



2026 PREVENTIVES SERVICE GUIDELINES



Dear Provider,

First Medical Health Plan, Inc., (First Medical) is a company at the service of our community. For over forty-nine (49) years, First Medical has dedicated its efforts to improving the quality of life of our plan participants through the planning and implementation of medical services coverage of the highest quality in a cost-effective manner. Our services are rendered based on the great commitment of excellence and the human warmth that characterizes its relations with our providers. Because, when our enrollees are healthy, they can live a better life. Therefore, we have developed these Preventive Services Health Care Guidelines to provide assistance interpreting certain standards benefit plans and to ensure that our network providers meet all relevant requirements mandated by the Centers for Medicare & Medicaid Services (CMS), Puerto Rico Health Insurance Administration (PRHIA), and the Office of Insurance Commissioner, among others.

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

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

Medical Affairs Division
First Medical Health Plan, Inc.

Coverage Rationale

Preventive Services:

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

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

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

Summary of Preventive Care Services Benefit

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

All members:

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

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

Table 1: Preventive Healthcare Services Detailed Breakdown.

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



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

Coverage Limitations and Exclusions

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

Travel Immunizations:

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

Definitions

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

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

Applicable Codes

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

Modifier 33:

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

ICD-10 Codes:

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

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

Preventive Care Services

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

Preventive Care Services

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

| <p>Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i></p> | <p>US Preventive Services Task Force</p> | <p>Code(s):</p> | <p>Claims Edit Criteria:</p> |
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| <p>Aspirin preventive medication: adults aged 40 to 59 years with a \geq10% 10-year cardiovascular risk</p> | <p>The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease and colorectal cancer in adults aged 40 to 59 years who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.</p> | <p>Procedures Code(s): 99386, 99387, 99396, 99397, G0438, G0439</p> | <p>Adults aged 40 to 59 years.</p> |

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| Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i> | US Preventive Services Task Force | Code(s): | Claims Edit Criteria: |
| Bacteriuria screening: pregnant persons | The USPSTF recommends screening for asymptomatic bacteriuria with urine culture in pregnant persons at 12 to 16 weeks' gestation or at the first prenatal visit, if later. | Procedure Code(s): 81007 Diagnosis Code(s): Pregnancy Diagnosis Code | Payable with a Pregnancy Diagnosis Code Please refer to Appendix Section. |
| Blood pressure screening: adults | The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment. | Ambulatory Blood Pressure Measurement: 93784, 93786, 93788 or 93790 Diagnosis Code: ICD-10: R03.0, Z13.220 | Adults 18 years or older. |

| Preventive Care Services Certain codes may not be payable in all circumstances due to other policies or guidelines. For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator. | | | |
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| Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i> | US Preventive Services Task Force | Code(s): | Claims Edit Criteria: |
| BRCA risk assessment and genetic counseling/testing | The USPSTF recommends that primary care clinicians assess women with a personal or family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing. | Genetic Counseling and Evaluation: Procedure Code(s): 99202-99205, 99211-99215, 99385, 99386, 99387, 99395, 99396, 99397 Medical genetics and genetic counseling services: 96041, Evaluation and Management (Office Visits): 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397, G0463 ICD-10: Z80.3, Z80.41, Z85.3, Z85.43, Z15.01, Z15.02 BRCA Lab Screening: Procedure Code(s): 81162, 81163, 81164, 81165, 81166, 81167, | Genetic Counseling and Evaluation: Medical Necessity plans require genetic counseling before BRCA Lab Screening. Payable as preventive with one of the Genetic Counseling and Evaluation Diagnosis Codes listed in this row in primary position. BRCA Lab Screening: Prior authorization requirements apply to BRCA lab screening. Payable for age 18+ when billed with one of the BRCA Lab Screening Diagnosis codes listed in this row. Blood draw: Payable when billed with |

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| | | 81212, 81215, 81216, | both of the following: |
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| Preventive Care Services Certain codes may not be payable in all circumstances due to other policies or guidelines. For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator. | | | |
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| Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i> | US Preventive Services Task Force | Code(s): | Claims Edit Criteria: |
| | | 81217, 81162 Blood draw: 36415, 36416 Diagnosis Code(s): Family History or Personal History of breast cancer and/or ovarian cancer: ICD-10: Z80.3, Z80.41, Z85.3, Z85.43, Z15.01, Z15.02 | 1. With one of the listed BRCA Lab Screening procedure codes listed in this row, AND 2. With one of the BRCA Lab Screening diagnosis codes listed in this row. |
| Breast cancer preventive medications | The USPSTF recommends that clinicians engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene. | Procedures Code(s): 99202 – 99205, 99211-99215, 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404 Raloxifene (J8999) Tamoxifen (J8999) | Women with risk for breast cancer recommendation on medications for risk reduction |

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

| Preventive Care Services Certain codes may not be payable in all circumstances due to other policies or guidelines. For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator. | | | |
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| Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i> | US Preventive Services Task Force | Code(s): | Claims Edit Criteria: |
| Cervical cancer screening | The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). | Procedure Code(s): Code Group 1: G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, P3000, P3001 Payable as preventive regardless of diagnosis code Code Group 2: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175 Code Group 2 Diagnosis Code(s): ICD-10: Z00.00, Z00.01, Z01.411, Z01.419, Z12.4 | Limited to age 21 years – 65 years (ends on 66th birthday). Code Group 1: Does not have diagnosis code requirements for preventive benefits to apply. Code Group 2: Payable with one of the Diagnosis Codes listed in this row. |
| Chlamydia screening: women | The USPSTF recommends screening for chlamydia in sexually active women aged 24 years or younger and in older women who are at | Procedure Code(s): Chlamydia Infection Screening: 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810 | Chlamydia Infection Screening: Payable with a Pregnancy Diagnosis Code (refer to Appendix Section) OR One of the Screening |

