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| Originated Department | Clinical Operations |

Preventive Care Guidelines

Purpose

Medical policies provide general support for applying Mountain Health Co-Op member policy document coverage decisions, and the member-specific benefit plan document must be referenced. The terms of the member-specific Policy document may differ from the standard benefit plan based on this medical policy. If there is a conflict between a member-specific policy document and the Mountain Health Co-Op medical policy, the document supersedes this policy. Any person(s) applying this medical policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this medical policy, including the existence of any state or federal guidance. Mountain Health Co-Op medical policies are designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to the satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health Co-Op reserves the sole discretionary right to modify all policies and guidelines at any time.

Definition

Preventative care and screening services are essential to promote wellness and prevent disease. Health plans' coverage of preventive services is contingent on several regulatory requirements. The Affordable Care Act (ACA) requires individual and group health plans to cover in-network preventive services and immunizations without cost-sharing (e.g., deductibles, coinsurance, copayments) unless the plan qualifies under the grandfather provision or for an exemption. The ACA requires coverage of high-value preventive services. Plans covered by these rules must offer coverage of a comprehensive range of preventive services recommended by physicians and other experts without imposing any cost-sharing requirements. Specifically, these recommendations include:

- Evidence-based preventive services:**
The U.S. Preventive Services Task Force (USPSTF), an independent panel of scientific experts, ranks preventive services based on the strength of the scientific evidence documenting their benefits. Preventive services with a "grade" of A or B, like breast and colon cancer screenings, screening for vitamin deficiencies during pregnancy, screenings for diabetes, high cholesterol, and high blood pressure, and tobacco cessation counseling will be covered under these rules.

- Routine vaccines: Health plans will cover a set of standard vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), ranging from routine childhood immunizations to periodic shots for adults.
- Health plans must cover preventive care for children, as recommended under the Bright Futures guidelines developed by the Health Resources and Services Administration (HRSA) with the American Academy of Pediatrics. These guidelines provide pediatricians and other health care professionals with recommendations on the services they should provide to children from birth to age 21 to keep them healthy and improve their chances of becoming healthy adults. The services that will be covered include regular pediatrician visits, vision and hearing screening, developmental assessments, immunizations, and screening and counseling to address obesity and help children maintain a healthy weight.
- The HRSA-supported Women’s Preventive Services Initiative, which guides evidence-based services specifically for women. The HRSA-supported health plan coverage guidelines, developed by the Institute of Medicine (IOM), will help ensure that women receive a comprehensive set of preventive services without having to pay a copayment, coinsurance, or a deductible

This preventive services coverage requirement applies only to people enrolled in job-related health plans or individual health insurance policies created after March 23, 2010. In addition, if the health plan is “grandfathered,” these benefits may not be available to member/enrollee. These services are only covered at no cost to the member/enrollee if provided by in-network providers.

Lastly, if a preventive service, such as a cholesterol screening test, is part of an office visit to monitor a known medical condition, the health plan can require the member/enrollee to pay some costs of the office visit if the preventive service is not the primary purpose of the visit or if the doctor bills the member/enrollee for the preventive services separately from the office visit.

Coverage for preventive care services other than those mandated by ACA depends on benefit plan language. For example, many benefit plans exclude immunizations for travel or to protect against occupational hazards and risks. They may also cover preventive eye exams that the ACA does not mandate. Please refer to the applicable benefit plan language to determine benefit availability and coverage terms, conditions, and limitations. Services not covered under preventive care services may be covered under another portion of the health plan.

As part of preventive coverage, it is important to note that preventive or screening services typically represent services performed without signs or symptoms of a disease or illness. This is regarded as primary prevention. Services performed to identify risk for worsening conditions or monitor a disease state are not covered as preventive. The member/enrollees’ doctor must bill claims with preventive codes for services to be covered as preventive. If a preventive service identifies a condition that needs further testing or treatment, your regular copays, coinsurance, or deductibles may apply.

Policy/Procedure

Coding Guidelines:

Modifier 33:

Preventive Service

Modifier 33 is required for preventive services and indicates that a service was provided as a preventive service, as defined by:

- The U.S. Preventive Services Task Force (USPSTF), or
- Other preventive service mandates (e.g., ACA requirements)

The modifier does not have to be appended to services that are inherently preventive in nature (annual exams, preventive counseling, etc.)

Example:

The member presents for screening colonoscopy.

45378-33

00811-33

Modifier 25:

A significant, separately identifiable evaluation and management service is performed by the same physician or other qualified health care professional on the same day of the procedure or other service

Example

An established patient presents for their annual wellness exam. The patients' blood pressure is 180/95. They are evaluated for hypertension. The physician completed the annual wellness exam and submitted the claim

ICD-10-CM Z00.01, I10

99395- Comprehensive preventive medicine service for an established patient

99213- 25 - Office or other outpatient visit for the evaluation and management of an established patient

Diagnosis (ICD-10-CM)

If there is a procedure code to diagnosis code requirement, the screening or wellness diagnosis code (ICD-10-CM) must be coded in the **first, second or third position of the claim** for the service to be considered under the member's/enrollees preventive benefit.

Preventive Care Services:

These are the requirements of the US Preventive Services Task Force (USPSTF). For additional information regarding women and children, see Bright Futures or the Expanded Women's Services under the HRSA below.

| Service* | Code(s) | Preventive Benefit Instructions |
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| <p>Abdominal Aortic Aneurysm Screening USPSTF Rating (Dec. 2019): B The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65-75 years who have ever smoked.</p> | <p>Procedure Code(s): Ultrasound Screening Study for Abdominal Aortic Aneurysm: 76706 Diagnosis Code(s): Z13.6, Z87.891, Z00.00, Z00.01, Z00.8, F17.200, F17.201, F17.203, F17.208, F17.209, F17.210, F17.211, F17.213, F17.218, F17.219</p> | <p>Age 65 through 75 (ends on 76th birthday). Requires at least one of the diagnosis codes listed in this row in any position of the claim. Allow once in a lifetime</p> |
| <p>Bacteriuria Screening USPSTF Rating (Sept. 2019): A The USPSTF recommends screening for asymptomatic bacteriuria using urine culture in pregnant persons.</p> | <p>Procedure Code(s): 81007, 87086, 87088 Diagnosis Code(s): Requires an obstetric diagnosis code.</p> | <p>Requires an obstetric diagnosis code in any position of the claim. Use beyond preventive indication may be covered under the medical benefit.</p> |
| <p>Chlamydia Infection Screening USPSTF Rating (Sept. 2021): B The USPSTF recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection. Notes: This recommendation applies to asymptomatic, sexually active adolescents and adults, including pregnant persons. Bright Futures recommends sexually transmitted infection screening be conducted if risk assessment is positive between ages 11-21 years.</p> | <p>Procedure Code(s): Chlamydia Infection Screening: 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810 Blood Draw: 36415, 36416 Blood draw codes only apply to lab codes 86631 or 86632 Diagnosis Code(s): Pregnancy: Requires an obstetric diagnosis code or Screening: Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 Other: Z11.3, Z11.4, Z11.8, Z29.81, Z72.51, Z72.52, Z72.53</p> | <p>Chlamydia Infection Screening: Requires an obstetric diagnosis code or one of the screening diagnosis codes listed in this row in any position of the claim. Blood Draw: Required to be billed with 86631 or 86632 and</p> <ul style="list-style-type: none"> • One of the Screening diagnosis codes listed in this row code in any position of the claim or • Requires an obstetric diagnosis code in any position of the claim. <p>Allow any one of the listed procedure/diagnosis combinations to be paid as preventive once per benefit year Use beyond preventive indication will be covered under the medical benefit.</p> |
| <p>Gonorrhea Screening USPSTF Rating (Sept. 2021): B</p> | <p>Procedure Code(s): 87590, 87591, 87592, 87801, 87850</p> | <p>Requires either an obstetric diagnosis code or one of the screening diagnosis codes listed in this row code in any position of the claim. Allow any one of the listed procedure/diagnosis combinations to be paid as preventive once per benefit year Use beyond preventive indication will be covered under the medical benefit.</p> |

