241	Acrophobia	20151001	22991231
F40242	Fear of bridges	20151001	22991231
F40243	Fear of flying	20151001	22991231
F40248	Other situational type phobia	20151001	22991231
F40290	Androphobia	20151001	22991231
F40291	Gynephobia	20151001	22991231
F40298	Other specified phobia	20151001	22991231
F408	Other phobic anxiety disorders	20151001	22991231
F409	Phobic anxiety disorder, unspecified	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F410	Panic disorder [episodic paroxysmal anxiety]	20151001	22991231
F411	Generalized anxiety disorder	20151001	22991231
F413	Other mixed anxiety disorders	20151001	22991231
F418	Other specified anxiety disorders	20151001	22991231
F419	Anxiety disorder, unspecified	20151001	22991231
F42	Obsessive-compulsive disorder	20151001	20160930
F422	Mixed obsessional thoughts and acts	20161001	22991231
F423	Hoarding disorder	20161001	22991231
F424	Excoriation (skin-picking) disorder	20161001	22991231
F428	Other obsessive-compulsive disorder	20161001	22991231
F429	Obsessive-compulsive disorder, unspecified	20161001	22991231
F430	Acute stress reaction	20151001	22991231
F4310	Post-traumatic stress disorder, unspecified	20151001	22991231
F4311	Post-traumatic stress disorder, acute	20151001	22991231
F4312	Post-traumatic stress disorder, chronic	20151001	22991231
F4320	Adjustment disorder, unspecified	20151001	22991231
F4321	Adjustment disorder with depressed mood	20151001	22991231
F4322	Adjustment disorder with anxiety	20151001	22991231
F4323	Adjustment disorder with mixed anxiety and depressed mood	20151001	22991231
F4324	Adjustment disorder with disturbance of conduct	20151001	22991231
F4325	Adjustment disorder w mixed disturb of emotions and conduct	20151001	22991231
F4329	Adjustment disorder with other symptoms	20151001	22991231
F438	Other reactions to severe stress	20151001	20220930
F4381	Prolonged grief disorder	20221001	22991231
F4389	Other reactions to severe stress	20221001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F439	Reaction to severe stress, unspecified	20151001	22991231
F440	Dissociative amnesia	20151001	22991231
F441	Dissociative fugue	20151001	22991231
F442	Dissociative stupor	20151001	22991231
F444	Conversion disorder with motor symptom or deficit	20151001	22991231
F445	Conversion disorder with seizures or convulsions	20151001	22991231
F446	Conversion disorder with sensory symptom or deficit	20151001	22991231
F447	Conversion disorder with mixed symptom presentation	20151001	22991231
F4481	Dissociative identity disorder	20151001	22991231
F4489	Other dissociative and conversion disorders	20151001	22991231
F449	Dissociative and conversion disorder, unspecified	20151001	22991231
F450	Somatization disorder	20151001	22991231
F451	Undifferentiated somatoform disorder	20151001	22991231
F4520	Hypochondriacal disorder, unspecified	20151001	22991231
F4521	Hypochondriasis	20151001	22991231
F4522	Body dysmorphic disorder	20151001	22991231
F4529	Other hypochondriacal disorders	20151001	22991231
F4541	Pain disorder exclusively related to psychological factors	20151001	22991231
F4542	Pain disorder with related psychological factors	20151001	22991231
F458	Other somatoform disorders	20151001	22991231
F459	Somatoform disorder, unspecified	20151001	22991231
F481	Depersonalization-derealization syndrome	20151001	22991231
F482	Pseudobulbar affect	20151001	22991231
F488	Other specified nonpsychotic mental disorders	20151001	22991231
F5000	Anorexia nervosa, unspecified	20151001	22991231
F5001	Anorexia nervosa, restricting type	20151001	20240930

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F50010	Anorexia nervosa, restricting type, mild	20241001	22991231
F50011	Anorexia nervosa, restricting type, moderate	20241001	22991231
F50012	Anorexia nervosa, restricting type, severe	20241001	22991231
F50013	Anorexia nervosa, restricting type, extreme	20241001	22991231
F50014	Anorexia nervosa, restricting type, in remission	20241001	22991231
F50019	Anorexia nervosa, restricting type, unspecified	20241001	22991231
F5002	Anorexia nervosa, binge eating/purging type	20151001	20249030
F50020	Anorexia nervosa, binge eating/purging type, mild	20241001	22991231
F50021	Anorexia nervosa, binge eating/purging type, moderate	20241001	22991231
F50022	Anorexia nervosa, binge eating/purging type, severe	20241001	22991231
F50023	Anorexia nervosa, binge eating/purging type, extreme	20241001	22991231
F50024	Anorexia nervosa, binge eating/purging type, in remission	20241001	22991231
F50029	Anorexia nervosa, binge eating/purging type, unspecified	20241001	22991231
F502	Bulimia nervosa	20151001	20240930
F5020	Bulimia nervosa, unspecified	20241001	22991231
F5021	Bulimia nervosa, mild	20241001	22991231
F5022	Bulimia nervosa, moderate	20241001	22991231
F5023	Bulimia nervosa, severe	20241001	22991231
F5024	Bulimia nervosa, extreme	20241001	22991231
F5025	Bulimia nervosa, in remission	20241001	22991231
F508	Other eating disorders	20151001	20160930
F5081	Binge eating disorder	20161001	20240930
F50810	Binge eating disorder, mild	20241001	22991231
F50811	Binge eating disorder, moderate	20241001	22991231
F50812	Binge eating disorder, severe	20241001	22991231
F50813	Binge eating disorder, extreme	20241001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F50814	Binge eating disorder, in remission	20241001	22991231
F50819	Binge eating disorder, unspecified	20241001	22991231
F5082	Avoidant/restrictive food intake disorder	20171001	22991231
F5089	Other specified eating disorder	20161001	22991231
F515	Nightmare disorder	20151001	22991231
F520	Hypoactive sexual desire disorder	20151001	22991231
F521	Sexual aversion disorder	20151001	22991231
F53	Puerperal psychosis	20151001	20180930
F530	Postpartum depression	20181001	22991231
F531	Puerperal psychosis	20181001	22991231
F54	Psych & behavrl factors assoc w disord or dis classd elswhr	20151001	22991231
F550	Abuse of antacids	20151001	22991231
F551	Abuse of herbal or folk remedies	20151001	22991231
F552	Abuse of laxatives	20151001	22991231
F553	Abuse of steroids or hormones	20151001	22991231
F554	Abuse of vitamins	20151001	22991231
F558	Abuse of other non-psychoactive substances	20151001	22991231
F59	Unsp behavrl synd assoc w physiol disturb and physcl factors	20151001	22991231
F600	Paranoid personality disorder	20151001	22991231
F601	Schizoid personality disorder	20151001	22991231
F602	Antisocial personality disorder	20151001	22991231
F603	Borderline personality disorder	20151001	22991231
F604	Histrionic personality disorder	20151001	22991231
F605	Obsessive-compulsive personality disorder	20151001	22991231
F606	Avoidant personality disorder	20151001	22991231
F607	Dependent personality disorder	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F6081	Narcissistic personality disorder	20151001	22991231
F6089	Other specific personality disorders	20151001	22991231
F609	Personality disorder, unspecified	20151001	22991231
F630	Pathological gambling	20151001	22991231
F631	Pyromania	20151001	22991231
F632	Kleptomania	20151001	22991231
F633	Trichotillomania	20151001	22991231
F6381	Intermittent explosive disorder	20151001	22991231
F6389	Other impulse disorders	20151001	22991231
F639	Impulse disorder, unspecified	20151001	22991231
F640	Transsexualism	20161001	22991231
F641	Dual role transvestism	20151001	22991231
F642	Gender identity disorder of childhood	20151001	22991231
F648	Other gender identity disorders	20151001	22991231
F649	Gender identity disorder, unspecified	20151001	22991231
F650	Fetishism	20151001	22991231
F651	Transvestic fetishism	20151001	22991231
F652	Exhibitionism	20151001	22991231
F653	Voyeurism	20151001	22991231
F654	Pedophilia	20151001	22991231
F6550	Sadomasochism, unspecified	20151001	22991231
F6551	Sexual masochism	20151001	22991231
F6552	Sexual sadism	20151001	22991231
F6581	Frotteurism	20151001	22991231
F6589	Other paraphilias	20151001	22991231
F659	Paraphilia, unspecified	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F6810	Factitious disorder imposed on self, unspecified	20151001	22991231
F6811	Factit disord imposed on self, with predom psych signs/symp	20151001	22991231
F6812	Factit disord impsd on self, with predom physcl signs/symp	20151001	22991231
F6813	Factit disord impsd on self,w comb psych & physcl signs/symp	20151001	22991231
F688	Other specified disorders of adult personality and behavior	20151001	22991231
F68A	Factitious disorder imposed on another	20181001	22991231
F69	Unspecified disorder of adult personality and behavior	20151001	22991231
F79	Unspecified intellectual disabilities	20190101	22991231
F8082	Social pragmatic communication disorder	20161001	22991231
F840	Autistic disorder	20151001	22991231
F843	Other childhood disintegrative disorder	20151001	22991231
F845	Asperger's syndrome	20151001	22991231
F848	Other pervasive developmental disorders	20151001	22991231
F849	Pervasive developmental disorder, unspecified	20151001	22991231
F88	Other disorders of psychological development	20151001	22991231
F89	Unspecified disorder of psychological development	20151001	22991231
F900	Attn-defct hyperactivity disorder, predom inattentive type	20151001	22991231
F901	Attn-defct hyperactivity disorder, predom hyperactive type	20151001	22991231
F902	Attention-deficit hyperactivity disorder, combined type	20151001	22991231
F908	Attention-deficit hyperactivity disorder, other type	20151001	22991231
F910	Conduct disorder confined to family context	20151001	22991231
F911	Conduct disorder, childhood-onset type	20151001	22991231
F912	Conduct disorder, adolescent-onset type	20151001	22991231
F913	Oppositional defiant disorder	20151001	22991231
F918	Other conduct disorders	20151001	22991231

Table 10	ICD-10-CM BH Diagnosis Codes		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F919	Conduct disorder, unspecified	20151001	22991231
F930	Separation anxiety disorder of childhood	20151001	22991231
F938	Other childhood emotional disorders	20151001	22991231
F939	Childhood emotional disorder, unspecified	20151001	22991231
F940	Selective mutism	20151001	22991231
F941	Reactive attachment disorder of childhood	20151001	22991231
F942	Disinhibited attachment disorder of childhood	20151001	22991231
F948	Other childhood disorders of social functioning	20151001	22991231
F949	Childhood disorder of social functioning, unspecified	20151001	22991231
F950	Transient tic disorder	20151001	22991231
F951	Chronic motor or vocal tic disorder	20151001	22991231
F985	Adult onset fluency disorder	20151001	22991231
F988	Oth behav/emotn disord w onset usly occur in chldhd and adol	20151001	22991231
R69	Illness, unspecified	20151001	22991231
T1491XA	Suicide attempt, initial encounter	20171001	22991231
T1491XD	Suicide attempt, subsequent encounter	20171001	22991231
T1491XS	Suicide attempt, sequela	20171001	22991231

Table 11: Lab Procedures 81220-81224 do not require PA for the following ICD-10-CM Pregnancy Diagnosis Codes

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O0900	Suprvsn of preg w history of infertility, unsp trimester	10/1/2015	12/31/2299
O0901	Suprvsn of preg w history of infertility, first trimester	10/1/2015	12/31/2299
O0902	Suprvsn of preg w history of infertility, second trimester	10/1/2015	12/31/2299
O0903	Suprvsn of preg w history of infertility, third trimester	10/1/2015	12/31/2299
O0910	Suprvsn of preg with history of ectopic preg, unsp trimester	10/1/2015	12/31/2299
O0911	Suprvsn of preg with history of ectopic preg, first tri	10/1/2015	12/31/2299
O0912	Suprvsn of preg with history of ectopic preg, second tri	10/1/2015	12/31/2299
O0913	Suprvsn of preg with history of ectopic preg, third tri	10/1/2015	12/31/2299
O09211	Suprvsn of preg w history of pre-term labor, first trimester	10/1/2015	12/31/2299
O09212	Suprvsn of preg w history of pre-term labor, second tri	10/1/2015	12/31/2299
O09213	Suprvsn of preg w history of pre-term labor, third trimester	10/1/2015	12/31/2299
O09219	Suprvsn of preg w history of pre-term labor, unsp trimester	10/1/2015	12/31/2299
O09291	Suprvsn of preg w poor reprodctv or obstet hx, first tri	10/1/2015	12/31/2299
O09292	Suprvsn of preg w poor reprodctv or obstet hx, second tri	10/1/2015	12/31/2299
O09293	Suprvsn of preg w poor reprodctv or obstet hx, third tri	10/1/2015	12/31/2299
O09299	Suprvsn of preg w poor reprodctv or obstet history, unsp tri	10/1/2015	12/31/2299
O0930	Suprvsn of preg w insufficient antenat care, unsp trimester	10/1/2015	12/31/2299
O0931	Suprvsn of preg w insufficient antenat care, first trimester	10/1/2015	12/31/2299
O0932	Suprvsn of preg w insufficient antenat care, second tri	10/1/2015	12/31/2299
O0933	Suprvsn of preg w insufficient antenat care, third trimester	10/1/2015	12/31/2299
O0940	Supervision of pregnancy w grand multiparity, unsp trimester	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O0941	Suprvsn of pregnancy w grand multiparity, first trimester	10/1/2015	12/31/2299
O0942	Suprvsn of pregnancy w grand multiparity, second trimester	10/1/2015	12/31/2299
O0943	Suprvsn of pregnancy w grand multiparity, third trimester	10/1/2015	12/31/2299
O09511	Supervision of elderly primigravida, first trimester	10/1/2015	12/31/2299
O09512	Supervision of elderly primigravida, second trimester	10/1/2015	12/31/2299
O09513	Supervision of elderly primigravida, third trimester	10/1/2015	12/31/2299
O09519	Supervision of elderly primigravida, unspecified trimester	10/1/2015	12/31/2299
O09521	Supervision of elderly multigravida, first trimester	10/1/2015	12/31/2299
O09522	Supervision of elderly multigravida, second trimester	10/1/2015	12/31/2299
O09523	Supervision of elderly multigravida, third trimester	10/1/2015	12/31/2299
O09529	Supervision of elderly multigravida, unspecified trimester	10/1/2015	12/31/2299
O09611	Supervision of young primigravida, first trimester	10/1/2015	12/31/2299
O09612	Supervision of young primigravida, second trimester	10/1/2015	12/31/2299
O09613	Supervision of young primigravida, third trimester	10/1/2015	12/31/2299
O09619	Supervision of young primigravida, unspecified trimester	10/1/2015	12/31/2299
O09621	Supervision of young multigravida, first trimester	10/1/2015	12/31/2299
O09622	Supervision of young multigravida, second trimester	10/1/2015	12/31/2299
O09623	Supervision of young multigravida, third trimester	10/1/2015	12/31/2299
O09629	Supervision of young multigravida, unspecified trimester	10/1/2015	12/31/2299
O0970	Suprvsn of high risk preg due to social problems, unsp tri	10/1/2015	12/31/2299
O0971	Suprvsn of high risk preg due to social problems, first tri	10/1/2015	12/31/2299
O0972	Suprvsn of high risk preg due to social problems, second tri	10/1/2015	12/31/2299
O0973	Suprvsn of high risk preg due to social problems, third tri	10/1/2015	12/31/2299
O09811	Suprvsn of preg rslt from assisted reprodctv tech, first tri	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O09812	Suprvsn of preg rslt from assist reprodctv tech, second tri	10/1/2015	12/31/2299
O09813	Suprvsn of preg rslt from assisted reprodctv tech, third tri	10/1/2015	12/31/2299
O09819	Suprvsn of preg rslt from assisted reprodctv tech, unsp tri	10/1/2015	12/31/2299
O09821	Suprvsn of preg w hx of in utero proc dur prev preg, 1st tri	10/1/2015	12/31/2299
O09822	Suprvsn of preg w hx of in utero proc dur prev preg, 2nd tri	10/1/2015	12/31/2299
O09823	Suprvsn of preg w hx of in utero proc dur prev preg, 3rd tri	10/1/2015	12/31/2299
O09829	Suprvsn of preg w hx of in utero proc dur prev preg,unsp tri	10/1/2015	12/31/2299
O09891	Supervision of other high risk pregnancies, first trimester	10/1/2015	12/31/2299
O09892	Supervision of other high risk pregnancies, second trimester	10/1/2015	12/31/2299
O09893	Supervision of other high risk pregnancies, third trimester	10/1/2015	12/31/2299
O09899	Supervision of other high risk pregnancies, unsp trimester	10/1/2015	12/31/2299
O0990	Supervision of high risk pregnancy, unsp, unsp trimester	10/1/2015	12/31/2299
O0991	Supervision of high risk pregnancy, unsp, first trimester	10/1/2015	12/31/2299
O0992	Supervision of high risk pregnancy, unsp, second trimester	10/1/2015	12/31/2299
O0993	Supervision of high risk pregnancy, unsp, third trimester	10/1/2015	12/31/2299
O30001	Twin preg, unsp num plcnta & amnio sacs, first trimester	10/1/2015	12/31/2299
O30002	Twin preg, unsp num plcnta & amnio sacs, second trimester	10/1/2015	12/31/2299
O30003	Twin preg, unsp num plcnta & amnio sacs, third trimester	10/1/2015	12/31/2299
O30011	Twin pregnancy, monochorionic/monoamniotic, first trimester	10/1/2015	12/31/2299
O30012	Twin pregnancy, monochorionic/monoamniotic, second trimester	10/1/2015	12/31/2299
O30013	Twin pregnancy, monochorionic/monoamniotic, third trimester	10/1/2015	12/31/2299
O30031	Twin pregnancy, monochorionic/diamniotic, first trimester	10/1/2015	12/31/2299
O30032	Twin pregnancy, monochorionic/diamniotic, second trimester	10/1/2015	12/31/2299
O30033	Twin pregnancy, monochorionic/diamniotic, third trimester	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O30041	Twin pregnancy, dichorionic/diamniotic, first trimester	10/1/2015	12/31/2299
O30042	Twin pregnancy, dichorionic/diamniotic, second trimester	10/1/2015	12/31/2299
O30043	Twin pregnancy, dichorionic/diamniotic, third trimester	10/1/2015	12/31/2299
O30091	Twin preg, unable to dtrm num plcnta & amnio sacs, first tri	10/1/2015	12/31/2299
O30092	Twin preg, unable to dtrm num plcnta & amnio sacs, 2nd tri	10/1/2015	12/31/2299
O30093	Twin preg, unable to dtrm num plcnta & amnio sacs, third tri	10/1/2015	12/31/2299
O30101	Triplet preg, unsp num plcnta & amnio sacs, first trimester	10/1/2015	12/31/2299
O30102	Triplet preg, unsp num plcnta & amnio sacs, second trimester	10/1/2015	12/31/2299
O30103	Triplet preg, unsp num plcnta & amnio sacs, third trimester	10/1/2015	12/31/2299
O30111	Triplet preg w two or more monochorionic fetuses, first tri	10/1/2015	12/31/2299
O30112	Triplet preg w two or more monochorionic fetuses, second tri	10/1/2015	12/31/2299
O30113	Triplet preg w two or more monochorionic fetuses, third tri	10/1/2015	12/31/2299
O30121	Triplet preg w two or more monoamnio fetuses, first tri	10/1/2015	12/31/2299
O30122	Triplet preg w two or more monoamnio fetuses, second tri	10/1/2015	12/31/2299
O30123	Triplet preg w two or more monoamnio fetuses, third tri	10/1/2015	12/31/2299
O30191	Trp preg, unable to dtrm num plcnta & amnio sacs, first tri	10/1/2015	12/31/2299
O30192	Trp preg, unable to dtrm num plcnta & amnio sacs, second tri	10/1/2015	12/31/2299
O30193	Trp preg, unable to dtrm num plcnta & amnio sacs, third tri	10/1/2015	12/31/2299
O30201	Quad preg, unsp num plcnta & amnio sacs, first trimester	10/1/2015	12/31/2299
O30202	Quad preg, unsp num plcnta & amnio sacs, second trimester	10/1/2015	12/31/2299
O30203	Quad preg, unsp num plcnta & amnio sacs, third trimester	10/1/2015	12/31/2299
O30211	Quad preg w two or more monochorionic fetuses, first tri	10/1/2015	12/31/2299
O30212	Quad preg w two or more monochorionic fetuses, second tri	10/1/2015	12/31/2299
O30213	Quad preg w two or more monochorionic fetuses, third tri	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O30221	Quad preg w two or more monoamnio fetuses, first trimester	10/1/2015	12/31/2299
O30222	Quad preg w two or more monoamnio fetuses, second trimester	10/1/2015	12/31/2299
O30223	Quad preg w two or more monoamnio fetuses, third trimester	10/1/2015	12/31/2299
O30291	Quad preg, unable to dtrm num plcnta & amnio sacs, first tri	10/1/2015	12/31/2299
O30292	Quad preg, unable to dtrm num plcnta & amnio sacs, 2nd tri	10/1/2015	12/31/2299
O30293	Quad preg, unable to dtrm num plcnta & amnio sacs, third tri	10/1/2015	12/31/2299
O30801	Oth multiple gest, unsp num plcnta & amnio sacs, first tri	10/1/2015	12/31/2299
O30802	Oth multiple gest, unsp num plcnta & amnio sacs, second tri	10/1/2015	12/31/2299
O30803	Oth multiple gest, unsp num plcnta & amnio sacs, third tri	10/1/2015	12/31/2299
O30811	Oth mult gest w two or more monochorionic fetuses, first tri	10/1/2015	12/31/2299
O30812	Oth mult gest w two or more monochorionic fetuses, 2nd tri	10/1/2015	12/31/2299
O30813	Oth mult gest w two or more monochorionic fetuses, third tri	10/1/2015	12/31/2299
O30821	Oth multiple gest w two or more monoamnio fetuses, first tri	10/1/2015	12/31/2299
O30822	Oth mult gest w two or more monoamnio fetuses, second tri	10/1/2015	12/31/2299
O30823	Oth multiple gest w two or more monoamnio fetuses, third tri	10/1/2015	12/31/2299
O30891	Oth mult gest, unab to dtrm num plcnta & amnio sacs, 1st tri	10/1/2015	12/31/2299
O30892	Oth mult gest, unab to dtrm num plcnta & amnio sacs, 2nd tri	10/1/2015	12/31/2299
O30893	Oth mult gest, unab to dtrm num plcnta & amnio sacs, 3rd tri	10/1/2015	12/31/2299
O3091	Multiple gestation, unspecified, first trimester	10/1/2015	12/31/2299
O3092	Multiple gestation, unspecified, second trimester	10/1/2015	12/31/2299
O3093	Multiple gestation, unspecified, third trimester	10/1/2015	12/31/2299
O3111X0	Cont preg aft spon abort of one fts or more, first tri, unsp	10/1/2015	12/31/2299
O3111X1	Cont preg aft spon abort of one fts or more, first tri, fts1	10/1/2015	12/31/2299
O3111X2	Cont preg aft spon abort of one fts or more, first tri, fts2	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3111X3	Cont preg aft spon abort of one fts or more, first tri, fts3	10/1/2015	12/31/2299
O3111X4	Cont preg aft spon abort of one fts or more, first tri, fts4	10/1/2015	12/31/2299
O3111X5	Cont preg aft spon abort of one fts or more, first tri, fts5	10/1/2015	12/31/2299
O3111X9	Cont preg aft spon abort of one fts or more, first tri, oth	10/1/2015	12/31/2299
O3112X0	Cont preg aft spon abort of one fetus or more, 2nd tri, unsp	10/1/2015	12/31/2299
O3112X1	Cont preg aft spon abort of one fetus or more, 2nd tri, fts1	10/1/2015	12/31/2299
O3112X2	Cont preg aft spon abort of one fetus or more, 2nd tri, fts2	10/1/2015	12/31/2299
O3112X3	Cont preg aft spon abort of one fetus or more, 2nd tri, fts3	10/1/2015	12/31/2299
O3112X4	Cont preg aft spon abort of one fetus or more, 2nd tri, fts4	10/1/2015	12/31/2299
O3112X5	Cont preg aft spon abort of one fetus or more, 2nd tri, fts5	10/1/2015	12/31/2299
O3112X9	Cont preg aft spon abort of one fetus or more, 2nd tri, oth	10/1/2015	12/31/2299
O3113X0	Cont preg aft spon abort of one fts or more, third tri, unsp	10/1/2015	12/31/2299
O3113X1	Cont preg aft spon abort of one fts or more, third tri, fts1	10/1/2015	12/31/2299
O3113X2	Cont preg aft spon abort of one fts or more, third tri, fts2	10/1/2015	12/31/2299
O3113X3	Cont preg aft spon abort of one fts or more, third tri, fts3	10/1/2015	12/31/2299
O3113X4	Cont preg aft spon abort of one fts or more, third tri, fts4	10/1/2015	12/31/2299
O3113X5	Cont preg aft spon abort of one fts or more, third tri, fts5	10/1/2015	12/31/2299
O3113X9	Cont preg aft spon abort of one fts or more, third tri, oth	10/1/2015	12/31/2299
O3121X0	Cont preg aft uterin dth of one fts or more, first tri, unsp	10/1/2015	12/31/2299
O3121X1	Cont preg aft uterin dth of one fts or more, first tri, fts1	10/1/2015	12/31/2299
O3121X2	Cont preg aft uterin dth of one fts or more, first tri, fts2	10/1/2015	12/31/2299
O3121X3	Cont preg aft uterin dth of one fts or more, first tri, fts3	10/1/2015	12/31/2299
O3121X4	Cont preg aft uterin dth of one fts or more, first tri, fts4	10/1/2015	12/31/2299
O3121X5	Cont preg aft uterin dth of one fts or more, first tri, fts5	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3121X9	Cont preg aft uterin dth of one fts or more, first tri, oth	10/1/2015	12/31/2299
O3122X0	Cont preg aft uterin dth of one fetus or more, 2nd tri, unsp	10/1/2015	12/31/2299
O3122X1	Cont preg aft uterin dth of one fetus or more, 2nd tri, fts1	10/1/2015	12/31/2299
O3122X2	Cont preg aft uterin dth of one fetus or more, 2nd tri, fts2	10/1/2015	12/31/2299
O3122X3	Cont preg aft uterin dth of one fetus or more, 2nd tri, fts3	10/1/2015	12/31/2299
O3122X4	Cont preg aft uterin dth of one fetus or more, 2nd tri, fts4	10/1/2015	12/31/2299
O3122X5	Cont preg aft uterin dth of one fetus or more, 2nd tri, fts5	10/1/2015	12/31/2299
O3122X9	Cont preg aft uterin dth of one fetus or more, 2nd tri, oth	10/1/2015	12/31/2299
O3123X0	Cont preg aft uterin dth of one fts or more, third tri, unsp	10/1/2015	12/31/2299
O3123X1	Cont preg aft uterin dth of one fts or more, third tri, fts1	10/1/2015	12/31/2299
O3123X2	Cont preg aft uterin dth of one fts or more, third tri, fts2	10/1/2015	12/31/2299
O3123X3	Cont preg aft uterin dth of one fts or more, third tri, fts3	10/1/2015	12/31/2299
O3123X4	Cont preg aft uterin dth of one fts or more, third tri, fts4	10/1/2015	12/31/2299
O3123X5	Cont preg aft uterin dth of one fts or more, third tri, fts5	10/1/2015	12/31/2299
O3123X9	Cont preg aft uterin dth of one fts or more, third tri, oth	10/1/2015	12/31/2299
O3131X0	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, unsp	10/1/2015	12/31/2299
O3131X1	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, fts1	10/1/2015	12/31/2299
O3131X2	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, fts2	10/1/2015	12/31/2299
O3131X3	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, fts3	10/1/2015	12/31/2299
O3131X4	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, fts4	10/1/2015	12/31/2299
O3131X5	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, fts5	10/1/2015	12/31/2299
O3131X9	Cont preg aft elctv fetl rdct of 1 fts or more, 1st tri, oth	10/1/2015	12/31/2299
O3132X0	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, unsp	10/1/2015	12/31/2299
O3132X1	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, fts1	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3132X2	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, fts2	10/1/2015	12/31/2299
O3132X3	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, fts3	10/1/2015	12/31/2299
O3132X4	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, fts4	10/1/2015	12/31/2299
O3132X5	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, fts5	10/1/2015	12/31/2299
O3132X9	Cont preg aft elctv fetl rdct of 1 fts or more, 2nd tri, oth	10/1/2015	12/31/2299
O3133X0	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, unsp	10/1/2015	12/31/2299
O3133X1	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, fts1	10/1/2015	12/31/2299
O3133X2	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, fts2	10/1/2015	12/31/2299
O3133X3	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, fts3	10/1/2015	12/31/2299
O3133X4	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, fts4	10/1/2015	12/31/2299
O3133X5	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, fts5	10/1/2015	12/31/2299
O3133X9	Cont preg aft elctv fetl rdct of 1 fts or more, 3rd tri, oth	10/1/2015	12/31/2299
O318X10	Oth comp specific to multiple gest, first trimester, unsp	10/1/2015	12/31/2299
O318X11	Oth comp specific to multiple gest, first trimester, fetus 1	10/1/2015	12/31/2299
O318X12	Oth comp specific to multiple gest, first trimester, fetus 2	10/1/2015	12/31/2299
O318X13	Oth comp specific to multiple gest, first trimester, fetus 3	10/1/2015	12/31/2299
O318X14	Oth comp specific to multiple gest, first trimester, fetus 4	10/1/2015	12/31/2299
O318X15	Oth comp specific to multiple gest, first trimester, fetus 5	10/1/2015	12/31/2299
O318X19	Oth comp specific to multiple gest, first trimester, oth	10/1/2015	12/31/2299
O318X20	Oth comp specific to multiple gest, second trimester, unsp	10/1/2015	12/31/2299
O318X21	Oth comp specific to multiple gest, second tri, fetus 1	10/1/2015	12/31/2299
O318X22	Oth comp specific to multiple gest, second tri, fetus 2	10/1/2015	12/31/2299
O318X23	Oth comp specific to multiple gest, second tri, fetus 3	10/1/2015	12/31/2299
O318X24	Oth comp specific to multiple gest, second tri, fetus 4	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O318X25	Oth comp specific to multiple gest, second tri, fetus 5	10/1/2015	12/31/2299
O318X29	Oth comp specific to multiple gest, second trimester, oth	10/1/2015	12/31/2299
O318X30	Oth comp specific to multiple gest, third trimester, unsp	10/1/2015	12/31/2299
O318X31	Oth comp specific to multiple gest, third trimester, fetus 1	10/1/2015	12/31/2299
O318X32	Oth comp specific to multiple gest, third trimester, fetus 2	10/1/2015	12/31/2299
O318X33	Oth comp specific to multiple gest, third trimester, fetus 3	10/1/2015	12/31/2299
O318X34	Oth comp specific to multiple gest, third trimester, fetus 4	10/1/2015	12/31/2299
O318X35	Oth comp specific to multiple gest, third trimester, fetus 5	10/1/2015	12/31/2299
O318X39	Oth comp specific to multiple gest, third trimester, oth	10/1/2015	12/31/2299
O320XX0	Maternal care for unstable lie, not applicable or unsp	10/1/2015	12/31/2299
O320XX1	Maternal care for unstable lie, fetus 1	10/1/2015	12/31/2299
O320XX2	Maternal care for unstable lie, fetus 2	10/1/2015	12/31/2299
O320XX3	Maternal care for unstable lie, fetus 3	10/1/2015	12/31/2299
O320XX4	Maternal care for unstable lie, fetus 4	10/1/2015	12/31/2299
O320XX5	Maternal care for unstable lie, fetus 5	10/1/2015	12/31/2299
O320XX9	Maternal care for unstable lie, other fetus	10/1/2015	12/31/2299
O321XX0	Maternal care for breech presentation, unsp	10/1/2015	12/31/2299
O321XX1	Maternal care for breech presentation, fetus 1	10/1/2015	12/31/2299
O321XX2	Maternal care for breech presentation, fetus 2	10/1/2015	12/31/2299
O321XX3	Maternal care for breech presentation, fetus 3	10/1/2015	12/31/2299
O321XX4	Maternal care for breech presentation, fetus 4	10/1/2015	12/31/2299
O321XX5	Maternal care for breech presentation, fetus 5	10/1/2015	12/31/2299
O321XX9	Maternal care for breech presentation, other fetus	10/1/2015	12/31/2299
O322XX0	Maternal care for transverse and oblique lie, unsp	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O322XX1	Maternal care for transverse and oblique lie, fetus 1	10/1/2015	12/31/2299
O322XX2	Maternal care for transverse and oblique lie, fetus 2	10/1/2015	12/31/2299
O322XX3	Maternal care for transverse and oblique lie, fetus 3	10/1/2015	12/31/2299
O322XX4	Maternal care for transverse and oblique lie, fetus 4	10/1/2015	12/31/2299
O322XX5	Maternal care for transverse and oblique lie, fetus 5	10/1/2015	12/31/2299
O322XX9	Maternal care for transverse and oblique lie, other fetus	10/1/2015	12/31/2299
O323XX0	Maternal care for face, brow and chin presentation, unsp	10/1/2015	12/31/2299
O323XX1	Maternal care for face, brow and chin presentation, fetus 1	10/1/2015	12/31/2299
O323XX2	Maternal care for face, brow and chin presentation, fetus 2	10/1/2015	12/31/2299
O323XX3	Maternal care for face, brow and chin presentation, fetus 3	10/1/2015	12/31/2299
O323XX4	Maternal care for face, brow and chin presentation, fetus 4	10/1/2015	12/31/2299
O323XX5	Maternal care for face, brow and chin presentation, fetus 5	10/1/2015	12/31/2299
O323XX9	Maternal care for face, brow and chin presentation, oth	10/1/2015	12/31/2299
O324XX0	Maternal care for high head at term, not applicable or unsp	10/1/2015	12/31/2299
O324XX1	Maternal care for high head at term, fetus 1	10/1/2015	12/31/2299
O324XX2	Maternal care for high head at term, fetus 2	10/1/2015	12/31/2299
O324XX3	Maternal care for high head at term, fetus 3	10/1/2015	12/31/2299
O324XX4	Maternal care for high head at term, fetus 4	10/1/2015	12/31/2299
O324XX5	Maternal care for high head at term, fetus 5	10/1/2015	12/31/2299
O324XX9	Maternal care for high head at term, other fetus	10/1/2015	12/31/2299
O326XX0	Maternal care for compound presentation, unsp	10/1/2015	12/31/2299
O326XX1	Maternal care for compound presentation, fetus 1	10/1/2015	12/31/2299
O326XX2	Maternal care for compound presentation, fetus 2	10/1/2015	12/31/2299
O326XX3	Maternal care for compound presentation, fetus 3	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O326XX4	Maternal care for compound presentation, fetus 4	10/1/2015	12/31/2299
O326XX5	Maternal care for compound presentation, fetus 5	10/1/2015	12/31/2299
O326XX9	Maternal care for compound presentation, other fetus	10/1/2015	12/31/2299
O328XX0	Maternal care for oth malpresentation of fetus, unsp	10/1/2015	12/31/2299
O328XX1	Maternal care for other malpresentation of fetus, fetus 1	10/1/2015	12/31/2299
O328XX2	Maternal care for other malpresentation of fetus, fetus 2	10/1/2015	12/31/2299
O328XX3	Maternal care for other malpresentation of fetus, fetus 3	10/1/2015	12/31/2299
O328XX4	Maternal care for other malpresentation of fetus, fetus 4	10/1/2015	12/31/2299
O328XX5	Maternal care for other malpresentation of fetus, fetus 5	10/1/2015	12/31/2299
O328XX9	Maternal care for oth malpresentation of fetus, other fetus	10/1/2015	12/31/2299
O329XX0	Maternal care for malpresentation of fetus, unsp, unsp	10/1/2015	12/31/2299
O329XX1	Maternal care for malpresentation of fetus, unsp, fetus 1	10/1/2015	12/31/2299
O329XX2	Maternal care for malpresentation of fetus, unsp, fetus 2	10/1/2015	12/31/2299
O329XX3	Maternal care for malpresentation of fetus, unsp, fetus 3	10/1/2015	12/31/2299
O329XX4	Maternal care for malpresentation of fetus, unsp, fetus 4	10/1/2015	12/31/2299
O329XX5	Maternal care for malpresentation of fetus, unsp, fetus 5	10/1/2015	12/31/2299
O329XX9	Maternal care for malpresentation of fetus, unsp, oth fetus	10/1/2015	12/31/2299
O330	Matern care for disproprtn d/t deformity of matern pelv bone	10/1/2015	12/31/2299
O331	Matern care for disproprtn d/t generally contracted pelvis	10/1/2015	12/31/2299
O332	Maternal care for disproprtn due to inlet contrctn of pelvis	10/1/2015	12/31/2299
O333XX0	Matern care for disproprtn d/t outlet contrctn of pelv, unsp	10/1/2015	12/31/2299
O333XX1	Matern care for disproprtn d/t outlet contrctn of pelv, fts1	10/1/2015	12/31/2299
O333XX2	Matern care for disproprtn d/t outlet contrctn of pelv, fts2	10/1/2015	12/31/2299
O333XX3	Matern care for disproprtn d/t outlet contrctn of pelv, fts3	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O333XX4	Matern care for disproprtn d/t outlet contrctn of pelv, fts4	10/1/2015	12/31/2299
O333XX5	Matern care for disproprtn d/t outlet contrctn of pelv, fts5	10/1/2015	12/31/2299
O333XX9	Matern care for disproprtn d/t outlet contrctn of pelv, oth	10/1/2015	12/31/2299
O334XX0	Matern care for disproprtn of mix matern & fetl origin, unsp	10/1/2015	12/31/2299
O334XX1	Matern care for disproprtn of mix matern & fetl origin, fts1	10/1/2015	12/31/2299
O334XX2	Matern care for disproprtn of mix matern & fetl origin, fts2	10/1/2015	12/31/2299
O334XX3	Matern care for disproprtn of mix matern & fetl origin, fts3	10/1/2015	12/31/2299
O334XX4	Matern care for disproprtn of mix matern & fetl origin, fts4	10/1/2015	12/31/2299
O334XX5	Matern care for disproprtn of mix matern & fetl origin, fts5	10/1/2015	12/31/2299
O334XX9	Matern care for disproprtn of mix matern & fetl origin, oth	10/1/2015	12/31/2299
O335XX0	Matern care for disproprtn d/t unusually large fetus, unsp	10/1/2015	12/31/2299
O335XX1	Matern care for disproprtn d/t unusually large fetus, fts1	10/1/2015	12/31/2299
O335XX2	Matern care for disproprtn d/t unusually large fetus, fts2	10/1/2015	12/31/2299
O335XX3	Matern care for disproprtn d/t unusually large fetus, fts3	10/1/2015	12/31/2299
O335XX4	Matern care for disproprtn d/t unusually large fetus, fts4	10/1/2015	12/31/2299
O335XX5	Matern care for disproprtn d/t unusually large fetus, fts5	10/1/2015	12/31/2299
O335XX9	Matern care for disproprtn due to unusually large fetus, oth	10/1/2015	12/31/2299
O336XX0	Matern care for disproprtn due to hydrocephalic fetus, unsp	10/1/2015	12/31/2299
O336XX1	Matern care for disproprtn due to hydrocephalic fetus, fts1	10/1/2015	12/31/2299
O336XX2	Matern care for disproprtn due to hydrocephalic fetus, fts2	10/1/2015	12/31/2299
O336XX3	Matern care for disproprtn due to hydrocephalic fetus, fts3	10/1/2015	12/31/2299
O336XX4	Matern care for disproprtn due to hydrocephalic fetus, fts4	10/1/2015	12/31/2299
O336XX5	Matern care for disproprtn due to hydrocephalic fetus, fts5	10/1/2015	12/31/2299
O336XX9	Maternal care for disproprtn due to hydrocephalic fetus, oth	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O337	Maternal care for disproportion due to oth fetal deformities	10/1/2015	9/30/2016
O337XX0	Maternal care for disproprtn due to other fetal deform, unsp	10/1/2016	12/31/2299
O337XX1	Matern care for disproprtn due to other fetal deform, fts1	10/1/2016	12/31/2299
O337XX2	Matern care for disproprtn due to other fetal deform, fts2	10/1/2016	12/31/2299
O337XX3	Matern care for disproprtn due to other fetal deform, fts3	10/1/2016	12/31/2299
O337XX4	Matern care for disproprtn due to other fetal deform, fts4	10/1/2016	12/31/2299
O337XX5	Matern care for disproprtn due to other fetal deform, fts5	10/1/2016	12/31/2299
O337XX9	Maternal care for disproprtn due to other fetal deform, oth	10/1/2016	12/31/2299
O338	Maternal care for disproportion of other origin	10/1/2015	12/31/2299
O339	Maternal care for disproportion, unspecified	10/1/2015	12/31/2299
O3401	Maternal care for unsp congen malform of uterus, first tri	10/1/2015	12/31/2299
O3402	Maternal care for unsp congen malform of uterus, second tri	10/1/2015	12/31/2299
O3403	Maternal care for unsp congen malform of uterus, third tri	10/1/2015	12/31/2299
O3411	Maternal care for benign tumor of corpus uteri, first tri	10/1/2015	12/31/2299
O3412	Maternal care for benign tumor of corpus uteri, second tri	10/1/2015	12/31/2299
O3413	Maternal care for benign tumor of corpus uteri, third tri	10/1/2015	12/31/2299
O3421	Maternal care for scar from previous cesarean delivery	10/1/2015	9/30/2016
O34211	Matern care for low transverse scar from prev cesarean del	10/1/2016	12/31/2299
O34212	Maternal care for vertical scar from previous cesarean del	10/1/2016	12/31/2299
O34219	Maternal care for unsp type scar from previous cesarean del	10/1/2016	12/31/2299
O3429	Maternal care due to uterine scar from oth previous surgery	10/1/2015	12/31/2299
O3431	Maternal care for cervical incompetence, first trimester	10/1/2015	12/31/2299
O3432	Maternal care for cervical incompetence, second trimester	10/1/2015	12/31/2299
O3433	Maternal care for cervical incompetence, third trimester	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3441	Maternal care for oth abnlt of cervix, first trimester	10/1/2015	12/31/2299
O3442	Maternal care for oth abnlt of cervix, second trimester	10/1/2015	12/31/2299
O3443	Maternal care for oth abnlt of cervix, third trimester	10/1/2015	12/31/2299
O34511	Maternal care for incarceration of gravid uterus, first tri	10/1/2015	12/31/2299
O34512	Maternal care for incarceration of gravid uterus, second tri	10/1/2015	12/31/2299
O34513	Maternal care for incarceration of gravid uterus, third tri	10/1/2015	12/31/2299
O34521	Maternal care for prolapse of gravid uterus, first trimester	10/1/2015	12/31/2299
O34522	Maternal care for prolapse of gravid uterus, second tri	10/1/2015	12/31/2299
O34523	Maternal care for prolapse of gravid uterus, third trimester	10/1/2015	12/31/2299
O34531	Maternal care for retroversion of gravid uterus, first tri	10/1/2015	12/31/2299
O34532	Maternal care for retroversion of gravid uterus, second tri	10/1/2015	12/31/2299
O34533	Maternal care for retroversion of gravid uterus, third tri	10/1/2015	12/31/2299
O34591	Maternal care for oth abnlt of gravid uterus, first tri	10/1/2015	12/31/2299
O34592	Maternal care for oth abnlt of gravid uterus, second tri	10/1/2015	12/31/2299
O34593	Maternal care for oth abnlt of gravid uterus, third tri	10/1/2015	12/31/2299
O3461	Maternal care for abnormality of vagina, first trimester	10/1/2015	12/31/2299
O3462	Maternal care for abnormality of vagina, second trimester	10/1/2015	12/31/2299
O3463	Maternal care for abnormality of vagina, third trimester	10/1/2015	12/31/2299
O3471	Maternal care for abnlt of vulva and perineum, first tri	10/1/2015	12/31/2299
O3472	Maternal care for abnlt of vulva and perineum, second tri	10/1/2015	12/31/2299
O3473	Maternal care for abnlt of vulva and perineum, third tri	10/1/2015	12/31/2299
O3481	Maternal care for oth abnlt of pelvic organs, first tri	10/1/2015	12/31/2299
O3482	Maternal care for oth abnlt of pelvic organs, second tri	10/1/2015	12/31/2299
O3483	Maternal care for oth abnlt of pelvic organs, third tri	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3491	Maternal care for abnlt of pelvic organ, unsp, first tri	10/1/2015	12/31/2299
O3492	Maternal care for abnlt of pelvic organ, unsp, second tri	10/1/2015	12/31/2299
O3493	Maternal care for abnlt of pelvic organ, unsp, third tri	10/1/2015	12/31/2299
O3500X0	Mat care (suspected) cnsl malf/damag fts, unspecified, unsp	10/1/2022	12/31/2299
O3500X1	Mat care cnsl malf/damag fts, unspecified, fetus 1	10/1/2022	12/31/2299
O3500X2	Mat care cnsl malf/damag fts, unspecified, fetus 2	10/1/2022	12/31/2299
O3500X3	Mat care cnsl malf/damag fts, unspecified, fetus 3	10/1/2022	12/31/2299
O3500X4	Mat care cnsl malf/damag fts, unspecified, fetus 4	10/1/2022	12/31/2299
O3500X5	Mat care cnsl malf/damag fts, unspecified, fetus 5	10/1/2022	12/31/2299
O3500X9	Mat care cnsl malf/damag fts, unspecified, other fetus	10/1/2022	12/31/2299
O3501X0	Mat care cnsl malf/damag fts, agenesis corpus callosum, unsp	10/1/2022	12/31/2299
O3501X1	Mat care cnsl malf/damag fts, agenesis corpus callosum, fts1	10/1/2022	12/31/2299
O3501X2	Mat care cnsl malf/damag fts, agenesis corpus callosum, fts2	10/1/2022	12/31/2299
O3501X3	Mat care cnsl malf/damag fts, agenesis corpus callosum, fts3	10/1/2022	12/31/2299
O3501X4	Mat care cnsl malf/damag fts, agenesis corpus callosum, fts4	10/1/2022	12/31/2299
O3501X5	Mat care cnsl malf/damag fts, agenesis corpus callosum, fts5	10/1/2022	12/31/2299
O3501X9	Mat care cnsl malf/damag fts, agenesis corpus callosum, oth	10/1/2022	12/31/2299
O3502X0	Mat care (suspected) cnsl malf/damag fts, anencephaly, unsp	10/1/2022	12/31/2299
O3502X1	Mat care cnsl malf/damag fts, anencephaly, fetus 1	10/1/2022	12/31/2299
O3502X2	Mat care cnsl malf/damag fts, anencephaly, fetus 2	10/1/2022	12/31/2299
O3502X3	Mat care cnsl malf/damag fts, anencephaly, fetus 3	10/1/2022	12/31/2299
O3502X4	Mat care cnsl malf/damag fts, anencephaly, fetus 4	10/1/2022	12/31/2299
O3502X5	Mat care cnsl malf/damag fts, anencephaly, fetus 5	10/1/2022	12/31/2299
O3502X9	Mat care cnsl malf/damag fts, anencephaly, other fetus	10/1/2022	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3503X0	Mat care cnsl malf/damag fts, choroid plexus cysts, unsp	10/1/2022	12/31/2299
O3503X1	Mat care cnsl malf/damag fts, choroid plexus cysts, fetus 1	10/1/2022	12/31/2299
O3503X2	Mat care cnsl malf/damag fts, choroid plexus cysts, fetus 2	10/1/2022	12/31/2299
O3503X3	Mat care cnsl malf/damag fts, choroid plexus cysts, fetus 3	10/1/2022	12/31/2299
O3503X4	Mat care cnsl malf/damag fts, choroid plexus cysts, fetus 4	10/1/2022	12/31/2299
O3503X5	Mat care cnsl malf/damag fts, choroid plexus cysts, fetus 5	10/1/2022	12/31/2299
O3503X9	Mat care cnsl malf/damag fts, choroid plexus cysts, oth	10/1/2022	12/31/2299
O3504X0	Mat care (suspected) cnsl malf/damag fts, encephaloc, unsp	10/1/2022	12/31/2299
O3504X1	Mat care cnsl malf/damag fts, encephaloc, fetus 1	10/1/2022	12/31/2299
O3504X2	Mat care cnsl malf/damag fts, encephaloc, fetus 2	10/1/2022	12/31/2299
O3504X3	Mat care cnsl malf/damag fts, encephaloc, fetus 3	10/1/2022	12/31/2299
O3504X4	Mat care cnsl malf/damag fts, encephaloc, fetus 4	10/1/2022	12/31/2299
O3504X5	Mat care cnsl malf/damag fts, encephaloc, fetus 5	10/1/2022	12/31/2299
O3504X9	Mat care cnsl malf/damag fts, encephaloc, other fetus	10/1/2022	12/31/2299
O3505X0	Mat care cnsl malf/damag fts, holoprosenceph, unsp	10/1/2022	12/31/2299
O3505X1	Mat care cnsl malf/damag fts, holoprosenceph, fetus 1	10/1/2022	12/31/2299
O3505X2	Mat care cnsl malf/damag fts, holoprosenceph, fetus 2	10/1/2022	12/31/2299
O3505X3	Mat care cnsl malf/damag fts, holoprosenceph, fetus 3	10/1/2022	12/31/2299
O3505X4	Mat care cnsl malf/damag fts, holoprosenceph, fetus 4	10/1/2022	12/31/2299
O3505X5	Mat care cnsl malf/damag fts, holoprosenceph, fetus 5	10/1/2022	12/31/2299
O3505X9	Mat care cnsl malf/damag fts, holoprosenceph, other fetus	10/1/2022	12/31/2299
O3506X0	Mat care (suspected) cnsl malf/damag fts, hydrocephaly, unsp	10/1/2022	12/31/2299
O3506X1	Mat care (suspected) cnsl malf/damag fts, hydroceph, fetus 1	10/1/2022	12/31/2299
O3506X2	Mat care (suspected) cnsl malf/damag fts, hydroceph, fetus 2	10/1/2022	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3506X3	Mat care (suspected) cnsl malf/damag fts, hydroceph, fetus 3	10/1/2022	12/31/2299
O3506X4	Mat care (suspected) cnsl malf/damag fts, hydroceph, fetus 4	10/1/2022	12/31/2299
O3506X5	Mat care (suspected) cnsl malf/damag fts, hydroceph, fetus 5	10/1/2022	12/31/2299
O3506X9	Mat care cnsl malf/damag fts, hydroceph, other fetus	10/1/2022	12/31/2299
O3507X0	Mat care (suspected) cnsl malf/damag fts, microcephaly, unsp	10/1/2022	12/31/2299
O3507X1	Mat care (suspected) cnsl malf/damag fts, microceph, fetus 1	10/1/2022	12/31/2299
O3507X2	Mat care (suspected) cnsl malf/damag fts, microceph, fetus 2	10/1/2022	12/31/2299
O3507X3	Mat care (suspected) cnsl malf/damag fts, microceph, fetus 3	10/1/2022	12/31/2299
O3507X4	Mat care (suspected) cnsl malf/damag fts, microceph, fetus 4	10/1/2022	12/31/2299
O3507X5	Mat care (suspected) cnsl malf/damag fts, microceph, fetus 5	10/1/2022	12/31/2299
O3507X9	Mat care cnsl malf/damag fts, microceph, other fetus	10/1/2022	12/31/2299
O3508X0	Mat care (suspected) cnsl malf/damag fts, spina bifida, unsp	10/1/2022	12/31/2299
O3508X1	Mat care cnsl malf/damag fts, spina bifida, fetus 1	10/1/2022	12/31/2299
O3508X2	Mat care cnsl malf/damag fts, spina bifida, fetus 2	10/1/2022	12/31/2299
O3508X3	Mat care cnsl malf/damag fts, spina bifida, fetus 3	10/1/2022	12/31/2299
O3508X4	Mat care cnsl malf/damag fts, spina bifida, fetus 4	10/1/2022	12/31/2299
O3508X5	Mat care cnsl malf/damag fts, spina bifida, fetus 5	10/1/2022	12/31/2299
O3508X9	Mat care cnsl malf/damag fts, spina bifida, other fetus	10/1/2022	12/31/2299
O3509X0	Mat care (suspected) other cnsl malf/damag fts, unsp	10/1/2022	12/31/2299
O3509X1	Mat care (suspected) other cnsl malf/damag fts, fetus 1	10/1/2022	12/31/2299
O3509X2	Mat care (suspected) other cnsl malf/damag fts, fetus 2	10/1/2022	12/31/2299
O3509X3	Mat care (suspected) other cnsl malf/damag fts, fetus 3	10/1/2022	12/31/2299
O3509X4	Mat care (suspected) other cnsl malf/damag fts, fetus 4	10/1/2022	12/31/2299
O3509X5	Mat care (suspected) other cnsl malf/damag fts, fetus 5	10/1/2022	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3509X9	Mat care (suspected) other cnsl malf/damag fts, other fetus	10/1/2022	12/31/2299
O350XX0	Maternal care for (suspected) cnsl malform in fetus, unsp	10/1/2022	12/31/2299
O350XX0	Maternal care for (suspected) cnsl malform in fetus, unsp	10/1/2015	9/30/2022
O350XX1	Maternal care for (suspected) cnsl malform in fetus, fetus 1	10/1/2022	12/31/2299
O350XX1	Maternal care for (suspected) cnsl malform in fetus, fetus 1	10/1/2015	9/30/2022
O350XX2	Maternal care for (suspected) cnsl malform in fetus, fetus 2	10/1/2015	9/30/2022
O350XX2	Maternal care for (suspected) cnsl malform in fetus, fetus 2	10/1/2022	12/31/2299
O350XX3	Maternal care for (suspected) cnsl malform in fetus, fetus 3	10/1/2022	12/31/2299
O350XX3	Maternal care for (suspected) cnsl malform in fetus, fetus 3	10/1/2015	9/30/2022
O350XX4	Maternal care for (suspected) cnsl malform in fetus, fetus 4	10/1/2022	12/31/2299
O350XX4	Maternal care for (suspected) cnsl malform in fetus, fetus 4	10/1/2015	9/30/2022
O350XX5	Maternal care for (suspected) cnsl malform in fetus, fetus 5	10/1/2022	12/31/2299
O350XX5	Maternal care for (suspected) cnsl malform in fetus, fetus 5	10/1/2015	9/30/2022
O350XX9	Maternal care for (suspected) cnsl malform in fetus, oth	10/1/2015	9/30/2022
O350XX9	Maternal care for (suspected) cnsl malform in fetus, oth	10/1/2022	12/31/2299
O3510X0	Mat care chromosomal abnormality in fetus, unspecified, unsp	10/1/2022	12/31/2299
O3510X1	Mat care chromosomal abnlt in fetus, unspecified, fetus 1	10/1/2022	12/31/2299
O3510X2	Mat care chromosomal abnlt in fetus, unspecified, fetus 2	10/1/2022	12/31/2299
O3510X3	Mat care chromosomal abnlt in fetus, unspecified, fetus 3	10/1/2022	12/31/2299
O3510X4	Mat care chromosomal abnlt in fetus, unspecified, fetus 4	10/1/2022	12/31/2299
O3510X5	Mat care chromosomal abnlt in fetus, unspecified, fetus 5	10/1/2022	12/31/2299
O3510X9	Mat care chromsoml abnlt in fetus, unspecified, other fetus	10/1/2022	12/31/2299
O3511X0	Mat care chromosomal abnormality in fetus, Trisomy 13, unsp	10/1/2022	12/31/2299
O3511X1	Mat care chromosomal abnlt in fetus, Trisomy 13, fetus 1	10/1/2022	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3511X2	Mat care chromosomal abnlt in fetus, Trisomy 13, fetus 2	10/1/2022	12/31/2299
O3511X3	Mat care chromosomal abnlt in fetus, Trisomy 13, fetus 3	10/1/2022	12/31/2299
O3511X4	Mat care chromosomal abnlt in fetus, Trisomy 13, fetus 4	10/1/2022	12/31/2299
O3511X5	Mat care chromosomal abnlt in fetus, Trisomy 13, fetus 5	10/1/2022	12/31/2299
O3511X9	Mat care chromosomal abnlt in fetus, Trisomy 13, other fetus	10/1/2022	12/31/2299
O3512X0	Mat care chromosomal abnormality in fetus, Trisomy 18, unsp	10/1/2022	12/31/2299
O3512X1	Mat care chromosomal abnlt in fetus, Trisomy 18, fetus 1	10/1/2022	12/31/2299
O3512X2	Mat care chromosomal abnlt in fetus, Trisomy 18, fetus 2	10/1/2022	12/31/2299
O3512X3	Mat care chromosomal abnlt in fetus, Trisomy 18, fetus 3	10/1/2022	12/31/2299
O3512X4	Mat care chromosomal abnlt in fetus, Trisomy 18, fetus 4	10/1/2022	12/31/2299
O3512X5	Mat care chromosomal abnlt in fetus, Trisomy 18, fetus 5	10/1/2022	12/31/2299
O3512X9	Mat care chromosomal abnlt in fetus, Trisomy 18, other fetus	10/1/2022	12/31/2299
O3513X0	Mat care chromosomal abnormality in fetus, Trisomy 21, unsp	10/1/2022	12/31/2299
O3513X1	Mat care chromosomal abnlt in fetus, Trisomy 21, fetus 1	10/1/2022	12/31/2299
O3513X2	Mat care chromosomal abnlt in fetus, Trisomy 21, fetus 2	10/1/2022	12/31/2299
O3513X3	Mat care chromosomal abnlt in fetus, Trisomy 21, fetus 3	10/1/2022	12/31/2299
O3513X4	Mat care chromosomal abnlt in fetus, Trisomy 21, fetus 4	10/1/2022	12/31/2299
O3513X5	Mat care chromosomal abnlt in fetus, Trisomy 21, fetus 5	10/1/2022	12/31/2299
O3513X9	Mat care chromosomal abnlt in fetus, Trisomy 21, other fetus	10/1/2022	12/31/2299
O3514X0	Mat care chromosomal abnlt in fetus, Turner Syndrome, unsp	10/1/2022	12/31/2299
O3514X1	Mat care chromsoml abnlt in fetus, Turner Syndrome, fetus 1	10/1/2022	12/31/2299
O3514X2	Mat care chromsoml abnlt in fetus, Turner Syndrome, fetus 2	10/1/2022	12/31/2299
O3514X3	Mat care chromsoml abnlt in fetus, Turner Syndrome, fetus 3	10/1/2022	12/31/2299
O3514X4	Mat care chromsoml abnlt in fetus, Turner Syndrome, fetus 4	10/1/2022	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3514X5	Mat care chromsoml abnlt in fetus, Turner Syndrome, fetus 5	10/1/2022	12/31/2299
O3514X9	Mat care chromsoml abnlt in fetus, Turner Syndrome, oth	10/1/2022	12/31/2299
O3515X0	Mat care chromsoml abnlt in fetus, sex chromo abnlt, unsp	10/1/2022	12/31/2299
O3515X1	Mat care chromsoml abnlt in fetus, sex chromo abnlt, fetus 1	10/1/2022	12/31/2299
O3515X2	Mat care chromsoml abnlt in fetus, sex chromo abnlt, fetus 2	10/1/2022	12/31/2299
O3515X3	Mat care chromsoml abnlt in fetus, sex chromo abnlt, fetus 3	10/1/2022	12/31/2299
O3515X4	Mat care chromsoml abnlt in fetus, sex chromo abnlt, fetus 4	10/1/2022	12/31/2299
O3515X5	Mat care chromsoml abnlt in fetus, sex chromo abnlt, fetus 5	10/1/2022	12/31/2299
O3515X9	Mat care chromsoml abnlt in fetus, sex chromosome abnlt, oth	10/1/2022	12/31/2299
O3519X0	Mat care chromsoml abnlt in fts, other chromsoml abnlt, unsp	10/1/2022	12/31/2299
O3519X1	Mat care chromsoml abnlt in fts, other chromsoml abnlt, fts1	10/1/2022	12/31/2299
O3519X2	Mat care chromsoml abnlt in fts, other chromsoml abnlt, fts2	10/1/2022	12/31/2299
O3519X3	Mat care chromsoml abnlt in fts, other chromsoml abnlt, fts3	10/1/2022	12/31/2299
O3519X4	Mat care chromsoml abnlt in fts, other chromsoml abnlt, fts4	10/1/2022	12/31/2299
O3519X5	Mat care chromsoml abnlt in fts, other chromsoml abnlt, fts5	10/1/2022	12/31/2299
O3519X9	Mat care chromsoml abnlt in fts, other chromsoml abnlt, oth	10/1/2022	12/31/2299
O351XX0	Maternal care for chromosomal abnormality in fetus, unsp	10/1/2022	12/31/2299
O351XX0	Maternal care for chromosomal abnormality in fetus, unsp	10/1/2015	9/30/2022
O351XX1	Maternal care for chromosomal abnormality in fetus, fetus 1	10/1/2022	12/31/2299
O351XX1	Maternal care for chromosomal abnormality in fetus, fetus 1	10/1/2015	9/30/2022
O351XX2	Maternal care for chromosomal abnormality in fetus, fetus 2	10/1/2015	9/30/2022
O351XX2	Maternal care for chromosomal abnormality in fetus, fetus 2	10/1/2022	12/31/2299
O351XX3	Maternal care for chromosomal abnormality in fetus, fetus 3	10/1/2022	12/31/2299
O351XX3	Maternal care for chromosomal abnormality in fetus, fetus 3	10/1/2015	9/30/2022