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

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

| Preventive Care Services Certain codes may not be payable in all circumstances due to other policies or guidelines. For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator. | | | |
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| Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i> | US Preventive Services Task Force | Code(s): | Claims Edit Criteria: |
| | | Sigmoidoscopy: 45330, 45331, 45333, 45338, 45346 Colonoscopy: 44388, 44389, 44392, 44394, 45378, 45380, 45381, 45384, 45385, 45388 FOBT: 82270, 82274 Code Group 3: Pathology: 88304, 88305 Code Group 4: Anesthesia: 99151, 99152, +99153 Code Group 5: Pre-op/Consultation: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245 Diagnosis Code(s) (for Code Group 2, 3 & 4): ICD-10: Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z15.060, Z15.068, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79 | this row OR billed with one of the Procedure Codes from Code Group 1, regardless of diagnosis. Code Group 3 (pathology) AND Code Group 4 (anesthesia): Paid as preventive if: billed with one of the Diagnosis Codes listed in this row AND billed with one of the Procedure Codes from Code Group 1 or Code Group 2. Code Group 3 and 4: Note the following: Preventive when performed for a colorectal cancer screening. Preventive benefits only apply when the surgeon's claim is |

| Preventive Care Services Certain codes may not be payable in all circumstances due to other policies or guidelines. For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator. | | | |
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| Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i> | US Preventive Services Task Force | Code(s): | Claims Edit Criteria: |
| | | (for Code Group 5): ICD-10: Z12.10, Z12.11, Z12.12, Z15.060, Z15.068, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79 Computed Tomographic Colonography (Virtual Colonoscopy): Procedure Code(s): 74261, 74262, 74263 Diagnosis Code(s): Does not have diagnosis code requirements for preventive benefit to apply. | preventive. Code Group 5 as of 1/1/16: Paid as Preventive if billed with one of the Code Group 5 diagnosis codes. Computed Tomographic Colonography (Virtual Colonoscopy): Does not have diagnosis code requirements for preventive benefit to apply. Prior authorization requirements may apply, depending on plan. |
| Dental caries prevention: infants and children up to age 5 years | The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary | Procedure Code(s): Application of topical fluoride by physician or other qualified health care professional: 99188 Diagnosis Code(s): Z00.121, Z00.129, Z29.3, Z91.841, | Age 0 – 6 years (ends on 7th birthday). Does not have diagnosis code requirements for preventive benefit to apply. |

| Preventive Care Services Certain codes may not be payable in all circumstances due to other policies or guidelines. For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator. | | | |
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| Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i> | US Preventive Services Task Force | Code(s): | Claims Edit Criteria: |
| | care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient. | Z91.842, Z91.843, Z91.849 | |
| Depression screening: adolescents | The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. | Procedure Code(s): 96127, G0444 Diagnosis Code(s): ICD-10: Z13.89, Z13.31, Z13.32 | The Diagnosis Codes listed in this row is required for 96127. The Diagnosis Codes listed in this row are not required for G0444. |
| Depression screening: adults | The USPSTF recommends screening for depression in the adult population, including pregnant and postpartum persons, as well as older adults. Screening should be implemented with adequate systems in | Procedure Code(s): 96127, G0444 Diagnosis Code(s): ICD-10: Z13.89, Z13.31, Z13.32 | The Diagnosis Codes listed in this row is required for 96127. The Diagnosis Codes listed in this row are not required for G0444. |

| Preventive Care Services Certain codes may not be payable in all circumstances due to other policies or guidelines. For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator. | | | |
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| Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i> | US Preventive Services Task Force | Code(s): | Claims Edit Criteria: |
| | place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. | | |
| Depression and Suicide Risk in Adults: Screening | The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum persons(age 18 and older). Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. | Procedure Code(s): 96127, 96160, G0444 99492 Diagnosis Code(s): Allowed with any diagnosis | |
| Diabetes screening | The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 35 to 70 years who are overweight or obese. Clinicians should offer | Procedure Code(s): Diabetes Screening: 82947, 82948, 82950, 82951,82952, 83036, G0108, G0109 Blood draw: 36415, 36416 Diagnosis Code(s): | Diabetes Screening: Payable with one of the Required Diagnosis Codes listed in this row AND With one of the listed Hypertension Diagnosis Codes in this row. |

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| | <p>or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.</p> | <p>Required Diagnosis Codes (at least one): ICD-10: Z00.00, Z00.01, Z13.1</p> <p>And one of the following Hypertension Diagnosis Codes:</p> <p>Hypertension: ICD-10: I10</p> <p>Hypertensive Heart Disease: ICD-10: I11.0, I11.9</p> <p>Hypertensive Chronic Kidney Disease: ICD-10: I12.0, I12.9</p> <p>Hypertensive Heart and Chronic Kidney Disease: ICD-10: I13.0, I13.10, I13.11, I13.2</p> <p>Secondary Hypertension: ICD-10: I15.0, I15.1, I15.2, I15.8, I15.9, N26.2</p> | <p>Blood draw: Payable when billed with ALL of the following:</p> <ol style="list-style-type: none"> 1. With one of the listed Diabetes Screening procedure codes listed in this row AND 2. With one of the Required Diagnosis Codes AND 3. With one of the listed Hypertension Diagnosis Codes. <p>Note: If a Diabetes</p> |
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Preventive Care Services
 Certain codes may not be payable in all circumstances due to other policies or guidelines.
 For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator.

| Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i> | US Preventive Services Task Force | Code(s): | Claims Edit Criteria: |
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| | | Hypertension Complicating Pregnancy, Childbirth and the Puerperium: ICD-10: O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.9, O13.1, O13.2, O13.3, O13.9, O16.1, O16.2, O16.3, O16.9 | Diagnosis Code is present in any position; the preventive benefit will not be applied: See Diabetes Diagnosis Codes refer to Appendix Section. |

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

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

Preventive Care Services

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

For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator.