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| <p>The USPSTF recommends screening for gonorrhea in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.</p> <p>Notes: This recommendation applies to asymptomatic, sexually active adolescents and adults including pregnant women.</p> <p>Bright Futures recommends sexually transmitted infection screening be conducted if risk assessment is positive between ages 11-21 years.</p> | <p>Diagnosis Code(s): Pregnancy: Requires an obstetric diagnosis code or Screening: Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129</p> <p>Other: Z11.3, Z11.4, Z29.81, Z72.51, Z72.52, Z72.53</p> | |
| <p>Hepatitis B Virus Infection Screening Pregnant Women: USPSTF Rating (July 2019): A</p> <p>The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit. Adolescents and Adults at Increased Risk for Infection: USPSTF Rating (Dec. 2020): B</p> <p>The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection. Bright Futures (July 2022): Bright Futures recommends screening between the ages 0-21 years (perform risk assessment for hepatitis B virus (HBV) infection).</p> | <p>Procedure Code(s): Hepatitis B Virus Infection Screening: 86704, 86706, 87340, 87341, 87467 Blood Draw: 36415, 36416 Diagnosis Code(s): Pregnancy: Requires an obstetric diagnosis code or Screening: Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 Other: Z11.3, Z11.4, Z11.59, Z29.81, Z57.8, Z72.51, Z72.52, Z72.53</p> | <p>Hepatitis B Virus Infection Screening: Requires an obstetric diagnosis code or one of the screening diagnosis codes listed in this row.</p> <p>Blood Draw: Requires one of the listed Hepatitis B Virus infection screening procedure codes listed in this row and</p> <ul style="list-style-type: none"> • Requires an obstetric diagnosis code or • One of the screening diagnosis codes listed in this row in the first, second or third position on the claim. <p>Allow as preventive with procedure and diagnosis combination once per month. Use beyond preventive indication may be covered under the medical benefit.</p> |
| <p>Hepatitis C Virus Infection Screening USPSTF Rating (March 2020): B</p> | <p>Procedure Code(s): Hepatitis C Virus infection screening: 86803, 86804, G0472</p> | <p>Hepatitis C Virus Infection Screening: Does not have diagnosis code requirements for the preventive benefit to apply. Allow once per lifetime.</p> |

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| <p>USPSTF recommends screening for hepatitis C virus infection in adults aged 18-79 years.</p> <p>Bright Futures (March 2021) Bright Futures recommends screening all individuals aged 18 to 79 years at least once for hepatitis C virus infection (HCV).</p> | <p>Blood Draw: 36415, 36416</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p> | <p>Blood Draw: Requires one of the Hepatitis C virus infection Screening procedure codes listed in this row.</p> <p>Use beyond preventive indication may be covered under the medical benefit.</p> |
| <p>HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults</p> <p>HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults</p> <p>USPSTF Rating (June 2019): A</p> <p>The USPSTF recommends that clinicians screen for HIV infection in:</p> <ul style="list-style-type: none"> • Adolescents and adults aged 15-65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened. • All pregnant women, including those who are present in labor or at delivery whose HIV status is unknown. <p>Note: Bright Futures recommends HIV screening lab work be conducted at least once between ages 15-21 years. Also recommended anytime between ages 11-14 years, when a risk assessment is positive. And after initial screening, youth at increased risk of HIV infection should be retested annually or more frequently if at high risk.</p> | <p>Procedure Code(s): HIV (Human Immunodeficiency Virus) screening: 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87534, 87535, 87536, 87537, 87538, 87539, 87806, G0432, G0433, G0435, G0475, S3645</p> <p>Blood Draw: 36415, 36416</p> <p>Diagnosis Code(s): Pregnancy: Requires an obstetric diagnosis code or</p> <p>Screening: Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129, Other: Z11.3, Z11.4, Z11.59, Z22.6, Z22.9, Z29.81, Z72.51, Z72.52, Z72.53</p> | <p>No age limits.</p> <p>HIV – Human Immunodeficiency Virus – Screening:</p> <p>Requires an obstetric diagnosis code or one of the screening diagnosis codes listed in this row in the first, second or third position on the claim.</p> <p>Blood Draw: Requires both of the following:</p> <ul style="list-style-type: none"> • One of the listed HIV screening procedure codes in this row and • One of the screening diagnosis codes listed in this row or • Requires an obstetric diagnosis code. <p>Allow once per month for adults aged 15 - 65 years of age. Use beyond preventive indication may be covered under the medical benefit.</p> |
| <p>RH Incompatibility Screening</p> <p>USPSTF Rating (Feb. 2004): A</p> <p>Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.</p> <p>USPSTF Rating (Feb. 2004): B</p> | <p>Procedure Code(s): RH Incompatibility Screening: 86850, 86901</p> <p>Blood Draw: 36415, 36416</p> <p>Diagnosis Code(s): Requires an obstetric diagnosis</p> | <p>RH Incompatibility Screening: Requires an obstetric diagnosis code in the first, second or third position of the claim</p> <p>Required to be billed with 86850 or 86901 and requires an obstetric diagnosis code in the first, second or third position of the claim</p> <p>Allow initial testing during the first pregnancy-related care.</p> |

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| <p>Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.</p> | <p>code</p> | <p>Allow repeated testing for unsensitized Rh (D)-negative women at 24-28 weeks' gestation.</p> <p>Allow up to two tests per pregnancy episode.</p> |
| <p>Syphilis Screening Non-Pregnant Adolescents and Adults at Increased Risk: USPSTF Rating (Sept. 2022): A</p> <p>The USPSTF recommends screening for syphilis infection in people who are at increased risk for infection (asymptomatic, nonpregnant adolescents and adults who are at increased risk for syphilis infection.)</p> <p>Pregnant Women: USPSTF Rating (Sept. 2018): A The USPSTF recommends early screening for syphilis infection in all pregnant women.</p> <p>Note: Bright Futures recommend sexually transmitted infection screening be conducted if risk assessment is positive between the ages of 11 and 21 years.</p> | <p>Procedure Code(s): Syphilis Screening: 86592, 86593, 86780</p> <p>Blood Draw: 36415, 36416</p> <p>Diagnosis Code(s): Requires an obstetric diagnosis code or</p> <p>Screening: Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 Others: Z11.2, Z11.3, Z11.4, Z29.81, Z72.51, Z72.52, Z72.53</p> | <p>Syphilis Screening: Requires an obstetric diagnosis code or one of the screening diagnosis codes listed in this row in the first, second or third position of the claim</p> <p>Blood Draw: Requires both of the following:</p> <p>One of the listed syphilis screening procedure codes listed in this row and One of the screening diagnosis codes listed in this row or an requires an obstetric diagnosis code in the first, second or third position of the claim</p> <p>Allow any one of the listed procedure/diagnosis combinations to be paid as preventive once per benefit year Use beyond preventive indication will be covered under the medical benefit.</p> |
| <p>Genetic Counseling and Evaluation for BRCA Testing and BRCA Lab Screening USPSTF Rating (Aug. 2019): B The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.</p> | <p>Genetic Counseling and Evaluation Procedure Code(s): Medical Genetics and Genetic Counseling Services: 96041, S0265</p> <p>Evaluation and Management (Office Visits): 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417, 99385, 99386, 99387, 99395, 99396, 99397, G0463</p> <p>Diagnosis Code(s): Z80.3, Z80.41, Z85.3, Z85.43</p> | <p>Genetic Counseling and Evaluation *Genetic counseling is required before BRCA Lab Screening.</p> <ul style="list-style-type: none"> •Requires one of the genetic counseling and evaluation diagnosis codes listed in this row in the primary position. <p>Allow BRCA lab code with any screening diagnosis once per lifetime. Counseling service codes are allowed when reported without E/M code. Use beyond preventive indication may be covered under the medical benefit. Mountain Health Co-Op covers genetic testing for BRCA1 and BRCA2 mutations in adult individuals at high risk for heritable breast and ovarian cancer syndromes when specific clinical coverage criteria are met. See Policy for Genetic Testing for Breast and/or Ovarian Cancer Susceptibility (BRCA1/BRCA2) for criteria.</p> |
| | <p>BRCA Lab Screening Procedure Code(s): 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216,</p> | <p>BRCA Lab Screening *Prior authorization requirements apply to BRCA lab screening. Applies to age 18+ when billed with one of the BRCA Lab Screening diagnosis codes listed in this row.</p> |