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O351XX4	Maternal care for chromosomal abnormality in fetus, fetus 4	10/1/2022	12/31/2299
O351XX4	Maternal care for chromosomal abnormality in fetus, fetus 4	10/1/2015	9/30/2022
O351XX5	Maternal care for chromosomal abnormality in fetus, fetus 5	10/1/2022	12/31/2299
O351XX5	Maternal care for chromosomal abnormality in fetus, fetus 5	10/1/2015	9/30/2022
O351XX9	Maternal care for chromosomal abnormality in fetus, oth	10/1/2015	9/30/2022
O351XX9	Maternal care for chromosomal abnormality in fetus, oth	10/1/2022	12/31/2299
O352XX0	Maternal care for hereditary disease in fetus, unsp	10/1/2015	12/31/2299
O352XX1	Maternal care for hereditary disease in fetus, fetus 1	10/1/2015	12/31/2299
O352XX2	Maternal care for hereditary disease in fetus, fetus 2	10/1/2015	12/31/2299
O352XX3	Maternal care for hereditary disease in fetus, fetus 3	10/1/2015	12/31/2299
O352XX4	Maternal care for hereditary disease in fetus, fetus 4	10/1/2015	12/31/2299
O352XX5	Maternal care for hereditary disease in fetus, fetus 5	10/1/2015	12/31/2299
O352XX9	Maternal care for hereditary disease in fetus, oth	10/1/2015	12/31/2299
O353XX0	Matern care for damag to fts from viral dis in mother, unsp	10/1/2015	12/31/2299
O353XX1	Matern care for damag to fts from viral dis in mother, fts1	10/1/2015	12/31/2299
O353XX2	Matern care for damag to fts from viral dis in mother, fts2	10/1/2015	12/31/2299
O353XX3	Matern care for damag to fts from viral dis in mother, fts3	10/1/2015	12/31/2299
O353XX4	Matern care for damag to fts from viral dis in mother, fts4	10/1/2015	12/31/2299
O353XX5	Matern care for damag to fts from viral dis in mother, fts5	10/1/2015	12/31/2299
O353XX9	Matern care for damag to fetus from viral dis in mother, oth	10/1/2015	12/31/2299
O354XX0	Maternal care for damage to fetus from alcohol, unsp	10/1/2015	12/31/2299
O354XX1	Maternal care for damage to fetus from alcohol, fetus 1	10/1/2015	12/31/2299
O354XX2	Maternal care for damage to fetus from alcohol, fetus 2	10/1/2015	12/31/2299
O354XX3	Maternal care for damage to fetus from alcohol, fetus 3	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O354XX4	Maternal care for damage to fetus from alcohol, fetus 4	10/1/2015	12/31/2299
O354XX5	Maternal care for damage to fetus from alcohol, fetus 5	10/1/2015	12/31/2299
O354XX9	Maternal care for damage to fetus from alcohol, oth	10/1/2015	12/31/2299
O355XX0	Maternal care for (suspected) damage to fetus by drugs, unsp	10/1/2015	12/31/2299
O355XX1	Maternal care for damage to fetus by drugs, fetus 1	10/1/2015	12/31/2299
O355XX2	Maternal care for damage to fetus by drugs, fetus 2	10/1/2015	12/31/2299
O355XX3	Maternal care for damage to fetus by drugs, fetus 3	10/1/2015	12/31/2299
O355XX4	Maternal care for damage to fetus by drugs, fetus 4	10/1/2015	12/31/2299
O355XX5	Maternal care for damage to fetus by drugs, fetus 5	10/1/2015	12/31/2299
O355XX9	Maternal care for (suspected) damage to fetus by drugs, oth	10/1/2015	12/31/2299
O356XX0	Maternal care for damage to fetus by radiation, unsp	10/1/2015	12/31/2299
O356XX1	Maternal care for damage to fetus by radiation, fetus 1	10/1/2015	12/31/2299
O356XX2	Maternal care for damage to fetus by radiation, fetus 2	10/1/2015	12/31/2299
O356XX3	Maternal care for damage to fetus by radiation, fetus 3	10/1/2015	12/31/2299
O356XX4	Maternal care for damage to fetus by radiation, fetus 4	10/1/2015	12/31/2299
O356XX5	Maternal care for damage to fetus by radiation, fetus 5	10/1/2015	12/31/2299
O356XX9	Maternal care for damage to fetus by radiation, oth	10/1/2015	12/31/2299
O358XX0	Maternal care for oth fetal abnormality and damage, unsp	10/1/2015	12/31/2299
O358XX1	Maternal care for oth fetal abnormality and damage, fetus 1	10/1/2015	12/31/2299
O358XX2	Maternal care for oth fetal abnormality and damage, fetus 2	10/1/2015	12/31/2299
O358XX3	Maternal care for oth fetal abnormality and damage, fetus 3	10/1/2015	12/31/2299
O358XX4	Maternal care for oth fetal abnormality and damage, fetus 4	10/1/2015	12/31/2299
O358XX5	Maternal care for oth fetal abnormality and damage, fetus 5	10/1/2015	12/31/2299
O358XX9	Maternal care for oth fetal abnormality and damage, oth	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O359XX0	Maternal care for fetal abnormality and damage, unsp, unsp	10/1/2015	12/31/2299
O359XX1	Maternal care for fetal abnlt and damage, unsp, fetus 1	10/1/2015	12/31/2299
O359XX2	Maternal care for fetal abnlt and damage, unsp, fetus 2	10/1/2015	12/31/2299
O359XX3	Maternal care for fetal abnlt and damage, unsp, fetus 3	10/1/2015	12/31/2299
O359XX4	Maternal care for fetal abnlt and damage, unsp, fetus 4	10/1/2015	12/31/2299
O359XX5	Maternal care for fetal abnlt and damage, unsp, fetus 5	10/1/2015	12/31/2299
O359XX9	Maternal care for fetal abnormality and damage, unsp, oth	10/1/2015	12/31/2299
O35AXX0	Mat care oth fetl abnlt and damag, fetl facial anomal, unsp	10/1/2022	12/31/2299
O35AXX1	Mat care oth fetl abnlt and damag, fetl facial anomal, fts1	10/1/2022	12/31/2299
O35AXX2	Mat care oth fetl abnlt and damag, fetl facial anomal, fts2	10/1/2022	12/31/2299
O35AXX3	Mat care oth fetl abnlt and damag, fetl facial anomal, fts3	10/1/2022	12/31/2299
O35AXX4	Mat care oth fetl abnlt and damag, fetl facial anomal, fts4	10/1/2022	12/31/2299
O35AXX5	Mat care oth fetl abnlt and damag, fetl facial anomal, fts5	10/1/2022	12/31/2299
O35AXX9	Mat care other fetl abnlt and damag, fetl facial anomal, oth	10/1/2022	12/31/2299
O35BXX0	Mat care other fetl abnlt and damag, fetal card anomal, unsp	10/1/2022	12/31/2299
O35BXX1	Mat care other fetl abnlt and damag, fetal card anomal, fts1	10/1/2022	12/31/2299
O35BXX2	Mat care other fetl abnlt and damag, fetal card anomal, fts2	10/1/2022	12/31/2299
O35BXX3	Mat care other fetl abnlt and damag, fetal card anomal, fts3	10/1/2022	12/31/2299
O35BXX4	Mat care other fetl abnlt and damag, fetal card anomal, fts4	10/1/2022	12/31/2299
O35BXX5	Mat care other fetl abnlt and damag, fetal card anomal, fts5	10/1/2022	12/31/2299
O35BXX9	Mat care other fetal abnlt and damag, fetal card anomal, oth	10/1/2022	12/31/2299
O35CXX0	Mat care other fetl abnlt and damag, fetal pulm anomal, unsp	10/1/2022	12/31/2299
O35CXX1	Mat care other fetl abnlt and damag, fetal pulm anomal, fts1	10/1/2022	12/31/2299
O35CXX2	Mat care other fetl abnlt and damag, fetal pulm anomal, fts2	10/1/2022	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O35CXX3	Mat care other fetl abnlt and damag, fetal pulm anomal, fts3	10/1/2022	12/31/2299
O35CXX4	Mat care other fetl abnlt and damag, fetal pulm anomal, fts4	10/1/2022	12/31/2299
O35CXX5	Mat care other fetl abnlt and damag, fetal pulm anomal, fts5	10/1/2022	12/31/2299
O35CXX9	Mat care other fetal abnlt and damag, fetal pulm anomal, oth	10/1/2022	12/31/2299
O35DXX0	Mat care other fetal abnlt and damage, fetal GI anomal, unsp	10/1/2022	12/31/2299
O35DXX1	Mat care other fetal abnlt and damage, fetal GI anomal, fts1	10/1/2022	12/31/2299
O35DXX2	Mat care other fetal abnlt and damage, fetal GI anomal, fts2	10/1/2022	12/31/2299
O35DXX3	Mat care other fetal abnlt and damage, fetal GI anomal, fts3	10/1/2022	12/31/2299
O35DXX4	Mat care other fetal abnlt and damage, fetal GI anomal, fts4	10/1/2022	12/31/2299
O35DXX5	Mat care other fetal abnlt and damage, fetal GI anomal, fts5	10/1/2022	12/31/2299
O35DXX9	Mat care other fetal abnlt and damage, fetal GI anomal, oth	10/1/2022	12/31/2299
O35EXX0	Mat care other fetal abnlt and damage, fetal GU anomal, unsp	10/1/2022	12/31/2299
O35EXX1	Mat care other fetal abnlt and damage, fetal GU anomal, fts1	10/1/2022	12/31/2299
O35EXX2	Mat care other fetal abnlt and damage, fetal GU anomal, fts2	10/1/2022	12/31/2299
O35EXX3	Mat care other fetal abnlt and damage, fetal GU anomal, fts3	10/1/2022	12/31/2299
O35EXX4	Mat care other fetal abnlt and damage, fetal GU anomal, fts4	10/1/2022	12/31/2299
O35EXX5	Mat care other fetal abnlt and damage, fetal GU anomal, fts5	10/1/2022	12/31/2299
O35EXX9	Mat care other fetal abnlt and damage, fetal GU anomal, oth	10/1/2022	12/31/2299
O35FXX0	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, unsp	10/1/2022	12/31/2299
O35FXX1	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, fts1	10/1/2022	12/31/2299
O35FXX2	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, fts2	10/1/2022	12/31/2299
O35FXX3	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, fts3	10/1/2022	12/31/2299
O35FXX4	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, fts4	10/1/2022	12/31/2299
O35FXX5	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, fts5	10/1/2022	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O35FXX9	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, oth	10/1/2022	12/31/2299
O35GXX0	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, unsp	10/1/2022	12/31/2299
O35GXX1	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, fts1	10/1/2022	12/31/2299
O35GXX2	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, fts2	10/1/2022	12/31/2299
O35GXX3	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, fts3	10/1/2022	12/31/2299
O35GXX4	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, fts4	10/1/2022	12/31/2299
O35GXX5	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, fts5	10/1/2022	12/31/2299
O35GXX9	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, oth	10/1/2022	12/31/2299
O35HXX0	Mat care oth fetl abnlt & damag, fetl low extrm anomal, unsp	10/1/2022	12/31/2299
O35HXX1	Mat care oth fetl abnlt & damag, fetl low extrm anomal, fts1	10/1/2022	12/31/2299
O35HXX2	Mat care oth fetl abnlt & damag, fetl low extrm anomal, fts2	10/1/2022	12/31/2299
O35HXX3	Mat care oth fetl abnlt & damag, fetl low extrm anomal, fts3	10/1/2022	12/31/2299
O35HXX4	Mat care oth fetl abnlt & damag, fetl low extrm anomal, fts4	10/1/2022	12/31/2299
O35HXX5	Mat care oth fetl abnlt & damag, fetl low extrm anomal, fts5	10/1/2022	12/31/2299
O35HXX9	Mat care oth fetl abnlt & damag, fetl low extrm anomal, oth	10/1/2022	12/31/2299
O360110	Maternal care for anti-D antibodies, first trimester, unsp	10/1/2015	12/31/2299
O360111	Maternal care for anti-D antibodies, first tri, fetus 1	10/1/2015	12/31/2299
O360112	Maternal care for anti-D antibodies, first tri, fetus 2	10/1/2015	12/31/2299
O360113	Maternal care for anti-D antibodies, first tri, fetus 3	10/1/2015	12/31/2299
O360114	Maternal care for anti-D antibodies, first tri, fetus 4	10/1/2015	12/31/2299
O360115	Maternal care for anti-D antibodies, first tri, fetus 5	10/1/2015	12/31/2299
O360119	Maternal care for anti-D antibodies, first trimester, oth	10/1/2015	12/31/2299
O360120	Maternal care for anti-D antibodies, second trimester, unsp	10/1/2015	12/31/2299
O360121	Maternal care for anti-D antibodies, second tri, fetus 1	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O360122	Maternal care for anti-D antibodies, second tri, fetus 2	10/1/2015	12/31/2299
O360123	Maternal care for anti-D antibodies, second tri, fetus 3	10/1/2015	12/31/2299
O360124	Maternal care for anti-D antibodies, second tri, fetus 4	10/1/2015	12/31/2299
O360125	Maternal care for anti-D antibodies, second tri, fetus 5	10/1/2015	12/31/2299
O360129	Maternal care for anti-D antibodies, second trimester, oth	10/1/2015	12/31/2299
O360130	Maternal care for anti-D antibodies, third trimester, unsp	10/1/2015	12/31/2299
O360131	Maternal care for anti-D antibodies, third tri, fetus 1	10/1/2015	12/31/2299
O360132	Maternal care for anti-D antibodies, third tri, fetus 2	10/1/2015	12/31/2299
O360133	Maternal care for anti-D antibodies, third tri, fetus 3	10/1/2015	12/31/2299
O360134	Maternal care for anti-D antibodies, third tri, fetus 4	10/1/2015	12/31/2299
O360135	Maternal care for anti-D antibodies, third tri, fetus 5	10/1/2015	12/31/2299
O360139	Maternal care for anti-D antibodies, third trimester, oth	10/1/2015	12/31/2299
O360910	Maternal care for oth rhesus isoimmun, first trimester, unsp	10/1/2015	12/31/2299
O360911	Maternal care for oth rhesus isoimmun, first tri, fetus 1	10/1/2015	12/31/2299
O360912	Maternal care for oth rhesus isoimmun, first tri, fetus 2	10/1/2015	12/31/2299
O360913	Maternal care for oth rhesus isoimmun, first tri, fetus 3	10/1/2015	12/31/2299
O360914	Maternal care for oth rhesus isoimmun, first tri, fetus 4	10/1/2015	12/31/2299
O360915	Maternal care for oth rhesus isoimmun, first tri, fetus 5	10/1/2015	12/31/2299
O360919	Maternal care for oth rhesus isoimmun, first trimester, oth	10/1/2015	12/31/2299
O360920	Maternal care for oth rhesus isoimmun, second tri, unsp	10/1/2015	12/31/2299
O360921	Maternal care for oth rhesus isoimmun, second tri, fetus 1	10/1/2015	12/31/2299
O360922	Maternal care for oth rhesus isoimmun, second tri, fetus 2	10/1/2015	12/31/2299
O360923	Maternal care for oth rhesus isoimmun, second tri, fetus 3	10/1/2015	12/31/2299
O360924	Maternal care for oth rhesus isoimmun, second tri, fetus 4	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O360925	Maternal care for oth rhesus isoimmun, second tri, fetus 5	10/1/2015	12/31/2299
O360929	Maternal care for oth rhesus isoimmun, second trimester, oth	10/1/2015	12/31/2299
O360930	Maternal care for oth rhesus isoimmun, third trimester, unsp	10/1/2015	12/31/2299
O360931	Maternal care for oth rhesus isoimmun, third tri, fetus 1	10/1/2015	12/31/2299
O360932	Maternal care for oth rhesus isoimmun, third tri, fetus 2	10/1/2015	12/31/2299
O360933	Maternal care for oth rhesus isoimmun, third tri, fetus 3	10/1/2015	12/31/2299
O360934	Maternal care for oth rhesus isoimmun, third tri, fetus 4	10/1/2015	12/31/2299
O360935	Maternal care for oth rhesus isoimmun, third tri, fetus 5	10/1/2015	12/31/2299
O360939	Maternal care for oth rhesus isoimmun, third trimester, oth	10/1/2015	12/31/2299
O361110	Maternal care for Anti-A sensitization, first tri, unsp	10/1/2015	12/31/2299
O361111	Maternal care for Anti-A sensitization, first tri, fetus 1	10/1/2015	12/31/2299
O361112	Maternal care for Anti-A sensitization, first tri, fetus 2	10/1/2015	12/31/2299
O361113	Maternal care for Anti-A sensitization, first tri, fetus 3	10/1/2015	12/31/2299
O361114	Maternal care for Anti-A sensitization, first tri, fetus 4	10/1/2015	12/31/2299
O361115	Maternal care for Anti-A sensitization, first tri, fetus 5	10/1/2015	12/31/2299
O361119	Maternal care for Anti-A sensitization, first trimester, oth	10/1/2015	12/31/2299
O361120	Maternal care for Anti-A sensitization, second tri, unsp	10/1/2015	12/31/2299
O361121	Maternal care for Anti-A sensitization, second tri, fetus 1	10/1/2015	12/31/2299
O361122	Maternal care for Anti-A sensitization, second tri, fetus 2	10/1/2015	12/31/2299
O361123	Maternal care for Anti-A sensitization, second tri, fetus 3	10/1/2015	12/31/2299
O361124	Maternal care for Anti-A sensitization, second tri, fetus 4	10/1/2015	12/31/2299
O361125	Maternal care for Anti-A sensitization, second tri, fetus 5	10/1/2015	12/31/2299
O361129	Maternal care for Anti-A sensitization, second tri, oth	10/1/2015	12/31/2299
O361130	Maternal care for Anti-A sensitization, third tri, unsp	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O361131	Maternal care for Anti-A sensitization, third tri, fetus 1	10/1/2015	12/31/2299
O361132	Maternal care for Anti-A sensitization, third tri, fetus 2	10/1/2015	12/31/2299
O361133	Maternal care for Anti-A sensitization, third tri, fetus 3	10/1/2015	12/31/2299
O361134	Maternal care for Anti-A sensitization, third tri, fetus 4	10/1/2015	12/31/2299
O361135	Maternal care for Anti-A sensitization, third tri, fetus 5	10/1/2015	12/31/2299
O361139	Maternal care for Anti-A sensitization, third trimester, oth	10/1/2015	12/31/2299
O361910	Maternal care for oth isoimmunization, first trimester, unsp	10/1/2015	12/31/2299
O361911	Maternal care for oth isoimmun, first trimester, fetus 1	10/1/2015	12/31/2299
O361912	Maternal care for oth isoimmun, first trimester, fetus 2	10/1/2015	12/31/2299
O361913	Maternal care for oth isoimmun, first trimester, fetus 3	10/1/2015	12/31/2299
O361914	Maternal care for oth isoimmun, first trimester, fetus 4	10/1/2015	12/31/2299
O361915	Maternal care for oth isoimmun, first trimester, fetus 5	10/1/2015	12/31/2299
O361919	Maternal care for oth isoimmunization, first trimester, oth	10/1/2015	12/31/2299
O361920	Maternal care for oth isoimmun, second trimester, unsp	10/1/2015	12/31/2299
O361921	Maternal care for oth isoimmun, second trimester, fetus 1	10/1/2015	12/31/2299
O361922	Maternal care for oth isoimmun, second trimester, fetus 2	10/1/2015	12/31/2299
O361923	Maternal care for oth isoimmun, second trimester, fetus 3	10/1/2015	12/31/2299
O361924	Maternal care for oth isoimmun, second trimester, fetus 4	10/1/2015	12/31/2299
O361925	Maternal care for oth isoimmun, second trimester, fetus 5	10/1/2015	12/31/2299
O361929	Maternal care for oth isoimmunization, second trimester, oth	10/1/2015	12/31/2299
O361930	Maternal care for oth isoimmunization, third trimester, unsp	10/1/2015	12/31/2299
O361931	Maternal care for oth isoimmun, third trimester, fetus 1	10/1/2015	12/31/2299
O361932	Maternal care for oth isoimmun, third trimester, fetus 2	10/1/2015	12/31/2299
O361933	Maternal care for oth isoimmun, third trimester, fetus 3	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O361934	Maternal care for oth isoimmun, third trimester, fetus 4	10/1/2015	12/31/2299
O361935	Maternal care for oth isoimmun, third trimester, fetus 5	10/1/2015	12/31/2299
O361939	Maternal care for oth isoimmunization, third trimester, oth	10/1/2015	12/31/2299
O3621X0	Maternal care for hydrops fetalis, first trimester, unsp	10/1/2015	12/31/2299
O3621X1	Maternal care for hydrops fetalis, first trimester, fetus 1	10/1/2015	12/31/2299
O3621X2	Maternal care for hydrops fetalis, first trimester, fetus 2	10/1/2015	12/31/2299
O3621X3	Maternal care for hydrops fetalis, first trimester, fetus 3	10/1/2015	12/31/2299
O3621X4	Maternal care for hydrops fetalis, first trimester, fetus 4	10/1/2015	12/31/2299
O3621X5	Maternal care for hydrops fetalis, first trimester, fetus 5	10/1/2015	12/31/2299
O3621X9	Maternal care for hydrops fetalis, first trimester, oth	10/1/2015	12/31/2299
O3622X0	Maternal care for hydrops fetalis, second trimester, unsp	10/1/2015	12/31/2299
O3622X1	Maternal care for hydrops fetalis, second trimester, fetus 1	10/1/2015	12/31/2299
O3622X2	Maternal care for hydrops fetalis, second trimester, fetus 2	10/1/2015	12/31/2299
O3622X3	Maternal care for hydrops fetalis, second trimester, fetus 3	10/1/2015	12/31/2299
O3622X4	Maternal care for hydrops fetalis, second trimester, fetus 4	10/1/2015	12/31/2299
O3622X5	Maternal care for hydrops fetalis, second trimester, fetus 5	10/1/2015	12/31/2299
O3622X9	Maternal care for hydrops fetalis, second trimester, oth	10/1/2015	12/31/2299
O3623X0	Maternal care for hydrops fetalis, third trimester, unsp	10/1/2015	12/31/2299
O3623X1	Maternal care for hydrops fetalis, third trimester, fetus 1	10/1/2015	12/31/2299
O3623X2	Maternal care for hydrops fetalis, third trimester, fetus 2	10/1/2015	12/31/2299
O3623X3	Maternal care for hydrops fetalis, third trimester, fetus 3	10/1/2015	12/31/2299
O3623X4	Maternal care for hydrops fetalis, third trimester, fetus 4	10/1/2015	12/31/2299
O3623X5	Maternal care for hydrops fetalis, third trimester, fetus 5	10/1/2015	12/31/2299
O3623X9	Maternal care for hydrops fetalis, third trimester, oth	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O364XX0	Maternal care for intrauterine death, not applicable or unsp	10/1/2015	12/31/2299
O364XX1	Maternal care for intrauterine death, fetus 1	10/1/2015	12/31/2299
O364XX2	Maternal care for intrauterine death, fetus 2	10/1/2015	12/31/2299
O364XX3	Maternal care for intrauterine death, fetus 3	10/1/2015	12/31/2299
O364XX4	Maternal care for intrauterine death, fetus 4	10/1/2015	12/31/2299
O364XX5	Maternal care for intrauterine death, fetus 5	10/1/2015	12/31/2299
O364XX9	Maternal care for intrauterine death, other fetus	10/1/2015	12/31/2299
O365110	Matern care for known or susp placntl insuff, 1st tri, unsp	10/1/2015	12/31/2299
O365111	Matern care for known or susp placntl insuff, 1st tri, fts1	10/1/2015	12/31/2299
O365112	Matern care for known or susp placntl insuff, 1st tri, fts2	10/1/2015	12/31/2299
O365113	Matern care for known or susp placntl insuff, 1st tri, fts3	10/1/2015	12/31/2299
O365114	Matern care for known or susp placntl insuff, 1st tri, fts4	10/1/2015	12/31/2299
O365115	Matern care for known or susp placntl insuff, 1st tri, fts5	10/1/2015	12/31/2299
O365119	Matern care for known or susp placntl insuff, first tri, oth	10/1/2015	12/31/2299
O365120	Matern care for known or susp placntl insuff, 2nd tri, unsp	10/1/2015	12/31/2299
O365121	Matern care for known or susp placntl insuff, 2nd tri, fts1	10/1/2015	12/31/2299
O365122	Matern care for known or susp placntl insuff, 2nd tri, fts2	10/1/2015	12/31/2299
O365123	Matern care for known or susp placntl insuff, 2nd tri, fts3	10/1/2015	12/31/2299
O365124	Matern care for known or susp placntl insuff, 2nd tri, fts4	10/1/2015	12/31/2299
O365125	Matern care for known or susp placntl insuff, 2nd tri, fts5	10/1/2015	12/31/2299
O365129	Matern care for known or susp placntl insuff, 2nd tri, oth	10/1/2015	12/31/2299
O365130	Matern care for or susp placntl insuff, third tri, unsp	10/1/2015	12/31/2299
O365131	Matern care for or susp placntl insuff, third tri, fts1	10/1/2015	12/31/2299
O365132	Matern care for or susp placntl insuff, third tri, fts2	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O365133	Matern care for or susp placntl insuff, third tri, fts3	10/1/2015	12/31/2299
O365134	Matern care for or susp placntl insuff, third tri, fts4	10/1/2015	12/31/2299
O365135	Matern care for or susp placntl insuff, third tri, fts5	10/1/2015	12/31/2299
O365139	Matern care for known or susp placntl insuff, third tri, oth	10/1/2015	12/31/2299
O365910	Matern care for oth or susp poor fetl grth, 1st tri, unsp	10/1/2015	12/31/2299
O365911	Matern care for oth or susp poor fetl grth, 1st tri, fts1	10/1/2015	12/31/2299
O365912	Matern care for oth or susp poor fetl grth, 1st tri, fts2	10/1/2015	12/31/2299
O365913	Matern care for oth or susp poor fetl grth, 1st tri, fts3	10/1/2015	12/31/2299
O365914	Matern care for oth or susp poor fetl grth, 1st tri, fts4	10/1/2015	12/31/2299
O365915	Matern care for oth or susp poor fetl grth, 1st tri, fts5	10/1/2015	12/31/2299
O365919	Matern care for oth or susp poor fetl grth, 1st tri, oth	10/1/2015	12/31/2299
O365920	Matern care for oth or susp poor fetl grth, 2nd tri, unsp	10/1/2015	12/31/2299
O365921	Matern care for oth or susp poor fetl grth, 2nd tri, fts1	10/1/2015	12/31/2299
O365922	Matern care for oth or susp poor fetl grth, 2nd tri, fts2	10/1/2015	12/31/2299
O365923	Matern care for oth or susp poor fetl grth, 2nd tri, fts3	10/1/2015	12/31/2299
O365924	Matern care for oth or susp poor fetl grth, 2nd tri, fts4	10/1/2015	12/31/2299
O365925	Matern care for oth or susp poor fetl grth, 2nd tri, fts5	10/1/2015	12/31/2299
O365929	Matern care for oth or susp poor fetl grth, 2nd tri, oth	10/1/2015	12/31/2299
O365930	Matern care for oth or susp poor fetl grth, third tri, unsp	10/1/2015	12/31/2299
O365931	Matern care for oth or susp poor fetl grth, third tri, fts1	10/1/2015	12/31/2299
O365932	Matern care for oth or susp poor fetl grth, third tri, fts2	10/1/2015	12/31/2299
O365933	Matern care for oth or susp poor fetl grth, third tri, fts3	10/1/2015	12/31/2299
O365934	Matern care for oth or susp poor fetl grth, third tri, fts4	10/1/2015	12/31/2299
O365935	Matern care for oth or susp poor fetl grth, third tri, fts5	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O365939	Matern care for oth or susp poor fetl grth, third tri, oth	10/1/2015	12/31/2299
O3661X0	Maternal care for excess fetal growth, first trimester, unsp	10/1/2015	12/31/2299
O3661X1	Maternal care for excess fetal growth, first tri, fetus 1	10/1/2015	12/31/2299
O3661X2	Maternal care for excess fetal growth, first tri, fetus 2	10/1/2015	12/31/2299
O3661X3	Maternal care for excess fetal growth, first tri, fetus 3	10/1/2015	12/31/2299
O3661X4	Maternal care for excess fetal growth, first tri, fetus 4	10/1/2015	12/31/2299
O3661X5	Maternal care for excess fetal growth, first tri, fetus 5	10/1/2015	12/31/2299
O3661X9	Maternal care for excess fetal growth, first trimester, oth	10/1/2015	12/31/2299
O3662X0	Maternal care for excess fetal growth, second tri, unsp	10/1/2015	12/31/2299
O3662X1	Maternal care for excess fetal growth, second tri, fetus 1	10/1/2015	12/31/2299
O3662X2	Maternal care for excess fetal growth, second tri, fetus 2	10/1/2015	12/31/2299
O3662X3	Maternal care for excess fetal growth, second tri, fetus 3	10/1/2015	12/31/2299
O3662X4	Maternal care for excess fetal growth, second tri, fetus 4	10/1/2015	12/31/2299
O3662X5	Maternal care for excess fetal growth, second tri, fetus 5	10/1/2015	12/31/2299
O3662X9	Maternal care for excess fetal growth, second trimester, oth	10/1/2015	12/31/2299
O3663X0	Maternal care for excess fetal growth, third trimester, unsp	10/1/2015	12/31/2299
O3663X1	Maternal care for excess fetal growth, third tri, fetus 1	10/1/2015	12/31/2299
O3663X2	Maternal care for excess fetal growth, third tri, fetus 2	10/1/2015	12/31/2299
O3663X3	Maternal care for excess fetal growth, third tri, fetus 3	10/1/2015	12/31/2299
O3663X4	Maternal care for excess fetal growth, third tri, fetus 4	10/1/2015	12/31/2299
O3663X5	Maternal care for excess fetal growth, third tri, fetus 5	10/1/2015	12/31/2299
O3663X9	Maternal care for excess fetal growth, third trimester, oth	10/1/2015	12/31/2299
O3671X0	Maternal care for viable fetus in abd preg, first tri, unsp	10/1/2015	12/31/2299
O3671X1	Matern care for viable fetus in abd preg, first tri, fetus 1	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3671X2	Matern care for viable fetus in abd preg, first tri, fetus 2	10/1/2015	12/31/2299
O3671X3	Matern care for viable fetus in abd preg, first tri, fetus 3	10/1/2015	12/31/2299
O3671X4	Matern care for viable fetus in abd preg, first tri, fetus 4	10/1/2015	12/31/2299
O3671X5	Matern care for viable fetus in abd preg, first tri, fetus 5	10/1/2015	12/31/2299
O3671X9	Maternal care for viable fetus in abd preg, first tri, oth	10/1/2015	12/31/2299
O3672X0	Maternal care for viable fetus in abd preg, second tri, unsp	10/1/2015	12/31/2299
O3672X1	Matern care for viable fetus in abd preg, second tri, fts1	10/1/2015	12/31/2299
O3672X2	Matern care for viable fetus in abd preg, second tri, fts2	10/1/2015	12/31/2299
O3672X3	Matern care for viable fetus in abd preg, second tri, fts3	10/1/2015	12/31/2299
O3672X4	Matern care for viable fetus in abd preg, second tri, fts4	10/1/2015	12/31/2299
O3672X5	Matern care for viable fetus in abd preg, second tri, fts5	10/1/2015	12/31/2299
O3672X9	Maternal care for viable fetus in abd preg, second tri, oth	10/1/2015	12/31/2299
O3673X0	Maternal care for viable fetus in abd preg, third tri, unsp	10/1/2015	12/31/2299
O3673X1	Matern care for viable fetus in abd preg, third tri, fetus 1	10/1/2015	12/31/2299
O3673X2	Matern care for viable fetus in abd preg, third tri, fetus 2	10/1/2015	12/31/2299
O3673X3	Matern care for viable fetus in abd preg, third tri, fetus 3	10/1/2015	12/31/2299
O3673X4	Matern care for viable fetus in abd preg, third tri, fetus 4	10/1/2015	12/31/2299
O3673X5	Matern care for viable fetus in abd preg, third tri, fetus 5	10/1/2015	12/31/2299
O3673X9	Maternal care for viable fetus in abd preg, third tri, oth	10/1/2015	12/31/2299
O3680X0	Pregnancy w inconclusive fetal viability, unsp	10/1/2015	12/31/2299
O3680X1	Pregnancy with inconclusive fetal viability, fetus 1	10/1/2015	12/31/2299
O3680X2	Pregnancy with inconclusive fetal viability, fetus 2	10/1/2015	12/31/2299
O3680X3	Pregnancy with inconclusive fetal viability, fetus 3	10/1/2015	12/31/2299
O3680X4	Pregnancy with inconclusive fetal viability, fetus 4	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3680X5	Pregnancy with inconclusive fetal viability, fetus 5	10/1/2015	12/31/2299
O3680X9	Pregnancy with inconclusive fetal viability, other fetus	10/1/2015	12/31/2299
O368120	Decreased fetal movements, second trimester, unsp	10/1/2015	12/31/2299
O368121	Decreased fetal movements, second trimester, fetus 1	10/1/2015	12/31/2299
O368122	Decreased fetal movements, second trimester, fetus 2	10/1/2015	12/31/2299
O368123	Decreased fetal movements, second trimester, fetus 3	10/1/2015	12/31/2299
O368124	Decreased fetal movements, second trimester, fetus 4	10/1/2015	12/31/2299
O368125	Decreased fetal movements, second trimester, fetus 5	10/1/2015	12/31/2299
O368129	Decreased fetal movements, second trimester, other fetus	10/1/2015	12/31/2299
O368130	Decreased fetal movements, third trimester, unsp	10/1/2015	12/31/2299
O368131	Decreased fetal movements, third trimester, fetus 1	10/1/2015	12/31/2299
O368132	Decreased fetal movements, third trimester, fetus 2	10/1/2015	12/31/2299
O368133	Decreased fetal movements, third trimester, fetus 3	10/1/2015	12/31/2299
O368134	Decreased fetal movements, third trimester, fetus 4	10/1/2015	12/31/2299
O368135	Decreased fetal movements, third trimester, fetus 5	10/1/2015	12/31/2299
O368139	Decreased fetal movements, third trimester, other fetus	10/1/2015	12/31/2299
O368190	Decreased fetal movements, unsp trimester, unsp	10/1/2015	12/31/2299
O368191	Decreased fetal movements, unspecified trimester, fetus 1	10/1/2015	12/31/2299
O368192	Decreased fetal movements, unspecified trimester, fetus 2	10/1/2015	12/31/2299
O368193	Decreased fetal movements, unspecified trimester, fetus 3	10/1/2015	12/31/2299
O368194	Decreased fetal movements, unspecified trimester, fetus 4	10/1/2015	12/31/2299
O368195	Decreased fetal movements, unspecified trimester, fetus 5	10/1/2015	12/31/2299
O368199	Decreased fetal movements, unsp trimester, other fetus	10/1/2015	12/31/2299
O368910	Maternal care for oth fetal problems, first trimester, unsp	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O368911	Maternal care for oth fetal problems, first tri, fetus 1	10/1/2015	12/31/2299
O368912	Maternal care for oth fetal problems, first tri, fetus 2	10/1/2015	12/31/2299
O368913	Maternal care for oth fetal problems, first tri, fetus 3	10/1/2015	12/31/2299
O368914	Maternal care for oth fetal problems, first tri, fetus 4	10/1/2015	12/31/2299
O368915	Maternal care for oth fetal problems, first tri, fetus 5	10/1/2015	12/31/2299
O368919	Maternal care for oth fetal problems, first trimester, oth	10/1/2015	12/31/2299
O368920	Maternal care for oth fetal problems, second trimester, unsp	10/1/2015	12/31/2299
O368921	Maternal care for oth fetal problems, second tri, fetus 1	10/1/2015	12/31/2299
O368922	Maternal care for oth fetal problems, second tri, fetus 2	10/1/2015	12/31/2299
O368923	Maternal care for oth fetal problems, second tri, fetus 3	10/1/2015	12/31/2299
O368924	Maternal care for oth fetal problems, second tri, fetus 4	10/1/2015	12/31/2299
O368925	Maternal care for oth fetal problems, second tri, fetus 5	10/1/2015	12/31/2299
O368929	Maternal care for oth fetal problems, second trimester, oth	10/1/2015	12/31/2299
O368930	Maternal care for oth fetal problems, third trimester, unsp	10/1/2015	12/31/2299
O368931	Maternal care for oth fetal problems, third tri, fetus 1	10/1/2015	12/31/2299
O368932	Maternal care for oth fetal problems, third tri, fetus 2	10/1/2015	12/31/2299
O368933	Maternal care for oth fetal problems, third tri, fetus 3	10/1/2015	12/31/2299
O368934	Maternal care for oth fetal problems, third tri, fetus 4	10/1/2015	12/31/2299
O368935	Maternal care for oth fetal problems, third tri, fetus 5	10/1/2015	12/31/2299
O368939	Maternal care for oth fetal problems, third trimester, oth	10/1/2015	12/31/2299
O3691X0	Maternal care for fetal problem, unsp, first trimester, unsp	10/1/2015	12/31/2299
O3691X1	Maternal care for fetal problem, unsp, first tri, fetus 1	10/1/2015	12/31/2299
O3691X2	Maternal care for fetal problem, unsp, first tri, fetus 2	10/1/2015	12/31/2299
O3691X3	Maternal care for fetal problem, unsp, first tri, fetus 3	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3691X4	Maternal care for fetal problem, unsp, first tri, fetus 4	10/1/2015	12/31/2299
O3691X5	Maternal care for fetal problem, unsp, first tri, fetus 5	10/1/2015	12/31/2299
O3691X9	Maternal care for fetal problem, unsp, first trimester, oth	10/1/2015	12/31/2299
O3692X0	Maternal care for fetal problem, unsp, second tri, unsp	10/1/2015	12/31/2299
O3692X1	Maternal care for fetal problem, unsp, second tri, fetus 1	10/1/2015	12/31/2299
O3692X2	Maternal care for fetal problem, unsp, second tri, fetus 2	10/1/2015	12/31/2299
O3692X3	Maternal care for fetal problem, unsp, second tri, fetus 3	10/1/2015	12/31/2299
O3692X4	Maternal care for fetal problem, unsp, second tri, fetus 4	10/1/2015	12/31/2299
O3692X5	Maternal care for fetal problem, unsp, second tri, fetus 5	10/1/2015	12/31/2299
O3692X9	Maternal care for fetal problem, unsp, second trimester, oth	10/1/2015	12/31/2299
O3693X0	Maternal care for fetal problem, unsp, third trimester, unsp	10/1/2015	12/31/2299
O3693X1	Maternal care for fetal problem, unsp, third tri, fetus 1	10/1/2015	12/31/2299
O3693X2	Maternal care for fetal problem, unsp, third tri, fetus 2	10/1/2015	12/31/2299
O3693X3	Maternal care for fetal problem, unsp, third tri, fetus 3	10/1/2015	12/31/2299
O3693X4	Maternal care for fetal problem, unsp, third tri, fetus 4	10/1/2015	12/31/2299
O3693X5	Maternal care for fetal problem, unsp, third tri, fetus 5	10/1/2015	12/31/2299
O3693X9	Maternal care for fetal problem, unsp, third trimester, oth	10/1/2015	12/31/2299
O401XX0	Polyhydramnios, first trimester, not applicable or unsp	10/1/2015	12/31/2299
O401XX1	Polyhydramnios, first trimester, fetus 1	10/1/2015	12/31/2299
O401XX2	Polyhydramnios, first trimester, fetus 2	10/1/2015	12/31/2299
O401XX3	Polyhydramnios, first trimester, fetus 3	10/1/2015	12/31/2299
O401XX4	Polyhydramnios, first trimester, fetus 4	10/1/2015	12/31/2299
O401XX5	Polyhydramnios, first trimester, fetus 5	10/1/2015	12/31/2299
O401XX9	Polyhydramnios, first trimester, other fetus	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O402XX0	Polyhydramnios, second trimester, not applicable or unsp	10/1/2015	12/31/2299
O402XX1	Polyhydramnios, second trimester, fetus 1	10/1/2015	12/31/2299
O402XX2	Polyhydramnios, second trimester, fetus 2	10/1/2015	12/31/2299
O402XX3	Polyhydramnios, second trimester, fetus 3	10/1/2015	12/31/2299
O402XX4	Polyhydramnios, second trimester, fetus 4	10/1/2015	12/31/2299
O402XX5	Polyhydramnios, second trimester, fetus 5	10/1/2015	12/31/2299
O402XX9	Polyhydramnios, second trimester, other fetus	10/1/2015	12/31/2299
O403XX0	Polyhydramnios, third trimester, not applicable or unsp	10/1/2015	12/31/2299
O403XX1	Polyhydramnios, third trimester, fetus 1	10/1/2015	12/31/2299
O403XX2	Polyhydramnios, third trimester, fetus 2	10/1/2015	12/31/2299
O403XX3	Polyhydramnios, third trimester, fetus 3	10/1/2015	12/31/2299
O403XX4	Polyhydramnios, third trimester, fetus 4	10/1/2015	12/31/2299
O403XX5	Polyhydramnios, third trimester, fetus 5	10/1/2015	12/31/2299
O403XX9	Polyhydramnios, third trimester, other fetus	10/1/2015	12/31/2299
O4101X0	Oligohydramnios, first trimester, not applicable or unsp	10/1/2015	12/31/2299
O4101X1	Oligohydramnios, first trimester, fetus 1	10/1/2015	12/31/2299
O4101X2	Oligohydramnios, first trimester, fetus 2	10/1/2015	12/31/2299
O4101X3	Oligohydramnios, first trimester, fetus 3	10/1/2015	12/31/2299
O4101X4	Oligohydramnios, first trimester, fetus 4	10/1/2015	12/31/2299
O4101X5	Oligohydramnios, first trimester, fetus 5	10/1/2015	12/31/2299
O4101X9	Oligohydramnios, first trimester, other fetus	10/1/2015	12/31/2299
O4102X0	Oligohydramnios, second trimester, not applicable or unsp	10/1/2015	12/31/2299
O4102X1	Oligohydramnios, second trimester, fetus 1	10/1/2015	12/31/2299
O4102X2	Oligohydramnios, second trimester, fetus 2	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O4102X3	Oligohydramnios, second trimester, fetus 3	10/1/2015	12/31/2299
O4102X4	Oligohydramnios, second trimester, fetus 4	10/1/2015	12/31/2299
O4102X5	Oligohydramnios, second trimester, fetus 5	10/1/2015	12/31/2299
O4102X9	Oligohydramnios, second trimester, other fetus	10/1/2015	12/31/2299
O4103X0	Oligohydramnios, third trimester, not applicable or unsp	10/1/2015	12/31/2299
O4103X1	Oligohydramnios, third trimester, fetus 1	10/1/2015	12/31/2299
O4103X2	Oligohydramnios, third trimester, fetus 2	10/1/2015	12/31/2299
O4103X3	Oligohydramnios, third trimester, fetus 3	10/1/2015	12/31/2299
O4103X4	Oligohydramnios, third trimester, fetus 4	10/1/2015	12/31/2299
O4103X5	Oligohydramnios, third trimester, fetus 5	10/1/2015	12/31/2299
O4103X9	Oligohydramnios, third trimester, other fetus	10/1/2015	12/31/2299
O411010	Infct of amniotic sac and membrns, unsp, first tri, unsp	10/1/2015	12/31/2299
O411011	Infct of amniotic sac and membrns, unsp, first tri, fetus 1	10/1/2015	12/31/2299
O411012	Infct of amniotic sac and membrns, unsp, first tri, fetus 2	10/1/2015	12/31/2299
O411013	Infct of amniotic sac and membrns, unsp, first tri, fetus 3	10/1/2015	12/31/2299
O411014	Infct of amniotic sac and membrns, unsp, first tri, fetus 4	10/1/2015	12/31/2299
O411015	Infct of amniotic sac and membrns, unsp, first tri, fetus 5	10/1/2015	12/31/2299
O411019	Infct of amniotic sac and membrns, unsp, first tri, oth	10/1/2015	12/31/2299
O411020	Infct of amniotic sac and membrns, unsp, second tri, unsp	10/1/2015	12/31/2299
O411021	Infct of amniotic sac and membrns, unsp, second tri, fetus 1	10/1/2015	12/31/2299
O411022	Infct of amniotic sac and membrns, unsp, second tri, fetus 2	10/1/2015	12/31/2299
O411023	Infct of amniotic sac and membrns, unsp, second tri, fetus 3	10/1/2015	12/31/2299
O411024	Infct of amniotic sac and membrns, unsp, second tri, fetus 4	10/1/2015	12/31/2299
O411025	Infct of amniotic sac and membrns, unsp, second tri, fetus 5	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O411029	Infct of amniotic sac and membrns, unsp, second tri, oth	10/1/2015	12/31/2299
O411030	Infct of amniotic sac and membrns, unsp, third tri, unsp	10/1/2015	12/31/2299
O411031	Infct of amniotic sac and membrns, unsp, third tri, fetus 1	10/1/2015	12/31/2299
O411032	Infct of amniotic sac and membrns, unsp, third tri, fetus 2	10/1/2015	12/31/2299
O411033	Infct of amniotic sac and membrns, unsp, third tri, fetus 3	10/1/2015	12/31/2299
O411034	Infct of amniotic sac and membrns, unsp, third tri, fetus 4	10/1/2015	12/31/2299
O411035	Infct of amniotic sac and membrns, unsp, third tri, fetus 5	10/1/2015	12/31/2299
O411039	Infct of amniotic sac and membrns, unsp, third tri, oth	10/1/2015	12/31/2299
O411210	Chorioamnionitis, first trimester, not applicable or unsp	10/1/2015	12/31/2299
O411211	Chorioamnionitis, first trimester, fetus 1	10/1/2015	12/31/2299
O411212	Chorioamnionitis, first trimester, fetus 2	10/1/2015	12/31/2299
O411213	Chorioamnionitis, first trimester, fetus 3	10/1/2015	12/31/2299
O411214	Chorioamnionitis, first trimester, fetus 4	10/1/2015	12/31/2299
O411215	Chorioamnionitis, first trimester, fetus 5	10/1/2015	12/31/2299
O411219	Chorioamnionitis, first trimester, other fetus	10/1/2015	12/31/2299
O411220	Chorioamnionitis, second trimester, not applicable or unsp	10/1/2015	12/31/2299
O411221	Chorioamnionitis, second trimester, fetus 1	10/1/2015	12/31/2299
O411222	Chorioamnionitis, second trimester, fetus 2	10/1/2015	12/31/2299
O411223	Chorioamnionitis, second trimester, fetus 3	10/1/2015	12/31/2299
O411224	Chorioamnionitis, second trimester, fetus 4	10/1/2015	12/31/2299
O411225	Chorioamnionitis, second trimester, fetus 5	10/1/2015	12/31/2299
O411229	Chorioamnionitis, second trimester, other fetus	10/1/2015	12/31/2299
O411230	Chorioamnionitis, third trimester, not applicable or unsp	10/1/2015	12/31/2299
O411231	Chorioamnionitis, third trimester, fetus 1	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O411232	Chorioamnionitis, third trimester, fetus 2	10/1/2015	12/31/2299
O411233	Chorioamnionitis, third trimester, fetus 3	10/1/2015	12/31/2299
O411234	Chorioamnionitis, third trimester, fetus 4	10/1/2015	12/31/2299
O411235	Chorioamnionitis, third trimester, fetus 5	10/1/2015	12/31/2299
O411239	Chorioamnionitis, third trimester, other fetus	10/1/2015	12/31/2299
O411410	Placentitis, first trimester, not applicable or unspecified	10/1/2015	12/31/2299
O411411	Placentitis, first trimester, fetus 1	10/1/2015	12/31/2299
O411412	Placentitis, first trimester, fetus 2	10/1/2015	12/31/2299
O411413	Placentitis, first trimester, fetus 3	10/1/2015	12/31/2299
O411414	Placentitis, first trimester, fetus 4	10/1/2015	12/31/2299
O411415	Placentitis, first trimester, fetus 5	10/1/2015	12/31/2299
O411419	Placentitis, first trimester, other fetus	10/1/2015	12/31/2299
O411420	Placentitis, second trimester, not applicable or unspecified	10/1/2015	12/31/2299
O411421	Placentitis, second trimester, fetus 1	10/1/2015	12/31/2299
O411422	Placentitis, second trimester, fetus 2	10/1/2015	12/31/2299
O411423	Placentitis, second trimester, fetus 3	10/1/2015	12/31/2299
O411424	Placentitis, second trimester, fetus 4	10/1/2015	12/31/2299
O411425	Placentitis, second trimester, fetus 5	10/1/2015	12/31/2299
O411429	Placentitis, second trimester, other fetus	10/1/2015	12/31/2299
O411430	Placentitis, third trimester, not applicable or unspecified	10/1/2015	12/31/2299
O411431	Placentitis, third trimester, fetus 1	10/1/2015	12/31/2299
O411432	Placentitis, third trimester, fetus 2	10/1/2015	12/31/2299
O411433	Placentitis, third trimester, fetus 3	10/1/2015	12/31/2299
O411434	Placentitis, third trimester, fetus 4	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O411435	Placentitis, third trimester, fetus 5	10/1/2015	12/31/2299
O411439	Placentitis, third trimester, other fetus	10/1/2015	12/31/2299
O418X10	Oth disrd of amniotic fluid and membrns, first tri, unsp	10/1/2015	12/31/2299
O418X11	Oth disrd of amniotic fluid and membrns, first tri, fetus 1	10/1/2015	12/31/2299
O418X12	Oth disrd of amniotic fluid and membrns, first tri, fetus 2	10/1/2015	12/31/2299
O418X13	Oth disrd of amniotic fluid and membrns, first tri, fetus 3	10/1/2015	12/31/2299
O418X14	Oth disrd of amniotic fluid and membrns, first tri, fetus 4	10/1/2015	12/31/2299
O418X15	Oth disrd of amniotic fluid and membrns, first tri, fetus 5	10/1/2015	12/31/2299
O418X19	Oth disrd of amniotic fluid and membrns, first tri, oth	10/1/2015	12/31/2299
O418X20	Oth disrd of amniotic fluid and membrns, second tri, unsp	10/1/2015	12/31/2299
O418X21	Oth disrd of amniotic fluid and membrns, second tri, fetus 1	10/1/2015	12/31/2299
O418X22	Oth disrd of amniotic fluid and membrns, second tri, fetus 2	10/1/2015	12/31/2299
O418X23	Oth disrd of amniotic fluid and membrns, second tri, fetus 3	10/1/2015	12/31/2299
O418X24	Oth disrd of amniotic fluid and membrns, second tri, fetus 4	10/1/2015	12/31/2299
O418X25	Oth disrd of amniotic fluid and membrns, second tri, fetus 5	10/1/2015	12/31/2299
O418X29	Oth disrd of amniotic fluid and membrns, second tri, oth	10/1/2015	12/31/2299
O418X30	Oth disrd of amniotic fluid and membrns, third tri, unsp	10/1/2015	12/31/2299
O418X31	Oth disrd of amniotic fluid and membrns, third tri, fetus 1	10/1/2015	12/31/2299
O418X32	Oth disrd of amniotic fluid and membrns, third tri, fetus 2	10/1/2015	12/31/2299
O418X33	Oth disrd of amniotic fluid and membrns, third tri, fetus 3	10/1/2015	12/31/2299
O418X34	Oth disrd of amniotic fluid and membrns, third tri, fetus 4	10/1/2015	12/31/2299
O418X35	Oth disrd of amniotic fluid and membrns, third tri, fetus 5	10/1/2015	12/31/2299
O418X39	Oth disrd of amniotic fluid and membrns, third tri, oth	10/1/2015	12/31/2299
O4191X0	Disorder of amnio fluid and membrns, unsp, first tri, unsp	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O4191X1	Disord of amnio fluid and membrns, unsp, first tri, fetus 1	10/1/2015	12/31/2299
O4191X2	Disord of amnio fluid and membrns, unsp, first tri, fetus 2	10/1/2015	12/31/2299
O4191X3	Disord of amnio fluid and membrns, unsp, first tri, fetus 3	10/1/2015	12/31/2299
O4191X4	Disord of amnio fluid and membrns, unsp, first tri, fetus 4	10/1/2015	12/31/2299
O4191X5	Disord of amnio fluid and membrns, unsp, first tri, fetus 5	10/1/2015	12/31/2299
O4191X9	Disorder of amniotic fluid and membrns, unsp, first tri, oth	10/1/2015	12/31/2299
O4192X0	Disorder of amnio fluid and membrns, unsp, second tri, unsp	10/1/2015	12/31/2299
O4192X1	Disord of amnio fluid and membrns, unsp, second tri, fetus 1	10/1/2015	12/31/2299
O4192X2	Disord of amnio fluid and membrns, unsp, second tri, fetus 2	10/1/2015	12/31/2299
O4192X3	Disord of amnio fluid and membrns, unsp, second tri, fetus 3	10/1/2015	12/31/2299
O4192X4	Disord of amnio fluid and membrns, unsp, second tri, fetus 4	10/1/2015	12/31/2299
O4192X5	Disord of amnio fluid and membrns, unsp, second tri, fetus 5	10/1/2015	12/31/2299
O4192X9	Disorder of amnio fluid and membrns, unsp, second tri, oth	10/1/2015	12/31/2299
O4193X0	Disorder of amnio fluid and membrns, unsp, third tri, unsp	10/1/2015	12/31/2299
O4193X1	Disord of amnio fluid and membrns, unsp, third tri, fetus 1	10/1/2015	12/31/2299
O4193X2	Disord of amnio fluid and membrns, unsp, third tri, fetus 2	10/1/2015	12/31/2299
O4193X3	Disord of amnio fluid and membrns, unsp, third tri, fetus 3	10/1/2015	12/31/2299
O4193X4	Disord of amnio fluid and membrns, unsp, third tri, fetus 4	10/1/2015	12/31/2299
O4193X5	Disord of amnio fluid and membrns, unsp, third tri, fetus 5	10/1/2015	12/31/2299
O4193X9	Disorder of amniotic fluid and membrns, unsp, third tri, oth	10/1/2015	12/31/2299
O42011	Pretrm prem ROM, onset labor w/n 24 hours of rupt, first tri	10/1/2015	12/31/2299
O42012	Pretrm prem ROM, onset labor w/n 24 hours of rupt, 2nd tri	10/1/2015	12/31/2299
O42013	Pretrm prem ROM, onset labor w/n 24 hours of rupt, third tri	10/1/2015	12/31/2299
O42111	Pretrm prem ROM, onset labor > 24 hours fol rupt, first tri	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O42112	Pretrm prem ROM, onset labor > 24 hours fol rupt, second tri	10/1/2015	12/31/2299
O42113	Pretrm prem ROM, onset labor > 24 hours fol rupt, third tri	10/1/2015	12/31/2299
O42911	Pretrm prem ROM, unsp time betw rupt and onset labr, 1st tri	10/1/2015	12/31/2299
O42912	Pretrm prem ROM, unsp time betw rupt and onset labr, 2nd tri	10/1/2015	12/31/2299
O42913	Pretrm prem ROM, unsp time betw rupt and onst labr, 3rd tri	10/1/2015	12/31/2299
O43011	Fetomaternal placental transfusion syndrome, first trimester	10/1/2015	12/31/2299
O43012	Fetomaternal placental transfuse syndrome, second trimester	10/1/2015	12/31/2299
O43013	Fetomaternal placental transfusion syndrome, third trimester	10/1/2015	12/31/2299
O43021	Fetus-to-fetus placental transfuse syndrome, first trimester	10/1/2015	12/31/2299
O43022	Fetus-to-fetus placntl transfuse syndrome, second trimester	10/1/2015	12/31/2299
O43023	Fetus-to-fetus placental transfuse syndrome, third trimester	10/1/2015	12/31/2299
O43101	Malformation of placenta, unspecified, first trimester	10/1/2015	12/31/2299
O43102	Malformation of placenta, unspecified, second trimester	10/1/2015	12/31/2299
O43103	Malformation of placenta, unspecified, third trimester	10/1/2015	12/31/2299
O43111	Circumvallate placenta, first trimester	10/1/2015	12/31/2299
O43112	Circumvallate placenta, second trimester	10/1/2015	12/31/2299
O43113	Circumvallate placenta, third trimester	10/1/2015	12/31/2299
O43191	Other malformation of placenta, first trimester	10/1/2015	12/31/2299
O43192	Other malformation of placenta, second trimester	10/1/2015	12/31/2299
O43193	Other malformation of placenta, third trimester	10/1/2015	12/31/2299
O43811	Placental infarction, first trimester	10/1/2015	12/31/2299
O43812	Placental infarction, second trimester	10/1/2015	12/31/2299
O43813	Placental infarction, third trimester	10/1/2015	12/31/2299
O43891	Other placental disorders, first trimester	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O43892	Other placental disorders, second trimester	10/1/2015	12/31/2299
O43893	Other placental disorders, third trimester	10/1/2015	12/31/2299
O4391	Unspecified placental disorder, first trimester	10/1/2015	12/31/2299
O4392	Unspecified placental disorder, second trimester	10/1/2015	12/31/2299
O4393	Unspecified placental disorder, third trimester	10/1/2015	12/31/2299
O610	Failed medical induction of labor	10/1/2015	12/31/2299
O611	Failed instrumental induction of labor	10/1/2015	12/31/2299
O68	Labor and delivery comp by abnlt of fetal acid-base balance	10/1/2015	12/31/2299
O752	Pyrexia during labor, not elsewhere classified	10/1/2015	12/31/2299
O753	Other infection during labor	10/1/2015	12/31/2299
O755	Delayed delivery after artificial rupture of membranes	10/1/2015	12/31/2299
O7589	Other specified complications of labor and delivery	10/1/2015	12/31/2299
O759	Complication of labor and delivery, unspecified	10/1/2015	12/31/2299
O76	Abnlt in fetal heart rate and rhythm comp labor and delivery	10/1/2015	12/31/2299
Z31430	Encntr fem for test for genetc dis carrier stat for pro mgmt	1/1/2021	12/31/2299
Z31440	Encntr male test for genetic dis carrier status for pro mgmt	1/1/2021	12/31/2299
Z331	Pregnant state, incidental	10/1/2015	12/31/2299
Z3400	Encntr for suprvsn of normal first pregnancy, unsp trimester	10/1/2015	12/31/2299
Z3401	Encntr for suprvsn of normal first preg, first trimester	10/1/2015	12/31/2299
Z3402	Encntr for suprvsn of normal first preg, second trimester	10/1/2015	12/31/2299
Z3403	Encntr for suprvsn of normal first preg, third trimester	10/1/2015	12/31/2299
Z3480	Encounter for suprvsn of normal pregnancy, unsp trimester	10/1/2015	12/31/2299
Z3481	Encounter for suprvsn of normal pregnancy, first trimester	10/1/2015	12/31/2299
Z3482	Encounter for suprvsn of normal pregnancy, second trimester	10/1/2015	12/31/2299

Table 11 ICD-10-CM Pregnancy Diagnosis Codes for Lab Procedures 81220-81224 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
Z3483	Encounter for suprvsn of normal pregnancy, third trimester	10/1/2015	12/31/2299
Z3490	Encntr for suprvsn of normal pregnancy, unsp, unsp trimester	10/1/2015	12/31/2299
Z3491	Encntr for suprvsn of normal preg, unsp, first trimester	10/1/2015	12/31/2299
Z3492	Encntr for suprvsn of normal preg, unsp, second trimester	10/1/2015	12/31/2299
Z3493	Encntr for suprvsn of normal preg, unsp, third trimester	10/1/2015	12/31/2299