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

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

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

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

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

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

| Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i> | US Preventive Services Task Force | Code(s): | Claims Edit Criteria: |
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| | | <p>Body Mass Index 30.0 – 39.9: ICD-10: Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39</p> <p>Body Mass Index 40.0 And Over: ICD-10: Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p>Impaired Fasting Glucose Fasting Glucose: ICD-10: R73.01</p> <p>Metabolic Syndrome: ICD-10: E88.810, E88.811, E88.818, E8819, I1A.0</p> <p>Hyperlipidemia /Dyslipidemia: ICD-10: E78.0, E78.010, E78.011, E78.019, E78.1, E78.2, E78.3, E78.41, E78.49, E78.5</p> <p>Obesity: ICD-10: E66.01, E66.09, E66.1, E66.811, E66.812, E66.813, E66.9, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p>Essential Hypertension:</p> | |

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

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

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

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

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

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| <p>Hepatitis B screening: pregnant women</p> | <p>The USPSTF recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.</p> | <p>Procedure Code(s): Hepatitis B Virus Infection Screening: 86704, 86705, 86706, 87340, 87341, G0499 Blood draw: 36415, 36416 Diagnosis Code(s): Pregnancy Diagnosis Code or Screening: ICD-10: Z57.8, Z00.00, Z00.01, Z11.59</p> | <p>Hepatitis B Virus Infection Screening: Payable with a Pregnancy Diagnosis Code or One of the Screening Diagnosis Codes listed in this row. Blood draw: Payable when billed with one of the listed Hepatitis B Virus Infection Screening procedure codes listed in this row AND With a Pregnancy Diagnosis Code or one of the Screening Diagnosis Codes listed in this row. Diagnosis Codes listed in this row.</p> |
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Preventive Care Services
 Certain codes may not be payable in all circumstances due to other policies or guidelines.
 For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator.

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

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

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

| Preventive Care Services Certain codes may not be payable in all circumstances due to other policies or guidelines. For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator. | | | |
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| Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i> | US Preventive Services Task Force | Code(s): | Claims Edit Criteria: |
| | | | o one of the Screening Diagnosis Codes listed in this row, or with a Pregnancy Diagnosis Code refer to Appendix Section. |
| Hypertension in Adults: Screening: adults 18 years or older without known hypertension | The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment. | Procedure Code(s): 93784, 93786, 93788, 93790, 99473, 99474, A4660, A4663, A4670 Diagnosis Code(s): R03.0, Z13.6 | |

Preventive Care Services

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

| <p>Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i></p> | <p>US Preventive Services Task Force</p> | <p>Code(s):</p> | <p>Claims Edit Criteria:</p> |
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| <p>Intimate partner violence screening: women of childbearing age</p> | <p>The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.</p> | <p>Procedure Code(s): n/a Diagnosis Code(s): n/a</p> | <p>This service is included in a preventive care wellness examination.</p> |
| <p>Lung cancer screening</p> | <p>The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adult’s ages 50 to 80 years who have a 20 pack-year smoking history and</p> | <p>Procedure Code(s): 71271 Diagnosis Code(s): ICD-10: F17.210, F17.211, F17.213, F17.218, F17.219, Z12.2, Z87.891</p> | <p>Requires one of the listed diagnosis codes in this row. Limitations: Limited to one per year, and All of the following criteria:</p> |

| Preventive Care Services Certain codes may not be payable in all circumstances due to other policies or guidelines. For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator. | | | |
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| Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i> | US Preventive Services Task Force | Code(s): | Claims Edit Criteria: |
| Obesity screening and counseling: adults, children and adolescents 6 years or older. | The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m2 or higher to intensive, multicomponent behavioral interventions. clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status. | Procedure Code(s): Medical Nutrition Therapy: 97802, 97803, 97804 Preventive Medicine Individual Counseling: 99401, 99402, 99403, 99404, 99411, 99412 Behavioral Counseling or Therapy: G0270, G0271, G0446, G0447, G0473 Diagnosis Code(s): Body Mass Index 30.0 – 39.9: ICD-10: Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 Body Mass Index 40.0 | G0446 is limited to once per year. One of the Diagnosis Codes listed in this row are: Required for 97802-97804 and 99401-99404. NOT required for G0446, G0447 and G0473. |

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| | | and over: ICD-10: Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 Obesity: ICD-10: E66.01, E66.09, E66.1, E66.811, E66.812, E66.813, E66.9 | |
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| Preventive Care Services Certain codes may not be payable in all circumstances due to other policies or guidelines. For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator. | | | |
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| Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i> | US Preventive Services Task Force | Code(s): | Claims Edit Criteria: |
| | | Therapy: 97802, 97803, 97804 Preventive Medicine Individual Counseling: 99401, 99402, 99403, 99404, 99411, 99412, S9470 Behavioral Counseling or Therapy: G0270, G0271, G0446, G0447, G0473 Diagnosis Code(s): Obesity: ICD-10: Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, E66.01, E66.09, E66.1, E66.811, E668.12, E66.813, E66.9 | One of the Diagnosis Codes listed in this row are: Required for 97802-97804 and 99401-99404. NOT required for G0446, G0447 and G0473. |

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| <p>Osteoporosis to Prevent Fractures: Screening</p> | <p>The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.</p> <p>The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.</p> | <p>Procedure Code(s): 76977, 77078, 77080, 77081, 77085, 78350, G0130</p> <p>Diagnosis Code(s): ICD-10: Z00.00, Z00.01, Z13.820, Z82.62</p> | <p>Preventive with one of the Diagnosis Codes listed in this row.</p> |
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| Preventive Care Services Certain codes may not be payable in all circumstances due to other policies or guidelines. For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator. | | | |
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| Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i> | US Preventive Services Task Force | Code(s): | Claims Edit Criteria: |
| Preeclampsia prevention: aspirin | The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in persons who are at high risk for preeclampsia. | Procedure Code(s): n/a Diagnosis Code(s): n/a | This service is included in a preventive care wellness examination or focused E&M visit. |
| Preeclampsia: screening | The USPSTF recommends screening for hypertensive disorders in pregnant persons with blood pressure measurements throughout pregnancy. | Procedure Code(s): n/a Diagnosis Code(s): n/a | This service is included in a preventive care wellness examination or focused E&M visit. |
| Prevention of Acquisition of HIV: Preexposure Prophylaxis: adolescents and adults at increased risk of HIV | The USPSTF recommends that clinicians prescribe preexposure prophylaxis using effective antiretroviral therapy to persons who are at increased risk of HIV acquisition to decrease the risk of acquiring HIV. | Adherence Counseling/Pre and Post-Prescription follow-up counseling: 99401, 99402, 99403, 99404, 99411, 99412 Allowed with any diagnosis Individual Counseling for preexposure prophylaxis: G0011, G0013 | |