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| | <p>81217</p> <p>Blood Draw: 36415, 36416</p> <p>Diagnosis Code(s): Family History or Personal History of breast cancer and/or ovarian cancer: Z80.3, Z80.41, Z85.3, Z85.43</p> | <p>Blood Draw: Requires one of the BRCA Lab Screening procedure codes listed in this row and one of the BRCA Lab Screening diagnosis codes listed in this row.</p> |
| <p>Screening for Pre-Diabetes and Type 2 Diabetes USPSTF Rating (Aug. 2021): B The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who are overweight or obese. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.</p> | <p>Pre-Diabetes Preventive Interventions</p> <p>Procedure Code(s): Medical Nutrition Therapy or Counseling: 97802, 97803, 97804,</p> <p>Preventive Medicine Individual Counseling: 99401, 99402, 99403, 99404</p> <p>Diagnosis Code(s): R73.03 (prediabetes)</p> <p>Diabetes Screening Procedure Code(s): Diabetes Screening: 82947, 82948, 82950, 82951, 82952, 83036</p> <p>Blood Draw: 36415, 36416</p> <p>Diagnosis Code(s): Required Diagnosis Codes (requires at least one): Z00.00, Z00.01, Z13.1</p> <p>And one of the following additional diagnosis codes Additional Diagnosis Codes (requires at least one):</p> <p>Overweight: E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29</p> <p>Obesity: E66.01, E66.09, E66.1, E66.2, E66.811, E66.812, E66.813, E66.89, E66.9, E88.82, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> | <p>Pre-Diabetes Preventive Interventions Limited to age 35-70 years (ends on 71st birthday). Requires diagnosis code R73.03.</p> <p>Diabetes Screening Limited to age 35-70 years (ends on 71st birthday)</p> <p>Diabetes Screening: Requires one of the Required Diagnosis Codes listed in this row and one of the listed</p> <p>AND: Additional diagnosis codes in this row.</p> <p>Blood Draw: Requires all of the following:</p> <ul style="list-style-type: none"> • One of the listed diabetes screening procedure codes listed in this row and • One of the listed required diagnosis Codes and • One of the listed additional diagnosis codes. <p>Allow CPT/DX combination codes once per year for adults between 35-70 years of age.</p> |

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| | <p>Body Mass Index 30.0 – 39.9: 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: Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> | |
| <p>Gestational Diabetes Screening USPSTF Rating (Aug. 2021): B The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women at 24 weeks of gestation or after.</p> | See expanded women's health section under HRSA. | See the expanded women's preventive health section for screening diabetes in pregnancy preventive benefit instructions. Note: This benefit applies regardless of the gestational week. |
| <p>Screening Mammography USPSTF Rating (2002): B The USPSTF recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women aged 40 and older.</p> <p>Montana and Idaho Supplemental Screening</p> | <p>Procedure Code(s): 77063, 77067</p> <p>Revenue Code: 0403</p> <p>Diagnosis Code(s): Z12.31, Z12.39</p> <p>Procedure Codes(s) 77047, 77049, C8908, 77061, 77062, 77065, 77066, 77067, 77063, G0279, 76641, 76642</p> <p>Diagnosis Code (s) Z15.01, Z15.09, Z80.3, Z85.3, Q85.82, Q85.81, Q87.89, Z82.79, Z87.798, Z12.31, Z12.39, R92.30, R92.31, R92.32, R92.33, R92.34</p> | <p>Requires at least one diagnosis and procedure code. Benefits include mammography, bilateral CAD, and tomosynthesis.</p> <p>One screening mammogram every benefit year. No age limit. Note: This benefit only applies to screening mammography.</p> <p>*Prior Authorization may be required for advanced imaging</p> <p>Supplemental breast cancer screening to follow initial screening mammography in high-risk patients. "Supplemental breast examination" means a medically necessary and appropriate examination of the breast that is used to screen for breast cancer when there is no abnormality seen or suspected and is based on personal or family medical history or other factors that may increase a person's risk of breast cancer. (ii) The term includes examination using breast magnetic resonance imaging or breast ultrasound.</p> <p>Allow initial and supplemental Screening when the DX and CPT codes match. No time limit, no age limit. Applicable to eligible members in Montana and Idaho.</p> <p>Prior Authorization may be required for advanced imaging.</p> <p>Requires at least one procedure and diagnosis code. in the first, second, or third position of the claim</p> |

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| <p>Cervical Cancer Screening USPSTF Rating (Aug. 2018): A</p> <p><u>Age 21-29 years:</u> The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21-29 years.</p> <p><u>Age 30-65 years:</u> 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 (co-testing).</p> <p>Bright Futures, March 2014: Adolescents should no longer be routinely screened for cervical dysplasia until age 21.</p> | <p>Human Papillomavirus DNA Testing (HPV) Procedure Code(s): 87624, 87625, 87626, G0476</p> | <p>Human Papillomavirus DNA Testing (HPV) Age 30 years and up.</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z01.411, Z01.419, Z11.51, Z12.4</p> <p>In the first, second or third position of the claim</p> <p><u>Age 21-29 years</u> Allow women aged 21-29 years procedure codes in this row every 3 years. A diagnosis must be in the first, second or third position of the claim.</p> <p><u>Age 30-65 years:</u> Allow women aged 30 to 65 years, procedure codes in this row every 3 years. A diagnosis must be in the first, second or third position of the claim.</p> <p><u>High Risk</u> Every 5 years, procedure codes in this row every 3 years. A diagnosis must be in the first, second or third position of the claim.</p> <p>Adolescents under 21 procedures codes are not covered.</p> |
| | <p>Code Group 1 Diagnosis Code(s): Z00.00, Z00.01, Z01.411, Z01.419, Z11.51, Z12.4</p> <p>Cervical Cytology (Pap Test) Code Group 1 Procedure Code(s): G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, P3000, P3001</p> <p>Code Group 2 Procedure Code(s): 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175</p> <p>Code Group 2 Diagnosis Code(s): Z00.00, Z00.01, Z01.411, Z01.419, Z12.4</p> | <p>Cervical Cytology (Pap Test)</p> <p>Code Group 1: Limited to age 21-65 years (ends on 66th birthday).</p> <p>Code Group 2 Diagnosis Code(s): Z00.00, Z00.01, Z01.411, Z01.419, Z11.51, Z12.4</p> <p>In the First, Second or third position of the claim</p> <p>Code Group 2: Limited to age 21–65 years (ends on 66th birthday). Requires one of the Code Group 2 diagnosis codes listed in this row.</p> |
| <p>Statin Use for the Primary Prevention of Cardiovascular Disease in Adults - Cholesterol Screening (Lipid Disorders Screening) USPSTF Rating (August 2022): B The</p> | <p>Procedure Code(s): Cholesterol Screening: 80061, 82465, 83718, 83719, 83721, 83722, 84478 Blood Draw:</p> | <p>Cholesterol Screening: Ages 40-75 years (ends on 76th birthday). Requires one of the diagnosis codes listed in this row for 80061, 82465, 83718, 83719, 83721, 83722, 84478. Blood Draw: Ages 40-75 years (ends on 76th birthday): Requires one of the</p> |