Table Listing, Previous Table 11, Next Table 12, End of Document

Table 11a: ICD-10-CM Diagnosis Codes for SMA Lab Procedure 81329

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O0900	Suprvsn of preg w history of infertility, unsp trimester	1/1/2021	12/31/2299
O0901	Suprvsn of preg w history of infertility, first trimester	1/1/2021	12/31/2299
O0902	Suprvsn of preg w history of infertility, second trimester	1/1/2021	12/31/2299
O0903	Suprvsn of preg w history of infertility, third trimester	1/1/2021	12/31/2299
O0910	Suprvsn of preg with history of ectopic preg, unsp trimester	1/1/2021	12/31/2299
O0911	Suprvsn of preg with history of ectopic preg, first tri	1/1/2021	12/31/2299
O0912	Suprvsn of preg with history of ectopic preg, second tri	1/1/2021	12/31/2299
O0913	Suprvsn of preg with history of ectopic preg, third tri	1/1/2021	12/31/2299
O09211	Suprvsn of preg w history of pre-term labor, first trimester	1/1/2021	12/31/2299
O09212	Suprvsn of preg w history of pre-term labor, second tri	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O09213	Suprvsn of preg w history of pre-term labor, third trimester	1/1/2021	12/31/2299
O09219	Suprvsn of preg w history of pre-term labor, unsp trimester	1/1/2021	12/31/2299
O09291	Suprvsn of preg w poor reprodctv or obstet hx, first tri	1/1/2021	12/31/2299
O09292	Suprvsn of preg w poor reprodctv or obstet hx, second tri	1/1/2021	12/31/2299
O09293	Suprvsn of preg w poor reprodctv or obstet hx, third tri	1/1/2021	12/31/2299
O09299	Suprvsn of preg w poor reprodctv or obstet history, unsp tri	1/1/2021	12/31/2299
O0930	Suprvsn of preg w insufficient antenat care, unsp trimester	1/1/2021	12/31/2299
O0931	Suprvsn of preg w insufficient antenat care, first trimester	1/1/2021	12/31/2299
O0932	Suprvsn of preg w insufficient antenat care, second tri	1/1/2021	12/31/2299
O0933	Suprvsn of preg w insufficient antenat care, third trimester	1/1/2021	12/31/2299
O0940	Supervision of pregnancy w grand multiparity, unsp trimester	1/1/2021	12/31/2299
O0941	Suprvsn of pregnancy w grand multiparity, first trimester	1/1/2021	12/31/2299
O0942	Suprvsn of pregnancy w grand multiparity, second trimester	1/1/2021	12/31/2299
O0943	Suprvsn of pregnancy w grand multiparity, third trimester	1/1/2021	12/31/2299
O09511	Supervision of elderly primigravida, first trimester	1/1/2021	12/31/2299
O09512	Supervision of elderly primigravida, second trimester	1/1/2021	12/31/2299
O09513	Supervision of elderly primigravida, third trimester	1/1/2021	12/31/2299
O09519	Supervision of elderly primigravida, unspecified trimester	1/1/2021	12/31/2299
O09521	Supervision of elderly multigravida, first trimester	1/1/2021	12/31/2299
O09522	Supervision of elderly multigravida, second trimester	1/1/2021	12/31/2299
O09523	Supervision of elderly multigravida, third trimester	1/1/2021	12/31/2299
O09529	Supervision of elderly multigravida, unspecified trimester	1/1/2021	12/31/2299
O09611	Supervision of young primigravida, first trimester	1/1/2021	12/31/2299
O09612	Supervision of young primigravida, second trimester	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O09613	Supervision of young primigravida, third trimester	1/1/2021	12/31/2299
O09619	Supervision of young primigravida, unspecified trimester	1/1/2021	12/31/2299
O09621	Supervision of young multigravida, first trimester	1/1/2021	12/31/2299
O09622	Supervision of young multigravida, second trimester	1/1/2021	12/31/2299
O09623	Supervision of young multigravida, third trimester	1/1/2021	12/31/2299
O09629	Supervision of young multigravida, unspecified trimester	1/1/2021	12/31/2299
O0970	Suprvsn of high risk preg due to social problems, unsp tri	1/1/2021	12/31/2299
O0971	Suprvsn of high risk preg due to social problems, first tri	1/1/2021	12/31/2299
O0972	Suprvsn of high risk preg due to social problems, second tri	1/1/2021	12/31/2299
O0973	Suprvsn of high risk preg due to social problems, third tri	1/1/2021	12/31/2299
O09811	Suprvsn of preg rslt from assisted reprodctv tech, first tri	1/1/2021	12/31/2299
O09812	Suprvsn of preg rslt from assist reprodctv tech, second tri	1/1/2021	12/31/2299
O09813	Suprvsn of preg rslt from assisted reprodctv tech, third tri	1/1/2021	12/31/2299
O09819	Suprvsn of preg rslt from assisted reprodctv tech, unsp tri	1/1/2021	12/31/2299
O09821	Suprvsn of preg w hx of in utero proc dur prev preg, 1st tri	1/1/2021	12/31/2299
O09822	Suprvsn of preg w hx of in utero proc dur prev preg, 2nd tri	1/1/2021	12/31/2299
O09823	Suprvsn of preg w hx of in utero proc dur prev preg, 3rd tri	1/1/2021	12/31/2299
O09829	Suprvsn of preg w hx of in utero proc dur prev preg,unsp tri	1/1/2021	12/31/2299
O09891	Supervision of other high risk pregnancies, first trimester	1/1/2021	12/31/2299
O09892	Supervision of other high risk pregnancies, second trimester	1/1/2021	12/31/2299
O09893	Supervision of other high risk pregnancies, third trimester	1/1/2021	12/31/2299
O09899	Supervision of other high risk pregnancies, unsp trimester	1/1/2021	12/31/2299
O0990	Supervision of high risk pregnancy, unsp, unsp trimester	1/1/2021	12/31/2299
O0991	Supervision of high risk pregnancy, unsp, first trimester	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O0992	Supervision of high risk pregnancy, unsp, second trimester	1/1/2021	12/31/2299
O0993	Supervision of high risk pregnancy, unsp, third trimester	1/1/2021	12/31/2299
O30001	Twin preg, unsp num plcnta & amnio sacs, first trimester	1/1/2021	12/31/2299
O30002	Twin preg, unsp num plcnta & amnio sacs, second trimester	1/1/2021	12/31/2299
O30003	Twin preg, unsp num plcnta & amnio sacs, third trimester	1/1/2021	12/31/2299
O30011	Twin pregnancy, monochorionic/monoamniotic, first trimester	1/1/2021	12/31/2299
O30012	Twin pregnancy, monochorionic/monoamniotic, second trimester	1/1/2021	12/31/2299
O30013	Twin pregnancy, monochorionic/monoamniotic, third trimester	1/1/2021	12/31/2299
O30031	Twin pregnancy, monochorionic/diamniotic, first trimester	1/1/2021	12/31/2299
O30032	Twin pregnancy, monochorionic/diamniotic, second trimester	1/1/2021	12/31/2299
O30033	Twin pregnancy, monochorionic/diamniotic, third trimester	1/1/2021	12/31/2299
O30041	Twin pregnancy, dichorionic/diamniotic, first trimester	1/1/2021	12/31/2299
O30042	Twin pregnancy, dichorionic/diamniotic, second trimester	1/1/2021	12/31/2299
O30043	Twin pregnancy, dichorionic/diamniotic, third trimester	1/1/2021	12/31/2299
O30091	Twin preg, unable to dtrm num plcnta & amnio sacs, first tri	1/1/2021	12/31/2299
O30092	Twin preg, unable to dtrm num plcnta & amnio sacs, 2nd tri	1/1/2021	12/31/2299
O30093	Twin preg, unable to dtrm num plcnta & amnio sacs, third tri	1/1/2021	12/31/2299
O30101	Triplet preg, unsp num plcnta & amnio sacs, first trimester	1/1/2021	12/31/2299
O30102	Triplet preg, unsp num plcnta & amnio sacs, second trimester	1/1/2021	12/31/2299
O30103	Triplet preg, unsp num plcnta & amnio sacs, third trimester	1/1/2021	12/31/2299
O30111	Triplet preg w two or more monochorionic fetuses, first tri	1/1/2021	12/31/2299
O30112	Triplet preg w two or more monochorionic fetuses, second tri	1/1/2021	12/31/2299
O30113	Triplet preg w two or more monochorionic fetuses, third tri	1/1/2021	12/31/2299
O30121	Triplet preg w two or more monoamnio fetuses, first tri	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O30122	Triplet preg w two or more monoamnio fetuses, second tri	1/1/2021	12/31/2299
O30123	Triplet preg w two or more monoamnio fetuses, third tri	1/1/2021	12/31/2299
O30191	Trp preg, unable to dtrm num plcnta & amnio sacs, first tri	1/1/2021	12/31/2299
O30192	Trp preg, unable to dtrm num plcnta & amnio sacs, second tri	1/1/2021	12/31/2299
O30193	Trp preg, unable to dtrm num plcnta & amnio sacs, third tri	1/1/2021	12/31/2299
O30201	Quad preg, unsp num plcnta & amnio sacs, first trimester	1/1/2021	12/31/2299
O30202	Quad preg, unsp num plcnta & amnio sacs, second trimester	1/1/2021	12/31/2299
O30203	Quad preg, unsp num plcnta & amnio sacs, third trimester	1/1/2021	12/31/2299
O30211	Quad preg w two or more monochorionic fetuses, first tri	1/1/2021	12/31/2299
O30212	Quad preg w two or more monochorionic fetuses, second tri	1/1/2021	12/31/2299
O30213	Quad preg w two or more monochorionic fetuses, third tri	1/1/2021	12/31/2299
O30221	Quad preg w two or more monoamnio fetuses, first trimester	1/1/2021	12/31/2299
O30222	Quad preg w two or more monoamnio fetuses, second trimester	1/1/2021	12/31/2299
O30223	Quad preg w two or more monoamnio fetuses, third trimester	1/1/2021	12/31/2299
O30291	Quad preg, unable to dtrm num plcnta & amnio sacs, first tri	1/1/2021	12/31/2299
O30292	Quad preg, unable to dtrm num plcnta & amnio sacs, 2nd tri	1/1/2021	12/31/2299
O30293	Quad preg, unable to dtrm num plcnta & amnio sacs, third tri	1/1/2021	12/31/2299
O30801	Oth multiple gest, unsp num plcnta & amnio sacs, first tri	1/1/2021	12/31/2299
O30802	Oth multiple gest, unsp num plcnta & amnio sacs, second tri	1/1/2021	12/31/2299
O30803	Oth multiple gest, unsp num plcnta & amnio sacs, third tri	1/1/2021	12/31/2299
O30811	Oth mult gest w two or more monochorionic fetuses, first tri	1/1/2021	12/31/2299
O30812	Oth mult gest w two or more monochorionic fetuses, 2nd tri	1/1/2021	12/31/2299
O30813	Oth mult gest w two or more monochorionic fetuses, third tri	1/1/2021	12/31/2299
O30821	Oth multiple gest w two or more monoamnio fetuses, first tri	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O30822	Oth mult gest w two or more monoamnio fetuses, second tri	1/1/2021	12/31/2299
O30823	Oth multiple gest w two or more monoamnio fetuses, third tri	1/1/2021	12/31/2299
O30891	Oth mult gest, unab to dtrm num plcnta & amnio sacs, 1st tri	1/1/2021	12/31/2299
O30892	Oth mult gest, unab to dtrm num plcnta & amnio sacs, 2nd tri	1/1/2021	12/31/2299
O30893	Oth mult gest, unab to dtrm num plcnta & amnio sacs, 3rd tri	1/1/2021	12/31/2299
O3091	Multiple gestation, unspecified, first trimester	1/1/2021	12/31/2299
O3092	Multiple gestation, unspecified, second trimester	1/1/2021	12/31/2299
O3093	Multiple gestation, unspecified, third trimester	1/1/2021	12/31/2299
O3111X0	Cont preg aft spon abort of one fts or more, first tri, unsp	1/1/2021	12/31/2299
O3111X1	Cont preg aft spon abort of one fts or more, first tri, fts1	1/1/2021	12/31/2299
O3111X2	Cont preg aft spon abort of one fts or more, first tri, fts2	1/1/2021	12/31/2299
O3111X3	Cont preg aft spon abort of one fts or more, first tri, fts3	1/1/2021	12/31/2299
O3111X4	Cont preg aft spon abort of one fts or more, first tri, fts4	1/1/2021	12/31/2299
O3111X5	Cont preg aft spon abort of one fts or more, first tri, fts5	1/1/2021	12/31/2299
O3111X9	Cont preg aft spon abort of one fts or more, first tri, oth	1/1/2021	12/31/2299
O3112X0	Cont preg aft spon abort of one fetus or more, 2nd tri, unsp	1/1/2021	12/31/2299
O3112X1	Cont preg aft spon abort of one fetus or more, 2nd tri, fts1	1/1/2021	12/31/2299
O3112X2	Cont preg aft spon abort of one fetus or more, 2nd tri, fts2	1/1/2021	12/31/2299
O3112X3	Cont preg aft spon abort of one fetus or more, 2nd tri, fts3	1/1/2021	12/31/2299
O3112X4	Cont preg aft spon abort of one fetus or more, 2nd tri, fts4	1/1/2021	12/31/2299
O3112X5	Cont preg aft spon abort of one fetus or more, 2nd tri, fts5	1/1/2021	12/31/2299
O3112X9	Cont preg aft spon abort of one fetus or more, 2nd tri, oth	1/1/2021	12/31/2299
O3113X0	Cont preg aft spon abort of one fts or more, third tri, unsp	1/1/2021	12/31/2299
O3113X1	Cont preg aft spon abort of one fts or more, third tri, fts1	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3113X2	Cont preg aft spon abort of one fts or more, third tri, fts2	1/1/2021	12/31/2299
O3113X3	Cont preg aft spon abort of one fts or more, third tri, fts3	1/1/2021	12/31/2299
O3113X4	Cont preg aft spon abort of one fts or more, third tri, fts4	1/1/2021	12/31/2299
O3113X5	Cont preg aft spon abort of one fts or more, third tri, fts5	1/1/2021	12/31/2299
O3113X9	Cont preg aft spon abort of one fts or more, third tri, oth	1/1/2021	12/31/2299
O3121X0	Cont preg aft uterin dth of one fts or more, first tri, unsp	1/1/2021	12/31/2299
O3121X1	Cont preg aft uterin dth of one fts or more, first tri, fts1	1/1/2021	12/31/2299
O3121X2	Cont preg aft uterin dth of one fts or more, first tri, fts2	1/1/2021	12/31/2299
O3121X3	Cont preg aft uterin dth of one fts or more, first tri, fts3	1/1/2021	12/31/2299
O3121X4	Cont preg aft uterin dth of one fts or more, first tri, fts4	1/1/2021	12/31/2299
O3121X5	Cont preg aft uterin dth of one fts or more, first tri, fts5	1/1/2021	12/31/2299
O3121X9	Cont preg aft uterin dth of one fts or more, first tri, oth	1/1/2021	12/31/2299
O3122X0	Cont preg aft uterin dth of one fetus or more, 2nd tri, unsp	1/1/2021	12/31/2299
O3122X1	Cont preg aft uterin dth of one fetus or more, 2nd tri, fts1	1/1/2021	12/31/2299
O3122X2	Cont preg aft uterin dth of one fetus or more, 2nd tri, fts2	1/1/2021	12/31/2299
O3122X3	Cont preg aft uterin dth of one fetus or more, 2nd tri, fts3	1/1/2021	12/31/2299
O3122X4	Cont preg aft uterin dth of one fetus or more, 2nd tri, fts4	1/1/2021	12/31/2299
O3122X5	Cont preg aft uterin dth of one fetus or more, 2nd tri, fts5	1/1/2021	12/31/2299
O3122X9	Cont preg aft uterin dth of one fetus or more, 2nd tri, oth	1/1/2021	12/31/2299
O3123X0	Cont preg aft uterin dth of one fts or more, third tri, unsp	1/1/2021	12/31/2299
O3123X1	Cont preg aft uterin dth of one fts or more, third tri, fts1	1/1/2021	12/31/2299
O3123X2	Cont preg aft uterin dth of one fts or more, third tri, fts2	1/1/2021	12/31/2299
O3123X3	Cont preg aft uterin dth of one fts or more, third tri, fts3	1/1/2021	12/31/2299
O3123X4	Cont preg aft uterin dth of one fts or more, third tri, fts4	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3123X5	Cont preg aft uterin dth of one fts or more, third tri, fts5	1/1/2021	12/31/2299
O3123X9	Cont preg aft uterin dth of one fts or more, third tri, oth	1/1/2021	12/31/2299
O3131X0	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, unsp	1/1/2021	12/31/2299
O3131X1	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, fts1	1/1/2021	12/31/2299
O3131X2	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, fts2	1/1/2021	12/31/2299
O3131X3	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, fts3	1/1/2021	12/31/2299
O3131X4	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, fts4	1/1/2021	12/31/2299
O3131X5	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, fts5	1/1/2021	12/31/2299
O3131X9	Cont preg aft elctv fetl rdct of 1 fts or more, 1st tri, oth	1/1/2021	12/31/2299
O3132X0	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, unsp	1/1/2021	12/31/2299
O3132X1	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, fts1	1/1/2021	12/31/2299
O3132X2	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, fts2	1/1/2021	12/31/2299
O3132X3	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, fts3	1/1/2021	12/31/2299
O3132X4	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, fts4	1/1/2021	12/31/2299
O3132X5	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, fts5	1/1/2021	12/31/2299
O3132X9	Cont preg aft elctv fetl rdct of 1 fts or more, 2nd tri, oth	1/1/2021	12/31/2299
O3133X0	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, unsp	1/1/2021	12/31/2299
O3133X1	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, fts1	1/1/2021	12/31/2299
O3133X2	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, fts2	1/1/2021	12/31/2299
O3133X3	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, fts3	1/1/2021	12/31/2299
O3133X4	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, fts4	1/1/2021	12/31/2299
O3133X5	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, fts5	1/1/2021	12/31/2299
O3133X9	Cont preg aft elctv fetl rdct of 1 fts or more, 3rd tri, oth	1/1/2021	12/31/2299
O318X10	Oth comp specific to multiple gest, first trimester, unsp	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O318X11	Oth comp specific to multiple gest, first trimester, fetus 1	1/1/2021	12/31/2299
O318X12	Oth comp specific to multiple gest, first trimester, fetus 2	1/1/2021	12/31/2299
O318X13	Oth comp specific to multiple gest, first trimester, fetus 3	1/1/2021	12/31/2299
O318X14	Oth comp specific to multiple gest, first trimester, fetus 4	1/1/2021	12/31/2299
O318X15	Oth comp specific to multiple gest, first trimester, fetus 5	1/1/2021	12/31/2299
O318X19	Oth comp specific to multiple gest, first trimester, oth	1/1/2021	12/31/2299
O318X20	Oth comp specific to multiple gest, second trimester, unsp	1/1/2021	12/31/2299
O318X21	Oth comp specific to multiple gest, second tri, fetus 1	1/1/2021	12/31/2299
O318X22	Oth comp specific to multiple gest, second tri, fetus 2	1/1/2021	12/31/2299
O318X23	Oth comp specific to multiple gest, second tri, fetus 3	1/1/2021	12/31/2299
O318X24	Oth comp specific to multiple gest, second tri, fetus 4	1/1/2021	12/31/2299
O318X25	Oth comp specific to multiple gest, second tri, fetus 5	1/1/2021	12/31/2299
O318X29	Oth comp specific to multiple gest, second trimester, oth	1/1/2021	12/31/2299
O318X30	Oth comp specific to multiple gest, third trimester, unsp	1/1/2021	12/31/2299
O318X31	Oth comp specific to multiple gest, third trimester, fetus 1	1/1/2021	12/31/2299
O318X32	Oth comp specific to multiple gest, third trimester, fetus 2	1/1/2021	12/31/2299
O318X33	Oth comp specific to multiple gest, third trimester, fetus 3	1/1/2021	12/31/2299
O318X34	Oth comp specific to multiple gest, third trimester, fetus 4	1/1/2021	12/31/2299
O318X35	Oth comp specific to multiple gest, third trimester, fetus 5	1/1/2021	12/31/2299
O318X39	Oth comp specific to multiple gest, third trimester, oth	1/1/2021	12/31/2299
O320XX0	Maternal care for unstable lie, not applicable or unsp	1/1/2021	12/31/2299
O320XX1	Maternal care for unstable lie, fetus 1	1/1/2021	12/31/2299
O320XX2	Maternal care for unstable lie, fetus 2	1/1/2021	12/31/2299
O320XX3	Maternal care for unstable lie, fetus 3	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O320XX4	Maternal care for unstable lie, fetus 4	1/1/2021	12/31/2299
O320XX5	Maternal care for unstable lie, fetus 5	1/1/2021	12/31/2299
O320XX9	Maternal care for unstable lie, other fetus	1/1/2021	12/31/2299
O321XX0	Maternal care for breech presentation, unsp	1/1/2021	12/31/2299
O321XX1	Maternal care for breech presentation, fetus 1	1/1/2021	12/31/2299
O321XX2	Maternal care for breech presentation, fetus 2	1/1/2021	12/31/2299
O321XX3	Maternal care for breech presentation, fetus 3	1/1/2021	12/31/2299
O321XX4	Maternal care for breech presentation, fetus 4	1/1/2021	12/31/2299
O321XX5	Maternal care for breech presentation, fetus 5	1/1/2021	12/31/2299
O321XX9	Maternal care for breech presentation, other fetus	1/1/2021	12/31/2299
O322XX0	Maternal care for transverse and oblique lie, unsp	1/1/2021	12/31/2299
O322XX1	Maternal care for transverse and oblique lie, fetus 1	1/1/2021	12/31/2299
O322XX2	Maternal care for transverse and oblique lie, fetus 2	1/1/2021	12/31/2299
O322XX3	Maternal care for transverse and oblique lie, fetus 3	1/1/2021	12/31/2299
O322XX4	Maternal care for transverse and oblique lie, fetus 4	1/1/2021	12/31/2299
O322XX5	Maternal care for transverse and oblique lie, fetus 5	1/1/2021	12/31/2299
O322XX9	Maternal care for transverse and oblique lie, other fetus	1/1/2021	12/31/2299
O323XX0	Maternal care for face, brow and chin presentation, unsp	1/1/2021	12/31/2299
O323XX1	Maternal care for face, brow and chin presentation, fetus 1	1/1/2021	12/31/2299
O323XX2	Maternal care for face, brow and chin presentation, fetus 2	1/1/2021	12/31/2299
O323XX3	Maternal care for face, brow and chin presentation, fetus 3	1/1/2021	12/31/2299
O323XX4	Maternal care for face, brow and chin presentation, fetus 4	1/1/2021	12/31/2299
O323XX5	Maternal care for face, brow and chin presentation, fetus 5	1/1/2021	12/31/2299
O323XX9	Maternal care for face, brow and chin presentation, oth	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O324XX0	Maternal care for high head at term, not applicable or unsp	1/1/2021	12/31/2299
O324XX1	Maternal care for high head at term, fetus 1	1/1/2021	12/31/2299
O324XX2	Maternal care for high head at term, fetus 2	1/1/2021	12/31/2299
O324XX3	Maternal care for high head at term, fetus 3	1/1/2021	12/31/2299
O324XX4	Maternal care for high head at term, fetus 4	1/1/2021	12/31/2299
O324XX5	Maternal care for high head at term, fetus 5	1/1/2021	12/31/2299
O324XX9	Maternal care for high head at term, other fetus	1/1/2021	12/31/2299
O326XX0	Maternal care for compound presentation, unsp	1/1/2021	12/31/2299
O326XX1	Maternal care for compound presentation, fetus 1	1/1/2021	12/31/2299
O326XX2	Maternal care for compound presentation, fetus 2	1/1/2021	12/31/2299
O326XX3	Maternal care for compound presentation, fetus 3	1/1/2021	12/31/2299
O326XX4	Maternal care for compound presentation, fetus 4	1/1/2021	12/31/2299
O326XX5	Maternal care for compound presentation, fetus 5	1/1/2021	12/31/2299
O326XX9	Maternal care for compound presentation, other fetus	1/1/2021	12/31/2299
O328XX0	Maternal care for oth malpresentation of fetus, unsp	1/1/2021	12/31/2299
O328XX1	Maternal care for other malpresentation of fetus, fetus 1	1/1/2021	12/31/2299
O328XX2	Maternal care for other malpresentation of fetus, fetus 2	1/1/2021	12/31/2299
O328XX3	Maternal care for other malpresentation of fetus, fetus 3	1/1/2021	12/31/2299
O328XX4	Maternal care for other malpresentation of fetus, fetus 4	1/1/2021	12/31/2299
O328XX5	Maternal care for other malpresentation of fetus, fetus 5	1/1/2021	12/31/2299
O328XX9	Maternal care for oth malpresentation of fetus, other fetus	1/1/2021	12/31/2299
O329XX0	Maternal care for malpresentation of fetus, unsp, unsp	1/1/2021	12/31/2299
O329XX1	Maternal care for malpresentation of fetus, unsp, fetus 1	1/1/2021	12/31/2299
O329XX2	Maternal care for malpresentation of fetus, unsp, fetus 2	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O329XX3	Maternal care for malpresentation of fetus, unsp, fetus 3	1/1/2021	12/31/2299
O329XX4	Maternal care for malpresentation of fetus, unsp, fetus 4	1/1/2021	12/31/2299
O329XX5	Maternal care for malpresentation of fetus, unsp, fetus 5	1/1/2021	12/31/2299
O329XX9	Maternal care for malpresentation of fetus, unsp, oth fetus	1/1/2021	12/31/2299
O330	Matern care for disproprtn d/t deformity of matern pelv bone	1/1/2021	12/31/2299
O331	Matern care for disproprtn d/t generally contracted pelvis	1/1/2021	12/31/2299
O332	Maternal care for disproprtn due to inlet contrctn of pelvis	1/1/2021	12/31/2299
O333XX0	Matern care for disproprtn d/t outlet contrctn of pelv, unsp	1/1/2021	12/31/2299
O333XX1	Matern care for disproprtn d/t outlet contrctn of pelv, fts1	1/1/2021	12/31/2299
O333XX2	Matern care for disproprtn d/t outlet contrctn of pelv, fts2	1/1/2021	12/31/2299
O333XX3	Matern care for disproprtn d/t outlet contrctn of pelv, fts3	1/1/2021	12/31/2299
O333XX4	Matern care for disproprtn d/t outlet contrctn of pelv, fts4	1/1/2021	12/31/2299
O333XX5	Matern care for disproprtn d/t outlet contrctn of pelv, fts5	1/1/2021	12/31/2299
O333XX9	Matern care for disproprtn d/t outlet contrctn of pelv, oth	1/1/2021	12/31/2299
O334XX0	Matern care for disproprtn of mix matern & fetl origin, unsp	1/1/2021	12/31/2299
O334XX1	Matern care for disproprtn of mix matern & fetl origin, fts1	1/1/2021	12/31/2299
O334XX2	Matern care for disproprtn of mix matern & fetl origin, fts2	1/1/2021	12/31/2299
O334XX3	Matern care for disproprtn of mix matern & fetl origin, fts3	1/1/2021	12/31/2299
O334XX4	Matern care for disproprtn of mix matern & fetl origin, fts4	1/1/2021	12/31/2299
O334XX5	Matern care for disproprtn of mix matern & fetl origin, fts5	1/1/2021	12/31/2299
O334XX9	Matern care for disproprtn of mix matern & fetl origin, oth	1/1/2021	12/31/2299
O335XX0	Matern care for disproprtn d/t unusually large fetus, unsp	1/1/2021	12/31/2299
O335XX1	Matern care for disproprtn d/t unusually large fetus, fts1	1/1/2021	12/31/2299
O335XX2	Matern care for disproprtn d/t unusually large fetus, fts2	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O335XX3	Matern care for disproprtn d/t unusually large fetus, fts3	1/1/2021	12/31/2299
O335XX4	Matern care for disproprtn d/t unusually large fetus, fts4	1/1/2021	12/31/2299
O335XX5	Matern care for disproprtn d/t unusually large fetus, fts5	1/1/2021	12/31/2299
O335XX9	Matern care for disproprtn due to unusually large fetus, oth	1/1/2021	12/31/2299
O336XX0	Matern care for disproprtn due to hydrocephalic fetus, unsp	1/1/2021	12/31/2299
O336XX1	Matern care for disproprtn due to hydrocephalic fetus, fts1	1/1/2021	12/31/2299
O336XX2	Matern care for disproprtn due to hydrocephalic fetus, fts2	1/1/2021	12/31/2299
O336XX3	Matern care for disproprtn due to hydrocephalic fetus, fts3	1/1/2021	12/31/2299
O336XX4	Matern care for disproprtn due to hydrocephalic fetus, fts4	1/1/2021	12/31/2299
O336XX5	Matern care for disproprtn due to hydrocephalic fetus, fts5	1/1/2021	12/31/2299
O336XX9	Maternal care for disproprtn due to hydrocephalic fetus, oth	1/1/2021	12/31/2299
O337XX0	Maternal care for disproprtn due to other fetal deform, unsp	1/1/2021	12/31/2299
O337XX1	Matern care for disproprtn due to other fetal deform, fts1	1/1/2021	12/31/2299
O337XX2	Matern care for disproprtn due to other fetal deform, fts2	1/1/2021	12/31/2299
O337XX3	Matern care for disproprtn due to other fetal deform, fts3	1/1/2021	12/31/2299
O337XX4	Matern care for disproprtn due to other fetal deform, fts4	1/1/2021	12/31/2299
O337XX5	Matern care for disproprtn due to other fetal deform, fts5	1/1/2021	12/31/2299
O337XX9	Maternal care for disproprtn due to other fetal deform, oth	1/1/2021	12/31/2299
O338	Maternal care for disproportion of other origin	1/1/2021	12/31/2299
O339	Maternal care for disproportion, unspecified	1/1/2021	12/31/2299
O3401	Maternal care for unsp congen malform of uterus, first tri	1/1/2021	12/31/2299
O3402	Maternal care for unsp congen malform of uterus, second tri	1/1/2021	12/31/2299
O3403	Maternal care for unsp congen malform of uterus, third tri	1/1/2021	12/31/2299
O3411	Maternal care for benign tumor of corpus uteri, first tri	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3412	Maternal care for benign tumor of corpus uteri, second tri	1/1/2021	12/31/2299
O3413	Maternal care for benign tumor of corpus uteri, third tri	1/1/2021	12/31/2299
O34211	Matern care for low transverse scar from prev cesarean del	1/1/2021	12/31/2299
O34212	Maternal care for vertical scar from previous cesarean del	1/1/2021	12/31/2299
O34219	Maternal care for unsp type scar from previous cesarean del	1/1/2021	12/31/2299
O3429	Maternal care due to uterine scar from oth previous surgery	1/1/2021	12/31/2299
O3431	Maternal care for cervical incompetence, first trimester	1/1/2021	12/31/2299
O3432	Maternal care for cervical incompetence, second trimester	1/1/2021	12/31/2299
O3433	Maternal care for cervical incompetence, third trimester	1/1/2021	12/31/2299
O3441	Maternal care for oth abnlt of cervix, first trimester	1/1/2021	12/31/2299
O3442	Maternal care for oth abnlt of cervix, second trimester	1/1/2021	12/31/2299
O3443	Maternal care for oth abnlt of cervix, third trimester	1/1/2021	12/31/2299
O34511	Maternal care for incarceration of gravid uterus, first tri	1/1/2021	12/31/2299
O34512	Maternal care for incarceration of gravid uterus, second tri	1/1/2021	12/31/2299
O34513	Maternal care for incarceration of gravid uterus, third tri	1/1/2021	12/31/2299
O34521	Maternal care for prolapse of gravid uterus, first trimester	1/1/2021	12/31/2299
O34522	Maternal care for prolapse of gravid uterus, second tri	1/1/2021	12/31/2299
O34523	Maternal care for prolapse of gravid uterus, third trimester	1/1/2021	12/31/2299
O34531	Maternal care for retroversion of gravid uterus, first tri	1/1/2021	12/31/2299
O34532	Maternal care for retroversion of gravid uterus, second tri	1/1/2021	12/31/2299
O34533	Maternal care for retroversion of gravid uterus, third tri	1/1/2021	12/31/2299
O34591	Maternal care for oth abnlt of gravid uterus, first tri	1/1/2021	12/31/2299
O34592	Maternal care for oth abnlt of gravid uterus, second tri	1/1/2021	12/31/2299
O34593	Maternal care for oth abnlt of gravid uterus, third tri	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3461	Maternal care for abnormality of vagina, first trimester	1/1/2021	12/31/2299
O3462	Maternal care for abnormality of vagina, second trimester	1/1/2021	12/31/2299
O3463	Maternal care for abnormality of vagina, third trimester	1/1/2021	12/31/2299
O3471	Maternal care for abnlt of vulva and perineum, first tri	1/1/2021	12/31/2299
O3472	Maternal care for abnlt of vulva and perineum, second tri	1/1/2021	12/31/2299
O3473	Maternal care for abnlt of vulva and perineum, third tri	1/1/2021	12/31/2299
O3481	Maternal care for oth abnlt of pelvic organs, first tri	1/1/2021	12/31/2299
O3482	Maternal care for oth abnlt of pelvic organs, second tri	1/1/2021	12/31/2299
O3483	Maternal care for oth abnlt of pelvic organs, third tri	1/1/2021	12/31/2299
O3491	Maternal care for abnlt of pelvic organ, unsp, first tri	1/1/2021	12/31/2299
O3492	Maternal care for abnlt of pelvic organ, unsp, second tri	1/1/2021	12/31/2299
O3493	Maternal care for abnlt of pelvic organ, unsp, third tri	1/1/2021	12/31/2299
O3500X0	Mat care (suspected) cnsl malf/damag fts, unspecified, unsp	10/1/2022	12/31/2299
O3500X1	Mat care cnsl malf/damag fts, unspecified, fetus 1	10/1/2022	12/31/2299
O3500X2	Mat care cnsl malf/damag fts, unspecified, fetus 2	10/1/2022	12/31/2299
O3500X3	Mat care cnsl malf/damag fts, unspecified, fetus 3	10/1/2022	12/31/2299
O3500X4	Mat care cnsl malf/damag fts, unspecified, fetus 4	10/1/2022	12/31/2299
O3500X5	Mat care cnsl malf/damag fts, unspecified, fetus 5	10/1/2022	12/31/2299
O3500X9	Mat care cnsl malf/damag fts, unspecified, other fetus	10/1/2022	12/31/2299
O3501X0	Mat care cnsl malf/damag fts, agenesis corpus callosum, unsp	10/1/2022	12/31/2299
O3501X1	Mat care cnsl malf/damag fts, agenesis corpus callosum, fts1	10/1/2022	12/31/2299
O3501X2	Mat care cnsl malf/damag fts, agenesis corpus callosum, fts2	10/1/2022	12/31/2299
O3501X3	Mat care cnsl malf/damag fts, agenesis corpus callosum, fts3	10/1/2022	12/31/2299
O3501X4	Mat care cnsl malf/damag fts, agenesis corpus callosum, fts4	10/1/2022	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3501X5	Mat care cnsl malf/damag fts, agenesis corpus callosum, fts5	10/1/2022	12/31/2299
O3501X9	Mat care cnsl malf/damag fts, agenesis corpus callosum, oth	10/1/2022	12/31/2299
O3502X0	Mat care (suspected) cnsl malf/damag fts, anencephaly, unsp	10/1/2022	12/31/2299
O3502X1	Mat care cnsl malf/damag fts, anencephaly, fetus 1	10/1/2022	12/31/2299
O3502X2	Mat care cnsl malf/damag fts, anencephaly, fetus 2	10/1/2022	12/31/2299
O3502X3	Mat care cnsl malf/damag fts, anencephaly, fetus 3	10/1/2022	12/31/2299
O3502X4	Mat care cnsl malf/damag fts, anencephaly, fetus 4	10/1/2022	12/31/2299
O3502X5	Mat care cnsl malf/damag fts, anencephaly, fetus 5	10/1/2022	12/31/2299
O3502X9	Mat care cnsl malf/damag fts, anencephaly, other fetus	10/1/2022	12/31/2299
O3503X0	Mat care cnsl malf/damag fts, choroid plexus cysts, unsp	10/1/2022	12/31/2299
O3503X1	Mat care cnsl malf/damag fts, choroid plexus cysts, fetus 1	10/1/2022	12/31/2299
O3503X2	Mat care cnsl malf/damag fts, choroid plexus cysts, fetus 2	10/1/2022	12/31/2299
O3503X3	Mat care cnsl malf/damag fts, choroid plexus cysts, fetus 3	10/1/2022	12/31/2299
O3503X4	Mat care cnsl malf/damag fts, choroid plexus cysts, fetus 4	10/1/2022	12/31/2299
O3503X5	Mat care cnsl malf/damag fts, choroid plexus cysts, fetus 5	10/1/2022	12/31/2299
O3503X9	Mat care cnsl malf/damag fts, choroid plexus cysts, oth	10/1/2022	12/31/2299
O3504X0	Mat care (suspected) cnsl malf/damag fts, encephaloc, unsp	10/1/2022	12/31/2299
O3504X1	Mat care cnsl malf/damag fts, encephaloc, fetus 1	10/1/2022	12/31/2299
O3504X2	Mat care cnsl malf/damag fts, encephaloc, fetus 2	10/1/2022	12/31/2299
O3504X3	Mat care cnsl malf/damag fts, encephaloc, fetus 3	10/1/2022	12/31/2299
O3504X4	Mat care cnsl malf/damag fts, encephaloc, fetus 4	10/1/2022	12/31/2299
O3504X5	Mat care cnsl malf/damag fts, encephaloc, fetus 5	10/1/2022	12/31/2299
O3504X9	Mat care cnsl malf/damag fts, encephaloc, other fetus	10/1/2022	12/31/2299
O3505X0	Mat care cnsl malf/damag fts, holoprosenceph, unsp	10/1/2022	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3505X1	Mat care cnsl malf/damag fts, holoprosenceph, fetus 1	10/1/2022	12/31/2299
O3505X2	Mat care cnsl malf/damag fts, holoprosenceph, fetus 2	10/1/2022	12/31/2299
O3505X3	Mat care cnsl malf/damag fts, holoprosenceph, fetus 3	10/1/2022	12/31/2299
O3505X4	Mat care cnsl malf/damag fts, holoprosenceph, fetus 4	10/1/2022	12/31/2299
O3505X5	Mat care cnsl malf/damag fts, holoprosenceph, fetus 5	10/1/2022	12/31/2299
O3505X9	Mat care cnsl malf/damag fts, holoprosenceph, other fetus	10/1/2022	12/31/2299
O3506X0	Mat care (suspected) cnsl malf/damag fts, hydrocephaly, unsp	10/1/2022	12/31/2299
O3506X1	Mat care (suspected) cnsl malf/damag fts, hydroceph, fetus 1	10/1/2022	12/31/2299
O3506X2	Mat care (suspected) cnsl malf/damag fts, hydroceph, fetus 2	10/1/2022	12/31/2299
O3506X3	Mat care (suspected) cnsl malf/damag fts, hydroceph, fetus 3	10/1/2022	12/31/2299
O3506X4	Mat care (suspected) cnsl malf/damag fts, hydroceph, fetus 4	10/1/2022	12/31/2299
O3506X5	Mat care (suspected) cnsl malf/damag fts, hydroceph, fetus 5	10/1/2022	12/31/2299
O3506X9	Mat care cnsl malf/damag fts, hydroceph, other fetus	10/1/2022	12/31/2299
O3507X0	Mat care (suspected) cnsl malf/damag fts, microcephaly, unsp	10/1/2022	12/31/2299
O3507X1	Mat care (suspected) cnsl malf/damag fts, microceph, fetus 1	10/1/2022	12/31/2299
O3507X2	Mat care (suspected) cnsl malf/damag fts, microceph, fetus 2	10/1/2022	12/31/2299
O3507X3	Mat care (suspected) cnsl malf/damag fts, microceph, fetus 3	10/1/2022	12/31/2299
O3507X4	Mat care (suspected) cnsl malf/damag fts, microceph, fetus 4	10/1/2022	12/31/2299
O3507X5	Mat care (suspected) cnsl malf/damag fts, microceph, fetus 5	10/1/2022	12/31/2299
O3507X9	Mat care cnsl malf/damag fts, microceph, other fetus	10/1/2022	12/31/2299
O3508X0	Mat care (suspected) cnsl malf/damag fts, spina bifida, unsp	10/1/2022	12/31/2299
O3508X1	Mat care cnsl malf/damag fts, spina bifida, fetus 1	10/1/2022	12/31/2299
O3508X2	Mat care cnsl malf/damag fts, spina bifida, fetus 2	10/1/2022	12/31/2299
O3508X3	Mat care cnsl malf/damag fts, spina bifida, fetus 3	10/1/2022	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3508X4	Mat care cnsl malf/damag fts, spina bifida, fetus 4	10/1/2022	12/31/2299
O3508X5	Mat care cnsl malf/damag fts, spina bifida, fetus 5	10/1/2022	12/31/2299
O3508X9	Mat care cnsl malf/damag fts, spina bifida, other fetus	10/1/2022	12/31/2299
O3509X0	Mat care (suspected) other cnsl malf/damag fts, unsp	10/1/2022	12/31/2299
O3509X1	Mat care (suspected) other cnsl malf/damag fts, fetus 1	10/1/2022	12/31/2299
O3509X2	Mat care (suspected) other cnsl malf/damag fts, fetus 2	10/1/2022	12/31/2299
O3509X3	Mat care (suspected) other cnsl malf/damag fts, fetus 3	10/1/2022	12/31/2299
O3509X4	Mat care (suspected) other cnsl malf/damag fts, fetus 4	10/1/2022	12/31/2299
O3509X5	Mat care (suspected) other cnsl malf/damag fts, fetus 5	10/1/2022	12/31/2299
O3509X9	Mat care (suspected) other cnsl malf/damag fts, other fetus	10/1/2022	12/31/2299
O350XX0	Maternal care for (suspected) cnsl malform in fetus, unsp	1/1/2021	9/30/2022
O350XX0	Maternal care for (suspected) cnsl malform in fetus, unsp	10/1/2022	12/31/2299
O350XX1	Maternal care for (suspected) cnsl malform in fetus, fetus 1	1/1/2021	9/30/2022
O350XX1	Maternal care for (suspected) cnsl malform in fetus, fetus 1	10/1/2022	12/31/2299
O350XX2	Maternal care for (suspected) cnsl malform in fetus, fetus 2	1/1/2021	9/30/2022
O350XX2	Maternal care for (suspected) cnsl malform in fetus, fetus 2	10/1/2022	12/31/2299
O350XX3	Maternal care for (suspected) cnsl malform in fetus, fetus 3	1/1/2021	9/30/2022
O350XX3	Maternal care for (suspected) cnsl malform in fetus, fetus 3	10/1/2022	12/31/2299
O350XX4	Maternal care for (suspected) cnsl malform in fetus, fetus 4	1/1/2021	9/30/2022
O350XX4	Maternal care for (suspected) cnsl malform in fetus, fetus 4	10/1/2022	12/31/2299
O350XX5	Maternal care for (suspected) cnsl malform in fetus, fetus 5	1/1/2021	9/30/2022
O350XX5	Maternal care for (suspected) cnsl malform in fetus, fetus 5	10/1/2022	12/31/2299
O350XX9	Maternal care for (suspected) cnsl malform in fetus, oth	1/1/2021	9/30/2022
O350XX9	Maternal care for (suspected) cnsl malform in fetus, oth	10/1/2022	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3510X0	Mat care chromosomal abnormality in fetus, unspecified, unsp	10/1/2022	12/31/2299
O3510X1	Mat care chromosomal abnlt in fetus, unspecified, fetus 1	10/1/2022	12/31/2299
O3510X2	Mat care chromosomal abnlt in fetus, unspecified, fetus 2	10/1/2022	12/31/2299
O3510X3	Mat care chromosomal abnlt in fetus, unspecified, fetus 3	10/1/2022	12/31/2299
O3510X4	Mat care chromosomal abnlt in fetus, unspecified, fetus 4	10/1/2022	12/31/2299
O3510X5	Mat care chromosomal abnlt in fetus, unspecified, fetus 5	10/1/2022	12/31/2299
O3510X9	Mat care chromsoml abnlt in fetus, unspecified, other fetus	10/1/2022	12/31/2299
O3511X0	Mat care chromosomal abnormality in fetus, Trisomy 13, unsp	10/1/2022	12/31/2299
O3511X1	Mat care chromosomal abnlt in fetus, Trisomy 13, fetus 1	10/1/2022	12/31/2299
O3511X2	Mat care chromosomal abnlt in fetus, Trisomy 13, fetus 2	10/1/2022	12/31/2299
O3511X3	Mat care chromosomal abnlt in fetus, Trisomy 13, fetus 3	10/1/2022	12/31/2299
O3511X4	Mat care chromosomal abnlt in fetus, Trisomy 13, fetus 4	10/1/2022	12/31/2299
O3511X5	Mat care chromosomal abnlt in fetus, Trisomy 13, fetus 5	10/1/2022	12/31/2299
O3511X9	Mat care chromosomal abnlt in fetus, Trisomy 13, other fetus	10/1/2022	12/31/2299
O3512X0	Mat care chromosomal abnormality in fetus, Trisomy 18, unsp	10/1/2022	12/31/2299
O3512X1	Mat care chromosomal abnlt in fetus, Trisomy 18, fetus 1	10/1/2022	12/31/2299
O3512X2	Mat care chromosomal abnlt in fetus, Trisomy 18, fetus 2	10/1/2022	12/31/2299
O3512X3	Mat care chromosomal abnlt in fetus, Trisomy 18, fetus 3	10/1/2022	12/31/2299
O3512X4	Mat care chromosomal abnlt in fetus, Trisomy 18, fetus 4	10/1/2022	12/31/2299
O3512X5	Mat care chromosomal abnlt in fetus, Trisomy 18, fetus 5	10/1/2022	12/31/2299
O3512X9	Mat care chromosomal abnlt in fetus, Trisomy 18, other fetus	10/1/2022	12/31/2299
O3513X0	Mat care chromosomal abnormality in fetus, Trisomy 21, unsp	10/1/2022	12/31/2299
O3513X1	Mat care chromosomal abnlt in fetus, Trisomy 21, fetus 1	10/1/2022	12/31/2299
O3513X2	Mat care chromosomal abnlt in fetus, Trisomy 21, fetus 2	10/1/2022	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3513X3	Mat care chromosomal abnlt in fetus, Trisomy 21, fetus 3	10/1/2022	12/31/2299
O3513X4	Mat care chromosomal abnlt in fetus, Trisomy 21, fetus 4	10/1/2022	12/31/2299
O3513X5	Mat care chromosomal abnlt in fetus, Trisomy 21, fetus 5	10/1/2022	12/31/2299
O3513X9	Mat care chromosomal abnlt in fetus, Trisomy 21, other fetus	10/1/2022	12/31/2299
O3514X0	Mat care chromosomal abnlt in fetus, Turner Syndrome, unsp	10/1/2022	12/31/2299
O3514X1	Mat care chromsoml abnlt in fetus, Turner Syndrome, fetus 1	10/1/2022	12/31/2299
O3514X2	Mat care chromsoml abnlt in fetus, Turner Syndrome, fetus 2	10/1/2022	12/31/2299
O3514X3	Mat care chromsoml abnlt in fetus, Turner Syndrome, fetus 3	10/1/2022	12/31/2299
O3514X4	Mat care chromsoml abnlt in fetus, Turner Syndrome, fetus 4	10/1/2022	12/31/2299
O3514X5	Mat care chromsoml abnlt in fetus, Turner Syndrome, fetus 5	10/1/2022	12/31/2299
O3514X9	Mat care chromsoml abnlt in fetus, Turner Syndrome, oth	10/1/2022	12/31/2299
O3515X0	Mat care chromsoml abnlt in fetus, sex chromo abnlt, unsp	10/1/2022	12/31/2299
O3515X1	Mat care chromsoml abnlt in fetus, sex chromo abnlt, fetus 1	10/1/2022	12/31/2299
O3515X2	Mat care chromsoml abnlt in fetus, sex chromo abnlt, fetus 2	10/1/2022	12/31/2299
O3515X3	Mat care chromsoml abnlt in fetus, sex chromo abnlt, fetus 3	10/1/2022	12/31/2299
O3515X4	Mat care chromsoml abnlt in fetus, sex chromo abnlt, fetus 4	10/1/2022	12/31/2299
O3515X5	Mat care chromsoml abnlt in fetus, sex chromo abnlt, fetus 5	10/1/2022	12/31/2299
O3515X9	Mat care chromsoml abnlt in fetus, sex chromosome abnlt, oth	10/1/2022	12/31/2299
O3519X0	Mat care chromsoml abnlt in fts, other chromsoml abnlt, unsp	10/1/2022	12/31/2299
O3519X1	Mat care chromsoml abnlt in fts, other chromsoml abnlt, fts1	10/1/2022	12/31/2299
O3519X2	Mat care chromsoml abnlt in fts, other chromsoml abnlt, fts2	10/1/2022	12/31/2299
O3519X3	Mat care chromsoml abnlt in fts, other chromsoml abnlt, fts3	10/1/2022	12/31/2299
O3519X4	Mat care chromsoml abnlt in fts, other chromsoml abnlt, fts4	10/1/2022	12/31/2299
O3519X5	Mat care chromsoml abnlt in fts, other chromsoml abnlt, fts5	10/1/2022	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3519X9	Mat care chromsoml abnlt in fts, other chromsoml abnlt, oth	10/1/2022	12/31/2299
O351XX0	Maternal care for chromosomal abnormality in fetus, unsp	1/1/2021	9/30/2022
O351XX0	Maternal care for chromosomal abnormality in fetus, unsp	10/1/2022	12/31/2299
O351XX1	Maternal care for chromosomal abnormality in fetus, fetus 1	1/1/2021	9/30/2022
O351XX1	Maternal care for chromosomal abnormality in fetus, fetus 1	10/1/2022	12/31/2299
O351XX2	Maternal care for chromosomal abnormality in fetus, fetus 2	1/1/2021	9/30/2022
O351XX2	Maternal care for chromosomal abnormality in fetus, fetus 2	10/1/2022	12/31/2299
O351XX3	Maternal care for chromosomal abnormality in fetus, fetus 3	1/1/2021	9/30/2022
O351XX3	Maternal care for chromosomal abnormality in fetus, fetus 3	10/1/2022	12/31/2299
O351XX4	Maternal care for chromosomal abnormality in fetus, fetus 4	1/1/2021	9/30/2022
O351XX4	Maternal care for chromosomal abnormality in fetus, fetus 4	10/1/2022	12/31/2299
O351XX5	Maternal care for chromosomal abnormality in fetus, fetus 5	1/1/2021	9/30/2022
O351XX5	Maternal care for chromosomal abnormality in fetus, fetus 5	10/1/2022	12/31/2299
O351XX9	Maternal care for chromosomal abnormality in fetus, oth	1/1/2021	9/30/2022
O351XX9	Maternal care for chromosomal abnormality in fetus, oth	10/1/2022	12/31/2299
O352XX0	Maternal care for hereditary disease in fetus, unsp	1/1/2021	12/31/2299
O352XX1	Maternal care for hereditary disease in fetus, fetus 1	1/1/2021	12/31/2299
O352XX2	Maternal care for hereditary disease in fetus, fetus 2	1/1/2021	12/31/2299
O352XX3	Maternal care for hereditary disease in fetus, fetus 3	1/1/2021	12/31/2299
O352XX4	Maternal care for hereditary disease in fetus, fetus 4	1/1/2021	12/31/2299
O352XX5	Maternal care for hereditary disease in fetus, fetus 5	1/1/2021	12/31/2299
O352XX9	Maternal care for hereditary disease in fetus, oth	1/1/2021	12/31/2299
O353XX0	Matern care for damag to fts from viral dis in mother, unsp	1/1/2021	12/31/2299
O353XX1	Matern care for damag to fts from viral dis in mother, fts1	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O353XX2	Matern care for damag to fts from viral dis in mother, fts2	1/1/2021	12/31/2299
O353XX3	Matern care for damag to fts from viral dis in mother, fts3	1/1/2021	12/31/2299
O353XX4	Matern care for damag to fts from viral dis in mother, fts4	1/1/2021	12/31/2299
O353XX5	Matern care for damag to fts from viral dis in mother, fts5	1/1/2021	12/31/2299
O353XX9	Matern care for damag to fetus from viral dis in mother, oth	1/1/2021	12/31/2299
O354XX0	Maternal care for damage to fetus from alcohol, unsp	1/1/2021	12/31/2299
O354XX1	Maternal care for damage to fetus from alcohol, fetus 1	1/1/2021	12/31/2299
O354XX2	Maternal care for damage to fetus from alcohol, fetus 2	1/1/2021	12/31/2299
O354XX3	Maternal care for damage to fetus from alcohol, fetus 3	1/1/2021	12/31/2299
O354XX4	Maternal care for damage to fetus from alcohol, fetus 4	1/1/2021	12/31/2299
O354XX5	Maternal care for damage to fetus from alcohol, fetus 5	1/1/2021	12/31/2299
O354XX9	Maternal care for damage to fetus from alcohol, oth	1/1/2021	12/31/2299
O355XX0	Maternal care for (suspected) damage to fetus by drugs, unsp	1/1/2021	12/31/2299
O355XX1	Maternal care for damage to fetus by drugs, fetus 1	1/1/2021	12/31/2299
O355XX2	Maternal care for damage to fetus by drugs, fetus 2	1/1/2021	12/31/2299
O355XX3	Maternal care for damage to fetus by drugs, fetus 3	1/1/2021	12/31/2299
O355XX4	Maternal care for damage to fetus by drugs, fetus 4	1/1/2021	12/31/2299
O355XX5	Maternal care for damage to fetus by drugs, fetus 5	1/1/2021	12/31/2299
O355XX9	Maternal care for (suspected) damage to fetus by drugs, oth	1/1/2021	12/31/2299
O356XX0	Maternal care for damage to fetus by radiation, unsp	1/1/2021	12/31/2299
O356XX1	Maternal care for damage to fetus by radiation, fetus 1	1/1/2021	12/31/2299
O356XX2	Maternal care for damage to fetus by radiation, fetus 2	1/1/2021	12/31/2299
O356XX3	Maternal care for damage to fetus by radiation, fetus 3	1/1/2021	12/31/2299
O356XX4	Maternal care for damage to fetus by radiation, fetus 4	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O356XX5	Maternal care for damage to fetus by radiation, fetus 5	1/1/2021	12/31/2299
O356XX9	Maternal care for damage to fetus by radiation, oth	1/1/2021	12/31/2299
O358XX0	Maternal care for oth fetal abnormality and damage, unsp	1/1/2021	12/31/2299
O358XX1	Maternal care for oth fetal abnormality and damage, fetus 1	1/1/2021	12/31/2299
O358XX2	Maternal care for oth fetal abnormality and damage, fetus 2	1/1/2021	12/31/2299
O358XX3	Maternal care for oth fetal abnormality and damage, fetus 3	1/1/2021	12/31/2299
O358XX4	Maternal care for oth fetal abnormality and damage, fetus 4	1/1/2021	12/31/2299
O358XX5	Maternal care for oth fetal abnormality and damage, fetus 5	1/1/2021	12/31/2299
O358XX9	Maternal care for oth fetal abnormality and damage, oth	1/1/2021	12/31/2299
O359XX0	Maternal care for fetal abnormality and damage, unsp, unsp	1/1/2021	12/31/2299
O359XX1	Maternal care for fetal abnlt and damage, unsp, fetus 1	1/1/2021	12/31/2299
O359XX2	Maternal care for fetal abnlt and damage, unsp, fetus 2	1/1/2021	12/31/2299
O359XX3	Maternal care for fetal abnlt and damage, unsp, fetus 3	1/1/2021	12/31/2299
O359XX4	Maternal care for fetal abnlt and damage, unsp, fetus 4	1/1/2021	12/31/2299
O359XX5	Maternal care for fetal abnlt and damage, unsp, fetus 5	1/1/2021	12/31/2299
O359XX9	Maternal care for fetal abnormality and damage, unsp, oth	1/1/2021	12/31/2299
O35AXX0	Mat care oth fetl abnlt and damag, fetl facial anomal, unsp	10/1/2022	12/31/2299
O35AXX1	Mat care oth fetl abnlt and damag, fetl facial anomal, fts1	10/1/2022	12/31/2299
O35AXX2	Mat care oth fetl abnlt and damag, fetl facial anomal, fts2	10/1/2022	12/31/2299
O35AXX3	Mat care oth fetl abnlt and damag, fetl facial anomal, fts3	10/1/2022	12/31/2299
O35AXX4	Mat care oth fetl abnlt and damag, fetl facial anomal, fts4	10/1/2022	12/31/2299
O35AXX5	Mat care oth fetl abnlt and damag, fetl facial anomal, fts5	10/1/2022	12/31/2299
O35AXX9	Mat care other fetl abnlt and damag, fetl facial anomal, oth	10/1/2022	12/31/2299
O35BXX0	Mat care other fetl abnlt and damag, fetal card anomal, unsp	10/1/2022	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O35BXX1	Mat care other fetl abnlt and damag, fetal card anomal, fts1	10/1/2022	12/31/2299
O35BXX2	Mat care other fetl abnlt and damag, fetal card anomal, fts2	10/1/2022	12/31/2299
O35BXX3	Mat care other fetl abnlt and damag, fetal card anomal, fts3	10/1/2022	12/31/2299
O35BXX4	Mat care other fetl abnlt and damag, fetal card anomal, fts4	10/1/2022	12/31/2299
O35BXX5	Mat care other fetl abnlt and damag, fetal card anomal, fts5	10/1/2022	12/31/2299
O35BXX9	Mat care other fetal abnlt and damag, fetal card anomal, oth	10/1/2022	12/31/2299
O35CXX0	Mat care other fetl abnlt and damag, fetal pulm anomal, unsp	10/1/2022	12/31/2299
O35CXX1	Mat care other fetl abnlt and damag, fetal pulm anomal, fts1	10/1/2022	12/31/2299
O35CXX2	Mat care other fetl abnlt and damag, fetal pulm anomal, fts2	10/1/2022	12/31/2299
O35CXX3	Mat care other fetl abnlt and damag, fetal pulm anomal, fts3	10/1/2022	12/31/2299
O35CXX4	Mat care other fetl abnlt and damag, fetal pulm anomal, fts4	10/1/2022	12/31/2299
O35CXX5	Mat care other fetl abnlt and damag, fetal pulm anomal, fts5	10/1/2022	12/31/2299
O35CXX9	Mat care other fetal abnlt and damag, fetal pulm anomal, oth	10/1/2022	12/31/2299
O35DXX0	Mat care other fetal abnlt and damage, fetal GI anomal, unsp	10/1/2022	12/31/2299
O35DXX1	Mat care other fetal abnlt and damage, fetal GI anomal, fts1	10/1/2022	12/31/2299
O35DXX2	Mat care other fetal abnlt and damage, fetal GI anomal, fts2	10/1/2022	12/31/2299
O35DXX3	Mat care other fetal abnlt and damage, fetal GI anomal, fts3	10/1/2022	12/31/2299
O35DXX4	Mat care other fetal abnlt and damage, fetal GI anomal, fts4	10/1/2022	12/31/2299
O35DXX5	Mat care other fetal abnlt and damage, fetal GI anomal, fts5	10/1/2022	12/31/2299
O35DXX9	Mat care other fetal abnlt and damage, fetal GI anomal, oth	10/1/2022	12/31/2299
O35EXX0	Mat care other fetal abnlt and damage, fetal GU anomal, unsp	10/1/2022	12/31/2299
O35EXX1	Mat care other fetal abnlt and damage, fetal GU anomal, fts1	10/1/2022	12/31/2299
O35EXX2	Mat care other fetal abnlt and damage, fetal GU anomal, fts2	10/1/2022	12/31/2299
O35EXX3	Mat care other fetal abnlt and damage, fetal GU anomal, fts3	10/1/2022	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O35EXX4	Mat care other fetal abnlt and damage, fetal GU anomal, fts4	10/1/2022	12/31/2299
O35EXX5	Mat care other fetal abnlt and damage, fetal GU anomal, fts5	10/1/2022	12/31/2299
O35EXX9	Mat care other fetal abnlt and damage, fetal GU anomal, oth	10/1/2022	12/31/2299
O35FXX0	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, unsp	10/1/2022	12/31/2299
O35FXX1	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, fts1	10/1/2022	12/31/2299
O35FXX2	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, fts2	10/1/2022	12/31/2299
O35FXX3	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, fts3	10/1/2022	12/31/2299
O35FXX4	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, fts4	10/1/2022	12/31/2299
O35FXX5	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, fts5	10/1/2022	12/31/2299
O35FXX9	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, oth	10/1/2022	12/31/2299
O35GXX0	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, unsp	10/1/2022	12/31/2299
O35GXX1	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, fts1	10/1/2022	12/31/2299
O35GXX2	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, fts2	10/1/2022	12/31/2299
O35GXX3	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, fts3	10/1/2022	12/31/2299
O35GXX4	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, fts4	10/1/2022	12/31/2299
O35GXX5	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, fts5	10/1/2022	12/31/2299
O35GXX9	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, oth	10/1/2022	12/31/2299
O35HXX0	Mat care oth fetl abnlt & damag, fetl low extrm anomal, unsp	10/1/2022	12/31/2299
O35HXX1	Mat care oth fetl abnlt & damag, fetl low extrm anomal, fts1	10/1/2022	12/31/2299
O35HXX2	Mat care oth fetl abnlt & damag, fetl low extrm anomal, fts2	10/1/2022	12/31/2299
O35HXX3	Mat care oth fetl abnlt & damag, fetl low extrm anomal, fts3	10/1/2022	12/31/2299
O35HXX4	Mat care oth fetl abnlt & damag, fetl low extrm anomal, fts4	10/1/2022	12/31/2299
O35HXX5	Mat care oth fetl abnlt & damag, fetl low extrm anomal, fts5	10/1/2022	12/31/2299
O35HXX9	Mat care oth fetl abnlt & damag, fetl low extrm anomal, oth	10/1/2022	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O360110	Maternal care for anti-D antibodies, first trimester, unsp	1/1/2021	12/31/2299
O360111	Maternal care for anti-D antibodies, first tri, fetus 1	1/1/2021	12/31/2299
O360112	Maternal care for anti-D antibodies, first tri, fetus 2	1/1/2021	12/31/2299
O360113	Maternal care for anti-D antibodies, first tri, fetus 3	1/1/2021	12/31/2299
O360114	Maternal care for anti-D antibodies, first tri, fetus 4	1/1/2021	12/31/2299
O360115	Maternal care for anti-D antibodies, first tri, fetus 5	1/1/2021	12/31/2299
O360119	Maternal care for anti-D antibodies, first trimester, oth	1/1/2021	12/31/2299
O360120	Maternal care for anti-D antibodies, second trimester, unsp	1/1/2021	12/31/2299
O360121	Maternal care for anti-D antibodies, second tri, fetus 1	1/1/2021	12/31/2299
O360122	Maternal care for anti-D antibodies, second tri, fetus 2	1/1/2021	12/31/2299
O360123	Maternal care for anti-D antibodies, second tri, fetus 3	1/1/2021	12/31/2299
O360124	Maternal care for anti-D antibodies, second tri, fetus 4	1/1/2021	12/31/2299
O360125	Maternal care for anti-D antibodies, second tri, fetus 5	1/1/2021	12/31/2299
O360129	Maternal care for anti-D antibodies, second trimester, oth	1/1/2021	12/31/2299
O360130	Maternal care for anti-D antibodies, third trimester, unsp	1/1/2021	12/31/2299
O360131	Maternal care for anti-D antibodies, third tri, fetus 1	1/1/2021	12/31/2299
O360132	Maternal care for anti-D antibodies, third tri, fetus 2	1/1/2021	12/31/2299
O360133	Maternal care for anti-D antibodies, third tri, fetus 3	1/1/2021	12/31/2299
O360134	Maternal care for anti-D antibodies, third tri, fetus 4	1/1/2021	12/31/2299
O360135	Maternal care for anti-D antibodies, third tri, fetus 5	1/1/2021	12/31/2299
O360139	Maternal care for anti-D antibodies, third trimester, oth	1/1/2021	12/31/2299
O360910	Maternal care for oth rhesus isoimmun, first trimester, unsp	1/1/2021	12/31/2299
O360911	Maternal care for oth rhesus isoimmun, first tri, fetus 1	1/1/2021	12/31/2299
O360912	Maternal care for oth rhesus isoimmun, first tri, fetus 2	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O360913	Maternal care for oth rhesus isoimmun, first tri, fetus 3	1/1/2021	12/31/2299
O360914	Maternal care for oth rhesus isoimmun, first tri, fetus 4	1/1/2021	12/31/2299
O360915	Maternal care for oth rhesus isoimmun, first tri, fetus 5	1/1/2021	12/31/2299
O360919	Maternal care for oth rhesus isoimmun, first trimester, oth	1/1/2021	12/31/2299
O360920	Maternal care for oth rhesus isoimmun, second tri, unsp	1/1/2021	12/31/2299
O360921	Maternal care for oth rhesus isoimmun, second tri, fetus 1	1/1/2021	12/31/2299
O360922	Maternal care for oth rhesus isoimmun, second tri, fetus 2	1/1/2021	12/31/2299
O360923	Maternal care for oth rhesus isoimmun, second tri, fetus 3	1/1/2021	12/31/2299
O360924	Maternal care for oth rhesus isoimmun, second tri, fetus 4	1/1/2021	12/31/2299
O360925	Maternal care for oth rhesus isoimmun, second tri, fetus 5	1/1/2021	12/31/2299
O360929	Maternal care for oth rhesus isoimmun, second trimester, oth	1/1/2021	12/31/2299
O360930	Maternal care for oth rhesus isoimmun, third trimester, unsp	1/1/2021	12/31/2299
O360931	Maternal care for oth rhesus isoimmun, third tri, fetus 1	1/1/2021	12/31/2299
O360932	Maternal care for oth rhesus isoimmun, third tri, fetus 2	1/1/2021	12/31/2299
O360933	Maternal care for oth rhesus isoimmun, third tri, fetus 3	1/1/2021	12/31/2299
O360934	Maternal care for oth rhesus isoimmun, third tri, fetus 4	1/1/2021	12/31/2299
O360935	Maternal care for oth rhesus isoimmun, third tri, fetus 5	1/1/2021	12/31/2299
O360939	Maternal care for oth rhesus isoimmun, third trimester, oth	1/1/2021	12/31/2299
O361110	Maternal care for Anti-A sensitization, first tri, unsp	1/1/2021	12/31/2299
O361111	Maternal care for Anti-A sensitization, first tri, fetus 1	1/1/2021	12/31/2299
O361112	Maternal care for Anti-A sensitization, first tri, fetus 2	1/1/2021	12/31/2299
O361113	Maternal care for Anti-A sensitization, first tri, fetus 3	1/1/2021	12/31/2299
O361114	Maternal care for Anti-A sensitization, first tri, fetus 4	1/1/2021	12/31/2299
O361115	Maternal care for Anti-A sensitization, first tri, fetus 5	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O361119	Maternal care for Anti-A sensitization, first trimester, oth	1/1/2021	12/31/2299
O361120	Maternal care for Anti-A sensitization, second tri, unsp	1/1/2021	12/31/2299
O361121	Maternal care for Anti-A sensitization, second tri, fetus 1	1/1/2021	12/31/2299
O361122	Maternal care for Anti-A sensitization, second tri, fetus 2	1/1/2021	12/31/2299
O361123	Maternal care for Anti-A sensitization, second tri, fetus 3	1/1/2021	12/31/2299
O361124	Maternal care for Anti-A sensitization, second tri, fetus 4	1/1/2021	12/31/2299
O361125	Maternal care for Anti-A sensitization, second tri, fetus 5	1/1/2021	12/31/2299
O361129	Maternal care for Anti-A sensitization, second tri, oth	1/1/2021	12/31/2299
O361130	Maternal care for Anti-A sensitization, third tri, unsp	1/1/2021	12/31/2299
O361131	Maternal care for Anti-A sensitization, third tri, fetus 1	1/1/2021	12/31/2299
O361132	Maternal care for Anti-A sensitization, third tri, fetus 2	1/1/2021	12/31/2299
O361133	Maternal care for Anti-A sensitization, third tri, fetus 3	1/1/2021	12/31/2299
O361134	Maternal care for Anti-A sensitization, third tri, fetus 4	1/1/2021	12/31/2299
O361135	Maternal care for Anti-A sensitization, third tri, fetus 5	1/1/2021	12/31/2299
O361139	Maternal care for Anti-A sensitization, third trimester, oth	1/1/2021	12/31/2299
O361910	Maternal care for oth isoimmunization, first trimester, unsp	1/1/2021	12/31/2299
O361911	Maternal care for oth isoimmun, first trimester, fetus 1	1/1/2021	12/31/2299
O361912	Maternal care for oth isoimmun, first trimester, fetus 2	1/1/2021	12/31/2299
O361913	Maternal care for oth isoimmun, first trimester, fetus 3	1/1/2021	12/31/2299
O361914	Maternal care for oth isoimmun, first trimester, fetus 4	1/1/2021	12/31/2299
O361915	Maternal care for oth isoimmun, first trimester, fetus 5	1/1/2021	12/31/2299
O361919	Maternal care for oth isoimmunization, first trimester, oth	1/1/2021	12/31/2299
O361920	Maternal care for oth isoimmun, second trimester, unsp	1/1/2021	12/31/2299
O361921	Maternal care for oth isoimmun, second trimester, fetus 1	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O361922	Maternal care for oth isoimmun, second trimester, fetus 2	1/1/2021	12/31/2299
O361923	Maternal care for oth isoimmun, second trimester, fetus 3	1/1/2021	12/31/2299
O361924	Maternal care for oth isoimmun, second trimester, fetus 4	1/1/2021	12/31/2299
O361925	Maternal care for oth isoimmun, second trimester, fetus 5	1/1/2021	12/31/2299
O361929	Maternal care for oth isoimmunization, second trimester, oth	1/1/2021	12/31/2299
O361930	Maternal care for oth isoimmunization, third trimester, unsp	1/1/2021	12/31/2299
O361931	Maternal care for oth isoimmun, third trimester, fetus 1	1/1/2021	12/31/2299
O361932	Maternal care for oth isoimmun, third trimester, fetus 2	1/1/2021	12/31/2299
O361933	Maternal care for oth isoimmun, third trimester, fetus 3	1/1/2021	12/31/2299
O361934	Maternal care for oth isoimmun, third trimester, fetus 4	1/1/2021	12/31/2299
O361935	Maternal care for oth isoimmun, third trimester, fetus 5	1/1/2021	12/31/2299
O361939	Maternal care for oth isoimmunization, third trimester, oth	1/1/2021	12/31/2299
O3621X0	Maternal care for hydrops fetalis, first trimester, unsp	1/1/2021	12/31/2299
O3621X1	Maternal care for hydrops fetalis, first trimester, fetus 1	1/1/2021	12/31/2299
O3621X2	Maternal care for hydrops fetalis, first trimester, fetus 2	1/1/2021	12/31/2299
O3621X3	Maternal care for hydrops fetalis, first trimester, fetus 3	1/1/2021	12/31/2299
O3621X4	Maternal care for hydrops fetalis, first trimester, fetus 4	1/1/2021	12/31/2299
O3621X5	Maternal care for hydrops fetalis, first trimester, fetus 5	1/1/2021	12/31/2299
O3621X9	Maternal care for hydrops fetalis, first trimester, oth	1/1/2021	12/31/2299
O3622X0	Maternal care for hydrops fetalis, second trimester, unsp	1/1/2021	12/31/2299
O3622X1	Maternal care for hydrops fetalis, second trimester, fetus 1	1/1/2021	12/31/2299
O3622X2	Maternal care for hydrops fetalis, second trimester, fetus 2	1/1/2021	12/31/2299
O3622X3	Maternal care for hydrops fetalis, second trimester, fetus 3	1/1/2021	12/31/2299
O3622X4	Maternal care for hydrops fetalis, second trimester, fetus 4	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3622X5	Maternal care for hydrops fetalis, second trimester, fetus 5	1/1/2021	12/31/2299
O3622X9	Maternal care for hydrops fetalis, second trimester, oth	1/1/2021	12/31/2299
O3623X0	Maternal care for hydrops fetalis, third trimester, unsp	1/1/2021	12/31/2299
O3623X1	Maternal care for hydrops fetalis, third trimester, fetus 1	1/1/2021	12/31/2299
O3623X2	Maternal care for hydrops fetalis, third trimester, fetus 2	1/1/2021	12/31/2299
O3623X3	Maternal care for hydrops fetalis, third trimester, fetus 3	1/1/2021	12/31/2299
O3623X4	Maternal care for hydrops fetalis, third trimester, fetus 4	1/1/2021	12/31/2299
O3623X5	Maternal care for hydrops fetalis, third trimester, fetus 5	1/1/2021	12/31/2299
O3623X9	Maternal care for hydrops fetalis, third trimester, oth	1/1/2021	12/31/2299
O364XX0	Maternal care for intrauterine death, not applicable or unsp	1/1/2021	12/31/2299
O364XX1	Maternal care for intrauterine death, fetus 1	1/1/2021	12/31/2299
O364XX2	Maternal care for intrauterine death, fetus 2	1/1/2021	12/31/2299
O364XX3	Maternal care for intrauterine death, fetus 3	1/1/2021	12/31/2299
O364XX4	Maternal care for intrauterine death, fetus 4	1/1/2021	12/31/2299
O364XX5	Maternal care for intrauterine death, fetus 5	1/1/2021	12/31/2299
O364XX9	Maternal care for intrauterine death, other fetus	1/1/2021	12/31/2299
O365110	Matern care for known or susp placntl insuff, 1st tri, unsp	1/1/2021	12/31/2299
O365111	Matern care for known or susp placntl insuff, 1st tri, fts1	1/1/2021	12/31/2299
O365112	Matern care for known or susp placntl insuff, 1st tri, fts2	1/1/2021	12/31/2299
O365113	Matern care for known or susp placntl insuff, 1st tri, fts3	1/1/2021	12/31/2299
O365114	Matern care for known or susp placntl insuff, 1st tri, fts4	1/1/2021	12/31/2299
O365115	Matern care for known or susp placntl insuff, 1st tri, fts5	1/1/2021	12/31/2299
O365119	Matern care for known or susp placntl insuff, first tri, oth	1/1/2021	12/31/2299
O365120	Matern care for known or susp placntl insuff, 2nd tri, unsp	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O365121	Matern care for known or susp placntl insuff, 2nd tri, fts1	1/1/2021	12/31/2299
O365122	Matern care for known or susp placntl insuff, 2nd tri, fts2	1/1/2021	12/31/2299
O365123	Matern care for known or susp placntl insuff, 2nd tri, fts3	1/1/2021	12/31/2299
O365124	Matern care for known or susp placntl insuff, 2nd tri, fts4	1/1/2021	12/31/2299
O365125	Matern care for known or susp placntl insuff, 2nd tri, fts5	1/1/2021	12/31/2299
O365129	Matern care for known or susp placntl insuff, 2nd tri, oth	1/1/2021	12/31/2299
O365130	Matern care for or susp placntl insuff, third tri, unsp	1/1/2021	12/31/2299
O365131	Matern care for or susp placntl insuff, third tri, fts1	1/1/2021	12/31/2299
O365132	Matern care for or susp placntl insuff, third tri, fts2	1/1/2021	12/31/2299
O365133	Matern care for or susp placntl insuff, third tri, fts3	1/1/2021	12/31/2299
O365134	Matern care for or susp placntl insuff, third tri, fts4	1/1/2021	12/31/2299
O365135	Matern care for or susp placntl insuff, third tri, fts5	1/1/2021	12/31/2299
O365139	Matern care for known or susp placntl insuff, third tri, oth	1/1/2021	12/31/2299
O365910	Matern care for oth or susp poor fetl grth, 1st tri, unsp	1/1/2021	12/31/2299
O365911	Matern care for oth or susp poor fetl grth, 1st tri, fts1	1/1/2021	12/31/2299
O365912	Matern care for oth or susp poor fetl grth, 1st tri, fts2	1/1/2021	12/31/2299
O365913	Matern care for oth or susp poor fetl grth, 1st tri, fts3	1/1/2021	12/31/2299
O365914	Matern care for oth or susp poor fetl grth, 1st tri, fts4	1/1/2021	12/31/2299
O365915	Matern care for oth or susp poor fetl grth, 1st tri, fts5	1/1/2021	12/31/2299
O365919	Matern care for oth or susp poor fetl grth, 1st tri, oth	1/1/2021	12/31/2299
O365920	Matern care for oth or susp poor fetl grth, 2nd tri, unsp	1/1/2021	12/31/2299
O365921	Matern care for oth or susp poor fetl grth, 2nd tri, fts1	1/1/2021	12/31/2299
O365922	Matern care for oth or susp poor fetl grth, 2nd tri, fts2	1/1/2021	12/31/2299
O365923	Matern care for oth or susp poor fetl grth, 2nd tri, fts3	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O365924	Matern care for oth or susp poor fetl grth, 2nd tri, fts4	1/1/2021	12/31/2299
O365925	Matern care for oth or susp poor fetl grth, 2nd tri, fts5	1/1/2021	12/31/2299
O365929	Matern care for oth or susp poor fetl grth, 2nd tri, oth	1/1/2021	12/31/2299
O365930	Matern care for oth or susp poor fetl grth, third tri, unsp	1/1/2021	12/31/2299
O365931	Matern care for oth or susp poor fetl grth, third tri, fts1	1/1/2021	12/31/2299
O365932	Matern care for oth or susp poor fetl grth, third tri, fts2	1/1/2021	12/31/2299
O365933	Matern care for oth or susp poor fetl grth, third tri, fts3	1/1/2021	12/31/2299
O365934	Matern care for oth or susp poor fetl grth, third tri, fts4	1/1/2021	12/31/2299
O365935	Matern care for oth or susp poor fetl grth, third tri, fts5	1/1/2021	12/31/2299
O365939	Matern care for oth or susp poor fetl grth, third tri, oth	1/1/2021	12/31/2299
O3661X0	Maternal care for excess fetal growth, first trimester, unsp	1/1/2021	12/31/2299
O3661X1	Maternal care for excess fetal growth, first tri, fetus 1	1/1/2021	12/31/2299
O3661X2	Maternal care for excess fetal growth, first tri, fetus 2	1/1/2021	12/31/2299
O3661X3	Maternal care for excess fetal growth, first tri, fetus 3	1/1/2021	12/31/2299
O3661X4	Maternal care for excess fetal growth, first tri, fetus 4	1/1/2021	12/31/2299
O3661X5	Maternal care for excess fetal growth, first tri, fetus 5	1/1/2021	12/31/2299
O3661X9	Maternal care for excess fetal growth, first trimester, oth	1/1/2021	12/31/2299
O3662X0	Maternal care for excess fetal growth, second tri, unsp	1/1/2021	12/31/2299
O3662X1	Maternal care for excess fetal growth, second tri, fetus 1	1/1/2021	12/31/2299
O3662X2	Maternal care for excess fetal growth, second tri, fetus 2	1/1/2021	12/31/2299
O3662X3	Maternal care for excess fetal growth, second tri, fetus 3	1/1/2021	12/31/2299
O3662X4	Maternal care for excess fetal growth, second tri, fetus 4	1/1/2021	12/31/2299
O3662X5	Maternal care for excess fetal growth, second tri, fetus 5	1/1/2021	12/31/2299
O3662X9	Maternal care for excess fetal growth, second trimester, oth	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3663X0	Maternal care for excess fetal growth, third trimester, unsp	1/1/2021	12/31/2299
O3663X1	Maternal care for excess fetal growth, third tri, fetus 1	1/1/2021	12/31/2299
O3663X2	Maternal care for excess fetal growth, third tri, fetus 2	1/1/2021	12/31/2299
O3663X3	Maternal care for excess fetal growth, third tri, fetus 3	1/1/2021	12/31/2299
O3663X4	Maternal care for excess fetal growth, third tri, fetus 4	1/1/2021	12/31/2299
O3663X5	Maternal care for excess fetal growth, third tri, fetus 5	1/1/2021	12/31/2299
O3663X9	Maternal care for excess fetal growth, third trimester, oth	1/1/2021	12/31/2299
O3671X0	Maternal care for viable fetus in abd preg, first tri, unsp	1/1/2021	12/31/2299
O3671X1	Matern care for viable fetus in abd preg, first tri, fetus 1	1/1/2021	12/31/2299
O3671X2	Matern care for viable fetus in abd preg, first tri, fetus 2	1/1/2021	12/31/2299
O3671X3	Matern care for viable fetus in abd preg, first tri, fetus 3	1/1/2021	12/31/2299
O3671X4	Matern care for viable fetus in abd preg, first tri, fetus 4	1/1/2021	12/31/2299
O3671X5	Matern care for viable fetus in abd preg, first tri, fetus 5	1/1/2021	12/31/2299
O3671X9	Maternal care for viable fetus in abd preg, first tri, oth	1/1/2021	12/31/2299
O3672X0	Maternal care for viable fetus in abd preg, second tri, unsp	1/1/2021	12/31/2299
O3672X1	Matern care for viable fetus in abd preg, second tri, fts1	1/1/2021	12/31/2299
O3672X2	Matern care for viable fetus in abd preg, second tri, fts2	1/1/2021	12/31/2299
O3672X3	Matern care for viable fetus in abd preg, second tri, fts3	1/1/2021	12/31/2299
O3672X4	Matern care for viable fetus in abd preg, second tri, fts4	1/1/2021	12/31/2299
O3672X5	Matern care for viable fetus in abd preg, second tri, fts5	1/1/2021	12/31/2299
O3672X9	Maternal care for viable fetus in abd preg, second tri, oth	1/1/2021	12/31/2299
O3673X0	Maternal care for viable fetus in abd preg, third tri, unsp	1/1/2021	12/31/2299
O3673X1	Matern care for viable fetus in abd preg, third tri, fetus 1	1/1/2021	12/31/2299
O3673X2	Matern care for viable fetus in abd preg, third tri, fetus 2	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3673X3	Matern care for viable fetus in abd preg, third tri, fetus 3	1/1/2021	12/31/2299
O3673X4	Matern care for viable fetus in abd preg, third tri, fetus 4	1/1/2021	12/31/2299
O3673X5	Matern care for viable fetus in abd preg, third tri, fetus 5	1/1/2021	12/31/2299
O3673X9	Maternal care for viable fetus in abd preg, third tri, oth	1/1/2021	12/31/2299
O3680X0	Pregnancy w inconclusive fetal viability, unsp	1/1/2021	12/31/2299
O3680X1	Pregnancy with inconclusive fetal viability, fetus 1	1/1/2021	12/31/2299
O3680X2	Pregnancy with inconclusive fetal viability, fetus 2	1/1/2021	12/31/2299
O3680X3	Pregnancy with inconclusive fetal viability, fetus 3	1/1/2021	12/31/2299
O3680X4	Pregnancy with inconclusive fetal viability, fetus 4	1/1/2021	12/31/2299
O3680X5	Pregnancy with inconclusive fetal viability, fetus 5	1/1/2021	12/31/2299
O3680X9	Pregnancy with inconclusive fetal viability, other fetus	1/1/2021	12/31/2299
O368120	Decreased fetal movements, second trimester, unsp	1/1/2021	12/31/2299
O368121	Decreased fetal movements, second trimester, fetus 1	1/1/2021	12/31/2299
O368122	Decreased fetal movements, second trimester, fetus 2	1/1/2021	12/31/2299
O368123	Decreased fetal movements, second trimester, fetus 3	1/1/2021	12/31/2299
O368124	Decreased fetal movements, second trimester, fetus 4	1/1/2021	12/31/2299
O368125	Decreased fetal movements, second trimester, fetus 5	1/1/2021	12/31/2299
O368129	Decreased fetal movements, second trimester, other fetus	1/1/2021	12/31/2299
O368130	Decreased fetal movements, third trimester, unsp	1/1/2021	12/31/2299
O368131	Decreased fetal movements, third trimester, fetus 1	1/1/2021	12/31/2299
O368132	Decreased fetal movements, third trimester, fetus 2	1/1/2021	12/31/2299
O368133	Decreased fetal movements, third trimester, fetus 3	1/1/2021	12/31/2299
O368134	Decreased fetal movements, third trimester, fetus 4	1/1/2021	12/31/2299
O368135	Decreased fetal movements, third trimester, fetus 5	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O368139	Decreased fetal movements, third trimester, other fetus	1/1/2021	12/31/2299
O368190	Decreased fetal movements, unsp trimester, unsp	1/1/2021	12/31/2299
O368191	Decreased fetal movements, unspecified trimester, fetus 1	1/1/2021	12/31/2299
O368192	Decreased fetal movements, unspecified trimester, fetus 2	1/1/2021	12/31/2299
O368193	Decreased fetal movements, unspecified trimester, fetus 3	1/1/2021	12/31/2299
O368194	Decreased fetal movements, unspecified trimester, fetus 4	1/1/2021	12/31/2299
O368195	Decreased fetal movements, unspecified trimester, fetus 5	1/1/2021	12/31/2299
O368199	Decreased fetal movements, unsp trimester, other fetus	1/1/2021	12/31/2299
O368910	Maternal care for oth fetal problems, first trimester, unsp	1/1/2021	12/31/2299
O368911	Maternal care for oth fetal problems, first tri, fetus 1	1/1/2021	12/31/2299
O368912	Maternal care for oth fetal problems, first tri, fetus 2	1/1/2021	12/31/2299
O368913	Maternal care for oth fetal problems, first tri, fetus 3	1/1/2021	12/31/2299
O368914	Maternal care for oth fetal problems, first tri, fetus 4	1/1/2021	12/31/2299
O368915	Maternal care for oth fetal problems, first tri, fetus 5	1/1/2021	12/31/2299
O368919	Maternal care for oth fetal problems, first trimester, oth	1/1/2021	12/31/2299
O368920	Maternal care for oth fetal problems, second trimester, unsp	1/1/2021	12/31/2299
O368921	Maternal care for oth fetal problems, second tri, fetus 1	1/1/2021	12/31/2299
O368922	Maternal care for oth fetal problems, second tri, fetus 2	1/1/2021	12/31/2299
O368923	Maternal care for oth fetal problems, second tri, fetus 3	1/1/2021	12/31/2299
O368924	Maternal care for oth fetal problems, second tri, fetus 4	1/1/2021	12/31/2299
O368925	Maternal care for oth fetal problems, second tri, fetus 5	1/1/2021	12/31/2299
O368929	Maternal care for oth fetal problems, second trimester, oth	1/1/2021	12/31/2299
O368930	Maternal care for oth fetal problems, third trimester, unsp	1/1/2021	12/31/2299
O368931	Maternal care for oth fetal problems, third tri, fetus 1	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O368932	Maternal care for oth fetal problems, third tri, fetus 2	1/1/2021	12/31/2299
O368933	Maternal care for oth fetal problems, third tri, fetus 3	1/1/2021	12/31/2299
O368934	Maternal care for oth fetal problems, third tri, fetus 4	1/1/2021	12/31/2299
O368935	Maternal care for oth fetal problems, third tri, fetus 5	1/1/2021	12/31/2299
O368939	Maternal care for oth fetal problems, third trimester, oth	1/1/2021	12/31/2299
O3691X0	Maternal care for fetal problem, unsp, first trimester, unsp	1/1/2021	12/31/2299
O3691X1	Maternal care for fetal problem, unsp, first tri, fetus 1	1/1/2021	12/31/2299
O3691X2	Maternal care for fetal problem, unsp, first tri, fetus 2	1/1/2021	12/31/2299
O3691X3	Maternal care for fetal problem, unsp, first tri, fetus 3	1/1/2021	12/31/2299
O3691X4	Maternal care for fetal problem, unsp, first tri, fetus 4	1/1/2021	12/31/2299
O3691X5	Maternal care for fetal problem, unsp, first tri, fetus 5	1/1/2021	12/31/2299
O3691X9	Maternal care for fetal problem, unsp, first trimester, oth	1/1/2021	12/31/2299
O3692X0	Maternal care for fetal problem, unsp, second tri, unsp	1/1/2021	12/31/2299
O3692X1	Maternal care for fetal problem, unsp, second tri, fetus 1	1/1/2021	12/31/2299
O3692X2	Maternal care for fetal problem, unsp, second tri, fetus 2	1/1/2021	12/31/2299
O3692X3	Maternal care for fetal problem, unsp, second tri, fetus 3	1/1/2021	12/31/2299
O3692X4	Maternal care for fetal problem, unsp, second tri, fetus 4	1/1/2021	12/31/2299
O3692X5	Maternal care for fetal problem, unsp, second tri, fetus 5	1/1/2021	12/31/2299
O3692X9	Maternal care for fetal problem, unsp, second trimester, oth	1/1/2021	12/31/2299
O3693X0	Maternal care for fetal problem, unsp, third trimester, unsp	1/1/2021	12/31/2299
O3693X1	Maternal care for fetal problem, unsp, third tri, fetus 1	1/1/2021	12/31/2299
O3693X2	Maternal care for fetal problem, unsp, third tri, fetus 2	1/1/2021	12/31/2299
O3693X3	Maternal care for fetal problem, unsp, third tri, fetus 3	1/1/2021	12/31/2299
O3693X4	Maternal care for fetal problem, unsp, third tri, fetus 4	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3693X5	Maternal care for fetal problem, unsp, third tri, fetus 5	1/1/2021	12/31/2299
O3693X9	Maternal care for fetal problem, unsp, third trimester, oth	1/1/2021	12/31/2299
O401XX0	Polyhydramnios, first trimester, not applicable or unsp	1/1/2021	12/31/2299
O401XX1	Polyhydramnios, first trimester, fetus 1	1/1/2021	12/31/2299
O401XX2	Polyhydramnios, first trimester, fetus 2	1/1/2021	12/31/2299
O401XX3	Polyhydramnios, first trimester, fetus 3	1/1/2021	12/31/2299
O401XX4	Polyhydramnios, first trimester, fetus 4	1/1/2021	12/31/2299
O401XX5	Polyhydramnios, first trimester, fetus 5	1/1/2021	12/31/2299
O401XX9	Polyhydramnios, first trimester, other fetus	1/1/2021	12/31/2299
O402XX0	Polyhydramnios, second trimester, not applicable or unsp	1/1/2021	12/31/2299
O402XX1	Polyhydramnios, second trimester, fetus 1	1/1/2021	12/31/2299
O402XX2	Polyhydramnios, second trimester, fetus 2	1/1/2021	12/31/2299
O402XX3	Polyhydramnios, second trimester, fetus 3	1/1/2021	12/31/2299
O402XX4	Polyhydramnios, second trimester, fetus 4	1/1/2021	12/31/2299
O402XX5	Polyhydramnios, second trimester, fetus 5	1/1/2021	12/31/2299
O402XX9	Polyhydramnios, second trimester, other fetus	1/1/2021	12/31/2299
O403XX0	Polyhydramnios, third trimester, not applicable or unsp	1/1/2021	12/31/2299
O403XX1	Polyhydramnios, third trimester, fetus 1	1/1/2021	12/31/2299
O403XX2	Polyhydramnios, third trimester, fetus 2	1/1/2021	12/31/2299
O403XX3	Polyhydramnios, third trimester, fetus 3	1/1/2021	12/31/2299
O403XX4	Polyhydramnios, third trimester, fetus 4	1/1/2021	12/31/2299
O403XX5	Polyhydramnios, third trimester, fetus 5	1/1/2021	12/31/2299
O403XX9	Polyhydramnios, third trimester, other fetus	1/1/2021	12/31/2299
O4101X0	Oligohydramnios, first trimester, not applicable or unsp	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O4101X1	Oligohydramnios, first trimester, fetus 1	1/1/2021	12/31/2299
O4101X2	Oligohydramnios, first trimester, fetus 2	1/1/2021	12/31/2299
O4101X3	Oligohydramnios, first trimester, fetus 3	1/1/2021	12/31/2299
O4101X4	Oligohydramnios, first trimester, fetus 4	1/1/2021	12/31/2299
O4101X5	Oligohydramnios, first trimester, fetus 5	1/1/2021	12/31/2299
O4101X9	Oligohydramnios, first trimester, other fetus	1/1/2021	12/31/2299
O4102X0	Oligohydramnios, second trimester, not applicable or unsp	1/1/2021	12/31/2299
O4102X1	Oligohydramnios, second trimester, fetus 1	1/1/2021	12/31/2299
O4102X2	Oligohydramnios, second trimester, fetus 2	1/1/2021	12/31/2299
O4102X3	Oligohydramnios, second trimester, fetus 3	1/1/2021	12/31/2299
O4102X4	Oligohydramnios, second trimester, fetus 4	1/1/2021	12/31/2299
O4102X5	Oligohydramnios, second trimester, fetus 5	1/1/2021	12/31/2299
O4102X9	Oligohydramnios, second trimester, other fetus	1/1/2021	12/31/2299
O4103X0	Oligohydramnios, third trimester, not applicable or unsp	1/1/2021	12/31/2299
O4103X1	Oligohydramnios, third trimester, fetus 1	1/1/2021	12/31/2299
O4103X2	Oligohydramnios, third trimester, fetus 2	1/1/2021	12/31/2299
O4103X3	Oligohydramnios, third trimester, fetus 3	1/1/2021	12/31/2299
O4103X4	Oligohydramnios, third trimester, fetus 4	1/1/2021	12/31/2299
O4103X5	Oligohydramnios, third trimester, fetus 5	1/1/2021	12/31/2299
O4103X9	Oligohydramnios, third trimester, other fetus	1/1/2021	12/31/2299
O411010	Infct of amniotic sac and membrns, unsp, first tri, unsp	1/1/2021	12/31/2299
O411011	Infct of amniotic sac and membrns, unsp, first tri, fetus 1	1/1/2021	12/31/2299
O411012	Infct of amniotic sac and membrns, unsp, first tri, fetus 2	1/1/2021	12/31/2299
O411013	Infct of amniotic sac and membrns, unsp, first tri, fetus 3	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O411014	Infct of amniotic sac and membrns, unsp, first tri, fetus 4	1/1/2021	12/31/2299
O411015	Infct of amniotic sac and membrns, unsp, first tri, fetus 5	1/1/2021	12/31/2299
O411019	Infct of amniotic sac and membrns, unsp, first tri, oth	1/1/2021	12/31/2299
O411020	Infct of amniotic sac and membrns, unsp, second tri, unsp	1/1/2021	12/31/2299
O411021	Infct of amniotic sac and membrns, unsp, second tri, fetus 1	1/1/2021	12/31/2299
O411022	Infct of amniotic sac and membrns, unsp, second tri, fetus 2	1/1/2021	12/31/2299
O411023	Infct of amniotic sac and membrns, unsp, second tri, fetus 3	1/1/2021	12/31/2299
O411024	Infct of amniotic sac and membrns, unsp, second tri, fetus 4	1/1/2021	12/31/2299
O411025	Infct of amniotic sac and membrns, unsp, second tri, fetus 5	1/1/2021	12/31/2299
O411029	Infct of amniotic sac and membrns, unsp, second tri, oth	1/1/2021	12/31/2299
O411030	Infct of amniotic sac and membrns, unsp, third tri, unsp	1/1/2021	12/31/2299
O411031	Infct of amniotic sac and membrns, unsp, third tri, fetus 1	1/1/2021	12/31/2299
O411032	Infct of amniotic sac and membrns, unsp, third tri, fetus 2	1/1/2021	12/31/2299
O411033	Infct of amniotic sac and membrns, unsp, third tri, fetus 3	1/1/2021	12/31/2299
O411034	Infct of amniotic sac and membrns, unsp, third tri, fetus 4	1/1/2021	12/31/2299
O411035	Infct of amniotic sac and membrns, unsp, third tri, fetus 5	1/1/2021	12/31/2299
O411039	Infct of amniotic sac and membrns, unsp, third tri, oth	1/1/2021	12/31/2299
O411210	Chorioamnionitis, first trimester, not applicable or unsp	1/1/2021	12/31/2299
O411211	Chorioamnionitis, first trimester, fetus 1	1/1/2021	12/31/2299
O411212	Chorioamnionitis, first trimester, fetus 2	1/1/2021	12/31/2299
O411213	Chorioamnionitis, first trimester, fetus 3	1/1/2021	12/31/2299
O411214	Chorioamnionitis, first trimester, fetus 4	1/1/2021	12/31/2299
O411215	Chorioamnionitis, first trimester, fetus 5	1/1/2021	12/31/2299
O411219	Chorioamnionitis, first trimester, other fetus	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O411220	Chorioamnionitis, second trimester, not applicable or unsp	1/1/2021	12/31/2299
O411221	Chorioamnionitis, second trimester, fetus 1	1/1/2021	12/31/2299
O411222	Chorioamnionitis, second trimester, fetus 2	1/1/2021	12/31/2299
O411223	Chorioamnionitis, second trimester, fetus 3	1/1/2021	12/31/2299
O411224	Chorioamnionitis, second trimester, fetus 4	1/1/2021	12/31/2299
O411225	Chorioamnionitis, second trimester, fetus 5	1/1/2021	12/31/2299
O411229	Chorioamnionitis, second trimester, other fetus	1/1/2021	12/31/2299
O411230	Chorioamnionitis, third trimester, not applicable or unsp	1/1/2021	12/31/2299
O411231	Chorioamnionitis, third trimester, fetus 1	1/1/2021	12/31/2299
O411232	Chorioamnionitis, third trimester, fetus 2	1/1/2021	12/31/2299
O411233	Chorioamnionitis, third trimester, fetus 3	1/1/2021	12/31/2299
O411234	Chorioamnionitis, third trimester, fetus 4	1/1/2021	12/31/2299
O411235	Chorioamnionitis, third trimester, fetus 5	1/1/2021	12/31/2299
O411239	Chorioamnionitis, third trimester, other fetus	1/1/2021	12/31/2299
O411410	Placentitis, first trimester, not applicable or unspecified	1/1/2021	12/31/2299
O411411	Placentitis, first trimester, fetus 1	1/1/2021	12/31/2299
O411412	Placentitis, first trimester, fetus 2	1/1/2021	12/31/2299
O411413	Placentitis, first trimester, fetus 3	1/1/2021	12/31/2299
O411414	Placentitis, first trimester, fetus 4	1/1/2021	12/31/2299
O411415	Placentitis, first trimester, fetus 5	1/1/2021	12/31/2299
O411419	Placentitis, first trimester, other fetus	1/1/2021	12/31/2299
O411420	Placentitis, second trimester, not applicable or unspecified	1/1/2021	12/31/2299
O411421	Placentitis, second trimester, fetus 1	1/1/2021	12/31/2299
O411422	Placentitis, second trimester, fetus 2	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O411423	Placentitis, second trimester, fetus 3	1/1/2021	12/31/2299
O411424	Placentitis, second trimester, fetus 4	1/1/2021	12/31/2299
O411425	Placentitis, second trimester, fetus 5	1/1/2021	12/31/2299
O411429	Placentitis, second trimester, other fetus	1/1/2021	12/31/2299
O411430	Placentitis, third trimester, not applicable or unspecified	1/1/2021	12/31/2299
O411431	Placentitis, third trimester, fetus 1	1/1/2021	12/31/2299
O411432	Placentitis, third trimester, fetus 2	1/1/2021	12/31/2299
O411433	Placentitis, third trimester, fetus 3	1/1/2021	12/31/2299
O411434	Placentitis, third trimester, fetus 4	1/1/2021	12/31/2299
O411435	Placentitis, third trimester, fetus 5	1/1/2021	12/31/2299
O411439	Placentitis, third trimester, other fetus	1/1/2021	12/31/2299
O418X10	Oth disrd of amniotic fluid and membrns, first tri, unsp	1/1/2021	12/31/2299
O418X11	Oth disrd of amniotic fluid and membrns, first tri, fetus 1	1/1/2021	12/31/2299
O418X12	Oth disrd of amniotic fluid and membrns, first tri, fetus 2	1/1/2021	12/31/2299
O418X13	Oth disrd of amniotic fluid and membrns, first tri, fetus 3	1/1/2021	12/31/2299
O418X14	Oth disrd of amniotic fluid and membrns, first tri, fetus 4	1/1/2021	12/31/2299
O418X15	Oth disrd of amniotic fluid and membrns, first tri, fetus 5	1/1/2021	12/31/2299
O418X19	Oth disrd of amniotic fluid and membrns, first tri, oth	1/1/2021	12/31/2299
O418X20	Oth disrd of amniotic fluid and membrns, second tri, unsp	1/1/2021	12/31/2299
O418X21	Oth disrd of amniotic fluid and membrns, second tri, fetus 1	1/1/2021	12/31/2299
O418X22	Oth disrd of amniotic fluid and membrns, second tri, fetus 2	1/1/2021	12/31/2299
O418X23	Oth disrd of amniotic fluid and membrns, second tri, fetus 3	1/1/2021	12/31/2299
O418X24	Oth disrd of amniotic fluid and membrns, second tri, fetus 4	1/1/2021	12/31/2299
O418X25	Oth disrd of amniotic fluid and membrns, second tri, fetus 5	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O418X29	Oth disrd of amniotic fluid and membrns, second tri, oth	1/1/2021	12/31/2299
O418X30	Oth disrd of amniotic fluid and membrns, third tri, unsp	1/1/2021	12/31/2299
O418X31	Oth disrd of amniotic fluid and membrns, third tri, fetus 1	1/1/2021	12/31/2299
O418X32	Oth disrd of amniotic fluid and membrns, third tri, fetus 2	1/1/2021	12/31/2299
O418X33	Oth disrd of amniotic fluid and membrns, third tri, fetus 3	1/1/2021	12/31/2299
O418X34	Oth disrd of amniotic fluid and membrns, third tri, fetus 4	1/1/2021	12/31/2299
O418X35	Oth disrd of amniotic fluid and membrns, third tri, fetus 5	1/1/2021	12/31/2299
O418X39	Oth disrd of amniotic fluid and membrns, third tri, oth	1/1/2021	12/31/2299
O4191X0	Disorder of amnio fluid and membrns, unsp, first tri, unsp	1/1/2021	12/31/2299
O4191X1	Disord of amnio fluid and membrns, unsp, first tri, fetus 1	1/1/2021	12/31/2299
O4191X2	Disord of amnio fluid and membrns, unsp, first tri, fetus 2	1/1/2021	12/31/2299
O4191X3	Disord of amnio fluid and membrns, unsp, first tri, fetus 3	1/1/2021	12/31/2299
O4191X4	Disord of amnio fluid and membrns, unsp, first tri, fetus 4	1/1/2021	12/31/2299
O4191X5	Disord of amnio fluid and membrns, unsp, first tri, fetus 5	1/1/2021	12/31/2299
O4191X9	Disorder of amniotic fluid and membrns, unsp, first tri, oth	1/1/2021	12/31/2299
O4192X0	Disorder of amnio fluid and membrns, unsp, second tri, unsp	1/1/2021	12/31/2299
O4192X1	Disord of amnio fluid and membrns, unsp, second tri, fetus 1	1/1/2021	12/31/2299
O4192X2	Disord of amnio fluid and membrns, unsp, second tri, fetus 2	1/1/2021	12/31/2299
O4192X3	Disord of amnio fluid and membrns, unsp, second tri, fetus 3	1/1/2021	12/31/2299
O4192X4	Disord of amnio fluid and membrns, unsp, second tri, fetus 4	1/1/2021	12/31/2299
O4192X5	Disord of amnio fluid and membrns, unsp, second tri, fetus 5	1/1/2021	12/31/2299
O4192X9	Disorder of amnio fluid and membrns, unsp, second tri, oth	1/1/2021	12/31/2299
O4193X0	Disorder of amnio fluid and membrns, unsp, third tri, unsp	1/1/2021	12/31/2299
O4193X1	Disord of amnio fluid and membrns, unsp, third tri, fetus 1	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O4193X2	Disord of amnio fluid and membrns, unsp, third tri, fetus 2	1/1/2021	12/31/2299
O4193X3	Disord of amnio fluid and membrns, unsp, third tri, fetus 3	1/1/2021	12/31/2299
O4193X4	Disord of amnio fluid and membrns, unsp, third tri, fetus 4	1/1/2021	12/31/2299
O4193X5	Disord of amnio fluid and membrns, unsp, third tri, fetus 5	1/1/2021	12/31/2299
O4193X9	Disorder of amniotic fluid and membrns, unsp, third tri, oth	1/1/2021	12/31/2299
O42011	Pretrm prem ROM, onset labor w/n 24 hours of rupt, first tri	1/1/2021	12/31/2299
O42012	Pretrm prem ROM, onset labor w/n 24 hours of rupt, 2nd tri	1/1/2021	12/31/2299
O42013	Pretrm prem ROM, onset labor w/n 24 hours of rupt, third tri	1/1/2021	12/31/2299
O42111	Pretrm prem ROM, onset labor > 24 hours fol rupt, first tri	1/1/2021	12/31/2299
O42112	Pretrm prem ROM, onset labor > 24 hours fol rupt, second tri	1/1/2021	12/31/2299
O42113	Pretrm prem ROM, onset labor > 24 hours fol rupt, third tri	1/1/2021	12/31/2299
O42911	Pretrm prem ROM, unsp time betw rupt and onset labr, 1st tri	1/1/2021	12/31/2299
O42912	Pretrm prem ROM, unsp time betw rupt and onset labr, 2nd tri	1/1/2021	12/31/2299
O42913	Pretrm prem ROM, unsp time betw rupt and onst labr, 3rd tri	1/1/2021	12/31/2299
O43011	Fetomaternal placental transfusion syndrome, first trimester	1/1/2021	12/31/2299
O43012	Fetomaternal placental transfuse syndrome, second trimester	1/1/2021	12/31/2299
O43013	Fetomaternal placental transfusion syndrome, third trimester	1/1/2021	12/31/2299
O43021	Fetus-to-fetus placental transfuse syndrome, first trimester	1/1/2021	12/31/2299
O43022	Fetus-to-fetus placntl transfuse syndrome, second trimester	1/1/2021	12/31/2299
O43023	Fetus-to-fetus placental transfuse syndrome, third trimester	1/1/2021	12/31/2299
O43101	Malformation of placenta, unspecified, first trimester	1/1/2021	12/31/2299
O43102	Malformation of placenta, unspecified, second trimester	1/1/2021	12/31/2299
O43103	Malformation of placenta, unspecified, third trimester	1/1/2021	12/31/2299
O43111	Circumvallate placenta, first trimester	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O43112	Circumvallate placenta, second trimester	1/1/2021	12/31/2299
O43113	Circumvallate placenta, third trimester	1/1/2021	12/31/2299
O43191	Other malformation of placenta, first trimester	1/1/2021	12/31/2299
O43192	Other malformation of placenta, second trimester	1/1/2021	12/31/2299
O43193	Other malformation of placenta, third trimester	1/1/2021	12/31/2299
O43811	Placental infarction, first trimester	1/1/2021	12/31/2299
O43812	Placental infarction, second trimester	1/1/2021	12/31/2299
O43813	Placental infarction, third trimester	1/1/2021	12/31/2299
O43891	Other placental disorders, first trimester	1/1/2021	12/31/2299
O43892	Other placental disorders, second trimester	1/1/2021	12/31/2299
O43893	Other placental disorders, third trimester	1/1/2021	12/31/2299
O4391	Unspecified placental disorder, first trimester	1/1/2021	12/31/2299
O4392	Unspecified placental disorder, second trimester	1/1/2021	12/31/2299
O4393	Unspecified placental disorder, third trimester	1/1/2021	12/31/2299
O610	Failed medical induction of labor	1/1/2021	12/31/2299
O611	Failed instrumental induction of labor	1/1/2021	12/31/2299
O68	Labor and delivery comp by abnlt of fetal acid-base balance	1/1/2021	12/31/2299
O752	Pyrexia during labor, not elsewhere classified	1/1/2021	12/31/2299
O753	Other infection during labor	1/1/2021	12/31/2299
O755	Delayed delivery after artificial rupture of membranes	1/1/2021	12/31/2299
O7589	Other specified complications of labor and delivery	1/1/2021	12/31/2299
O759	Complication of labor and delivery, unspecified	1/1/2021	12/31/2299
O76	Abnlt in fetal heart rate and rhythm comp labor and delivery	1/1/2021	12/31/2299
Z31430	Encntr fem for test for genetc dis carrier stat for pro mgmt	1/1/2021	12/31/2299

Table 11a ICD-10-CM Diagnosis Codes Bypass PA for SMA Lab Procedure 81329 Diagnosis code must be listed as the header/primary diagnosis on the claim			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
Z31440	Encntr male test for genetic dis carrier status for pro mgmt	1/1/2021	12/31/2299
Z331	Pregnant state, incidental	1/1/2021	12/31/2299
Z3400	Encntr for suprvsn of normal first pregnancy, unsp trimester	1/1/2021	12/31/2299
Z3401	Encntr for suprvsn of normal first preg, first trimester	1/1/2021	12/31/2299
Z3402	Encntr for suprvsn of normal first preg, second trimester	1/1/2021	12/31/2299
Z3403	Encntr for suprvsn of normal first preg, third trimester	1/1/2021	12/31/2299
Z3480	Encounter for suprvsn of normal pregnancy, unsp trimester	1/1/2021	12/31/2299
Z3481	Encounter for suprvsn of normal pregnancy, first trimester	1/1/2021	12/31/2299
Z3482	Encounter for suprvsn of normal pregnancy, second trimester	1/1/2021	12/31/2299
Z3483	Encounter for suprvsn of normal pregnancy, third trimester	1/1/2021	12/31/2299
Z3490	Encntr for suprvsn of normal pregnancy, unsp, unsp trimester	1/1/2021	12/31/2299
Z3491	Encntr for suprvsn of normal preg, unsp, first trimester	1/1/2021	12/31/2299
Z3492	Encntr for suprvsn of normal preg, unsp, second trimester	1/1/2021	12/31/2299
Z3493	Encntr for suprvsn of normal preg, unsp, third trimester	1/1/2021	12/31/2299

Table 12: ICD-10 CM TB Diagnosis Codes for Tuberculosis Eligibility Waiver

Table 12	ICD-10-CM TB Diagnosis Codes for Tuberculosis Eligibility Waiver		
ICD-10-CM codes	ICD-10-CM descriptions	Effective Date	End Date
A150	Tuberculosis of lung	10/1/2015	12/31/2299
A154	Tuberculosis of intrathoracic lymph nodes	10/1/2015	12/31/2299
A155	Tuberculosis of larynx, trachea and bronchus	10/1/2015	12/31/2299
A156	Tuberculous pleurisy	10/1/2015	12/31/2299
A157	Primary respiratory tuberculosis	10/1/2015	12/31/2299
A158	Other respiratory tuberculosis	10/1/2015	12/31/2299
A159	Respiratory tuberculosis unspecified	10/1/2015	12/31/2299
A170	Tuberculous meningitis	10/1/2015	12/31/2299
A171	Meningeal tuberculoma	10/1/2015	12/31/2299
A1781	Tuberculoma of brain and spinal cord	10/1/2015	12/31/2299
A1782	Tuberculous meningoencephalitis	10/1/2015	12/31/2299
A1783	Tuberculous neuritis	10/1/2015	12/31/2299
A1789	Other tuberculosis of nervous system	10/1/2015	12/31/2299
A179	Tuberculosis of nervous system, unspecified	10/1/2015	12/31/2299
A1801	Tuberculosis of spine	10/1/2015	12/31/2299
A1802	Tuberculous arthritis of other joints	10/1/2015	12/31/2299
A1803	Tuberculosis of other bones	10/1/2015	12/31/2299
A1809	Other musculoskeletal tuberculosis	10/1/2015	12/31/2299
A1810	Tuberculosis of genitourinary system, unspecified	10/1/2015	12/31/2299
A1811	Tuberculosis of kidney and ureter	10/1/2015	12/31/2299
A1812	Tuberculosis of bladder	10/1/2015	12/31/2299
A1813	Tuberculosis of other urinary organs	10/1/2015	12/31/2299

Table 12	ICD-10-CM TB Diagnosis Codes for Tuberculosis Eligibility Waiver		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
A1814	Tuberculosis of prostate	10/1/2015	12/31/2299
A1815	Tuberculosis of other male genital organs	10/1/2015	12/31/2299
A1816	Tuberculosis of cervix	10/1/2015	12/31/2299
A1817	Tuberculous female pelvic inflammatory disease	10/1/2015	12/31/2299
A1818	Tuberculosis of other female genital organs	10/1/2015	12/31/2299
A182	Tuberculous peripheral lymphadenopathy	10/1/2015	12/31/2299
A1831	Tuberculous peritonitis	10/1/2015	12/31/2299
A1832	Tuberculous enteritis	10/1/2015	12/31/2299
A1839	Retroperitoneal tuberculosis	10/1/2015	12/31/2299
A184	Tuberculosis of skin and subcutaneous tissue	10/1/2015	12/31/2299
A1850	Tuberculosis of eye, unspecified	10/1/2015	12/31/2299
A1851	Tuberculous episcleritis	10/1/2015	12/31/2299
A1852	Tuberculous keratitis	10/1/2015	12/31/2299
A1853	Tuberculous chorioretinitis	10/1/2015	12/31/2299
A1854	Tuberculous iridocyclitis	10/1/2015	12/31/2299
A1859	Other tuberculosis of eye	10/1/2015	12/31/2299
A186	Tuberculosis of (inner) (middle) ear	10/1/2015	12/31/2299
A187	Tuberculosis of adrenal glands	10/1/2015	12/31/2299
A1881	Tuberculosis of thyroid gland	10/1/2015	12/31/2299
A1882	Tuberculosis of other endocrine glands	10/1/2015	12/31/2299
A1883	Tuberculosis of digestive tract organs, NEC	10/1/2015	12/31/2299
A1884	Tuberculosis of heart	10/1/2015	12/31/2299
A1885	Tuberculosis of spleen	10/1/2015	12/31/2299
A1889	Tuberculosis of other sites	10/1/2015	12/31/2299
A190	Acute miliary tuberculosis of a single specified site	10/1/2015	12/31/2299
A191	Acute miliary tuberculosis of multiple sites	10/1/2015	12/31/2299

Table 12	ICD-10-CM TB Diagnosis Codes for Tuberculosis Eligibility Waiver		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
A192	Acute miliary tuberculosis, unspecified	10/1/2015	12/31/2299
A198	Other miliary tuberculosis	10/1/2015	12/31/2299
A199	Miliary tuberculosis, unspecified	10/1/2015	12/31/2299
B900	Sequelae of central nervous system tuberculosis	10/1/2015	12/31/2299
B901	Sequelae of genitourinary tuberculosis	10/1/2015	12/31/2299
B902	Sequelae of tuberculosis of bones and joints	10/1/2015	12/31/2299
B908	Sequelae of tuberculosis of other organs	10/1/2015	12/31/2299
B909	Sequelae of respiratory and unspecified tuberculosis	10/1/2015	12/31/2299
O98011	Tuberculosis complicating pregnancy, first trimester	10/1/2015	12/31/2299
O98012	Tuberculosis complicating pregnancy, second trimester	10/1/2015	12/31/2299
O98013	Tuberculosis complicating pregnancy, third trimester	10/1/2015	12/31/2299
O98019	Tuberculosis complicating pregnancy, unspecified trimester	10/1/2015	12/31/2299
O9802	Tuberculosis complicating childbirth	10/1/2015	12/31/2299
O9803	Tuberculosis complicating the puerperium	10/1/2015	12/31/2299
P370	Congenital tuberculosis	10/1/2015	12/31/2299
R7611	Nonspecific reaction to skin test w/o active tuberculosis	10/1/2015	12/31/2299
R7612	Nonspec reaction to gamma intrfrn respns w/o actv tubrclosis	10/1/2015	12/31/2299

Table 13: High Risk Obstetrical Radiology Services

Table 13a: ICD-9-CM Diagnosis Codes for High Risk Obstetrical Radiology Services

Table 13a	Diagnosis Codes for High Risk Obstetrical Radiology Services
Use ICD-9-CM codes effective 7/01/2015 through 9/30/2015	**Policy requirement effective 7/1/2015.** **ICD-9-CM descriptions effective through 9/30/2015**
632	Missed Abortion
63300	Abd Pregnancy Without Intrauterine Pregnancy
63301	Abdominal Pregnancy With Intrauterine Pregnancy
63310	Tubal Pregnancy Without Intrauterine Pregnancy
63311	Tubal Pregnancy With Intrauterine Pregnancy
63320	Ovarian Pregnancy Without Intrauterine Pregnancy
63321	Ovarian Pregnancy With Intrauterine Pregnancy
63380	Other ectopic pregnancy without intrauterine pregnancy
63381	Other ectopic pregnancy without intrauterine pregnancy
63390	Unspecified ectopic pregnancy without intrauterine pregnancy
63391	Unspecified ectopic pregnancy with intrauterine pregnancy
63401	Incpl Spontaneous Ab Comp Genital Tract&Pelv Inf
63402	Complete Spont Ab Comp Genital Tract&Pelv Inf
63411	Incpl Spontaneous Ab Comp Delay/Excess Hemorr
63412	Complete Spontaneous Ab Comp Delay/Excess Hemorr
63421	Incpl Spont Ab Comp Damge Pelv Orgn/Tissues
63422	Complete Spont Ab Comp Damge Pelv Orgn/Tissues
63431	Incomplete Spontaneous Ab Comp Renal Failure
63432	Complete Spontaneous Ab Comp Renal Failure

Table 13a	Diagnosis Codes for High Risk Obstetrical Radiology Services
Use ICD-9-CM codes effective 7/01/2015 through 9/30/2015	**Policy requirement effective 7/1/2015.** **ICD-9-CM descriptions effective through 9/30/2015**
63441	Incpl Spontaneous Ab Comp Metabolic Disorder
63442	Complete Spontaneous Ab Comp Metabolic Disorder
63451	Incomplete Spontaneous Ab Complicated Shock
63452	Complete Spontaneous Abortion Complicated Shock
63461	Incomplete Spontaneous Ab Complicated Embolism
63462	Complete Spontaneous Ab Complicated Embolism
64003	Threatened Abortion, Antepartum
64103	Placenta Previa Without Hemorrhage Antepartum
64113	Hemorrhage From Placenta Previa Antepartum
64123	Premature Separation Of Placenta Antepartum
64133	Antprtm Hemorr Assoc W/Coagulat Defect Antprtm
64193	Unspecified antepartum hemorrhage, antepartum condition or complication
64213	Hypertension Sec To Renal Disease Antepartum
64223	Other Pre-Existing Hypertension Antepartum
64233	Transient Hypertension Of Pregnancy Antepartum
64243	Mild Or Unspecified Pre-Eclampsia Antepartum
64253	Severe Pre-Eclampsia, Antepartum
64263	Eclampsia, Antepartum
64273	Pre-Eclampsia/Eclampsia Pre-Exist Htn Antepartum
64313	Hyperemesis Gravida W/Metab Disturbance Antprtm
64323	Late Vomiting Of Pregnancy Antepartum
64403	Threatened Premature Labor Antepartum
64413	Other Threatened Labor, Antepartum
64513	Post Term Pregnancy Antepartum Cond/Complication

Table 13a	Diagnosis Codes for High Risk Obstetrical Radiology Services
Use ICD-9-CM codes effective 7/01/2015 through 9/30/2015	**Policy requirement effective 7/1/2015.** **ICD-9-CM descriptions effective through 9/30/2015**
64523	Prolonged Pregnancy Delivered Antprtm Cond/Comp
64613	Edema Or Excessive Weight Gain Antepartum
64633	Recurrent Pregnancy Loss, Antepartum Condition Or Complication
64643	Peripheral Neuritis Antepartum
64653	Asymptomatic Bacteriuria Antepartum
64663	Infections Of Genitourinary Tract Antepartum
64673	Liver And Biliary Tract Disorders In Pregnancy, Antepartum Condition Or Complication
64703	Maternal Syphilis, Antepartum
64713	Maternal Gonorrhea, Antepartum
64723	Oth Antprtm Mtrn Vnerel Disease Previous Pp Cond
64733	Maternal Tuberculosis, Antepartum
64743	Maternal Malaria, Antepartum
64753	Maternal Rubella, Antepartum
64763	Other Maternal Viral Disease Antepartum
64803	Maternal Diabetes Mellitus Antepartum
64813	Maternal Thyroid Dysfunction Antprtm Cond/Comp
64823	Maternal Anemia, Antepartum
64833	Maternal Drug Dependence Antepartum
64843	Maternal Mental Disorders Antepartum
64853	Maternal Congenital Cv Disorders Antprtm
64863	Oth Maternal Cardiovascular Diseases Antepartum
64873	Bn&Jnt D/O Mat Back Pelvis&Lw Limbs Antepartum
64883	Abnormal Maternal Glucose Tolerance Antepartum
64903	Tob Use D/O Comp Pg Birth/Pp Antepartm Cond/Comp

Table 13a	Diagnosis Codes for High Risk Obstetrical Radiology Services
Use ICD-9-CM codes effective 7/01/2015 through 9/30/2015	**Policy requirement effective 7/1/2015.** **ICD-9-CM descriptions effective through 9/30/2015**
64913	Obes Comp Pg Birth/The Pp Antepartum Cond/Comp
64923	Bariatric Surg Sts Comp Pg Birth/Pp Ap Cond/Comp
64933	Coagulat Defec Comp Pg Birth/The Pp Ap Cond/Comp
64943	Epilepsy Comp Pg Birth/Pp Antepartum Cond/Comp
64953	Spotting Comp Pregnancy Antepartum Cond/Comp
64963	Uterine Size Date Discrepancy Antprtm Cond/Compl
64973	Cervical Shortening Antepartum Condition Or Comp
65103	Twin Pregnancy, Antepartum
65113	Triplet Pregnancy, Antepartum
65123	Quadruplet Pregnancy, Antepartum
65133	Twin Pg W/Fetal Loss&Retention 1 Fetus Antprtm
65143	Triplet Pg W/Fetal Loss&Retention 1/More Antprtm
65153	Quadruplet Pg W/Fetal Loss&Retn 1/More Antprtm
65163	Oth Mx Pg W/Fetal Loss&Retn 1/More Fetus Antprtm
65173	Mx Gest Flw Elctv Fetal Rduc Antprtm Cond/Compl
65203	Unstable Lie Of Fetus, Antepartum
65213	Breech/Malpresent Converted To Cephalic-Apc/C
65223	Breech Presentation W/O Mention Version Antprtm
65233	Transverse/Oblique Fetal Presentation Antepartum
65243	Fetal Face Or Brow Presentation Antepartum
65253	High Fetal Head At Term, Antepartum
65263	Mx Gest W/Malpresentation 1 Fetus/More Antprtm
65273	Prolapsed Arm Fetus Antepartum Cond/Complication
65303	Major Abnorm Bony Pelv Not Further Spec Antprtm

Table 13a	Diagnosis Codes for High Risk Obstetrical Radiology Services
Use ICD-9-CM codes effective 7/01/2015 through 9/30/2015	**Policy requirement effective 7/1/2015.** **ICD-9-CM descriptions effective through 9/30/2015**
65313	Generally Contracted Pelvis Pregnancy Antepartum
65323	Inlet Contraction Of Pelvis Pregnancy Antepartum
65333	Outlet Contraction Pelvis Pregnancy Antepartum
65343	Fetopelvic Disproportion Antepartum
65353	Unusually Large Fetus Causing Disproprtn Antprtm
65363	Hydrocephalic Fetus Causing Disproprtn Antprtm
65373	Oth Fetal Abnorm Causing Disproprtn Antepartum
65383	Fetal Disproportion Of Other Origin Antepartum
65403	Congenital Abnorm Pregnant Uterus Antepartum
65413	Tumors Body Uterus Antepartum Cond/Complication
65423	Previous C-Sect Delivery Antprtm Cond/Comp
65433	Retroverted&Incarcerated Gravid Uterus Antprtm
65443	Oth Abn Shape/Position Gravid Uterus Antepartum
65453	Cervical Incompetence Antprtm Cond/Complication
65463	Oth Congenital/Acq Abnorm Cerv Antprtm Cond/Comp
65473	Congenital/Acq Abnorm Vagina Antprtm Cond/Comp
65483	Congenital/Acq Abnorm Vulva Antprtm Cond/Comp
65503	Cntrl Nerv Sys Malformation In Fetus Antepartum
65513	Chromosom Abnorm Fetus Affect Mgmt Mom Antprtm
65533	Spct Damge Fetus Viral Dz Mom Antprtm Compl
65543	Spct Damge Fetus Oth Dz Mom Antprtm Cond/Compl
65553	Spct Damge Fetus From Rx Affct Mgmt Moth Antprtm
65563	Spct Damge Fetus Rad Mgmt Moth Antprtm Cond/Comp
65573	Decr Fetal Movmnts Mgmt Moth Antprtm Cond/Comp

Table 13a	Diagnosis Codes for High Risk Obstetrical Radiology Services
Use ICD-9-CM codes effective 7/01/2015 through 9/30/2015	**Policy requirement effective 7/1/2015.** **ICD-9-CM descriptions effective through 9/30/2015**
65583	Oth Known/Suspected Fetal Abnormality-Nec-Apc/C
65603	Fetal-Maternal Hemorrhage Antprtm Cond/Comp
65613	Rhesus Isoimmun Affct Mgmt Moth Antprtm Cond
65623	Isoimmu Uns Bld-Grp Incompat Mgmt Moth Antprtm
65633	Fetal Distress Affect Management Moth Antepartum
65643	Intrauterine Death Affect Mgmt Moth Antprtm
65653	Poor Fetal Growth Mgmt Moth Antprtm Cond/Comp
65663	Excess Fetal Growth Affect Mgmt Moth Antprtm
65673	Oth Placental Conds Affect Mgmt Moth Antprtm
65683	Oth Spec Fetal&Placntl Probs Mgmt Moth Antprtm
65703	Polyhydramnios Antepartum Complication
65803	Oligohydramnios, Antepartum
65813	Premature Rupture Membranes Pregnancy Antepartum
65823	Delay Deliv After Spont/Unspec Rup Memb Antprtm
65833	Delay Deliv After Artficl Rupture Memb Antprtm
65843	Infection Of Amniotic Cavity Antepartum
65883	Oth Problem Assoc W/Amniotic Cavity&Memb Antprtm
65903	Failed Mechanical Induction Of Labor Antepartum
65913	Failed Medical/Unspec Induction Labor Antepartum
65923	Unspecified Maternal Pyrexia Antepartum
65933	Generalized Infection During Labor Antepartum
65943	Grand Multiparity W/Current Pregnancy Antepartum
65953	Elderly Primigravida, Antepartum
65963	Elderly Multigravida W/Antprtm Cond/Complication