Preventive Care Services

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

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

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

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

| Preventive Care Services Certain codes may not be payable in all circumstances due to other policies or guidelines. For preventive care medications refer to pharmacy plan administrator. For preventive care medications refer to pharmacy plan administrator. | | | |
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| Service: <i>A date in this column is when the rating was released, not when the benefit is effective.</i> | US Preventive Services Task Force | Code(s): | Claims Edit Criteria: |
| Statin preventive medication: adults ages 40–75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater | The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of | Procedures Code(s): G0438, G0439 82947, 83036 | Does not have diagnosis code requirements for preventive benefit. |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

APPENDICES

Preventive Immunizations

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

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

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

NOTE:

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

COVID-19 vaccines Codes

Preventive Immunizations (Vaccines)

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

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

Preventive Immunizations (Vaccines)
These codes do not have a diagnosis code requirement for preventive benefits to apply.

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

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

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

Preventive Immunizations (Vaccines)

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

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

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

Preventive Immunizations (Vaccines)

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

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

Preventive Immunizations (Vaccines)

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

| Category: | Code(s): | Description: | Trade Name(s) (See Note above) | Age Group: • Adult (18yr.+) • Pediatric (0-18yr),Both | Benefit Limits: Age/Other (See Note above) |
|--|----------|---|--|---|---|
| | 90651 | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9Vhpv), 3 dose schedule, for intramuscular use. | • Gardasil9® | Both | Benefit Limit: Ages 9-45yrs*. Ends on 46 th birthday. *CDC and FDA recommended ages |
| Seasonal Influenza ('flu') | 90653 | Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use. | - | Both | - |
| <p><i>Note:</i> Additional new seasonal flu immunization codes that are recently FDA-approved, but are not listed here, may be eligible for preventive benefits as of the FDA approval date.</p> | 90655 | Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use. | • Fluzone® No Preservative Pediatric | Pediatric | For applicable age see code description. |
| | 90656 | Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use. | • Afluria® • Fluzone® No preservative • Fluvirin® • Fluarix® • Flulaval® | Both | For applicable age see code description. |
| | 90657 | Influenza virus vaccine, trivalent (IIV3), split virus, when administered to children 6-35 months of age, for intramuscular use. | • Fluzone® | Pediatric | For applicable age see code description. |
| | 90658 | Influenza virus vaccine, trivalent (IIV3), split virus, when administered to individuals 3 years of age and older, for intramuscular use. | • Afluria® • Flulaval® • Fluvirin® • Fluzone® | Both | For applicable age see code description. |
| | 90660 | Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use. | • Flumist® | Both | Benefit Limit: Ages 2 – 49 Years. Ends on 50 th birthday. |
| | 90661 | Influenza virus vaccine (cIIV3), derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use. | • Flucelvax® | Adult | Benefit Limit: Ages 18 years and up. |
| | 90662 | Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use. | • High Dose Fluzone® | Adult | Benefit Limit: Ages 65 years and up. |

Preventive Immunizations (Vaccines)

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

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

Preventive Immunizations (Vaccines)

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

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

Preventive Immunizations (Vaccines)

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

| Category: | Code(s): | Description: | Trade Name(s) (See Note above) | Age Group: • Adult (18yr.+) • Pediatric (0-18yr),Both | Benefit Limits: Age/Other (See Note above) |
|---|----------|---|-----------------------------------|---|---|
| | 90671 | Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use. | • Vaxneuvance | 6 weeks of age and older | 1 dose PCV15 followed by |
| | 90677 | Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use. | • Prevnar 20 | 18 years and older | |
| | 90684 | Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use | • Capvaxive | 18 years and older | |
| Rotavirus | 90680 | Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, lives, for oral use. | • ROTATEQ® | Both | 0 – 8 Month old |
| | 90681 | Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use. | • Rotarix® | Both | 0 – 8 month old |
| Diphtheria, tetanus toxoids, acellular pertussis and polio inactive (Dtap-IPV) | 90696 | Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DtaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use. | • Kinrix® • Quadracel® | Pediatric | For applicable age see code description. |
| Diphtheria, tetanus toxoids, acellular pertussis, inactivated poliovirus vaccine, haemophilus influenza type B PRP-OMP conjugate, and hepatitis B (Dtap-IPV-Hib-HepB) | 90697 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use | • Vaxelis | Pediatric | Benefit Limit: Ages 0-4 years (ends on 5th birthday) |

| | | | | | |
|--|-------|--|--|-----------|--|
| Diphtheria, tetanus toxoids, acellular pertussis, haemophilus influenza B, and polio inactive (Dtap-IPV/Hib) | 90698 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenzae Type b, and inactivated poliovirus vaccine (DtaP – IPV/Hib), for intramuscular use. | <ul style="list-style-type: none"> • Pentacel® | Both | - |
| Diphtheria, tetanus, acellular pertussis (Dtap) | 90700 | Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DtaP), when administered to individuals younger than 7 years, for intramuscular use. | <ul style="list-style-type: none"> • Daptacel® • Infanrix® | Pediatric | For applicable age see code description. |
| Diphtheria and tetanus (DT) | 90702 | Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use. | - | Pediatric | For applicable age see code description. |
| Measles, Mumps, Rubella (MMR) | 90707 | Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use. | MMR II | Both | - |

Preventive Immunizations (Vaccines)

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

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

Preventive Immunizations (Vaccines)