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| <p>USPSTF recommends that clinicians prescribe a statin for the primary prevention of CVD for adults aged 40 to 75 years who have 1 or more CVD risk factors (i.e. dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardio-vascular event of 10% or greater.</p> <p>Notes: For statin medication benefits, refer to the pharmacy plan administrator. Dyslipidemia Screening for recommendations for children.</p> | <p>36415, 36416</p> <p>ASCVD Risk Assessment and Risk Management Services: G0537, G0538</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z13.220</p> | <p>listed cholesterol screening procedure codes and one of the diagnosis codes listed in this row. In the first, second or third position of the claim</p> <p>ASCVD Risk Assessment and Management Services: Ages 40-75 years (ends on 76th birthday).</p> <p>Preventive Benefit Does Not Apply: For all ages above, if any of the following lipid disorders diagnosis codes are present in any position, the preventive benefit does not apply: E71.30, E75.5, E78.00, E78.010, E78.011, E78.019, E78.2, E78.3, E78.41, E78.49, E78.5, E78.79, E78.81, E78.89, E88.2, E88.89</p> |
| <p>Colorectal Cancer Screening USPSTF Rating (May 2021): B USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years.</p> <p>USPSTF Rating (May 2021): A USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years.</p> | <p>Colonoscopy Procedure Code(s): Preventive G0105, G0121, 45378, 45380, 45381, 45384, 45385, 45388</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79</p> <p>Note: Also see the Colonoscopy Pre-Op Consultation row below.</p> | <p>Colonoscopy Age Limits: 45-75 years (ends on 76th birthday).</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79) In the first, second or third position of the claim</p> <p>Allow once every 5 years.</p> <p>*A Colonoscopy 90 days post-positive Fecal DNA (Cologuard[®]) is considered a preventive benefit—no cost share to the member. All associated ancillary charges must be paid at the preventive benefit (laboratory, anesthesia, pathology, institution, etc. in the episode of care)</p> |
| | <p>Sigmoidoscopy Procedure Code(s): Preventive Sigmoidoscopy: G0104 45330, 45331, 45333, 45338, 45346</p> <p>Diagnosis Code(s): Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0</p> <p>Pathology and Anesthesia (for Colonoscopy or Sigmoidoscopy) Procedure Code(s): Pathology: 88304, 88305 Anesthesia: 00811, 00812, 99152, 99153, 99156, 99157,</p> <p>Diagnosis Code(s): Applies to the Pathology and Anesthesia codes listed above: Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79</p> | <p>Sigmoidoscopy Age Limits: 45-75 years (ends on 76th birthday). Billed with one of the diagnosis codes listed in this row (Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79); In the first, second or third position of the claim Allow once every 5 years.</p> <p>or</p> <p>Pathology and Anesthesia (for Colonoscopy or Sigmoidoscopy) Age Limits: 45-75 years (ends on 76th birthday). Requires both of the following: One of the diagnosis codes listed in this row (Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79); In the first, second or third position of the claim and</p> <ul style="list-style-type: none"> One of the procedure codes listed in the Colonoscopy row, or the Sigmoidoscopy row. <p>Note: Preventive benefits apply when the surgeon's claim is preventive.</p> |

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| | | <ul style="list-style-type: none"> • Sedation is limited to 3 units. Use of CPT codes 99152 and 99153 combined with anesthesia CPT code 00812 is considered the maximum number of units. All associated ancillary charges must be paid at the preventive benefit (lab, anesthesia, path, facility, etc. in the episode of care) • A Colonoscopy post-positive Fecal DNA results are to be processed at the preventive benefit with no cost share to the member. All associated ancillary charges must be paid at the preventive benefit (lab, anesthesia, path, facility, etc. in the episode of care). |
| | <p>Fecal Occult Blood Testing (FOBT) and Fecal Immunochemical Test (FIT) Procedure Code(s): 82270, 82274 Diagnosis Code(s): Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79</p> <p>Fecal DNA Procedure Code(s): 81528 Diagnosis Code(s): Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79</p> | <p>Fecal Occult Blood Testing (FOBT) and Fecal Immunochemical Test (FIT) Age Limits: 45-75 years (ends on 76th birthday).</p> <p>Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79).</p> <p>In the first, second or third position of the claim</p> <p>Fecal DNA Age Limits: 45-75 years (ends on 76th birthday). The benefit is limited to once every 3 years. Diagnosis Code(s): Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79</p> <p>In the first, second or third position of the claim</p> <p>Once every 3 years if CPT 82270, 82271, 82272, and 82274 have not been reported in the Colorectal cancer screening interval above.</p> <p>*A Colonoscopy 90 days post-positive Fecal DNA (Cologuard[®]) is considered a preventive benefit, no cost share to the member. All associated ancillary charges must be paid for at the preventive benefit (laboratory, anesthesia, pathology, institution, etc. in the episode of care)</p> |
| | <p>Preop Consultation Procedure Codes Preventive when billed with one of the diagnosis codes listed in this row 99202,99203, 99204, 99205, 99211, 99212, 22013, 99214, 99215, 99242, 99243, 99244, 99245, 99417</p> <p>Diagnosis Codes Applies to Procedure Codes above</p> | <p>Preop Consultation Age Limits 45-75 years of age (ends on 76th birthday)</p> <p>Diagnosis Codes: Z12.10, Z12.11, Z12.12, Z80.0, Z183.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79</p> <p>In the first, second or third position of the claim</p> |

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| | <p>Z12.10, Z12.11, Z12.12, Z80.0, Z183.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79</p> | |
| | <p>Computed Tomographic Colonography (Virtual Colonoscopy) Procedure Codes 74263</p> <p>Diagnosis Codes: Z12.10, Z12.11, Z12.12, Z80.0, Z18.3, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79</p> | <p>Computed Tomographic Colonography (Virtual Colonoscopy) Age Limits 45-75 years of age (ends on 76th birthday)</p> <p>Procedures codes billed with a diagnosis code in this row are considered preventive.</p> <p>In the first, second or third position of the claim</p> <p>*Prior authorization requirements may apply</p> |
| <p>Wellness Examinations (Well-Baby, Well-Child, Well Adult)</p> <p>USPSTF Rating- None</p> <p>HRSA Requirements: The Wellness Examinations codes in this row include the following HRSA requirements for women, where applicable.</p> <ul style="list-style-type: none"> • Breastfeeding support, counseling, and education • Contraceptive methods and sterilizations (counseling and follow-up care) • Screening and counseling for interpersonal domestic violence • Screening for human immunodeficiency virus infection (HIV); education and risk assessment • Counseling for sexually transmitted infections (STIs) • Well-woman preventive visits • Screening for urinary incontinence • Obesity prevention in | <p>Preventive Medicine Services (Evaluation and Management): 99381, 99382, 99383, 99384, 99385, 99386, 99387 99391, 99392, 99393, 99394, 99395, 99396, 99397</p> <p>Preventive Medicine, Individual Counseling: 99401, 99402, 99403, 99404</p> <p>Preventive Medicine, Group Counseling: 99411, 99412</p> <p>Newborn Care (evaluation and management): 99461</p> <p>Counseling Visit (to discuss the need for Lung Cancer Screening (LDCT) using Low Dose CT scan): G0296</p> <p>Diagnosis Code(s): Z00.110, Z00.111, Z00.129, Z00.121, Z13.4, Z13.88, Z23, Z13.42, Z13.41, Z13.6, Z13.220, Z13.31, Z11.3,</p> | <p>99381,99382, 99391, 99392,</p> <p>Diagnosis Code(s): Z00.110, Z00.111, Z00.129, Z00.121, Z13.4, Z13.88, Z23, Z13.42, Z13.41, Z13.6, Z13.220, Z13.31, Z11.3.</p> <p>In the first, second or third position of the claim</p> <p>Allow once per benefit period.</p> |