Table 13a	Diagnosis Codes for High Risk Obstetrical Radiology Services
Use ICD-9-CM codes effective 7/01/2015 through 9/30/2015	**Policy requirement effective 7/1/2015.** **ICD-9-CM descriptions effective through 9/30/2015**
65973	Abnorm Fetal Heart Rate/Rhythm Antprtm Cond/Comp
65983	Oth Spec Indicat Care/Interven Rel L&D Antprtm
66003	Obst Caus Malposition Fetus@Onset Labr Antprtm
66013	Obstruction By Bony Pelvis During L&D Antepartum
66023	Obst Abnorm Pelv Soft Tiss Dur L&D Antprtm
66033	Deep Transverse Arrest-Occipitopost Posit-Apc/C
66043	Shoulder Dystocia During L&D Antepartum
66053	Locked Twins, Antepartum
66063	Unspecified Failed Trial Of Labor Antepartum
66073	Failed Forceps/Vac Ext Unspec Antepartum
66083	Other Causes Of Obstructed Labor Antepartum
66103	Primary Uterine Inertia, Antepartum
66113	Secondary Uterine Inertia Antepartum
66123	Other And Unspecified Uterine Inertia Antepartum
66133	Precipitate Labor, Antepartum
66143	Hyperton Incoord/Prolng Uterine Contracs Antprtm
66203	Prolonged First Stage Of Labor Antepartum
66223	Prolonged Second Stage Of Labor Antepartum
66233	Delayed Delivery 2 Twin Triplet Etc Antepartum
66303	Prolapse Of Cord Complicating L&D Antepartum
66313	Cord Around Neck W/Compression Comp L&D Antprtm
66323	Oth&Uns Cord Entangl W/Comprs Comp L&D Antprtm
66343	Short Cord Complicating L&D Antepartum
66353	Vasa Previa Complicating L&D Antepartum

Table 13a	Diagnosis Codes for High Risk Obstetrical Radiology Services
Use ICD-9-CM codes effective 7/01/2015 through 9/30/2015	**Policy requirement effective 7/1/2015.** **ICD-9-CM descriptions effective through 9/30/2015**
66363	Vascular Lesions Cord Complicating L&D Antprtm
66383	Oth Umbilical Cord Comps During L&D Antprtm
67133	Deep Phlebothrombosis Antprtm-Antprtm Cond/Comp
67153	Other Antepartum Phlebitis And Thrombosis
67303	Obstetrical Air Embolism Antprtm Cond/Comp
67313	Amniotic Fluid Embolism Antprtm Cond/Comp
67323	Obstetrical Blood-Clot Embolism Antepartum
67333	Obstetrical Pyemic&Septic Embolism Antepartum
67403	Cerebrovascular Disorder Antepartum
V230	Pregnancy With History Of Infertility
V231	Pregnancy With History Of Trophoblastic Disease
V232	Pregnancy With History Of Abortion
V233	Pregnancy With Grand Multiparity
V2341	Supervision Pregnancy W/History Pre-Term Labor
V2342	Pregnancy With History Of Ectopic Pregnancy
V2349	Supervision Pregnancy W/Oth Poor Obstetric Hx
V235	Pregnancy With Other Poor Reproductive History
V237	Insufficient Prenatal Care
V2381	Supervision High-Risk Pg Elder Primigravida
V2382	Supervision High-Risk Pg Elder Multigravida
V2383	Supervision High-Risk Pg Young Primigravida
V2384	Supervision High-Risk Pg Young Multigravida
V2385	Pregnt-Assist Repro Tech
V2386	Preg-Hx In Utro Prev Prg

Table 13a	Diagnosis Codes for High Risk Obstetrical Radiology Services
Use ICD-9-CM codes effective 7/01/2015 through 9/30/2015	**Policy requirement effective 7/1/2015.** **ICD-9-CM descriptions effective through 9/30/2015**
V2387	Pregnancy With Inconclusive Fetal Viability
V284	Antenatal screening for fetal growth retardation using ultrasonics
V2882	Encounter for screening for risk of pre-term labor
V2889	Other specified antenatal screening
V289	Unspecified antenatal screening
V8901	Suspected problem with amniotic cavity and membrane not found
V8902	Suspected placental problem not found
V8903	Suspected fetal anomaly not found
V8905	Suspected cervical shortening not found
V8909	Other suspected maternal and fetal condition not found

Table Listing, Previous Table 13a, Next Table 14, End of Document

Table 13b: ICD-10-CM Diagnosis Codes for High Risk Obstetrical Radiology Services

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O000	Abdominal pregnancy	20151001	20160930
O0000	Abdominal pregnancy without intrauterine pregnancy	20161001	22991231
O0001	Abdominal pregnancy with intrauterine pregnancy	20161001	22991231
O001	Tubal pregnancy	20151001	20160930
O0010	Tubal pregnancy without intrauterine pregnancy	20161001	20170930
O00101	Right tubal pregnancy without intrauterine pregnancy	20171001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O00102	Left tubal pregnancy without intrauterine pregnancy	20171001	22991231
O0011	Tubal pregnancy with intrauterine pregnancy	20161001	20170930
O00111	Right tubal pregnancy with intrauterine pregnancy	20171001	22991231
O00112	Left tubal pregnancy with intrauterine pregnancy	20171001	22991231
O002	Ovarian pregnancy	20151001	20160930
O0020	Ovarian pregnancy without intrauterine pregnancy	20161001	20170930
O00201	Right ovarian pregnancy without intrauterine pregnancy	20171001	22991231
O00202	Left ovarian pregnancy without intrauterine pregnancy	20171001	22991231
O0021	Ovarian pregnancy with intrauterine pregnancy	20161001	20170930
O00211	Right ovarian pregnancy with intrauterine pregnancy	20171001	22991231
O00212	Left ovarian pregnancy with intrauterine pregnancy	20171001	22991231
O021	Missed abortion	20151001	22991231
O030	Genitl trct and pelvic infection fol incmpl spon abortion	20151001	22991231
O031	Delayed or excessive hemor following incmpl spon abortion	20151001	22991231
O032	Embolism following incomplete spontaneous abortion	20151001	22991231
O0331	Shock following incomplete spontaneous abortion	20151001	22991231
O0332	Renal failure following incomplete spontaneous abortion	20151001	22991231
O0333	Metabolic disorder following incomplete spontaneous abortion	20151001	22991231
O0334	Damage to pelvic organs following incomplete spon abortion	20151001	22991231
O0337	Sepsis following incomplete spontaneous abortion	20151001	22991231
O035	Genitl trct and pelvic infct fol complete or unsp spon abort	20151001	22991231
O036	Delayed or excess hemor fol complete or unsp spon abortion	20151001	22991231
O037	Embolism following complete or unsp spontaneous abortion	20151001	22991231
O0381	Shock following complete or unspecified spontaneous abortion	20151001	22991231
O0382	Renal failure following complete or unsp spon abortion	20151001	22991231
O0383	Metabolic disorder following complete or unsp spon abortion	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O0384	Damage to pelvic organs fol complete or unsp spon abortion	20151001	22991231
O0387	Sepsis following complete or unsp spontaneous abortion	20151001	22991231
O0901	Suprvsn of preg w history of infertility, first trimester	20151001	22991231
O0902	Suprvsn of preg w history of infertility, second trimester	20151001	22991231
O0903	Suprvsn of preg w history of infertility, third trimester	20151001	22991231
O0911	Suprvsn of preg with history of ectopic preg, first tri	20151001	22991231
O0912	Suprvsn of preg with history of ectopic preg, second tri	20151001	22991231
O0913	Suprvsn of preg with history of ectopic preg, third tri	20151001	22991231
O09211	Suprvsn of preg w history of pre-term labor, first trimester	20151001	22991231
O09212	Suprvsn of preg w history of pre-term labor, second tri	20151001	22991231
O09213	Suprvsn of preg w history of pre-term labor, third trimester	20151001	22991231
O09291	Suprvsn of preg w poor reprodctv or obstet hx, first tri	20151001	22991231
O09292	Suprvsn of preg w poor reprodctv or obstet hx, second tri	20151001	22991231
O09293	Suprvsn of preg w poor reprodctv or obstet hx, third tri	20151001	22991231
O0931	Suprvsn of preg w insufficient antenat care, first trimester	20151001	22991231
O0932	Suprvsn of preg w insufficient antenat care, second tri	20151001	22991231
O0933	Suprvsn of preg w insufficient antenat care, third trimester	20151001	22991231
O0941	Suprvsn of pregnancy w grand multiparity, first trimester	20151001	22991231
O0942	Suprvsn of pregnancy w grand multiparity, second trimester	20151001	22991231
O0943	Suprvsn of pregnancy w grand multiparity, third trimester	20151001	22991231
O09511	Supervision of elderly primigravida, first trimester	20151001	22991231
O09512	Supervision of elderly primigravida, second trimester	20151001	22991231
O09513	Supervision of elderly primigravida, third trimester	20151001	22991231
O09521	Supervision of elderly multigravida, first trimester	20151001	22991231
O09522	Supervision of elderly multigravida, second trimester	20151001	22991231
O09523	Supervision of elderly multigravida, third trimester	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O09611	Supervision of young primigravida, first trimester	20151001	22991231
O09612	Supervision of young primigravida, second trimester	20151001	22991231
O09613	Supervision of young primigravida, third trimester	20151001	22991231
O09621	Supervision of young multigravida, first trimester	20151001	22991231
O09622	Supervision of young multigravida, second trimester	20151001	22991231
O09623	Supervision of young multigravida, third trimester	20151001	22991231
O09812	Suprvsn of preg rslt from assist reprodctv tech, second tri	20151001	22991231
O09813	Suprvsn of preg rslt from assisted reprodctv tech, third tri	20151001	22991231
O09819	Suprvsn of preg rslt from assisted reprodctv tech, unsp tri	20151001	22991231
O09821	Suprvsn of preg w hx of in utero proc dur prev preg, 1st tri	20151001	22991231
O09822	Suprvsn of preg w hx of in utero proc dur prev preg, 2nd tri	20151001	22991231
O09823	Suprvsn of preg w hx of in utero proc dur prev preg, 3rd tri	20151001	22991231
O09A1	Suprvsn of preg with history of molar preg, first trimester	20161001	22991231
O09A2	Suprvsn of preg with history of molar preg, second trimester	20161001	22991231
O09A3	Suprvsn of preg with history of molar preg, third trimester	20161001	22991231
O10111	Pre-exist hyp heart disease comp pregnancy, first trimester	20151001	22991231
O10112	Pre-exist hyp heart disease comp pregnancy, second trimester	20151001	22991231
O10113	Pre-exist hyp heart disease comp pregnancy, third trimester	20151001	22991231
O10211	Pre-exist hyp chronic kidney disease comp preg, first tri	20151001	22991231
O10212	Pre-exist hyp chronic kidney disease comp preg, second tri	20151001	22991231
O10213	Pre-exist hyp chronic kidney disease comp preg, third tri	20151001	22991231
O10311	Pre-exist hyp heart and chr kidney dis comp preg, first tri	20151001	22991231
O10312	Pre-exist hyp heart and chr kidney dis comp preg, second tri	20151001	22991231
O10313	Pre-exist hyp heart and chr kidney dis comp preg, third tri	20151001	22991231
O10411	Pre-existing secondary htn comp pregnancy, first trimester	20151001	22991231
O10412	Pre-existing secondary htn comp pregnancy, second trimester	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O10413	Pre-existing secondary htn comp pregnancy, third trimester	20151001	22991231
O111	Pre-existing hypertension w pre-eclampsia, first trimester	20151001	22991231
O112	Pre-existing hypertension w pre-eclampsia, second trimester	20151001	22991231
O113	Pre-existing hypertension w pre-eclampsia, third trimester	20151001	22991231
O1201	Gestational edema, first trimester	20151001	22991231
O1202	Gestational edema, second trimester	20151001	22991231
O1203	Gestational edema, third trimester	20151001	22991231
O1221	Gestational edema with proteinuria, first trimester	20151001	22991231
O1222	Gestational edema with proteinuria, second trimester	20151001	22991231
O1223	Gestational edema with proteinuria, third trimester	20151001	22991231
O131	Gestational htn w/o significant proteinuria, first trimester	20151001	22991231
O132	Gestatnl htn w/o significant proteinuria, second trimester	20151001	22991231
O133	Gestational htn w/o significant proteinuria, third trimester	20151001	22991231
O1402	Mild to moderate pre-eclampsia, second trimester	20151001	22991231
O1403	Mild to moderate pre-eclampsia, third trimester	20151001	22991231
O1412	Severe pre-eclampsia, second trimester	20151001	22991231
O1413	Severe pre-eclampsia, third trimester	20151001	22991231
O1422	HELLP syndrome (HELLP), second trimester	20151001	22991231
O1423	HELLP syndrome (HELLP), third trimester	20151001	22991231
O1502	Eclampsia complicating pregnancy, second trimester	20151001	22991231
O1503	Eclampsia complicating pregnancy, third trimester	20151001	22991231
O200	Threatened abortion	20151001	22991231
O211	Hyperemesis gravidarum with metabolic disturbance	20151001	22991231
O212	Late vomiting of pregnancy	20151001	22991231
O2231	Deep phlebothrombosis in pregnancy, first trimester	20151001	22991231
O2232	Deep phlebothrombosis in pregnancy, second trimester	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O2233	Deep phlebothrombosis in pregnancy, third trimester	20151001	22991231
O2251	Cerebral venous thrombosis in pregnancy, first trimester	20151001	22991231
O2252	Cerebral venous thrombosis in pregnancy, second trimester	20151001	22991231
O2253	Cerebral venous thrombosis in pregnancy, third trimester	20151001	22991231
O2291	Venous complication in pregnancy, unsp, first trimester	20151001	22991231
O2292	Venous complication in pregnancy, unsp, second trimester	20151001	22991231
O2293	Venous complication in pregnancy, unsp, third trimester	20151001	22991231
O2301	Infections of kidney in pregnancy, first trimester	20151001	22991231
O2302	Infections of kidney in pregnancy, second trimester	20151001	22991231
O2303	Infections of kidney in pregnancy, third trimester	20151001	22991231
O2311	Infections of bladder in pregnancy, first trimester	20151001	22991231
O2312	Infections of bladder in pregnancy, second trimester	20151001	22991231
O2313	Infections of bladder in pregnancy, third trimester	20151001	22991231
O2321	Infections of urethra in pregnancy, first trimester	20151001	22991231
O2322	Infections of urethra in pregnancy, second trimester	20151001	22991231
O2323	Infections of urethra in pregnancy, third trimester	20151001	22991231
O2331	Infect of prt urinary tract in pregnancy, first trimester	20151001	22991231
O2332	Infect of prt urinary tract in pregnancy, second trimester	20151001	22991231
O2333	Infect of prt urinary tract in pregnancy, third trimester	20151001	22991231
O2341	Unsp infct of urinary tract in pregnancy, first trimester	20151001	22991231
O2342	Unsp infct of urinary tract in pregnancy, second trimester	20151001	22991231
O2343	Unsp infct of urinary tract in pregnancy, third trimester	20151001	22991231
O23511	Infections of cervix in pregnancy, first trimester	20151001	22991231
O23512	Infections of cervix in pregnancy, second trimester	20151001	22991231
O23513	Infections of cervix in pregnancy, third trimester	20151001	22991231
O23521	Salpingo-oophoritis in pregnancy, first trimester	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O23522	Salpingo-oophoritis in pregnancy, second trimester	20151001	22991231
O23523	Salpingo-oophoritis in pregnancy, third trimester	20151001	22991231
O23591	Infection oth prt genitl trct in pregnancy, first trimester	20151001	22991231
O23592	Infection oth prt genitl trct in pregnancy, second trimester	20151001	22991231
O23593	Infection oth prt genitl trct in pregnancy, third trimester	20151001	22991231
O24011	Pre-existing type 1 diabetes, in pregnancy, first trimester	20151001	22991231
O24012	Pre-existing type 1 diabetes, in pregnancy, second trimester	20151001	22991231
O24013	Pre-existing type 1 diabetes, in pregnancy, third trimester	20151001	22991231
O24111	Pre-existing type 2 diabetes, in pregnancy, first trimester	20151001	22991231
O24112	Pre-existing type 2 diabetes, in pregnancy, second trimester	20151001	22991231
O24113	Pre-existing type 2 diabetes, in pregnancy, third trimester	20151001	22991231
O24410	Gestational diabetes mellitus in pregnancy, diet controlled	20151001	22991231
O24414	Gestational diabetes in pregnancy, insulin controlled	20151001	22991231
O24415	Gestatnl diabetes in preg, ctrl by oral hypoglycemic drugs	20161001	22991231
O24419	Gestational diabetes mellitus in pregnancy, unsp control	20151001	22991231
O24425	Gestatnl diab in chldbrth, ctrl by oral hypoglycemic drugs	20161001	22991231
O24435	Gestatnl diabetes in puerp, ctrl by oral hypoglycemic drugs	20161001	22991231
O2601	Excessive weight gain in pregnancy, first trimester	20151001	22991231
O2602	Excessive weight gain in pregnancy, second trimester	20151001	22991231
O2603	Excessive weight gain in pregnancy, third trimester	20151001	22991231
O2621	Preg care for patient w recurrent preg loss, first trimester	20151001	22991231
O2622	Preg care for patient w recur preg loss, second trimester	20151001	22991231
O2623	Preg care for patient w recurrent preg loss, third trimester	20151001	22991231
O26611	Liver and biliary tract disord in pregnancy, first trimester	20151001	22991231
O26612	Liver and biliary tract disord in preg, second trimester	20151001	22991231
O26613	Liver and biliary tract disord in pregnancy, third trimester	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O26821	Pregnancy related peripheral neuritis, first trimester	20151001	22991231
O26822	Pregnancy related peripheral neuritis, second trimester	20151001	22991231
O26823	Pregnancy related peripheral neuritis, third trimester	20151001	22991231
O26841	Uterine size-date discrepancy, first trimester	20151001	22991231
O26842	Uterine size-date discrepancy, second trimester	20151001	22991231
O26843	Uterine size-date discrepancy, third trimester	20151001	22991231
O26851	Spotting complicating pregnancy, first trimester	20151001	22991231
O26852	Spotting complicating pregnancy, second trimester	20151001	22991231
O26853	Spotting complicating pregnancy, third trimester	20151001	22991231
O26872	Cervical shortening, second trimester	20151001	22991231
O26873	Cervical shortening, third trimester	20151001	22991231
O30001	Twin preg, unsp num plcnta & amnio sacs, first trimester	20151001	22991231
O30002	Twin preg, unsp num plcnta & amnio sacs, second trimester	20151001	22991231
O30003	Twin preg, unsp num plcnta & amnio sacs, third trimester	20151001	22991231
O30011	Twin pregnancy, monochorionic/monoamniotic, first trimester	20151001	22991231
O30012	Twin pregnancy, monochorionic/monoamniotic, second trimester	20151001	22991231
O30013	Twin pregnancy, monochorionic/monoamniotic, third trimester	20151001	22991231
O30031	Twin pregnancy, monochorionic/diamniotic, first trimester	20151001	22991231
O30032	Twin pregnancy, monochorionic/diamniotic, second trimester	20151001	22991231
O30033	Twin pregnancy, monochorionic/diamniotic, third trimester	20151001	22991231
O30041	Twin pregnancy, dichorionic/diamniotic, first trimester	20151001	22991231
O30042	Twin pregnancy, dichorionic/diamniotic, second trimester	20151001	22991231
O30043	Twin pregnancy, dichorionic/diamniotic, third trimester	20151001	22991231
O30091	Twin preg, unable to dtrm num plcnta & amnio sacs, first tri	20151001	22991231
O30093	Twin preg, unable to dtrm num plcnta & amnio sacs, third tri	20151001	22991231
O30101	Triplet preg, unsp num plcnta & amnio sacs, first trimester	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O30102	Triplet preg, unsp num plcnta & amnio sacs, second trimester	20151001	22991231
O30103	Triplet preg, unsp num plcnta & amnio sacs, third trimester	20151001	22991231
O30111	Triplet preg w two or more monochorionic fetuses, first tri	20151001	22991231
O30112	Triplet preg w two or more monochorionic fetuses, second tri	20151001	22991231
O30113	Triplet preg w two or more monochorionic fetuses, third tri	20151001	22991231
O30121	Triplet preg w two or more monoamnio fetuses, first tri	20151001	22991231
O30122	Triplet preg w two or more monoamnio fetuses, second tri	20151001	22991231
O30123	Triplet preg w two or more monoamnio fetuses, third tri	20151001	22991231
O30131	Triplet pregnancy, trichorionic/triamniotic, first trimester	20181001	22991231
O30132	Triplet preg, trichorionic/triamniotic, second trimester	20181001	22991231
O30133	Triplet pregnancy, trichorionic/triamniotic, third trimester	20181001	22991231
O30139	Triplet pregnancy, trichorionic/triamniotic, unsp trimester	20181001	22991231
O30191	Trp preg, unable to dtrm num plcnta & amnio sacs, first tri	20151001	22991231
O30192	Trp preg, unable to dtrm num plcnta & amnio sacs, second tri	20151001	22991231
O30193	Trp preg, unable to dtrm num plcnta & amnio sacs, third tri	20151001	22991231
O30201	Quad preg, unsp num plcnta & amnio sacs, first trimester	20151001	22991231
O30202	Quad preg, unsp num plcnta & amnio sacs, second trimester	20151001	22991231
O30203	Quad preg, unsp num plcnta & amnio sacs, third trimester	20151001	22991231
O30211	Quad preg w two or more monochorionic fetuses, first tri	20151001	22991231
O30212	Quad preg w two or more monochorionic fetuses, second tri	20151001	22991231
O30213	Quad preg w two or more monochorionic fetuses, third tri	20151001	22991231
O30221	Quad preg w two or more monoamnio fetuses, first trimester	20151001	22991231
O30222	Quad preg w two or more monoamnio fetuses, second trimester	20151001	22991231
O30223	Quad preg w two or more monoamnio fetuses, third trimester	20151001	22991231
O30231	Quad preg, quadrachorionic/quadra-amniotic, first trimester	20181001	22991231
O30232	Quad preg, quadrachorionic/quadra-amniotic, second trimester	20181001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O30233	Quad preg, quadrachorionic/quadra-amniotic, third trimester	20181001	22991231
O30239	Quad preg, quadrachorionic/quadra-amniotic, unsp trimester	20181001	22991231
O30291	Quad preg, unable to dtrm num plcnta & amnio sacs, first tri	20151001	22991231
O30292	Quad preg, unable to dtrm num plcnta & amnio sacs, 2nd tri	20151001	22991231
O30293	Quad preg, unable to dtrm num plcnta & amnio sacs, third tri	20151001	22991231
O30831	Oth mult gest, num chorions & amnions = num ftses, 1st tri	20181001	22991231
O30832	Oth mult gest, num chorions & amnions = num ftses, 2nd tri	20181001	22991231
O30833	Oth mult gest, num chorions & amnions = num ftses, 3rd tri	20181001	22991231
O30839	Oth mult gest, num chorions & amnions = num ftses, unsp tri	20181001	22991231
O3111X0	Cont preg aft spon abort of one fts or more, first tri, unsp	20151001	22991231
O3111X1	Cont preg aft spon abort of one fts or more, first tri, fts1	20151001	22991231
O3111X2	Cont preg aft spon abort of one fts or more, first tri, fts2	20151001	22991231
O3111X3	Cont preg aft spon abort of one fts or more, first tri, fts3	20151001	22991231
O3111X4	Cont preg aft spon abort of one fts or more, first tri, fts4	20151001	22991231
O3111X5	Cont preg aft spon abort of one fts or more, first tri, fts5	20151001	22991231
O3111X9	Cont preg aft spon abort of one fts or more, first tri, oth	20151001	22991231
O3112X0	Cont preg aft spon abort of one fetus or more, 2nd tri, unsp	20151001	22991231
O3112X1	Cont preg aft spon abort of one fetus or more, 2nd tri, fts1	20151001	22991231
O3112X2	Cont preg aft spon abort of one fetus or more, 2nd tri, fts2	20151001	22991231
O3112X3	Cont preg aft spon abort of one fetus or more, 2nd tri, fts3	20151001	22991231
O3112X4	Cont preg aft spon abort of one fetus or more, 2nd tri, fts4	20151001	22991231
O3112X5	Cont preg aft spon abort of one fetus or more, 2nd tri, fts5	20151001	22991231
O3112X9	Cont preg aft spon abort of one fetus or more, 2nd tri, oth	20151001	22991231
O3113X0	Cont preg aft spon abort of one fts or more, third tri, unsp	20151001	22991231
O3113X1	Cont preg aft spon abort of one fts or more, third tri, fts1	20151001	22991231
O3113X2	Cont preg aft spon abort of one fts or more, third tri, fts2	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3113X3	Cont preg aft spon abort of one fts or more, third tri, fts3	20151001	22991231
O3113X4	Cont preg aft spon abort of one fts or more, third tri, fts4	20151001	22991231
O3113X5	Cont preg aft spon abort of one fts or more, third tri, fts5	20151001	22991231
O3113X9	Cont preg aft spon abort of one fts or more, third tri, oth	20151001	22991231
O3121X0	Cont preg aft uterin dth of one fts or more, first tri, unsp	20151001	22991231
O3121X1	Cont preg aft uterin dth of one fts or more, first tri, fts1	20151001	22991231
O3121X2	Cont preg aft uterin dth of one fts or more, first tri, fts2	20151001	22991231
O3121X3	Cont preg aft uterin dth of one fts or more, first tri, fts3	20151001	22991231
O3121X4	Cont preg aft uterin dth of one fts or more, first tri, fts4	20151001	22991231
O3121X5	Cont preg aft uterin dth of one fts or more, first tri, fts5	20151001	22991231
O3121X9	Cont preg aft uterin dth of one fts or more, first tri, oth	20151001	22991231
O3122X0	Cont preg aft uterin dth of one fetus or more, 2nd tri, unsp	20151001	22991231
O3122X1	Cont preg aft uterin dth of one fetus or more, 2nd tri, fts1	20151001	22991231
O3122X2	Cont preg aft uterin dth of one fetus or more, 2nd tri, fts2	20151001	22991231
O3122X3	Cont preg aft uterin dth of one fetus or more, 2nd tri, fts3	20151001	22991231
O3122X4	Cont preg aft uterin dth of one fetus or more, 2nd tri, fts4	20151001	22991231
O3122X5	Cont preg aft uterin dth of one fetus or more, 2nd tri, fts5	20151001	22991231
O3122X9	Cont preg aft uterin dth of one fetus or more, 2nd tri, oth	20151001	22991231
O3123X0	Cont preg aft uterin dth of one fts or more, third tri, unsp	20151001	22991231
O3123X1	Cont preg aft uterin dth of one fts or more, third tri, fts1	20151001	22991231
O3123X2	Cont preg aft uterin dth of one fts or more, third tri, fts2	20151001	22991231
O3123X3	Cont preg aft uterin dth of one fts or more, third tri, fts3	20151001	22991231
O3123X4	Cont preg aft uterin dth of one fts or more, third tri, fts4	20151001	22991231
O3123X5	Cont preg aft uterin dth of one fts or more, third tri, fts5	20151001	22991231
O3123X9	Cont preg aft uterin dth of one fts or more, third tri, oth	20151001	22991231
O3131X0	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, unsp	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3131X1	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, fts1	20151001	22991231
O3131X2	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, fts2	20151001	22991231
O3131X3	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, fts3	20151001	22991231
O3131X4	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, fts4	20151001	22991231
O3131X5	Cont preg aft elctv fetl rdct of 1 fts or more,1st tri, fts5	20151001	22991231
O3131X9	Cont preg aft elctv fetl rdct of 1 fts or more, 1st tri, oth	20151001	22991231
O3132X0	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, unsp	20151001	22991231
O3132X1	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, fts1	20151001	22991231
O3132X2	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, fts2	20151001	22991231
O3132X3	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, fts3	20151001	22991231
O3132X4	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, fts4	20151001	22991231
O3132X5	Cont preg aft elctv fetl rdct of 1 fts or more,2nd tri, fts5	20151001	22991231
O3132X9	Cont preg aft elctv fetl rdct of 1 fts or more, 2nd tri, oth	20151001	22991231
O3133X0	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, unsp	20151001	22991231
O3133X1	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, fts1	20151001	22991231
O3133X2	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, fts2	20151001	22991231
O3133X3	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, fts3	20151001	22991231
O3133X4	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, fts4	20151001	22991231
O3133X5	Cont preg aft elctv fetl rdct of 1 fts or more,3rd tri, fts5	20151001	22991231
O3133X9	Cont preg aft elctv fetl rdct of 1 fts or more, 3rd tri, oth	20151001	22991231
O320XX0	Maternal care for unstable lie, not applicable or unsp	20151001	22991231
O320XX1	Maternal care for unstable lie, fetus 1	20151001	22991231
O320XX2	Maternal care for unstable lie, fetus 2	20151001	22991231
O320XX3	Maternal care for unstable lie, fetus 3	20151001	22991231
O320XX4	Maternal care for unstable lie, fetus 4	20151001	22991231
O320XX5	Maternal care for unstable lie, fetus 5	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O320XX9	Maternal care for unstable lie, other fetus	20151001	22991231
O321XX0	Maternal care for breech presentation, unsp	20151001	22991231
O321XX1	Maternal care for breech presentation, fetus 1	20151001	22991231
O321XX2	Maternal care for breech presentation, fetus 2	20151001	22991231
O321XX3	Maternal care for breech presentation, fetus 3	20151001	22991231
O321XX4	Maternal care for breech presentation, fetus 4	20151001	22991231
O321XX5	Maternal care for breech presentation, fetus 5	20151001	22991231
O321XX9	Maternal care for breech presentation, other fetus	20151001	22991231
O322XX0	Maternal care for transverse and oblique lie, unsp	20151001	22991231
O322XX1	Maternal care for transverse and oblique lie, fetus 1	20151001	22991231
O322XX2	Maternal care for transverse and oblique lie, fetus 2	20151001	22991231
O322XX3	Maternal care for transverse and oblique lie, fetus 3	20151001	22991231
O322XX4	Maternal care for transverse and oblique lie, fetus 4	20151001	22991231
O322XX5	Maternal care for transverse and oblique lie, fetus 5	20151001	22991231
O322XX9	Maternal care for transverse and oblique lie, other fetus	20151001	22991231
O323XX0	Maternal care for face, brow and chin presentation, unsp	20151001	22991231
O323XX1	Maternal care for face, brow and chin presentation, fetus 1	20151001	22991231
O323XX2	Maternal care for face, brow and chin presentation, fetus 2	20151001	22991231
O323XX3	Maternal care for face, brow and chin presentation, fetus 3	20151001	22991231
O323XX4	Maternal care for face, brow and chin presentation, fetus 4	20151001	22991231
O323XX5	Maternal care for face, brow and chin presentation, fetus 5	20151001	22991231
O323XX9	Maternal care for face, brow and chin presentation, oth	20151001	22991231
O324XX0	Maternal care for high head at term, not applicable or unsp	20151001	22991231
O324XX1	Maternal care for high head at term, fetus 1	20151001	22991231
O324XX2	Maternal care for high head at term, fetus 2	20151001	22991231
O324XX3	Maternal care for high head at term, fetus 3	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O324XX4	Maternal care for high head at term, fetus 4	20151001	22991231
O324XX5	Maternal care for high head at term, fetus 5	20151001	22991231
O324XX9	Maternal care for high head at term, other fetus	20151001	22991231
O328XX0	Maternal care for oth malpresentation of fetus, unsp	20151001	22991231
O329XX0	Maternal care for malpresentation of fetus, unsp, unsp	20151001	22991231
O330	Matern care for disproprtn d/t deformity of matern pelv bone	20151001	22991231
O331	Matern care for disproprtn d/t generally contracted pelvis	20151001	22991231
O332	Maternal care for disproprtn due to inlet contrctn of pelvis	20151001	22991231
O333XX0	Matern care for disproprtn d/t outlet contrctn of pelv, unsp	20151001	22991231
O333XX1	Matern care for disproprtn d/t outlet contrctn of pelv, fts1	20151001	22991231
O333XX2	Matern care for disproprtn d/t outlet contrctn of pelv, fts2	20151001	22991231
O333XX3	Matern care for disproprtn d/t outlet contrctn of pelv, fts3	20151001	22991231
O333XX4	Matern care for disproprtn d/t outlet contrctn of pelv, fts4	20151001	22991231
O333XX5	Matern care for disproprtn d/t outlet contrctn of pelv, fts5	20151001	22991231
O333XX9	Matern care for disproprtn d/t outlet contrctn of pelv, oth	20151001	22991231
O334XX0	Matern care for disproprtn of mix matern & fetl origin, unsp	20151001	22991231
O334XX1	Matern care for disproprtn of mix matern & fetl origin, fts1	20151001	22991231
O334XX2	Matern care for disproprtn of mix matern & fetl origin, fts2	20151001	22991231
O334XX3	Matern care for disproprtn of mix matern & fetl origin, fts3	20151001	22991231
O334XX4	Matern care for disproprtn of mix matern & fetl origin, fts4	20151001	22991231
O334XX5	Matern care for disproprtn of mix matern & fetl origin, fts5	20151001	22991231
O334XX9	Matern care for disproprtn of mix matern & fetl origin, oth	20151001	22991231
O335XX0	Matern care for disproprtn d/t unusually large fetus, unsp	20151001	22991231
O335XX1	Matern care for disproprtn d/t unusually large fetus, fts1	20151001	22991231
O335XX2	Matern care for disproprtn d/t unusually large fetus, fts2	20151001	22991231
O335XX3	Matern care for disproprtn d/t unusually large fetus, fts3	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O335XX4	Matern care for disproprtn d/t unusually large fetus, fts4	20151001	22991231
O335XX5	Matern care for disproprtn d/t unusually large fetus, fts5	20151001	22991231
O335XX9	Matern care for disproprtn due to unusually large fetus, oth	20151001	22991231
O336XX0	Matern care for disproprtn due to hydrocephalic fetus, unsp	20151001	22991231
O336XX1	Matern care for disproprtn due to hydrocephalic fetus, fts1	20151001	22991231
O336XX2	Matern care for disproprtn due to hydrocephalic fetus, fts2	20151001	22991231
O336XX3	Matern care for disproprtn due to hydrocephalic fetus, fts3	20151001	22991231
O336XX4	Matern care for disproprtn due to hydrocephalic fetus, fts4	20151001	22991231
O336XX5	Matern care for disproprtn due to hydrocephalic fetus, fts5	20151001	22991231
O336XX9	Maternal care for disproprtn due to hydrocephalic fetus, oth	20151001	22991231
O337	Maternal care for disproportion due to oth fetal deformities	20151001	20160930
O337XX0	Maternal care for disproprtn due to other fetal deform, unsp	20161001	22991231
O337XX1	Matern care for disproprtn due to other fetal deform, fts1	20161001	22991231
O337XX2	Matern care for disproprtn due to other fetal deform, fts2	20161001	22991231
O337XX3	Matern care for disproprtn due to other fetal deform, fts3	20161001	22991231
O337XX4	Matern care for disproprtn due to other fetal deform, fts4	20161001	22991231
O337XX5	Matern care for disproprtn due to other fetal deform, fts5	20161001	22991231
O337XX9	Maternal care for disproprtn due to other fetal deform, oth	20161001	22991231
O338	Maternal care for disproportion of other origin	20151001	22991231
O3401	Maternal care for unsp congen malform of uterus, first tri	20151001	22991231
O3402	Maternal care for unsp congen malform of uterus, second tri	20151001	22991231
O3403	Maternal care for unsp congen malform of uterus, third tri	20151001	22991231
O3411	Maternal care for benign tumor of corpus uteri, first tri	20151001	22991231
O3412	Maternal care for benign tumor of corpus uteri, second tri	20151001	22991231
O3413	Maternal care for benign tumor of corpus uteri, third tri	20151001	22991231
O3421	Maternal care for scar from previous cesarean delivery	20151001	20160930

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O34211	Matern care for low transverse scar from prev cesarean del	20161001	22991231
O34212	Maternal care for vertical scar from previous cesarean del	20161001	22991231
O34219	Maternal care for unsp type scar from previous cesarean del	20161001	22991231
O3431	Maternal care for cervical incompetence, first trimester	20151001	22991231
O3432	Maternal care for cervical incompetence, second trimester	20151001	22991231
O3433	Maternal care for cervical incompetence, third trimester	20151001	22991231
O3441	Maternal care for oth abnlt of cervix, first trimester	20151001	22991231
O3442	Maternal care for oth abnlt of cervix, second trimester	20151001	22991231
O3443	Maternal care for oth abnlt of cervix, third trimester	20151001	22991231
O34511	Maternal care for incarceration of gravid uterus, first tri	20151001	22991231
O34512	Maternal care for incarceration of gravid uterus, second tri	20151001	22991231
O34513	Maternal care for incarceration of gravid uterus, third tri	20151001	22991231
O34521	Maternal care for prolapse of gravid uterus, first trimester	20151001	22991231
O34522	Maternal care for prolapse of gravid uterus, second tri	20151001	22991231
O34523	Maternal care for prolapse of gravid uterus, third trimester	20151001	22991231
O34531	Maternal care for retroversion of gravid uterus, first tri	20151001	22991231
O34532	Maternal care for retroversion of gravid uterus, second tri	20151001	22991231
O34533	Maternal care for retroversion of gravid uterus, third tri	20151001	22991231
O34591	Maternal care for oth abnlt of gravid uterus, first tri	20151001	22991231
O34592	Maternal care for oth abnlt of gravid uterus, second tri	20151001	22991231
O34593	Maternal care for oth abnlt of gravid uterus, third tri	20151001	22991231
O3461	Maternal care for abnormality of vagina, first trimester	20151001	22991231
O3462	Maternal care for abnormality of vagina, second trimester	20151001	22991231
O3463	Maternal care for abnormality of vagina, third trimester	20151001	22991231
O3471	Maternal care for abnlt of vulva and perineum, first tri	20151001	22991231
O3472	Maternal care for abnlt of vulva and perineum, second tri	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3473	Maternal care for abnlt of vulva and perineum, third tri	20151001	22991231
O3500X0	Mat care (suspected) cnsl malf/damag fts, unspecified, unsp	20221001	22991231
O3500X1	Mat care cnsl malf/damag fts, unspecified, fetus 1	20221001	22991231
O3500X2	Mat care cnsl malf/damag fts, unspecified, fetus 2	20221001	22991231
O3500X3	Mat care cnsl malf/damag fts, unspecified, fetus 3	20221001	22991231
O3500X4	Mat care cnsl malf/damag fts, unspecified, fetus 4	20221001	22991231
O3500X5	Mat care cnsl malf/damag fts, unspecified, fetus 5	20221001	22991231
O3500X9	Mat care cnsl malf/damag fts, unspecified, other fetus	20221001	22991231
O3501X0	Mat care cnsl malf/damag fts, agenesis corpus callosum, unsp	20221001	22991231
O3501X1	Mat care cnsl malf/damag fts, agenesis corpus callosum, fts1	20221001	22991231
O3501X2	Mat care cnsl malf/damag fts, agenesis corpus callosum, fts2	20221001	22991231
O3501X3	Mat care cnsl malf/damag fts, agenesis corpus callosum, fts3	20221001	22991231
O3501X4	Mat care cnsl malf/damag fts, agenesis corpus callosum, fts4	20221001	22991231
O3501X5	Mat care cnsl malf/damag fts, agenesis corpus callosum, fts5	20221001	22991231
O3501X9	Mat care cnsl malf/damag fts, agenesis corpus callosum, oth	20221001	22991231
O3502X0	Mat care (suspected) cnsl malf/damag fts, anencephaly, unsp	20221001	22991231
O3502X1	Mat care cnsl malf/damag fts, anencephaly, fetus 1	20221001	22991231
O3502X2	Mat care cnsl malf/damag fts, anencephaly, fetus 2	20221001	22991231
O3502X3	Mat care cnsl malf/damag fts, anencephaly, fetus 3	20221001	22991231
O3502X4	Mat care cnsl malf/damag fts, anencephaly, fetus 4	20221001	22991231
O3502X5	Mat care cnsl malf/damag fts, anencephaly, fetus 5	20221001	22991231
O3502X9	Mat care cnsl malf/damag fts, anencephaly, other fetus	20221001	22991231
O3503X0	Mat care cnsl malf/damag fts, choroid plexus cysts, unsp	20221001	22991231
O3503X1	Mat care cnsl malf/damag fts, choroid plexus cysts, fetus 1	20221001	22991231
O3503X2	Mat care cnsl malf/damag fts, choroid plexus cysts, fetus 2	20221001	22991231
O3503X3	Mat care cnsl malf/damag fts, choroid plexus cysts, fetus 3	20221001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3503X4	Mat care cnsl malf/damag fts, choroid plexus cysts, fetus 4	20221001	22991231
O3503X5	Mat care cnsl malf/damag fts, choroid plexus cysts, fetus 5	20221001	22991231
O3503X9	Mat care cnsl malf/damag fts, choroid plexus cysts, oth	20221001	22991231
O3504X0	Mat care (suspected) cnsl malf/damag fts, encephaloc, unsp	20221001	22991231
O3504X1	Mat care cnsl malf/damag fts, encephaloc, fetus 1	20221001	22991231
O3504X2	Mat care cnsl malf/damag fts, encephaloc, fetus 2	20221001	22991231
O3504X3	Mat care cnsl malf/damag fts, encephaloc, fetus 3	20221001	22991231
O3504X4	Mat care cnsl malf/damag fts, encephaloc, fetus 4	20221001	22991231
O3504X5	Mat care cnsl malf/damag fts, encephaloc, fetus 5	20221001	22991231
O3504X9	Mat care cnsl malf/damag fts, encephaloc, other fetus	20221001	22991231
O3505X0	Mat care cnsl malf/damag fts, holoprosenceph, unsp	20221001	22991231
O3505X1	Mat care cnsl malf/damag fts, holoprosenceph, fetus 1	20221001	22991231
O3505X2	Mat care cnsl malf/damag fts, holoprosenceph, fetus 2	20221001	22991231
O3505X3	Mat care cnsl malf/damag fts, holoprosenceph, fetus 3	20221001	22991231
O3505X4	Mat care cnsl malf/damag fts, holoprosenceph, fetus 4	20221001	22991231
O3505X5	Mat care cnsl malf/damag fts, holoprosenceph, fetus 5	20221001	22991231
O3505X9	Mat care cnsl malf/damag fts, holoprosenceph, other fetus	20221001	22991231
O3506X0	Mat care (suspected) cnsl malf/damag fts, hydrocephaly, unsp	20221001	22991231
O3506X1	Mat care (suspected) cnsl malf/damag fts, hydroceph, fetus 1	20221001	22991231
O3506X2	Mat care (suspected) cnsl malf/damag fts, hydroceph, fetus 2	20221001	22991231
O3506X3	Mat care (suspected) cnsl malf/damag fts, hydroceph, fetus 3	20221001	22991231
O3506X4	Mat care (suspected) cnsl malf/damag fts, hydroceph, fetus 4	20221001	22991231
O3506X5	Mat care (suspected) cnsl malf/damag fts, hydroceph, fetus 5	20221001	22991231
O3506X9	Mat care cnsl malf/damag fts, hydroceph, other fetus	20221001	22991231
O3507X0	Mat care (suspected) cnsl malf/damag fts, microcephaly, unsp	20221001	22991231
O3507X1	Mat care (suspected) cnsl malf/damag fts, microceph, fetus 1	20221001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3507X2	Mat care (suspected) cnsl malf/damag fts, microceph, fetus 2	20221001	22991231
O3507X3	Mat care (suspected) cnsl malf/damag fts, microceph, fetus 3	20221001	22991231
O3507X4	Mat care (suspected) cnsl malf/damag fts, microceph, fetus 4	20221001	22991231
O3507X5	Mat care (suspected) cnsl malf/damag fts, microceph, fetus 5	20221001	22991231
O3507X9	Mat care cnsl malf/damag fts, microceph, other fetus	20221001	22991231
O3508X0	Mat care (suspected) cnsl malf/damag fts, spina bifida, unsp	20221001	22991231
O3508X1	Mat care cnsl malf/damag fts, spina bifida, fetus 1	20221001	22991231
O3508X2	Mat care cnsl malf/damag fts, spina bifida, fetus 2	20221001	22991231
O3508X3	Mat care cnsl malf/damag fts, spina bifida, fetus 3	20221001	22991231
O3508X4	Mat care cnsl malf/damag fts, spina bifida, fetus 4	20221001	22991231
O3508X5	Mat care cnsl malf/damag fts, spina bifida, fetus 5	20221001	22991231
O3508X9	Mat care cnsl malf/damag fts, spina bifida, other fetus	20221001	22991231
O3509X0	Mat care (suspected) other cnsl malf/damag fts, unsp	20221001	22991231
O3509X1	Mat care (suspected) other cnsl malf/damag fts, fetus 1	20221001	22991231
O3509X2	Mat care (suspected) other cnsl malf/damag fts, fetus 2	20221001	22991231
O3509X3	Mat care (suspected) other cnsl malf/damag fts, fetus 3	20221001	22991231
O3509X4	Mat care (suspected) other cnsl malf/damag fts, fetus 4	20221001	22991231
O3509X5	Mat care (suspected) other cnsl malf/damag fts, fetus 5	20221001	22991231
O3509X9	Mat care (suspected) other cnsl malf/damag fts, other fetus	20221001	22991231
O350XX0	Maternal care for (suspected) cnsl malform in fetus, unsp	20151001	20220930
O350XX0	Maternal care for (suspected) cnsl malform in fetus, unsp	20221001	22991231
O350XX1	Maternal care for (suspected) cnsl malform in fetus, fetus 1	20151001	20220930
O350XX1	Maternal care for (suspected) cnsl malform in fetus, fetus 1	20221001	22991231
O350XX2	Maternal care for (suspected) cnsl malform in fetus, fetus 2	20151001	20220930
O350XX2	Maternal care for (suspected) cnsl malform in fetus, fetus 2	20221001	22991231
O350XX3	Maternal care for (suspected) cnsl malform in fetus, fetus 3	20151001	20220930

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O350XX3	Maternal care for (suspected) cnsl malform in fetus, fetus 3	20221001	22991231
O350XX4	Maternal care for (suspected) cnsl malform in fetus, fetus 4	20151001	20220930
O350XX4	Maternal care for (suspected) cnsl malform in fetus, fetus 4	20221001	22991231
O350XX5	Maternal care for (suspected) cnsl malform in fetus, fetus 5	20151001	20220930
O350XX5	Maternal care for (suspected) cnsl malform in fetus, fetus 5	20221001	22991231
O350XX9	Maternal care for (suspected) cnsl malform in fetus, oth	20151001	20220930
O350XX9	Maternal care for (suspected) cnsl malform in fetus, oth	20221001	22991231
O3510X0	Mat care chromosomal abnormality in fetus, unspecified, unsp	20221001	22991231
O3510X1	Mat care chromosomal abnlt in fetus, unspecified, fetus 1	20221001	22991231
O3510X2	Mat care chromosomal abnlt in fetus, unspecified, fetus 2	20221001	22991231
O3510X3	Mat care chromosomal abnlt in fetus, unspecified, fetus 3	20221001	22991231
O3510X4	Mat care chromosomal abnlt in fetus, unspecified, fetus 4	20221001	22991231
O3510X5	Mat care chromosomal abnlt in fetus, unspecified, fetus 5	20221001	22991231
O3510X9	Mat care chromsoml abnlt in fetus, unspecified, other fetus	20221001	22991231
O3511X0	Mat care chromosomal abnormality in fetus, Trisomy 13, unsp	20221001	22991231
O3511X1	Mat care chromosomal abnlt in fetus, Trisomy 13, fetus 1	20221001	22991231
O3511X2	Mat care chromosomal abnlt in fetus, Trisomy 13, fetus 2	20221001	22991231
O3511X3	Mat care chromosomal abnlt in fetus, Trisomy 13, fetus 3	20221001	22991231
O3511X4	Mat care chromosomal abnlt in fetus, Trisomy 13, fetus 4	20221001	22991231
O3511X5	Mat care chromosomal abnlt in fetus, Trisomy 13, fetus 5	20221001	22991231
O3511X9	Mat care chromosomal abnlt in fetus, Trisomy 13, other fetus	20221001	22991231
O3512X0	Mat care chromosomal abnormality in fetus, Trisomy 18, unsp	20221001	22991231
O3512X1	Mat care chromosomal abnlt in fetus, Trisomy 18, fetus 1	20221001	22991231
O3512X2	Mat care chromosomal abnlt in fetus, Trisomy 18, fetus 2	20221001	22991231
O3512X3	Mat care chromosomal abnlt in fetus, Trisomy 18, fetus 3	20221001	22991231
O3512X4	Mat care chromosomal abnlt in fetus, Trisomy 18, fetus 4	20221001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3512X5	Mat care chromosomal abnlt in fetus, Trisomy 18, fetus 5	20221001	22991231
O3512X9	Mat care chromosomal abnlt in fetus, Trisomy 18, other fetus	20221001	22991231
O3513X0	Mat care chromosomal abnormality in fetus, Trisomy 21, unsp	20221001	22991231
O3513X1	Mat care chromosomal abnlt in fetus, Trisomy 21, fetus 1	20221001	22991231
O3513X2	Mat care chromosomal abnlt in fetus, Trisomy 21, fetus 2	20221001	22991231
O3513X3	Mat care chromosomal abnlt in fetus, Trisomy 21, fetus 3	20221001	22991231
O3513X4	Mat care chromosomal abnlt in fetus, Trisomy 21, fetus 4	20221001	22991231
O3513X5	Mat care chromosomal abnlt in fetus, Trisomy 21, fetus 5	20221001	22991231
O3513X9	Mat care chromosomal abnlt in fetus, Trisomy 21, other fetus	20221001	22991231
O3514X0	Mat care chromosomal abnlt in fetus, Turner Syndrome, unsp	20221001	22991231
O3514X1	Mat care chromsoml abnlt in fetus, Turner Syndrome, fetus 1	20221001	22991231
O3514X2	Mat care chromsoml abnlt in fetus, Turner Syndrome, fetus 2	20221001	22991231
O3514X3	Mat care chromsoml abnlt in fetus, Turner Syndrome, fetus 3	20221001	22991231
O3514X4	Mat care chromsoml abnlt in fetus, Turner Syndrome, fetus 4	20221001	22991231
O3514X5	Mat care chromsoml abnlt in fetus, Turner Syndrome, fetus 5	20221001	22991231
O3514X9	Mat care chromsoml abnlt in fetus, Turner Syndrome, oth	20221001	22991231
O3515X0	Mat care chromsoml abnlt in fetus, sex chromo abnlt, unsp	20221001	22991231
O3515X1	Mat care chromsoml abnlt in fetus, sex chromo abnlt, fetus 1	20221001	22991231
O3515X2	Mat care chromsoml abnlt in fetus, sex chromo abnlt, fetus 2	20221001	22991231
O3515X3	Mat care chromsoml abnlt in fetus, sex chromo abnlt, fetus 3	20221001	22991231
O3515X4	Mat care chromsoml abnlt in fetus, sex chromo abnlt, fetus 4	20221001	22991231
O3515X5	Mat care chromsoml abnlt in fetus, sex chromo abnlt, fetus 5	20221001	22991231
O3515X9	Mat care chromsoml abnlt in fetus, sex chromosome abnlt, oth	20221001	22991231
O3519X0	Mat care chromsoml abnlt in fts, other chromsoml abnlt, unsp	20221001	22991231
O3519X1	Mat care chromsoml abnlt in fts, other chromsoml abnlt, fts1	20221001	22991231
O3519X2	Mat care chromsoml abnlt in fts, other chromsoml abnlt, fts2	20221001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3519X3	Mat care chromsoml abnlt in fts, other chromsoml abnlt, fts3	20221001	22991231
O3519X4	Mat care chromsoml abnlt in fts, other chromsoml abnlt, fts4	20221001	22991231
O3519X5	Mat care chromsoml abnlt in fts, other chromsoml abnlt, fts5	20221001	22991231
O3519X9	Mat care chromsoml abnlt in fts, other chromsoml abnlt, oth	20221001	22991231
O351XX0	Maternal care for chromosomal abnormality in fetus, unsp	20151001	20220930
O351XX0	Maternal care for chromosomal abnormality in fetus, unsp	20221001	22991231
O351XX1	Maternal care for chromosomal abnormality in fetus, fetus 1	20151001	20220930
O351XX1	Maternal care for chromosomal abnormality in fetus, fetus 1	20221001	22991231
O351XX2	Maternal care for chromosomal abnormality in fetus, fetus 2	20151001	20220930
O351XX2	Maternal care for chromosomal abnormality in fetus, fetus 2	20221001	22991231
O351XX3	Maternal care for chromosomal abnormality in fetus, fetus 3	20151001	20220930
O351XX3	Maternal care for chromosomal abnormality in fetus, fetus 3	20221001	22991231
O351XX4	Maternal care for chromosomal abnormality in fetus, fetus 4	20151001	20220930
O351XX4	Maternal care for chromosomal abnormality in fetus, fetus 4	20221001	22991231
O351XX5	Maternal care for chromosomal abnormality in fetus, fetus 5	20151001	20220930
O351XX5	Maternal care for chromosomal abnormality in fetus, fetus 5	20221001	22991231
O351XX9	Maternal care for chromosomal abnormality in fetus, oth	20151001	20220930
O351XX9	Maternal care for chromosomal abnormality in fetus, oth	20221001	22991231
O353XX0	Matern care for damag to fts from viral dis in mother, unsp	20151001	22991231
O353XX1	Matern care for damag to fts from viral dis in mother, fts1	20151001	22991231
O353XX2	Matern care for damag to fts from viral dis in mother, fts2	20151001	22991231
O353XX3	Matern care for damag to fts from viral dis in mother, fts3	20151001	22991231
O353XX4	Matern care for damag to fts from viral dis in mother, fts4	20151001	22991231
O353XX5	Matern care for damag to fts from viral dis in mother, fts5	20151001	22991231
O353XX9	Matern care for damag to fetus from viral dis in mother, oth	20151001	22991231
O354XX0	Maternal care for damage to fetus from alcohol, unsp	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O354XX1	Maternal care for damage to fetus from alcohol, fetus 1	20151001	22991231
O354XX2	Maternal care for damage to fetus from alcohol, fetus 2	20151001	22991231
O354XX3	Maternal care for damage to fetus from alcohol, fetus 3	20151001	22991231
O354XX4	Maternal care for damage to fetus from alcohol, fetus 4	20151001	22991231
O354XX5	Maternal care for damage to fetus from alcohol, fetus 5	20151001	22991231
O354XX9	Maternal care for damage to fetus from alcohol, oth	20151001	22991231
O355XX0	Maternal care for (suspected) damage to fetus by drugs, unsp	20151001	22991231
O355XX1	Maternal care for damage to fetus by drugs, fetus 1	20151001	22991231
O355XX2	Maternal care for damage to fetus by drugs, fetus 2	20151001	22991231
O355XX3	Maternal care for damage to fetus by drugs, fetus 3	20151001	22991231
O355XX4	Maternal care for damage to fetus by drugs, fetus 4	20151001	22991231
O355XX5	Maternal care for damage to fetus by drugs, fetus 5	20151001	22991231
O355XX9	Maternal care for (suspected) damage to fetus by drugs, oth	20151001	22991231
O356XX0	Maternal care for damage to fetus by radiation, unsp	20151001	22991231
O356XX1	Maternal care for damage to fetus by radiation, fetus 1	20151001	22991231
O356XX2	Maternal care for damage to fetus by radiation, fetus 2	20151001	22991231
O356XX3	Maternal care for damage to fetus by radiation, fetus 3	20151001	22991231
O356XX4	Maternal care for damage to fetus by radiation, fetus 4	20151001	22991231
O356XX5	Maternal care for damage to fetus by radiation, fetus 5	20151001	22991231
O356XX9	Maternal care for damage to fetus by radiation, oth	20151001	22991231
O358XX0	Maternal care for oth fetal abnormality and damage, unsp	20151001	22991231
O358XX1	Maternal care for oth fetal abnormality and damage, fetus 1	20151001	22991231
O358XX2	Maternal care for oth fetal abnormality and damage, fetus 2	20151001	22991231
O358XX3	Maternal care for oth fetal abnormality and damage, fetus 3	20151001	22991231
O358XX4	Maternal care for oth fetal abnormality and damage, fetus 4	20151001	22991231
O358XX5	Maternal care for oth fetal abnormality and damage, fetus 5	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O358XX9	Maternal care for oth fetal abnormality and damage, oth	20151001	22991231
O359XX0	Maternal care for fetal abnormality and damage, unsp, unsp	20190101	22991231
O35AXX0	Mat care oth fetl abnlt and damag, fetl facial anomal, unsp	20221001	22991231
O35AXX1	Mat care oth fetl abnlt and damag, fetl facial anomal, fts1	20221001	22991231
O35AXX2	Mat care oth fetl abnlt and damag, fetl facial anomal, fts2	20221001	22991231
O35AXX3	Mat care oth fetl abnlt and damag, fetl facial anomal, fts3	20221001	22991231
O35AXX4	Mat care oth fetl abnlt and damag, fetl facial anomal, fts4	20221001	22991231
O35AXX5	Mat care oth fetl abnlt and damag, fetl facial anomal, fts5	20221001	22991231
O35AXX9	Mat care other fetl abnlt and damag, fetl facial anomal, oth	20221001	22991231
O35BXX0	Mat care other fetl abnlt and damag, fetal card anomal, unsp	20221001	22991231
O35BXX1	Mat care other fetl abnlt and damag, fetal card anomal, fts1	20221001	22991231
O35BXX2	Mat care other fetl abnlt and damag, fetal card anomal, fts2	20221001	22991231
O35BXX3	Mat care other fetl abnlt and damag, fetal card anomal, fts3	20221001	22991231
O35BXX4	Mat care other fetl abnlt and damag, fetal card anomal, fts4	20221001	22991231
O35BXX5	Mat care other fetl abnlt and damag, fetal card anomal, fts5	20221001	22991231
O35BXX9	Mat care other fetal abnlt and damag, fetal card anomal, oth	20221001	22991231
O35CXX0	Mat care other fetl abnlt and damag, fetal pulm anomal, unsp	20221001	22991231
O35CXX1	Mat care other fetl abnlt and damag, fetal pulm anomal, fts1	20221001	22991231
O35CXX2	Mat care other fetl abnlt and damag, fetal pulm anomal, fts2	20221001	22991231
O35CXX3	Mat care other fetl abnlt and damag, fetal pulm anomal, fts3	20221001	22991231
O35CXX4	Mat care other fetl abnlt and damag, fetal pulm anomal, fts4	20221001	22991231
O35CXX5	Mat care other fetl abnlt and damag, fetal pulm anomal, fts5	20221001	22991231
O35CXX9	Mat care other fetal abnlt and damag, fetal pulm anomal, oth	20221001	22991231
O35DXX0	Mat care other fetal abnlt and damage, fetal GI anomal, unsp	20221001	22991231
O35DXX1	Mat care other fetal abnlt and damage, fetal GI anomal, fts1	20221001	22991231
O35DXX2	Mat care other fetal abnlt and damage, fetal GI anomal, fts2	20221001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O35DXX3	Mat care other fetal abnlt and damage, fetal GI anomal, fts3	20221001	22991231
O35DXX4	Mat care other fetal abnlt and damage, fetal GI anomal, fts4	20221001	22991231
O35DXX5	Mat care other fetal abnlt and damage, fetal GI anomal, fts5	20221001	22991231
O35DXX9	Mat care other fetal abnlt and damage, fetal GI anomal, oth	20221001	22991231
O35EXX0	Mat care other fetal abnlt and damage, fetal GU anomal, unsp	20221001	22991231
O35EXX1	Mat care other fetal abnlt and damage, fetal GU anomal, fts1	20221001	22991231
O35EXX2	Mat care other fetal abnlt and damage, fetal GU anomal, fts2	20221001	22991231
O35EXX3	Mat care other fetal abnlt and damage, fetal GU anomal, fts3	20221001	22991231
O35EXX4	Mat care other fetal abnlt and damage, fetal GU anomal, fts4	20221001	22991231
O35EXX5	Mat care other fetal abnlt and damage, fetal GU anomal, fts5	20221001	22991231
O35EXX9	Mat care other fetal abnlt and damage, fetal GU anomal, oth	20221001	22991231
O35FXX0	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, unsp	20221001	22991231
O35FXX1	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, fts1	20221001	22991231
O35FXX2	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, fts2	20221001	22991231
O35FXX3	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, fts3	20221001	22991231
O35FXX4	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, fts4	20221001	22991231
O35FXX5	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, fts5	20221001	22991231
O35FXX9	Mat care oth fetl abnlt & damag, fetl ms anomal trunk, oth	20221001	22991231
O35GXX0	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, unsp	20221001	22991231
O35GXX1	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, fts1	20221001	22991231
O35GXX2	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, fts2	20221001	22991231
O35GXX3	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, fts3	20221001	22991231
O35GXX4	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, fts4	20221001	22991231
O35GXX5	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, fts5	20221001	22991231
O35GXX9	Mat care oth fetl abnlt & damag, fetl upr extrm anomal, oth	20221001	22991231
O35HXX0	Mat care oth fetl abnlt & damag, fetl low extrm anomal, unsp	20221001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O35HXX1	Mat care oth fetl abnlt & damag, fetl low extrm anomal, fts1	20221001	22991231
O35HXX2	Mat care oth fetl abnlt & damag, fetl low extrm anomal, fts2	20221001	22991231
O35HXX3	Mat care oth fetl abnlt & damag, fetl low extrm anomal, fts3	20221001	22991231
O35HXX4	Mat care oth fetl abnlt & damag, fetl low extrm anomal, fts4	20221001	22991231
O35HXX5	Mat care oth fetl abnlt & damag, fetl low extrm anomal, fts5	20221001	22991231
O35HXX9	Mat care oth fetl abnlt & damag, fetl low extrm anomal, oth	20221001	22991231
O360110	Maternal care for anti-D antibodies, first trimester, unsp	20151001	22991231
O360111	Maternal care for anti-D antibodies, first tri, fetus 1	20151001	22991231
O360112	Maternal care for anti-D antibodies, first tri, fetus 2	20151001	22991231
O360113	Maternal care for anti-D antibodies, first tri, fetus 3	20151001	22991231
O360114	Maternal care for anti-D antibodies, first tri, fetus 4	20151001	22991231
O360115	Maternal care for anti-D antibodies, first tri, fetus 5	20151001	22991231
O360119	Maternal care for anti-D antibodies, first trimester, oth	20151001	22991231
O360120	Maternal care for anti-D antibodies, second trimester, unsp	20151001	22991231
O360121	Maternal care for anti-D antibodies, second tri, fetus 1	20151001	22991231
O360122	Maternal care for anti-D antibodies, second tri, fetus 2	20151001	22991231
O360123	Maternal care for anti-D antibodies, second tri, fetus 3	20151001	22991231
O360124	Maternal care for anti-D antibodies, second tri, fetus 4	20151001	22991231
O360125	Maternal care for anti-D antibodies, second tri, fetus 5	20151001	22991231
O360129	Maternal care for anti-D antibodies, second trimester, oth	20151001	22991231
O360130	Maternal care for anti-D antibodies, third trimester, unsp	20151001	22991231
O360131	Maternal care for anti-D antibodies, third tri, fetus 1	20151001	22991231
O360132	Maternal care for anti-D antibodies, third tri, fetus 2	20151001	22991231
O360133	Maternal care for anti-D antibodies, third tri, fetus 3	20151001	22991231
O360134	Maternal care for anti-D antibodies, third tri, fetus 4	20151001	22991231
O360135	Maternal care for anti-D antibodies, third tri, fetus 5	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O360139	Maternal care for anti-D antibodies, third trimester, oth	20151001	22991231
O360910	Maternal care for oth rhesus isoimmun, first trimester, unsp	20151001	22991231
O360911	Maternal care for oth rhesus isoimmun, first tri, fetus 1	20151001	22991231
O360912	Maternal care for oth rhesus isoimmun, first tri, fetus 2	20151001	22991231
O360913	Maternal care for oth rhesus isoimmun, first tri, fetus 3	20151001	22991231
O360914	Maternal care for oth rhesus isoimmun, first tri, fetus 4	20151001	22991231
O360915	Maternal care for oth rhesus isoimmun, first tri, fetus 5	20151001	22991231
O360919	Maternal care for oth rhesus isoimmun, first trimester, oth	20151001	22991231
O360920	Maternal care for oth rhesus isoimmun, second tri, unsp	20151001	22991231
O360921	Maternal care for oth rhesus isoimmun, second tri, fetus 1	20151001	22991231
O360922	Maternal care for oth rhesus isoimmun, second tri, fetus 2	20151001	22991231
O360923	Maternal care for oth rhesus isoimmun, second tri, fetus 3	20151001	22991231
O360924	Maternal care for oth rhesus isoimmun, second tri, fetus 4	20151001	22991231
O360925	Maternal care for oth rhesus isoimmun, second tri, fetus 5	20151001	22991231
O360929	Maternal care for oth rhesus isoimmun, second trimester, oth	20151001	22991231
O360930	Maternal care for oth rhesus isoimmun, third trimester, unsp	20151001	22991231
O360931	Maternal care for oth rhesus isoimmun, third tri, fetus 1	20151001	22991231
O360932	Maternal care for oth rhesus isoimmun, third tri, fetus 2	20151001	22991231
O360933	Maternal care for oth rhesus isoimmun, third tri, fetus 3	20151001	22991231
O360934	Maternal care for oth rhesus isoimmun, third tri, fetus 4	20151001	22991231
O360935	Maternal care for oth rhesus isoimmun, third tri, fetus 5	20151001	22991231
O360939	Maternal care for oth rhesus isoimmun, third trimester, oth	20151001	22991231
O361110	Maternal care for Anti-A sensitization, first tri, unsp	20151001	22991231
O361111	Maternal care for Anti-A sensitization, first tri, fetus 1	20151001	22991231
O361112	Maternal care for Anti-A sensitization, first tri, fetus 2	20151001	22991231
O361113	Maternal care for Anti-A sensitization, first tri, fetus 3	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O361114	Maternal care for Anti-A sensitization, first tri, fetus 4	20151001	22991231
O361115	Maternal care for Anti-A sensitization, first tri, fetus 5	20151001	22991231
O361119	Maternal care for Anti-A sensitization, first trimester, oth	20151001	22991231
O361120	Maternal care for Anti-A sensitization, second tri, unsp	20151001	22991231
O361121	Maternal care for Anti-A sensitization, second tri, fetus 1	20151001	22991231
O361122	Maternal care for Anti-A sensitization, second tri, fetus 2	20151001	22991231
O361123	Maternal care for Anti-A sensitization, second tri, fetus 3	20151001	22991231
O361124	Maternal care for Anti-A sensitization, second tri, fetus 4	20151001	22991231
O361125	Maternal care for Anti-A sensitization, second tri, fetus 5	20151001	22991231
O361129	Maternal care for Anti-A sensitization, second tri, oth	20151001	22991231
O361130	Maternal care for Anti-A sensitization, third tri, unsp	20151001	22991231
O361131	Maternal care for Anti-A sensitization, third tri, fetus 1	20151001	22991231
O361132	Maternal care for Anti-A sensitization, third tri, fetus 2	20151001	22991231
O361133	Maternal care for Anti-A sensitization, third tri, fetus 3	20151001	22991231
O361134	Maternal care for Anti-A sensitization, third tri, fetus 4	20151001	22991231
O361135	Maternal care for Anti-A sensitization, third tri, fetus 5	20151001	22991231
O361139	Maternal care for Anti-A sensitization, third trimester, oth	20151001	22991231
O361910	Maternal care for oth isoimmunization, first trimester, unsp	20151001	22991231
O361911	Maternal care for oth isoimmun, first trimester, fetus 1	20151001	22991231
O361912	Maternal care for oth isoimmun, first trimester, fetus 2	20151001	22991231
O361913	Maternal care for oth isoimmun, first trimester, fetus 3	20151001	22991231
O361914	Maternal care for oth isoimmun, first trimester, fetus 4	20151001	22991231
O361915	Maternal care for oth isoimmun, first trimester, fetus 5	20151001	22991231
O361919	Maternal care for oth isoimmunization, first trimester, oth	20151001	22991231
O361920	Maternal care for oth isoimmun, second trimester, unsp	20151001	22991231
O361921	Maternal care for oth isoimmun, second trimester, fetus 1	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O361922	Maternal care for oth isoimmun, second trimester, fetus 2	20151001	22991231
O361923	Maternal care for oth isoimmun, second trimester, fetus 3	20151001	22991231
O361924	Maternal care for oth isoimmun, second trimester, fetus 4	20151001	22991231
O361925	Maternal care for oth isoimmun, second trimester, fetus 5	20151001	22991231
O361929	Maternal care for oth isoimmunization, second trimester, oth	20151001	22991231
O361930	Maternal care for oth isoimmunization, third trimester, unsp	20151001	22991231
O361931	Maternal care for oth isoimmun, third trimester, fetus 1	20151001	22991231
O361932	Maternal care for oth isoimmun, third trimester, fetus 2	20151001	22991231
O361933	Maternal care for oth isoimmun, third trimester, fetus 3	20151001	22991231
O361934	Maternal care for oth isoimmun, third trimester, fetus 4	20151001	22991231
O361935	Maternal care for oth isoimmun, third trimester, fetus 5	20151001	22991231
O361939	Maternal care for oth isoimmunization, third trimester, oth	20151001	22991231
O3621X0	Maternal care for hydrops fetalis, first trimester, unsp	20151001	22991231
O3621X1	Maternal care for hydrops fetalis, first trimester, fetus 1	20151001	22991231
O3621X2	Maternal care for hydrops fetalis, first trimester, fetus 2	20151001	22991231
O3621X3	Maternal care for hydrops fetalis, first trimester, fetus 3	20151001	22991231
O3621X4	Maternal care for hydrops fetalis, first trimester, fetus 4	20151001	22991231
O3621X5	Maternal care for hydrops fetalis, first trimester, fetus 5	20151001	22991231
O3621X9	Maternal care for hydrops fetalis, first trimester, oth	20151001	22991231
O3622X0	Maternal care for hydrops fetalis, second trimester, unsp	20151001	22991231
O3622X1	Maternal care for hydrops fetalis, second trimester, fetus 1	20151001	22991231
O3622X2	Maternal care for hydrops fetalis, second trimester, fetus 2	20151001	22991231
O3622X3	Maternal care for hydrops fetalis, second trimester, fetus 3	20151001	22991231
O3622X4	Maternal care for hydrops fetalis, second trimester, fetus 4	20151001	22991231
O3622X5	Maternal care for hydrops fetalis, second trimester, fetus 5	20151001	22991231
O3622X9	Maternal care for hydrops fetalis, second trimester, oth	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3623X0	Maternal care for hydrops fetalis, third trimester, unsp	20151001	22991231
O3623X1	Maternal care for hydrops fetalis, third trimester, fetus 1	20151001	22991231
O3623X2	Maternal care for hydrops fetalis, third trimester, fetus 2	20151001	22991231
O3623X3	Maternal care for hydrops fetalis, third trimester, fetus 3	20151001	22991231
O3623X4	Maternal care for hydrops fetalis, third trimester, fetus 4	20151001	22991231
O3623X5	Maternal care for hydrops fetalis, third trimester, fetus 5	20151001	22991231
O3623X9	Maternal care for hydrops fetalis, third trimester, oth	20151001	22991231
O364XX0	Maternal care for intrauterine death, not applicable or unsp	20151001	22991231
O364XX1	Maternal care for intrauterine death, fetus 1	20151001	22991231
O364XX2	Maternal care for intrauterine death, fetus 2	20151001	22991231
O364XX3	Maternal care for intrauterine death, fetus 3	20151001	22991231
O364XX4	Maternal care for intrauterine death, fetus 4	20151001	22991231
O364XX5	Maternal care for intrauterine death, fetus 5	20151001	22991231
O364XX9	Maternal care for intrauterine death, other fetus	20151001	22991231
O365110	Matern care for known or susp placntl insuff, 1st tri, unsp	20151001	22991231
O365111	Matern care for known or susp placntl insuff, 1st tri, fts1	20151001	22991231
O365112	Matern care for known or susp placntl insuff, 1st tri, fts2	20151001	22991231
O365113	Matern care for known or susp placntl insuff, 1st tri, fts3	20151001	22991231
O365114	Matern care for known or susp placntl insuff, 1st tri, fts4	20151001	22991231
O365115	Matern care for known or susp placntl insuff, 1st tri, fts5	20151001	22991231
O365119	Matern care for known or susp placntl insuff, first tri, oth	20151001	22991231
O365120	Matern care for known or susp placntl insuff, 2nd tri, unsp	20151001	22991231
O365121	Matern care for known or susp placntl insuff, 2nd tri, fts1	20151001	22991231
O365122	Matern care for known or susp placntl insuff, 2nd tri, fts2	20151001	22991231
O365123	Matern care for known or susp placntl insuff, 2nd tri, fts3	20151001	22991231
O365124	Matern care for known or susp placntl insuff, 2nd tri, fts4	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O365125	Matern care for known or susp placntl insuff, 2nd tri, fts5	20151001	22991231
O365129	Matern care for known or susp placntl insuff, 2nd tri, oth	20151001	22991231
O365130	Matern care for or susp placntl insuff, third tri, unsp	20151001	22991231
O365131	Matern care for or susp placntl insuff, third tri, fts1	20151001	22991231
O365132	Matern care for or susp placntl insuff, third tri, fts2	20151001	22991231
O365133	Matern care for or susp placntl insuff, third tri, fts3	20151001	22991231
O365134	Matern care for or susp placntl insuff, third tri, fts4	20151001	22991231
O365135	Matern care for or susp placntl insuff, third tri, fts5	20151001	22991231
O365139	Matern care for known or susp placntl insuff, third tri, oth	20151001	22991231
O365910	Matern care for oth or susp poor fetl grth, 1st tri, unsp	20151001	22991231
O365911	Matern care for oth or susp poor fetl grth, 1st tri, fts1	20151001	22991231
O365912	Matern care for oth or susp poor fetl grth, 1st tri, fts2	20151001	22991231
O365913	Matern care for oth or susp poor fetl grth, 1st tri, fts3	20151001	22991231
O365914	Matern care for oth or susp poor fetl grth, 1st tri, fts4	20151001	22991231
O365915	Matern care for oth or susp poor fetl grth, 1st tri, fts5	20151001	22991231
O365919	Matern care for oth or susp poor fetl grth, 1st tri, oth	20151001	22991231
O365920	Matern care for oth or susp poor fetl grth, 2nd tri, unsp	20151001	22991231
O365921	Matern care for oth or susp poor fetl grth, 2nd tri, fts1	20151001	22991231
O365922	Matern care for oth or susp poor fetl grth, 2nd tri, fts2	20151001	22991231
O365923	Matern care for oth or susp poor fetl grth, 2nd tri, fts3	20151001	22991231
O365924	Matern care for oth or susp poor fetl grth, 2nd tri, fts4	20151001	22991231
O365925	Matern care for oth or susp poor fetl grth, 2nd tri, fts5	20151001	22991231
O365929	Matern care for oth or susp poor fetl grth, 2nd tri, oth	20151001	22991231
O365930	Matern care for oth or susp poor fetl grth, third tri, unsp	20151001	22991231
O365931	Matern care for oth or susp poor fetl grth, third tri, fts1	20151001	22991231
O365932	Matern care for oth or susp poor fetl grth, third tri, fts2	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O365933	Matern care for oth or susp poor fetl grth, third tri, fts3	20151001	22991231
O365934	Matern care for oth or susp poor fetl grth, third tri, fts4	20151001	22991231
O365935	Matern care for oth or susp poor fetl grth, third tri, fts5	20151001	22991231
O365939	Matern care for oth or susp poor fetl grth, third tri, oth	20151001	22991231
O3661X0	Maternal care for excess fetal growth, first trimester, unsp	20151001	22991231
O3661X1	Maternal care for excess fetal growth, first tri, fetus 1	20151001	22991231
O3661X2	Maternal care for excess fetal growth, first tri, fetus 2	20151001	22991231
O3661X3	Maternal care for excess fetal growth, first tri, fetus 3	20151001	22991231
O3661X4	Maternal care for excess fetal growth, first tri, fetus 4	20151001	22991231
O3661X5	Maternal care for excess fetal growth, first tri, fetus 5	20151001	22991231
O3661X9	Maternal care for excess fetal growth, first trimester, oth	20151001	22991231
O3662X0	Maternal care for excess fetal growth, second tri, unsp	20151001	22991231
O3662X1	Maternal care for excess fetal growth, second tri, fetus 1	20151001	22991231
O3662X2	Maternal care for excess fetal growth, second tri, fetus 2	20151001	22991231
O3662X3	Maternal care for excess fetal growth, second tri, fetus 3	20151001	22991231
O3662X4	Maternal care for excess fetal growth, second tri, fetus 4	20151001	22991231
O3662X5	Maternal care for excess fetal growth, second tri, fetus 5	20151001	22991231
O3662X9	Maternal care for excess fetal growth, second trimester, oth	20151001	22991231
O3663X0	Maternal care for excess fetal growth, third trimester, unsp	20151001	22991231
O3663X1	Maternal care for excess fetal growth, third tri, fetus 1	20151001	22991231
O3663X2	Maternal care for excess fetal growth, third tri, fetus 2	20151001	22991231
O3663X3	Maternal care for excess fetal growth, third tri, fetus 3	20151001	22991231
O3663X4	Maternal care for excess fetal growth, third tri, fetus 4	20151001	22991231
O3663X5	Maternal care for excess fetal growth, third tri, fetus 5	20151001	22991231
O3663X9	Maternal care for excess fetal growth, third trimester, oth	20151001	22991231
O3671X0	Maternal care for viable fetus in abd preg, first tri, unsp	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3671X1	Matern care for viable fetus in abd preg, first tri, fetus 1	20151001	22991231
O3671X2	Matern care for viable fetus in abd preg, first tri, fetus 2	20151001	22991231
O3671X3	Matern care for viable fetus in abd preg, first tri, fetus 3	20151001	22991231
O3671X4	Matern care for viable fetus in abd preg, first tri, fetus 4	20151001	22991231
O3671X5	Matern care for viable fetus in abd preg, first tri, fetus 5	20151001	22991231
O3671X9	Maternal care for viable fetus in abd preg, first tri, oth	20151001	22991231
O3672X0	Maternal care for viable fetus in abd preg, second tri, unsp	20151001	22991231
O3672X1	Matern care for viable fetus in abd preg, second tri, fts1	20151001	22991231
O3672X2	Matern care for viable fetus in abd preg, second tri, fts2	20151001	22991231
O3672X3	Matern care for viable fetus in abd preg, second tri, fts3	20151001	22991231
O3672X4	Matern care for viable fetus in abd preg, second tri, fts4	20151001	22991231
O3672X5	Matern care for viable fetus in abd preg, second tri, fts5	20151001	22991231
O3672X9	Maternal care for viable fetus in abd preg, second tri, oth	20151001	22991231
O3673X0	Maternal care for viable fetus in abd preg, third tri, unsp	20151001	22991231
O3673X1	Matern care for viable fetus in abd preg, third tri, fetus 1	20151001	22991231
O3673X2	Matern care for viable fetus in abd preg, third tri, fetus 2	20151001	22991231
O3673X3	Matern care for viable fetus in abd preg, third tri, fetus 3	20151001	22991231
O3673X4	Matern care for viable fetus in abd preg, third tri, fetus 4	20151001	22991231
O3673X5	Matern care for viable fetus in abd preg, third tri, fetus 5	20151001	22991231
O3673X9	Maternal care for viable fetus in abd preg, third tri, oth	20151001	22991231
O3680X0	Pregnancy w inconclusive fetal viability, unsp	20151001	22991231
O3680X1	Pregnancy with inconclusive fetal viability, fetus 1	20151001	22991231
O3680X2	Pregnancy with inconclusive fetal viability, fetus 2	20151001	22991231
O3680X3	Pregnancy with inconclusive fetal viability, fetus 3	20151001	22991231
O3680X4	Pregnancy with inconclusive fetal viability, fetus 4	20151001	22991231
O3680X5	Pregnancy with inconclusive fetal viability, fetus 5	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O3680X9	Pregnancy with inconclusive fetal viability, other fetus	20151001	22991231
O368120	Decreased fetal movements, second trimester, unsp	20151001	22991231
O368121	Decreased fetal movements, second trimester, fetus 1	20151001	22991231
O368122	Decreased fetal movements, second trimester, fetus 2	20151001	22991231
O368123	Decreased fetal movements, second trimester, fetus 3	20151001	22991231
O368124	Decreased fetal movements, second trimester, fetus 4	20151001	22991231
O368125	Decreased fetal movements, second trimester, fetus 5	20151001	22991231
O368129	Decreased fetal movements, second trimester, other fetus	20151001	22991231
O368130	Decreased fetal movements, third trimester, unsp	20151001	22991231
O368131	Decreased fetal movements, third trimester, fetus 1	20151001	22991231
O368132	Decreased fetal movements, third trimester, fetus 2	20151001	22991231
O368133	Decreased fetal movements, third trimester, fetus 3	20151001	22991231
O368134	Decreased fetal movements, third trimester, fetus 4	20151001	22991231
O368135	Decreased fetal movements, third trimester, fetus 5	20151001	22991231
O368139	Decreased fetal movements, third trimester, other fetus	20151001	22991231
O368190	Decreased fetal movements, unsp trimester, unsp	20151001	22991231
O368191	Decreased fetal movements, unspecified trimester, fetus 1	20151001	22991231
O368192	Decreased fetal movements, unspecified trimester, fetus 2	20151001	22991231
O368193	Decreased fetal movements, unspecified trimester, fetus 3	20151001	22991231
O368194	Decreased fetal movements, unspecified trimester, fetus 4	20151001	22991231
O368195	Decreased fetal movements, unspecified trimester, fetus 5	20151001	22991231
O368199	Decreased fetal movements, unsp trimester, other fetus	20151001	22991231
O368311	Matern care for abnlt fetl hrt rate or rhym, 1st tri, fts1	20171001	22991231
O368312	Matern care for abnlt fetl hrt rate or rhym, 1st tri, fts2	20171001	22991231
O368313	Matern care for abnlt fetl hrt rate or rhym, 1st tri, fts3	20171001	22991231
O368314	Matern care for abnlt fetl hrt rate or rhym, 1st tri, fts4	20171001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O368315	Matern care for abnlt fetl hrt rate or rhym, 1st tri, fts5	20171001	22991231
O368319	Matern care for abnlt of fetl hrt rate or rhym, 1st tri, oth	20171001	22991231
O368321	Matern care for abnlt fetl hrt rate or rhym, 2nd tri, fts1	20171001	22991231
O368322	Matern care for abnlt fetl hrt rate or rhym, 2nd tri, fts2	20171001	22991231
O368323	Matern care for abnlt fetl hrt rate or rhym, 2nd tri, fts3	20171001	22991231
O368324	Matern care for abnlt fetl hrt rate or rhym, 2nd tri, fts4	20171001	22991231
O368325	Matern care for abnlt fetl hrt rate or rhym, 2nd tri, fts5	20171001	22991231
O368329	Matern care for abnlt of fetl hrt rate or rhym, 2nd tri, oth	20171001	22991231
O368331	Matern care for abnlt fetl hrt rate or rhym, 3rd tri, fts1	20171001	22991231
O368332	Matern care for abnlt fetl hrt rate or rhym, 3rd tri, fts2	20171001	22991231
O368333	Matern care for abnlt fetl hrt rate or rhym, 3rd tri, fts3	20171001	22991231
O368334	Matern care for abnlt fetl hrt rate or rhym, 3rd tri, fts4	20171001	22991231
O368335	Matern care for abnlt fetl hrt rate or rhym, 3rd tri, fts5	20171001	22991231
O368339	Matern care for abnlt of fetl hrt rate or rhym, 3rd tri, oth	20171001	22991231
O368391	Matern care for abnlt fetl hrt rate or rhym, unsp tri, fts1	20171001	22991231
O368392	Matern care for abnlt fetl hrt rate or rhym, unsp tri, fts2	20171001	22991231
O368393	Matern care for abnlt fetl hrt rate or rhym, unsp tri, fts3	20171001	22991231
O368394	Matern care for abnlt fetl hrt rate or rhym, unsp tri, fts4	20171001	22991231
O368395	Matern care for abnlt fetl hrt rate or rhym, unsp tri, fts5	20171001	22991231
O368399	Matern care for abnlt fetl hrt rate or rhym, unsp tri, oth	20171001	22991231
O368910	Maternal care for oth fetal problems, first trimester, unsp	20151001	22991231
O368911	Maternal care for oth fetal problems, first tri, fetus 1	20151001	22991231
O368912	Maternal care for oth fetal problems, first tri, fetus 2	20151001	22991231
O368913	Maternal care for oth fetal problems, first tri, fetus 3	20151001	22991231
O368914	Maternal care for oth fetal problems, first tri, fetus 4	20151001	22991231
O368915	Maternal care for oth fetal problems, first tri, fetus 5	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O368919	Maternal care for oth fetal problems, first trimester, oth	20151001	22991231
O368920	Maternal care for oth fetal problems, second trimester, unsp	20151001	22991231
O368921	Maternal care for oth fetal problems, second tri, fetus 1	20151001	22991231
O368922	Maternal care for oth fetal problems, second tri, fetus 2	20151001	22991231
O368923	Maternal care for oth fetal problems, second tri, fetus 3	20151001	22991231
O368924	Maternal care for oth fetal problems, second tri, fetus 4	20151001	22991231
O368925	Maternal care for oth fetal problems, second tri, fetus 5	20151001	22991231
O368929	Maternal care for oth fetal problems, second trimester, oth	20151001	22991231
O368930	Maternal care for oth fetal problems, third trimester, unsp	20151001	22991231
O368931	Maternal care for oth fetal problems, third tri, fetus 1	20151001	22991231
O368932	Maternal care for oth fetal problems, third tri, fetus 2	20151001	22991231
O368933	Maternal care for oth fetal problems, third tri, fetus 3	20151001	22991231
O368934	Maternal care for oth fetal problems, third tri, fetus 4	20151001	22991231
O368935	Maternal care for oth fetal problems, third tri, fetus 5	20151001	22991231
O368939	Maternal care for oth fetal problems, third trimester, oth	20151001	22991231
O401XX0	Polyhydramnios, first trimester, not applicable or unsp	20151001	22991231
O401XX1	Polyhydramnios, first trimester, fetus 1	20151001	22991231
O401XX2	Polyhydramnios, first trimester, fetus 2	20151001	22991231
O401XX3	Polyhydramnios, first trimester, fetus 3	20151001	22991231
O401XX4	Polyhydramnios, first trimester, fetus 4	20151001	22991231
O401XX5	Polyhydramnios, first trimester, fetus 5	20151001	22991231
O401XX9	Polyhydramnios, first trimester, other fetus	20151001	22991231
O402XX0	Polyhydramnios, second trimester, not applicable or unsp	20151001	22991231
O402XX1	Polyhydramnios, second trimester, fetus 1	20151001	22991231
O402XX2	Polyhydramnios, second trimester, fetus 2	20151001	22991231
O402XX3	Polyhydramnios, second trimester, fetus 3	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O402XX4	Polyhydramnios, second trimester, fetus 4	20151001	22991231
O402XX5	Polyhydramnios, second trimester, fetus 5	20151001	22991231
O402XX9	Polyhydramnios, second trimester, other fetus	20151001	22991231
O403XX0	Polyhydramnios, third trimester, not applicable or unsp	20151001	22991231
O403XX1	Polyhydramnios, third trimester, fetus 1	20151001	22991231
O403XX2	Polyhydramnios, third trimester, fetus 2	20151001	22991231
O403XX3	Polyhydramnios, third trimester, fetus 3	20151001	22991231
O403XX4	Polyhydramnios, third trimester, fetus 4	20151001	22991231
O403XX5	Polyhydramnios, third trimester, fetus 5	20151001	22991231
O403XX9	Polyhydramnios, third trimester, other fetus	20151001	22991231
O4101X0	Oligohydramnios, first trimester, not applicable or unsp	20151001	22991231
O4101X1	Oligohydramnios, first trimester, fetus 1	20151001	22991231
O4101X2	Oligohydramnios, first trimester, fetus 2	20151001	22991231
O4101X3	Oligohydramnios, first trimester, fetus 3	20151001	22991231
O4101X4	Oligohydramnios, first trimester, fetus 4	20151001	22991231
O4101X5	Oligohydramnios, first trimester, fetus 5	20151001	22991231
O4101X9	Oligohydramnios, first trimester, other fetus	20151001	22991231
O4102X0	Oligohydramnios, second trimester, not applicable or unsp	20151001	22991231
O4102X1	Oligohydramnios, second trimester, fetus 1	20151001	22991231
O4102X2	Oligohydramnios, second trimester, fetus 2	20151001	22991231
O4102X3	Oligohydramnios, second trimester, fetus 3	20151001	22991231
O4102X4	Oligohydramnios, second trimester, fetus 4	20151001	22991231
O4102X5	Oligohydramnios, second trimester, fetus 5	20151001	22991231
O4102X9	Oligohydramnios, second trimester, other fetus	20151001	22991231
O4103X0	Oligohydramnios, third trimester, not applicable or unsp	20151001	22991231
O4103X1	Oligohydramnios, third trimester, fetus 1	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O4103X2	Oligohydramnios, third trimester, fetus 2	20151001	22991231
O4103X3	Oligohydramnios, third trimester, fetus 3	20151001	22991231
O4103X4	Oligohydramnios, third trimester, fetus 4	20151001	22991231
O4103X5	Oligohydramnios, third trimester, fetus 5	20151001	22991231
O4103X9	Oligohydramnios, third trimester, other fetus	20151001	22991231
O411010	Infct of amniotic sac and membrns, unsp, first tri, unsp	20151001	22991231
O411011	Infct of amniotic sac and membrns, unsp, first tri, fetus 1	20151001	22991231
O411012	Infct of amniotic sac and membrns, unsp, first tri, fetus 2	20151001	22991231
O411013	Infct of amniotic sac and membrns, unsp, first tri, fetus 3	20151001	22991231
O411014	Infct of amniotic sac and membrns, unsp, first tri, fetus 4	20151001	22991231
O411015	Infct of amniotic sac and membrns, unsp, first tri, fetus 5	20151001	22991231
O411019	Infct of amniotic sac and membrns, unsp, first tri, oth	20151001	22991231
O411020	Infct of amniotic sac and membrns, unsp, second tri, unsp	20151001	22991231
O411021	Infct of amniotic sac and membrns, unsp, second tri, fetus 1	20151001	22991231
O411022	Infct of amniotic sac and membrns, unsp, second tri, fetus 2	20151001	22991231
O411023	Infct of amniotic sac and membrns, unsp, second tri, fetus 3	20151001	22991231
O411024	Infct of amniotic sac and membrns, unsp, second tri, fetus 4	20151001	22991231
O411025	Infct of amniotic sac and membrns, unsp, second tri, fetus 5	20151001	22991231
O411029	Infct of amniotic sac and membrns, unsp, second tri, oth	20151001	22991231
O411030	Infct of amniotic sac and membrns, unsp, third tri, unsp	20151001	22991231
O411031	Infct of amniotic sac and membrns, unsp, third tri, fetus 1	20151001	22991231
O411032	Infct of amniotic sac and membrns, unsp, third tri, fetus 2	20151001	22991231
O411033	Infct of amniotic sac and membrns, unsp, third tri, fetus 3	20151001	22991231
O411034	Infct of amniotic sac and membrns, unsp, third tri, fetus 4	20151001	22991231
O411035	Infct of amniotic sac and membrns, unsp, third tri, fetus 5	20151001	22991231
O411039	Infct of amniotic sac and membrns, unsp, third tri, oth	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O411210	Chorioamnionitis, first trimester, not applicable or unsp	20151001	22991231
O411211	Chorioamnionitis, first trimester, fetus 1	20151001	22991231
O411212	Chorioamnionitis, first trimester, fetus 2	20151001	22991231
O411213	Chorioamnionitis, first trimester, fetus 3	20151001	22991231
O411214	Chorioamnionitis, first trimester, fetus 4	20151001	22991231
O411215	Chorioamnionitis, first trimester, fetus 5	20151001	22991231
O411219	Chorioamnionitis, first trimester, other fetus	20151001	22991231
O411220	Chorioamnionitis, second trimester, not applicable or unsp	20151001	22991231
O411221	Chorioamnionitis, second trimester, fetus 1	20151001	22991231
O411222	Chorioamnionitis, second trimester, fetus 2	20151001	22991231
O411223	Chorioamnionitis, second trimester, fetus 3	20151001	22991231
O411224	Chorioamnionitis, second trimester, fetus 4	20151001	22991231
O411225	Chorioamnionitis, second trimester, fetus 5	20151001	22991231
O411229	Chorioamnionitis, second trimester, other fetus	20151001	22991231
O411230	Chorioamnionitis, third trimester, not applicable or unsp	20151001	22991231
O411231	Chorioamnionitis, third trimester, fetus 1	20151001	22991231
O411232	Chorioamnionitis, third trimester, fetus 2	20151001	22991231
O411233	Chorioamnionitis, third trimester, fetus 3	20151001	22991231
O411234	Chorioamnionitis, third trimester, fetus 4	20151001	22991231
O411235	Chorioamnionitis, third trimester, fetus 5	20151001	22991231
O411239	Chorioamnionitis, third trimester, other fetus	20151001	22991231
O411410	Placentitis, first trimester, not applicable or unspecified	20151001	22991231
O411411	Placentitis, first trimester, fetus 1	20151001	22991231
O411412	Placentitis, first trimester, fetus 2	20151001	22991231
O411413	Placentitis, first trimester, fetus 3	20151001	22991231
O411414	Placentitis, first trimester, fetus 4	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O411415	Placentitis, first trimester, fetus 5	20151001	22991231
O411419	Placentitis, first trimester, other fetus	20151001	22991231
O411420	Placentitis, second trimester, not applicable or unspecified	20151001	22991231
O411421	Placentitis, second trimester, fetus 1	20151001	22991231
O411422	Placentitis, second trimester, fetus 2	20151001	22991231
O411423	Placentitis, second trimester, fetus 3	20151001	22991231
O411424	Placentitis, second trimester, fetus 4	20151001	22991231
O411425	Placentitis, second trimester, fetus 5	20151001	22991231
O411429	Placentitis, second trimester, other fetus	20151001	22991231
O411430	Placentitis, third trimester, not applicable or unspecified	20151001	22991231
O411431	Placentitis, third trimester, fetus 1	20151001	22991231
O411432	Placentitis, third trimester, fetus 2	20151001	22991231
O411433	Placentitis, third trimester, fetus 3	20151001	22991231
O411434	Placentitis, third trimester, fetus 4	20151001	22991231
O411435	Placentitis, third trimester, fetus 5	20151001	22991231
O411439	Placentitis, third trimester, other fetus	20151001	22991231
O418X10	Oth disrd of amniotic fluid and membrns, first tri, unsp	20151001	22991231
O418X11	Oth disrd of amniotic fluid and membrns, first tri, fetus 1	20151001	22991231
O418X12	Oth disrd of amniotic fluid and membrns, first tri, fetus 2	20151001	22991231
O418X13	Oth disrd of amniotic fluid and membrns, first tri, fetus 3	20151001	22991231
O418X14	Oth disrd of amniotic fluid and membrns, first tri, fetus 4	20151001	22991231
O418X15	Oth disrd of amniotic fluid and membrns, first tri, fetus 5	20151001	22991231
O418X19	Oth disrd of amniotic fluid and membrns, first tri, oth	20151001	22991231
O418X20	Oth disrd of amniotic fluid and membrns, second tri, unsp	20151001	22991231
O418X21	Oth disrd of amniotic fluid and membrns, second tri, fetus 1	20151001	22991231
O418X22	Oth disrd of amniotic fluid and membrns, second tri, fetus 2	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O418X23	Oth disrd of amniotic fluid and membrns, second tri, fetus 3	20151001	22991231
O418X24	Oth disrd of amniotic fluid and membrns, second tri, fetus 4	20151001	22991231
O418X25	Oth disrd of amniotic fluid and membrns, second tri, fetus 5	20151001	22991231
O418X29	Oth disrd of amniotic fluid and membrns, second tri, oth	20151001	22991231
O418X30	Oth disrd of amniotic fluid and membrns, third tri, unsp	20151001	22991231
O418X31	Oth disrd of amniotic fluid and membrns, third tri, fetus 1	20151001	22991231
O418X32	Oth disrd of amniotic fluid and membrns, third tri, fetus 2	20151001	22991231
O418X33	Oth disrd of amniotic fluid and membrns, third tri, fetus 3	20151001	22991231
O418X34	Oth disrd of amniotic fluid and membrns, third tri, fetus 4	20151001	22991231
O418X35	Oth disrd of amniotic fluid and membrns, third tri, fetus 5	20151001	22991231
O418X39	Oth disrd of amniotic fluid and membrns, third tri, oth	20151001	22991231
O42011	Pretrm prem ROM, onset labor w/n 24 hours of rupt, first tri	20151001	22991231
O42012	Pretrm prem ROM, onset labor w/n 24 hours of rupt, 2nd tri	20151001	22991231
O42013	Pretrm prem ROM, onset labor w/n 24 hours of rupt, third tri	20151001	22991231
O42111	Pretrm prem ROM, onset labor > 24 hours fol rupt, first tri	20151001	22991231
O42112	Pretrm prem ROM, onset labor > 24 hours fol rupt, second tri	20151001	22991231
O42113	Pretrm prem ROM, onset labor > 24 hours fol rupt, third tri	20151001	22991231
O42911	Pretrm prem ROM, unsp time betw rupt and onset labr, 1st tri	20151001	22991231
O42912	Pretrm prem ROM, unsp time betw rupt and onset labr, 2nd tri	20151001	22991231
O42913	Pretrm prem ROM, unsp time betw rupt and onst labr, 3rd tri	20151001	22991231
O43011	Fetomaternal placental transfusion syndrome, first trimester	20151001	22991231
O43012	Fetomaternal placental transfuse syndrome, second trimester	20151001	22991231
O43013	Fetomaternal placental transfusion syndrome, third trimester	20151001	22991231
O43021	Fetus-to-fetus placental transfuse syndrome, first trimester	20151001	22991231
O43022	Fetus-to-fetus placntl transfuse syndrome, second trimester	20151001	22991231
O43023	Fetus-to-fetus placental transfuse syndrome, third trimester	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O43101	Malformation of placenta, unspecified, first trimester	20151001	22991231
O43102	Malformation of placenta, unspecified, second trimester	20151001	22991231
O43103	Malformation of placenta, unspecified, third trimester	20151001	22991231
O43111	Circumvallate placenta, first trimester	20151001	22991231
O43112	Circumvallate placenta, second trimester	20151001	22991231
O43113	Circumvallate placenta, third trimester	20151001	22991231
O43191	Other malformation of placenta, first trimester	20151001	22991231
O43192	Other malformation of placenta, second trimester	20151001	22991231
O43193	Other malformation of placenta, third trimester	20151001	22991231
O43811	Placental infarction, first trimester	20151001	22991231
O43812	Placental infarction, second trimester	20151001	22991231
O43813	Placental infarction, third trimester	20151001	22991231
O43891	Other placental disorders, first trimester	20151001	22991231
O43892	Other placental disorders, second trimester	20151001	22991231
O43893	Other placental disorders, third trimester	20151001	22991231
O4391	Unspecified placental disorder, first trimester	20151001	22991231
O4392	Unspecified placental disorder, second trimester	20151001	22991231
O4393	Unspecified placental disorder, third trimester	20151001	22991231
O4401	Complete placenta previa NOS or without hemor, first tri	20151001	22991231
O4402	Complete placenta previa NOS or without hemor, second tri	20151001	22991231
O4403	Complete placenta previa NOS or without hemor, third tri	20151001	22991231
O4411	Complete placenta previa with hemorrhage, first trimester	20151001	22991231
O4412	Complete placenta previa with hemorrhage, second trimester	20151001	22991231
O4413	Complete placenta previa with hemorrhage, third trimester	20151001	22991231
O4421	Partial placenta previa NOS or without hemor, first tri	20161001	22991231
O4422	Partial placenta previa NOS or without hemor, second tri	20161001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O4423	Partial placenta previa NOS or without hemor, third tri	20161001	22991231
O4431	Partial placenta previa with hemorrhage, first trimester	20161001	22991231
O4432	Partial placenta previa with hemorrhage, second trimester	20161001	22991231
O4433	Partial placenta previa with hemorrhage, third trimester	20161001	22991231
O4441	Low lying placenta NOS or without hemor, first trimester	20161001	22991231
O4442	Low lying placenta NOS or without hemor, second trimester	20161001	22991231
O4443	Low lying placenta NOS or without hemor, third trimester	20161001	22991231
O4451	Low lying placenta with hemorrhage, first trimester	20161001	22991231
O4452	Low lying placenta with hemorrhage, second trimester	20161001	22991231
O4453	Low lying placenta with hemorrhage, third trimester	20161001	22991231
O45011	Prem separtn of placenta w afibrinogenemia, first trimester	20151001	22991231
O45012	Prem separtn of placenta w afibrinogenemia, second trimester	20151001	22991231
O45013	Prem separtn of placenta w afibrinogenemia, third trimester	20151001	22991231
O45021	Prem separtn of placenta w dissem intravasc coag, first tri	20151001	22991231
O45022	Prem separtn of placenta w dissem intravasc coag, second tri	20151001	22991231
O45023	Prem separtn of placenta w dissem intravasc coag, third tri	20151001	22991231
O45091	Prem separtn of placenta w oth coag defect, first trimester	20151001	22991231
O45092	Prem separtn of placenta w oth coag defect, second trimester	20151001	22991231
O45093	Prem separtn of placenta w oth coag defect, third trimester	20151001	22991231
O458X1	Other premature separation of placenta, first trimester	20151001	22991231
O458X2	Other premature separation of placenta, second trimester	20151001	22991231
O458X3	Other premature separation of placenta, third trimester	20151001	22991231
O46011	Antepartum hemorrhage with afibrinogenemia, first trimester	20151001	22991231
O46012	Antepartum hemorrhage with afibrinogenemia, second trimester	20151001	22991231
O46013	Antepartum hemorrhage with afibrinogenemia, third trimester	20151001	22991231
O46021	Antepart hemorrhage w dissem intravasc coag, first trimester	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O46022	Antepart hemor w dissem intravasc coag, second trimester	20151001	22991231
O46023	Antepart hemorrhage w dissem intravasc coag, third trimester	20151001	22991231
O46091	Antepartum hemorrhage w oth coag defect, first trimester	20151001	22991231
O46092	Antepartum hemorrhage w oth coag defect, second trimester	20151001	22991231
O46093	Antepartum hemorrhage w oth coag defect, third trimester	20151001	22991231
O4702	False labor before 37 completed weeks of gest, second tri	20151001	22991231
O4703	False labor before 37 completed weeks of gest, third tri	20151001	22991231
O471	False labor at or after 37 completed weeks of gestation	20151001	22991231
O480	Post-term pregnancy	20151001	22991231
O481	Prolonged pregnancy	20151001	22991231
O6002	Preterm labor without delivery, second trimester	20151001	22991231
O6003	Preterm labor without delivery, third trimester	20151001	22991231
O610	Failed medical induction of labor	20151001	22991231
O611	Failed instrumental induction of labor	20151001	22991231
O620	Primary inadequate contractions	20151001	22991231
O621	Secondary uterine inertia	20151001	22991231
O622	Other uterine inertia	20151001	22991231
O623	Precipitate labor	20151001	22991231
O624	Hypertonic, incoordinate, and prolonged uterine contractions	20151001	22991231
O630	Prolonged first stage (of labor)	20151001	22991231
O631	Prolonged second stage (of labor)	20151001	22991231
O632	Delayed delivery of second twin, triplet, etc.	20151001	22991231
O640XX0	Obstructed labor due to incmpl rotation of fetal head, unsp	20151001	22991231
O649XX0	Obstructed labor due to malpos and malpresent, unsp, unsp	20151001	22991231
O654	Obstructed labor due to fetopelvic disproportion, unsp	20151001	22991231
O659	Obstructed labor due to maternal pelvic abnormality, unsp	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O660	Obstructed labor due to shoulder dystocia	20151001	22991231
O661	Obstructed labor due to locked twins	20151001	22991231
O6640	Failed trial of labor, unspecified	20151001	22991231
O665	Attempted application of vacuum extractor and forceps	20151001	22991231
O668	Other specified obstructed labor	20151001	22991231
O68	Labor and delivery comp by abnlt of fetal acid-base balance	20151001	22991231
O690XX0	Labor and delivery complicated by prolapse of cord, unsp	20151001	22991231
O691XX0	Labor and delivery comp by cord around neck, w comprsn, unsp	20151001	22991231
O692XX0	Labor and del comp by oth cord entangle, w comprsn, unsp	20151001	22991231
O693XX0	Labor and delivery complicated by short cord, unsp	20151001	22991231
O694XX0	Labor and delivery complicated by vasa previa, unsp	20151001	22991231
O695XX0	Labor and delivery comp by vascular lesion of cord, unsp	20151001	22991231
O6989X0	Labor and delivery complicated by oth cord comp, unsp	20151001	22991231
O752	Pyrexia during labor, not elsewhere classified	20151001	22991231
O753	Other infection during labor	20151001	22991231
O755	Delayed delivery after artificial rupture of membranes	20151001	22991231
O7589	Other specified complications of labor and delivery	20151001	22991231
O76	Abnlt in fetal heart rate and rhythm comp labor and delivery	20151001	22991231
O88011	Air embolism in pregnancy, first trimester	20151001	22991231
O88012	Air embolism in pregnancy, second trimester	20151001	22991231
O88013	Air embolism in pregnancy, third trimester	20151001	22991231
O88111	Amniotic fluid embolism in pregnancy, first trimester	20151001	22991231
O88112	Amniotic fluid embolism in pregnancy, second trimester	20151001	22991231
O88113	Amniotic fluid embolism in pregnancy, third trimester	20151001	22991231
O88211	Thromboembolism in pregnancy, first trimester	20151001	22991231
O88212	Thromboembolism in pregnancy, second trimester	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O88213	Thromboembolism in pregnancy, third trimester	20151001	22991231
O88311	Pyemic and septic embolism in pregnancy, first trimester	20151001	22991231
O88312	Pyemic and septic embolism in pregnancy, second trimester	20151001	22991231
O88313	Pyemic and septic embolism in pregnancy, third trimester	20151001	22991231
O98011	Tuberculosis complicating pregnancy, first trimester	20151001	22991231
O98012	Tuberculosis complicating pregnancy, second trimester	20151001	22991231
O98013	Tuberculosis complicating pregnancy, third trimester	20151001	22991231
O98111	Syphilis complicating pregnancy, first trimester	20151001	22991231
O98112	Syphilis complicating pregnancy, second trimester	20151001	22991231
O98113	Syphilis complicating pregnancy, third trimester	20151001	22991231
O98211	Gonorrhea complicating pregnancy, first trimester	20151001	22991231
O98212	Gonorrhea complicating pregnancy, second trimester	20151001	22991231
O98213	Gonorrhea complicating pregnancy, third trimester	20151001	22991231
O98311	Oth infect w sexl mode of transmiss comp preg, first tri	20151001	22991231
O98312	Oth infect w sexl mode of transmiss comp preg, second tri	20151001	22991231
O98313	Oth infect w sexl mode of transmiss comp preg, third tri	20151001	22991231
O98411	Viral hepatitis complicating pregnancy, first trimester	20151001	22991231
O98412	Viral hepatitis complicating pregnancy, second trimester	20151001	22991231
O98413	Viral hepatitis complicating pregnancy, third trimester	20151001	22991231
O98511	Other viral diseases complicating pregnancy, first trimester	20151001	22991231
O98512	Oth viral diseases complicating pregnancy, second trimester	20151001	22991231
O98513	Other viral diseases complicating pregnancy, third trimester	20151001	22991231
O98611	Protozoal diseases complicating pregnancy, first trimester	20151001	22991231
O98612	Protozoal diseases complicating pregnancy, second trimester	20151001	22991231
O98613	Protozoal diseases complicating pregnancy, third trimester	20151001	22991231
O98711	Human immunodef virus disease comp preg, first trimester	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O98712	Human immunodef virus disease comp preg, second trimester	20151001	22991231
O98713	Human immunodef virus disease comp preg, third trimester	20151001	22991231
O99011	Anemia complicating pregnancy, first trimester	20151001	22991231
O99012	Anemia complicating pregnancy, second trimester	20151001	22991231
O99013	Anemia complicating pregnancy, third trimester	20151001	22991231
O99111	Oth dis of bld/bld-form org/immun mechnsm comp preg, 1st tri	20151001	22991231
O99112	Oth dis of bld/bld-form org/immun mechnsm comp preg, 2nd tri	20151001	22991231
O99113	Oth dis of bld/bld-form org/immun mechnsm comp preg, 3rd tri	20151001	22991231
O99211	Obesity complicating pregnancy, first trimester	20151001	22991231
O99212	Obesity complicating pregnancy, second trimester	20151001	22991231
O99213	Obesity complicating pregnancy, third trimester	20151001	22991231
O99281	Endo, nutritional and metab diseases comp preg, first tri	20151001	22991231
O99282	Endo, nutritional and metab diseases comp preg, second tri	20151001	22991231
O99283	Endo, nutritional and metab diseases comp preg, third tri	20151001	22991231
O99311	Alcohol use complicating pregnancy, first trimester	20151001	22991231
O99312	Alcohol use complicating pregnancy, second trimester	20151001	22991231
O99313	Alcohol use complicating pregnancy, third trimester	20151001	22991231
O99321	Drug use complicating pregnancy, first trimester	20151001	22991231
O99322	Drug use complicating pregnancy, second trimester	20151001	22991231
O99323	Drug use complicating pregnancy, third trimester	20151001	22991231
O99331	Smoking (tobacco) complicating pregnancy, first trimester	20151001	22991231
O99332	Smoking (tobacco) complicating pregnancy, second trimester	20151001	22991231
O99333	Smoking (tobacco) complicating pregnancy, third trimester	20151001	22991231
O99351	Diseases of the nervous sys comp pregnancy, first trimester	20151001	22991231
O99352	Diseases of the nervous sys comp pregnancy, second trimester	20151001	22991231
O99353	Diseases of the nervous sys comp pregnancy, third trimester	20151001	22991231