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

| Category: | Code(s): | Description: | Trade Name(s) (See Note above) | Age Group: • Adult (18yr.+) • Pediatric (0-18yr),Both | Benefit Limits: Age/Other (See Note above) |
|-----------------------------------|----------|---|--|--|---|
| Hepatitis B | 90743 | Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use. | <ul style="list-style-type: none"> • Recombivax HB® | Pediatric (adolescent only) | For applicable age see code description. |
| | 90744 | Hepatitis B vaccine (HepB), Pediatric/adolescent dosage, 3 dose schedule, for intramuscular use. | <ul style="list-style-type: none"> • Recombivax HB® • Energix-B® | Pediatric | For applicable age see code |
| | 90746 | Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use. | <ul style="list-style-type: none"> • Recombivax HB® • Energix-B® | Adult | For applicable age see code description. |
| | 90747 | Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use. | <ul style="list-style-type: none"> • Energix-B® | Both | - |
| | 90748 | Hepatitis B and Haemophilus influenza b vaccine (Hib-HepB), for intramuscular use. | <ul style="list-style-type: none"> • Comvax® | Both | - |
| | 90759 | Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use. | <ul style="list-style-type: none"> • | | |
| Respiratory syncytial virus (RSV) | 90678 | Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use. | <ul style="list-style-type: none"> • Abrysvo | Both | |
| | 90679 | Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use. | <ul style="list-style-type: none"> • Arexvy | Adult | Benefit limit: Ages 60 and older. |

Pregnancy Diagnosis Code List

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

| ICD 10 | Description |
|---------------|--|
| O23512 | Infections of cervix in pregnancy, second trimester |
| O23513 | Infections of cervix in pregnancy, third trimester |
| O23519 | Infections of cervix in pregnancy, unspecified trimester |
| O23521 | Salpingo-oophoritis in pregnancy, first trimester |
| O23522 | Salpingo-oophoritis in pregnancy, second trimester |
| O23523 | Salpingo-oophoritis in pregnancy, third trimester |
| O23529 | Salpingo-oophoritis in pregnancy, unspecified trimester |
| O23591 | Infection of other part of genital tract in pregnancy, first trimester |
| O23592 | Infection of other part of genital tract in pregnancy, second trimester |
| O23593 | Infection of other part of genital tract in pregnancy, third trimester |
| O23599 | Infection of other part of genital tract in pregnancy, unspecified trimester |
| O2390 | Unspecified genitourinary tract infection in pregnancy, unspecified trimester |
| O2391 | Unspecified genitourinary tract infection in pregnancy, first trimester |
| O2392 | Unspecified genitourinary tract infection in pregnancy, second trimester |
| O2393 | Unspecified genitourinary tract infection in pregnancy, third trimester |
| O24011 | Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester |
| O24012 | Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester |
| O24013 | Pre-existing type 1 diabetes mellitus, in pregnancy, third trimester |
| O24019 | Pre-existing type 1 diabetes mellitus, in pregnancy, unspecified trimester |
| O2402 | Pre-existing type 1 diabetes mellitus, in childbirth |
| O2403 | Pre-existing type 1 diabetes mellitus, in the puerperium |
| O24111 | Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester |
| O24112 | Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester |
| O24113 | Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester |
| O24119 | Pre-existing type 2 diabetes mellitus, in pregnancy, unspecified trimester |
| O2412 | Pre-existing type 2 diabetes mellitus, in childbirth |
| O2413 | Pre-existing type 2 diabetes mellitus, in the puerperium |
| O24311 | Unspecified pre-existing diabetes mellitus in pregnancy, first trimester |
| O24312 | Unspecified pre-existing diabetes mellitus in pregnancy, second trimester |
| O24313 | Unspecified pre-existing diabetes mellitus in pregnancy, third trimester |
| O24319 | Unspecified pre-existing diabetes mellitus in pregnancy, unspecified trimester |
| O2432 | Unspecified pre-existing diabetes mellitus in childbirth |
| O2433 | Unspecified pre-existing diabetes mellitus in the puerperium |
| O24410 | Gestational diabetes mellitus in pregnancy, diet controlled |
| O24414 | Gestational diabetes mellitus in pregnancy, insulin controlled |
| O24415 | Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs |
| O24419 | Gestational diabetes mellitus in pregnancy, unspecified control |
| O24420 | Gestational diabetes mellitus in childbirth, diet controlled |
| O24424 | Gestational diabetes mellitus in childbirth, insulin controlled |
| O24425 | Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs |
| O24429 | Gestational diabetes mellitus in childbirth, unspecified control |

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

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

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

| ICD 10 | Description |
|---------|---|
| 0368311 | Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 1 |
| 0368312 | Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 2 |
| 0368313 | Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 3 |
| 0368314 | Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 4 |
| 0368315 | Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 5 |
| 0368319 | Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, other fetus |
| 0368320 | Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, not applicable or unspecified |
| 0368321 | Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 1 |
| 0368322 | Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 2 |
| 0368323 | Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 3 |
| 0368324 | Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 4 |
| 0368325 | Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 5 |
| 0368329 | Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, other fetus |
| 0368330 | Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, not applicable or unspecified |
| 0368331 | Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 1 |
| 0368332 | Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 2 |
| 0368333 | Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 3 |
| 0368334 | Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 4 |
| 0368335 | Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 5 |
| 0368339 | Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, other fetus |
| 0368390 | Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, not applicable or unspecified |
| 0368391 | Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 1 |
| 0368392 | Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 2 |
| 0368393 | Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 3 |
| 0368394 | Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 4 |
| 0368395 | Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 5 |
| 0368399 | Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, other fetus |
| 0368910 | Maternal care for other specified fetal problems, first trimester, not applicable or unspecified |
| 0368911 | Maternal care for other specified fetal problems, first trimester, fetus 1 |
| 0368912 | Maternal care for other specified fetal problems, first trimester, fetus 2 |
| 0368913 | Maternal care for other specified fetal problems, first trimester, fetus 3 |
| 0368914 | Maternal care for other specified fetal problems, first trimester, fetus 4 |
| 0368915 | Maternal care for other specified fetal problems, first trimester, fetus 5 |
| 0368919 | Maternal care for other specified fetal problems, first trimester, other fetus |
| 0368920 | Maternal care for other specified fetal problems, second trimester, not applicable or unspecified |
| 0368921 | Maternal care for other specified fetal problems, second trimester, fetus 1 |
| 0368922 | Maternal care for other specified fetal problems, second trimester, fetus 2 |
| 0368923 | Maternal care for other specified fetal problems, second trimester, fetus 3 |