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| midlife women (counseling) | | |
| <p>Newborn Screenings All newborns USPSTF Rating (March 2008): A Hypothyroidism Screening: Screening for congenital hypothyroidism in newborns. USPSTF Rating (March 2008): A Phenylketonuria Screening: Screening for phenylketonuria (PKU) in newborns. USPSTF Rating (Sept. 2007): A Sickle Cell Screening: Screening for sickle cell disease in newborns. Note: For Bright Futures hearing screening, see Hearing Tests (Bright Futures).</p> | <p>Procedure Code(s): Hypothyroidism Screening: 84437, 84443 Phenylketonuria Screening: 84030, S3620 Sickle Cell Screening: 83020, 83021, 83030, 83033, 83051, S3850 Blood Draw: 36415, 36416 Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p> | <p>Newborn Screenings: Age 0-90 days. Does not have diagnosis code requirements for the preventive benefit to apply. Blood Draw: Age 0-90 days requires one of the listed Hypothyroidism Screening, Phenylketonuria Screening, or Sickle Cell Screening procedure codes. Allow once per benefit period.</p> |
| <p>Metabolic Screening Panels for Newborns</p> | <p>Procedure Code(s): Metabolic Screening Panel: 82017, 82136, 82261, 82775, 83020, 83498, 83516, 84030, 84437, 84443, S3620 Blood Draw: 36415, 36416 Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p> | <p>Metabolic Screening Panel: Age 0-90 days. Does not have diagnosis code requirements for the preventive benefit to apply. Blood Draw: Age 0-90 days. Requires one of the listed Metabolic Screening Panel procedure codes listed in this row. Allow once per benefit period.</p> |
| <p>Osteoporosis Screening USPSTF Rating (June 2018): B Women 65 and older: The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older. USPSTF Rating (June 2018): B Postmenopausal women younger than 65 years at increased risk of osteoporosis: 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, 77080, 77081 Diagnosis Code(s): Z00.00, Z00.01, Z13.820, Z82.62</p> | <p>Requires one of the diagnosis codes listed in this row. Ages 65 and over: Allow one every 2 years for females beginning at age 65. Use beyond preventive indication may be covered under the medical benefit. For women younger than 65 years of age: Allow one of the CPT codes every 2 years in women ages 50-65. Use beyond preventive indication may be covered under the medical benefit. Use beyond preventive indication may be covered under the medical benefit.</p> |
| <p>Screening and Behavioral Counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults</p> | <p>Procedure Code(s): Alcohol or Drug Use Screening: 99408, 99409 Annual Alcohol Screening: G0442</p> | <p>Does not have diagnosis code requirements for preventive benefits to apply. Allow once per benefit period. Not allowed to be billed separately if billed with the E/M</p> |

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| <p>USPSTF Rating (Nov. 2018): B The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use</p> | <p>Brief Counseling for Alcohol: G0443 Diagnosis Code(s): Does not have diagnosis code requirements for preventive benefit to apply.</p> | <p>code. If no E/M is billed, only allow 18 years of age or older. Allow twice per year with any associated ICD-10CM code.</p> |
| <p>Preventive Clinical Laboratory screenings Required under the Affordable care Act.</p> | <p>Procedure Code(s): 80047, 80048, 80050, 80053, 80061, 81000, 82947, 82948 85027, 85025, 83036, 84443, 84152, 84153, 36415</p> | <p>Diagnosis Code(s): Z00.110, Z00.111, Z00.121, Z00129, Z00.00, Z00.01, Z01.411, Z01.419 In the first, second, or third position of the claim Allow once per benefit period.</p> |
| <p>Prostate Cancer Screening in Men Aged 55-69 years of age: USPSTF Rating: C (May. 2018) For men aged 55 to 69 years, the decision to undergo periodic prostate-specific antigen (PSA)-based screening for prostate cancer should be an individual one. Before deciding whether to be screened, men should have an opportunity to discuss the potential benefits and harms of screening with their clinician and to incorporate their values and preferences in the decision. Screening offers a small potential benefit of reducing the chance of death from prostate cancer in some men. However, many men will experience potential harms of screening, including false-positive results that require additional testing and possible prostate biopsy; overdiagnosis and overtreatment; and treatment complications, such as incontinence and erectile dysfunction. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the balance of benefits and harms on the basis of family history, race/ethnicity, comorbid medical conditions, patient values about the benefits and harms of screening and treatment-specific outcomes, and other health needs. Clinicians should not screen men who do not express a preference for screening Men Aged Over 70 years of age USPSTF Rating: D (May. 2018) Do not screen for prostate cancer.</p> | <p>Procedure Codes(s): 84152, 84153, G0102, G0103 Diagnosis Code(s): Does not have diagnosis code requirements for preventive benefit to apply.</p> | <p>Allow one per benefit year Men aged 40-69 years of age.</p> |

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| <p>Bright Futures (April 2017): Bright Futures recommends alcohol- or drug-use assessments for ages 11-21 years.</p> <p>Unhealthy Drug Use Screening (Adults) USPSTF Rating (June 2020): B The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.) Bright Futures (April 2017): Bright Futures recommends alcohol or drug use assessments from age 11-21 years.</p> | <p>Procedure Code(s): Alcohol or Drug Use Screening: 99408, 99409 Diagnosis Code(s): Does not have diagnosis code requirements for preventive benefit to apply.</p> | <p>Not allowed to be billed separately if billed with the E/M code. Allow twice per year ages 11-21.</p> |
| <p>High Blood Pressure in Adults – Screening</p> <p>USPSTF Rating (April 2021): A USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement. The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.</p> | <p>Blood Pressure Measurement in a Clinical Setting N/A</p> <p>Ambulatory Blood Pressure Measurement (Outside of a Clinical Setting) Procedure Code(s): Ambulatory Blood Pressure Measurement: 93784, 93786, 93788 or 93790 Diagnosis Code(s): Abnormal Blood-Pressure Reading Without Diagnosis of Hypertension: R03.0</p> | <p>Blood Pressure Measurement in a Clinical Setting This service is included in a preventive care wellness examination.</p> <p>Ambulatory Blood Pressure Measurement (Outside of a Clinical Setting) Age 18 years and older. Requires the diagnosis code listed in this row in the first, second or third position in the claim. Allow once per benefit period. Not allowed to be separately billed in addition to the wellness exam.</p> |
| <p>Breast Cancer: Medication Use to Reduce Risk USPSTF Rating (Sept. 2019): B The USPSTF recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects.</p> | <p>Procedure Code(s): Evaluation and Management (Office Visits): 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397, 99417 Diagnosis Code(s):</p> | <p>Requires one of the diagnosis codes listed in this row in the primary position. Allow once per benefit period.</p> |