Table 13b	Diagnosis Codes for High Risk Obstetrical Radiology Services		
Use ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
O99411	Diseases of the circ sys comp pregnancy, first trimester	20151001	22991231
O99412	Diseases of the circ sys comp pregnancy, second trimester	20151001	22991231
O99413	Diseases of the circ sys comp pregnancy, third trimester	20151001	22991231
O99810	Abnormal glucose complicating pregnancy	20151001	22991231
O99841	Bariatric surgery status comp pregnancy, first trimester	20151001	22991231
O99842	Bariatric surgery status comp pregnancy, second trimester	20151001	22991231
O99843	Bariatric surgery status comp pregnancy, third trimester	20151001	22991231
Z0371	Encntr for susp prob w amnio cavity and membrane ruled out	20151001	22991231
Z0372	Encounter for suspected placental problem ruled out	20151001	22991231
Z0373	Encounter for suspected fetal anomaly ruled out	20151001	22991231
Z0374	Encounter for suspected problem with fetal growth ruled out	20151001	22991231
Z0375	Encounter for suspected cervical shortening ruled out	20151001	22991231
Z0379	Encntr for oth suspected maternal and fetal cond ruled out	20151001	22991231
Z369	Encounter for antenatal screening, unspecified	20171001	22991231

Table 14: Kessner Index for Insufficient Prenatal Care

Table 14	Kessner Index For Insufficient Prenatal Care
Gestation (weeks)****	**ADEQUATE*** **Number of Prenatal Visits**
13 or less AND	1 or more or not stated
14-17 AND	2 or more
18-21 AND	3 or more
22-25 AND	4 or more
26-29 AND	5 or more
30-31 AND	6 or more
32-33 AND	7 or more
34-35 AND	8 or more
36 or more AND	9 or more

Table 14	Kessner Index For Insufficient Prenatal Care
Gestation (weeks)****	**INADEQUATE**** **Number of Prenatal Visits**
14-21*** AND	0 or not stated
22-29 AND	1 or less or not stated
30-31 AND	2 or less or not stated
32-33 AND	3 or less or not stated
34 or more AND	4 or less or not stated

INTERMEDIATE: All combinations other than specified above

***** In addition to the specified number of visits indicated for adequate care, the Interval to the first prenatal visit has to be 13 weeks or less (first trimester).

** In addition to the specified number of visits indicated for inadequate care, all Women who started their prenatal care during the third trimester (28 weeks or later) are considered inadequate.

*** For this gestation group, care is considered inadequate if the time of the first visit is not stated.

**** When month and year are specified but day is missing, input 15 for day. Adequacy categories are in accord with recommendations of American College of Obstetrics and Gynecology and the World Health Organization.

Source: Institute of Medicine, National Academy of Sciences: Infant Deaths, An Analysis by Maternal Risk and Health Care. In: Contrasts in Health Status, Vol. I, 1973. Based on: The American College of Obstetricians and Gynecologists: Standards for Obstetric-Gynecologic Services. Chicago, 1974. Internal modifications have been made to differentiate those having "no care" from those having "inadequate" or "intermediate care."

Table 15: All Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services in excess of nine treatments per calendar year per provider per client, involving the following primary diagnoses:

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F0281	Dementia in oth diseases classd elswhr w behavioral disturb	20151001	20220930
F0391	Unspecified dementia with behavioral disturbance	20151001	22991231
F060	Psychotic disorder w hallucin due to known physiol condition	20151001	22991231
F061	Catatonic disorder due to known physiological condition	20151001	22991231
F062	Psychotic disorder w delusions due to known physiol cond	20151001	22991231
F0630	Mood disorder due to known physiological condition, unsp	20151001	22991231
F0631	Mood disorder due to known physiol cond w depressv features	20151001	22991231
F0632	Mood disord d/t physiol cond w major depressive-like epsd	20151001	22991231
F0633	Mood disorder due to known physiol cond w manic features	20151001	22991231
F0634	Mood disorder due to known physiol cond w mixed features	20151001	22991231
F064	Anxiety disorder due to known physiological condition	20151001	22991231
F070	Personality change due to known physiological condition	20151001	22991231
F0789	Oth personality & behavrl disord due to known physiol cond	20151001	22991231
F1010	Alcohol abuse, uncomplicated	20151001	22991231
F10120	Alcohol abuse with intoxication, uncomplicated	20151001	22991231
F10121	Alcohol abuse with intoxication delirium	20151001	22991231
F10129	Alcohol abuse with intoxication, unspecified	20151001	22991231
F10130	Alcohol abuse with withdrawal, uncomplicated	20201001	22991231
F10131	Alcohol abuse with withdrawal delirium	20201001	22991231
F10132	Alcohol abuse with withdrawal with perceptual disturbance	20201001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F10139	Alcohol abuse with withdrawal, unspecified	20201001	22991231
F1014	Alcohol abuse with alcohol-induced mood disorder	20151001	22991231
F10150	Alcohol abuse w alcoh-induce psychotic disorder w delusions	20151001	22991231
F10151	Alcohol abuse w alcoh-induce psychotic disorder w hallucin	20151001	22991231
F10159	Alcohol abuse with alcohol-induced psychotic disorder, unsp	20151001	22991231
F10180	Alcohol abuse with alcohol-induced anxiety disorder	20151001	22991231
F10181	Alcohol abuse with alcohol-induced sexual dysfunction	20151001	22991231
F10182	Alcohol abuse with alcohol-induced sleep disorder	20151001	22991231
F10188	Alcohol abuse with other alcohol-induced disorder	20151001	22991231
F1019	Alcohol abuse with unspecified alcohol-induced disorder	20151001	22991231
F1020	Alcohol dependence, uncomplicated	20151001	22991231
F1021	Alcohol dependence, in remission	20151001	22991231
F10220	Alcohol dependence with intoxication, uncomplicated	20151001	22991231
F10221	Alcohol dependence with intoxication delirium	20151001	22991231
F10229	Alcohol dependence with intoxication, unspecified	20151001	22991231
F10230	Alcohol dependence with withdrawal, uncomplicated	20151001	22991231
F10231	Alcohol dependence with withdrawal delirium	20151001	22991231
F10232	Alcohol dependence w withdrawal with perceptual disturbance	20151001	22991231
F10239	Alcohol dependence with withdrawal, unspecified	20151001	22991231
F1024	Alcohol dependence with alcohol-induced mood disorder	20151001	22991231
F10250	Alcohol depend w alcoh-induce psychotic disorder w delusions	20151001	22991231
F10251	Alcohol depend w alcoh-induce psychotic disorder w hallucin	20151001	22991231
F10259	Alcohol dependence w alcoh-induce psychotic disorder, unsp	20151001	22991231
F1026	Alcohol depend w alcoh-induce persisting amnestic disorder	20151001	22991231
F1027	Alcohol dependence with alcohol-induced persisting dementia	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F10280	Alcohol dependence with alcohol-induced anxiety disorder	20151001	22991231
F10281	Alcohol dependence with alcohol-induced sexual dysfunction	20151001	22991231
F10282	Alcohol dependence with alcohol-induced sleep disorder	20151001	22991231
F10288	Alcohol dependence with other alcohol-induced disorder	20151001	22991231
F1029	Alcohol dependence with unspecified alcohol-induced disorder	20151001	22991231
F10920	Alcohol use, unspecified with intoxication, uncomplicated	20151001	22991231
F10921	Alcohol use, unspecified with intoxication delirium	20151001	22991231
F10929	Alcohol use, unspecified with intoxication, unspecified	20151001	22991231
F10930	Alcohol use, unspecified with withdrawal, uncomplicated	20201001	22991231
F10931	Alcohol use, unspecified with withdrawal delirium	20201001	22991231
F10932	Alcohol use, unspecified with w/drawal w perceptual disturb	20201001	22991231
F10939	Alcohol use, unspecified with withdrawal, unspecified	20201001	22991231
F1094	Alcohol use, unspecified with alcohol-induced mood disorder	20151001	22991231
F10950	Alcohol use, unsp w alcoh-induce psych disorder w delusions	20151001	22991231
F10951	Alcohol use, unsp w alcoh-induce psych disorder w hallucin	20151001	22991231
F10959	Alcohol use, unsp w alcohol-induced psychotic disorder, unsp	20151001	22991231
F1096	Alcohol use, unsp w alcoh-induce persist amnestic disorder	20151001	22991231
F1097	Alcohol use, unsp with alcohol-induced persisting dementia	20151001	22991231
F10980	Alcohol use, unsp with alcohol-induced anxiety disorder	20151001	22991231
F10981	Alcohol use, unsp with alcohol-induced sexual dysfunction	20151001	22991231
F10982	Alcohol use, unspecified with alcohol-induced sleep disorder	20151001	22991231
F10988	Alcohol use, unspecified with other alcohol-induced disorder	20151001	22991231
F1099	Alcohol use, unsp with unspecified alcohol-induced disorder	20151001	22991231
F1110	Opioid abuse, uncomplicated	20151001	22991231
F11120	Opioid abuse with intoxication, uncomplicated	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F11121	Opioid abuse with intoxication delirium	20151001	22991231
F11122	Opioid abuse with intoxication with perceptual disturbance	20151001	22991231
F11129	Opioid abuse with intoxication, unspecified	20151001	22991231
F1113	Opioid abuse with withdrawal	20201001	22991231
F1114	Opioid abuse with opioid-induced mood disorder	20151001	22991231
F11150	Opioid abuse w opioid-induced psychotic disorder w delusions	20151001	22991231
F11151	Opioid abuse w opioid-induced psychotic disorder w hallucin	20151001	22991231
F11159	Opioid abuse with opioid-induced psychotic disorder, unsp	20151001	22991231
F11181	Opioid abuse with opioid-induced sexual dysfunction	20151001	22991231
F11182	Opioid abuse with opioid-induced sleep disorder	20151001	22991231
F11188	Opioid abuse with other opioid-induced disorder	20151001	22991231
F1119	Opioid abuse with unspecified opioid-induced disorder	20151001	22991231
F1120	Opioid dependence, uncomplicated	20151001	22991231
F1121	Opioid dependence, in remission	20151001	22991231
F11220	Opioid dependence with intoxication, uncomplicated	20151001	22991231
F11221	Opioid dependence with intoxication delirium	20151001	22991231
F11222	Opioid dependence w intoxication with perceptual disturbance	20151001	22991231
F11229	Opioid dependence with intoxication, unspecified	20151001	22991231
F1123	Opioid dependence with withdrawal	20151001	22991231
F1124	Opioid dependence with opioid-induced mood disorder	20151001	22991231
F11250	Opioid depend w opioid-induc psychotic disorder w delusions	20151001	22991231
F11251	Opioid depend w opioid-induc psychotic disorder w hallucin	20151001	22991231
F11259	Opioid dependence w opioid-induced psychotic disorder, unsp	20151001	22991231
F11281	Opioid dependence with opioid-induced sexual dysfunction	20151001	22991231
F11282	Opioid dependence with opioid-induced sleep disorder	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F11288	Opioid dependence with other opioid-induced disorder	20151001	22991231
F1129	Opioid dependence with unspecified opioid-induced disorder	20151001	22991231
F1190	Opioid use, unspecified, uncomplicated	20151001	22991231
F11920	Opioid use, unspecified with intoxication, uncomplicated	20151001	22991231
F11921	Opioid use, unspecified with intoxication delirium	20151001	22991231
F11922	Opioid use, unsp w intoxication with perceptual disturbance	20151001	22991231
F11929	Opioid use, unspecified with intoxication, unspecified	20151001	22991231
F1193	Opioid use, unspecified with withdrawal	20151001	22991231
F1194	Opioid use, unspecified with opioid-induced mood disorder	20151001	22991231
F11950	Opioid use, unsp w opioid-induc psych disorder w delusions	20151001	22991231
F11951	Opioid use, unsp w opioid-induc psych disorder w hallucin	20151001	22991231
F11959	Opioid use, unsp w opioid-induced psychotic disorder, unsp	20151001	22991231
F11981	Opioid use, unsp with opioid-induced sexual dysfunction	20151001	22991231
F11982	Opioid use, unspecified with opioid-induced sleep disorder	20151001	22991231
F11988	Opioid use, unspecified with other opioid-induced disorder	20151001	22991231
F1199	Opioid use, unsp with unspecified opioid-induced disorder	20151001	22991231
F1210	Cannabis abuse, uncomplicated	20151001	22991231
F12120	Cannabis abuse with intoxication, uncomplicated	20151001	22991231
F12121	Cannabis abuse with intoxication delirium	20151001	22991231
F12122	Cannabis abuse with intoxication with perceptual disturbance	20151001	22991231
F12129	Cannabis abuse with intoxication, unspecified	20151001	22991231
F1213	Cannabis abuse with withdrawal	20201001	22991231
F12150	Cannabis abuse with psychotic disorder with delusions	20151001	22991231
F12151	Cannabis abuse with psychotic disorder with hallucinations	20151001	22991231
F12159	Cannabis abuse with psychotic disorder, unspecified	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F12180	Cannabis abuse with cannabis-induced anxiety disorder	20151001	22991231
F12188	Cannabis abuse with other cannabis-induced disorder	20151001	22991231
F1219	Cannabis abuse with unspecified cannabis-induced disorder	20151001	22991231
F1220	Cannabis dependence, uncomplicated	20151001	22991231
F1221	Cannabis dependence, in remission	20151001	22991231
F12220	Cannabis dependence with intoxication, uncomplicated	20151001	22991231
F12221	Cannabis dependence with intoxication delirium	20151001	22991231
F12222	Cannabis dependence w intoxication w perceptual disturbance	20151001	22991231
F12229	Cannabis dependence with intoxication, unspecified	20151001	22991231
F1223	Cannabis dependence with withdrawal	20181001	22991231
F12250	Cannabis dependence with psychotic disorder with delusions	20151001	22991231
F12251	Cannabis dependence w psychotic disorder with hallucinations	20151001	22991231
F12259	Cannabis dependence with psychotic disorder, unspecified	20151001	22991231
F12280	Cannabis dependence with cannabis-induced anxiety disorder	20151001	22991231
F12288	Cannabis dependence with other cannabis-induced disorder	20151001	22991231
F1229	Cannabis dependence with unsp cannabis-induced disorder	20151001	22991231
F1290	Cannabis use, unspecified, uncomplicated	20151001	22991231
F12920	Cannabis use, unspecified with intoxication, uncomplicated	20151001	22991231
F12921	Cannabis use, unspecified with intoxication delirium	20151001	22991231
F12922	Cannabis use, unsp w intoxication w perceptual disturbance	20151001	22991231
F12929	Cannabis use, unspecified with intoxication, unspecified	20151001	22991231
F1293	Cannabis use, unspecified with withdrawal	20181001	22991231
F12950	Cannabis use, unsp with psychotic disorder with delusions	20151001	22991231
F12951	Cannabis use, unsp w psychotic disorder with hallucinations	20151001	22991231
F12959	Cannabis use, unsp with psychotic disorder, unspecified	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F12980	Cannabis use, unspecified with anxiety disorder	20151001	22991231
F12988	Cannabis use, unsp with other cannabis-induced disorder	20151001	22991231
F1299	Cannabis use, unsp with unsp cannabis-induced disorder	20151001	22991231
F1310	Sedative, hypnotic or anxiolytic abuse, uncomplicated	20151001	22991231
F13120	Sedatv/hyp/anxiolytc abuse w intoxication, uncomplicated	20151001	22991231
F13121	Sedatv/hyp/anxiolytc abuse w intoxication delirium	20151001	22991231
F13129	Sedative, hypnotic or anxiolytic abuse w intoxication, unsp	20151001	22991231
F13130	Sedatv/hyp/anxiolytc abuse with withdrawal, uncomplicated	20201001	22991231
F13131	Sedatv/hyp/anxiolytc abuse with withdrawal delirium	20201001	22991231
F13132	Sedatv/hyp/anxiolytc abuse with w/drawal w perceptl disturb	20201001	22991231
F13139	Sedatv/hyp/anxiolytc abuse with withdrawal, unspecified	20201001	22991231
F1314	Sedative, hypnotic or anxiolytic abuse w mood disorder	20151001	22991231
F13150	Sedatv/hyp/anxiolytc abuse w psychotic disorder w delusions	20151001	22991231
F13151	Sedatv/hyp/anxiolytc abuse w psychotic disorder w hallucin	20151001	22991231
F13159	Sedatv/hyp/anxiolytc abuse w psychotic disorder, unsp	20151001	22991231
F13180	Sedative, hypnotic or anxiolytic abuse w anxiety disorder	20151001	22991231
F13181	Sedative, hypnotic or anxiolytic abuse w sexual dysfunction	20151001	22991231
F13182	Sedative, hypnotic or anxiolytic abuse w sleep disorder	20151001	22991231
F13188	Sedative, hypnotic or anxiolytic abuse w oth disorder	20151001	22991231
F1319	Sedative, hypnotic or anxiolytic abuse w unsp disorder	20151001	22991231
F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated	20151001	22991231
F1321	Sedative, hypnotic or anxiolytic dependence, in remission	20151001	22991231
F13220	Sedatv/hyp/anxiolytc dependence w intoxication, uncomp	20151001	22991231
F13221	Sedatv/hyp/anxiolytc dependence w intoxication delirium	20151001	22991231
F13229	Sedatv/hyp/anxiolytc dependence w intoxication, unsp	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F13230	Sedatv/hyp/anxiolytc dependence w withdrawal, uncomplicated	20151001	22991231
F13231	Sedatv/hyp/anxiolytc dependence w withdrawal delirium	20151001	22991231
F13232	Sedatv/hyp/anxiolytc depend w w/drawal w perceptual disturb	20151001	22991231
F13239	Sedatv/hyp/anxiolytc dependence w withdrawal, unsp	20151001	22991231
F1324	Sedative, hypnotic or anxiolytic dependence w mood disorder	20151001	22991231
F13250	Sedatv/hyp/anxiolytc depend w psychotic disorder w delusions	20151001	22991231
F13251	Sedatv/hyp/anxiolytc depend w psychotic disorder w hallucin	20151001	22991231
F13259	Sedatv/hyp/anxiolytc dependence w psychotic disorder, unsp	20151001	22991231
F1326	Sedatv/hyp/anxiolytc depend w persisting amnestic disorder	20151001	22991231
F1327	Sedatv/hyp/anxiolytc dependence w persisting dementia	20151001	22991231
F13280	Sedatv/hyp/anxiolytc dependence w anxiety disorder	20151001	22991231
F13281	Sedatv/hyp/anxiolytc dependence w sexual dysfunction	20151001	22991231
F13282	Sedative, hypnotic or anxiolytic dependence w sleep disorder	20151001	22991231
F13288	Sedative, hypnotic or anxiolytic dependence w oth disorder	20151001	22991231
F1329	Sedative, hypnotic or anxiolytic dependence w unsp disorder	20151001	22991231
F1390	Sedative, hypnotic, or anxiolytic use, unsp, uncomplicated	20151001	22991231
F13920	Sedatv/hyp/anxiolytc use, unsp w intoxication, uncomplicated	20151001	22991231
F13921	Sedatv/hyp/anxiolytc use, unsp w intoxication delirium	20151001	22991231
F13929	Sedatv/hyp/anxiolytc use, unsp w intoxication, unsp	20151001	22991231
F13930	Sedatv/hyp/anxiolytc use, unsp w withdrawal, uncomplicated	20151001	22991231
F13931	Sedatv/hyp/anxiolytc use, unsp w withdrawal delirium	20151001	22991231
F13932	Sedatv/hyp/anxiolytc use, unsp w w/drawal w perceptl disturb	20151001	22991231
F13939	Sedatv/hyp/anxiolytc use, unsp w withdrawal, unsp	20151001	22991231
F1394	Sedative, hypnotic or anxiolytic use, unsp w mood disorder	20151001	22991231
F13950	Sedatv/hyp/anxiolytc use, unsp w psych disorder w delusions	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F13951	Sedatv/hyp/anxiolytc use, unsp w psych disorder w hallucin	20151001	22991231
F13959	Sedatv/hyp/anxiolytc use, unsp w psychotic disorder, unsp	20151001	22991231
F1396	Sedatv/hyp/anxiolytc use, unsp w persist amnestic disorder	20151001	22991231
F1397	Sedatv/hyp/anxiolytc use, unsp w persisting dementia	20151001	22991231
F13980	Sedatv/hyp/anxiolytc use, unsp w anxiety disorder	20151001	22991231
F13981	Sedatv/hyp/anxiolytc use, unsp w sexual dysfunction	20151001	22991231
F13982	Sedative, hypnotic or anxiolytic use, unsp w sleep disorder	20151001	22991231
F13988	Sedative, hypnotic or anxiolytic use, unsp w oth disorder	20151001	22991231
F1399	Sedative, hypnotic or anxiolytic use, unsp w unsp disorder	20151001	22991231
F1410	Cocaine abuse, uncomplicated	20151001	22991231
F14120	Cocaine abuse with intoxication, uncomplicated	20151001	22991231
F14121	Cocaine abuse with intoxication with delirium	20151001	22991231
F14122	Cocaine abuse with intoxication with perceptual disturbance	20151001	22991231
F14129	Cocaine abuse with intoxication, unspecified	20151001	22991231
F1413	Cocaine abuse, unspecified with withdrawal	20201001	22991231
F1414	Cocaine abuse with cocaine-induced mood disorder	20151001	22991231
F14150	Cocaine abuse w cocaine-induc psychotic disorder w delusions	20151001	22991231
F14151	Cocaine abuse w cocaine-induc psychotic disorder w hallucin	20151001	22991231
F14159	Cocaine abuse with cocaine-induced psychotic disorder, unsp	20151001	22991231
F14180	Cocaine abuse with cocaine-induced anxiety disorder	20151001	22991231
F14181	Cocaine abuse with cocaine-induced sexual dysfunction	20151001	22991231
F14182	Cocaine abuse with cocaine-induced sleep disorder	20151001	22991231
F14188	Cocaine abuse with other cocaine-induced disorder	20151001	22991231
F1419	Cocaine abuse with unspecified cocaine-induced disorder	20151001	22991231
F1420	Cocaine dependence, uncomplicated	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F1421	Cocaine dependence, in remission	20151001	22991231
F14220	Cocaine dependence with intoxication, uncomplicated	20151001	22991231
F14221	Cocaine dependence with intoxication delirium	20151001	22991231
F14222	Cocaine dependence w intoxication w perceptual disturbance	20151001	22991231
F14229	Cocaine dependence with intoxication, unspecified	20151001	22991231
F1423	Cocaine dependence with withdrawal	20151001	22991231
F1424	Cocaine dependence with cocaine-induced mood disorder	20151001	22991231
F14250	Cocaine depend w cocaine-induc psych disorder w delusions	20151001	22991231
F14251	Cocaine depend w cocaine-induc psychotic disorder w hallucin	20151001	22991231
F14259	Cocaine dependence w cocaine-induc psychotic disorder, unsp	20151001	22991231
F14280	Cocaine dependence with cocaine-induced anxiety disorder	20151001	22991231
F14281	Cocaine dependence with cocaine-induced sexual dysfunction	20151001	22991231
F14282	Cocaine dependence with cocaine-induced sleep disorder	20151001	22991231
F14288	Cocaine dependence with other cocaine-induced disorder	20151001	22991231
F1429	Cocaine dependence with unspecified cocaine-induced disorder	20151001	22991231
F1490	Cocaine use, unspecified, uncomplicated	20151001	22991231
F14920	Cocaine use, unspecified with intoxication, uncomplicated	20151001	22991231
F14921	Cocaine use, unspecified with intoxication delirium	20151001	22991231
F14922	Cocaine use, unsp w intoxication with perceptual disturbance	20151001	22991231
F14929	Cocaine use, unspecified with intoxication, unspecified	20151001	22991231
F1493	Cocaine use, unspecified with withdrawal	20201001	22991231
F1494	Cocaine use, unspecified with cocaine-induced mood disorder	20151001	22991231
F14950	Cocaine use, unsp w cocaine-induc psych disorder w delusions	20151001	22991231
F14951	Cocaine use, unsp w cocaine-induc psych disorder w hallucin	20151001	22991231
F14959	Cocaine use, unsp w cocaine-induced psychotic disorder, unsp	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F14980	Cocaine use, unsp with cocaine-induced anxiety disorder	20151001	22991231
F14981	Cocaine use, unsp with cocaine-induced sexual dysfunction	20151001	22991231
F14982	Cocaine use, unspecified with cocaine-induced sleep disorder	20151001	22991231
F14988	Cocaine use, unspecified with other cocaine-induced disorder	20151001	22991231
F1499	Cocaine use, unsp with unspecified cocaine-induced disorder	20151001	22991231
F1510	Other stimulant abuse, uncomplicated	20151001	22991231
F15120	Other stimulant abuse with intoxication, uncomplicated	20151001	22991231
F15121	Other stimulant abuse with intoxication delirium	20151001	22991231
F15122	Oth stimulant abuse w intoxication w perceptual disturbance	20151001	22991231
F15129	Other stimulant abuse with intoxication, unspecified	20151001	22991231
F1513	Other stimulant abuse with withdrawal	20201001	22991231
F1514	Other stimulant abuse with stimulant-induced mood disorder	20151001	22991231
F15150	Oth stimulant abuse w stim-induce psych disorder w delusions	20151001	22991231
F15151	Oth stimulant abuse w stim-induce psych disorder w hallucin	20151001	22991231
F15159	Oth stimulant abuse w stim-induce psychotic disorder, unsp	20151001	22991231
F15180	Oth stimulant abuse with stimulant-induced anxiety disorder	20151001	22991231
F15181	Oth stimulant abuse w stimulant-induced sexual dysfunction	20151001	22991231
F15182	Other stimulant abuse with stimulant-induced sleep disorder	20151001	22991231
F15188	Other stimulant abuse with other stimulant-induced disorder	20151001	22991231
F1519	Other stimulant abuse with unsp stimulant-induced disorder	20151001	22991231
F1520	Other stimulant dependence, uncomplicated	20151001	22991231
F1521	Other stimulant dependence, in remission	20151001	22991231
F15220	Other stimulant dependence with intoxication, uncomplicated	20151001	22991231
F15221	Other stimulant dependence with intoxication delirium	20151001	22991231
F15222	Oth stimulant dependence w intox w perceptual disturbance	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F15229	Other stimulant dependence with intoxication, unspecified	20151001	22991231
F1523	Other stimulant dependence with withdrawal	20151001	22991231
F1524	Oth stimulant dependence w stimulant-induced mood disorder	20151001	22991231
F15250	Oth stim depend w stim-induce psych disorder w delusions	20151001	22991231
F15251	Oth stimulant depend w stim-induce psych disorder w hallucin	20151001	22991231
F15259	Oth stimulant depend w stim-induce psychotic disorder, unsp	20151001	22991231
F15280	Oth stimulant dependence w stim-induce anxiety disorder	20151001	22991231
F15281	Oth stimulant dependence w stim-induce sexual dysfunction	20151001	22991231
F15282	Oth stimulant dependence w stimulant-induced sleep disorder	20151001	22991231
F15288	Oth stimulant dependence with oth stimulant-induced disorder	20151001	22991231
F1529	Oth stimulant dependence w unsp stimulant-induced disorder	20151001	22991231
F1590	Other stimulant use, unspecified, uncomplicated	20151001	22991231
F15920	Other stimulant use, unsp with intoxication, uncomplicated	20151001	22991231
F15921	Other stimulant use, unspecified with intoxication delirium	20151001	22991231
F15922	Oth stimulant use, unsp w intox w perceptual disturbance	20151001	22991231
F15929	Other stimulant use, unsp with intoxication, unspecified	20151001	22991231
F1593	Other stimulant use, unspecified with withdrawal	20151001	22991231
F1594	Oth stimulant use, unsp with stimulant-induced mood disorder	20151001	22991231
F15950	Oth stim use, unsp w stim-induce psych disorder w delusions	20151001	22991231
F15951	Oth stim use, unsp w stim-induce psych disorder w hallucin	20151001	22991231
F15959	Oth stimulant use, unsp w stim-induce psych disorder, unsp	20151001	22991231
F15980	Oth stimulant use, unsp w stimulant-induced anxiety disorder	20151001	22991231
F15981	Oth stimulant use, unsp w stim-induce sexual dysfunction	20151001	22991231
F15982	Oth stimulant use, unsp w stimulant-induced sleep disorder	20151001	22991231
F15988	Oth stimulant use, unsp with oth stimulant-induced disorder	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F1599	Oth stimulant use, unsp with unsp stimulant-induced disorder	20151001	22991231
F1610	Hallucinogen abuse, uncomplicated	20151001	22991231
F16120	Hallucinogen abuse with intoxication, uncomplicated	20151001	22991231
F16121	Hallucinogen abuse with intoxication with delirium	20151001	22991231
F16122	Hallucinogen abuse w intoxication w perceptual disturbance	20151001	22991231
F16129	Hallucinogen abuse with intoxication, unspecified	20151001	22991231
F1614	Hallucinogen abuse with hallucinogen-induced mood disorder	20151001	22991231
F16150	Hallucinogen abuse w psychotic disorder w delusions	20151001	22991231
F16151	Hallucinogen abuse w psychotic disorder w hallucinations	20151001	22991231
F16159	Hallucinogen abuse w psychotic disorder, unsp	20151001	22991231
F16180	Hallucinogen abuse w hallucinogen-induced anxiety disorder	20151001	22991231
F16183	Hallucign abuse w hallucign persisting perception disorder	20151001	22991231
F16188	Hallucinogen abuse with other hallucinogen-induced disorder	20151001	22991231
F1619	Hallucinogen abuse with unsp hallucinogen-induced disorder	20151001	22991231
F1620	Hallucinogen dependence, uncomplicated	20151001	22991231
F1621	Hallucinogen dependence, in remission	20151001	22991231
F16220	Hallucinogen dependence with intoxication, uncomplicated	20151001	22991231
F16221	Hallucinogen dependence with intoxication with delirium	20151001	22991231
F16229	Hallucinogen dependence with intoxication, unspecified	20151001	22991231
F1624	Hallucinogen dependence w hallucinogen-induced mood disorder	20151001	22991231
F16250	Hallucinogen dependence w psychotic disorder w delusions	20151001	22991231
F16251	Hallucinogen dependence w psychotic disorder w hallucin	20151001	22991231
F16259	Hallucinogen dependence w psychotic disorder, unsp	20151001	22991231
F16280	Hallucinogen dependence w anxiety disorder	20151001	22991231
F16283	Hallucign depend w hallucign persisting perception disorder	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F16288	Hallucinogen dependence w oth hallucinogen-induced disorder	20151001	22991231
F1629	Hallucinogen dependence w unsp hallucinogen-induced disorder	20151001	22991231
F1690	Hallucinogen use, unspecified, uncomplicated	20151001	22991231
F16920	Hallucinogen use, unsp with intoxication, uncomplicated	20151001	22991231
F16921	Hallucinogen use, unsp with intoxication with delirium	20151001	22991231
F16929	Hallucinogen use, unspecified with intoxication, unspecified	20151001	22991231
F1694	Hallucinogen use, unsp w hallucinogen-induced mood disorder	20151001	22991231
F16950	Hallucinogen use, unsp w psychotic disorder w delusions	20151001	22991231
F16951	Hallucinogen use, unsp w psychotic disorder w hallucinations	20151001	22991231
F16959	Hallucinogen use, unsp w psychotic disorder, unsp	20151001	22991231
F16980	Hallucinogen use, unsp w anxiety disorder	20151001	22991231
F16983	Hallucign use, unsp w hallucign persist perception disorder	20151001	22991231
F16988	Hallucinogen use, unsp w oth hallucinogen-induced disorder	20151001	22991231
F1699	Hallucinogen use, unsp w unsp hallucinogen-induced disorder	20151001	22991231
F17200	Nicotine dependence, unspecified, uncomplicated	20151001	22991231
F17201	Nicotine dependence, unspecified, in remission	20151001	22991231
F17203	Nicotine dependence unspecified, with withdrawal	20151001	22991231
F17208	Nicotine dependence, unsp, w oth nicotine-induced disorders	20151001	22991231
F17209	Nicotine dependence, unsp, w unsp nicotine-induced disorders	20151001	22991231
F17210	Nicotine dependence, cigarettes, uncomplicated	20151001	22991231
F17211	Nicotine dependence, cigarettes, in remission	20151001	22991231
F17213	Nicotine dependence, cigarettes, with withdrawal	20151001	22991231
F17218	Nicotine dependence, cigarettes, w oth disorders	20151001	22991231
F17219	Nicotine dependence, cigarettes, w unsp disorders	20151001	22991231
F17220	Nicotine dependence, chewing tobacco, uncomplicated	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F17221	Nicotine dependence, chewing tobacco, in remission	20151001	22991231
F17223	Nicotine dependence, chewing tobacco, with withdrawal	20151001	22991231
F17228	Nicotine dependence, chewing tobacco, w oth disorders	20151001	22991231
F17229	Nicotine dependence, chewing tobacco, w unsp disorders	20151001	22991231
F17290	Nicotine dependence, other tobacco product, uncomplicated	20151001	22991231
F17291	Nicotine dependence, other tobacco product, in remission	20151001	22991231
F17293	Nicotine dependence, other tobacco product, with withdrawal	20151001	22991231
F17298	Nicotine dependence, oth tobacco product, w oth disorders	20151001	22991231
F17299	Nicotine dependence, oth tobacco product, w unsp disorders	20151001	22991231
F1810	Inhalant abuse, uncomplicated	20151001	22991231
F18120	Inhalant abuse with intoxication, uncomplicated	20151001	22991231
F18121	Inhalant abuse with intoxication delirium	20151001	22991231
F18129	Inhalant abuse with intoxication, unspecified	20151001	22991231
F1814	Inhalant abuse with inhalant-induced mood disorder	20151001	22991231
F18150	Inhalant abuse w inhalnt-induce psych disorder w delusions	20151001	22991231
F18151	Inhalant abuse w inhalnt-induce psych disorder w hallucin	20151001	22991231
F18159	Inhalant abuse w inhalant-induced psychotic disorder, unsp	20151001	22991231
F1817	Inhalant abuse with inhalant-induced dementia	20151001	22991231
F18180	Inhalant abuse with inhalant-induced anxiety disorder	20151001	22991231
F18188	Inhalant abuse with other inhalant-induced disorder	20151001	22991231
F1819	Inhalant abuse with unspecified inhalant-induced disorder	20151001	22991231
F1820	Inhalant dependence, uncomplicated	20151001	22991231
F1821	Inhalant dependence, in remission	20151001	22991231
F18220	Inhalant dependence with intoxication, uncomplicated	20151001	22991231
F18221	Inhalant dependence with intoxication delirium	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F18229	Inhalant dependence with intoxication, unspecified	20151001	22991231
F1824	Inhalant dependence with inhalant-induced mood disorder	20151001	22991231
F18250	Inhalant depend w inhalnt-induce psych disorder w delusions	20151001	22991231
F18251	Inhalant depend w inhalnt-induce psych disorder w hallucin	20151001	22991231
F18259	Inhalant depend w inhalnt-induce psychotic disorder, unsp	20151001	22991231
F1827	Inhalant dependence with inhalant-induced dementia	20151001	22991231
F18280	Inhalant dependence with inhalant-induced anxiety disorder	20151001	22991231
F18288	Inhalant dependence with other inhalant-induced disorder	20151001	22991231
F1829	Inhalant dependence with unsp inhalant-induced disorder	20151001	22991231
F1890	Inhalant use, unspecified, uncomplicated	20151001	22991231
F18920	Inhalant use, unspecified with intoxication, uncomplicated	20151001	22991231
F18921	Inhalant use, unspecified with intoxication with delirium	20151001	22991231
F18929	Inhalant use, unspecified with intoxication, unspecified	20151001	22991231
F1894	Inhalant use, unsp with inhalant-induced mood disorder	20151001	22991231
F18950	Inhalant use, unsp w inhalnt-induce psych disord w delusions	20151001	22991231
F18951	Inhalant use, unsp w inhalnt-induce psych disord w hallucin	20151001	22991231
F18959	Inhalant use, unsp w inhalnt-induce psychotic disorder, unsp	20151001	22991231
F1897	Inhalant use, unsp with inhalant-induced persisting dementia	20151001	22991231
F18980	Inhalant use, unsp with inhalant-induced anxiety disorder	20151001	22991231
F18988	Inhalant use, unsp with other inhalant-induced disorder	20151001	22991231
F1899	Inhalant use, unsp with unsp inhalant-induced disorder	20151001	22991231
F1910	Other psychoactive substance abuse, uncomplicated	20151001	22991231
F19120	Oth psychoactive substance abuse w intoxication, uncomp	20151001	22991231
F19121	Oth psychoactive substance abuse with intoxication delirium	20151001	22991231
F19122	Oth psychoactv substance abuse w intox w perceptual disturb	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F19129	Other psychoactive substance abuse with intoxication, unsp	20151001	22991231
F19130	Other psychoactive substance abuse with withdrawal, uncomp	20201001	22991231
F19131	Other psychoactive substance abuse with withdrawal delirium	20201001	22991231
F19132	Other psychoactv sub abuse with w/drawal w perceptl disturb	20201001	22991231
F19139	Other psychoactv substance abuse with withdrawal, unsp	20201001	22991231
F1914	Oth psychoactive substance abuse w mood disorder	20151001	22991231
F19150	Oth psychoactv substance abuse w psych disorder w delusions	20151001	22991231
F19151	Oth psychoactv substance abuse w psych disorder w hallucin	20151001	22991231
F19159	Oth psychoactive substance abuse w psychotic disorder, unsp	20151001	22991231
F1916	Oth psychoactv substance abuse w persist amnestic disorder	20151001	22991231
F1917	Oth psychoactive substance abuse w persisting dementia	20151001	22991231
F19180	Oth psychoactive substance abuse w anxiety disorder	20151001	22991231
F19181	Oth psychoactive substance abuse w sexual dysfunction	20151001	22991231
F19182	Oth psychoactive substance abuse w sleep disorder	20151001	22991231
F19188	Oth psychoactive substance abuse w oth disorder	20151001	22991231
F1919	Oth psychoactive substance abuse w unsp disorder	20151001	22991231
F1920	Other psychoactive substance dependence, uncomplicated	20151001	22991231
F1921	Other psychoactive substance dependence, in remission	20151001	22991231
F19220	Oth psychoactive substance dependence w intoxication, uncomp	20151001	22991231
F19221	Oth psychoactive substance dependence w intox delirium	20151001	22991231
F19222	Oth psychoactv substance depend w intox w perceptual disturb	20151001	22991231
F19229	Oth psychoactive substance dependence w intoxication, unsp	20151001	22991231
F19230	Oth psychoactive substance dependence w withdrawal, uncomp	20151001	22991231
F19231	Oth psychoactive substance dependence w withdrawal delirium	20151001	22991231
F19232	Oth psychoactv sub depend w w/drawal w perceptl disturb	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F19239	Oth psychoactive substance dependence with withdrawal, unsp	20151001	22991231
F1924	Oth psychoactive substance dependence w mood disorder	20151001	22991231
F19250	Oth psychoactv substance depend w psych disorder w delusions	20151001	22991231
F19251	Oth psychoactv substance depend w psych disorder w hallucin	20151001	22991231
F19259	Oth psychoactv substance depend w psychotic disorder, unsp	20151001	22991231
F1926	Oth psychoactv substance depend w persist amnestic disorder	20151001	22991231
F1927	Oth psychoactive substance dependence w persisting dementia	20151001	22991231
F19280	Oth psychoactive substance dependence w anxiety disorder	20151001	22991231
F19281	Oth psychoactive substance dependence w sexual dysfunction	20151001	22991231
F19282	Oth psychoactive substance dependence w sleep disorder	20151001	22991231
F19288	Oth psychoactive substance dependence w oth disorder	20151001	22991231
F1929	Oth psychoactive substance dependence w unsp disorder	20151001	22991231
F1990	Other psychoactive substance use, unspecified, uncomplicated	20151001	22991231
F19920	Oth psychoactive substance use, unsp w intoxication, uncomp	20151001	22991231
F19921	Oth psychoactive substance use, unsp w intox w delirium	20151001	22991231
F19922	Oth psychoactv sub use, unsp w intox w perceptl disturb	20151001	22991231
F19929	Oth psychoactive substance use, unsp with intoxication, unsp	20151001	22991231
F19930	Oth psychoactive substance use, unsp w withdrawal, uncomp	20151001	22991231
F19931	Oth psychoactive substance use, unsp w withdrawal delirium	20151001	22991231
F19932	Oth psychoactv sub use, unsp w w/drawal w perceptl disturb	20151001	22991231
F19939	Other psychoactive substance use, unsp with withdrawal, unsp	20151001	22991231
F1994	Oth psychoactive substance use, unsp w mood disorder	20151001	22991231
F19950	Oth psychoactv sub use, unsp w psych disorder w delusions	20151001	22991231
F19951	Oth psychoactv sub use, unsp w psych disorder w hallucin	20151001	22991231
F19959	Oth psychoactv substance use, unsp w psych disorder, unsp	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F1996	Oth psychoactv sub use, unsp w persist amnestic disorder	20151001	22991231
F1997	Oth psychoactive substance use, unsp w persisting dementia	20151001	22991231
F19980	Oth psychoactive substance use, unsp w anxiety disorder	20151001	22991231
F19981	Oth psychoactive substance use, unsp w sexual dysfunction	20151001	22991231
F19982	Oth psychoactive substance use, unsp w sleep disorder	20151001	22991231
F19988	Oth psychoactive substance use, unsp w oth disorder	20151001	22991231
F1999	Oth psychoactive substance use, unsp w unsp disorder	20151001	22991231
F200	Paranoid schizophrenia	20151001	22991231
F201	Disorganized schizophrenia	20151001	22991231
F202	Catatonic schizophrenia	20151001	22991231
F203	Undifferentiated schizophrenia	20151001	22991231
F205	Residual schizophrenia	20151001	22991231
F2081	Schizophreniform disorder	20151001	22991231
F2089	Other schizophrenia	20151001	22991231
F209	Schizophrenia, unspecified	20151001	22991231
F21	Schizotypal disorder	20151001	22991231
F22	Delusional disorders	20151001	22991231
F23	Brief psychotic disorder	20151001	22991231
F24	Shared psychotic disorder	20151001	22991231
F250	Schizoaffective disorder, bipolar type	20151001	22991231
F251	Schizoaffective disorder, depressive type	20151001	22991231
F258	Other schizoaffective disorders	20151001	22991231
F259	Schizoaffective disorder, unspecified	20151001	22991231
F28	Oth psych disorder not due to a sub or known physiol cond	20151001	22991231
F29	Unsp psychosis not due to a substance or known physiol cond	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F3010	Manic episode without psychotic symptoms, unspecified	20151001	22991231
F3011	Manic episode without psychotic symptoms, mild	20151001	22991231
F3012	Manic episode without psychotic symptoms, moderate	20151001	22991231
F3013	Manic episode, severe, without psychotic symptoms	20151001	22991231
F302	Manic episode, severe with psychotic symptoms	20151001	22991231
F303	Manic episode in partial remission	20151001	22991231
F304	Manic episode in full remission	20151001	22991231
F308	Other manic episodes	20151001	22991231
F309	Manic episode, unspecified	20151001	22991231
F310	Bipolar disorder, current episode hypomanic	20151001	22991231
F3110	Bipolar disord, crnt episode manic w/o psych features, unsp	20151001	22991231
F3111	Bipolar disord, crnt episode manic w/o psych features, mild	20151001	22991231
F3112	Bipolar disord, crnt episode manic w/o psych features, mod	20151001	22991231
F3113	Bipolar disord, crnt epsd manic w/o psych features, severe	20151001	22991231
F312	Bipolar disord, crnt episode manic severe w psych features	20151001	22991231
F3130	Bipolar disord, crnt epsd depress, mild or mod severt, unsp	20151001	22991231
F3131	Bipolar disorder, current episode depressed, mild	20151001	22991231
F3132	Bipolar disorder, current episode depressed, moderate	20151001	22991231
F314	Bipolar disord, crnt epsd depress, sev, w/o psych features	20151001	22991231
F315	Bipolar disord, crnt epsd depress, severe, w psych features	20151001	22991231
F3160	Bipolar disorder, current episode mixed, unspecified	20151001	22991231
F3161	Bipolar disorder, current episode mixed, mild	20151001	22991231
F3162	Bipolar disorder, current episode mixed, moderate	20151001	22991231
F3163	Bipolar disord, crnt epsd mixed, severe, w/o psych features	20151001	22991231
F3164	Bipolar disord, crnt episode mixed, severe, w psych features	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F3170	Bipolar disord, currently in remis, most recent episode unsp	20151001	22991231
F3171	Bipolar disord, in partial remis, most recent epsd hypomanic	20151001	22991231
F3172	Bipolar disord, in full remis, most recent episode hypomanic	20151001	22991231
F3173	Bipolar disord, in partial remis, most recent episode manic	20151001	22991231
F3174	Bipolar disorder, in full remis, most recent episode manic	20151001	22991231
F3175	Bipolar disord, in partial remis, most recent epsd depress	20151001	22991231
F3176	Bipolar disorder, in full remis, most recent episode depress	20151001	22991231
F3177	Bipolar disord, in partial remis, most recent episode mixed	20151001	22991231
F3178	Bipolar disorder, in full remis, most recent episode mixed	20151001	22991231
F3181	Bipolar II disorder	20151001	22991231
F3189	Other bipolar disorder	20151001	22991231
F319	Bipolar disorder, unspecified	20151001	22991231
F320	Major depressive disorder, single episode, mild	20151001	22991231
F321	Major depressive disorder, single episode, moderate	20151001	22991231
F322	Major depressv disord, single epsd, sev w/o psych features	20151001	22991231
F323	Major depressv disord, single epsd, severe w psych features	20151001	22991231
F324	Major depressv disorder, single episode, in partial remis	20151001	22991231
F325	Major depressive disorder, single episode, in full remission	20151001	22991231
F328	Other depressive episodes	20151001	20160930
F3281	Premenstrual dysphoric disorder	20161001	22991231
F3289	Other specified depressive episodes	20161001	22991231
F329	Major depressive disorder, single episode, unspecified	20151001	22991231
F330	Major depressive disorder, recurrent, mild	20151001	22991231
F331	Major depressive disorder, recurrent, moderate	20151001	22991231
F332	Major depressv disorder, recurrent severe w/o psych features	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F333	Major depressv disorder, recurrent, severe w psych symptoms	20151001	22991231
F3340	Major depressive disorder, recurrent, in remission, unsp	20151001	22991231
F3341	Major depressive disorder, recurrent, in partial remission	20151001	22991231
F3342	Major depressive disorder, recurrent, in full remission	20151001	22991231
F338	Other recurrent depressive disorders	20151001	22991231
F339	Major depressive disorder, recurrent, unspecified	20151001	22991231
F340	Cyclothymic disorder	20151001	22991231
F341	Dysthymic disorder	20151001	22991231
F348	Other persistent mood [affective] disorders	20151001	20160930
F3481	Disruptive mood dysregulation disorder	20161001	22991231
F3489	Other specified persistent mood disorders	20161001	22991231
F349	Persistent mood [affective] disorder, unspecified	20151001	22991231
F39	Unspecified mood [affective] disorder	20151001	22991231
F4000	Agoraphobia, unspecified	20151001	22991231
F4001	Agoraphobia with panic disorder	20151001	22991231
F4002	Agoraphobia without panic disorder	20151001	22991231
F4010	Social phobia, unspecified	20151001	22991231
F4011	Social phobia, generalized	20151001	22991231
F40210	Arachnophobia	20151001	22991231
F40218	Other animal type phobia	20151001	22991231
F40220	Fear of thunderstorms	20151001	22991231
F40228	Other natural environment type phobia	20151001	22991231
F40230	Fear of blood	20151001	22991231
F40231	Fear of injections and transfusions	20151001	22991231
F40232	Fear of other medical care	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F40233	Fear of injury	20151001	22991231
F40240	Claustrophobia	20151001	22991231
F40241	Acrophobia	20151001	22991231
F40242	Fear of bridges	20151001	22991231
F40243	Fear of flying	20151001	22991231
F40248	Other situational type phobia	20151001	22991231
F40290	Androphobia	20151001	22991231
F40291	Gynephobia	20151001	22991231
F40298	Other specified phobia	20151001	22991231
F408	Other phobic anxiety disorders	20151001	22991231
F409	Phobic anxiety disorder, unspecified	20151001	22991231
F410	Panic disorder [episodic paroxysmal anxiety]	20151001	22991231
F411	Generalized anxiety disorder	20151001	22991231
F413	Other mixed anxiety disorders	20151001	22991231
F418	Other specified anxiety disorders	20151001	22991231
F419	Anxiety disorder, unspecified	20151001	22991231
F42	Obsessive-compulsive disorder	20151001	20160930
F422	Mixed obsessional thoughts and acts	20161001	22991231
F423	Hoarding disorder	20161001	22991231
F424	Excoriation (skin-picking) disorder	20161001	22991231
F428	Other obsessive-compulsive disorder	20161001	22991231
F429	Obsessive-compulsive disorder, unspecified	20161001	22991231
F430	Acute stress reaction	20151001	22991231
F4310	Post-traumatic stress disorder, unspecified	20151001	22991231
F4311	Post-traumatic stress disorder, acute	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F4312	Post-traumatic stress disorder, chronic	20151001	22991231
F4320	Adjustment disorder, unspecified	20151001	22991231
F4321	Adjustment disorder with depressed mood	20151001	22991231
F4322	Adjustment disorder with anxiety	20151001	22991231
F4323	Adjustment disorder with mixed anxiety and depressed mood	20151001	22991231
F4324	Adjustment disorder with disturbance of conduct	20151001	22991231
F4325	Adjustment disorder w mixed disturb of emotions and conduct	20151001	22991231
F4329	Adjustment disorder with other symptoms	20151001	22991231
F438	Other reactions to severe stress	20151001	20220930
F439	Reaction to severe stress, unspecified	20151001	22991231
F440	Dissociative amnesia	20151001	22991231
F441	Dissociative fugue	20151001	22991231
F442	Dissociative stupor	20151001	22991231
F444	Conversion disorder with motor symptom or deficit	20151001	22991231
F445	Conversion disorder with seizures or convulsions	20151001	22991231
F446	Conversion disorder with sensory symptom or deficit	20151001	22991231
F447	Conversion disorder with mixed symptom presentation	20151001	22991231
F4481	Dissociative identity disorder	20151001	22991231
F4489	Other dissociative and conversion disorders	20151001	22991231
F449	Dissociative and conversion disorder, unspecified	20151001	22991231
F450	Somatization disorder	20151001	22991231
F451	Undifferentiated somatoform disorder	20151001	22991231
F4520	Hypochondriacal disorder, unspecified	20151001	22991231
F4521	Hypochondriasis	20151001	22991231
F4522	Body dysmorphic disorder	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F4529	Other hypochondriacal disorders	20151001	22991231
F4541	Pain disorder exclusively related to psychological factors	20151001	22991231
F4542	Pain disorder with related psychological factors	20151001	22991231
F458	Other somatoform disorders	20151001	22991231
F459	Somatoform disorder, unspecified	20151001	22991231
F481	Depersonalization-derealization syndrome	20151001	22991231
F482	Pseudobulbar affect	20151001	22991231
F5000	Anorexia nervosa, unspecified	20151001	22991231
F5001	Anorexia nervosa, restricting type	20151001	20240930
F50010	Anorexia nervosa, restricting type, mild	20241001	22991231
F50011	Anorexia nervosa, restricting type, moderate	20241001	22991231
F50012	Anorexia nervosa, restricting type, severe	20241001	22991231
F50013	Anorexia nervosa, restricting type, extreme	20241001	22991231
F50014	Anorexia nervosa, restricting type, in remission	20241001	22991231
F50019	Anorexia nervosa, restricting type, unspecified	20241001	22991231
F5002	Anorexia nervosa, binge eating/purging type	20151001	20240930
F50020	Anorexia nervosa, binge eating/purging type, mild	20241001	22991231
F50021	Anorexia nervosa, binge eating/purging type, moderate	20241001	22991231
F50022	Anorexia nervosa, binge eating/purging type, severe	20241001	22991231
F50023	Anorexia nervosa, binge eating/purging type, extreme	20241001	22991231
F50024	Anorexia nervosa, binge eating/purging type, in remission	20241001	22991231
F50029	Anorexia nervosa, binge eating/purging type, unspecified	20241001	22991231
F502	Bulimia nervosa	20151001	20240930
F5020	Bulimia nervosa, unspecified	20241001	22991231
F5021	Bulimia nervosa, mild	20241001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F5022	Bulimia nervosa, moderate	20241001	22991231
F5023	Bulimia nervosa, severe	20241001	22991231
F5024	Bulimia nervosa, extreme	20241001	22991231
F5025	Bulimia nervosa, in remission	20241001	22991231
F508	Other eating disorders	20151001	20160930
F50810	Binge eating disorder, mild	20241001	22991231
F50811	Binge eating disorder, moderate	20241001	22991231
F50812	Binge eating disorder, severe	20241001	22991231
F50813	Binge eating disorder, extreme	20241001	22991231
F50814	Binge eating disorder, in remission	20241001	22991231
F50819	Binge eating disorder, unspecified	20241001	22991231
F515	Nightmare disorder	20151001	22991231
F520	Hypoactive sexual desire disorder	20151001	22991231
F521	Sexual aversion disorder	20151001	22991231
F53	Puerperal psychosis	20151001	20180930
F530	Postpartum depression	20181001	22991231
F531	Puerperal psychosis	20181001	22991231
F54	Psych & behavrl factors assoc w disord or dis classd elswhr	20151001	22991231
F550	Abuse of antacids	20151001	22991231
F551	Abuse of herbal or folk remedies	20151001	22991231
F552	Abuse of laxatives	20151001	22991231
F553	Abuse of steroids or hormones	20151001	22991231
F554	Abuse of vitamins	20151001	22991231
F558	Abuse of other non-psychoactive substances	20151001	22991231
F59	Unsp behavrl synd assoc w physiol disturb and physcl factors	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F600	Paranoid personality disorder	20151001	22991231
F601	Schizoid personality disorder	20151001	22991231
F602	Antisocial personality disorder	20151001	22991231
F603	Borderline personality disorder	20151001	22991231
F604	Histrionic personality disorder	20151001	22991231
F605	Obsessive-compulsive personality disorder	20151001	22991231
F606	Avoidant personality disorder	20151001	22991231
F607	Dependent personality disorder	20151001	22991231
F6081	Narcissistic personality disorder	20151001	22991231
F6089	Other specific personality disorders	20151001	22991231
F609	Personality disorder, unspecified	20151001	22991231
F630	Pathological gambling	20151001	22991231
F631	Pyromania	20151001	22991231
F632	Kleptomania	20151001	22991231
F633	Trichotillomania	20151001	22991231
F6381	Intermittent explosive disorder	20151001	22991231
F6389	Other impulse disorders	20151001	22991231
F639	Impulse disorder, unspecified	20151001	22991231
F641	Dual role transvestism	20151001	22991231
F642	Gender identity disorder of childhood	20151001	22991231
F648	Other gender identity disorders	20151001	22991231
F649	Gender identity disorder, unspecified	20151001	22991231
F650	Fetishism	20151001	22991231
F651	Transvestic fetishism	20151001	22991231
F652	Exhibitionism	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F653	Voyeurism	20151001	22991231
F654	Pedophilia	20151001	22991231
F6550	Sadomasochism, unspecified	20151001	22991231
F6551	Sexual masochism	20151001	22991231
F6552	Sexual sadism	20151001	22991231
F6581	Frotteurism	20151001	22991231
F6589	Other paraphilias	20151001	22991231
F659	Paraphilia, unspecified	20151001	22991231
F6810	Factitious disorder imposed on self, unspecified	20151001	22991231
F6811	Factit disord imposed on self, with predom psych signs/symp	20151001	22991231
F6812	Factit disord impsd on self, with predom physcl signs/symp	20151001	22991231
F6813	Factit disord impsd on self,w comb psych & physcl signs/symp	20151001	22991231
F688	Other specified disorders of adult personality and behavior	20151001	22991231
F68A	Factitious disorder imposed on another	20181001	22991231
F69	Unspecified disorder of adult personality and behavior	20151001	22991231
F70	Mild intellectual disabilities	20151001	22991231
F71	Moderate intellectual disabilities	20151001	22991231
F72	Severe intellectual disabilities	20151001	22991231
F73	Profound intellectual disabilities	20151001	22991231
F78	Other intellectual disabilities	20151001	20210930
F78A1	SYNGAP1-related intellectual disability	20211001	22991231
F79	Unspecified intellectual disabilities	20151001	22991231
F800	Phonological disorder	20151001	22991231
F801	Expressive language disorder	20151001	22991231
F802	Mixed receptive-expressive language disorder	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F804	Speech and language development delay due to hearing loss	20151001	22991231
F8081	Childhood onset fluency disorder	20151001	22991231
F8089	Other developmental disorders of speech and language	20151001	22991231
F809	Developmental disorder of speech and language, unspecified	20151001	22991231
F82	Specific developmental disorder of motor function	20151001	22991231
F840	Autistic disorder	20151001	22991231
F843	Other childhood disintegrative disorder	20151001	22991231
F845	Asperger's syndrome	20151001	22991231
F848	Other pervasive developmental disorders	20151001	22991231
F849	Pervasive developmental disorder, unspecified	20151001	22991231
F88	Other disorders of psychological development	20151001	22991231
F89	Unspecified disorder of psychological development	20151001	22991231
F900	Attn-defct hyperactivity disorder, predom inattentive type	20151001	22991231
F901	Attn-defct hyperactivity disorder, predom hyperactive type	20151001	22991231
F902	Attention-deficit hyperactivity disorder, combined type	20151001	22991231
F908	Attention-deficit hyperactivity disorder, other type	20151001	22991231
F909	Attention-deficit hyperactivity disorder, unspecified type	20151001	22991231
F910	Conduct disorder confined to family context	20151001	22991231
F911	Conduct disorder, childhood-onset type	20151001	22991231
F912	Conduct disorder, adolescent-onset type	20151001	22991231
F913	Oppositional defiant disorder	20151001	22991231
F918	Other conduct disorders	20151001	22991231
F919	Conduct disorder, unspecified	20151001	22991231
F930	Separation anxiety disorder of childhood	20151001	22991231
F938	Other childhood emotional disorders	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F939	Childhood emotional disorder, unspecified	20151001	22991231
F940	Selective mutism	20151001	22991231
F941	Reactive attachment disorder of childhood	20151001	22991231
F942	Disinhibited attachment disorder of childhood	20151001	22991231
F948	Other childhood disorders of social functioning	20151001	22991231
F949	Childhood disorder of social functioning, unspecified	20151001	22991231
F950	Transient tic disorder	20151001	22991231
F951	Chronic motor or vocal tic disorder	20151001	22991231
F952	Tourette's disorder	20151001	22991231
F958	Other tic disorders	20151001	22991231
F959	Tic disorder, unspecified	20151001	22991231
F980	Enuresis not due to a substance or known physiol condition	20151001	22991231
F981	Encopresis not due to a substance or known physiol condition	20151001	22991231
F9821	Rumination disorder of infancy	20151001	22991231
F9829	Other feeding disorders of infancy and early childhood	20151001	22991231
F983	Pica of infancy and childhood	20151001	22991231
F984	Stereotyped movement disorders	20151001	22991231
F985	Adult onset fluency disorder	20151001	22991231
F988	Oth behav/emotn disord w onset usly occur in chldhd and adol	20151001	22991231
F989	Unsp behav/emotn disord w onst usly occur in chldhd and adol	20151001	22991231
F99	Mental disorder, not otherwise specified	20151001	22991231
G44209	Tension-type headache, unspecified, not intractable	20151001	22991231
H9325	Central auditory processing disorder	20151001	22991231
M4321	Fusion of spine, occipito-atlanto-axial region	20151001	22991231
M4322	Fusion of spine, cervical region	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
M4323	Fusion of spine, cervicothoracic region	20151001	22991231
M4324	Fusion of spine, thoracic region	20151001	22991231
M4325	Fusion of spine, thoracolumbar region	20151001	22991231
M4326	Fusion of spine, lumbar region	20151001	22991231
M4327	Fusion of spine, lumbosacral region	20151001	22991231
M4328	Fusion of spine, sacral and sacrococcygeal region	20151001	22991231
M436	Torticollis	20151001	22991231
M438X1	Oth deforming dorsopathies, occipito-atlanto-axial region	20151001	22991231
M438X2	Other specified deforming dorsopathies, cervical region	20151001	22991231
M438X3	Oth deforming dorsopathies, cervicothoracic region	20151001	22991231
M438X4	Other specified deforming dorsopathies, thoracic region	20151001	22991231
M438X5	Other specified deforming dorsopathies, thoracolumbar region	20151001	22991231
M438X6	Other specified deforming dorsopathies, lumbar region	20151001	22991231
M438X7	Other specified deforming dorsopathies, lumbosacral region	20151001	22991231
M438X8	Oth deforming dorsopathies, sacral and sacrococcygeal region	20151001	22991231
M438X9	Other specified deforming dorsopathies, site unspecified	20151001	22991231
M4640	Discitis, unspecified, site unspecified	20151001	22991231
M4641	Discitis, unspecified, occipito-atlanto-axial region	20151001	22991231
M4642	Discitis, unspecified, cervical region	20151001	22991231
M4643	Discitis, unspecified, cervicothoracic region	20151001	22991231
M4644	Discitis, unspecified, thoracic region	20151001	22991231
M4645	Discitis, unspecified, thoracolumbar region	20151001	22991231
M4646	Discitis, unspecified, lumbar region	20151001	22991231
M4647	Discitis, unspecified, lumbosacral region	20151001	22991231
M4648	Discitis, unspecified, sacral and sacrococcygeal region	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
M4649	Discitis, unspecified, multiple sites in spine	20151001	22991231
M4800	Spinal stenosis, site unspecified	20151001	22991231
M4801	Spinal stenosis, occipito-atlanto-axial region	20151001	22991231
M4802	Spinal stenosis, cervical region	20151001	22991231
M4803	Spinal stenosis, cervicothoracic region	20151001	22991231
M4804	Spinal stenosis, thoracic region	20151001	22991231
M4805	Spinal stenosis, thoracolumbar region	20151001	22991231
M4806	Spinal stenosis, lumbar region	20151001	20170930
M48061	Spinal stenosis, lumbar region without neurogenic claud	20171001	22991231
M48062	Spinal stenosis, lumbar region with neurogenic claudication	20171001	22991231
M4807	Spinal stenosis, lumbosacral region	20151001	22991231
M4808	Spinal stenosis, sacral and sacrococcygeal region	20151001	22991231
M5000	Cervical disc disorder with myelopathy, unsp cervical region	20151001	22991231
M5001	Cervical disc disorder with myelopathy, high cervical region	20151001	22991231
M5002	Cervical disc disorder with myelopathy, mid-cervical region	20151001	20160930
M50020	Cerv disc disord with myelpath, mid-cervical rgn, unsp level	20161001	22991231
M50021	Cervical disc disorder at C4-C5 level with myelopathy	20161001	22991231
M50022	Cervical disc disorder at C5-C6 level with myelopathy	20161001	22991231
M50023	Cervical disc disorder at C6-C7 level with myelopathy	20161001	22991231
M5003	Cervical disc disorder w myelopathy, cervicothoracic region	20151001	22991231
M5010	Cervical disc disorder w radiculopathy, unsp cervical region	20151001	22991231
M5011	Cerv disc disorder with radiculopathy, high cervical region	20151001	22991231
M5012	Cervical disc disorder w radiculopathy, mid-cervical region	20151001	20160930
M50120	Mid-cervical disc disorder, unspecified level	20161001	22991231
M50121	Cervical disc disorder at C4-C5 level with radiculopathy	20161001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
M50122	Cervical disc disorder at C5-C6 level with radiculopathy	20161001	22991231
M50123	Cervical disc disorder at C6-C7 level with radiculopathy	20161001	22991231
M5013	Cervical disc disorder w radiculopathy, cervicothor region	20151001	22991231
M5020	Other cervical disc displacement, unsp cervical region	20151001	22991231
M5021	Other cervical disc displacement, high cervical region	20151001	22991231
M5022	Other cervical disc displacement, mid-cervical region	20151001	20160930
M50220	Other cerv disc displacmnt, mid-cervical region, unsp level	20161001	22991231
M50221	Other cervical disc displacement at C4-C5 level	20161001	22991231
M50222	Other cervical disc displacement at C5-C6 level	20161001	22991231
M50223	Other cervical disc displacement at C6-C7 level	20161001	22991231
M5023	Other cervical disc displacement, cervicothoracic region	20151001	22991231
M5030	Other cervical disc degeneration, unsp cervical region	20151001	22991231
M5031	Other cervical disc degeneration, high cervical region	20151001	22991231
M5032	Other cervical disc degeneration, mid-cervical region	20151001	20160930
M50320	Other cerv disc degeneration, mid-cervical rgn, unsp level	20161001	22991231
M50321	Other cervical disc degeneration at C4-C5 level	20161001	22991231
M50322	Other cervical disc degeneration at C5-C6 level	20161001	22991231
M50323	Other cervical disc degeneration at C6-C7 level	20161001	22991231
M5033	Other cervical disc degeneration, cervicothoracic region	20151001	22991231
M5080	Other cervical disc disorders, unspecified cervical region	20151001	22991231
M5081	Other cervical disc disorders, high cervical region	20151001	22991231
M5082	Other cervical disc disorders, mid-cervical region	20151001	20160930
M50820	Other cervical disc disord, mid-cervical region, unsp level	20161001	22991231
M50821	Other cervical disc disorders at C4-C5 level	20161001	22991231
M50822	Other cervical disc disorders at C5-C6 level	20161001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
M50823	Other cervical disc disorders at C6-C7 level	20161001	22991231
M5083	Other cervical disc disorders, cervicothoracic region	20151001	22991231
M5090	Cervical disc disorder, unsp, unspecified cervical region	20151001	22991231
M5091	Cervical disc disorder, unspecified, high cervical region	20151001	22991231
M5092	Cervical disc disorder, unspecified, mid-cervical region	20151001	20160930
M50920	Unsp cervical disc disorder, mid-cervical region, unsp level	20161001	22991231
M50921	Unspecified cervical disc disorder at C4-C5 level	20161001	22991231
M50922	Unspecified cervical disc disorder at C5-C6 level	20161001	22991231
M50923	Unspecified cervical disc disorder at C6-C7 level	20161001	22991231
M5093	Cervical disc disorder, unspecified, cervicothoracic region	20151001	22991231
M5104	Intervertebral disc disorders w myelopathy, thoracic region	20151001	22991231
M5105	Intvrt disc disorders w myelopathy, thoracolumbar region	20151001	22991231
M5106	Intervertebral disc disorders with myelopathy, lumbar region	20151001	22991231
M5114	Intvrt disc disorders w radiculopathy, thoracic region	20151001	22991231
M5115	Intvrt disc disorders w radiculopathy, thoracolumbar region	20151001	22991231
M5116	Intervertebral disc disorders w radiculopathy, lumbar region	20151001	22991231
M5117	Intvrt disc disorders w radiculopathy, lumbosacral region	20151001	22991231
M5124	Other intervertebral disc displacement, thoracic region	20151001	22991231
M5125	Other intervertebral disc displacement, thoracolumbar region	20151001	22991231
M5126	Other intervertebral disc displacement, lumbar region	20151001	22991231
M5127	Other intervertebral disc displacement, lumbosacral region	20151001	22991231
M5134	Other intervertebral disc degeneration, thoracic region	20151001	22991231
M5135	Other intervertebral disc degeneration, thoracolumbar region	20151001	22991231
M5136	Other intervertebral disc degeneration, lumbar region	20151001	20240930
M51360	Other intvrt disc degen, lum rgn with discog back pain only	20241001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
M51361	Other intvrt disc degen, lum region with low extrm pain only	20241001	22991231
M51362	Oth intvrt disc degen, lum rgn w discog bck & lw extrm pain	20241001	22991231
M51369	Oth intvrt disc degen, lum rgn w/o lum bck or lw extrm pain	20241001	22991231
M5137	Other intervertebral disc degeneration, lumbosacral region	20151001	20240930
M51370	Oth intvrt disc degen, lumbosacr rgn w discog bck pain only	20241001	22991231
M51371	Oth intvrt disc degen, lumbosacr rgn w low extrm pain only	20241001	22991231
M51372	Oth intvrt disc degen, lumbosacr w discog bck & lw extrm pn	20241001	22991231
M51379	Oth intvrt disc degen, lumbosacr w/o lum bck or lw extrm pn	20241001	22991231
M5144	Schmorl's nodes, thoracic region	20151001	22991231
M5145	Schmorl's nodes, thoracolumbar region	20151001	22991231
M5146	Schmorl's nodes, lumbar region	20151001	22991231
M5147	Schmorl's nodes, lumbosacral region	20151001	22991231
M5184	Other intervertebral disc disorders, thoracic region	20151001	22991231
M5185	Other intervertebral disc disorders, thoracolumbar region	20151001	22991231
M5186	Other intervertebral disc disorders, lumbar region	20151001	22991231
M5187	Other intervertebral disc disorders, lumbosacral region	20151001	22991231
M519	Unsp thoracic, thoracolum and lumbosacr intvrt disc disorder	20151001	22991231
M530	Cervicocranial syndrome	20151001	22991231
M531	Cervicobrachial syndrome	20151001	22991231
M532X7	Spinal instabilities, lumbosacral region	20151001	22991231
M532X8	Spinal instabilities, sacral and sacrococcygeal region	20151001	22991231
M533	Sacrococcygeal disorders, not elsewhere classified	20151001	22991231
M5380	Other specified dorsopathies, site unspecified	20151001	22991231
M5381	Other specified dorsopathies, occipito-atlanto-axial region	20151001	22991231
M5382	Other specified dorsopathies, cervical region	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
M5383	Other specified dorsopathies, cervicothoracic region	20151001	22991231
M5384	Other specified dorsopathies, thoracic region	20151001	22991231
M5385	Other specified dorsopathies, thoracolumbar region	20151001	22991231
M5386	Other specified dorsopathies, lumbar region	20151001	22991231
M5387	Other specified dorsopathies, lumbosacral region	20151001	22991231
M5388	Oth dorsopathies, sacral and sacrococcygeal region	20151001	22991231
M539	Dorsopathy, unspecified	20151001	22991231
M5400	Panniculitis affecting regions of neck and back, site unsp	20151001	22991231
M5401	Panniculitis aff regions of neck/bk, occipt-atlan-ax region	20151001	22991231
M5402	Panniculitis affecting regions of neck/bk, cervical region	20151001	22991231
M5403	Panniculitis aff regions of neck/bk, cervicothor region	20151001	22991231
M5404	Panniculitis affecting regions of neck/bk, thoracic region	20151001	22991231
M5405	Panniculitis affecting regions of neck/bk, thoracolum region	20151001	22991231
M5406	Panniculitis affecting regions of neck/bk, lumbar region	20151001	22991231
M5407	Panniculitis affecting regions of neck/bk, lumbosacr region	20151001	22991231
M5408	Panniculitis aff regions of neck/bk, sacr/sacrocygl region	20151001	22991231
M5409	Panniculitis aff regions, neck/bk, multiple sites in spine	20151001	22991231
M5411	Radiculopathy, occipito-atlanto-axial region	20151001	22991231
M5412	Radiculopathy, cervical region	20151001	22991231
M5413	Radiculopathy, cervicothoracic region	20151001	22991231
M5414	Radiculopathy, thoracic region	20151001	22991231
M5415	Radiculopathy, thoracolumbar region	20151001	22991231
M5416	Radiculopathy, lumbar region	20151001	22991231
M5417	Radiculopathy, lumbosacral region	20151001	22991231
M542	Cervicalgia	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
M5431	Sciatica, right side	20151001	22991231
M5432	Sciatica, left side	20151001	22991231
M5441	Lumbago with sciatica, right side	20151001	22991231
M5442	Lumbago with sciatica, left side	20151001	22991231
M545	Low back pain	20151001	20210930
M5450	Low back pain, unspecified	20211001	22991231
M5451	Vertebrogenic low back pain	20211001	22991231
M5459	Other low back pain	20211001	22991231
M546	Pain in thoracic spine	20151001	22991231
M5481	Occipital neuralgia	20151001	22991231
M5489	Other dorsalgia	20151001	22991231
M549	Dorsalgia, unspecified	20151001	22991231
M62830	Muscle spasm of back	20151001	22991231
M6788	Other specified disorders of synovium and tendon, other site	20151001	22991231
M961	Postlaminectomy syndrome, not elsewhere classified	20151001	22991231
M9920	Subluxation stenosis of neural canal of head region	20151001	22991231
M9921	Subluxation stenosis of neural canal of cervical region	20151001	22991231
M9922	Subluxation stenosis of neural canal of thoracic region	20151001	22991231
M9923	Subluxation stenosis of neural canal of lumbar region	20151001	22991231
M9924	Subluxation stenosis of neural canal of sacral region	20151001	22991231
M9925	Subluxation stenosis of neural canal of pelvic region	20151001	22991231
M9926	Subluxation stenosis of neural canal of lower extremity	20151001	22991231
M9927	Subluxation stenosis of neural canal of upper extremity	20151001	22991231
M9928	Subluxation stenosis of neural canal of rib cage	20151001	22991231
M9929	Sublux stenosis of neural canal of abdomen and oth regions	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
M9930	Osseous stenosis of neural canal of head region	20151001	22991231
M9931	Osseous stenosis of neural canal of cervical region	20151001	22991231
M9932	Osseous stenosis of neural canal of thoracic region	20151001	22991231
M9933	Osseous stenosis of neural canal of lumbar region	20151001	22991231
M9934	Osseous stenosis of neural canal of sacral region	20151001	22991231
M9935	Osseous stenosis of neural canal of pelvic region	20151001	22991231
M9936	Osseous stenosis of neural canal of lower extremity	20151001	22991231
M9937	Osseous stenosis of neural canal of upper extremity	20151001	22991231
M9938	Osseous stenosis of neural canal of rib cage	20151001	22991231
M9939	Osseous stenosis of neural canal of abdomen and oth regions	20151001	22991231
M9940	Connective tissue stenosis of neural canal of head region	20151001	22991231
M9941	Connective tiss stenosis of neural canal of cervical region	20151001	22991231
M9942	Connective tiss stenosis of neural canal of thoracic region	20151001	22991231
M9943	Connective tissue stenosis of neural canal of lumbar region	20151001	22991231
M9944	Connective tissue stenosis of neural canal of sacral region	20151001	22991231
M9945	Connective tissue stenosis of neural canal of pelvic region	20151001	22991231
M9946	Connective tiss stenosis of neural canal of lower extremity	20151001	22991231
M9947	Connective tiss stenosis of neural canal of upper extremity	20151001	22991231
M9948	Connective tissue stenosis of neural canal of rib cage	20151001	22991231
M9949	Conn tiss stenos of neural canal of abdomen and oth regions	20151001	22991231
M9950	Intervertebral disc stenosis of neural canal of head region	20151001	22991231
M9951	Intvrt disc stenosis of neural canal of cervical region	20151001	22991231
M9952	Intvrt disc stenosis of neural canal of thoracic region	20151001	22991231
M9953	Intvrt disc stenosis of neural canal of lumbar region	20151001	22991231
M9954	Intvrt disc stenosis of neural canal of sacral region	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
M9955	Intvrt disc stenosis of neural canal of pelvic region	20151001	22991231
M9956	Intervertebral disc stenosis of neural canal of low extrm	20151001	22991231
M9957	Intervertebral disc stenosis of neural canal of up extrem	20151001	22991231
M9958	Intervertebral disc stenosis of neural canal of rib cage	20151001	22991231
M9959	Intvrt disc stenos of neural canal of abd and oth regions	20151001	22991231
M9960	Osseous and sublux stenosis of intvrt foramin of head region	20151001	22991231
M9961	Osseous and sublux stenosis of intvrt foramin of cerv region	20151001	22991231
M9962	Osseous and sublux stenos of intvrt foramin of thor region	20151001	22991231
M9963	Osseous and sublux stenos of intvrt foramin of lumbar region	20151001	22991231
M9964	Osseous and sublux stenos of intvrt foramin of sacral region	20151001	22991231
M9965	Osseous and sublux stenos of intvrt foramin of pelvic region	20151001	22991231
M9966	Osseous and sublux stenosis of intvrt foramina of low extrm	20151001	22991231
M9967	Osseous and sublux stenosis of intvrt foramina of up extrem	20151001	22991231
M9968	Osseous and sublux stenosis of intvrt foramina of rib cage	20151001	22991231
M9969	Osseous & sublux stenos of intvrt foramin of abd and oth rgn	20151001	22991231
M9970	Conn tiss and disc stenosis of intvrt foramin of head region	20151001	22991231
M9971	Conn tiss and disc stenosis of intvrt foramin of cerv region	20151001	22991231
M9972	Conn tiss and disc stenos of intvrt foramin of thor region	20151001	22991231
M9973	Conn tiss and disc stenos of intvrt foramin of lumbar region	20151001	22991231
M9974	Conn tiss and disc stenos of intvrt foramin of sacral region	20151001	22991231
M9975	Conn tiss and disc stenos of intvrt foramin of pelvic region	20151001	22991231
M9976	Conn tiss and disc stenosis of intvrt foramina of low extrm	20151001	22991231
M9977	Conn tiss and disc stenosis of intvrt foramina of up extrem	20151001	22991231
M9978	Conn tiss and disc stenosis of intvrt foramina of rib cage	20151001	22991231
M9979	Conn tiss & disc stenos of intvrt foramin of abd and oth rgn	20151001	22991231