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

| ICD 10 | Description |
|--------|---|
| O720 | Third-stage hemorrhage |
| O721 | Other immediate postpartum hemorrhage |
| O722 | Delayed and secondary postpartum hemorrhage |
| O723 | Postpartum coagulation defects |
| O730 | Retained placenta without hemorrhage |
| O731 | Retained portions of placenta and membranes, without hemorrhage |
| O740 | Aspiration pneumonitis due to anesthesia during labor and delivery |
| O741 | Other pulmonary complications of anesthesia during labor and delivery |
| O742 | Cardiac complications of anesthesia during labor and delivery |
| O743 | Central nervous system complications of anesthesia during labor and delivery |
| O744 | Toxic reaction to local anesthesia during labor and delivery |
| O745 | Spinal and epidural anesthesia-induced headache during labor and delivery |
| O746 | Other complications of spinal and epidural anesthesia during labor and delivery |
| O747 | Failed or difficult intubation for anesthesia during labor and delivery |
| O748 | Other complications of anesthesia during labor and delivery |
| O749 | Complication of anesthesia during labor and delivery, unspecified |
| O750 | Maternal distress during labor and delivery |
| O751 | Shock during or following labor and delivery |
| O752 | Pyrexia during labor, not elsewhere classified |
| O753 | Other infection during labor |
| O754 | Other complications of obstetric surgery and procedures |
| O755 | Delayed delivery after artificial rupture of membranes |
| O7581 | Maternal exhaustion complicating labor and delivery |
| O7582 | Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39 completed weeks gestation, with delivery by (planned) cesarean section |
| O7589 | Other specified complications of labor and delivery |
| O759 | Complication of labor and delivery, unspecified |
| O76 | Abnormality in fetal heart rate and rhythm complicating labor and delivery |
| O770 | Labor and delivery complicated by meconium in amniotic fluid |
| O771 | Fetal stress in labor or delivery due to drug administration |
| O778 | Labor and delivery complicated by other evidence of fetal stress |
| O779 | Labor and delivery complicated by fetal stress, unspecified |
| O80 | Encounter for full-term uncomplicated delivery |
| O82 | Encounter for cesarean delivery without indication |
| O85 | Puerperal sepsis |
| O8600 | Infection of obstetric surgical wound, unspecified |
| O8601 | Infection of obstetric surgical wound, superficial incisional site |
| O8602 | Infection of obstetric surgical wound, deep incisional site |
| O8603 | Infection of obstetric surgical wound, organ and space site |
| O8604 | Sepsis following an obstetrical procedure |
| O8609 | Infection of obstetric surgical wound, other surgical site |

Pregnancy Diagnosis Code List:

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

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Pregnancy Diagnosis Code List:

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

Diabetes Diagnosis Code List

Diabetes Diagnosis Code List

| ICD-10 | Description |
|--------|---|
| E1010 | Type 1 diabetes mellitus with ketoacidosis without coma |
| E1011 | Type 1 diabetes mellitus with ketoacidosis with coma |
| E1021 | Type 1 diabetes mellitus with diabetic nephropathy |
| E1022 | Type 1 diabetes mellitus with diabetic chronic kidney disease |
| E1029 | Type 1 diabetes mellitus with other diabetic kidney complication |
| E10311 | Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema |

| Diabetes Diagnosis Code List | |
|-------------------------------------|---|
| ICD-10 | Description |
| E10319 | Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema |
| E103211 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye |
| E103212 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye |
| E103213 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral |
| E103219 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E103291 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye |
| E103292 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye |
| E103293 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral |
| E103299 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E103311 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye |
| E103312 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye |
| E103313 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral |
| E103319 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E103391 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye |
| E103392 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye |
| E103393 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral |
| E103399 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E103411 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye |
| E103412 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye |
| E103413 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral |
| E103419 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E103491 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye |
| E103492 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye |
| E103493 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral |

| Diabetes Diagnosis Code List | |
|------------------------------|---|
| ICD-10 | Description |
| E103499 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E103511 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye |
| E103512 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye |
| E103513 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral |
| E103519 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye |
| E103521 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye |
| E103522 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye |
| E103523 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral |
| E103529 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye |
| E103531 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye |
| E103532 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye |
| E103533 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral |
| E103539 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye |
| E103541 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye |
| E103542 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye |
| E103543 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral |
| E103549 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye |
| E103551 | Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye |
| E103552 | Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye |
| E103553 | Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral |
| E103559 | Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye |
| E103591 | Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye |
| E103592 | Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye |
| E103593 | Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral |
| E103599 | Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye |
| E1036 | Type 1 diabetes mellitus with diabetic cataract |
| E1037X1 | Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye |
| E1037X2 | Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye |
| E1037X3 | Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral |

Diabetes Diagnosis Code List

| ICD-10 | Description |
|---------|--|
| E1037X9 | Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye |
| E1039 | Type 1 diabetes mellitus with other diabetic ophthalmic complication |
| E1040 | Type 1 diabetes mellitus with diabetic neuropathy, unspecified |
| E1041 | Type 1 diabetes mellitus with diabetic mononeuropathy |
| E1042 | Type 1 diabetes mellitus with diabetic polyneuropathy |
| E1043 | Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy |
| E1044 | Type 1 diabetes mellitus with diabetic amyotrophy |
| E1049 | Type 1 diabetes mellitus with other diabetic neurological complication |
| E1051 | Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene |
| E1052 | Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene |
| E1059 | Type 1 diabetes mellitus with other circulatory complications |
| E10610 | Type 1 diabetes mellitus with diabetic neuropathic arthropathy |
| E10618 | Type 1 diabetes mellitus with other diabetic arthropathy |
| E10620 | Type 1 diabetes mellitus with diabetic dermatitis |
| E10621 | Type 1 diabetes mellitus with foot ulcer |
| E10622 | Type 1 diabetes mellitus with other skin ulcer |
| E10628 | Type 1 diabetes mellitus with other skin complications |
| E10630 | Type 1 diabetes mellitus with periodontal disease |
| E10638 | Type 1 diabetes mellitus with other oral complications |
| E10641 | Type 1 diabetes mellitus with hypoglycemia with coma |
| E10649 | Type 1 diabetes mellitus with hypoglycemia without coma |
| E1065 | Type 1 diabetes mellitus with hyperglycemia |
| E1069 | Type 1 diabetes mellitus with other specified complication |
| E108 | Type 1 diabetes mellitus with unspecified complications |
| E109 | Type 1 diabetes mellitus without complications |
| E10A0 | Type 1 diabetes mellitus, presymptomatic, unspecified |
| E10A1 | Type 1 diabetes mellitus, presymptomatic, Stage 1 |
| E10A2 | Type 1 diabetes mellitus, presymptomatic, Stage 2 |
| E1100 | Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC) |
| E1101 | Type 2 diabetes mellitus with hyperosmolarity with coma |
| E1110 | Type 2 diabetes mellitus with ketoacidosis without coma |
| E1111 | Type 2 diabetes mellitus with ketoacidosis with coma |
| E1121 | Type 2 diabetes mellitus with diabetic nephropathy |
| E1122 | Type 2 diabetes mellitus with diabetic chronic kidney disease |
| E1129 | Type 2 diabetes mellitus with other diabetic kidney complication |
| E11311 | Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema |
| E11319 | Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema |
| E113211 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye |

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

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

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

Diabetes Diagnosis Code List

| ICD-10 | Description |
|---------|---|
| E1149 | Type 2 diabetes mellitus with other diabetic neurological complication |
| E1151 | Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene |
| E1152 | Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene |
| E1159 | Type 2 diabetes mellitus with other circulatory complications |
| E11610 | Type 2 diabetes mellitus with diabetic neuropathic arthropathy |
| E11618 | Type 2 diabetes mellitus with other diabetic arthropathy |
| E11620 | Type 2 diabetes mellitus with diabetic dermatitis |
| E11621 | Type 2 diabetes mellitus with foot ulcer |
| E11622 | Type 2 diabetes mellitus with other skin ulcer |
| E11628 | Type 2 diabetes mellitus with other skin complications |
| E11630 | Type 2 diabetes mellitus with periodontal disease |
| E11638 | Type 2 diabetes mellitus with other oral complications |
| E11641 | Type 2 diabetes mellitus with hypoglycemia with coma |
| E11649 | Type 2 diabetes mellitus with hypoglycemia without coma |
| E1165 | Type 2 diabetes mellitus with hyperglycemia |
| E1169 | Type 2 diabetes mellitus with other specified complication |
| E118 | Type 2 diabetes mellitus with unspecified complications |
| E119 | Type 2 diabetes mellitus without complications |
| E11A | Type 2 diabetes mellitus without complications in remission |
| E1300 | Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC) |
| E1301 | Other specified diabetes mellitus with hyperosmolarity with coma |
| E1310 | Other specified diabetes mellitus with ketoacidosis without coma |
| E1311 | Other specified diabetes mellitus with ketoacidosis with coma |
| E1321 | Other specified diabetes mellitus with diabetic nephropathy |
| E1322 | Other specified diabetes mellitus with diabetic chronic kidney disease |
| E1329 | Other specified diabetes mellitus with other diabetic kidney complication |
| E13311 | Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema |
| E13319 | Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema |
| E133211 | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye |
| E133212 | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye |
| E133213 | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral |
| E133219 | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E133291 | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye |
| E133292 | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye |
| E133293 | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral |

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

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

Diabetes Diagnosis Code List

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

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

Speech and Language Diagnosis Code List

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

Atherosclerosis Diagnosis Code List

Atherosclerosis Diagnosis Code List:

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

- Cholesterol Screening (Lipid Disorders Screening)

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

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

Atherosclerosis Diagnosis Code List:

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

- Cholesterol Screening (Lipid Disorders Screening)

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

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

Atherosclerosis Diagnosis Code List:

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

- Cholesterol Screening (Lipid Disorders Screening)

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

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

Atherosclerosis Diagnosis Code List:

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

- Cholesterol Screening (Lipid Disorders Screening)

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

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

Atherosclerosis Diagnosis Code List:

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

- Cholesterol Screening (Lipid Disorders Screening)

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

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

Atherosclerosis Diagnosis Code List:

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

- Cholesterol Screening (Lipid Disorders Screening)

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

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

Atherosclerosis Diagnosis Code List:

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

- Cholesterol Screening (Lipid Disorders Screening)

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

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

Atherosclerosis Diagnosis Code List:

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

- Cholesterol Screening (Lipid Disorders Screening)

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

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

Atherosclerosis Diagnosis Code List:

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

- Cholesterol Screening (Lipid Disorders Screening)

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

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

Hepatitis C Code List

Hepatitis C Diagnosis Code List:

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

Hepatitis C Diagnosis Code List:

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

Ocular Screening Code List

Ocular Screening Diagnosis Code List:

| ICD 10 | Description |
|---------|--|
| Z13.5 | Encounter for screening for eye and ear disorders |
| Z01.00 | Encounter for examination of eyes and vision without abnormal findings |
| Z01.01 | Encounter for examination of eyes and vision with abnormal findings |
| Z01.02 | Encounter for exam of eyes/vision following failed vision screening |
| Z01.020 | Encounter for exam of eyes/vision following failed screening without abnormal findings |
| Z01.021 | Encounter for exam of eyes/vision following failed screening with abnormal findings |

Ocular Screening Code List

Ocular Screening Diagnosis Code List:

| ICD 10 | Description |
|---------|--|
| F70-F79 | Intellectual disabilities |
| F80-F89 | Pervasive and specific developmental disorders |
| F90 | Behavioral and emotional disorders with onset usually occurring in childhood and adolescence |
| G80 | Cerebral palsy and other paralytic syndromes |
| Q00-Q05 | Congenital malformations of the nervous system |
| Q07 | Other congenital malformations of nervous system |
| Q90-Q99 | Chromosomal abnormalities, not elsewhere classified |

Glaucoma Screening Code List

| Glaucoma Screening Code List: | |
|-------------------------------|---|
| ICD 10 | Description |
| Z13.5 | Encounter for screening for eye and ear disorders |