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| | Z80.3, Z80.41 | |
| <p>Primary Care Interventions to Promote Breastfeeding USPSTF Rating (Oct. 2016): B The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.</p> | <p>N/A Also see the Expanded Women’s preventive health section</p> | <p>Included in primary care or OB/GYN office visits.</p> |
| <p>Depression in Adults (Screening) USPSTF Rating (June 2023): B The USPSTF recommends screening for depression in the adult population, including pregnant and postpartum women, as well as older adults.</p> <p>Bright Futures (February 2017): Maternal Depression Screening: Routine screening for postpartum depression should be integrated into well-child visits at 1, 2, 4, and 6 months of age.</p> | <p>Procedure Code(s): 96127, 96161, Diagnosis Code(s): Required for 96127 Only: Encounter for Screening for Depression: Z13.31, Z13.32</p> | <p>Not allowed to be billed separately if billed with the E/M code. If no E/M billed, allow the CPT code with the ICD-10-CM code once per year for adults over 18 years of age. Requires one of the diagnosis codes listed in this row for the CPT code in the first, second or third position in the claim.</p> <p>Allow once per benefit period.</p> |
| <p>Depression in Children and Adolescents (Screening) USPSTF Rating (October 2022): B The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12-18 years. Bright Futures (February 2017): Maternal Depression Screening: Routine screening for postpartum depression should be integrated into well-child visits at 1, 2, 4, and 6 months of age. Note: The Bright Futures Periodicity Schedule recommends depression screening begin at age 12-21 years.</p> | <p>Procedure Code(s): 96127, 96161 Diagnosis Code(s): Required for 96127 Only: Encounter for Screening for Depression: Z13.31, Z13.32</p> | <p>Not allowed to be billed separately if billed with the E/M code. If no E/M billed, allow the CPT code with the ICD-10-CM code once per year. Requires one of the diagnosis codes listed in this row for the CPT. In the first, second, or third position of the claim</p> <p>Allow once per benefit period.</p> |
| <p>Anxiety Disorders in Adults (Screening) USPSTF Rating (June 2023): B The USPSTF recommends screening for anxiety in adults, including pregnant and postpartum persons. This applies to adults aged 64 or younger.</p> | <p>Procedure Code(s): 96127 Diagnosis Code(s): Encounter for Screening Examination for Other Mental Health and Behavioral Disorders: Z13.39</p> | <p>Not allowed to be billed separately if billed with the E/M code. If no E/M billed, allow the CPT code with the ICD-10-CM code once per year Requires the diagnosis code listed in this row. In the first, second, or third position of the claim Allow once per benefit period. Allow CPT code with ICD-10-CM code for adults aged 18 to 64 years if no E/M is billed.</p> |
| <p>Screening for Anxiety in Children and Adolescents USPSTF Rating (October 2022): B The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years.</p> | <p>Procedure Code(s): 96127 Diagnosis Code(s): Encounter for Screening Examination for Other Mental Health and Behavioral Disorders: Z13.39</p> | <p>Not allowed to be billed separately if billed with the E/M code. If no E/M billed, allow the CPT code with the ICD-10-CM code once per year Requires the diagnosis code listed in this row. In the first, second, or third position of the claim</p> |

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| | | Allow CPT code with ICD-10-CM code for adults aged 8 to 18 years if no E/M is billed. |
| <p>Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions USPSTF Rating (Nov. 2020): B</p> <p>The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.</p> | <p>Procedure Code(s): Medical Nutrition Therapy or Counseling: 97802, 97803, 97804, G0270, G0271</p> <p>Preventive Medicine Individual Counseling: 99401, 99402, 99403, 99404</p> <p>ASCVD Risk Assessment and Risk Management Services: G0537, G0538</p> <p>Diagnosis Code(s): Screening: Z13.220</p> <p>Nicotine Dependence, Tobacco Use, or Family History of IHD: F17.210, F17.211, F17.213, F17.218, F17.219, Z72.0, Z87.891, Z82.49</p> <p>Overweight: E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29</p> <p>Body Mass Index 30.0 – 39.9: 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: Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p>Impaired Fasting Glucose: R73.01</p> <p>Metabolic Syndrome; Insulin Resistance Syndrome Type A; Other Insulin Resistance: E88.810, E88.811, E88.818, E88.819</p> <p>Hyperlipidemia / Dyslipidemia: E78.00, E78.010, E78.011, E78.019, E78.1, E78.2, E78.3, E78.41, E78.49, E78.5</p> <p>Obesity: E66.01, E66.09, E66.1, E66.2, E66.811, E66.812, E66.813, E66.89, E66.9, E88.82, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p>Essential Hypertension:</p> | <p>Requires one of the diagnosis codes listed in this row.</p> <p>In the first, second, or third position of the claim</p> <p>Allow once per benefit period.</p> <p>Not allowed as separate payment if the office visit is billed on the same DOS unless it is billed by a different provider. Allow the first 5 visits to be processed as preventive when billed with the correct ICD-10-CM codes, and then the additional services process under the medical benefit.</p> |

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| | <p>I10</p> <p>Resistant Hypertension: I1A.0</p> <p>Secondary Hypertension: I15.0, I15.1, I15.2, I15.8, I15.9, N26.2</p> <p>Hypertension Complicating Pregnancy, Childbirth, and the Puerperium:</p> <p>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, O11.4, O11.5, O11.9, O13.1, O13.2, O13.3, O13.4, O13.5, O13.9, O16.1, O16.2, O16.3, O16.4, O16.5, O16.9</p> <p>Urgent/Emergency/Crisis Hypertension: I16.0, I16.1, I16.9</p> <p>Diabetes: Diabetes Diagnosis Code List</p> <p>Atherosclerosis: Cardiovascular Diagnosis Code List</p> <p>Coronary Atherosclerosis: I25.10, I25.110, I25.111, I25.112, I25.118, I25.119, I25.700, I25.701, I25.702, I25.708, I25.709, I25.710, I25.711, I25.712, I25.718, I25.719, I25.720, I25.721, I25.722, I25.728, I25.729, I25.730, I25.731, I25.732, I25.738, I25.739, I25.750, I25.751, I25.752, I25.758, I25.759, I25.760, I25.761, I25.762, I25.768, I25.769, I25.790, I25.791, I25.792, I25.798, I25.799, I25.810, I25.811, I25.812</p> | |
| <p>Weight Loss to Prevent Obesity- Related Morbidity and Mortality in Adults: Behavioral Interventions USPSTF Rating (Sept. 2018): B</p> | <p>Procedure Code(s): Medical Nutrition Therapy: 97802, 97803, 97804</p> | <p>Requires one of the diagnosis codes listed in this row In the first, second, or third position of the claim</p> |