Table 15	Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Pathology Treatment Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
R451	Restlessness and agitation	20151001	22991231
R480	Dyslexia and alexia	20151001	22991231
R620	Delayed milestone in childhood	20151001	22991231
R6251	Failure to thrive (child)	20151001	22991231
R6252	Short stature (child)	20151001	22991231
R6259	Oth lack of expected normal physiol development in childhood	20151001	22991231
R627	Adult failure to thrive	20151001	22991231
R630	Anorexia	20151001	22991231
R631	Polydipsia	20151001	22991231
R632	Polyphagia	20151001	22991231
R633	Feeding difficulties	20151001	20210930
R6330	Feeding difficulties, unspecified	20211001	22991231
R6331	Pediatric feeding disorder, acute	20211001	22991231
R6332	Pediatric feeding disorder, chronic	20211001	22991231
R6339	Other feeding difficulties	20211001	22991231
R634	Abnormal weight loss	20151001	22991231
R635	Abnormal weight gain	20151001	22991231
R636	Underweight	20151001	22991231

Table Listing, Previous Table 15, Next Table 17, End of Document

Table 16: Contains the diagnosis codes specified in policy transmittal 2015-102 pertaining to procedure code V2025 eyeglasses deluxe frames. Effective 2/1/2016: one of the listed diagnosis codes is required when V2025 is billed:

Table 16	Diagnosis codes for procedure code V2025 eyeglasses deluxe frames specified in policy transmittal 2015-102. Effective 2/1/2016: one of the listed diagnosis codes is required when V2025 is billed		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F445	Conversion disorder with seizures or convulsions	10/1/2016	12/31/2299
G40001	Local-rel idio epi w seiz of loc onst, not ntrct, w stat epi	10/1/2016	12/31/2299
G40009	Local-rel idio epi w seiz of loc onst,not ntrct,w/o stat epi	10/1/2016	12/31/2299
G40011	Local-rel idio epi w seiz of loc onset, ntrct, w stat epi	10/1/2016	12/31/2299
G40019	Local-rel idio epi w seiz of loc onset, ntrct, w/o stat epi	10/1/2016	12/31/2299
G40101	Local-rel symptc epi w simp part seiz, not ntrct, w stat epi	10/1/2016	12/31/2299
G40109	Local-rel symptc epi w simp prt seiz,not ntrct, w/o stat epi	10/1/2016	12/31/2299
G40111	Local-rel symptc epi w simple part seiz, ntrct, w stat epi	10/1/2016	12/31/2299
G40119	Local-rel symptc epi w simple part seiz, ntrct, w/o stat epi	10/1/2016	12/31/2299
G40201	Local-rel symptc epi w cmplx prt seiz, not ntrct, w stat epi	10/1/2016	12/31/2299
G40209	Local-rel symptc epi w cmplx prt seiz,not ntrct,w/o stat epi	10/1/2016	12/31/2299
G40211	Local-rel symptc epi w cmplx partial seiz, ntrct, w stat epi	10/1/2016	12/31/2299
G40219	Local-rel symptc epi w cmplx part seiz, ntrct, w/o stat epi	10/1/2016	12/31/2299
G40301	Gen idiopathic epilepsy, not intractable, w stat epi	10/1/2016	12/31/2299
G40309	Gen idiopathic epilepsy, not intractable, w/o stat epi	10/1/2016	12/31/2299
G40311	Generalized idiopathic epilepsy, intractable, w stat epi	10/1/2016	12/31/2299
G40319	Generalized idiopathic epilepsy, intractable, w/o stat epi	10/1/2016	12/31/2299
G40401	Oth generalized epilepsy, not intractable, w stat epi	10/1/2016	12/31/2299
G40409	Oth generalized epilepsy, not intractable, w/o stat epi	10/1/2016	12/31/2299
G40411	Oth generalized epilepsy, intractable, w status epilepticus	10/1/2016	12/31/2299

Table 16	Diagnosis codes for procedure code V2025 eyeglasses deluxe frames specified in policy transmittal 2015-102. Effective 2/1/2016: one of the listed diagnosis codes is required when V2025 is billed		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
G40419	Oth generalized epilepsy, intractable, w/o stat epi	10/1/2016	12/31/2299
G40501	Epileptic seiz rel to extrn causes, not ntrct, w stat epi	10/1/2016	12/31/2299
G40509	Epileptic seiz rel to extrn causes, not ntrct, w/o stat epi	10/1/2016	12/31/2299
G40801	Other epilepsy, not intractable, with status epilepticus	10/1/2016	12/31/2299
G40802	Other epilepsy, not intractable, without status epilepticus	10/1/2016	12/31/2299
G40803	Other epilepsy, intractable, with status epilepticus	10/1/2016	12/31/2299
G40804	Other epilepsy, intractable, without status epilepticus	10/1/2016	12/31/2299
G40811	Lennox-Gastaut syndrome, not intractable, w stat epi	10/1/2016	12/31/2299
G40812	Lennox-Gastaut syndrome, not intractable, w/o stat epi	10/1/2016	12/31/2299
G40813	Lennox-Gastaut syndrome, intractable, w status epilepticus	10/1/2016	12/31/2299
G40814	Lennox-Gastaut syndrome, intractable, w/o status epilepticus	10/1/2016	12/31/2299
G40821	Epileptic spasms, not intractable, with status epilepticus	10/1/2016	12/31/2299
G40822	Epileptic spasms, not intractable, w/o status epilepticus	10/1/2016	12/31/2299
G40823	Epileptic spasms, intractable, with status epilepticus	10/1/2016	12/31/2299
G40824	Epileptic spasms, intractable, without status epilepticus	10/1/2016	12/31/2299
G4089	Other seizures	10/1/2016	12/31/2299
G40901	Epilepsy, unsp, not intractable, with status epilepticus	10/1/2016	12/31/2299
G40909	Epilepsy, unsp, not intractable, without status epilepticus	10/1/2016	12/31/2299
G40911	Epilepsy, unspecified, intractable, with status epilepticus	10/1/2016	12/31/2299
G40919	Epilepsy, unsp, intractable, without status epilepticus	10/1/2016	12/31/2299
G910	Communicating hydrocephalus	10/1/2016	12/31/2299
G911	Obstructive hydrocephalus	10/1/2016	12/31/2299
G912	(Idiopathic) normal pressure hydrocephalus	10/1/2016	12/31/2299
G913	Post-traumatic hydrocephalus, unspecified	10/1/2016	12/31/2299

Table 16	Diagnosis codes for procedure code V2025 eyeglasses deluxe frames specified in policy transmittal 2015-102. Effective 2/1/2016: one of the listed diagnosis codes is required when V2025 is billed		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
G914	Hydrocephalus in diseases classified elsewhere	10/1/2016	12/31/2299
H5503	Visual deprivation nystagmus	1/1/2016	12/31/2299
L230	Allergic contact dermatitis due to metals	2/1/2016	12/31/2299
L2481	Irritant contact dermatitis due to metals	2/1/2016	12/31/2299
M950	Acquired deformity of nose	10/1/2016	12/31/2299
M9510	Cauliflower ear, unspecified ear	10/1/2016	12/31/2299
M9511	Cauliflower ear, right ear	10/1/2016	12/31/2299
M9512	Cauliflower ear, left ear	10/1/2016	12/31/2299
M952	Other acquired deformity of head	10/1/2016	12/31/2299
Q010	Frontal encephalocele	10/1/2016	12/31/2299
Q011	Nasofrontal encephalocele	10/1/2016	12/31/2299
Q012	Occipital encephalocele	10/1/2016	12/31/2299
Q018	Encephalocele of other sites	10/1/2016	12/31/2299
Q019	Encephalocele, unspecified	10/1/2016	12/31/2299
Q02	Microcephaly	10/1/2016	12/31/2299
Q030	Malformations of aqueduct of Sylvius	10/1/2016	12/31/2299
Q031	Atresia of foramina of Magendie and Luschka	10/1/2016	12/31/2299
Q038	Other congenital hydrocephalus	10/1/2016	12/31/2299
Q039	Congenital hydrocephalus, unspecified	10/1/2016	12/31/2299
Q040	Congenital malformations of corpus callosum	10/1/2016	12/31/2299
Q041	Arhinencephaly	10/1/2016	12/31/2299
Q042	Holoprosencephaly	10/1/2016	12/31/2299
Q043	Other reduction deformities of brain	10/1/2016	12/31/2299
Q044	Septo-optic dysplasia of brain	10/1/2016	12/31/2299

Table 16	Diagnosis codes for procedure code V2025 eyeglasses deluxe frames specified in policy transmittal 2015-102. Effective 2/1/2016: one of the listed diagnosis codes is required when V2025 is billed		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
Q045	Megalencephaly	10/1/2016	12/31/2299
Q046	Congenital cerebral cysts	10/1/2016	12/31/2299
Q048	Other specified congenital malformations of brain	10/1/2016	12/31/2299
Q049	Congenital malformation of brain, unspecified	10/1/2016	12/31/2299
Q050	Cervical spina bifida with hydrocephalus	10/1/2016	12/31/2299
Q051	Thoracic spina bifida with hydrocephalus	10/1/2016	12/31/2299
Q052	Lumbar spina bifida with hydrocephalus	10/1/2016	12/31/2299
Q053	Sacral spina bifida with hydrocephalus	10/1/2016	12/31/2299
Q054	Unspecified spina bifida with hydrocephalus	10/1/2016	12/31/2299
Q0702	Arnold-Chiari syndrome with hydrocephalus	10/1/2016	12/31/2299
Q0703	Arnold-Chiari syndrome with spina bifida and hydrocephalus	10/1/2016	12/31/2299
Q078	Other specified congenital malformations of nervous system	10/1/2016	12/31/2299
Q079	Congenital malformation of nervous system, unspecified	10/1/2016	12/31/2299
Q150	Congenital glaucoma	1/1/2016	12/31/2299
Q160	Congenital absence of (ear) auricle	10/1/2016	12/31/2299
Q169	Congen malform of ear causing impairment of hearing, unsp	10/1/2016	12/31/2299
Q170	Accessory auricle	10/1/2016	12/31/2299
Q171	Macrotia	10/1/2016	12/31/2299
Q172	Microtia	10/1/2016	12/31/2299
Q173	Other misshapen ear	10/1/2016	12/31/2299
Q174	Misplaced ear	10/1/2016	12/31/2299
Q175	Prominent ear	10/1/2016	12/31/2299
Q178	Other specified congenital malformations of ear	10/1/2016	12/31/2299
Q179	Congenital malformation of ear, unspecified	10/1/2016	12/31/2299

Table 16	Diagnosis codes for procedure code V2025 eyeglasses deluxe frames specified in policy transmittal 2015-102. Effective 2/1/2016: one of the listed diagnosis codes is required when V2025 is billed		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
Q301	Agenesis and underdevelopment of nose	10/1/2016	12/31/2299
Q308	Other congenital malformations of nose	10/1/2016	12/31/2299
Q309	Congenital malformation of nose, unspecified	10/1/2016	12/31/2299
Q670	Congenital facial asymmetry	10/1/2016	12/31/2299
Q671	Congenital compression facies	10/1/2016	12/31/2299
Q672	Dolichocephaly	10/1/2016	12/31/2299
Q673	Plagiocephaly	10/1/2016	12/31/2299
Q674	Other congenital deformities of skull, face and jaw	10/1/2016	12/31/2299
Q750	Craniosynostosis	10/1/2016	12/31/2299
Q751	Craniofacial dysostosis	10/1/2016	12/31/2299
Q752	Hypertelorism	10/1/2016	12/31/2299
Q753	Macrocephaly	10/1/2016	12/31/2299
Q754	Mandibulofacial dysostosis	10/1/2016	12/31/2299
Q755	Oculomandibular dysostosis	10/1/2016	12/31/2299
Q758	Oth congenital malformations of skull and face bones	10/1/2016	12/31/2299
Q759	Congenital malformation of skull and face bones, unspecified	10/1/2016	12/31/2299
Q860	Fetal alcohol syndrome (dysmorphic)	10/1/2016	12/31/2299
Q861	Fetal hydantoin syndrome	10/1/2016	12/31/2299
Q862	Dysmorphism due to warfarin	10/1/2016	12/31/2299
Q868	Oth congen malform syndromes due to known exogenous causes	10/1/2016	12/31/2299
Q870	Congen malform syndromes predom affecting facial appearance	10/1/2016	12/31/2299
Q871	Congenital malform syndromes predom assoc w short stature	10/1/2016	09/30/2019
Q8711	Prader-Willi syndrome	10/1/2019	12/31/2299
Q8719	Other congen malform synd predom assoc with short stature	10/1/2019	12/31/2299

Table 16	Diagnosis codes for procedure code V2025 eyeglasses deluxe frames specified in policy transmittal 2015-102. Effective 2/1/2016: one of the listed diagnosis codes is required when V2025 is billed		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
Q872	Congenital malformation syndromes predom involving limbs	10/1/2016	12/31/2299
Q873	Congenital malformation syndromes involving early overgrowth	10/1/2016	12/31/2299
Q8740	Marfan's syndrome, unspecified	10/1/2016	12/31/2299
Q87410	Marfan's syndrome with aortic dilation	10/1/2016	12/31/2299
Q87418	Marfan's syndrome with other cardiovascular manifestations	10/1/2016	12/31/2299
Q8742	Marfan's syndrome with ocular manifestations	10/1/2016	12/31/2299
Q8743	Marfan's syndrome with skeletal manifestation	10/1/2016	12/31/2299
Q875	Oth congenital malformation syndromes w oth skeletal changes	10/1/2016	12/31/2299
Q8781	Alport syndrome	10/1/2016	12/31/2299
Q8789	Oth congenital malformation syndromes, NEC	10/1/2016	12/31/2299
Q897	Multiple congenital malformations, not elsewhere classified	10/1/2016	12/31/2299
Q898	Other specified congenital malformations	10/1/2016	12/31/2299
Q899	Congenital malformation, unspecified	10/1/2016	12/31/2299
Q900	Trisomy 21, nonmosaicism (meiotic nondisjunction)	10/1/2016	12/31/2299
Q901	Trisomy 21, mosaicism (mitotic nondisjunction)	10/1/2016	12/31/2299
Q902	Trisomy 21, translocation	10/1/2016	12/31/2299
Q909	Down syndrome, unspecified	10/1/2016	12/31/2299
Q910	Trisomy 18, nonmosaicism (meiotic nondisjunction)	10/1/2016	12/31/2299
Q911	Trisomy 18, mosaicism (mitotic nondisjunction)	10/1/2016	12/31/2299
Q912	Trisomy 18, translocation	10/1/2016	12/31/2299
Q913	Trisomy 18, unspecified	10/1/2016	12/31/2299
Q914	Trisomy 13, nonmosaicism (meiotic nondisjunction)	10/1/2016	12/31/2299
Q915	Trisomy 13, mosaicism (mitotic nondisjunction)	10/1/2016	12/31/2299
Q916	Trisomy 13, translocation	10/1/2016	12/31/2299

Table 16	Diagnosis codes for procedure code V2025 eyeglasses deluxe frames specified in policy transmittal 2015-102. Effective 2/1/2016: one of the listed diagnosis codes is required when V2025 is billed		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
Q917	Trisomy 13, unspecified	10/1/2016	12/31/2299
Q920	Whole chromosome trisomy, nonmosaic (meiotic nondisjunction)	10/1/2016	12/31/2299
Q921	Whole chromosome trisomy, mosaicism (mitotic nondisjunction)	10/1/2016	12/31/2299
Q922	Partial trisomy	10/1/2016	12/31/2299
Q925	Duplications with other complex rearrangements	10/1/2016	12/31/2299
Q9261	Marker chromosomes in normal individual	10/1/2016	12/31/2299
Q9262	Marker chromosomes in abnormal individual	10/1/2016	12/31/2299
Q927	Triploidy and polyploidy	10/1/2016	12/31/2299
Q928	Other specified trisomies and partial trisomies of autosomes	10/1/2016	12/31/2299
Q929	Trisomy and partial trisomy of autosomes, unspecified	10/1/2016	12/31/2299
Q930	Whole chromosome monosomy,nonmosaic (meiotic nondisjunction)	10/1/2016	12/31/2299
Q931	Whole chromosome monosomy, mosaic (mitotic nondisjunction)	10/1/2016	12/31/2299
Q932	Chromosome replaced with ring, dicentric or isochromosome	10/1/2016	12/31/2299
Q933	Deletion of short arm of chromosome 4	10/1/2016	12/31/2299
Q934	Deletion of short arm of chromosome 5	10/1/2016	12/31/2299
Q935	Other deletions of part of a chromosome	10/1/2016	12/31/2299
Q937	Deletions with other complex rearrangements	10/1/2016	12/31/2299
Q9381	Velo-cardio-facial syndrome	10/1/2016	12/31/2299
Q9388	Other microdeletions	10/1/2016	12/31/2299
Q9389	Other deletions from the autosomes	10/1/2016	12/31/2299
Q939	Deletion from autosomes, unspecified	10/1/2016	12/31/2299
Q950	Balanced translocation and insertion in normal individual	10/1/2016	12/31/2299
Q951	Chromosome inversion in normal individual	10/1/2016	12/31/2299
Q952	Balanced autosomal rearrangement in abnormal individual	10/1/2016	12/31/2299

Table 16	Diagnosis codes for procedure code V2025 eyeglasses deluxe frames specified in policy transmittal 2015-102. Effective 2/1/2016: one of the listed diagnosis codes is required when V2025 is billed		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
Q953	Balanced sex/autosomal rearrangement in abnormal individual	10/1/2016	12/31/2299
Q955	Individual with autosomal fragile site	10/1/2016	12/31/2299
Q958	Other balanced rearrangements and structural markers	10/1/2016	12/31/2299
Q959	Balanced rearrangement and structural marker, unspecified	10/1/2016	12/31/2299
Q960	Karyotype 45, X	10/1/2016	12/31/2299
Q961	Karyotype 46, X iso (Xq)	10/1/2016	12/31/2299
Q962	Karyotype 46, X w abnormal sex chromosome, except iso (Xq)	10/1/2016	12/31/2299
Q963	Mosaicism, 45, X/46, XX or XY	10/1/2016	12/31/2299
Q964	Mosaic, 45, X/other cell line(s) w abnormal sex chromosome	10/1/2016	12/31/2299
Q968	Other variants of Turner's syndrome	10/1/2016	12/31/2299
Q969	Turner's syndrome, unspecified	10/1/2016	12/31/2299
Q992	Fragile X chromosome	10/1/2016	12/31/2299
Q998	Other specified chromosome abnormalities	10/1/2016	12/31/2299
Q999	Chromosomal abnormality, unspecified	10/1/2016	12/31/2299
R561	Post traumatic seizures	10/1/2016	12/31/2299
R569	Unspecified convulsions	10/1/2016	12/31/2299
Z9009	Acquired absence of other part of head and neck	10/1/2016	12/31/2299

Table 17: Contains the list of ICD-10 diagnosis codes for DHMAS Targeted Case Management Services (2023T and T1017):

Table 17	List of ICD-10 diagnosis codes for DHMAS Targeted Case Management Services (2023T and T1017)		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F0281	Dementia in oth diseases classd elswhr w behavioral disturb	20151001	20220930
F1011	Alcohol abuse, in remission	20171001	22991231
F10130	Alcohol abuse with withdrawal, uncomplicated	20201001	22991231
F10131	Alcohol abuse with withdrawal delirium	20201001	22991231
F10132	Alcohol abuse with withdrawal with perceptual disturbance	20201001	22991231
F10139	Alcohol abuse with withdrawal, unspecified	20201001	22991231
F1020	Alcohol dependence, uncomplicated	20151001	22991231
F1021	Alcohol dependence, in remission	20151001	22991231
F10220	Alcohol dependence with intoxication, uncomplicated	20151001	22991231
F10221	Alcohol dependence with intoxication delirium	20151001	22991231
F10230	Alcohol dependence with withdrawal, uncomplicated	20151001	22991231
F10231	Alcohol dependence with withdrawal delirium	20151001	22991231
F10232	Alcohol dependence w withdrawal with perceptual disturbance	20151001	22991231
F1024	Alcohol dependence with alcohol-induced mood disorder	20151001	22991231
F10250	Alcohol depend w alcoh-induce psychotic disorder w delusions	20151001	22991231
F10251	Alcohol depend w alcoh-induce psychotic disorder w hallucin	20151001	22991231
F1026	Alcohol depend w alcoh-induce persisting amnestic disorder	20151001	22991231
F1027	Alcohol dependence with alcohol-induced persisting dementia	20151001	22991231
F10280	Alcohol dependence with alcohol-induced anxiety disorder	20151001	22991231
F10281	Alcohol dependence with alcohol-induced sexual dysfunction	20151001	22991231
F10282	Alcohol dependence with alcohol-induced sleep disorder	20151001	22991231
F10288	Alcohol dependence with other alcohol-induced disorder	20151001	22991231
F10930	Alcohol use, unspecified with withdrawal, uncomplicated	20201001	22991231
F10931	Alcohol use, unspecified with withdrawal delirium	20201001	22991231
F10932	Alcohol use, unspecified with w/drawal w perceptual disturb	20201001	22991231
F10939	Alcohol use, unspecified with withdrawal, unspecified	20201001	22991231
F1111	Opioid abuse, in remission	20171001	22991231
F1113	Opioid abuse with withdrawal	20201001	22991231
F1120	Opioid dependence, uncomplicated	20151001	22991231

Table 17	List of ICD-10 diagnosis codes for DHMAS Targeted Case Management Services (2023T and T1017)		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F1121	Opioid dependence, in remission	20151001	22991231
F11220	Opioid dependence with intoxication, uncomplicated	20151001	22991231
F11221	Opioid dependence with intoxication delirium	20151001	22991231
F11222	Opioid dependence w intoxication with perceptual disturbance	20151001	22991231
F1123	Opioid dependence with withdrawal	20151001	22991231
F1124	Opioid dependence with opioid-induced mood disorder	20151001	22991231
F11250	Opioid depend w opioid-induc psychotic disorder w delusions	20151001	22991231
F11251	Opioid depend w opioid-induc psychotic disorder w hallucin	20151001	22991231
F11281	Opioid dependence with opioid-induced sexual dysfunction	20151001	22991231
F11282	Opioid dependence with opioid-induced sleep disorder	20151001	22991231
F11288	Opioid dependence with other opioid-induced disorder	20151001	22991231
F1211	Cannabis abuse, in remission	20171001	22991231
F1213	Cannabis abuse with withdrawal	20201001	22991231
F1220	Cannabis dependence, uncomplicated	20151001	22991231
F12220	Cannabis dependence with intoxication, uncomplicated	20151001	22991231
F12221	Cannabis dependence with intoxication delirium	20151001	22991231
F12222	Cannabis dependence w intoxication w perceptual disturbance	20151001	22991231
F1223	Cannabis dependence with withdrawal	20181001	22991231
F12250	Cannabis dependence with psychotic disorder with delusions	20151001	22991231
F12251	Cannabis dependence w psychotic disorder with hallucinations	20151001	22991231
F12280	Cannabis dependence with cannabis-induced anxiety disorder	20151001	22991231
F12288	Cannabis dependence with other cannabis-induced disorder	20151001	22991231
F1293	Cannabis use, unspecified with withdrawal	20181001	22991231
F1311	Sedative, hypnotic or anxiolytic abuse, in remission	20171001	22991231
F13130	Sedatv/hyp/anxiolytc abuse with withdrawal, uncomplicated	20201001	22991231
F13131	Sedatv/hyp/anxiolytc abuse with withdrawal delirium	20201001	22991231
F13132	Sedatv/hyp/anxiolytc abuse with w/drawal w perceptl disturb	20201001	22991231
F13139	Sedatv/hyp/anxiolytc abuse with withdrawal, unspecified	20201001	22991231
F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated	20151001	22991231
F1321	Sedative, hypnotic or anxiolytic dependence, in remission	20151001	22991231
F13220	Sedatv/hyp/anxiolytc dependence w intoxication, uncomp	20151001	22991231
F13221	Sedatv/hyp/anxiolytc dependence w intoxication delirium	20151001	22991231
F13230	Sedatv/hyp/anxiolytc dependence w withdrawal, uncomplicated	20151001	22991231
F13231	Sedatv/hyp/anxiolytc dependence w withdrawal delirium	20151001	22991231

Table 17	List of ICD-10 diagnosis codes for DHMAS Targeted Case Management Services (2023T and T1017)		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F13232	Sedatv/hyp/anxiolytc depend w w/drawal w perceptual disturb	20151001	22991231
F1324	Sedative, hypnotic or anxiolytic dependence w mood disorder	20151001	22991231
F13250	Sedatv/hyp/anxiolytc depend w psychotic disorder w delusions	20151001	22991231
F13251	Sedatv/hyp/anxiolytc depend w psychotic disorder w hallucin	20151001	22991231
F1326	Sedatv/hyp/anxiolytc depend w persisting amnestic disorder	20151001	22991231
F1327	Sedatv/hyp/anxiolytc dependence w persisting dementia	20151001	22991231
F13280	Sedatv/hyp/anxiolytc dependence w anxiety disorder	20151001	22991231
F13281	Sedatv/hyp/anxiolytc dependence w sexual dysfunction	20151001	22991231
F13282	Sedative, hypnotic or anxiolytic dependence w sleep disorder	20151001	22991231
F13288	Sedative, hypnotic or anxiolytic dependence w oth disorder	20151001	22991231
F1411	Cocaine abuse, in remission	20171001	22991231
F1413	Cocaine abuse, unspecified with withdrawal	20201001	22991231
F1420	Cocaine dependence, uncomplicated	20151001	22991231
F1421	Cocaine dependence, in remission	20151001	22991231
F14220	Cocaine dependence with intoxication, uncomplicated	20151001	22991231
F14221	Cocaine dependence with intoxication delirium	20151001	22991231
F14222	Cocaine dependence w intoxication w perceptual disturbance	20151001	22991231
F1423	Cocaine dependence with withdrawal	20151001	22991231
F1424	Cocaine dependence with cocaine-induced mood disorder	20151001	22991231
F14250	Cocaine depend w cocaine-induc psych disorder w delusions	20151001	22991231
F14251	Cocaine depend w cocaine-induc psychotic disorder w hallucin	20151001	22991231
F14280	Cocaine dependence with cocaine-induced anxiety disorder	20151001	22991231
F14281	Cocaine dependence with cocaine-induced sexual dysfunction	20151001	22991231
F14282	Cocaine dependence with cocaine-induced sleep disorder	20151001	22991231
F14288	Cocaine dependence with other cocaine-induced disorder	20151001	22991231
F1493	Cocaine use, unspecified with withdrawal	20201001	22991231
F1511	Other stimulant abuse, in remission	20171001	22991231
F1513	Other stimulant abuse with withdrawal	20201001	22991231
F1520	Other stimulant dependence, uncomplicated	20151001	22991231
F1521	Other stimulant dependence, in remission	20151001	22991231
F15220	Other stimulant dependence with intoxication, uncomplicated	20151001	22991231
F15221	Other stimulant dependence with intoxication delirium	20151001	22991231
F15222	Oth stimulant dependence w intox w perceptual disturbance	20151001	22991231
F1523	Other stimulant dependence with withdrawal	20151001	22991231

Table 17	List of ICD-10 diagnosis codes for DHMAS Targeted Case Management Services (2023T and T1017)		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F1524	Oth stimulant dependence w stimulant-induced mood disorder	20151001	22991231
F15250	Oth stim depend w stim-induce psych disorder w delusions	20151001	22991231
F15251	Oth stimulant depend w stim-induce psych disorder w hallucin	20151001	22991231
F15280	Oth stimulant dependence w stim-induce anxiety disorder	20151001	22991231
F15281	Oth stimulant dependence w stim-induce sexual dysfunction	20151001	22991231
F15282	Oth stimulant dependence w stimulant-induced sleep disorder	20151001	22991231
F15288	Oth stimulant dependence with oth stimulant-induced disorder	20151001	22991231
F1611	Hallucinogen abuse, in remission	20171001	22991231
F1620	Hallucinogen dependence, uncomplicated	20151001	22991231
F1621	Hallucinogen dependence, in remission	20151001	22991231
F16220	Hallucinogen dependence with intoxication, uncomplicated	20151001	22991231
F16221	Hallucinogen dependence with intoxication with delirium	20151001	22991231
F1624	Hallucinogen dependence w hallucinogen-induced mood disorder	20151001	22991231
F16250	Hallucinogen dependence w psychotic disorder w delusions	20151001	22991231
F16251	Hallucinogen dependence w psychotic disorder w hallucin	20151001	22991231
F16280	Hallucinogen dependence w anxiety disorder	20151001	22991231
F16283	Hallucign depend w hallucign persisting perception disorder	20151001	22991231
F16288	Hallucinogen dependence w oth hallucinogen-induced disorder	20151001	22991231
F1811	Inhalant abuse, in remission	20171001	22991231
F1820	Inhalant dependence, uncomplicated	20151001	22991231
F1821	Inhalant dependence, in remission	20151001	22991231
F18220	Inhalant dependence with intoxication, uncomplicated	20151001	22991231
F18221	Inhalant dependence with intoxication delirium	20151001	22991231
F1824	Inhalant dependence with inhalant-induced mood disorder	20151001	22991231
F18250	Inhalant depend w inhalnt-induce psych disorder w delusions	20151001	22991231
F18251	Inhalant depend w inhalnt-induce psych disorder w hallucin	20151001	22991231
F1827	Inhalant dependence with inhalant-induced dementia	20151001	22991231
F18280	Inhalant dependence with inhalant-induced anxiety disorder	20151001	22991231
F18288	Inhalant dependence with other inhalant-induced disorder	20151001	22991231
F1911	Other psychoactive substance abuse, in remission	20171001	22991231
F19130	Other psychoactive substance abuse with withdrawal, uncomp	20201001	22991231
F19131	Other psychoactive substance abuse with withdrawal delirium	20201001	22991231
F19132	Other psychoactv sub abuse with w/drawal w perceptl disturb	20201001	22991231
F19139	Other psychoactv substance abuse with withdrawal, unsp	20201001	22991231

Table 17	List of ICD-10 diagnosis codes for DHMAS Targeted Case Management Services (2023T and T1017)		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F1920	Other psychoactive substance dependence, uncomplicated	20151001	22991231
F1921	Other psychoactive substance dependence, in remission	20151001	22991231
F19220	Oth psychoactive substance dependence w intoxication, uncomp	20151001	22991231
F19221	Oth psychoactive substance dependence w intox delirium	20151001	22991231
F19222	Oth psychoactv substance depend w intox w perceptual disturb	20151001	22991231
F19230	Oth psychoactive substance dependence w withdrawal, uncomp	20151001	22991231
F19231	Oth psychoactive substance dependence w withdrawal delirium	20151001	22991231
F19232	Oth psychoactv sub depend w w/drawal w perceptl disturb	20151001	22991231
F1924	Oth psychoactive substance dependence w mood disorder	20151001	22991231
F19250	Oth psychoactv substance depend w psych disorder w delusions	20151001	22991231
F19251	Oth psychoactv substance depend w psych disorder w hallucin	20151001	22991231
F1926	Oth psychoactv substance depend w persist amnestic disorder	20151001	22991231
F1927	Oth psychoactive substance dependence w persisting dementia	20151001	22991231
F19280	Oth psychoactive substance dependence w anxiety disorder	20151001	22991231
F19281	Oth psychoactive substance dependence w sexual dysfunction	20151001	22991231
F19282	Oth psychoactive substance dependence w sleep disorder	20151001	22991231
F19288	Oth psychoactive substance dependence w oth disorder	20151001	22991231
F200	Paranoid schizophrenia	20151001	22991231
F201	Disorganized schizophrenia	20151001	22991231
F202	Catatonic schizophrenia	20151001	22991231
F203	Undifferentiated schizophrenia	20151001	22991231
F205	Residual schizophrenia	20151001	22991231
F2081	Schizophreniform disorder	20151001	22991231
F2089	Other schizophrenia	20151001	22991231
F209	Schizophrenia, unspecified	20151001	22991231
F21	Schizotypal disorder	20151001	22991231
F22	Delusional disorders	20151001	22991231
F250	Schizoaffective disorder, bipolar type	20151001	22991231
F251	Schizoaffective disorder, depressive type	20151001	22991231
F258	Other schizoaffective disorders	20151001	22991231
F28	Oth psych disorder not due to a sub or known physiol cond	20151001	22991231
F3010	Manic episode without psychotic symptoms, unspecified	20151001	22991231
F3011	Manic episode without psychotic symptoms, mild	20151001	22991231
F3012	Manic episode without psychotic symptoms, moderate	20151001	22991231

Table 17	List of ICD-10 diagnosis codes for DHMAS Targeted Case Management Services (2023T and T1017)		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F3013	Manic episode, severe, without psychotic symptoms	20151001	22991231
F302	Manic episode, severe with psychotic symptoms	20151001	22991231
F303	Manic episode in partial remission	20151001	22991231
F304	Manic episode in full remission	20151001	22991231
F308	Other manic episodes	20151001	22991231
F310	Bipolar disorder, current episode hypomanic	20151001	22991231
F3111	Bipolar disord, crnt episode manic w/o psych features, mild	20151001	22991231
F3112	Bipolar disord, crnt episode manic w/o psych features, mod	20151001	22991231
F3113	Bipolar disord, crnt epsd manic w/o psych features, severe	20151001	22991231
F312	Bipolar disord, crnt episode manic severe w psych features	20151001	22991231
F3131	Bipolar disorder, current episode depressed, mild	20151001	22991231
F3132	Bipolar disorder, current episode depressed, moderate	20151001	22991231
F314	Bipolar disord, crnt epsd depress, sev, w/o psych features	20151001	22991231
F315	Bipolar disord, crnt epsd depress, severe, w psych features	20151001	22991231
F3161	Bipolar disorder, current episode mixed, mild	20151001	22991231
F3162	Bipolar disorder, current episode mixed, moderate	20151001	22991231
F3163	Bipolar disord, crnt epsd mixed, severe, w/o psych features	20151001	22991231
F3164	Bipolar disord, crnt episode mixed, severe, w psych features	20151001	22991231
F3171	Bipolar disord, in partial remis, most recent epsd hypomanic	20151001	22991231
F3172	Bipolar disord, in full remis, most recent episode hypomanic	20151001	22991231
F3173	Bipolar disord, in partial remis, most recent episode manic	20151001	22991231
F3174	Bipolar disorder, in full remis, most recent episode manic	20151001	22991231
F3175	Bipolar disord, in partial remis, most recent epsd depress	20151001	22991231
F3176	Bipolar disorder, in full remis, most recent episode depress	20151001	22991231
F3177	Bipolar disord, in partial remis, most recent episode mixed	20151001	22991231
F3178	Bipolar disorder, in full remis, most recent episode mixed	20151001	22991231
F3181	Bipolar II disorder	20151001	22991231
F3189	Other bipolar disorder	20151001	22991231
F320	Major depressive disorder, single episode, mild	20151001	22991231
F321	Major depressive disorder, single episode, moderate	20151001	22991231
F322	Major depressv disord, single epsd, sev w/o psych features	20151001	22991231
F323	Major depressv disord, single epsd, severe w psych features	20151001	22991231
F324	Major depressv disorder, single episode, in partial remis	20151001	22991231
F325	Major depressive disorder, single episode, in full remission	20151001	22991231

Table 17	List of ICD-10 diagnosis codes for DHMAS Targeted Case Management Services (2023T and T1017)		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F328	Other depressive episodes	20151001	20160930
F3289	Other specified depressive episodes	20161001	22991231
F330	Major depressive disorder, recurrent, mild	20151001	22991231
F331	Major depressive disorder, recurrent, moderate	20151001	22991231
F332	Major depressv disorder, recurrent severe w/o psych features	20151001	22991231
F333	Major depressv disorder, recurrent, severe w psych symptoms	20151001	22991231
F3340	Major depressive disorder, recurrent, in remission, unsp	20151001	22991231
F3341	Major depressive disorder, recurrent, in partial remission	20151001	22991231
F3342	Major depressive disorder, recurrent, in full remission	20151001	22991231
F338	Other recurrent depressive disorders	20151001	22991231
F339	Major depressive disorder, recurrent, unspecified	20151001	22991231
F340	Cyclothymic disorder	20151001	22991231
F341	Dysthymic disorder	20151001	22991231
F348	Other persistent mood [affective] disorders	20151001	20160930
F3481	Disruptive mood dysregulation disorder	20161001	22991231
F3489	Other specified persistent mood disorders	20161001	22991231
F4001	Agoraphobia with panic disorder	20151001	22991231
F4002	Agoraphobia without panic disorder	20151001	22991231
F4011	Social phobia, generalized	20151001	22991231
F410	Panic disorder [episodic paroxysmal anxiety]	20151001	22991231
F411	Generalized anxiety disorder	20151001	22991231
F413	Other mixed anxiety disorders	20151001	22991231
F418	Other specified anxiety disorders	20151001	22991231
F42	Obsessive-compulsive disorder	20151001	20160930
F422	Mixed obsessional thoughts and acts	20161001	22991231
F423	Hoarding disorder	20161001	22991231
F428	Other obsessive-compulsive disorder	20161001	22991231
F4311	Post-traumatic stress disorder, acute	20151001	22991231
F4312	Post-traumatic stress disorder, chronic	20151001	22991231
F440	Dissociative amnesia	20151001	22991231
F441	Dissociative fugue	20151001	22991231
F442	Dissociative stupor	20151001	22991231
F444	Conversion disorder with motor symptom or deficit	20151001	22991231
F445	Conversion disorder with seizures or convulsions	20151001	22991231

Table 17	List of ICD-10 diagnosis codes for DHMAS Targeted Case Management Services (2023T and T1017)		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F446	Conversion disorder with sensory symptom or deficit	20151001	22991231
F447	Conversion disorder with mixed symptom presentation	20151001	22991231
F4481	Dissociative identity disorder	20151001	22991231
F4489	Other dissociative and conversion disorders	20151001	22991231
F5001	Anorexia nervosa, restricting type	20151001	20240930
F50010	Anorexia nervosa, restricting type, mild	20241001	22991231
F50011	Anorexia nervosa, restricting type, moderate	20241001	22991231
F50012	Anorexia nervosa, restricting type, severe	20241001	22991231
F50013	Anorexia nervosa, restricting type, extreme	20241001	22991231
F50014	Anorexia nervosa, restricting type, in remission	20241001	22991231
F50019	Anorexia nervosa, restricting type, unspecified	20241001	22991231
F5002	Anorexia nervosa, binge eating/purging type	20151001	20240930
F50020	Anorexia nervosa, binge eating/purging type, mild	20241001	22991231
F50021	Anorexia nervosa, binge eating/purging type, moderate	20241001	22991231
F50022	Anorexia nervosa, binge eating/purging type, severe	20241001	22991231
F50023	Anorexia nervosa, binge eating/purging type, extreme	20241001	22991231
F50024	Anorexia nervosa, binge eating/purging type, in remission	20241001	22991231
F50029	Anorexia nervosa, binge eating/purging type, unspecified	20241001	22991231
F502	Bulimia nervosa	20151001	20240930
F5020	Bulimia nervosa, unspecified	20241001	22991231
F5021	Bulimia nervosa, mild	20241001	22991231
F5022	Bulimia nervosa, moderate	20241001	22991231
F5023	Bulimia nervosa, severe	20241001	22991231
F5024	Bulimia nervosa, extreme	20241001	22991231
F5025	Bulimia nervosa, in remission	20241001	22991231
F508	Other eating disorders	20151001	20160930
F5081	Binge eating disorder	20161001	20240930
F50810	Binge eating disorder, mild	20241001	22991231
F50811	Binge eating disorder, moderate	20241001	22991231
F50812	Binge eating disorder, severe	20241001	22991231
F50813	Binge eating disorder, extreme	20241001	22991231
F50814	Binge eating disorder, in remission	20241001	22991231
F50819	Binge eating disorder, unspecified	20241001	22991231
F5082	Avoidant/restrictive food intake disorder	20171001	22991231

Table 17	List of ICD-10 diagnosis codes for DHMAS Targeted Case Management Services (2023T and T1017)		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
F5089	Other specified eating disorder	20161001	22991231
F53	Puerperal psychosis	20151001	20180930
F530	Postpartum depression	20181001	22991231
F531	Puerperal psychosis	20181001	22991231
F600	Paranoid personality disorder	20151001	22991231
F601	Schizoid personality disorder	20151001	22991231
F602	Antisocial personality disorder	20151001	22991231
F603	Borderline personality disorder	20151001	22991231
F605	Obsessive-compulsive personality disorder	20151001	22991231
F630	Pathological gambling	20151001	22991231
F631	Pyromania	20151001	22991231
F6381	Intermittent explosive disorder	20151001	22991231
F650	Fetishism	20151001	22991231
F651	Transvestic fetishism	20151001	22991231
F652	Exhibitionism	20151001	22991231
F653	Voyeurism	20151001	22991231
F654	Pedophilia	20151001	22991231
F6551	Sexual masochism	20151001	22991231
F6552	Sexual sadism	20151001	22991231
F6581	Frotteurism	20151001	22991231
F6589	Other paraphilias	20151001	22991231
F6811	Factit disord imposed on self, with predom psych signs/symp	20151001	22991231
F6813	Factit disord impsd on self,w comb psych & physcl signs/symp	20151001	22991231
F68A	Factitious disorder imposed on another	20181001	22991231
T1491XA	Suicide attempt, initial encounter	20171001	22991231
T1491XD	Suicide attempt, subsequent encounter	20171001	22991231
T1491XS	Suicide attempt, sequela	20171001	22991231

Table Listing, Previous Table 17, Next Table 19, End of Document

Table 18: Contains the Gender Reassignment Procedure and Surgery Pricing List:

Table 18	Codes for Gender Reassignment Procedure and Surgery Pricing List			
The following list should be used when pricing prior authorizations (PA) for gender affirmation professional surgical services and procedures under HUSKY A, B, C and D.* Diagnosis code F64.0-Transsexualism must be on all submitted PA requests and claims.				
Code	**Description**	**Professional Rate Range (proposed rate)**	**Effective Date**	**End date**
15788	Chemical peel facial epidermal (by aesthetician)	$150 - $350	10/1/2018	12/31/2299
15789	Chemical peel facial dermal (phenol, etc)	$3,500	10/1/2018	12/31/2299
15834	Excision excess skin/sub tissue: hip bilateral	$9,000 - $11,000	10/1/2018	12/31/2299
15835	Excision excess skin/sub tissue: buttock, bilateral	$7,000	10/1/2018	12/31/2299
15836	Excision excess skin/sub tissue: arm, bilateral	$7,500	10/1/2018	12/31/2299
15839	Excision excess skin/sub tissue: abdomen	$3,500 - $7,200	10/1/2018	12/31/2299
15876	Liposuction neck	$1,500	10/1/2018	12/31/2299
15877	Lipo trunk lower abdomen only	$2,000	10/1/2018	12/31/2299
15877	Lipo trunk upper and lower abdomen	$3,500	10/1/2018	12/31/2299
15878	Lipo upper extremity, bilateral	$3,000	10/1/2018	12/31/2299
15879	Lipo lower extremity, inner thigh bilateral	$2,000	10/1/2018	12/31/2299
15879	Lipo calves bilateral	$4,000	10/1/2018	12/31/2299
15879	Lipo Ankles bilateral	$1,500	10/1/2018	12/31/2299
17999	Laser hair removal of facial hair	$377.73	4/1/2019	12/31/2299
19303	Mast simple complete	$4,500 - $7,500	1/1/2020	12/31/2299

Table 18	Codes for Gender Reassignment Procedure and Surgery Pricing List			
The following list should be used when pricing prior authorizations (PA) for gender affirmation professional surgical services and procedures under HUSKY A, B, C and D.* Diagnosis code F64.0-Transsexualism must be on all submitted PA requests and claims.				
Code	**Description**	**Professional Rate Range (proposed rate)**	**Effective Date**	**End date**
19304	Mastectomy, subcutaneous	$4,500 - $7,500	10/1/2018	12/31/2019
19316	Mastopexy	$4,500 - $7,500	10/1/2018	12/31/2299
19318	Breast reduction	$4,500 - $7,500	1/1/2020	12/31/2299
19325	Placement of permanent implant	$6,500	10/1/2018	12/31/2299
19350	Nipple Areola reconstruction	$3,500 - $5,500	10/1/2018	12/31/2299
19357	Breast reconstruction w/tissue expander and expansion. Insertion of implant	$4,500 - $8,500	10/1/2018	12/31/2299
21120	Genioplasty	$3,500	10/1/2018	12/31/2299
21121	Genioplasty sliding osteotomy	$4,500	10/1/2018	12/31/2299
21125	Augmentation mandibular prosthetic material	$3,000	10/1/2018	12/31/2299
21137	Reduction forehead contouring only	$6,000	10/1/2018	12/31/2299
21208	Osteoplasty facial bones augmentation	$3,500 - $4,500	10/1/2018	12/31/2299
21209	Osteoplasty facial reduction	$3,500 - $4,500	10/1/2018	12/31/2299
21210	Graft, bone nasal, maxillary or malar	$5,500 - $7,500	10/1/2018	12/31/2299
21230	Graft; rib, autogenous to face chin nose or ear	$3,500 - $4,500	10/1/2018	12/31/2299
21235	Graft ear cartilage to nose or ear	$4,500 - $6,500	10/1/2018	12/31/2299
21245	Reconstruction of mandible or maxilla w/ implant	$3,000	10/1/2018	12/31/2299
30400	Rhinoplasty primary	$5,500	10/1/2018	12/31/2299
30410	Rhino primary complete	$5,500	10/1/2018	12/31/2299

Table 18	Codes for Gender Reassignment Procedure and Surgery Pricing List			
The following list should be used when pricing prior authorizations (PA) for gender affirmation professional surgical services and procedures under HUSKY A, B, C and D.* Diagnosis code F64.0-Transsexualism must be on all submitted PA requests and claims.				
Code	**Description**	**Professional Rate Range (proposed rate)**	**Effective Date**	**End date**
30420	Rhino with septal repair	$6,500	10/1/2018	12/31/2299
30430	Rhino secondary minor revision	$3,000	10/1/2018	12/31/2299
30435	Rhino secondary intermediate revision	$4,500	10/1/2018	12/31/2299
30450	Rhino secondary major revision	$5,500	10/1/2018	12/31/2299
53430	Urethroplasty	$4,500	10/1/2018	12/31/2299
54125	Amputation of penis	$4,000	10/1/2018	12/31/2299
54161	Glansplasty	$1,000	10/1/2018	12/31/2299
54520	Orchiectomy	$1,500	10/1/2018	12/31/2299
54660	Insertion of Testicular Implants	$1,500	10/1/2018	12/31/2299
55180	Scrotoplasty	$3,000	10/1/2018	12/31/2299
56800	Plastic Repair of Introitus	$2,500 - $5,500	10/1/2018	12/31/2299
56805	Metoidioplasty (clitoral release)	$3,800	10/1/2018	12/31/2299
57106	Sub-total vaginectomy	$4,500	10/1/2018	12/31/2299
57291	Construction of artificial vagina w/o graft	$3,500 - $5,500	10/1/2018	12/31/2299
57292	Construction of artificial vagina w/graft	$4,500 - $5,500	10/1/2018	12/31/2299
67900	Repair brow ptosis	$5,500	10/1/2018	12/31/2299
67904	repair blepharoptosis	$3,500	10/1/2018	12/31/2299
69300	Otoplasty bilateral	$5,500	10/1/2018	12/31/2299

Table 18	Codes for Gender Reassignment Procedure and Surgery Pricing List			
The following list should be used when pricing prior authorizations (PA) for gender affirmation professional surgical services and procedures under HUSKY A, B, C and D.* Diagnosis code F64.0-Transsexualism must be on all submitted PA requests and claims.				
Code	**Description**	**Professional Rate Range (proposed rate)**	**Effective Date**	**End date**
99243	Office Consultation (For laser hair services only)	$255	4/1/2019	12/31/2299

For guidance and billing instructions for gender reassignment procedures and surgical codes, please refer to provider bulletins: PB 17-17 and PB 19-19.

* Please note that HUSKY Health members who are receiving gender affirmation professional services and/or procedures are also eligible to receive additional medical services not listed on this fee table. Fee schedules for additional medical services can be found on www.ctdssmap.com.

Table Listing, Previous Table 18, Next Table 20, End of Document

Table 19: Contains the Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations:

Table 19 **Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.**

EFFECTIVE DATE – April 1, 2025 **(revised – 4/02/2025)**

Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.

Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).

Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.

Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".

Procedure Code	Procedure Description	Service Limit	Special Instructions
A4216	Sterile water saline and/or dextrose diluent/flush 10 ml	16 per month	
A4217	Sterile water/saline 500 ml	16 per month	
A4218	Sterile saline or water metered dose dispenser 10 ml	31 per month	
A4221	Supplies for maintenance of non-insulin drug infusion catheter per week (list dr	20 per month	
A4222	Infusion supplies for external drug infusion pump per cassette or bag (list drug	31 per month	
A4223	Infusion supplies not used with external infusion pump per cassette or bag (list	40 per month	
A4224	Supplies for maintenance of insulin infusion catheter per week	30 per month	
A4225	Supplies for external insulin infusion pump syringe type cartridge sterile each	31 per month	
A4230	Infusion set for external insulin pump non needle cannula type	31 per month	
A4231	Infusion set for external insulin pump needle type	31 per month	
A4233	Replacement battery alkaline (other than j cell) for use with medically necessar	2 per month	
A4234	Replacement battery alkaline j cell for use with medically necessary home blood	2 per month	
A4235	Replacement battery lithium for use with medically necessary home blood glucose	2 per month	
A4236	Replacement battery silver oxide for use with medically necessary home blood glu	2 per month	
A4244	Alcohol or peroxide per pint	4 per month	
A4245	Alcohol wipes per box	2 per month	
A4246	Betadine or phisohex solution per pint	4 per month	
A4247	Betadine or iodine swabs/wipes per box	4 per month	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
A4250	Urine test or reagent strips or tablets (100 tablets or strips)	2 per month	
A4253	Blood glucose test or reagent strips for home blood glucose monitor per 50 strip	4 per month	
A4255	Platforms for home blood glucose monitor 50 per box	1 per month	
A4256	Normal low and high calibrator solution / chips	2 per month	
A4258	Spring-powered device for lancet each	1 per month	
A4259	Lancets per box of 100	2 per month	
A4265	Paraffin per pound	2 per month	
A4267	Contraceptive supply condom male each	36 per month	
A4268	Contraceptive supply condom female each	30 per month	
A4269	Contraceptive supply spermicide (e.g. foam gel) each	1 per month	
A4280	Adhesive skin support attachment for use with external breast prosthesis each	2 per month	
A4305	Disposable drug delivery system flow rate of 50 ml or greater per hour	15 per month	
A4310	Insertion tray without drainage bag and without catheter (accessories only)	6 per month	
A4311	Insertion tray without drainage bag with indwelling catheter foley type two-way	6 per month	
A4312	Insertion tray without drainage bag with indwelling catheter foley type two-way	6 per month	
A4313	Insertion tray without drainage bag with indwelling catheter foley type three-wa	6 per month	
A4314	Insertion tray with drainage bag with indwelling catheter foley type two-way lat	6 per month	
A4315	Insertion tray with drainage bag with indwelling catheter foley type two-way all	6 per month	
A4316	Insertion tray with drainage bag with indwelling catheter foley type three-way f	6 per month	
A4320	Irrigation tray with bulb or piston syringe any purpose	10 per month	
A4322	Irrigation syringe bulb or piston each	20 per month	
A4326	Male external catheter with integral collection chamber any type each	31 per month	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
A4327	Female external urinary collection device; meatal cup each	4 per month	
A4328	Female external urinary collection device; pouch each	31 per month	
A4330	Perianal fecal collection pouch with adhesive each	31 per month	
A4331	Extension drainage tubing any type any length with connector/adaptor for use wit	4 per month	
A4333	Urinary catheter anchoring device adhesive skin attachment each	4 per month	
A4334	Urinary catheter anchoring device leg strap each	8 per month	
A4338	Indwelling catheter; foley type two-way latex with coating (teflon silicone sili	6 per month	
A4340	Indwelling catheter; specialty type (e.g. coude mushroom wing etc.) each	6 per month	
A4344	Indwelling catheter foley type two-way all silicone each	6 per month	
A4346	Indwelling catheter; foley type three way for continuous irrigation each	8 per month	
A4349	Male external catheter with or without adhesive disposable each	60 per month	
A4351	Intermittent urinary catheter; straight tip with or without coating (teflon sili	200 per month	
A4352	Intermittent urinary catheter; coude (curved) tip with or without coating (teflo	200 per month	
A4353	Intermittent urinary catheter with insertion supplies	200 per month	
A4354	Insertion tray with drainage bag but without catheter	6 per month	
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indw	16 per month	
A4356	External urethral clamp or compression device (not to be used for catheter clamp	1 per month	
A4357	Bedside drainage bag day or night with or without anti-reflux device with or wit	8 per month	
A4358	Urinary drainage bag leg or abdomen vinyl with or without tube with straps each	16 per month	
A4360	Disposable external urethral clamp or compression device with pad and/or pouch e	31 per month	
A4361	Ostomy faceplate each	10 per month	
A4362	Skin barrier; solid 4 x 4 or equivalent; each	31 per month	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
A4363	Ostomy clamp any type replacement only each	8 per month	
A4364	Adhesive liquid or equal any type per oz	16 per month	
A4366	Ostomy vent any type each	10 per month	
A4367	Ostomy belt each	8 per month	
A4368	Ostomy filter any type each	31 per month	
A4369	Ostomy skin barrier liquid (spray brush etc.) per oz	16 per month	
A4371	Ostomy skin barrier powder per oz	16 per month	
A4372	Ostomy skin barrier solid 4 x 4 or equivalent standard wear with built-in convex	16 per month	
A4373	Ostomy skin barrier with flange (solid flexible or accordion) with built-in conv	20 per month	
A4375	Ostomy pouch drainable with faceplate attached plastic each	20 per month	
A4376	Ostomy pouch drainable with faceplate attached rubber each	20 per month	
A4377	Ostomy pouch drainable for use on faceplate plastic each	20 per month	
A4378	Ostomy pouch drainable for use on faceplate rubber each	20 per month	
A4379	Ostomy pouch urinary with faceplate attached plastic each	20 per month	
A4380	Ostomy pouch urinary with faceplate attached rubber each	20 per month	
A4381	Ostomy pouch urinary for use on faceplate plastic each	20 per month	
A4382	Ostomy pouch urinary for use on faceplate heavy plastic each	20 per month	
A4383	Ostomy pouch urinary for use on faceplate rubber each	20 per month	
A4384	Ostomy faceplate equivalent silicone ring each	20 per month	
A4385	Ostomy skin barrier solid 4 x 4 or equivalent extended wear without built-in con	31 per month	
A4387	Ostomy pouch closed with barrier attached with built-in convexity (1 piece) each	31 per month	
A4388	Ostomy pouch drainable with extended wear barrier attached (1 piece) each	31 per month	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
A4389	Ostomy pouch drainable with barrier attached with built-in convexity (1 piece) e	31 per month	
A4390	Ostomy pouch drainable with extended wear barrier attached with built-in convexi	31 per month	
A4391	Ostomy pouch urinary with extended wear barrier attached (1 piece) each	20 per month	
A4392	Ostomy pouch urinary with standard wear barrier attached with built-in convexity	31 per month	
A4393	Ostomy pouch urinary with extended wear barrier attached with built-in convexity	31 per month	
A4394	Ostomy deodorant with or without lubricant for use in ostomy pouch per fluid oun	10 per month	
A4395	Ostomy deodorant for use in ostomy pouch solid per tablet	150 per month	
A4396	Ostomy belt with peristomal hernia support	2 per month	
A4397	Irrigation supply; sleeve each	31 per month	
A4398	Ostomy irrigation supply; bag each	31 per month	
A4399	Ostomy irrigation supply; cone/catheter with or without brush	10 per month	
A4400	Ostomy irrigation set	2 per month	
A4402	Lubricant per ounce	16 per month	
A4404	Ostomy ring each	20 per month	
A4405	Ostomy skin barrier non-pectin based paste per ounce	10 per month	
A4406	Ostomy skin barrier pectin-based paste per ounce	20 per month	
A4407	Ostomy skin barrier with flange (solid flexible or accordion) extended wear with	20 per month	
A4408	Ostomy skin barrier with flange (solid flexible or accordion) extended wear with	20 per month	
A4409	Ostomy skin barrier with flange (solid flexible or accordion) extended wear with	20 per month	
A4410	Ostomy skin barrier with flange (solid flexible or accordion) extended wear with	20 per month	
A4411	Ostomy skin barrier solid 4 x 4 or equivalent extended wear with built-in convex	20 per month	
A4412	Ostomy pouch drainable high output for use on a barrier with flange (2 piece sys	20 per month	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
A4413	Ostomy pouch drainable high output for use on a barrier with flange (2 piece sys	20 per month	
A4414	Ostomy skin barrier with flange (solid flexible or accordion) without built-in c	31 per month	
A4415	Ostomy skin barrier with flange (solid flexible or accordion) without built-in c	31 per month	
A4416	Ostomy pouch closed with barrier attached with filter (1 piece) each	60 per month	
A4417	Ostomy pouch closed with barrier attached with built-in convexity with filter (1	60 per month	
A4418	Ostomy pouch closed; without barrier attached with filter (1 piece) each	60 per month	
A4419	Ostomy pouch closed; for use on barrier with non-locking flange with filter (2 p	60 per month	
A4420	Ostomy pouch closed; for use on barrier with locking flange (2 piece) each	60 per month	
A4421	Ostomy supply; miscellaneous	1 per month	
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to	60 per month	
A4423	Ostomy pouch closed; for use on barrier with locking flange with filter (2 piece	60 per month	
A4424	Ostomy pouch drainable with barrier attached with filter (1 piece) each	20 per month	
A4425	Ostomy pouch drainable; for use on barrier with non-locking flange with filter (	20 per month	
A4426	Ostomy pouch drainable; for use on barrier with locking flange (2 piece system)	20 per month	
A4427	Ostomy pouch drainable; for use on barrier with locking flange with filter (2 pi	20 per month	
A4428	Ostomy pouch urinary with extended wear barrier attached with faucet-type tap wi	20 per month	
A4429	Ostomy pouch urinary with barrier attached with built-in convexity with faucet-t	20 per month	
A4430	Ostomy pouch urinary with extended wear barrier attached with built-in convexity	20 per month	
A4431	Ostomy pouch urinary; with barrier attached with faucet-type tap with valve (1 p	20 per month	
A4432	Ostomy pouch urinary; for use on barrier with non-locking flange with faucet-typ	20 per month	
A4433	Ostomy pouch urinary; for use on barrier with locking flange (2 piece) each	20 per month	
A4434	Ostomy pouch urinary; for use on barrier with locking flange with faucet-type ta	20 per month	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
A4435	Ostomy pouch drainable high output with extended wear barrier (one-piece system)	20 per month	
A4436	Irrigation supply; sleeve, reusable, per month	1 per month	
A4437	Irrigation supply; sleeve, disposable, per month	1 per month	
A4450	Tape non-waterproof per 18 square inches	300 per month	
A4452	Tape waterproof per 18 square inches	100 per month	
A4455	Adhesive remover or solvent (for tape cement or other adhesive) per ounce	16 per month	
A4456	Adhesive remover wipes any type each	60 per month	
A4459	Manual pump-operated enema system includes balloon catheter and all accessories	1 per 3 months	
A4461	Surgical dressing holder non-reusable each	8 per month	
A4463	Surgical dressing holder reusable each	4 per month	
A4465	Non-elastic binder for extremity	2 per month	
A4481	Tracheostoma filter any type any size each	31 per month	
A4556	Electrodes (e.g. apnea monitor) per pair	2 per month	
A4557	Lead wires (e.g. apnea monitor) per pair	2 twice per year	
A4558	Conductive gel or paste for use with electrical device (e.g. tens nmes) per oz	1 per month	
A4559	Coupling gel or paste for use with ultrasound device per oz	16 per month	
A4561	Pessary rubber any type	1 per month	
A4562	Pessary non rubber any type	1 per month	
A4565	Slings	2 per month	
A4604	Tubing with integrated heating element for use with positive airway pressure dev	1 per 3 months	cannot be combined with A7037
A4605	Tracheal suction catheter closed system each	31 per month	
A4606	Oxygen probe for use with oximeter device replacement	2 per month	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**

Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.

Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).

Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.

Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".

Procedure Code	Procedure Description	Service Limit	Special Instructions
A4608	Transtracheal oxygen catheter each	2 per month	
A4611	Battery heavy duty; replacement for patient owned ventilator	1 per month	
A4612	Battery cables; replacement for patient-owned ventilator	1 per month	
A4613	Battery charger; replacement for patient-owned ventilator	1 per month	
A4614	Peak expiratory flow rate meter hand held	1 per month	
A4615	Cannula nasal	4 per month	
A4616	Tubing (oxygen) per foot	31 per month	
A4617	Mouth piece	4 per month	
A4618	Breathing circuits	4 per month	
A4619	Face tent	4 per month	
A4620	Variable concentration mask	4 per month	
A4623	Tracheostomy inner cannula	10 per month	
A4624	Tracheal suction catheter any type other than closed system each	200 per month	
A4625	Tracheostomy care kit for new tracheostomy	100 per month	
A4626	Tracheostomy cleaning brush each	8 per month	
A4628	Oropharyngeal suction catheter each	16 per month	
A4629	Tracheostomy care kit for established tracheostomy	100 per month	
A4630	Replacement batteries medically necessary transcutaneous electrical stimulator o	1 per month	
A4633	Replacement bulb/lamp for ultraviolet light therapy system each	4 per month	
A4634	Replacement bulb for therapeutic light box tabletop model	4 per month	
A4635	Underarm pad crutch replacement each	2 per month	
A4636	Replacement handgrip cane crutch or walker each	2 per month	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
A4637	Replacement tip cane crutch walker each.	4 per month	
A4640	Replacement pad for use with medically necessary alternating pressure pad owned	1 per month	
A4649	Surgical supply; miscellaneous	1 per month	
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	1 per 3 years	
A4663	Blood pressure cuff only	1 per month	
A4670	Automatic blood pressure monitor	1 per 3 years	
A4927	Gloves non-sterile per 100	3 per month	
A4930	Gloves sterile per pair	200 per month	
A5051	Ostomy pouch closed; with barrier attached (1 piece) each	60 per month	
A5052	Ostomy pouch closed; without barrier attached (1 piece) each	60 per month	
A5053	Ostomy pouch closed; for use on faceplate each	60 per month	
A5054	Ostomy pouch closed; for use on barrier with flange (2 piece) each	60 per month	
A5055	Stoma cap	31 per month	
A5056	Ostomy pouch drainable with extended wear barrier attached with filter (1 piece)	20 per month	
A5057	Ostomy pouch drainable with extended wear barrier attached with built in convexi	20 per month	
A5061	Ostomy pouch drainable; with barrier attached (1 piece) each	60 per month	
A5062	Ostomy pouch drainable; without barrier attached (1 piece) each	60 per month	
A5063	Ostomy pouch drainable; for use on barrier with flange (2 piece system) each	60 per month	
A5071	Ostomy pouch urinary; with barrier attached (1 piece) each	60 per month	
A5072	Ostomy pouch urinary; without barrier attached (1 piece) each	60 per month	
A5073	Ostomy pouch urinary; for use on barrier with flange (2 piece) each	60 per month	
A5081	Stoma plug or seal any type	31 per month	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
A5082	Continent device; catheter for continent stoma	10 per month	
A5083	Continent device stoma absorptive cover for continent stoma	20 per month	
A5093	Ostomy accessory; convex insert	10 per month	
A5102	Bedside drainage bottle with or without tubing rigid or expandable each	1 per month	
A5105	Urinary suspensory with leg bag with or without tube each	8 per month	
A5112	Urinary drainage bag leg or abdomen latex with or without tube with straps each	4 per month	
A5113	Leg strap; latex replacement only per set	4 per month	
A5114	Leg strap; foam or fabric replacement only per set	2 per month	
A5120	Skin barrier wipes or swabs each	100 per month	
A5121	Skin barrier; solid 6 x 6 or equivalent each	31 per month	
A5122	Skin barrier; solid 8 x 8 or equivalent each	31 per month	
A5126	Adhesive or non-adhesive; disk or foam pad	31 per month	
A5131	Appliance cleaner incontinence and ostomy appliances per 16 oz.	2 per month	
A5200	Percutaneous catheter/tube anchoring device adhesive skin attachment	31 per month	
A5500	For diabetics only fitting (including follow-up) custom preparation and supply o	4 per month	
A5501	For diabetics only fitting (including follow-up) custom preparation and supply o	4 per month	
A5503	For diabetics only modification (including fitting) of off-the-shelf depth-inlay	4 per month	
A5504	For diabetics only modification (including fitting) of off-the-shelf depth-inlay	4 per month	
A5505	For diabetics only modification (including fitting) of off-the-shelf depth-inlay	4 per month	
A5506	For diabetics only modification (including fitting) of off-the-shelf depth-inlay	4 per month	
A5507	For diabetics only not otherwise specified modification (including fitting) of o	4 per month	
A5510	For diabetics only direct formed compression molded to patient's foot without ex	4 per month	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**

Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.

Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).

Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.

Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".

Procedure Code	Procedure Description	Service Limit	Special Instructions
A5512	For diabetics only multiple density insert direct formed molded to foot after ex	4 per 6 months	cannot be combined with A5513
A5513	For diabetics only multiple density insert custom molded from model of patient's	4 per 6 months	cannot be combined with A5512
A5514	For diabetics only multiple density insert made by direct carving with cam techn	4 per 6 months	
A6010	Collagen based wound filler dry form sterile per gram of collagen	31 per month	
A6011	Collagen based wound filler gel/paste per gram of collagen	31 per month	
A6021	Collagen dressing sterile size 16 sq. in. or less each	31 per month	
A6022	Collagen dressing sterile size more than 16 sq. in. but less than or equal to 48	31 per month	
A6023	Collagen dressing sterile size more than 48 sq. in. each	10 per month	
A6024	Collagen dressing wound filler sterile per 6 inches	31 per month	
A6154	Wound pouch each	31 per month	
A6196	Alginate or other fiber gelling dressing wound cover sterile pad size 16 sq. in.	31 per month	
A6197	Alginate or other fiber gelling dressing wound cover sterile pad size more than	31 per month	
A6198	Alginate or other fiber gelling dressing wound cover sterile pad size more than	16 per month	
A6199	Alginate or other fiber gelling dressing wound filler sterile per 6 inches	60 per month	
A6203	Composite dressing sterile pad size 16 sq. in. or less with any size adhesive bo	31 per month	
A6204	Composite dressing sterile pad size more than 16 sq. in. but less than or equal	31 per month	
A6205	Composite dressing sterile pad size more than 48 sq. in. with any size adhesive	16 per month	
A6206	Contact layer sterile 16 sq. in. or less each dressing	31 per month	
A6207	Contact layer sterile more than 16 sq. in. but less than or equal to 48 sq. in.	31 per month	
A6208	Contact layer sterile more than 48 sq. in. each dressing	16 per month	
A6209	Foam dressing wound cover sterile pad size 16 sq. in. or less without adhesive b	31 per month	
A6210	Foam dressing wound cover sterile pad size more than 16 sq. in. but less than or	31 per month	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**

Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.

Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).

Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.

Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".

Procedure Code	Procedure Description	Service Limit	Special Instructions
A6211	Foam dressing wound cover sterile pad size more than 48 sq. in. without adhesive	31 per month	
A6212	Foam dressing wound cover sterile pad size 16 sq. in. or less with any size adhe	31 per month	
A6213	Foam dressing wound cover sterile pad size more than 16 sq. in. but less than or	31 per month	
A6214	Foam dressing wound cover sterile pad size more than 48 sq. in. with any size ad	31 per month	
A6215	Foam dressing wound filler sterile per gram	16 per month	
A6216	Gauze non-impregnated non-sterile pad size 16 sq. in. or less without adhesive b	200 per month	
A6217	Gauze non-impregnated non-sterile pad size more than 16 sq. in. but less than or	200 per month	
A6218	Gauze non-impregnated non-sterile pad size more than 48 sq. in. without adhesive	200 per month	
A6219	Gauze non-impregnated sterile pad size 16 sq. in. or less with any size adhesive	150 per month	
A6220	Gauze non-impregnated sterile pad size more than 16 sq. in. but less than or equ	100 per month	
A6221	Gauze non-impregnated sterile pad size more than 48 sq. in. with any size adhesi	31 per month	
A6222	Gauze impregnated with other than water normal saline or hydrogel sterile pad si	31 per month	
A6223	Gauze impregnated with other than water normal saline or hydrogel sterile pad si	60 per month	
A6224	Gauze impregnated with other than water normal saline or hydrogel sterile pad si	31 per month	
A6229	Gauze impregnated water or normal saline sterile pad size more than 16 sq. in. b	31 per month	
A6231	Gauze impregnated hydrogel for direct wound contact sterile pad size 16 sq. in.	31 per month	
A6232	Gauze impregnated hydrogel for direct wound contact sterile pad size greater tha	31 per month	
A6233	Gauze impregnated hydrogel for direct wound contact sterile pad size more than 4	31 per month	
A6234	Hydrocolloid dressing wound cover sterile pad size 16 sq. in. or less without ad	31 per month	
A6235	Hydrocolloid dressing wound cover sterile pad size more than 16 sq. in. but less	31 per month	
A6236	Hydrocolloid dressing wound cover sterile pad size more than 48 sq. in. without	31 per month	
A6237	Hydrocolloid dressing wound cover sterile pad size 16 sq. in. or less with any s	31 per month	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
A6238	Hydrocolloid dressing wound cover sterile pad size more than 16 sq. in. but less	31 per month	
A6239	Hydrocolloid dressing wound cover sterile pad size more than 48 sq. in. with any	31 per month	
A6240	Hydrocolloid dressing wound filler paste sterile per ounce	20 per month	
A6241	Hydrocolloid dressing wound filler dry form sterile per gram	20 per month	
A6242	Hydrogel dressing wound cover sterile pad size 16 sq. in. or less without adhesi	31 per month	
A6243	Hydrogel dressing wound cover sterile pad size more than 16 sq. in. but less tha	8 per month	
A6244	Hydrogel dressing wound cover sterile pad size more than 48 sq. in. without adhe	8 per month	
A6245	Hydrogel dressing wound cover sterile pad size 16 sq. in. or less with any size	8 per month	
A6246	Hydrogel dressing wound cover sterile pad size more than 16 sq. in. but less tha	8 per month	
A6247	Hydrogel dressing wound cover sterile pad size more than 48 sq. in. with any siz	8 per month	
A6248	Hydrogel dressing wound filler gel per fluid ounce	31 per month	
A6251	Specialty absorptive dressing wound cover sterile pad size 16 sq. in. or less wi	31 per month	
A6252	Specialty absorptive dressing wound cover sterile pad size more than 16 sq. in.	31 per month	
A6253	Specialty absorptive dressing wound cover sterile pad size more than 48 sq. in.	31 per month	
A6254	Specialty absorptive dressing wound cover sterile pad size 16 sq. in. or less wi	31 per month	
A6255	Specialty absorptive dressing wound cover sterile pad size more than 16 sq. in.	31 per month	
A6256	Specialty absorptive dressing wound cover sterile pad size more than 48 sq. in.	31 per month	
A6257	Transparent film sterile 16 sq. in. or less each dressing	31 per month	
A6258	Transparent film sterile more than 16 sq. in. but less than or equal to 48 sq. i	31 per month	
A6259	Transparent film sterile more than 48 sq. in. each dressing	31 per month	
A6261	Wound filler gel/paste per fluid ounce not otherwise specified	31 per month	
A6262	Wound filler dry form per gram not otherwise specified	31 per month	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
A6266	Gauze impregnated other than water normal saline or zinc paste sterile any width	31 per month	
A6402	Gauze non-impregnated sterile pad size 16 sq. in. or less without adhesive borde	200 per month	
A6403	Gauze non-impregnated sterile pad size more than 16 sq. in. less than or equal t	150 per month	
A6404	Gauze non-impregnated sterile pad size more than 48 sq. in. without adhesive bor	31 per month	
A6407	Packing strips non-impregnated sterile up to 2 inches in width per linear yard	31 per month	
A6410	Eye pad sterile each	60 per month	
A6412	Eye patch occlusive each	31 per month	
A6441	Padding bandage non-elastic non-woven/non-knitted width greater than or equal to	60 per month	
A6442	Conforming bandage non-elastic knitted/woven non-sterile width less than three i	100 per month	
A6443	Conforming bandage non-elastic knitted/woven non-sterile width greater than or e	100 per month	
A6444	Conforming bandage non-elastic knitted/woven non-sterile width greater than or e	100 per month	
A6445	Conforming bandage non-elastic knitted/woven sterile width less than three inche	150 per month	
A6446	Conforming bandage non-elastic knitted/woven sterile width greater than or equal	150 per month	
A6447	Conforming bandage non-elastic knitted/woven sterile width greater than or equal	150 per month	
A6448	Light compression bandage elastic knitted/woven width less than three inches per	100 per month	
A6449	Light compression bandage elastic knitted/woven width greater than or equal to t	100 per month	
A6450	Light compression bandage elastic knitted/woven width greater than or equal to f	100 per month	
A6451	Moderate compression bandage elastic knitted/woven load resistance of 1.25 to 1.	100 per month	
A6452	High compression bandage elastic knitted/woven load resistance greater than or e	31 per month	
A6453	Self-adherent bandage elastic non-knitted/non-woven width less than three inches	31 per month	
A6454	Self-adherent bandage elastic non-knitted/non-woven width greater than or equal	31 per month	
A6455	Self-adherent bandage elastic non-knitted/non-woven width greater than or equal	31 per month	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
A6456	Zinc paste impregnated bandage non-elastic knitted/woven width greater than or e	31 per month	
A6457	Tubular dressing with or without elastic any width per linear yard	31 per month	
A6501	Compression burn garment bodysuit (head to foot) custom fabricated	1 per month	
A6502	Compression burn garment chin strap custom fabricated	1 per month	
A6503	Compression burn garment facial hood custom fabricated	1 per month	
A6504	Compression burn garment glove to wrist custom fabricated	2 per month	
A6505	Compression burn garment glove to elbow custom fabricated	2 per month	
A6506	Compression burn garment glove to axilla custom fabricated	2 per month	
A6507	Compression burn garment foot to knee length custom fabricated	2 per month	
A6508	Compression burn garment foot to thigh length custom fabricated	2 per month	
A6509	Compression burn garment upper trunk to waist including arm openings (vest) cust	1 per month	
A6510	Compression burn garment trunk including arms down to leg openings (leotard) cus	1 per month	
A6511	Compression burn garment lower trunk including leg openings (panty) custom fabri	1 per month	
A6512	Compression burn garment not otherwise classified	2 per month	
A6513	Compression burn mask face and/or neck plastic or equal custom fabricated	1 per month	
A6515	Gradient compression wrap with adjustable straps, full leg, each, custom	4 per 6 months	
A6516	Gradient compression wrap with adjustable straps, foot, each, custom	4 per 6 months	
A6517	Gradient compression wrap with adjustable straps, below knee, each, custom	4 per 6 months	
A6518	Gradient compression wrap with adjustable straps, arm, each, custom	4 per 6 months	
A6519	Gradient compression garment, not otherwise specified, for nighttime use, each	4 per 6 months	
A6520	Gradient compression garment glove padded for nighttime use each	4 per 6 months	
A6521	Gradient compression garment glove padded for nighttime use custom each	4 per 6 months	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
A6522	Gradient compression garment arm padded for nighttime use each	4 per 6 months	
A6523	Gradient compression garment arm padded for nighttime use custom each	4 per 6 months	
A6524	Gradient compression garment lower leg and foot padded for nighttime use eac	4 per 6 months	
A6525	Gradient compression garment lower leg and foot padded for nighttime use cus	4 per 6 months	
A6526	Gradient compression garment full leg and foot padded for nighttime use each	4 per 6 months	
A6527	Gradient compression garment full leg and foot padded for nighttime use cust	4 per 6 months	
A6528	Gradient compression garment bra for nighttime use each	4 per 6 months	
A6529	Gradient compression garment bra for nighttime use custom each	4 per 6 months	
A6530	Gradient compression stocking below knee 18-30 mmhg each	4 per 6 months	
A6531	Gradient compression stocking below knee 30-40 mmhg each	4 per 6 months	
A6532	Gradient compression stocking below knee 40-50 mmhg each	4 per 6 months	
A6533	Gradient compression stocking thigh length 18-30 mmhg each	4 per 6 months	
A6534	Gradient compression stocking thigh length 30-40 mmhg each	4 per 6 months	
A6535	Gradient compression stocking thigh length 40-50 mmhg each	4 per 6 months	
A6536	Gradient compression stocking full length/chap style 18-30 mmhg each	4 per 6 months	
A6537	Gradient compression stocking full length/chap style 30-40 mmhg each	4 per 6 months	
A6538	Gradient compression stocking full length/chap style 40-50 mmhg each	4 per 6 months	
A6539	Gradient compression stocking waist length 18-30 mmhg each	4 per 6 months	
A6540	Gradient compression stocking waist length 30-40 mmhg each	4 per 6 months	
A6541	Gradient compression stocking waist length 40-50 mmhg each	4 per 6 months	
A6544	Gradient compression stocking garter belt	4 per 6 months	
A6545	Gradient compression wrap non-elastic below knee 30-50 mm hg each	4 per 6 months	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
A6549	Gradient compression stocking/sleeve not otherwise specified	14 per month	
A6550	Wound care set for negative pressure wound therapy electrical pump includes all	31 per month	
A6552	Gradient compression stocking below knee 30-40 mmhg each	4 per 6 months	
A6553	Gradient compression stocking below knee 30-40 mmhg custom each	4 per 6 months	
A6554	Gradient compression stocking below knee 40 mmhg or greater each	4 per 6 months	
A6555	Gradient compression stocking below knee 40 mmhg or greater custom each	4 per 6 months	
A6556	Gradient compression stocking thigh length 18-30 mmhg custom each	4 per 6 months	
A6557	Gradient compression stocking thigh length 30-40 mmhg custom each	4 per 6 months	
A6558	Gradient compression stocking thigh length 40 mmhg or greater custom each	4 per 6 months	
A6559	Gradient compression stocking full length/chap style 18-30 mmhg custom each	4 per 6 months	
A6560	Gradient compression stocking full length/chap style 30-40 mmhg custom each	4 per 6 months	
A6561	Gradient compression stocking full length/chap style 40 mmhg or greater custo	4 per 6 months	
A6562	Gradient compression stocking waist length 18-30 mmhg custom each	4 per 6 months	
A6563	Gradient compression stocking waist length 30-40 mmhg custom each	4 per 6 months	
A6564	Gradient compression stocking waist length 40 mmhg or greater custom each	4 per 6 months	
A6565	Gradient compression gauntlet custom each	4 per 6 months	
A6566	Gradient compression garment neck/head each	2 per 6 months	
A6567	Gradient compression garment neck/head custom each	2 per 6 months	
A6568	Gradient compression garment torso and shoulder each	2 per 6 months	
A6569	Gradient compression garment torso/shoulder custom each	2 per 6 months	
A6572	Gradient compression garment toe caps each	4 per 6 months	
A6573	Gradient compression garment toe caps custom each	4 per 6 months	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**

Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.

Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).

Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.

Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".

Procedure Code	Procedure Description	Service Limit	Special Instructions
A6574	Gradient compression arm sleeve and glove combination custom each	4 per 6 months	
A6575	Gradient compression arm sleeve and glove combination each	4 per 6 months	
A6576	Gradient compression arm sleeve custom medium weight each	4 per 6 months	
A6577	Gradient compression arm sleeve custom heavy weight each	4 per 6 months	
A6578	Gradient compression arm sleeve each	4 per 6 months	
A6579	Gradient compression glove custom medium weight each	4 per 6 months	
A6580	Gradient compression glove custom heavy weight each	4 per 6 months	
A6581	Gradient compression glove each	4 per 6 months	
A6582	Gradient compression gauntlet each	4 per 6 months	
A6583	Gradient compression wrap with adjustable straps below knee 30-50 mmhg each	4 per 6 months	
A6584	Gradient compression wrap with adjustable straps not otherwise specified	4 per 6 months	
A6585	Gradient pressure wrap with adjustable straps above knee each	4 per 6 months	
A6586	Gradient pressure wrap with adjustable straps full leg each	4 per 6 months	
A6587	Gradient pressure wrap with adjustable straps foot each	4 per 6 months	
A6588	Gradient pressure wrap with adjustable straps arm each	4 per 6 months	
A6594	Gradient compression bandaging supply bandage liner lower extremity any size	4 per 6 months	
A6595	Gradient compression bandaging supply bandage liner upper extremity any size	4 per 6 months	
A6610	Gradient compression stocking below knee 18-30 mmhg custom each	4 per 6 months	
A6611	Gradient compression wrap with adjustable straps, above knee, each, custom	4 per 6 months	
A7000	Canister disposable used with suction pump each	8 per month	
A7001	Canister non-disposable used with suction pump each	1 per month	
A7002	Tubing used with suction pump each	2 per month	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
A7003	Administration set with small volume nonfiltered pneumatic nebulizer disposable	2 per month	
A7004	Small volume nonfiltered pneumatic nebulizer disposable	2 per month	
A7005	Administration set with small volume nonfiltered pneumatic nebulizer non-disposa	1 per month	
A7006	Administration set with small volume filtered pneumatic nebulizer	1 per month	
A7007	Large volume nebulizer disposable unfilled used with aerosol compressor	60 per month	
A7008	Large volume nebulizer disposable prefilled used with aerosol compressor	60 per month	
A7009	Reservoir bottle non-disposable used with large volume ultrasonic nebulizer	2 per month	
A7010	Corrugated tubing disposable used with large volume nebulizer 100 feet	2 per month	
A7012	Water collection device used with large volume nebulizer	2 per month	
A7013	Filter disposable used with aerosol compressor or ultrasonic generator	2 per month	
A7014	Filter nondisposable used with aerosol compressor or ultrasonic generator	1 per month	
A7015	Aerosol mask used with dme nebulizer	1 per month	
A7016	Dome and mouthpiece used with small volume ultrasonic nebulizer	1 per month	
A7017	Nebulizer durable glass or autoclavable plastic bottle type not used with oxygen	1 per month	
A7018	Water distilled used with large volume nebulizer 1000 ml	31 per month	
A7020	Interface for cough stimulating device includes all components replacement only	1 per month	
A7025	High frequency chest wall oscillation system vest replacement for use with patie	1 per month	
A7026	High frequency chest wall oscillation system hose replacement for use with patie	1 per month	
A7027	Combination oral/nasal mask used with continuous positive airway pressure device	1 per 3 months	
A7028	Oral cushion for combination oral/nasal mask replacement only each	2 per month	
A7029	Nasal pillows for combination oral/nasal mask replacement only pair	2 per month	
A7030	Full face mask used with positive airway pressure device each	1 per 3 months	cannot be combined with A7034

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
A7031	Face mask interface replacement for full face mask each	1 per month	cannot be combined with A7032
A7032	Cushion for use on nasal mask interface replacement only each	2 per month	cannot be combined with A7031
A7033	Pillow for use on nasal cannula type interface replacement only pair	2 per month	
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device	1 per 3 months	cannot be combined with A7030
A7035	Headgear used with positive airway pressure device	1 per 6 months	
A7036	Chinstrap used with positive airway pressure device	1 per 6 months	
A7037	Tubing used with positive airway pressure device	1 per month	cannot be combined with A4604
A7038	Filter disposable used with positive airway pressure device	2 per month	
A7039	Filter non disposable used with positive airway pressure device	1 per 6 months	
A7040	One way chest drain valve	2 per month	
A7041	Water seal drainage container and tubing for use with implanted chest tube	4 per month	
A7044	Oral interface used with positive airway pressure device each	1 per month	
A7045	Exhalation port with or without swivel used with accessories for positive airway	1 per 6 months	
A7046	Water chamber for humidifier used with positive airway pressure device replaceme	1 per 6 months	
A7047	Oral interface used with respiratory suction pump each	2 per month	
A7048	Vacuum drainage collection unit and tubing kit including all supplies needed for	4 per month	
A7501	Tracheostoma valve including diaphragm each	1 per month	
A7502	Replacement diaphragm/faceplate for tracheostoma valve each	1 per month	
A7503	Filter holder or filter cap reusable for use in a tracheostoma heat and moisture	3 per month	
A7504	Filter for use in a tracheostoma heat and moisture exchange system each	31 per month	
A7505	Housing reusable without adhesive for use in a heat and moisture exchange system	8 per month	
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheo	31 per month	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
A7507	Filter holder and integrated filter without adhesive for use in a tracheostoma h	60 per month	
A7508	Housing and integrated adhesive for use in a tracheostoma heat and moisture exch	60 per month	
A7509	Filter holder and integrated filter housing and adhesive for use as a tracheosto	31 per month	
A7520	Tracheostomy/laryngectomy tube non-cuffed polyvinylchloride (pvc) silicone or eq	4 per month	
A7521	Tracheostomy/laryngectomy tube cuffed polyvinylchloride (pvc) silicone or equal	4 per month	
A7522	Tracheostomy/laryngectomy tube stainless steel or equal (sterilizable and reusab	1 per month	
A7523	Tracheostomy shower protector each	8 per month	
A7524	Tracheostoma stent/stud/button each	4 per month	
A7525	Tracheostomy mask each	8 per month	
A7526	Tracheostomy tube collar/holder each	31 per month	
A7527	Tracheostomy/laryngectomy tube plug/stop each	8 per month	
A8000	Helmet protective soft prefabricated includes all components and accessories	1 per month	
A8001	Helmet protective hard prefabricated includes all components and accessories	1 per month	
A8002	Helmet protective soft custom fabricated includes all components and accessories	1 per month	
A8003	Helmet protective hard custom fabricated includes all components and accessories	1 per month	
A9273	Cold or hot fluid bottle ice cap or collar heat and/or cold wrap any type	1 per year	
A9274	External ambulatory insulin delivery system disposable each includes all supplie	20 per month	
A9275	Home glucose disposable monitor includes test strips	1 per month	
A9276	Sensor; invasive (e.g. subcutaneous) disposable for use with interstitial contin	15 per month	
A9277	Transmitter; external for use with interstitial continuous glucose monitoring sy	1 per month	
A9278	Receiver (monitor); external for use with interstitial continuous glucose monito	1 per month	
A9281	Reaching/grabbing device any type any length each	1 per month	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
A9282	Wig any type each	1 per 6 months	
A9283	Foot pressure off loading/supportive device any type each	2 pairs per year	
A9284	Spirometer non-electronic includes all accessories	1 per month	
A9286	Hygienic item or device disposable or non-disposable any type each	1 per month	
A9900	Miscellaneous dme supply accessory and/or service component of another hcpcs cod	2 per month	
A9900	Miscellaneous dme supply accessory and/or service component of another hcpcs cod	2 per month	
A9999	Miscellaneous dme supply or accessory not otherwise specified	100 per month	
A9999	Miscellaneous dme supply or accessory not otherwise specified	100 per month	
E0100	Cane includes canes of all materials adjustable or fixed with tip	1 per 2 years	
E0105	Cane quad or three prong includes canes of all materials adjustable or fixed wit	1 per 2 years	
E0110	Crutches forearm includes crutches of various materials adjustable or fixed pair	1 per 3 years	
E0111	Crutch forearm includes crutches of various materials adjustable or fixed each w	1 per 3 years	
E0112	Crutches underarm wood adjustable or fixed pair with pads tips and handgrips	1 per 3 years	
E0113	Crutch underarm wood adjustable or fixed each with pad tip and handgrip	1 per 3 years	
E0114	Crutches underarm other than wood adjustable or fixed pair with pads tips and ha	1 per 3 years	
E0116	Crutch underarm other than wood adjustable or fixed with pad tip handgrip with o	1 per 3 years	
E0118	Crutch substitute lower leg platform with or without wheels each	1 per 3 years	
E0130	Walker rigid (pickup) adjustable or fixed height	1 per 3 years	
E0135	Walker folding (pickup) adjustable or fixed height	1 per 3 years	
E0140	Walker with trunk support adjustable or fixed height any type	1 per 3 years	
E0141	Walker rigid wheeled adjustable or fixed height	1 per 3 years	
E0143	Walker folding wheeled adjustable or fixed height	1 per 3 years	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
E0144	Walker enclosed four sided framed rigid or folding wheeled with posterior seat	1 per 3 years	
E0147	Walker heavy duty multiple braking system variable wheel resistance	1 per 3 years	
E0148	Walker heavy duty without wheels rigid or folding any type each	1 per 3 years	
E0149	Walker heavy duty wheeled rigid or folding any type	1 per 3 years	
E0153	Platform attachment forearm crutch each	1 per 2 years	
E0154	Platform attachment walker each	1 per 2 years	
E0155	Wheel attachment rigid pick-up walker per pair	1 per 2 years	
E0156	Seat attachment walker	1 per 3 years	
E0157	Crutch attachment walker each	1 per 2 years	
E0158	Leg extensions for walker per set of four (4)	1 per 2 years	
E0159	Brake attachment for wheeled walker replacement each	1 per 2 years	
E0160	Sitz type bath or equipment portable used with or without commode	1 per 2 years	
E0161	Sitz type bath or equipment portable used with or without commode with faucet at	1 per 2 years	
E0162	Sitz bath chair	1 per 2 years	
E0163	Commode chair mobile or stationary with fixed arms	1 per 5 years	
E0165	Commode chair mobile or stationary with detachable arms	1 per 5 years	
E0167	Pail or pan for use with commode chair replacement only	1 per 2 years	
E0168	Commode chair extra wide and/or heavy duty stationary or mobile with or without	1 per 2 years	
E0170	Commode chair with integrated seat lift mechanism electric any type	1 per 2 years	
E0171	Commode chair with integrated seat lift mechanism non-electric any type	1 per 2 years	
E0175	Foot rest for use with commode chair each	1 per 5 years	
E0181	Powered pressure reducing mattress overlay/pad alternating with pump includes he	1 per 5 years	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
E0182	Pump for alternating pressure pad for replacement only	1 per 5 years	
E0184	Dry pressure mattress	1 per year	
E0185	Gel or gel-like pressure pad for mattress standard mattress length and width	1 per year	
E0186	Air pressure mattress	1 per year	
E0187	Water pressure mattress	1 per year	
E0188	Synthetic sheepskin pad	1 per year	
E0191	Heel or elbow protector each	2 per year	
E0193	Powered air flotation bed (low air loss therapy)	1 per 3 years	
E0196	Gel pressure mattress	1 per year	
E0197	Air pressure pad for mattress standard mattress length and width	1 per year	
E0198	Water pressure pad for mattress standard mattress length and width	1 per year	
E0199	Dry pressure pad for mattress standard mattress length and width	1 per year	
E0210	Electric heat pad standard	1 per 3 years	
E0215	Electric heat pad moist	1 per 3 years	
E0240	Bath/shower chair with or without wheels any size	1 per 5 years	
E0241	Bath tub wall rail each	1 per 3 years	
E0243	Toilet rail each	1 per 3 years	
E0244	Raised toilet seat	1 per 2 years	
E0245	Tub stool or bench	1 per 2 years	
E0247	Transfer bench for tub or toilet with or without commode opening	1 per 2 years	
E0248	Transfer bench heavy duty for tub or toilet with or without commode opening	1 per 2 years	
E0249	Pad for water circulating heat unit for replacement only	1 per 5 years	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**

Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.

Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).

Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.

Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".

Procedure Code	Procedure Description	Service Limit	Special Instructions
E0250	Hospital bed fixed height with any type side rails with mattress	1 per 5 years	
E0251	Hospital bed fixed height with any type side rails without mattress	1 per 5 years	
E0255	Hospital bed variable height hi-lo with any type side rails with mattress	1 per 5 years	
E0256	Hospital bed variable height hi-lo with any type side rails without mattress	1 per 5 years	
E0260	Hospital bed semi-electric (head and foot adjustment) with any type side rails w	1 per 5 years	
E0261	Hospital bed semi-electric (head and foot adjustment) with any type side rails w	1 per 5 years	
E0265	Hospital bed total electric (head foot and height adjustments) with any type sid	1 per 5 years	
E0266	Hospital bed total electric (head foot and height adjustments) with any type sid	1 per 5 years	
E0271	Mattress innerspring	1 per 2 years	
E0272	Mattress foam rubber	1 per 2 years	
E0275	Bed pan standard metal or plastic	1 per 3 years	
E0276	Bed pan fracture metal or plastic	1 per 3 years	
E0277	Powered pressure-reducing air mattress	1 per 5 years	
E0290	Hospital bed fixed height without side rails with mattress	1 per 5 years	
E0291	Hospital bed fixed height without side rails without mattress	1 per 5 years	
E0292	Hospital bed variable height hi-lo without side rails with mattress	1 per 5 years	
E0293	Hospital bed variable height hi-lo without side rails without mattress	1 per 5 years	
E0294	Hospital bed semi-electric (head and foot adjustment) without side rails with ma	1 per 5 years	
E0295	Hospital bed semi-electric (head and foot adjustment) without side rails without	1 per 5 years	
E0296	Hospital bed total electric (head foot and height adjustments) without side rail	1 per 5 years	
E0297	Hospital bed total electric (head foot and height adjustments) without side rail	1 per 5 years	
E0301	Hospital bed heavy duty extra wide with weight capacity greater than 350 pounds	1 per 5 years	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
E0302	Hospital bed extra heavy duty extra wide with weight capacity greater than 600 p	1 per 5 years	
E0303	Hospital bed heavy duty extra wide with weight capacity greater than 350 pounds	1 per 5 years	
E0304	Hospital bed extra heavy duty extra wide with weight capacity greater than 600 p	1 per 5 years	
E0305	Bed side rails half length	1 per 2 years	
E0310	Bed side rails full length	1 per 2 years	
E0316	Safety enclosure frame/canopy for use with hospital bed any type	1 per 5 years	
E0325	Urinal; male jug-type any material	2 per year	
E0326	Urinal; female jug-type any material	1 per 5 years	
E0371	Nonpowered advanced pressure reducing overlay for mattress standard mattress len	1 per 5 years	
E0372	Powered air overlay for mattress standard mattress length and width	1 per 5 years	
E0424	Stationary compressed gaseous oxygen system rental; includes container contents	continous monthly rental	
E0431	Portable gaseous oxygen system rental; includes portable container regulator flo	continous monthly rental	
E0433	Portable liquid oxygen system rental; home liquefier used to fill portable liqui	continous monthly rental	
E0434	Portable liquid oxygen system rental; includes portable container supply reservo	continous monthly rental	
E0439	Stationary liquid oxygen system rental; includes container contents regulator fl	continous monthly rental	
E0441	Stationary oxygen contents gaseous 1 month's supply = 1 unit	continous monthly rental	
E0442	Stationary oxygen contents liquid 1 month's supply = 1 unit	continous monthly rental	
E0443	Portable oxygen contents gaseous 1 month's supply = 1 unit	continous monthly rental	
E0444	Portable oxygen contents liquid 1 month's supply = 1 unit	continous monthly rental	
E0470	Respiratory assist device bi-level pressure capability without backup rate featu	1 per 5 years	
E0471	Respiratory assist device bi-level pressure capability with back-up rate feature	1 per 5 years	
E0472	Respiratory assist device bi-level pressure capability with backup rate feature	1 per 5 years	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
E0480	Percussor electric or pneumatic home model	1 per 5 years	
E0485	Oral device/appliance used to reduce upper airway collapsibility adjustable or n	1 per 5 years	
E0486	Oral device/appliance used to reduce upper airway collapsibility adjustable or n	1 per 5 years	
E0487	Spirometer electronic includes all accessories	1 per 5 years	
E0550	Humidifier durable for extensive supplemental humidification during ippb treatme	1 per 5 years	
E0560	Humidifier durable for supplemental humidification during ippb treatment or oxyg	1 per 5 years	
E0561	Humidifier non-heated used with positive airway pressure device	1 per 5 years	
E0562	Humidifier heated used with positive airway pressure device	1 per 5 years	
E0565	Compressor air power source for equipment which is not self-contained or cylinde	1 per 5 years	
E0570	Nebulizer with compressor	1 per year	
E0572	Aerosol compressor adjustable pressure light duty for intermittent use	1 per 5 years	
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	1 per 5 years	
E0575	Nebulizer ultrasonic large volume	1 per 5 years	
E0580	Nebulizer durable glass or autoclavable plastic bottle type for use with regulat	1 per month	
E0585	Nebulizer with compressor and heater	1 per 5 years	
E0600	Respiratory suction pump home model portable or stationary electric	1 per 5 years	
E0601	Continuous positive airway pressure (cpap) device	1 per 5 years	
E0603	Breast pump electric (ac and/or dc) any type	1 per 2 calendar years	
E0605	Vaporizer room type	1 per 2 years	
E0606	Postural drainage board	1 per 5 years	
E0607	Home blood glucose monitor	1 per 2 years	
E0625	Patient lift bathroom or toilet not otherwise classified	1 per 5 years	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
E0627	Seat lift mechanism electric any type	1 per 5 years	
E0629	Seat lift mechanism non-electric any type	1 per 5 years	
E0630	Patient lift hydraulic or mechanical includes any seat sling strap(s) or pad(s)	1 per 5 years	
E0635	Patient lift electric with seat or sling	1 per 5 years	
E0636	Multipositional patient support system with integrated lift patient accessible c	1 per 5 years	
E0637	Combination sit to stand frame/table system any size including pediatric with se	1 per 5 years	
E0638	Standing frame/table system one position (e.g. upright supine or prone stander)	1 per 5 years	
E0641	Standing frame/table system multi-position (e.g. three-way stander) any size inc	1 per 5 years	
E0642	Standing frame/table system mobile (dynamic stander) any size including pediatri	1 per 5 years	
E0650	Pneumatic compressor non-segmental home model	1 per 5 years	
E0651	Pneumatic compressor segmental home model without calibrated gradient pressure	1 per 5 years	
E0652	Pneumatic compressor segmental home model with calibrated gradient pressure	1 per 5 years	
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor half arm	1 per 5 years	
E0656	Segmental pneumatic appliance for use with pneumatic compressor trunk	1 per 5 years	
E0657	Segmental pneumatic appliance for use with pneumatic compressor chest	1 per 5 years	
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor full leg	1 per 5 years	
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor full arm	1 per 5 years	
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor half leg	1 per 5 years	
E0667	Segmental pneumatic appliance for use with pneumatic compressor full leg	1 per 5 years	
E0668	Segmental pneumatic appliance for use with pneumatic compressor full arm	1 per 5 years	
E0669	Segmental pneumatic appliance for use with pneumatic compressor half leg	1 per 5 years	
E0670	Segmental pneumatic appliance for use with pneumatic compressor integrated 2 ful	1 per 5 years	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**

Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.

Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).

Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.

Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".

Procedure Code	Procedure Description	Service Limit	Special Instructions
E0671	Segmental gradient pressure pneumatic appliance full leg	1 per 5 years	
E0672	Segmental gradient pressure pneumatic appliance full arm	1 per 5 years	
E0673	Segmental gradient pressure pneumatic appliance half leg	1 per 5 years	
E0675	Pneumatic compression device high pressure rapid inflation/deflation cycle for a	1 per 5 years	
E0676	Intermittent limb compression device (includes all accessories) not otherwise sp	1 per 5 years	
E0691	Ultraviolet light therapy system includes bulbs/lamps timer and eye protection;	1 per 5 years	
E0692	Ultraviolet light therapy system panel includes bulbs/lamps timer and eye protec	1 per 5 years	
E0693	Ultraviolet light therapy system panel includes bulbs/lamps timer and eye protec	1 per 5 years	
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet includes bul	1 per 5 years	
E0700	Safety equipment device or accessory any type	1 per 2 years	
E0705	Transfer device any type each	1 per year	
E0720	Transcutaneous electrical nerve stimulation (tens) device two lead localized sti	1 per 5 years	
E0730	Transcutaneous electrical nerve stimulation (tens) device four or more leads for	1 per 2 years	
E0731	Form fitting conductive garment for delivery of tens or nmes (with conductive fi	1 per 5 years	
E0740	Non-implanted pelvic floor electrical stimulator complete system	1 per 5 years	
E0744	Neuromuscular stimulator for scoliosis	1 per 5 years	
E0745	Neuromuscular stimulator electronic shock unit	1 per 5 years	
E0762	Transcutaneous electrical joint stimulation device system includes all accessori	1 per 5 years	
E0769	Electrical stimulation or electromagnetic wound treatment device not otherwise c	1 per 5 years	
E0770	Functional electrical stimulator transcutaneous stimulation of nerve and/or musc	1 per 5 years	
E0779	Ambulatory infusion pump mechanical reusable for infusion 8 hours or greater	1 per 5 years	
E0780	Ambulatory infusion pump mechanical reusable for infusion less than 8 hours	1 per 5 years	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
E0781	Ambulatory infusion pump single or multiple channels electric or battery operate	1 per 5 years	
E0782	Infusion pump implantable non-programmable (includes all components e.g. pump ca	1 per 5 years	
E0783	Infusion pump system implantable programmable (includes all components e.g. pump	1 per 5 years	
E0791	Parenteral infusion pump stationary single or multi-channel	1 per 5 years	
E0840	Traction frame attached to headboard cervical traction	1 per 5 years	
E0849	Traction equipment cervical free-standing stand/frame pneumatic applying tractio	1 per 5 years	
E0850	Traction stand free standing cervical traction	1 per 5 years	
E0855	Cervical traction equipment not requiring additional stand or frame	1 per 5 years	
E0856	Cervical traction device with inflatable air bladder(s)	1 per 5 years	
E0860	Traction equipment overdoor cervical	1 per 5 years	
E0870	Traction frame attached to footboard extremity traction (e.g. buck's)	1 per 5 years	
E0880	Traction stand free standing extremity traction	1 per 5 years	
E0890	Traction frame attached to footboard pelvic traction	1 per 5 years	
E0900	Traction stand free standing pelvic traction (e.g. buck's)	1 per 5 years	
E0910	Trapeze bars a/k/a patient helper attached to bed with grab bar	1 per 5 years	
E0911	Trapeze bar heavy duty for patient weight capacity greater than 250 pounds attac	1 per 5 years	
E0912	Trapeze bar heavy duty for patient weight capacity greater than 250 pounds free	1 per 5 years	
E0920	Fracture frame attached to bed includes weights	1 per 5 years	
E0930	Fracture frame free standing includes weights	1 per 5 years	
E0940	Trapeze bar free standing complete with grab bar	1 per 5 years	
E0941	Gravity assisted traction device any type	1 per 5 years	
E0942	Cervical head harness/halter	1 per 5 years	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
E0944	Pelvic belt/harness/boot	1 per year	
E0946	Fracture frame dual with cross bars attached to bed (e.g. balken 4 poster)	1 per 5 years	
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material.	1 unit = each, 2 per 5 years	
E1801	Static progressive stretch elbow device, extension and/or flexion, with or witho	1 unit = each, 2 per 5 years	
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface	1 unit = each, 2 per 5 years	
E1803	Dynamic adjustable elbow extension only device, includes soft interface material	1 unit = each, 2 per 5 years	
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material	1 unit = each, 2 per 5 years	
E1805	Dynamic adjustable wrist extension / flexion device, includes soft interface mat	1 unit = each, 2 per 5 years	
E1806	Static progressive stretch wrist device, flexion and/or extension, with or witho	1 unit = each, 2 per 5 years	
E1807	Dynamic adjustable wrist extension only device, includes soft interface material	1 unit = each, 2 per 5 years	
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material	1 unit = each, 2 per 5 years	
E1810	Dynamic adjustable knee extension / flexion device, includes soft interface mate	1 unit = each, 2 per 5 years	
E1811	Static progressive stretch knee device, extension and/or flexion, with or withou	1 unit = each, 2 per 5 years	
E1812	Dynamic knee, extension/flexion device with active resistance control	1 unit = each, 2 per 5 years	
E1813	Dynamic adjustable knee extension only device, includes soft interface material	1 unit = each, 2 per 5 years	
E1814	Dynamic adjustable knee flexion only device, includes soft interface material	1 unit = each, 2 per 5 years	
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface mater	1 unit = each, 2 per 5 years	
E1816	Static progressive stretch ankle device, flexion and/or extension, with or witho	1 unit = each, 2 per 5 years	
E1818	Static progressive stretch forearm pronation / supination device, with or withou	1 unit = each, 2 per 5 years	
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	1 unit = each, 2 per 5 years	Rental is for short term use, rental paid amount cannot exceed purchase price.
E1822	Dynamic adjustable ankle extension only device, includes soft interface material	1 unit = each, 2 per 5 years	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material	1 unit = each, 2 per 5 years	
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface mate	1 unit = each, 2 per 5 years	
E1826	Dynamic adjustable finger extension only device, includes soft interface material	1 unit = each, 2 per 5 years	
E1827	Dynamic adjustable finger flexion only device, includes soft interface material	1 unit = each, 2 per 5 years	
E1828	Dynamic adjustable toe extension only device, includes soft interface material	1 unit = each, 2 per 5 years	
E1829	Dynamic adjustable toe flexion only device, includes soft interface material	1 unit = each, 2 per 5 years	
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface materia	1 unit = each, 2 per 5 years	
E1831	Static progressive stretch toe device, extension and/or flexion, with or without	1 unit = each, 2 per 5 years	
E1841	Static progressive stretch shoulder device, with or without range of motion adju	1 unit = each, 2 per 5 years	
E2500	Speech generating device digitized speech using pre-recorded messages less than	1 per 5 years	
E2502	Speech generating device digitized speech using pre-recorded messages greater th	1 per 5 years	
E2504	Speech generating device digitized speech using pre-recorded messages greater th	1 per 5 years	
E2506	Speech generating device digitized speech using pre-recorded messages greater th	1 per 5 years	
E2508	Speech generating device synthesized speech requiring message formulation by spe	1 per 5 years	
E2510	Speech generating device synthesized speech permitting multiple methods of messa	1 per 5 years	
E2512	Accessory for speech generating device mounting system	1 per 5 years	
K0001	Standard wheelchair	1 per 3 years	
K0002	Standard hemi (low seat) wheelchair	1 per 3 years	
K0003	Lightweight wheelchair	1 per 5 years	
K0004	High strength lightweight wheelchair	1 per 5 years	
K0006	Heavy duty wheelchair	1 per 5 years	
K0007	Extra heavy duty wheelchair	1 per 5 years	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**

Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.

Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).

Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.

Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".

Procedure Code	Procedure Description	Service Limit	Special Instructions
K0553	Supply allowance for therapeutic continuous glucose monitor (cgm) includes all s	1 per month	
K0601	Replacement battery for external infusion pump owned by patient silver oxide 1.5	6 per year	
K0602	Replacement battery for external infusion pump owned by patient silver oxide 3 v	2 per year	
K0603	Replacement battery for external infusion pump owned by patient alkaline 1.5 vol	6 per year	
K0604	Replacement battery for external infusion pump owned by patient lithium 3.6 volt	2 per year	
K0605	Replacement battery for external infusion pump owned by patient lithium 4.5 volt	2 per year	
K0606	Automatic external defibrillator with integrated electrocardiogram analysis garm	1 per month	
K0800	Power operated vehicle group 1 standard patient weight capacity up to and includ	1 per 5 years	
K0801	Power operated vehicle group 1 heavy duty patient weight capacity 301 to 450 pou	1 per 5 years	
K0802	Power operated vehicle group 1 very heavy duty patient weight capacity 451 to 60	1 per 5 years	
K0806	Power operated vehicle group 2 standard patient weight capacity up to and includ	1 per 5 years	
K0807	Power operated vehicle group 2 heavy duty patient weight capacity 301 to 450 pou	1 per 5 years	
K0808	Power operated vehicle group 2 very heavy duty patient weight capacity 451 to 60	1 per 5 years	
K0812	Power operated vehicle not otherwise classified	1 per 5 years	
L0112	Cranial cervical orthosis congenital torticollis type with or without soft inter	2 per year	
L0113	Cranial cervical orthosis torticollis type with or without joint with or without	2 per year	
L0120	Cervical flexible non-adjustable prefabricated off-the-shelf (foam collar)	2 per year	
L0130	Cervical flexible thermoplastic collar molded to patient	2 per year	
L0140	Cervical semi-rigid adjustable (plastic collar)	1 per year	
L0150	Cervical semi-rigid adjustable molded chin cup (plastic collar with mandibular/o	1 per year	
L0160	Cervical semi-rigid wire frame occipital/mandibular support prefabricated off-th	1 per year	
L0170	Cervical collar molded to patient model	1 per year	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
L0172	Cervical collar semi-rigid thermoplastic foam two-piece prefabricated off-the-sh	1 per year	
L0174	Cervical collar semi-rigid thermoplastic foam two piece with thoracic extension	1 per year	
L0180	Cervical multiple post collar occipital/mandibular supports adjustable	1 per year	
L0190	Cervical multiple post collar occipital/mandibular supports adjustable cervical	1 per year	
L0200	Cervical multiple post collar occipital/mandibular supports adjustable cervical	1 per year	
L0220	Thoracic rib belt custom fabricated	1 per year	
L0450	Tlso flexible provides trunk support upper thoracic region produces intracavitar	1 per year	
L0452	Tlso flexible provides trunk support upper thoracic region produces intracavitar	1 per year	
L0454	Tlso flexible provides trunk support extends from sacrococcygeal junction to abo	1 per year	
L0456	Tlso flexible provides trunk support thoracic region rigid posterior panel and s	1 per year	
L0460	Tlso triplanar control modular segmented spinal system two rigid plastic shells	1 per year	
L0466	Tlso sagittal control rigid posterior frame and flexible soft anterior apron wit	1 per year	
L0468	Tlso sagittal-coronal control rigid posterior frame and flexible soft anterior a	1 per year	
L0470	Tlso triplanar control rigid posterior frame and flexible soft anterior apron wi	1 per year	
L0472	Tlso triplanar control hyperextension rigid anterior and lateral frame extends f	1 per year	
L0480	Tlso triplanar control one piece rigid plastic shell without interface liner wit	2 per year	
L0482	Tlso triplanar control one piece rigid plastic shell with interface liner multip	2 per year	
L0484	Tlso triplanar control two piece rigid plastic shell without interface liner wit	1 per year	
L0486	Tlso triplanar control two piece rigid plastic shell with interface liner multip	2 per year	
L0488	Tlso triplanar control one piece rigid plastic shell with interface liner multip	1 per year	
L0490	Tlso sagittal-coronal control one piece rigid plastic shell with overlapping rei	1 per year	
L0491	Tlso sagittal-coronal control modular segmented spinal system two rigid plastic	1 per year	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
L0492	Tlso sagittal-coronal control modular segmented spinal system three rigid plasti	1 per year	
L0621	Sacroiliac orthosis flexible provides pelvic-sacral support reduces motion about	1 per year	
L0621	Sacroiliac orthosis flexible provides pelvic-sacral support reduces motion about	1 per year	
L0622	Sacroiliac orthosis flexible provides pelvic-sacral support reduces motion about	1 per year	
L0625	Lumbar orthosis flexible provides lumbar support posterior extends from l-1 to b	1 per year	
L0625	Lumbar orthosis flexible provides lumbar support posterior extends from l-1 to b	1 per year	
L0626	Lumbar orthosis sagittal control with rigid posterior panel(s) posterior extends	1 per year	
L0627	Lumbar orthosis sagittal control with rigid anterior and posterior panels poster	1 per year	
L0628	Lumbar-sacral orthosis flexible provides lumbo-sacral support posterior extends	1 per 2 years	
L0628	Lumbar-sacral orthosis flexible provides lumbo-sacral support posterior extends	1 per year	
L0630	Lumbar-sacral orthosis sagittal control with rigid posterior panel(s) posterior	1 per 2 years	
L0631	Lumbar-sacral orthosis sagittal control with rigid anterior and posterior panels	1 per 2 years	
L0633	Lumbar-sacral orthosis sagittal-coronal control with rigid posterior frame/panel	1 per 2 years	
L0635	Lumbar-sacral orthosis sagittal-coronal control lumbar flexion rigid posterior f	1 per 2 years	
L0636	Lumbar sacral orthosis sagittal-coronal control lumbar flexion rigid posterior f	1 per 2 years	
L0637	Lumbar-sacral orthosis sagittal-coronal control with rigid anterior and posterio	1 per 2 years	
L0638	Lumbar-sacral orthosis sagittal-coronal control with rigid anterior and posterio	1 per 2 years	
L0639	Lumbar-sacral orthosis sagittal-coronal control rigid shell(s)/panel(s) posterio	1 per 2 years	
L0640	Lumbar-sacral orthosis sagittal-coronal control rigid shell(s)/panel(s) posterio	1 per 2 years	
L0641	Lumbar orthosis sagittal control with rigid posterior panel(s) posterior extends	1 per 2 years	
L0642	Lumbar orthosis sagittal control with rigid anterior and posterior panels poster	1 per 2 years	
L0643	Lumbar-sacral orthosis sagittal control with rigid posterior panel(s) posterior	1 per 2 years	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
L0649	Lumbar-sacral orthosis sagittal-coronal control with rigid posterior frame/panel	1 per 2 years	
L0700	Cervical-thoracic-lumbar-sacral-orthoses (ctlso) anterior-posterior-lateral cont	1 per year	
L0710	Ctlso anterior-posterior-lateral-control molded to patient model with interface	1 per year	
L0810	Halo procedure cervical halo incorporated into jacket vest	1 per 2 years	
L0820	Halo procedure cervical halo incorporated into plaster body jacket	1 per 2 years	
L0830	Halo procedure cervical halo incorporated into milwaukee type orthosis	1 per 2 years	
L0859	Addition to halo procedure magnetic resonance image compatible systems rings and	1 per year	
L0861	Addition to halo procedure replacement liner/interface material	1 per year	
L0970	Tlso corset front	1 per year	
L0972	Lso corset front	1 per year	
L0974	Tlso full corset	1 per year	
L0976	Lso full corset	1 per year	
L0978	Axillary crutch extension	2 per year	
L0980	Peroneal straps prefabricated off-the-shelf pair	1 per year	
L0982	Stocking supporter grips prefabricated off-the-shelf set of four (4)	2 per year	
L0984	Protective body sock prefabricated off-the-shelf each	6 per year	
L0999	Addition to spinal orthosis not otherwise specified	1 per year	
L1000	Cervical-thoracic-lumbar-sacral orthosis (ctlso) (milwaukee) inclusive of furnis	2 per year	
L1001	Cervical thoracic lumbar sacral orthosis immobilizer infant size prefabricated i	2 per year	
L1005	Tension based scoliosis orthosis and accessory pads includes fitting and adjustm	1 per year	
L1010	Addition to cervical-thoracic-lumbar-sacral orthosis (ctlso) or scoliosis orthos	2 per year	
L1020	Addition to ctlso or scoliosis orthosis kyphosis pad	2 per year	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
L1025	Addition to ctlso or scoliosis orthosis kyphosis pad floating	2 per year	
L1030	Addition to ctlso or scoliosis orthosis lumbar bolster pad	2 per year	
L1040	Addition to ctlso or scoliosis orthosis lumbar or lumbar rib pad	2 per year	
L1050	Addition to ctlso or scoliosis orthosis sternal pad	2 per year	
L1060	Addition to ctlso or scoliosis orthosis thoracic pad	2 per year	
L1070	Addition to ctlso or scoliosis orthosis trapezius sling	2 per year	
L1080	Addition to ctlso or scoliosis orthosis outrigger	2 per year	
L1085	Addition to ctlso or scoliosis orthosis outrigger bilateral with vertical extens	2 per year	
L1090	Addition to ctlso or scoliosis orthosis lumbar sling	2 per year	
L1100	Addition to ctlso or scoliosis orthosis ring flange plastic or leather	2 per year	
L1110	Addition to ctlso or scoliosis orthosis ring flange plastic or leather molded to	2 per year	
L1120	Addition to ctlso scoliosis orthosis cover for upright each	2 per year	
L1200	Thoracic-lumbar-sacral-orthosis (tlso) inclusive of furnishing initial orthosis	2 per year	
L1210	Addition to tlso (low profile) lateral thoracic extension	2 per year	
L1220	Addition to tlso (low profile) anterior thoracic extension	2 per year	
L1230	Addition to tlso (low profile) milwaukee type superstructure	2 per year	
L1240	Addition to tlso (low profile) lumbar derotation pad	2 per year	
L1250	Addition to tlso (low profile) anterior asis pad	3 per year	
L1260	Addition to tlso (low profile) anterior thoracic derotation pad	3 per year	
L1270	Addition to tlso (low profile) abdominal pad	3 per year	
L1280	Addition to tlso (low profile) rib gusset (elastic) each	3 per year	
L1290	Addition to tlso (low profile) lateral trochanteric pad	3 per year	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
L1300	Other scoliosis procedure body jacket molded to patient model	1 per 3 years	
L1310	Other scoliosis procedure post-operative body jacket	1 per 3 years	
L1600	Hip orthosis abduction control of hip joints flexible frejka type with cover pre	2 per year	
L1610	Hip orthosis abduction control of hip joints flexible (frejka cover only) prefab	2 per year	
L1620	Hip orthosis abduction control of hip joints flexible (pavlik harness) prefabric	2 per year	
L1630	Hip orthosis abduction control of hip joints semi-flexible (von rosen type) cust	2 per year	
L1640	Hip orthosis abduction control of hip joints static pelvic band or spreader bar	2 per year	
L1650	Hip orthosis abduction control of hip joints static adjustable (ilfled type) pre	2 per year	
L1652	Hip orthosis bilateral thigh cuffs with adjustable abductor spreader bar adult s	2 per year	
L1660	Hip orthosis abduction control of hip joints static plastic prefabricated includ	2 per year	
L1680	Hip orthosis abduction control of hip joints dynamic pelvic control adjustable h	2 per year	
L1685	Hip orthosis abduction control of hip joint postoperative hip abduction type cus	2 per year	
L1686	Hip orthosis abduction control of hip joint postoperative hip abduction type pre	2 per year	
L1690	Combination bilateral lumbo-sacral hip femur orthosis providing adduction and in	2 per year	
L1700	Legg perthes orthosis (toronto type) custom fabricated	2 per year	
L1710	Legg perthes orthosis (newington type) custom fabricated	2 per year	
L1720	Legg perthes orthosis trilateral (tachdijan type) custom fabricated	2 per year	
L1730	Legg perthes orthosis (scottish rite type) custom fabricated	2 per year	
L1755	Legg perthes orthosis (patten bottom type) custom fabricated	2 per year	
L1810	Knee orthosis elastic with joints prefabricated item that has been trimmed bent	2 per year	
L1812	Knee orthosis elastic with joints prefabricated off-the-shelf	2 per year	
L1820	Knee orthosis elastic with condylar pads and joints with or without patellar con	2 per year	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
L1830	Knee orthosis immobilizer canvas longitudinal prefabricated off-the-shelf	2 per year	
L1831	Knee orthosis locking knee joint(s) positional orthosis prefabricated includes f	2 per year	
L1832	Knee orthosis adjustable knee joints (unicentric or polycentric) positional orth	2 per year	
L1834	Knee orthosis without knee joint rigid custom fabricated	2 per year	
L1836	Knee orthosis rigid without joint(s) includes soft interface material prefabrica	2 per year	
L1840	Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft	1 unit = each, 2 per 5 years	
L1843	Knee orthosis single upright thigh and calf with adjustable flexion and extensio	2 per year	
L1844	Knee orthosis single upright thigh and calf with adjustable flexion and extensio	2 per year	
L1845	Knee orthosis double upright thigh and calf with adjustable flexion and extensio	2 per year	
L1846	Knee orthosis double upright thigh and calf with adjustable flexion and extensio	2 per year	
L1847	Knee orthosis double upright with adjustable joint with inflatable air support c	2 per year	
L1850	Knee orthosis swedish type prefabricated off-the-shelf	2 per year	
L1851	Ko single upright prefab ots	1 per year	
L1852	Ko double upright prefab ots	1 per year	
L1860	Knee orthosis modification of supracondylar prosthetic socket custom fabricated	2 per year	
L1900	Ankle foot orthosis spring wire dorsiflexion assist calf band custom fabricated	2 per year	
L1902	Ankle orthosis ankle gauntlet or similar with or without joints prefabricated of	4 per year	
L1904	Ankle orthosis ankle gauntlet or similar with or without joints custom fabricate	4 per year	
L1906	Ankle foot orthosis multiligamentous ankle support prefabricated off-the-shelf	4 per year	
L1907	Ankle orthosis supramalleolar with straps with or without interface/pads custom	4 per year	
L1910	Ankle foot orthosis posterior single bar clasp attachment to shoe counter prefab	2 per year	
L1920	Ankle foot orthosis single upright with static or adjustable stop (phelps or per	2 per year	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
L1930	Ankle foot orthosis plastic or other material prefabricated includes fitting and	4 per year	
L1932	Afo rigid anterior tibial section total carbon fiber or equal material prefabric	2 per year	
L1940	Ankle foot orthosis plastic or other material custom fabricated	2 per year	
L1945	Ankle foot orthosis plastic rigid anterior tibial section (floor reaction) custo	2 per year	
L1950	Ankle foot orthosis spiral (institute of rehabilitative medicine type) plastic c	2 per year	
L1951	Ankle foot orthosis spiral (institute of rehabilitative medicine type) plastic o	2 per year	
L1960	Ankle foot orthosis posterior solid ankle plastic custom fabricated	2 per year	
L1970	Ankle foot orthosis plastic with ankle joint custom fabricated	2 per year	
L1971	Ankle foot orthosis plastic or other material with ankle joint prefabricated inc	2 per year	
L1980	Ankle foot orthosis single upright free plantar dorsiflexion solid stirrup calf	2 per year	
L1990	Ankle foot orthosis double upright free plantar dorsiflexion solid stirrup calf	2 per year	
L2000	Knee ankle foot orthosis single upright free knee free ankle solid stirrup thigh	2 per year	
L2005	Knee ankle foot orthosis any material single or double upright stance control au	2 per year	
L2010	Knee ankle foot orthosis single upright free ankle solid stirrup thigh and calf	2 per year	
L2020	Knee ankle foot orthosis double upright free ankle solid stirrup thigh and calf	2 per year	
L2030	Knee ankle foot orthosis double upright free ankle solid stirrup thigh and calf	2 per year	
L2034	Knee ankle foot orthosis full plastic single upright with or without free motion	2 per year	
L2035	Knee ankle foot orthosis full plastic static (pediatric size) without free motio	2 per year	
L2036	Knee ankle foot orthosis full plastic double upright with or without free motion	2 per year	
L2037	Knee ankle foot orthosis full plastic single upright with or without free motion	2 per year	
L2038	Knee ankle foot orthosis full plastic with or without free motion knee multi-axi	2 per year	
L2040	Hip knee ankle foot orthosis torsion control bilateral rotation straps pelvic ba	2 per year	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
L2050	Hip knee ankle foot orthosis torsion control bilateral torsion cables hip joint	2 per year	
L2060	Hip knee ankle foot orthosis torsion control bilateral torsion cables ball beari	2 per year	
L2070	Hip knee ankle foot orthosis torsion control unilateral rotation straps pelvic b	2 per year	
L2080	Hip knee ankle foot orthosis torsion control unilateral torsion cable hip joint	2 per year	
L2090	Hip knee ankle foot orthosis torsion control unilateral torsion cable ball beari	2 per year	
L2106	Ankle foot orthosis fracture orthosis tibial fracture cast orthosis thermoplasti	2 per year	
L2108	Ankle foot orthosis fracture orthosis tibial fracture cast orthosis custom fabri	2 per year	
L2112	Ankle foot orthosis fracture orthosis tibial fracture orthosis soft prefabricate	2 per year	
L2114	Ankle foot orthosis fracture orthosis tibial fracture orthosis semi-rigid prefab	2 per year	
L2116	Ankle foot orthosis fracture orthosis tibial fracture orthosis rigid prefabricat	2 per year	
L2126	Knee ankle foot orthosis fracture orthosis femoral fracture cast orthosis thermo	2 per year	
L2128	Knee ankle foot orthosis fracture orthosis femoral fracture cast orthosis custom	2 per year	
L2132	Kafo fracture orthosis femoral fracture cast orthosis soft prefabricated include	2 per year	
L2134	Kafo fracture orthosis femoral fracture cast orthosis semi-rigid prefabricated i	2 per year	
L2136	Kafo fracture orthosis femoral fracture cast orthosis rigid prefabricated includ	2 per year	
L2180	Addition to lower extremity fracture orthosis plastic shoe insert with ankle joi	2 per year	
L2182	Addition to lower extremity fracture orthosis drop lock knee joint	2 per year	
L2184	Addition to lower extremity fracture orthosis limited motion knee joint	2 per year	
L2186	Addition to lower extremity fracture orthosis adjustable motion knee joint lerma	2 per year	
L2188	Addition to lower extremity fracture orthosis quadrilateral brim	2 per year	
L2190	Addition to lower extremity fracture orthosis waist belt	2 per year	
L2192	Addition to lower extremity fracture orthosis hip joint pelvic band thigh flange	2 per year	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
L2210	Addition to lower extremity dorsiflexion assist (plantar flexion resist) each jo	4 per year	
L2230	Addition to lower extremity split flat caliper stirrups and plate attachment	2 per year	
L2232	Addition to lower extremity orthosis rocker bottom for total contact ankle foot	2 per year	
L2240	Addition to lower extremity round caliper and plate attachment	2 per year	
L2250	Addition to lower extremity foot plate molded to patient model stirrup attachmen	2 per year	
L2260	Addition to lower extremity reinforced solid stirrup (scott-craig type)	2 per year	
L2265	Addition to lower extremity long tongue stirrup	2 per year	
L2280	Addition to lower extremity molded inner boot	2 per year	
L2300	Addition to lower extremity abduction bar (bilateral hip involvement) jointed ad	2 per year	
L2310	Addition to lower extremity abduction bar-straight	2 per year	
L2320	Addition to lower extremity non-molded lacer for custom fabricated orthosis only	2 per year	
L2330	Addition to lower extremity lacer molded to patient model for custom fabricated	2 per year	
L2335	Addition to lower extremity anterior swing band	2 per year	
L2340	Addition to lower extremity pre-tibial shell molded to patient model	2 per year	
L2350	Addition to lower extremity prosthetic type (bk) socket molded to patient model	2 per year	
L2360	Addition to lower extremity extended steel shank	2 per year	
L2370	Addition to lower extremity patten bottom	2 per year	
L2375	Addition to lower extremity torsion control ankle joint and half solid stirrup	2 per year	
L2380	Addition to lower extremity torsion control straight knee joint each joint	2 per year	
L2397	Addition to lower extremity orthosis suspension sleeve	2 per year	
L2500	Addition to lower extremity thigh/weight bearing gluteal/ ischial weight bearing	2 per year	
L2510	Addition to lower extremity thigh/weight bearing quadri- lateral brim molded to	2 per year	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
L2520	Addition to lower extremity thigh/weight bearing quadri- lateral brim custom fit	2 per year	
L2525	Addition to lower extremity thigh/weight bearing ischial containment/narrow m-l	2 per year	
L2526	Addition to lower extremity thigh/weight bearing ischial containment/narrow m-l	2 per year	
L2530	Addition to lower extremity thigh-weight bearing lacer non-molded	2 per year	
L2540	Addition to lower extremity thigh/weight bearing lacer molded to patient model	2 per year	
L2550	Addition to lower extremity thigh/weight bearing high roll cuff	2 per year	
L2570	Addition to lower extremity pelvic control hip joint clevis type two position jo	2 per year	
L2580	Addition to lower extremity pelvic control pelvic sling	2 per year	
L2600	Addition to lower extremity pelvic control hip joint clevis type or thrust beari	2 per year	
L2610	Addition to lower extremity pelvic control hip joint clevis or thrust bearing lo	2 per year	
L2620	Addition to lower extremity pelvic control hip joint heavy duty each	2 per year	
L2622	Addition to lower extremity pelvic control hip joint adjustable flexion each	2 per year	
L2624	Addition to lower extremity pelvic control hip joint adjustable flexion extensio	2 per year	
L2627	Addition to lower extremity pelvic control plastic molded to patient model recip	2 per year	
L2628	Addition to lower extremity pelvic control metal frame reciprocating hip joint a	2 per year	
L2630	Addition to lower extremity pelvic control band and belt unilateral	2 per year	
L2640	Addition to lower extremity pelvic control band and belt bilateral	2 per year	
L2650	Addition to lower extremity pelvic and thoracic control gluteal pad each	2 per year	
L2660	Addition to lower extremity thoracic control thoracic band	2 per year	
L2670	Addition to lower extremity thoracic control paraspinal uprights	2 per year	
L2680	Addition to lower extremity thoracic control lateral support uprights	2 per year	
L3000	Foot insert removable molded to patient model 'ucb' type berkeley shell each	4 per year	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
L3001	Foot insert removable molded to patient model spenco each	4 per year	
L3002	Foot insert removable molded to patient model plastazote or equal each	4 per year	
L3003	Foot insert removable molded to patient model silicone gel each	4 per year	
L3010	Foot insert removable molded to patient model longitudinal arch support each	4 per year	
L3020	Foot insert removable molded to patient model longitudinal/ metatarsal support e	4 per year	
L3030	Foot insert removable formed to patient foot each	4 per year	
L3031	Foot insert/plate removable addition to lower extremity orthosis high strength l	4 per year	
L3040	Foot arch support removable premolded longitudinal each	4 per year	
L3050	Foot arch support removable premolded metatarsal each	4 per year	
L3060	Foot arch support removable premolded longitudinal/ metatarsal each	4 per year	
L3070	Foot arch support non-removable attached to shoe longitudinal each	4 per year	
L3080	Foot arch support non-removable attached to shoe metatarsal each	4 per year	
L3090	Foot arch support non-removable attached to shoe longitudinal/metatarsal each	4 per year	
L3100	Hallus-valgus night dynamic splint prefabricated off-the-shelf	2 per year	
L3140	Foot abduction rotation bar including shoes	2 per year	
L3150	Foot abduction rotation bar without shoes	2 per year	
L3160	Foot adjustable shoe-styled positioning device	2 per year	
L3170	Foot plastic silicone or equal heel stabilizer prefabricated off-the-shelf each	2 per year	
L3215	Orthopedic footwear ladies shoe oxford each	2 pairs per year	
L3217	Orthopedic footwear ladies shoe hightop depth inlay each	2 pairs per year	
L3219	Orthopedic footwear mens shoe oxford each	2 pairs per year	
L3221	Orthopedic footwear mens shoe depth inlay each	2 pairs per year	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
L3222	Orthopedic footwear mens shoe hightop depth inlay each	2 pairs per year	
L3224	Orthopedic footwear woman's shoe oxford used as an integral part of a brace (ort	2 pairs per year	
L3225	Orthopedic footwear man's shoe oxford used as an integral part of a brace (ortho	2 pairs per year	
L3230	Orthopedic footwear custom shoe depth inlay each	2 pairs per year	
L3250	Orthopedic footwear custom molded shoe removable inner mold prosthetic shoe each	2 pairs per year	
L3251	Foot shoe molded to patient model silicone shoe each	2 pairs per year	
L3252	Foot shoe molded to patient model plastazote (or similar) custom fabricated each	2 pairs per year	
L3253	Foot molded shoe plastazote (or similar) custom fitted each	2 pairs per year	
L3265	Plastazote sandal each	2 pairs per year	
L3808	Wrist hand finger orthosis rigid without joints may include soft interface mater	1 per 3 years	
L4360	Walking boot pneumatic and/or vacuum with or without joints	1 per 2 years	
L4361	Walking boot pneumatic and/or vacuum with or without joints	1 per 2 years	
L4370	pneumatic full leg splint prefabricated off the shelf	1 per 2 years	
L4386	Walking boot non-pneumatic with or without joints with or without interface mate	1 per 2 years	
L4387	Walking boot non-pneumatic with or without joints with or without interface	1 per 2 years	
T4521	Adult sized disposable incontinence product brief/diaper small each	220 per month	
T4522	Adult sized disposable incontinence product brief/diaper medium each	220 per month	
T4523	Adult sized disposable incontinence product brief/diaper large each	220 per month	
T4524	Adult sized disposable incontinence product brief/diaper extra large each	220 per month	
T4525	Adult sized disposable incontinence product protective underwear/pull-on small s	220 per month	
T4526	Adult sized disposable incontinence product protective underwear/pull-on medium	220 per month	
T4527	Adult sized disposable incontinence product protective underwear/pull-on large s	220 per month	

Table 19	Medical Equipment Devices and Supplies (MEDS) Procedure Codes Quantity Limitation Determinations.		
EFFECTIVE DATE – April 1, 2025			**(revised – 4/02/2025)**
Durable Medical Equipment, Orthotics, Prosthetics, and Supplies have limits on the frequency that items can be dispensed to an eligible member. If a HUSKY member exceeds the limit on an item, prior authorization approval must be requested with accompanying medical documentation as to why the limit needs to be exceeded.			
Correct Coding Initiative (NCCI/MUE) edits will deny items billed in excess of what CMS allows, however the (NCCI/MUE) edits does not include all possible combinations of correct coding edits or types of unbundling that exist. Providers are obligated to code correctly even if edits do not exist to prevent use of an inappropriate code combination or items that are not appropriately reported together (unbundled).			
Please note: Equipment that is in working order should not be replaced, although it may have exceeded its life expectancy.			
Please refer to the MEDS fee schedule for fee schedule rates, pricing information and prior authorization information. The MEDS fee schedule is published at this link: https://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download".			
Procedure Code	**Procedure Description**	**Service Limit**	**Special Instructions**
T4528	Adult sized disposable incontinence product protective underwear/pull-on extra l	220 per month	
T4529	Pediatric sized disposable incontinence product brief/diaper small/medium size e	250 per month	
T4530	Pediatric sized disposable incontinence product brief/diaper large size each	250 per month	
T4531	Pediatric sized disposable incontinence product protective underwear/pull-on sma	250 per month	
T4532	Pediatric sized disposable incontinence product protective underwear/pull-on lar	250 per month	
T4533	Youth sized disposable incontinence product brief/diaper each	250 per month	
T4534	Youth sized disposable incontinence product protective underwear/pull-on each	250 per month	
T4535	Disposable liner/shield/guard/pad/undergarment for incontinence each	250 per month	
T4536	Incontinence product protective underwear/pull-on reusable any size each	8 per month	
T4537	Incontinence product protective underpad reusable bed size each	16 per month	
T4539	Incontinence product diaper/brief reusable any size each	31 per month	
T4540	Incontinence product protective underpad reusable chair size each	16 per month	
T4541	Incontinence product disposable underpad large each	250 per month	
T4542	Incontinence product disposable underpad small size each	250 per month	
T4543	Adult sized disposable incontinence product protective brief/diaper above extra	220 per month	
T4544	Adult sized disposable incontinence product protective underwear/pull-on above e	220 per month	

Table 20: List of ICD-10 Diagnosis Codes Related to the Spine for Chiropractic Coverage:

Table 20	ICD-10 Diagnosis Codes Related to the Spine for Chiropractic Coverage		
The following list should be used when billing Chiropractic services for ages 21-999.			
Procedure Code	Procedure Description	Effective Date	End Date
M2578	Osteophyte, vertebrae	20151001	22991231
M4003	Postural kyphosis, cervicothoracic region	20151001	22991231
M4004	Postural kyphosis, thoracic region	20151001	22991231
M4005	Postural kyphosis, thoracolumbar region	20151001	22991231
M4012	Other secondary kyphosis, cervical region	20151001	22991231
M4013	Other secondary kyphosis, cervicothoracic region	20151001	22991231
M4014	Other secondary kyphosis, thoracic region	20151001	22991231
M4015	Other secondary kyphosis, thoracolumbar region	20151001	22991231
M40292	Other kyphosis, cervical region	20151001	22991231
M40293	Other kyphosis, cervicothoracic region	20151001	22991231
M40294	Other kyphosis, thoracic region	20151001	22991231
M40295	Other kyphosis, thoracolumbar region	20151001	22991231
M4035	Flatback syndrome, thoracolumbar region	20151001	22991231
M4036	Flatback syndrome, lumbar region	20151001	22991231
M4037	Flatback syndrome, lumbosacral region	20151001	22991231
M4045	Postural lordosis, thoracolumbar region	20151001	22991231
M4046	Postural lordosis, lumbar region	20151001	22991231
M4047	Postural lordosis, lumbosacral region	20151001	22991231
M4102	Infantile idiopathic scoliosis, cervical region	20151001	22991231
M4103	Infantile idiopathic scoliosis, cervicothoracic region	20151001	22991231
M4104	Infantile idiopathic scoliosis, thoracic region	20151001	22991231
M4105	Infantile idiopathic scoliosis, thoracolumbar region	20151001	22991231
M4106	Infantile idiopathic scoliosis, lumbar region	20151001	22991231
M4107	Infantile idiopathic scoliosis, lumbosacral region	20151001	22991231
M4108	Infantile idiopathic scoliosis, sacr/sacrocygl region	20151001	22991231

Table 20	ICD-10 Diagnosis Codes Related to the Spine for Chiropractic Coverage		
The following list should be used when billing Chiropractic services for ages 21-999.			
Procedure Code	Procedure Description	Effective Date	End Date
M41112	Juvenile idiopathic scoliosis, cervical region	20151001	22991231
M41113	Juvenile idiopathic scoliosis, cervicothoracic region	20151001	22991231
M41114	Juvenile idiopathic scoliosis, thoracic region	20151001	22991231
M41115	Juvenile idiopathic scoliosis, thoracolumbar region	20151001	22991231
M41116	Juvenile idiopathic scoliosis, lumbar region	20151001	22991231
M41117	Juvenile idiopathic scoliosis, lumbosacral region	20151001	22991231
M41122	Adolescent idiopathic scoliosis, cervical region	20151001	22991231
M41123	Adolescent idiopathic scoliosis, cervicothoracic region	20151001	22991231
M41124	Adolescent idiopathic scoliosis, thoracic region	20151001	22991231
M41125	Adolescent idiopathic scoliosis, thoracolumbar region	20151001	22991231
M41126	Adolescent idiopathic scoliosis, lumbar region	20151001	22991231
M41127	Adolescent idiopathic scoliosis, lumbosacral region	20151001	22991231
M4122	Other idiopathic scoliosis, cervical region	20151001	22991231
M4123	Other idiopathic scoliosis, cervicothoracic region	20151001	22991231
M4124	Other idiopathic scoliosis, thoracic region	20151001	22991231
M4125	Other idiopathic scoliosis, thoracolumbar region	20151001	22991231
M4126	Other idiopathic scoliosis, lumbar region	20151001	22991231
M4127	Other idiopathic scoliosis, lumbosacral region	20151001	22991231
M4134	Thoracogenic scoliosis, thoracic region	20151001	22991231
M4135	Thoracogenic scoliosis, thoracolumbar region	20151001	22991231
M4141	Neuromuscular scoliosis, occipito-atlanto-axial region	20151001	22991231
M4142	Neuromuscular scoliosis, cervical region	20151001	22991231
M4143	Neuromuscular scoliosis, cervicothoracic region	20151001	22991231
M4144	Neuromuscular scoliosis, thoracic region	20151001	22991231
M4145	Neuromuscular scoliosis, thoracolumbar region	20151001	22991231
M4146	Neuromuscular scoliosis, lumbar region	20151001	22991231
M4147	Neuromuscular scoliosis, lumbosacral region	20151001	22991231
M4152	Other secondary scoliosis, cervical region	20151001	22991231
M4153	Other secondary scoliosis, cervicothoracic region	20151001	22991231

Table 20	ICD-10 Diagnosis Codes Related to the Spine for Chiropractic Coverage		
The following list should be used when billing Chiropractic services for ages 21-999.			
Procedure Code	Procedure Description	Effective Date	End Date
M4154	Other secondary scoliosis, thoracic region	20151001	22991231
M4155	Other secondary scoliosis, thoracolumbar region	20151001	22991231
M4156	Other secondary scoliosis, lumbar region	20151001	22991231
M4157	Other secondary scoliosis, lumbosacral region	20151001	22991231
M4182	Other forms of scoliosis, cervical region	20151001	22991231
M4183	Other forms of scoliosis, cervicothoracic region	20151001	22991231
M4184	Other forms of scoliosis, thoracic region	20151001	22991231
M4185	Other forms of scoliosis, thoracolumbar region	20151001	22991231
M4186	Other forms of scoliosis, lumbar region	20151001	22991231
M4187	Other forms of scoliosis, lumbosacral region	20151001	22991231
M436	Torticollis	20151001	22991231
M4641	Discitis, unspecified, occipito-atlanto-axial region	20151001	22991231
M4642	Discitis, unspecified, cervical region	20151001	22991231
M4643	Discitis, unspecified, cervicothoracic region	20151001	22991231
M4644	Discitis, unspecified, thoracic region	20151001	22991231
M4645	Discitis, unspecified, thoracolumbar region	20151001	22991231
M4646	Discitis, unspecified, lumbar region	20151001	22991231
M4647	Discitis, unspecified, lumbosacral region	20151001	22991231
M4648	Discitis, unspecified, sacral and sacrococcygeal region	20151001	22991231
M4649	Discitis, unspecified, multiple sites in spine	20151001	22991231
M47011	Anterior spinal artery comprsn synd, occipt-atlan-ax region	20151001	22991231
M47012	Anterior spinal artery comprsn syndromes, cervical region	20151001	22991231
M47013	Anterior spinal artery comprsn syndromes, cervicothor region	20151001	22991231
M47014	Anterior spinal artery comprsn syndromes, thoracic region	20151001	22991231
M47015	Anterior spinal artery comprsn syndromes, thoracolum region	20151001	22991231
M47016	Anterior spinal artery compression syndromes, lumbar region	20151001	22991231
M47021	Verteb art compression syndromes, occipt-atlan-ax region	20151001	22991231
M47022	Vertebral artery compression syndromes, cervical region	20151001	22991231
M47029	Vertebral artery compression syndromes, site unspecified	20151001	22991231