Vision Screening Code List

| Vision Screening Code List: | |
|-----------------------------|--|
| ICD 10 | Description |
| Z13.5 | Encounter for screening for eye and ear disorders |
| Z01.020 | Encounter for examination of eyes and vision following failed vision screening without abnormal findings |
| Z01.021 | Encounter for examination of eyes and vision following failed vision screening with abnormal findings |
| Z00.021 | Routine child health exam with abnormal finding |
| Z00.129 | Routine child health exam without abnormal finding |

Expanded Preventive Health Care Services

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

Expanded Preventive Health Care Services

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

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

| Expanded Preventive Health Care Services Certain codes may not be payable in all circumstances due to other policies or guidelines. | | |
|--|--|---|
| Service: | Code(s): | Claims Edit Criteria: |
| | <p>Code Group 2 Diagnosis Code(s) <i>These are required for Code Group 2: Contraceptive Management:</i> <u>ICD-10:</u> Z30.011, Z30.012, Z30.013, Z30.014, Z30.018, Z30.019, Z30.09, Z30.40, Z30.41, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.49, Z30.8, Z30.9</p> <p>Code Group 3: <u>Anesthesia for Sterilization:</u> <ul style="list-style-type: none"> 00851, 00940, 00942, 00950, 00952, 01960, 01961, 01965, 01966, 01967, 01968 </p> <p>Code Group 3 Diagnosis Code: Sterilization: <u>ICD-10:</u> Z30.2</p> <p>Code Group 4: <u>Tubal ligation follow up hysterosalpingogram:</u> <ul style="list-style-type: none"> 58340, 74740 </p> <p>Code Group 4 Diagnosis Code: <u>Tubal ligation status:</u> <u>ICD-10:</u> Z98.51</p> | <p>Code Group 3:</p> <ul style="list-style-type: none"> Preventive when billed with the Code Group 3 Diagnosis Code listed in this row. <p>Code Group 4:</p> <ul style="list-style-type: none"> Preventive when billed with the Code Group 4 Diagnosis Code listed in this row. |
| <p>Breastfeeding Support, Supplies, and Counseling</p> <p>HHS Requirement: Breastfeeding support, supplies, and counseling: Comprehensive lactation support and counseling, from a trained provider, during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment, in conjunction with each birth.</p> | <p>Support and Counseling: Procedure Code(s):</p> <ul style="list-style-type: none"> 99202-99205, 99211-99214 99401, 99402, 99403, 99404 99411, 99412, 99242, 99243, 99244, 99245 99341, 99931, 99342, 99344, 99345 99347, 99348, 99349, 99350 <p>Diagnosis Code(s): <u>ICD-10:</u> Z39.1</p> <p>Breast Pump Equipment & Supplies: Procedure Code(s): <u>Personal Use Electric:</u></p> <ul style="list-style-type: none"> E0602, E0603, E0604 <p><u>Breast Pump Supplies:</u></p> <ul style="list-style-type: none"> A4281, A4282, A4283, A4284, A4285, A4286, , A4288 <p>Diagnosis Code(s):</p> | <p>Support and Counseling:</p> <ul style="list-style-type: none"> The Diagnosis Code listed in this row is required for 99242– 99245, 99341 – 99345, and 99347 – 99350 <p>Breast Pump Equipment & Supplies:</p> <ul style="list-style-type: none"> E0603 is limited to one purchase per birth. E0603, and A4281 – A4286 are payable as preventive with at least one of the diagnosis codes listed in this row. |

Expanded Preventive Health Care Services

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

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

USPSTF Grade Definitions

What does grade means and suggestions for practice?

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

Grade Definitions for USPSTF Recommendations after July 2012:

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

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

Levels of Certainty Regarding Net Benefit

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

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

Grade Definitions for USPSTF Recommendations Dated After May 2007:

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

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

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

Grade Definitions for USPSTF Recommendations Dated Prior to May 2007:

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

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

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

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

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

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

Guideline History / Revision Information

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

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

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

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|-------------------|--|
| | <p>Vaccines: Deleted: 90630, 90654</p> <p>Codigos No cubiertos por Medicare, eliminados de la guia:</p> <p>"Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors Obesity screening and counseling: adults, children and adolescents 6 years or older" 0403T S9470</p> <p>Colorectal cancer screening S0285 S0601</p> <p>Wellness Examinations (well baby, well child, well adult) S0610 S0612 S0613</p> <p>Phenylketonuria screening: newborns S3620</p> <p>HIV screening: nonpregnant adolescents and adults S3645</p> <p>Tobacco use counseling: pregnant S9075 S9453</p> <p>BRCA risk assessment S0265</p> <p>Breastfeeding Support, Supplies, and Counseling S9443</p> |
| <p>10/22/2025</p> | <p>Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors Add: ICD10 E78.010, E78.011 y E78.019</p> <p>Colorectal cancer screening Add: ICD 10 Z15.060, Z15.068</p> <p>Breastfeeding Support, Supplies, and Counseling Add: A4288</p> <p>Vaccine: Add: 90684</p> <p>Diabetes Diagnosis Code List Add: ICD 10 E11.A</p> |

References

1. Department of Labor: <https://www.dol.gov/agencies/ebsa/>
2. USPSTF Pocket Guide to Clinical Preventive Services (2021):
<http://www.ahrq.gov/clinic/uspstfix.htm>
3. Centers for Disease Control and Prevention / Immunization Schedules (2023):
<http://www.cdc.gov/vaccines/schedules/index.html>
4. U.S. Food and Drug Administration (FDA), Complete List of Vaccines Licensed for Immunization and Distribution in the US (2022):
<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM093833>
5. ACIP Recommendations (2022):
<http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html>
6. American Academy of Family Physicians (AAFP) Summary of Recommendations for Clinical Preventive Services (2017):
https://www.aafp.org/dam/AAFP/documents/patient_care/clinical_recommendations/cps-recommendations.pdf
7. American Academy of Pediatrics: <https://www.aap.org/>
8. American Academy of Pediatrics / Bright Futures / Recommendations for Pediatric Preventive Healthcare. (For ages 0 – 21) (2022):
https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
9. Women’s Preventive Services: Required Health Plan Coverage Guidelines (2022):
<http://www.hrsa.gov/womensguidelines/>
10. Grade Definitions for USPSTF Recommendations (2018):
<http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions#brec2>