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| <p>The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive multicomponent behavioral interventions.</p> | <p>Preventive Medicine Individual Counseling: 99401, 99402, 99403, 99404</p> <p>Diagnosis Code(s): Body Mass Index 30.0-39.9: 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: Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p>Obesity: E66.01, E66.09, E66.1, E66.2, E66.811, E66.812, E66.813, E66.89, E66.9, E88.82</p> | <p>Allow CPT code for individuals 18 years old and older with any ICD-10CM associated diagnosis codes. Do not allow separately if billed with E/M. Allow once per year. Use beyond preventive indication may be covered under the medical benefit.</p> |
| <p>High Body Mass Index in Children and Adolescents USPSTF Rating (June 2024): B The USPSTF recommends that clinicians provide or refer children and adolescents 6 years or older with a high body mass index (BMI) (\geq 95th percentile for age and sex) to comprehensive, intensive behavioral interventions. See the Practice Considerations section of the published USPSTF recommendation or more information about behavioral interventions.</p> | <p>Procedure Code(s): Medical Nutrition Therapy: 97802, 97803, 97804</p> <p>Preventive Medicine Individual Counseling: 99401, 99402, 99403, 99404</p> <p>Diagnosis Code(s): Obesity: E66.01, E66.09, E66.1, E66.2, E66.811, E66.812, E66.813, E66.89, E66.9, E88.82</p> <p>Pediatric BMI of 120% or more of the 95th percentile for age: Z68.54, Z68.55, Z68.56</p> | <p>Requires one of the diagnosis codes listed in this row</p> <p>In the first, second, or third position of the claim</p> <p>Allow once per benefit period. This service is included in a preventive care wellness examination or focused E&M visit. Not separately reimbursed.</p> |
| <p>Healthy Weight and Weight Gain During Pregnancy: Behavioral Counseling Interventions USPSTF Rating (May 2021): B The USPSTF recommends that clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.</p> | <p>Procedure Code(s): Medical Nutrition Therapy: 97802, 97803, 97804</p> <p>Preventive Medicine Individual Counseling: 99401, 99402, 99403, 99404</p> <p>Diagnosis Code(s): Obstetric diagnosis codes</p> | <p>Requires one of the diagnosis codes listed in this row.</p> <p>In the first, second, or third position of the claim</p> <p>Allow once per benefit period.</p> |
| <p>Behavioral Counseling to Prevent Sexually Transmitted Infections USPSTF Rating (Aug. 2020): B The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).</p> | <p>Procedure Code(s): STIs Behavioral Counseling: G0445</p> <p>Preventive Medicine Individual Counseling: 99401, 99402, 99403, 99404</p> <p>Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p> | <p>Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p>Allow G0445 twice a year.</p> |
| <p>Interventions for Tobacco Smoking Cessation in Adults, including Pregnant Persons USPSTF Rating (Jan. 2021): A Pregnant Persons (A): The USPSTF</p> | <p>Procedure Code(s): Behavioral Interventions: 99406, 99407</p> <p>Preventive Medicine, Individual Counseling: 99401, 99402, 99403, 99404</p> | <p>Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p>It cannot be billed separately if billed with an E/M code. Allow twice per year with any associated ICD-10-CM code.</p> |

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| <p>recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco.</p> <p>Nonpregnant Adults (A): The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.</p> <p>Note: Refer to the plan’s pharmacy benefit plan administrator for details on prescription medications available under the plan’s preventive benefit.</p> | <p>Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p> | |
| <p>Primary Care Interventions to Prevent Tobacco Use in Children and Adolescents</p> <p>USPSTF Rating (April 2013): B The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.</p> <p>Bright Futures (April 2017): Bright Futures recommends tobacco use assessments from age 11-21 years.</p> | <p>Procedure Code(s): Smoking and Tobacco Use Cessation Counseling Visit: 99406, 99407 Preventive Medicine, Individual Counseling: 99401, 99402, 99403, 99404 Diagnosis Code(s): Does not have the diagnosis code requirements for the preventive benefit to apply.</p> | <p>Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p>It cannot be billed separately if billed with an E/M code. Allow twice per year with any associated ICD-10-CM code.</p> |
| <p>Screening for Visual Impairment in Children</p> <p>USPSTF Rating (Sept. 2017): B The USPSTF recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors.</p> <p>Bright Futures: Visual acuity screening is recommended for children aged 4 and 5 years as well as in cooperative 3-year-olds. Instrument-based screening is recommended for ages 12 and 24 months, in addition to the well visits at 3-5 years of age.</p> | <p>Procedure Code(s): Visual Acuity Screening (e.g., Snellen chart): 99173 Instrument-Based Screening: 99174, 99177 Diagnosis Code(s): Does not have the diagnosis code requirements for the preventive benefit to apply.</p> | <p>Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p>Allow once per benefit year</p> |
| <p>Behavioral Counseling to Prevent Skin Cancer</p> <p>USPSTF Rating (March 2018): B The USPSTF recommends counseling young adults, adolescents, children, and parents</p> | <p>N/A</p> | <p>This service is included in a preventive care wellness examination or focused E&M visit.</p> |

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| <p>of young children about minimizing exposure to ultraviolet (UV) radiation for people aged 6 months to 24 years with fair skin types to reduce risk of skin cancer.</p> | | |
| <p>Falls Prevention in Community-Dwelling Older Adults USPSTF Rating (June 2024): B USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.</p> | N/A | This service is included in a preventive care wellness examination or focused E&M visit. |
| <p>Screening for Intimate Partner Violence USPSTF Rating (Oct. 2018): B The USPSTF recommends that clinicians screen for intimate partner violence in women of reproductive age and provide or refer women who screen positive to ongoing support services.</p> | N/A | This service is included in a preventive care wellness examination. |
| <p>Screening for Lung Cancer with Low-Dose Computed Tomography USPSTF Rating (March 2021): B The USPSTF recommends annual screening for lung cancer with low dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.</p> | <p>Procedure Code(s): 71271 Diagnosis Code(s): F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891 Code for Reporting Purposes: G9275, G9276 Note: Codes G9275 and G9276 are for reporting purposes only, if applicable. These codes are not separately reimbursable.</p> | <p>Requires one of the diagnosis codes listed in this row. In the first, second, or third position of the claim</p> <p>Limitations: Limited to one per benefit year, and</p> <p>All the following criteria:</p> <ul style="list-style-type: none"> • Age 50 to 80 years (ends on 81st birthday), and • At least 20 pack-years* of smoking history, and • Either a current smoker or has quit within the past 15 years <p>Note: Prior authorization requirements may apply</p> |
| <p>Fluoride Application in Primary Care USPSTF Rating (May 2014): B Children from Birth Through Age 5 Years. The USPSTF recommends that primary care clinicians apply fluoride varnishes into the primary teeth of all infants and children starting at the age of primary tooth eruption. Bright Futures (July 2022): Bright Futures adopted the recommendation of May 2014 of USPSTF and further recommends that, once teeth are present, apply fluoride varnishes to all children every 3 to 6 months in the primary care or dental office, based on caries risk.</p> | <p>Procedure Code(s): Application of Topical Fluoride by Physician or Other Qualified Health Care Professional: 99188 Diagnosis Code(s): Does not have diagnosis code requirements for the preventive benefit to apply.</p> | <p>Age 0-5years (ends on 6th birthday). Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p>Allow one per benefit year.</p> |

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| <p>Latent Tuberculosis Infection in Adults: Screening USPSTF Rating (May 2023): B The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk. This recommendation applies to asymptomatic adults 18 years or older at increased risk for tuberculosis (TB).</p> | <p>Procedure Code(s): Screening: 86480, 86481, 86580 Follow-Up Visit to Check Results: 99211 Blood Draw: 36415, 36416 Diagnosis Code(s): R76.11, R76.12, Z00.00, Z00.01, Z11.1, Z11.7, Z20.1 Note for age 18-21 years (ends on 22nd birthday)</p> | <p>Screening: Ages 18 years and up. Requires one of the diagnosis codes listed in this row for CPT code 86480, 86481, and 86580. In the first, second, or third position of the claim Follow-Up Visit to Check Results (99211): CPT code 99211 requires a diagnosis code R76.11 or R76.12. In the first, second, or third position of the claim Blood Draw: Ages 18 years and up. Required to be billed with 86480 or 86481 and one of the diagnosis codes listed in this row. In the first, second, or third position of the claim</p> |
| <p>Hypertensive Disorders of Pregnancy Screening USPSTF Rating (Sept. 2023): B The USPSTF recommends screening for hypertensive disorders in pregnant persons with blood pressure measurements throughout pregnancy.</p> | <p>Hypertensive disorders of pregnancy screening by blood pressure measurement are included in the code for a prenatal care office visit. See the following code groups in the HRSA Expanded Women’s Preventive Health section:</p> <ul style="list-style-type: none"> • Prenatal Office Visits • Prenatal Care Visits • Global Obstetrical Codes | <p>See the following code groups in the HRSA Expanded Women’s Preventive Health section:</p> <ul style="list-style-type: none"> • Prenatal Office Visits • Prenatal Care Visits • Global Obstetrical Codes |
| <p>Perinatal Depression – Preventive Interventions (Counseling) USPSTF Rating (Feb. 2019): B The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.</p> | <p>Code Group 1 Procedure Code(s): Preventive Medicine Individual Counseling: 99401, 99402, 99403, 99404 Preventive Medicine, Group Counseling: 99411, 99412 Prenatal Care Visits: 59425, 59426 Preventive Medicine Services (Evaluation and Management): 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397</p> | <p>Code Group 1: Does not have diagnosis code requirements for the preventive benefit to apply.</p> |
| | <p>Code Group 2 Procedure Code(s): Evaluation and Management (Office Visits): 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, Code Group 2 Diagnosis Code(s): A Obstetric code; or Z39.2 (encounter for routine postpartum follow-up); or Z13.32 (encounter for screening for maternal depression)</p> | <p>Code Group 2: Requires one of the Code Group 2 diagnosis codes listed in this row. In the first, second, or third position of the claim</p> |