Table 20	ICD-10 Diagnosis Codes Related to the Spine for Chiropractic Coverage		
The following list should be used when billing Chiropractic services for ages 21-999.			
Procedure Code	Procedure Description	Effective Date	End Date
M4711	Oth spondylosis w myelopathy, occipito-atlanto-axial region	20151001	22991231
M4712	Other spondylosis with myelopathy, cervical region	20151001	22991231
M4713	Other spondylosis with myelopathy, cervicothoracic region	20151001	22991231
M4714	Other spondylosis with myelopathy, thoracic region	20151001	22991231
M4715	Other spondylosis with myelopathy, thoracolumbar region	20151001	22991231
M4716	Other spondylosis with myelopathy, lumbar region	20151001	22991231
M4721	Oth spondylosis w radiculopathy, occipt-atlan-ax region	20151001	22991231
M4722	Other spondylosis with radiculopathy, cervical region	20151001	22991231
M4723	Other spondylosis with radiculopathy, cervicothoracic region	20151001	22991231
M4724	Other spondylosis with radiculopathy, thoracic region	20151001	22991231
M4725	Other spondylosis with radiculopathy, thoracolumbar region	20151001	22991231
M4726	Other spondylosis with radiculopathy, lumbar region	20151001	22991231
M4727	Other spondylosis with radiculopathy, lumbosacral region	20151001	22991231
M4728	Oth spondylosis w radiculopathy, sacr/sacrocygl region	20151001	22991231
M47811	Spondyls w/o myelpath or radiculopathy, occipt-atlan-ax rgn	20151001	22991231
M47812	Spondylosis w/o myelopathy or radiculopathy, cervical region	20151001	22991231
M47813	Spondyls w/o myelopathy or radiculopathy, cervicothor region	20151001	22991231
M47814	Spondylosis w/o myelopathy or radiculopathy, thoracic region	20151001	22991231
M47815	Spondyls w/o myelopathy or radiculopathy, thoracolum region	20151001	22991231
M47816	Spondylosis w/o myelopathy or radiculopathy, lumbar region	20151001	22991231
M47817	Spondyls w/o myelopathy or radiculopathy, lumbosacr region	20151001	22991231
M47818	Spondyls w/o myelpath or radiculopathy, sacr/sacrocygl rgn	20151001	22991231
M47891	Other spondylosis, occipito-atlanto-axial region	20151001	22991231
M47892	Other spondylosis, cervical region	20151001	22991231
M47893	Other spondylosis, cervicothoracic region	20151001	22991231
M47894	Other spondylosis, thoracic region	20151001	22991231
M47895	Other spondylosis, thoracolumbar region	20151001	22991231
M47896	Other spondylosis, lumbar region	20151001	22991231
M47897	Other spondylosis, lumbosacral region	20151001	22991231

Table 20	ICD-10 Diagnosis Codes Related to the Spine for Chiropractic Coverage		
The following list should be used when billing Chiropractic services for ages 21-999.			
Procedure Code	Procedure Description	Effective Date	End Date
M47898	Other spondylosis, sacral and sacrococcygeal region	20151001	22991231
M4811	Ankylosing hyperostosis, occipito-atlanto-axial region	20151001	22991231
M4812	Ankylosing hyperostosis [Forestier], cervical region	20151001	22991231
M4813	Ankylosing hyperostosis [Forestier], cervicothoracic region	20151001	22991231
M4814	Ankylosing hyperostosis [Forestier], thoracic region	20151001	22991231
M4815	Ankylosing hyperostosis [Forestier], thoracolumbar region	20151001	22991231
M4816	Ankylosing hyperostosis [Forestier], lumbar region	20151001	22991231
M4817	Ankylosing hyperostosis [Forestier], lumbosacral region	20151001	22991231
M4818	Ankylosing hyperostosis, sacral and sacrococcygeal region	20151001	22991231
M4819	Ankylosing hyperostosis [Forestier], multiple sites in spine	20151001	22991231
M4821	Kissing spine, occipito-atlanto-axial region	20151001	22991231
M4822	Kissing spine, cervical region	20151001	22991231
M4823	Kissing spine, cervicothoracic region	20151001	22991231
M4824	Kissing spine, thoracic region	20151001	22991231
M4825	Kissing spine, thoracolumbar region	20151001	22991231
M4826	Kissing spine, lumbar region	20151001	22991231
M4827	Kissing spine, lumbosacral region	20151001	22991231
M4831	Traumatic spondylopathy, occipito-atlanto-axial region	20151001	22991231
M4832	Traumatic spondylopathy, cervical region	20151001	22991231
M4833	Traumatic spondylopathy, cervicothoracic region	20151001	22991231
M4834	Traumatic spondylopathy, thoracic region	20151001	22991231
M4835	Traumatic spondylopathy, thoracolumbar region	20151001	22991231
M4836	Traumatic spondylopathy, lumbar region	20151001	22991231
M4837	Traumatic spondylopathy, lumbosacral region	20151001	22991231
M4838	Traumatic spondylopathy, sacral and sacrococcygeal region	20151001	22991231
M5000	Cervical disc disorder with myelopathy, unsp cervical region	20151001	22991231
M5001	Cervical disc disorder with myelopathy, high cervical region	20151001	22991231
M5002	Cervical disc disorder with myelopathy, mid-cervical region	20151001	22991231
M50020	Cerv disc disord with myelpath, mid-cervical rgn, unsp level	20161001	22991231

Table 20	ICD-10 Diagnosis Codes Related to the Spine for Chiropractic Coverage		
The following list should be used when billing Chiropractic services for ages 21-999.			
Procedure Code	Procedure Description	Effective Date	End Date
M50021	Cervical disc disorder at C4-C5 level with myelopathy	20161001	22991231
M50022	Cervical disc disorder at C5-C6 level with myelopathy	20161001	22991231
M50023	Cervical disc disorder at C6-C7 level with myelopathy	20161001	22991231
M5003	Cervical disc disorder w myelopathy, cervicothoracic region	20151001	22991231
M5010	Cervical disc disorder w radiculopathy, unsp cervical region	20151001	22991231
M5011	Cerv disc disorder with radiculopathy, high cervical region	20151001	22991231
M5012	Cervical disc disorder w radiculopathy, mid-cervical region	20151001	22991231
M50120	Mid-cervical disc disorder, unspecified level	20161001	22991231
M50121	Cervical disc disorder at C4-C5 level with radiculopathy	20161001	22991231
M50122	Cervical disc disorder at C5-C6 level with radiculopathy	20161001	22991231
M50123	Cervical disc disorder at C6-C7 level with radiculopathy	20161001	22991231
M5013	Cervical disc disorder w radiculopathy, cervicothor region	20151001	22991231
M5021	Other cervical disc displacement, high cervical region	20151001	22991231
M5022	Other cervical disc displacement, mid-cervical region	20151001	22991231
M50220	Other cerv disc displacmnt, mid-cervical region, unsp level	20161001	22991231
M50221	Other cervical disc displacement at C4-C5 level	20161001	22991231
M50222	Other cervical disc displacement at C5-C6 level	20161001	22991231
M50223	Other cervical disc displacement at C6-C7 level	20161001	22991231
M5023	Other cervical disc displacement, cervicothoracic region	20151001	22991231
M5031	Other cervical disc degeneration, high cervical region	20151001	22991231
M5032	Other cervical disc degeneration, mid-cervical region	20151001	22991231
M50320	Other cerv disc degeneration, mid-cervical rgn, unsp level	20161001	22991231
M50321	Other cervical disc degeneration at C4-C5 level	20161001	22991231
M50322	Other cervical disc degeneration at C5-C6 level	20161001	22991231
M50323	Other cervical disc degeneration at C6-C7 level	20161001	22991231
M5033	Other cervical disc degeneration, cervicothoracic region	20151001	22991231
M5081	Other cervical disc disorders, high cervical region	20151001	22991231
M5082	Other cervical disc disorders, mid-cervical region	20151001	22991231
M50820	Other cervical disc disord, mid-cervical region, unsp level	20161001	22991231

Table 20	ICD-10 Diagnosis Codes Related to the Spine for Chiropractic Coverage		
The following list should be used when billing Chiropractic services for ages 21-999.			
Procedure Code	Procedure Description	Effective Date	End Date
M50821	Other cervical disc disorders at C4-C5 level	20161001	22991231
M50822	Other cervical disc disorders at C5-C6 level	20161001	22991231
M50823	Other cervical disc disorders at C6-C7 level	20161001	22991231
M5083	Other cervical disc disorders, cervicothoracic region	20151001	22991231
M5104	Intervertebral disc disorders w myelopathy, thoracic region	20151001	22991231
M5105	Intvrt disc disorders w myelopathy, thoracolumbar region	20151001	22991231
M5106	Intervertebral disc disorders with myelopathy, lumbar region	20151001	22991231
M5114	Intvrt disc disorders w radiculopathy, thoracic region	20151001	22991231
M5115	Intvrt disc disorders w radiculopathy, thoracolumbar region	20151001	22991231
M5116	Intervertebral disc disorders w radiculopathy, lumbar region	20151001	22991231
M5117	Intvrt disc disorders w radiculopathy, lumbosacral region	20151001	22991231
M5124	Other intervertebral disc displacement, thoracic region	20151001	22991231
M5125	Other intervertebral disc displacement, thoracolumbar region	20151001	22991231
M5126	Other intervertebral disc displacement, lumbar region	20151001	22991231
M5127	Other intervertebral disc displacement, lumbosacral region	20151001	22991231
M5134	Other intervertebral disc degeneration, thoracic region	20151001	22991231
M5135	Other intervertebral disc degeneration, thoracolumbar region	20151001	22991231
M5136	Other intervertebral disc degeneration, lumbar region	20151001	20240930
M51360	Other intvrt disc degen, lum rgn with discog back pain only	20241001	22991231
M51361	Other intvrt disc degen, lum region with low extrm pain only	20241001	22991231
M51362	Oth intvrt disc degen, lum rgn w discog bck & lw extrm pain	20241001	22991231
M51369	Oth intvrt disc degen, lum rgn w/o lum bck or lw extrm pain	20241001	22991231
M5137	Other intervertebral disc degeneration, lumbosacral region	20151001	20240930
M51370	Oth intvrt disc degen, lumbosacr rgn w discog bck pain only	20241001	22991231
M51371	Oth intvrt disc degen, lumbosacr rgn w low extrm pain only	20241001	22991231
M51372	Oth intvrt disc degen, lumbosacr w discog bck & lw extrm pn	20241001	22991231
M51379	Oth intvrt disc degen, lumbosacr w/o lum bck or lw extrm pn	20241001	22991231
M5144	Schmorl's nodes, thoracic region	20151001	22991231
M5145	Schmorl's nodes, thoracolumbar region	20151001	22991231

Table 20	ICD-10 Diagnosis Codes Related to the Spine for Chiropractic Coverage		
The following list should be used when billing Chiropractic services for ages 21-999.			
Procedure Code	Procedure Description	Effective Date	End Date
M5146	Schmorl's nodes, lumbar region	20151001	22991231
M5147	Schmorl's nodes, lumbosacral region	20151001	22991231
M5184	Other intervertebral disc disorders, thoracic region	20151001	22991231
M5185	Other intervertebral disc disorders, thoracolumbar region	20151001	22991231
M5186	Other intervertebral disc disorders, lumbar region	20151001	22991231
M5187	Other intervertebral disc disorders, lumbosacral region	20151001	22991231
M519	Unsp thoracic, thoracolum and lumbosacr intvrt disc disorder	20151001	22991231
M530	Cervicocranial syndrome	20151001	22991231
M531	Cervicobrachial syndrome	20151001	22991231
M532X7	Spinal instabilities, lumbosacral region	20151001	22991231
M532X8	Spinal instabilities, sacral and sacrococcygeal region	20151001	22991231
M5384	Other specified dorsopathies, thoracic region	20151001	22991231
M5385	Other specified dorsopathies, thoracolumbar region	20151001	22991231
M5386	Other specified dorsopathies, lumbar region	20151001	22991231
M5387	Other specified dorsopathies, lumbosacral region	20151001	22991231
M5388	Oth dorsopathies, sacral and sacrococcygeal region	20151001	22991231
M5403	Panniculitis aff regions of neck/bk, cervicothor region	20151001	22991231
M5404	Panniculitis affecting regions of neck/bk, thoracic region	20151001	22991231
M5405	Panniculitis affecting regions of neck/bk, thoracolum region	20151001	22991231
M5406	Panniculitis affecting regions of neck/bk, lumbar region	20151001	22991231
M5407	Panniculitis affecting regions of neck/bk, lumbosacr region	20151001	22991231
M5408	Panniculitis aff regions of neck/bk, sacr/sacrocygl region	20151001	22991231
M5409	Panniculitis aff regions, neck/bk, multiple sites in spine	20151001	22991231
M5411	Radiculopathy, occipito-atlanto-axial region	20151001	22991231
M5412	Radiculopathy, cervical region	20151001	22991231
M5413	Radiculopathy, cervicothoracic region	20151001	22991231
M5414	Radiculopathy, thoracic region	20151001	22991231
M5415	Radiculopathy, thoracolumbar region	20151001	22991231
M5416	Radiculopathy, lumbar region	20151001	22991231

Table 20	ICD-10 Diagnosis Codes Related to the Spine for Chiropractic Coverage		
The following list should be used when billing Chiropractic services for ages 21-999.			
Procedure Code	Procedure Description	Effective Date	End Date
M5417	Radiculopathy, lumbosacral region	20151001	22991231
M5418	Radiculopathy, sacral and sacrococcygeal region	20151001	22991231
M542	Cervicalgia	20151001	22991231
M5431	Sciatica, right side	20151001	22991231
M5432	Sciatica, left side	20151001	22991231
M5441	Lumbago with sciatica, right side	20151001	22991231
M5442	Lumbago with sciatica, left side	20151001	22991231
M545	Low back pain	20151001	20210930
M5450	Low back pain, unspecified	20211001	22991231
M5451	Vertebrogenic low back pain	20211001	22991231
M5459	Other low back pain	20211001	22991231
M546	Pain in thoracic spine	20151001	22991231
M62830	Muscle spasm of back	20151001	22991231
M953	Acquired deformity of neck	20151001	22991231
M962	Postradiation kyphosis	20151001	22991231
M965	Postradiation scoliosis	20151001	22991231
M9901	Segmental and somatic dysfunction of cervical region	20151001	22991231
M9902	Segmental and somatic dysfunction of thoracic region	20151001	22991231
M9903	Segmental and somatic dysfunction of lumbar region	20151001	22991231
M9904	Segmental and somatic dysfunction of sacral region	20151001	22991231
M9910	Subluxation complex (vertebral) of head region	20151001	22991231
M9911	Subluxation complex (vertebral) of cervical region	20151001	22991231
M9912	Subluxation complex (vertebral) of thoracic region	20151001	22991231
M9913	Subluxation complex (vertebral) of lumbar region	20151001	22991231
M9914	Subluxation complex (vertebral) of sacral region	20151001	22991231
M9915	Subluxation complex (vertebral) of pelvic region	20151001	22991231
M9920	Subluxation stenosis of neural canal of head region	20151001	22991231
M9921	Subluxation stenosis of neural canal of cervical region	20151001	22991231
M9922	Subluxation stenosis of neural canal of thoracic region	20151001	22991231

Table 20	ICD-10 Diagnosis Codes Related to the Spine for Chiropractic Coverage		
The following list should be used when billing Chiropractic services for ages 21-999.			
Procedure Code	Procedure Description	Effective Date	End Date
M9923	Subluxation stenosis of neural canal of lumbar region	20151001	22991231
M9924	Subluxation stenosis of neural canal of sacral region	20151001	22991231
M9925	Subluxation stenosis of neural canal of pelvic region	20151001	22991231
M9926	Subluxation stenosis of neural canal of lower extremity	20151001	22991231
M9927	Subluxation stenosis of neural canal of upper extremity	20151001	22991231
M9928	Subluxation stenosis of neural canal of rib cage	20151001	22991231
M9929	Sublux stenosis of neural canal of abdomen and oth regions	20151001	22991231
M9950	Intervertebral disc stenosis of neural canal of head region	20151001	22991231
M9951	Intvrt disc stenosis of neural canal of cervical region	20151001	22991231
M9952	Intvrt disc stenosis of neural canal of thoracic region	20151001	22991231
M9953	Intvrt disc stenosis of neural canal of lumbar region	20151001	22991231
M9954	Intvrt disc stenosis of neural canal of sacral region	20151001	22991231
M9955	Intvrt disc stenosis of neural canal of pelvic region	20151001	22991231
M9956	Intervertebral disc stenosis of neural canal of low extrm	20151001	22991231
M9957	Intervertebral disc stenosis of neural canal of up extrem	20151001	22991231
M9958	Intervertebral disc stenosis of neural canal of rib cage	20151001	22991231
M9959	Intvrt disc stenos of neural canal of abd and oth regions	20151001	22991231
M9960	Osseous and sublux stenosis of intvrt foramin of head region	20151001	22991231
M9961	Osseous and sublux stenosis of intvrt foramin of cerv region	20151001	22991231
M9962	Osseous and sublux stenos of intvrt foramin of thor region	20151001	22991231
M9963	Osseous and sublux stenos of intvrt foramin of lumbar region	20151001	22991231
M9964	Osseous and sublux stenos of intvrt foramin of sacral region	20151001	22991231
M9965	Osseous and sublux stenos of intvrt foramin of pelvic region	20151001	22991231
M9966	Osseous and sublux stenosis of intvrt foramina of low extrm	20151001	22991231
M9967	Osseous and sublux stenosis of intvrt foramina of up extrem	20151001	22991231
M9968	Osseous and sublux stenosis of intvrt foramina of rib cage	20151001	22991231
M9969	Osseous & sublux stenos of intvrt foramin of abd and oth rgn	20151001	22991231
M9970	Conn tiss and disc stenosis of intvrt foramin of head region	20151001	22991231
M9971	Conn tiss and disc stenosis of intvrt foramin of cerv region	20151001	22991231

Table 20	ICD-10 Diagnosis Codes Related to the Spine for Chiropractic Coverage		
The following list should be used when billing Chiropractic services for ages 21-999.			
Procedure Code	Procedure Description	Effective Date	End Date
M9972	Conn tiss and disc stenos of intvrt foramin of thor region	20151001	22991231
M9973	Conn tiss and disc stenos of intvrt foramin of lumbar region	20151001	22991231
M9974	Conn tiss and disc stenos of intvrt foramin of sacral region	20151001	22991231
M9975	Conn tiss and disc stenos of intvrt foramin of pelvic region	20151001	22991231
M9976	Conn tiss and disc stenosis of intvrt foramina of low extrm	20151001	22991231
M9977	Conn tiss and disc stenosis of intvrt foramina of up extrem	20151001	22991231
M9978	Conn tiss and disc stenosis of intvrt foramina of rib cage	20151001	22991231
M9979	Conn tiss & disc stenos of intvrt foramin of abd and oth rgn	20151001	22991231
M9981	Other biomechanical lesions of cervical region	20151001	22991231
M9983	Other biomechanical lesions of lumbar region	20151001	22991231
M9984	Other biomechanical lesions of sacral region	20151001	22991231
S130XXA	Traumatic rupture of cervical intervertebral disc, init	20151001	22991231
S13100A	Subluxation of unspecified cervical vertebrae, init encntr	20151001	22991231
S13101A	Dislocation of unspecified cervical vertebrae, init encntr	20151001	22991231
S13110A	Subluxation of C0/C1 cervical vertebrae, initial encounter	20151001	22991231
S13111A	Dislocation of C0/C1 cervical vertebrae, initial encounter	20151001	22991231
S13120A	Subluxation of C1/C2 cervical vertebrae, initial encounter	20151001	22991231
S13121A	Dislocation of C1/C2 cervical vertebrae, initial encounter	20151001	22991231
S13130A	Subluxation of C2/C3 cervical vertebrae, initial encounter	20151001	22991231
S13131A	Dislocation of C2/C3 cervical vertebrae, initial encounter	20151001	22991231
S13140A	Subluxation of C3/C4 cervical vertebrae, initial encounter	20151001	22991231
S13141A	Dislocation of C3/C4 cervical vertebrae, initial encounter	20151001	22991231
S13150A	Subluxation of C4/C5 cervical vertebrae, initial encounter	20151001	22991231
S13151A	Dislocation of C4/C5 cervical vertebrae, initial encounter	20151001	22991231
S13160A	Subluxation of C5/C6 cervical vertebrae, initial encounter	20151001	22991231
S13161A	Dislocation of C5/C6 cervical vertebrae, initial encounter	20151001	22991231
S13170A	Subluxation of C6/C7 cervical vertebrae, initial encounter	20151001	22991231
S13171A	Dislocation of C6/C7 cervical vertebrae, initial encounter	20151001	22991231
S13180A	Subluxation of C7/T1 cervical vertebrae, initial encounter	20151001	22991231

Table 20	ICD-10 Diagnosis Codes Related to the Spine for Chiropractic Coverage		
The following list should be used when billing Chiropractic services for ages 21-999.			
Procedure Code	Procedure Description	Effective Date	End Date
S13181A	Dislocation of C7/T1 cervical vertebrae, initial encounter	20151001	22991231
S1320XA	Dislocation of unspecified parts of neck, initial encounter	20151001	22991231
S1329XA	Dislocation of other parts of neck, initial encounter	20151001	22991231
S134XXA	Sprain of ligaments of cervical spine, initial encounter	20151001	22991231
S138XXA	Sprain of joints and ligaments of oth prt neck, init encntr	20151001	22991231
S139XXA	Sprain of joints and ligaments of unsp parts of neck, init	20151001	22991231
S161XXA	Strain of muscle, fascia and tendon at neck level, init	20151001	22991231
S230XXA	Traumatic rupture of thoracic intervertebral disc, init	20151001	22991231
S23100A	Subluxation of unspecified thoracic vertebra, init encntr	20151001	22991231
S23101A	Dislocation of unspecified thoracic vertebra, init encntr	20151001	22991231
S23110A	Subluxation of T1/T2 thoracic vertebra, initial encounter	20151001	22991231
S23111A	Dislocation of T1/T2 thoracic vertebra, initial encounter	20151001	22991231
S23120A	Subluxation of T2/T3 thoracic vertebra, initial encounter	20151001	22991231
S23121A	Dislocation of T2/T3 thoracic vertebra, initial encounter	20151001	22991231
S23122A	Subluxation of T3/T4 thoracic vertebra, initial encounter	20151001	22991231
S23123A	Dislocation of T3/T4 thoracic vertebra, initial encounter	20151001	22991231
S23130A	Subluxation of T4/T5 thoracic vertebra, initial encounter	20151001	22991231
S23131A	Dislocation of T4/T5 thoracic vertebra, initial encounter	20151001	22991231
S23132A	Subluxation of T5/T6 thoracic vertebra, initial encounter	20151001	22991231
S23133A	Dislocation of T5/T6 thoracic vertebra, initial encounter	20151001	22991231
S23140A	Subluxation of T6/T7 thoracic vertebra, initial encounter	20151001	22991231
S23141A	Dislocation of T6/T7 thoracic vertebra, initial encounter	20151001	22991231
S23142A	Subluxation of T7/T8 thoracic vertebra, initial encounter	20151001	22991231
S23143A	Dislocation of T7/T8 thoracic vertebra, initial encounter	20151001	22991231
S23150A	Subluxation of T8/T9 thoracic vertebra, initial encounter	20151001	22991231
S23151A	Dislocation of T8/T9 thoracic vertebra, initial encounter	20151001	22991231
S23152A	Subluxation of T9/T10 thoracic vertebra, initial encounter	20151001	22991231
S23153A	Dislocation of T9/T10 thoracic vertebra, initial encounter	20151001	22991231
S23160A	Subluxation of T10/T11 thoracic vertebra, initial encounter	20151001	22991231

Table 20	ICD-10 Diagnosis Codes Related to the Spine for Chiropractic Coverage		
The following list should be used when billing Chiropractic services for ages 21-999.			
Procedure Code	Procedure Description	Effective Date	End Date
S23161A	Dislocation of T10/T11 thoracic vertebra, initial encounter	20151001	22991231
S23162A	Subluxation of T11/T12 thoracic vertebra, initial encounter	20151001	22991231
S23163A	Dislocation of T11/T12 thoracic vertebra, initial encounter	20151001	22991231
S23170A	Subluxation of T12/L1 thoracic vertebra, initial encounter	20151001	22991231
S23171A	Dislocation of T12/L1 thoracic vertebra, initial encounter	20151001	22991231
S233XXA	Sprain of ligaments of thoracic spine, initial encounter	20151001	22991231
S330XXA	Traumatic rupture of lumbar intervertebral disc, init encntr	20151001	22991231
S33100A	Subluxation of unspecified lumbar vertebra, init encntr	20151001	22991231
S33101A	Dislocation of unspecified lumbar vertebra, init encntr	20151001	22991231
S33110A	Subluxation of L1/L2 lumbar vertebra, initial encounter	20151001	22991231
S33111A	Dislocation of L1/L2 lumbar vertebra, initial encounter	20151001	22991231
S33120A	Subluxation of L2/L3 lumbar vertebra, initial encounter	20151001	22991231
S33121A	Dislocation of L2/L3 lumbar vertebra, initial encounter	20151001	22991231
S33130A	Subluxation of L3/L4 lumbar vertebra, initial encounter	20151001	22991231
S33131A	Dislocation of L3/L4 lumbar vertebra, initial encounter	20151001	22991231
S33140A	Subluxation of L4/L5 lumbar vertebra, initial encounter	20151001	22991231
S33141A	Dislocation of L4/L5 lumbar vertebra, initial encounter	20151001	22991231
S332XXA	Dislocation of sacroiliac and sacrococcygeal joint, init	20151001	22991231
S3339XA	Dislocation of oth prt lumbar spine and pelvis, init encntr	20151001	22991231
S335XXA	Sprain of ligaments of lumbar spine, initial encounter	20151001	22991231
S336XXA	Sprain of sacroiliac joint, initial encounter	20151001	22991231
S338XXA	Sprain of oth parts of lumbar spine and pelvis, init encntr	20151001	22991231
S339XXA	Sprain of unsp parts of lumbar spine and pelvis, init encntr	20151001	22991231

Table 21: Emergency Medicaid Outpatient Dialysis Primary Diagnosis Codes:

Table 21 Emergency Medicaid Outpatient Dialysis Primary Diagnosis Codes			
This group is used in non-pharmacy rule configuration and in pharmacy edit 2828 EMDS Diagnosis Edit.			
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
N170	Acute kidney failure with tubular necrosis	8/1/2021	12/31/2299
N171	Acute kidney failure with acute cortical necrosis	8/1/2021	12/31/2299
N172	Acute kidney failure with medullary necrosis	8/1/2021	12/31/2299
N178	Other acute kidney failure	8/1/2021	12/31/2299
N179	Acute kidney failure, unspecified	8/1/2021	12/31/2299
N185	Chronic kidney disease, stage 5	8/1/2021	12/31/2299
N186	End stage renal disease	8/1/2021	12/31/2299
N189	Chronic kidney disease, unspecified	8/1/2021	12/31/2299

Table 22: Emergency Medicaid Outpatient Dialysis Primary Treatment/Complications Diagnosis Codes:

Table 22	Emergency Medicaid Outpatient Dialysis Primary Treatment/Complications Diagnosis Codes		
This list is to be used by providers to identify the complications and treatments that will be for EMDS.			
ICD-10-CM codes	ICD-10-CM descriptions	Effective Date	End Date
A419	Sepsis, unspecified organism	8/1/2021	12/31/2299
B999	Unspecified infectious disease	8/1/2021	12/31/2299
D649	Anemia, unspecified	8/1/2021	12/31/2299
E1169	Type 2 diabetes mellitus with other specified complication	8/1/2021	12/31/2299
E119	Type 2 diabetes mellitus without complications	8/1/2021	12/31/2299
E785	Hyperlipidemia, unspecified	8/1/2021	12/31/2299
E859	Amyloidosis, unspecified	8/1/2021	12/31/2299
E860	Dehydration	8/1/2021	12/31/2299
E875	Hyperkalemia	8/1/2021	12/31/2299
E8770	Fluid overload, unspecified	8/1/2021	12/31/2299
E878	Oth disorders of electrolyte and fluid balance, NEC	8/1/2021	12/31/2299
G4700	Insomnia, unspecified	8/1/2021	12/31/2299
I10	Essential (primary) hypertension	8/1/2021	12/31/2299
I120	Hyp chr kidney disease w stage 5 chr kidney disease or ESRD	8/1/2021	12/31/2299
I129	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	8/1/2021	12/31/2299
I130	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	8/1/2021	12/31/2299
I1310	Hyp hrt & chr kdny dis w/o hrt fail, w stg 1-4/unsp chr kdny	8/1/2021	12/31/2299
I1311	Hyp hrt and chr kdny dis w/o hrt fail, w stg 5 chr kdny/ESRD	8/1/2021	12/31/2299
I132	Hyp hrt & chr kdny dis w hrt fail and w stg 5 chr kdny/ESRD	8/1/2021	12/31/2299
I150	Renovascular hypertension	8/1/2021	12/31/2299
I169	Hypertensive crisis, unspecified	8/1/2021	12/31/2299
I308	Other forms of acute pericarditis	8/1/2021	12/31/2299
I309	Acute pericarditis, unspecified	8/1/2021	12/31/2299
I313	Pericardial effusion (noninflammatory)	8/1/2021	12/31/2299

Table 22	Emergency Medicaid Outpatient Dialysis Primary Treatment/Complications Diagnosis Codes		
This list is to be used by providers to identify the complications and treatments that will be for EMDS.			
ICD-10-CM codes	ICD-10-CM descriptions	Effective Date	End Date
I742	Embolism and thrombosis of arteries of the upper extremities	8/1/2021	12/31/2299
I744	Embolism and thrombosis of arteries of extremities, unsp	8/1/2021	12/31/2299
I953	Hypotension of hemodialysis	8/1/2021	12/31/2299
I959	Hypotension, unspecified	8/1/2021	12/31/2299
J810	Acute pulmonary edema	8/1/2021	12/31/2299
K469	Unspecified abdominal hernia without obstruction or gangrene	8/1/2021	12/31/2299
K650	Generalized (acute) peritonitis	8/1/2021	12/31/2299
L0390	Cellulitis, unspecified	8/1/2021	12/31/2299
L299	Pruritus, unspecified	8/1/2021	12/31/2299
L97915	Non-prs chr ulc unsp prt r lw leg w msl invl w/o evd of necr	8/1/2021	12/31/2299
M545	Low back pain	8/1/2021	9/30/2021
M5450	Low back pain, unspecified	8/1/2021	12/31/2299
M5451	Vertebrogenic low back pain	8/1/2021	12/31/2299
M5459	Other low back pain	8/1/2021	12/31/2299
M62262	Nontraumatic ischemic infarction of muscle, left lower leg	8/1/2021	12/31/2299
M899	Disorder of bone, unspecified	8/1/2021	12/31/2299
P199	Metabolic acidemia, unspecified	8/1/2021	12/31/2299
R030	Elevated blood-pressure reading, w/o diagnosis of htn	8/1/2021	12/31/2299
R252	Cramp and spasm	8/1/2021	12/31/2299
T8241XA	Breakdown (mechanical) of vascular dialysis catheter, init	8/1/2021	12/31/2299
T8241XD	Breakdown (mechanical) of vascular dialysis catheter, subs	8/1/2021	12/31/2299
T8241XS	Breakdown of vascular dialysis catheter, sequela	8/1/2021	12/31/2299
T8242XA	Displacement of vascular dialysis catheter, init encntr	8/1/2021	12/31/2299
T8242XD	Displacement of vascular dialysis catheter, subs encntr	8/1/2021	12/31/2299
T8242XS	Displacement of vascular dialysis catheter, sequela	8/1/2021	12/31/2299
T8249XA	Oth complication of vascular dialysis catheter, init encntr	8/1/2021	12/31/2299
T8249XD	Oth complication of vascular dialysis catheter, subs encntr	8/1/2021	12/31/2299
T8249XS	Other complication of vascular dialysis catheter, sequela	8/1/2021	12/31/2299

Table 22	Emergency Medicaid Outpatient Dialysis Primary Treatment/Complications Diagnosis Codes		
This list is to be used by providers to identify the complications and treatments that will be for EMDS.			
ICD-10-CM codes	ICD-10-CM descriptions	Effective Date	End Date
T82510A	Breakdown of surgically created AV fistula, init	8/1/2021	12/31/2299
T82510D	Breakdown of surgically created AV fistula, subs	8/1/2021	12/31/2299
T82510S	Breakdown of surgically created AV fistula, sequela	8/1/2021	12/31/2299
T82511A	Breakdown (mechanical) of surgically created AV shunt, init	8/1/2021	12/31/2299
T82511D	Breakdown (mechanical) of surgically created AV shunt, subs	8/1/2021	12/31/2299
T82511S	Breakdown of surgically created AV shunt, sequela	8/1/2021	12/31/2299
T82520A	Displacement of surgically created AV fistula, init	8/1/2021	12/31/2299
T82520D	Displacement of surgically created AV fistula, subs	8/1/2021	12/31/2299
T82520S	Displacement of surgically created AV fistula, sequela	8/1/2021	12/31/2299
T82521A	Displacement of surgically created arteriovenous shunt, init	8/1/2021	12/31/2299
T82521D	Displacement of surgically created arteriovenous shunt, subs	8/1/2021	12/31/2299
T82521S	Displacement of surgically created AV shunt, sequela	8/1/2021	12/31/2299
T82530A	Leakage of surgically created arteriovenous fistula, init	8/1/2021	12/31/2299
T82530D	Leakage of surgically created arteriovenous fistula, subs	8/1/2021	12/31/2299
T82530S	Leakage of surgically created arteriovenous fistula, sequela	8/1/2021	12/31/2299
T82531A	Leakage of surgically created arteriovenous shunt, init	8/1/2021	12/31/2299
T82531D	Leakage of surgically created arteriovenous shunt, subs	8/1/2021	12/31/2299
T82531S	Leakage of surgically created arteriovenous shunt, sequela	8/1/2021	12/31/2299
T82590A	Mech compl of surgically created arteriovenous fistula, init	8/1/2021	12/31/2299
T82590D	Mech compl of surgically created arteriovenous fistula, subs	8/1/2021	12/31/2299
T82590S	Mech compl of surgically created AV fistula, sequela	8/1/2021	12/31/2299
T82591A	Mech compl of surgically created arteriovenous shunt, init	8/1/2021	12/31/2299
T82591D	Mech compl of surgically created arteriovenous shunt, subs	8/1/2021	12/31/2299
T82591S	Mech compl of surgically created AV shunt, sequela	8/1/2021	12/31/2299
T82838A	Hemorrhage due to vascular prosth dev/grft, init	8/1/2021	12/31/2299
T82838D	Hemorrhage due to vascular prosth dev/grft, subs	8/1/2021	12/31/2299
T82838S	Hemorrhage due to vascular prosth dev/grft, sequela	8/1/2021	12/31/2299
T82898A	Oth complication of vascular prosth dev/grft, init	8/1/2021	12/31/2299

Table 22	Emergency Medicaid Outpatient Dialysis Primary Treatment/Complications Diagnosis Codes		
This list is to be used by providers to identify the complications and treatments that will be for EMDS.			
ICD-10-CM codes	ICD-10-CM descriptions	Effective Date	End Date
T82898D	Oth complication of vascular prosth dev/grft, subs	8/1/2021	12/31/2299
T82898S	Oth complication of vascular prosth dev/grft, sequela	8/1/2021	12/31/2299
T85611A	Breakdown of intraperitoneal dialysis catheter, init	8/1/2021	12/31/2299
T85611D	Breakdown of intraperitoneal dialysis catheter, subs	8/1/2021	12/31/2299
T85611S	Breakdown of intraperitoneal dialysis catheter, sequela	8/1/2021	12/31/2299
T85621A	Displacement of intraperitoneal dialysis catheter, init	8/1/2021	12/31/2299
T85621D	Displacement of intraperitoneal dialysis catheter, subs	8/1/2021	12/31/2299
T85621S	Displacement of intraperitoneal dialysis catheter, sequela	8/1/2021	12/31/2299
T85631A	Leakage of intraperitoneal dialysis catheter, init encntr	8/1/2021	12/31/2299
T85631D	Leakage of intraperitoneal dialysis catheter, subs encntr	8/1/2021	12/31/2299
T85631S	Leakage of intraperitoneal dialysis catheter, sequela	8/1/2021	12/31/2299
T85691A	Mech compl of intraperitoneal dialysis catheter, init encntr	8/1/2021	12/31/2299
T85691D	Mech compl of intraperitoneal dialysis catheter, subs encntr	8/1/2021	12/31/2299
T85691S	Mech compl of intraperitoneal dialysis catheter, sequela	8/1/2021	12/31/2299
T8571XA	Infect/inflm reaction due to periton dialysis catheter, init	8/1/2021	12/31/2299
T8571XD	Infect/inflm reaction due to periton dialysis catheter, subs	8/1/2021	12/31/2299
T8571XS	Infect/inflm reaction due to periton dialysis cath, sequela	8/1/2021	12/31/2299
Z4901	Encounter for fit/adjst of extracorporeal dialysis catheter	8/1/2021	12/31/2299
Z4902	Encounter for fit/adjst of peritoneal dialysis catheter	8/1/2021	12/31/2299
Z4931	Encounter for adequacy testing for hemodialysis	8/1/2021	12/31/2299
Z4932	Encounter for adequacy testing for peritoneal dialysis	8/1/2021	12/31/2299
Z9115	Patient's noncompliance with renal dialysis	8/1/2021	3/31/2299
Z91151	Pt noncompl with renal dialysis due to financl hardship	4/1/2023	12/31/2299
Z91158	Patient's noncompliance with renal dialysis for other reason	4/1/2023	12/31/2299
Z992	Dependence on renal dialysis	8/1/2021	12/31/2299

Table 23: All Other Substance Use Disorder (SUD) Diagnoses:

Table 23	All other Substance Use Disorder (SUD) Diagnoses
ICD-10-CM codes	ICD-10-CM descriptions
F1010	Alcohol abuse, uncomplicated
F10120	Alcohol abuse with intoxication, uncomplicated
F10121	Alcohol abuse with intoxication delirium
F10129	Alcohol abuse with intoxication, unspecified
F10130	Alcohol abuse with withdrawal, uncomplicated
F10131	Alcohol abuse with withdrawal delirium
F10132	Alcohol abuse with withdrawal with perceptual disturbance
F10139	Alcohol abuse with withdrawal, unspecified
F1014	Alcohol abuse with alcohol-induced mood disorder
F10150	Alcohol abuse w alcoh-induce psychotic disorder w delusions
F10151	Alcohol abuse w alcoh-induce psychotic disorder w hallucin
F10159	Alcohol abuse with alcohol-induced psychotic disorder, unsp
F10180	Alcohol abuse with alcohol-induced anxiety disorder
F10181	Alcohol abuse with alcohol-induced sexual dysfunction
F10182	Alcohol abuse with alcohol-induced sleep disorder
F10188	Alcohol abuse with other alcohol-induced disorder
F1019	Alcohol abuse with unspecified alcohol-induced disorder
F1020	Alcohol dependence, uncomplicated
F10220	Alcohol dependence with intoxication, uncomplicated
F10221	Alcohol dependence with intoxication delirium
F10229	Alcohol dependence with intoxication, unspecified

Table 23	All other Substance Use Disorder (SUD) Diagnoses
ICD-10-CM codes	**ICD-10-CM descriptions**
F10230	Alcohol dependence with withdrawal, uncomplicated
F10231	Alcohol dependence with withdrawal delirium
F10232	Alcohol dependence w withdrawal with perceptual disturbance
F10239	Alcohol dependence with withdrawal, unspecified
F1024	Alcohol dependence with alcohol-induced mood disorder
F10250	Alcohol depend w alcoh-induce psychotic disorder w delusions
F10251	Alcohol depend w alcoh-induce psychotic disorder w hallucin
F10259	Alcohol dependence w alcoh-induce psychotic disorder, unsp
F1026	Alcohol depend w alcoh-induce persisting amnestic disorder
F1027	Alcohol dependence with alcohol-induced persisting dementia
F10280	Alcohol dependence with alcohol-induced anxiety disorder
F10281	Alcohol dependence with alcohol-induced sexual dysfunction
F10282	Alcohol dependence with alcohol-induced sleep disorder
F10288	Alcohol dependence with other alcohol-induced disorder
F1029	Alcohol dependence with unspecified alcohol-induced disorder
F1090	Alcohol use, unspecified, uncomplicated
F1091	Alcohol use, unspecified, in remission
F1210	Cannabis abuse, uncomplicated
F12120	Cannabis abuse with intoxication, uncomplicated
F12121	Cannabis abuse with intoxication delirium
F12122	Cannabis abuse with intoxication with perceptual disturbance
F12129	Cannabis abuse with intoxication, unspecified
F1213	Cannabis abuse with withdrawal
F12150	Cannabis abuse with psychotic disorder with delusions

Table 23	All other Substance Use Disorder (SUD) Diagnoses
ICD-10-CM codes	ICD-10-CM descriptions
F12151	Cannabis abuse with psychotic disorder with hallucinations
F12159	Cannabis abuse with psychotic disorder, unspecified
F12180	Cannabis abuse with cannabis-induced anxiety disorder
F12188	Cannabis abuse with other cannabis-induced disorder
F1219	Cannabis abuse with unspecified cannabis-induced disorder
F1220	Cannabis dependence, uncomplicated
F12220	Cannabis dependence with intoxication, uncomplicated
F12221	Cannabis dependence with intoxication delirium
F12222	Cannabis dependence w intoxication w perceptual disturbance
F12229	Cannabis dependence with intoxication, unspecified
F1223	Cannabis dependence with withdrawal
F12250	Cannabis dependence with psychotic disorder with delusions
F12251	Cannabis dependence w psychotic disorder with hallucinations
F12259	Cannabis dependence with psychotic disorder, unspecified
F12280	Cannabis dependence with cannabis-induced anxiety disorder
F12288	Cannabis dependence with other cannabis-induced disorder
F1229	Cannabis dependence with unsp cannabis-induced disorder
F1291	Cannabis use, unspecified, in remission
F1310	Sedative, hypnotic or anxiolytic abuse, uncomplicated
F13120	Sedatv/hyp/anxiolytc abuse w intoxication, uncomplicated
F13121	Sedatv/hyp/anxiolytc abuse w intoxication delirium
F13129	Sedative, hypnotic or anxiolytic abuse w intoxication, unsp
F13130	Sedatv/hyp/anxiolytc abuse with withdrawal, uncomplicated
F13131	Sedatv/hyp/anxiolytc abuse with withdrawal delirium

Table 23	All other Substance Use Disorder (SUD) Diagnoses
ICD-10-CM codes	ICD-10-CM descriptions
F13132	Sedatv/hyp/anxiolytc abuse with w/drawal w perceptl disturb
F13139	Sedatv/hyp/anxiolytc abuse with withdrawal, unspecified
F1314	Sedative, hypnotic or anxiolytic abuse w mood disorder
F13150	Sedatv/hyp/anxiolytc abuse w psychotic disorder w delusions
F13151	Sedatv/hyp/anxiolytc abuse w psychotic disorder w hallucin
F13159	Sedatv/hyp/anxiolytc abuse w psychotic disorder, unsp
F13180	Sedative, hypnotic or anxiolytic abuse w anxiety disorder
F13181	Sedative, hypnotic or anxiolytic abuse w sexual dysfunction
F13182	Sedative, hypnotic or anxiolytic abuse w sleep disorder
F13188	Sedative, hypnotic or anxiolytic abuse w oth disorder
F1319	Sedative, hypnotic or anxiolytic abuse w unsp disorder
F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated
F13220	Sedatv/hyp/anxiolytc dependence w intoxication, uncomp
F13221	Sedatv/hyp/anxiolytc dependence w intoxication delirium
F13229	Sedatv/hyp/anxiolytc dependence w intoxication, unsp
F13230	Sedatv/hyp/anxiolytc dependence w withdrawal, uncomplicated
F13231	Sedatv/hyp/anxiolytc dependence w withdrawal delirium
F13232	Sedatv/hyp/anxiolytc depend w w/drawal w perceptual disturb
F13239	Sedatv/hyp/anxiolytc dependence w withdrawal, unsp
F1324	Sedative, hypnotic or anxiolytic dependence w mood disorder
F13250	Sedatv/hyp/anxiolytc depend w psychotic disorder w delusions
F13251	Sedatv/hyp/anxiolytc depend w psychotic disorder w hallucin
F13259	Sedatv/hyp/anxiolytc dependence w psychotic disorder, unsp
F1326	Sedatv/hyp/anxiolytc depend w persisting amnestic disorder

Table 23	All other Substance Use Disorder (SUD) Diagnoses
ICD-10-CM codes	ICD-10-CM descriptions
F1327	Sedatv/hyp/anxiolytc dependence w persisting dementia
F13280	Sedatv/hyp/anxiolytc dependence w anxiety disorder
F13281	Sedatv/hyp/anxiolytc dependence w sexual dysfunction
F13282	Sedative, hypnotic or anxiolytic dependence w sleep disorder
F13288	Sedative, hypnotic or anxiolytic dependence w oth disorder
F1329	Sedative, hypnotic or anxiolytic dependence w unsp disorder
F1391	Sedatv/hyp/anxiolytc use, unspecified, in remission
F1410	Cocaine abuse, uncomplicated
F14120	Cocaine abuse with intoxication, uncomplicated
F14121	Cocaine abuse with intoxication with delirium
F14122	Cocaine abuse with intoxication with perceptual disturbance
F14129	Cocaine abuse with intoxication, unspecified
F1413	Cocaine abuse, unspecified with withdrawal
F1414	Cocaine abuse with cocaine-induced mood disorder
F14150	Cocaine abuse w cocaine-induc psychotic disorder w delusions
F14151	Cocaine abuse w cocaine-induc psychotic disorder w hallucin
F14159	Cocaine abuse with cocaine-induced psychotic disorder, unsp
F14180	Cocaine abuse with cocaine-induced anxiety disorder
F14181	Cocaine abuse with cocaine-induced sexual dysfunction
F14182	Cocaine abuse with cocaine-induced sleep disorder
F14188	Cocaine abuse with other cocaine-induced disorder
F1419	Cocaine abuse with unspecified cocaine-induced disorder
F1420	Cocaine dependence, uncomplicated
F14220	Cocaine dependence with intoxication, uncomplicated

Table 23	All other Substance Use Disorder (SUD) Diagnoses
ICD-10-CM codes	**ICD-10-CM descriptions**
F14221	Cocaine dependence with intoxication delirium
F14222	Cocaine dependence w intoxication w perceptual disturbance
F14229	Cocaine dependence with intoxication, unspecified
F1423	Cocaine dependence with withdrawal
F1424	Cocaine dependence with cocaine-induced mood disorder
F14250	Cocaine depend w cocaine-induc psych disorder w delusions
F14251	Cocaine depend w cocaine-induc psychotic disorder w hallucin
F14259	Cocaine dependence w cocaine-induc psychotic disorder, unsp
F14280	Cocaine dependence with cocaine-induced anxiety disorder
F14281	Cocaine dependence with cocaine-induced sexual dysfunction
F14282	Cocaine dependence with cocaine-induced sleep disorder
F14288	Cocaine dependence with other cocaine-induced disorder
F1429	Cocaine dependence with unspecified cocaine-induced disorder
F1491	Cocaine use, unspecified, in remission
F1510	Other stimulant abuse, uncomplicated
F15120	Other stimulant abuse with intoxication, uncomplicated
F15121	Other stimulant abuse with intoxication delirium
F15122	Oth stimulant abuse w intoxication w perceptual disturbance
F15129	Other stimulant abuse with intoxication, unspecified
F1513	Other stimulant abuse with withdrawal
F1514	Other stimulant abuse with stimulant-induced mood disorder
F15150	Oth stimulant abuse w stim-induce psych disorder w delusions
F15151	Oth stimulant abuse w stim-induce psych disorder w hallucin
F15159	Oth stimulant abuse w stim-induce psychotic disorder, unsp

Table 23	All other Substance Use Disorder (SUD) Diagnoses
ICD-10-CM codes	ICD-10-CM descriptions
F15180	Oth stimulant abuse with stimulant-induced anxiety disorder
F15181	Oth stimulant abuse w stimulant-induced sexual dysfunction
F15182	Other stimulant abuse with stimulant-induced sleep disorder
F15188	Other stimulant abuse with other stimulant-induced disorder
F1519	Other stimulant abuse with unsp stimulant-induced disorder
F1520	Other stimulant dependence, uncomplicated
F15220	Other stimulant dependence with intoxication, uncomplicated
F15221	Other stimulant dependence with intoxication delirium
F15222	Oth stimulant dependence w intox w perceptual disturbance
F15229	Other stimulant dependence with intoxication, unspecified
F1523	Other stimulant dependence with withdrawal
F1524	Oth stimulant dependence w stimulant-induced mood disorder
F15250	Oth stim depend w stim-induce psych disorder w delusions
F15251	Oth stimulant depend w stim-induce psych disorder w hallucin
F15259	Oth stimulant depend w stim-induce psychotic disorder, unsp
F15280	Oth stimulant dependence w stim-induce anxiety disorder
F15281	Oth stimulant dependence w stim-induce sexual dysfunction
F15282	Oth stimulant dependence w stimulant-induced sleep disorder
F15288	Oth stimulant dependence with oth stimulant-induced disorder
F1529	Oth stimulant dependence w unsp stimulant-induced disorder
F1591	Other stimulant use, unspecified, in remission
F1610	Hallucinogen abuse, uncomplicated
F16120	Hallucinogen abuse with intoxication, uncomplicated
F16121	Hallucinogen abuse with intoxication with delirium

Table 23	All other Substance Use Disorder (SUD) Diagnoses
ICD-10-CM codes	ICD-10-CM descriptions
F16122	Hallucinogen abuse w intoxication w perceptual disturbance
F16129	Hallucinogen abuse with intoxication, unspecified
F1614	Hallucinogen abuse with hallucinogen-induced mood disorder
F16150	Hallucinogen abuse w psychotic disorder w delusions
F16151	Hallucinogen abuse w psychotic disorder w hallucinations
F16159	Hallucinogen abuse w psychotic disorder, unsp
F16180	Hallucinogen abuse w hallucinogen-induced anxiety disorder
F16183	Hallucign abuse w hallucign persisting perception disorder
F16188	Hallucinogen abuse with other hallucinogen-induced disorder
F1619	Hallucinogen abuse with unsp hallucinogen-induced disorder
F1620	Hallucinogen dependence, uncomplicated
F16220	Hallucinogen dependence with intoxication, uncomplicated
F16221	Hallucinogen dependence with intoxication with delirium
F16229	Hallucinogen dependence with intoxication, unspecified
F1624	Hallucinogen dependence w hallucinogen-induced mood disorder
F16250	Hallucinogen dependence w psychotic disorder w delusions
F16251	Hallucinogen dependence w psychotic disorder w hallucin
F16259	Hallucinogen dependence w psychotic disorder, unsp
F16280	Hallucinogen dependence w anxiety disorder
F16283	Hallucign depend w hallucign persisting perception disorder
F16288	Hallucinogen dependence w oth hallucinogen-induced disorder
F1629	Hallucinogen dependence w unsp hallucinogen-induced disorder
F1691	Hallucinogen use, unspecified, in remission
F1810	Inhalant abuse, uncomplicated

Table 23	All other Substance Use Disorder (SUD) Diagnoses
ICD-10-CM codes	**ICD-10-CM descriptions**
F18120	Inhalant abuse with intoxication, uncomplicated
F18121	Inhalant abuse with intoxication delirium
F18129	Inhalant abuse with intoxication, unspecified
F1814	Inhalant abuse with inhalant-induced mood disorder
F18150	Inhalant abuse w inhalnt-induce psych disorder w delusions
F18151	Inhalant abuse w inhalnt-induce psych disorder w hallucin
F18159	Inhalant abuse w inhalant-induced psychotic disorder, unsp
F1817	Inhalant abuse with inhalant-induced dementia
F18180	Inhalant abuse with inhalant-induced anxiety disorder
F18188	Inhalant abuse with other inhalant-induced disorder
F1819	Inhalant abuse with unspecified inhalant-induced disorder
F1820	Inhalant dependence, uncomplicated
F18220	Inhalant dependence with intoxication, uncomplicated
F18221	Inhalant dependence with intoxication delirium
F18229	Inhalant dependence with intoxication, unspecified
F1824	Inhalant dependence with inhalant-induced mood disorder
F18250	Inhalant depend w inhalnt-induce psych disorder w delusions
F18251	Inhalant depend w inhalnt-induce psych disorder w hallucin
F18259	Inhalant depend w inhalnt-induce psychotic disorder, unsp
F1827	Inhalant dependence with inhalant-induced dementia
F18280	Inhalant dependence with inhalant-induced anxiety disorder
F18288	Inhalant dependence with other inhalant-induced disorder
F1829	Inhalant dependence with unsp inhalant-induced disorder
F1891	Inhalant use, unspecified, in remission

Table 23	All other Substance Use Disorder (SUD) Diagnoses
ICD-10-CM codes	**ICD-10-CM descriptions**
F1910	Other psychoactive substance abuse, uncomplicated
F19120	Oth psychoactive substance abuse w intoxication, uncomp
F19121	Oth psychoactive substance abuse with intoxication delirium
F19122	Oth psychoactv substance abuse w intox w perceptual disturb
F19129	Other psychoactive substance abuse with intoxication, unsp
F19130	Other psychoactive substance abuse with withdrawal, uncomp
F19131	Other psychoactive substance abuse with withdrawal delirium
F19132	Other psychoactv sub abuse with w/drawal w perceptl disturb
F19139	Other psychoactv substance abuse with withdrawal, unsp
F1914	Oth psychoactive substance abuse w mood disorder
F19150	Oth psychoactv substance abuse w psych disorder w delusions
F19151	Oth psychoactv substance abuse w psych disorder w hallucin
F19159	Oth psychoactive substance abuse w psychotic disorder, unsp
F1916	Oth psychoactv substance abuse w persist amnestic disorder
F1917	Oth psychoactive substance abuse w persisting dementia
F19180	Oth psychoactive substance abuse w anxiety disorder
F19181	Oth psychoactive substance abuse w sexual dysfunction
F19182	Oth psychoactive substance abuse w sleep disorder
F19188	Oth psychoactive substance abuse w oth disorder
F1919	Oth psychoactive substance abuse w unsp disorder
F1920	Other psychoactive substance dependence, uncomplicated
F19220	Oth psychoactive substance dependence w intoxication, uncomp
F19221	Oth psychoactive substance dependence w intox delirium
F19222	Oth psychoactv substance depend w intox w perceptual disturb

Table 23	All other Substance Use Disorder (SUD) Diagnoses
ICD-10-CM codes	**ICD-10-CM descriptions**
F19229	Oth psychoactive substance dependence w intoxication, unsp
F19230	Oth psychoactive substance dependence w withdrawal, uncomp
F19231	Oth psychoactive substance dependence w withdrawal delirium
F19232	Oth psychoactv sub depend w w/drawal w perceptl disturb
F19239	Oth psychoactive substance dependence with withdrawal, unsp
F1924	Oth psychoactive substance dependence w mood disorder
F19250	Oth psychoactv substance depend w psych disorder w delusions
F19251	Oth psychoactv substance depend w psych disorder w hallucin
F19259	Oth psychoactv substance depend w psychotic disorder, unsp
F1926	Oth psychoactv substance depend w persist amnestic disorder
F1927	Oth psychoactive substance dependence w persisting dementia
F19280	Oth psychoactive substance dependence w anxiety disorder
F19281	Oth psychoactive substance dependence w sexual dysfunction
F19282	Oth psychoactive substance dependence w sleep disorder
F19288	Oth psychoactive substance dependence w oth disorder
F1929	Oth psychoactive substance dependence w unsp disorder
F1991	Other psychoactive substance use, unspecified, in remission
F4381	Prolonged grief disorder
F4389	Other reactions to severe stress

Table 24: Opioid Use Disorder (OUD) Diagnoses for OUD Medication for Addiction Treatment (MAT):

Table 24	Opioid Use Disorder (OUD) Diagnoses for OUD Medication for Addiction Treatment (MAT)
ICD-10-CM codes	**ICD-10-CM descriptions**
F1110	Opioid abuse, uncomplicated
F11120	Opioid abuse with intoxication, uncomplicated
F11121	Opioid abuse with intoxication delirium
F11122	Opioid abuse with intoxication with perceptual disturbance
F11129	Opioid abuse with intoxication, unspecified
F1113	Opioid abuse with withdrawal
F1114	Opioid abuse with opioid-induced mood disorder
F11150	Opioid abuse w opioid-induced psychotic disorder w delusions
F11151	Opioid abuse w opioid-induced psychotic disorder w hallucin
F11159	Opioid abuse with opioid-induced psychotic disorder, unsp
F11181	Opioid abuse with opioid-induced sexual dysfunction
F11182	Opioid abuse with opioid-induced sleep disorder
F11188	Opioid abuse with other opioid-induced disorder
F1119	Opioid abuse with unspecified opioid-induced disorder
F1120	Opioid dependence, uncomplicated
F1121	Opioid dependence, in remission
F11220	Opioid dependence with intoxication, uncomplicated
F11221	Opioid dependence with intoxication delirium
F11222	Opioid dependence w intoxication with perceptual disturbance
F11229	Opioid dependence with intoxication, unspecified
F1123	Opioid dependence with withdrawal

Table 24	Opioid Use Disorder (OUD) Diagnoses for OUD Medication for Addiction Treatment (MAT)
ICD-10-CM codes	**ICD-10-CM descriptions**
F1124	Opioid dependence with opioid-induced mood disorder
F11250	Opioid depend w opioid-induc psychotic disorder w delusions
F11251	Opioid depend w opioid-induc psychotic disorder w hallucin
F11259	Opioid dependence w opioid-induced psychotic disorder, unsp
F11281	Opioid dependence with opioid-induced sexual dysfunction
F11282	Opioid dependence with opioid-induced sleep disorder
F11288	Opioid dependence with other opioid-induced disorder
F1129	Opioid dependence with unspecified opioid-induced disorder
F1190	Opioid use, unspecified, uncomplicated
F1191	Opioid use, unspecified, in remission
F11920	Opioid use, unspecified with intoxication, uncomplicated
F11921	Opioid use, unspecified with intoxication delirium
F11922	Opioid use, unsp w intoxication with perceptual disturbance
F11929	Opioid use, unspecified with intoxication, unspecified
F1193	Opioid use, unspecified with withdrawal
F1194	Opioid use, unspecified with opioid-induced mood disorder
F11950	Opioid use, unsp w opioid-induc psych disorder w delusions
F11951	Opioid use, unsp w opioid-induc psych disorder w hallucin
F11959	Opioid use, unsp w opioid-induced psychotic disorder, unsp
F11981	Opioid use, unsp with opioid-induced sexual dysfunction
F11982	Opioid use, unspecified with opioid-induced sleep disorder
F11988	Opioid use, unspecified with other opioid-induced disorder
F1199	Opioid use, unsp with unspecified opioid-induced disorder

Table Listing, Previous Table 24, Next Table 25 Part 2, End of Document

Table 25: SUD J-Codes:

Table 25 Part 1: Description of SUD J-Codes payable:

Table 25 Part 1	SUD J-Codes payable with NDCs listed in table below
Procedure Code	**Description**
J0571	Buprenorphine, oral, 1 mg
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine
J0592	Injection, buprenorphine hydrochloride, 0.1 mg
J2310	Injection, naloxone hydrochloride, per 1 mg
J2315	Injection, naltrexone, depot form, 1 mg
Q9991	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg
Q9992	Injection, buprenorphine extended-release (sublocade), greater than 100 mg

Table Listing, Previous Table 25 Part 1, Next Table 26, End of Document

Table 25 Part 2: SUD J-Codes payable only with NDCs:

Table 25 Part 1	SUD J-Codes payable with NDCs listed in table below					
J-Code Crosswalk	**NDC**	**Brand Name**	**Generic Name**	**Strength**	**Dosage Form**	**Route**
J0571	00054017613	BUPRENORPHINE HCL	buprenorphine HCl	2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0571	00054017713	BUPRENORPHINE HCL	buprenorphine HCl	8 MG	TABLET, SUBLINGUAL	SUBLINGUAL

Table 25 Part 1	SUD J-Codes payable with NDCs listed in table below					
J-Code Crosswalk	**NDC**	**Brand Name**	**Generic Name**	**Strength**	**Dosage Form**	**Route**
J0571	00228315303	BUPRENORPHINE HCL	buprenorphine HCl	8 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0571	00228315603	BUPRENORPHINE HCL	buprenorphine HCl	2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0571	42858050103	BUPRENORPHINE HCL	buprenorphine HCl	2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0571	42858050203	BUPRENORPHINE HCL	buprenorphine HCl	8 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0571	50383092493	BUPRENORPHINE HCL	buprenorphine HCl	2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0571	50383093093	BUPRENORPHINE HCL	buprenorphine HCl	8 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0571	60687048111	BUPRENORPHINE HCL	buprenorphine HCl	2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0571	60687048121	BUPRENORPHINE HCL	buprenorphine HCl	2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0571	60687049211	BUPRENORPHINE HCL	buprenorphine HCl	8 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0571	62756045983	BUPRENORPHINE HCL	buprenorphine HCl	2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0571	62756046083	BUPRENORPHINE HCL	buprenorphine HCl	8 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0572	00054018813	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0572	00228315473	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0572	00378876516	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0572	00378876593	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0572	00406192303	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0572	00406800503	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0572	00781721606	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0572	00781721664	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0572	00904700906	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0572	12496120201	SUBOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0572	12496120203	SUBOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0572	16729054910	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0572	42858060103	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	TABLET, SUBLINGUAL	SUBLINGUAL

Table 25 Part 1	SUD J-Codes payable with NDCs listed in table below					
J-Code Crosswalk	**NDC**	**Brand Name**	**Generic Name**	**Strength**	**Dosage Form**	**Route**
J0572	43598057901	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0572	43598057930	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0572	47781035503	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0572	47781035511	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0572	50268014411	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0572	50268014415	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0572	50383029493	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0572	52427069203	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0572	52427069211	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0572	54123090730	ZUBSOLV	buprenorphine HCl/naloxone HCl	0.7-0.18MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0572	54123091430	ZUBSOLV	buprenorphine HCl/naloxone HCl	1.4-0.36MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0572	54123092930	ZUBSOLV	buprenorphine HCl/naloxone HCl	2.9-0.71MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0572	59385001201	BUNAVAIL	buprenorphine HCl/naloxone HCl	2.1-0.3 MG	FILM, MEDICATED (EA)	BUCCAL
J0572	59385001230	BUNAVAIL	buprenorphine HCl/naloxone HCl	2.1-0.3 MG	FILM, MEDICATED (EA)	BUCCAL
J0572	60687062611	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0572	60687062665	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0572	62175045232	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0572	62756096983	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0572	65162041603	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	2 MG-0.5MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0573	00378876616	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	4MG-1MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0573	00378876693	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	4MG-1MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0573	00781722706	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	4MG-1MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0573	00781722764	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	4MG-1MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0573	12496120401	SUBOXONE	buprenorphine HCl/naloxone HCl	4MG-1MG	FILM, MEDICATED (EA)	SUBLINGUAL

Table 25 Part 1	SUD J-Codes payable with NDCs listed in table below					
J-Code Crosswalk	**NDC**	**Brand Name**	**Generic Name**	**Strength**	**Dosage Form**	**Route**
J0573	12496120403	SUBOXONE	buprenorphine HCl/naloxone HCl	4MG-1MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0573	43598058001	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	4MG-1MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0573	43598058030	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	4MG-1MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0573	47781035603	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	4MG-1MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0573	47781035611	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	4MG-1MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0573	52427069403	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	4MG-1MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0573	52427069411	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	4MG-1MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0573	54123095730	ZUBSOLV	buprenorphine HCl/naloxone HCl	5.7-1.4 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0573	59385001401	BUNAVAIL	buprenorphine HCl/naloxone HCl	4.2-0.7 MG	FILM, MEDICATED (EA)	BUCCAL
J0573	59385001430	BUNAVAIL	buprenorphine HCl/naloxone HCl	4.2-0.7 MG	FILM, MEDICATED (EA)	BUCCAL
J0574	00054018913	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0574	00228315567	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0574	00228315573	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0574	00378876716	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0574	00378876793	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0574	00406802003	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0574	00781723806	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0574	00781723864	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0574	00904701006	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0574	12496120801	SUBOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0574	12496120803	SUBOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0574	16729055010	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0574	42858060203	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0574	43598058201	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	FILM, MEDICATED (EA)	SUBLINGUAL

Table 25 Part 1	SUD J-Codes payable with NDCs listed in table below					
J-Code Crosswalk	**NDC**	**Brand Name**	**Generic Name**	**Strength**	**Dosage Form**	**Route**
J0574	43598058230	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0574	47781035703	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0574	47781035711	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0574	50268014511	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0574	50268014515	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0574	50383028793	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0574	51862060830	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0574	52427069803	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0574	52427069811	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	FILM, MEDICATED (EA)	SUBLINGUAL
J0574	54123098630	ZUBSOLV	buprenorphine HCl/naloxone HCl	8.6-2.1 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0574	59385001601	BUNAVAIL	buprenorphine HCl/naloxone HCl	6.3MG-1MG	FILM, MEDICATED (EA)	BUCCAL
J0574	59385001630	BUNAVAIL	buprenorphine HCl/naloxone HCl	6.3MG-1MG	FILM, MEDICATED (EA)	BUCCAL
J0574	60687063711	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0574	60687063765	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0574	62175045832	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0574	62756097083	BUPRENORPHINE-NALOXONE	buprenorphine HCl/naloxone HCl	8 MG-2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
J0592	00143924601	BUPRENORPHINE HCL	buprenorphine HCl	0.3 MG/ML	VIAL (ML)	INJECTION
J0592	00143924605	BUPRENORPHINE HCL	buprenorphine HCl	0.3 MG/ML	VIAL (ML)	INJECTION
J0592	00409201203	BUPRENORPHINE HCL	buprenorphine HCl	0.3 MG/ML	CARTRIDGE (ML)	INJECTION
J0592	00409201232	BUPRENORPHINE HCL	buprenorphine HCl	0.3 MG/ML	CARTRIDGE (ML)	INJECTION
J0592	12496075701	BUPRENEX	buprenorphine HCl	0.3 MG/ML	AMPUL (ML)	INJECTION
J0592	12496075705	BUPRENEX	buprenorphine HCl	0.3 MG/ML	AMPUL (ML)	INJECTION
J0592	42023017901	BUPRENORPHINE HCL	buprenorphine HCl	0.3 MG/ML	VIAL (ML)	INJECTION
J0592	42023017905	BUPRENORPHINE HCL	buprenorphine HCl	0.3 MG/ML	VIAL (ML)	INJECTION

Table 25 Part 1	SUD J-Codes payable with NDCs listed in table below					
J-Code Crosswalk	**NDC**	**Brand Name**	**Generic Name**	**Strength**	**Dosage Form**	**Route**
J2310	00409121501	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	00409121521	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	00409121525	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	00409121901	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	00409121925	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	00409121930	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	00409121941	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	00409178203	NALOXONE HCL	naloxone HCl	0.4 MG/ML	CARTRIDGE (ML)	INJECTION
J2310	00409178269	NALOXONE HCL	naloxone HCl	0.4 MG/ML	CARTRIDGE (ML)	INJECTION
J2310	00641613201	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	00641613225	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	17478004101	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	17478004210	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	36000030801	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	36000030810	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	43598075011	NALOXONE HCL	naloxone HCl	1 MG/ML	SYRINGE (ML)	INJECTION
J2310	43598075058	NALOXONE HCL	naloxone HCl	1 MG/ML	SYRINGE (ML)	INJECTION
J2310	55150032701	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	55150032710	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	55150032801	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	55150032810	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	55150034501	NALOXONE HCL	naloxone HCl	1 MG/ML	SYRINGE (ML)	INJECTION
J2310	55150034510	NALOXONE HCL	naloxone HCl	1 MG/ML	SYRINGE (ML)	INJECTION
J2310	67457029200	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION

Table 25 Part 1	SUD J-Codes payable with NDCs listed in table below					
J-Code Crosswalk	**NDC**	**Brand Name**	**Generic Name**	**Strength**	**Dosage Form**	**Route**
J2310	67457029202	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	67457029900	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	67457029910	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	67457059900	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	67457059902	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	67457064500	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	67457064502	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	67457098700	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	67457098710	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	70069007101	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	70069007110	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	70069007201	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	70069007210	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	72572045001	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	72572045025	NALOXONE HCL	naloxone HCl	0.4 MG/ML	VIAL (ML)	INJECTION
J2310	76329146901	NALOXONE HCL	naloxone HCl	1 MG/ML	SYRINGE (ML)	INJECTION
J2310	76329336901	NALOXONE HCL	naloxone HCl	1 MG/ML	SYRINGE (ML)	INJECTION
J2310	76329346901	NALOXONE HCL	naloxone HCl	1 MG/ML	SYRINGE (ML)	INJECTION
J2315	65757030001	VIVITROL	naltrexone microspheres	380 MG	SUSPENSION, EXTENDED RELEASE, RECON (EA)	INTRAMUSC
J2315	65757030202	VIVITROL	naltrexone microspheres	380 MG	SUSPENSION, EXTENDED RELEASE, RECON (EA)	INTRAMUSC
Q9991	12496010001	SUBLOCADE	buprenorphine	100 MG/0.5	SOLUTION,EXTENDED RELEASE SYRINGE (ML)	SUBCUT

Table 25 Part 1	SUD J-Codes payable with NDCs listed in table below					
J-Code Crosswalk	**NDC**	**Brand Name**	**Generic Name**	**Strength**	**Dosage Form**	**Route**
Q9991	12496010002	SUBLOCADE	buprenorphine	100 MG/0.5	SOLUTION,EXTENDED RELEASE SYRINGE (ML)	SUBCUT
Q9991	12496010005	SUBLOCADE	buprenorphine	100 MG/0.5	SOLUTION,EXTENDED RELEASE SYRINGE (ML)	SUBCUT
Q9992	12496030001	SUBLOCADE	buprenorphine	300 MG/1.5	SOLUTION,EXTENDED RELEASE SYRINGE (ML)	SUBCUT
Q9992	12496030002	SUBLOCADE	buprenorphine	300 MG/1.5	SOLUTION,EXTENDED RELEASE SYRINGE (ML)	SUBCUT
Q9992	12496030005	SUBLOCADE	buprenorphine	300 MG/1.5	SOLUTION,EXTENDED RELEASE SYRINGE (ML)	SUBCUT

Table Listing, Previous Table 25 Part 2, End of Document

Table 26: Diagnosis Codes for MNT Services

Table 26	Diagnosis Codes for MNT Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
E0821	Diabetes mellitus due to underlying condition with diabetic nephropathy	7/1/2025	12/31/2299
E0822	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	7/1/2025	12/31/2299
E0829	Diabetes mellitus due to underlying condition with other diabetic kidney complication	7/1/2025	12/31/2299
E08321	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema	7/1/2025	12/31/2299
E08329	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema	7/1/2025	12/31/2299
E08331	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema	7/1/2025	12/31/2299
E08339	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema	7/1/2025	12/31/2299
E08341	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema	7/1/2025	12/31/2299
E08349	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema	7/1/2025	12/31/2299
E08351	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema	7/1/2025	12/31/2299
E0836	Diabetes mellitus due to underlying condition with diabetic cataract	7/1/2025	12/31/2299
E0839	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication	7/1/2025	12/31/2299
E0840	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified	7/1/2025	12/31/2299
E0841	Diabetes mellitus due to underlying condition with diabetic mononeuropathy	7/1/2025	12/31/2299
E0842	Diabetes mellitus due to underlying condition with diabetic polyneuropathy	7/1/2025	12/31/2299
E0843	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy	7/1/2025	12/31/2299
E0844	Diabetes mellitus due to underlying condition with diabetic amyotrophy	7/1/2025	12/31/2299
E0849	Diabetes mellitus due to underlying condition with other diabetic neurological complication	7/1/2025	12/31/2299
E0851	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene	7/1/2025	12/31/2299
E0852	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene	7/1/2025	12/31/2299
E0859	Diabetes mellitus due to underlying condition with other circulatory complications	7/1/2025	12/31/2299
E08610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy	7/1/2025	12/31/2299

Table 26	Diagnosis Codes for MNT Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
E08618	Diabetes mellitus due to underlying condition with other diabetic arthropathy	7/1/2025	12/31/2299
E08620	Diabetes mellitus due to underlying condition with diabetic dermatitis	7/1/2025	12/31/2299
E08621	Diabetes mellitus due to underlying condition with foot ulcer	7/1/2025	12/31/2299
E08622	Diabetes mellitus due to underlying condition with other skin ulcer	7/1/2025	12/31/2299
E08628	Diabetes mellitus due to underlying condition with other skin complications	7/1/2025	12/31/2299
E08630	Diabetes mellitus due to underlying condition with periodontal disease	7/1/2025	12/31/2299
E08638	Diabetes mellitus due to underlying condition with other oral complications	7/1/2025	12/31/2299
E1010	Type 1 diabetes mellitus with ketoacidosis without coma	7/1/2025	12/31/2299
E1021	Type 1 diabetes mellitus with diabetic nephropathy	7/1/2025	12/31/2299
E1022	Type 1 diabetes mellitus with diabetic chronic kidney disease	7/1/2025	12/31/2299
E1029	Type 1 diabetes mellitus with other diabetic kidney complication	7/1/2025	12/31/2299
E10311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	7/1/2025	12/31/2299
E10319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	7/1/2025	12/31/2299
E10321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	7/1/2025	12/31/2299
E10329	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	7/1/2025	12/31/2299
E10331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	7/1/2025	12/31/2299
E10339	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	7/1/2025	12/31/2299
E10351	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema	7/1/2025	12/31/2299
E10359	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema	7/1/2025	12/31/2299
E1036	Type 1 diabetes mellitus with diabetic cataract	7/1/2025	12/31/2299
E1040	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	7/1/2025	12/31/2299
E1041	Type 1 diabetes mellitus with diabetic mononeuropathy	7/1/2025	12/31/2299
E1042	Type 1 diabetes mellitus with diabetic polyneuropathy	7/1/2025	12/31/2299
E1043	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	7/1/2025	12/31/2299
E1044	Type 1 diabetes mellitus with diabetic amyotrophy	7/1/2025	12/31/2299

Table 26	Diagnosis Codes for MNT Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
E1049	Type 1 diabetes mellitus with other diabetic neurological complication	7/1/2025	12/31/2299
E1051	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene	7/1/2025	12/31/2299
E1052	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene	7/1/2025	12/31/2299
E1059	Type 1 diabetes mellitus with other circulatory complications	7/1/2025	12/31/2299
E10610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy	7/1/2025	12/31/2299
E10618	Type 1 diabetes mellitus with other diabetic arthropathy	7/1/2025	12/31/2299
E10620	Type 1 diabetes mellitus with diabetic dermatitis	7/1/2025	12/31/2299
E10621	Type 1 diabetes mellitus with foot ulcer	7/1/2025	12/31/2299
E10622	Type 1 diabetes mellitus with other skin ulcer	7/1/2025	12/31/2299
E10628	Type 1 diabetes mellitus with other skin complications	7/1/2025	12/31/2299
E10630	Type 1 diabetes mellitus with periodontal disease	7/1/2025	12/31/2299
E10638	Type 1 diabetes mellitus with other oral complications	7/1/2025	12/31/2299
E10649	Type 1 diabetes mellitus with hypoglycemia without coma	7/1/2025	12/31/2299
E109	Type 1 diabetes mellitus without complications	7/1/2025	12/31/2299
E1100	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	7/1/2025	12/31/2299
E1111	Type 2 diabetes mellitus with ketoacidosis with coma	7/1/2025	12/31/2299
E1121	Type 2 diabetes mellitus with diabetic nephropathy	7/1/2025	12/31/2299
E1122	Type 2 diabetes mellitus with diabetic chronic kidney disease	7/1/2025	12/31/2299
E1129	Type 2 diabetes mellitus with other diabetic kidney complication	7/1/2025	12/31/2299
E11311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema	7/1/2025	12/31/2299
E11319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	7/1/2025	12/31/2299
E11321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	7/1/2025	12/31/2299
E11329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema	7/1/2025	12/31/2299
E11331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema	7/1/2025	12/31/2299
E11339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema	7/1/2025	12/31/2299

Table 26	Diagnosis Codes for MNT Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
E11341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema	7/1/2025	12/31/2299
E11349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	7/1/2025	12/31/2299
E11351	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema	7/1/2025	12/31/2299
E11359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema	7/1/2025	12/31/2299
E1140	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	7/1/2025	12/31/2299
E1141	Type 2 diabetes mellitus with diabetic mononeuropathy	7/1/2025	12/31/2299
E1142	Type 2 diabetes mellitus with diabetic polyneuropathy	7/1/2025	12/31/2299
E1143	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	7/1/2025	12/31/2299
E1144	Type 2 diabetes mellitus with diabetic amyotrophy	7/1/2025	12/31/2299
E1149	Type 2 diabetes mellitus with other diabetic neurological complication	7/1/2025	12/31/2299
E1151	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	7/1/2025	12/31/2299
E1152	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	7/1/2025	12/31/2299
E1159	Type 2 diabetes mellitus with other circulatory complications	7/1/2025	12/31/2299
E11610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy	7/1/2025	12/31/2299
E11618	Type 2 diabetes mellitus with other diabetic arthropathy	7/1/2025	12/31/2299
E11620	Type 2 diabetes mellitus with diabetic dermatitis	7/1/2025	12/31/2299
E11621	Type 2 diabetes mellitus with foot ulcer	7/1/2025	12/31/2299
E11622	Type 2 diabetes mellitus with other skin ulcer	7/1/2025	12/31/2299
E11628	Type 2 diabetes mellitus with other skin complications	7/1/2025	12/31/2299
E11630	Type 2 diabetes mellitus with periodontal disease	7/1/2025	12/31/2299
E11638	Type 2 diabetes mellitus with other oral complications	7/1/2025	12/31/2299
E11649	Type 2 diabetes mellitus with hypoglycemia without coma	7/1/2025	12/31/2299
E119	Type 2 diabetes mellitus without complications	7/1/2025	12/31/2299
E139	Other specified diabetes mellitus without complications	7/1/2025	12/31/2299
E6601	Morbid (severe) obesity due to excess calories	7/1/2025	12/31/2299

Table 26	Diagnosis Codes for MNT Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
E6609	Other obesity due to excess calories	7/2/2025	12/31/2299
E661	Drug-induced obesity	7/1/2025	12/31/2299
E662	Morbid (severe) obesity with alveolar hypoventilation	7/1/2025	12/31/2299
E663	Overweight	7/1/2025	12/31/2299
E66811	Obesity, class 1	7/1/2025	12/31/2299
E66812	Obesity, class 2	7/1/2025	12/31/2299
E66813	Obesity, class 3	7/1/2025	12/31/2299
E7801	Familial hypercholesterolemia	7/1/2025	12/31/2299
E781	Pure hyperglyceridemia	7/1/2025	12/31/2299
E782	Mixed hyperlipidemia	7/1/2025	12/31/2299
E7841	Elevated Lipoprotein(a)	7/1/2025	12/31/2299
E7849	Other hyperlipidemia	7/1/2025	12/31/2299
I110	Hypertensive heart disease with heart failure	7/1/2025	12/31/2299
I119	Hypertensive heart disease without heart failure	7/1/2025	12/31/2299
I120	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	7/1/2025	12/31/2299
I129	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	7/1/2025	12/31/2299
I130	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	7/1/2025	12/31/2299
I1310	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	7/1/2025	12/31/2299
I1311	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease	7/1/2025	12/31/2299
I150	Renovascular hypertension	7/1/2025	12/31/2299
I151	Hypertension secondary to other renal disorders	7/1/2025	12/31/2299
I152	Hypertension secondary to endocrine disorders	7/1/2025	12/31/2299
I158	Other secondary hypertension	7/1/2025	12/31/2299
I160	Hypertensive urgency	7/1/2025	12/31/2299
I161	Hypertensive emergency	7/1/2025	12/31/2299

Table 26	Diagnosis Codes for MNT Services		
ICD-10-CM codes	**ICD-10-CM descriptions**	**Effective Date**	**End Date**
K760	Fatty (change of) liver, not elsewhere classified	7/1/2025	12/31/2299
N170	Acute kidney failure with tubular necrosis	7/1/2025	12/31/2299
N171	Acute kidney failure with acute cortical necrosis	7/1/2025	12/31/2299
N172	Acute kidney failure with medullary necrosis	7/1/2025	12/31/2299
N178	Other acute kidney failure	7/1/2025	12/31/2299
N181	Chronic kidney disease, stage 1	7/1/2025	12/31/2299
N182	Chronic kidney disease, stage 2 (mild)	7/1/2025	12/31/2299
N1830	Chronic kidney disease, stage 3 unspecified	7/1/2025	12/31/2299
N1831	Chronic kidney disease, stage 3a	7/1/2025	12/31/2299
N1832	Chronic kidney disease, stage 3b	7/1/2025	12/31/2299
N184	Chronic kidney disease, stage 4 (severe)	7/1/2025	12/31/2299
N185	Chronic kidney disease, stage 5	7/1/2025	12/31/2299
N186	End stage renal disease	7/1/2025	12/31/2299
O24011	Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester	7/1/2025	12/31/2299
O24012	Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester	7/1/2025	12/31/2299
O24019	Pre-existing type 1 diabetes mellitus, in pregnancy, unspecified trimester	7/1/2025	12/31/2299
O24111	Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester	7/1/2025	12/31/2299
O24112	Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester	7/1/2025	12/31/2299
O24113	Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester	7/1/2025	12/31/2299
O24410	Gestational diabetes mellitus in pregnancy, diet controlled	7/1/2025	12/31/2299
O24414	Gestational diabetes mellitus in pregnancy, insulin controlled	7/1/2025	12/31/2299

Table Listing, Previous Table 26

End of Document