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| <p>Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis USPSTF Rating (Aug. 2023): A The USPSTF recommends that clinicians prescribe preexposure prophylaxis using effective antiretroviral therapy to people who are at increased risk of HIV acquisition to decrease the risk of acquiring HIV.</p> <p>Note: This benefit also includes:</p> <ul style="list-style-type: none"> • Kidney function testing (creatinine) • Serologic testing for hepatitis B and C virus • Testing for other STIs • Pregnancy testing when appropriate • Ongoing follow-up and monitoring including HIV testing every 3 months <p>Refer to the plan’s pharmacy benefit plan administrator for details on prescription medications available under the plan’s preventive benefit.</p> | <p>Procedure Code(s): Kidney Function Testing (Creatinine): 82565, 82575</p> <p>Pregnancy Testing: 81025, 84702, 84703</p> <p>Office Visits: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417,</p> <p>Antiretroviral Therapy Injection: 96372 (Administration) J0739 (Injection cabotegravir, 1mg)</p> <p>Counseling for PrEP to prevent HIV: G0011, G0013</p> <p>Pharmacy Supplying Fee for HIV PrEP: Q0521</p> | <p>Requires one of the diagnosis codes listed in this row in the first, second, or third position of the claim</p> <p>Note: Prior authorization requirements may apply</p> <p>Diagnosis Code(s): Z11.3, Z11.4, Z29.81, Z72.51, Z72.52, Z72.53</p> <p>Allow as preventive with CPT and ICD combination once per month ages 15-65. Use beyond preventive indication may be covered under the medical benefit.</p> |
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Bright Futures
These are the requirements for Children and Adolescents under Bright Futures.

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| <p>Anemia Screening in Children (Bright Futures)</p> | <p>Procedure Code(s): Anemia Screening in Children: 85014, 85018</p> <p>Blood Draw: 36415, 36416</p> <p>Diagnosis Code(s): Z00.110, Z00.111, Z00.121, Z00.129, Z13.0</p> | <p>Anemia screening in Children: Prenatal Ages to 21 (ends on 22nd birthday). No frequency limit.</p> <p>Requires one of the diagnosis codes listed in this row in the first, second, or third position of the claim</p> <p>Blood Draw: Ages prenatal to 21 (ends on 22nd birthday). Required to be billed with 85014 or 85018 and one of the diagnosis codes listed in this row.</p> |
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| <p>Hearing Tests Bright Futures (April 2017): Hearing Tests: Recommended at ages: Newborn; between 3-5 days to 2 months; 4 years; 5 years, 6 years; 8 years; 10 years; once between age 11-14 years; once between age 15-17 years; once between age 18-21 years; also recommended for those who have a positive risk assessment. Risk Assessment: Recommended at ages: 4 mo., 6 mo., 9 mo., 12 mo., 15 mo., 18 mo., 24 mo., 30 mo., 3 years, 7 years, and 9 years.</p> | <p>Procedure Code(s): Hearing Tests: 92551, 92552, 92553, 92558, 92587, 92588, 92650, 92651, V5008 Diagnosis Code(s): Examination of Hearing: Z01.10 Routine Child: Z00.121, Z00.129 General Exam (for 18-21years): Z00.00, Z00.01 Note: A risk assessment is included in the code for a wellness examination visit; see the codes in the wellness examinations row above.</p> | <p>Ages 0-90 days: Requires one of the diagnosis codes listed in this row in the first, second, or third position of the claim Ages 91 days to 21 years (ends on 22nd birthday). Requires one of the diagnosis codes listed in this row in the first, second, or third position of the claim Allow once per benefit year.</p> |
| <p>Screening for Visual Impairment in Children (Bright Futures)</p> | <p>See row above for screening for visual Impairment in children.</p> | <p>See row above for screening for visual Impairment in children.</p> |
| <p>Formal Developmental/ Autism Screening Bright Futures:</p> <ul style="list-style-type: none"> • A formal, standardized developmental screen is recommended during the 9-month visit. • A formal, standardized developmental screen is recommended during the 18-month visit, including a formal autism screen. • A formal, standardized autism screen is recommended during the 24-month visit. • A formal, standardized developmental screen is recommended during the 30 monthly visit. | <p>Procedure Code(s): 96110 Diagnosis Code(s): Z00.121, Z00.129, Z13.40, Z13.41, Z13.42, Z13.49</p> | <p>Ages prenatal to 2 years (ends on 3rd birthday). Once per visit Requires one of the diagnosis codes listed in this row in the first, second, or third position of the claim Allow screening at the 9 months, 18months, 24 months and 30-month visit.</p> |
| <p>Lead Screening Bright Futures: Screening Lab Work: Conduct risk assessment or screening, as appropriate, at the following intervals: 12 mo. and 24 mo. Risk Assessment, and Screening if positive: Recommended at 6 mo., 9 mo., 12 mo., 18 mo., 24 mo., 3 years, 4 years, 5 years, and 6 years.</p> | <p>Procedure Code(s): Lead Screening: 83655 Blood Draw: 36415, 36416 Diagnosis Code(s): Z00.121, Z00.129, Z77.011</p> | <p>Lead Screening: Ages 6 months through age 6 years (ends on 7th birthday). Requires one of the diagnosis codes listed in this row in the first, second, or third position of the claim Blood Draw: Ages 6 months through age 6 years (ends on 7th birthday). Required to be billed with 83655 and Requires one of the diagnosis codes listed in this row in the first, second, or third position of the claim. No frequency limit.</p> |
| <p>Tuberculosis (TB) Testing Bright Futures For individuals aged 18 years and older, refer to the USPSTF recommendation above for Latent Tuberculosis Infection: Screening, Adults.</p> | <p>Procedure Code(s): Screening: 86580 Follow-Up Visit to Check Results: 99211 Diagnosis Code(s): R76.11, R76.12, Z20.1, Z00.121,</p> | <p>Ages prenatal to 21 (ends on 22nd birthday). Note: For individuals aged 18 years and older, refer to the USPSTF recommendation above for Latent Tuberculosis Infection: Screening, Adults. CPT code 86580 Requires one of the diagnosis codes listed in this row in the first, second, or third position of the claim CPT code 99211 requires diagnosis code R76.11, R76.12, or</p> |

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| | Z00.129, Z11.1, Z11.7 | Z11.1 in the first, second, or third position of the claim. No frequency limit. |
| <p>Dyslipidemia Screening Bright Futures (April 2014): Risk Assessment: Recommended 24 mo, 4 years, 6 years, 8 years, 12 years, 13 years, 14 years, 15 years, 16 years. Screening Lab Work: Conduct if risk assessment is positive, or, at the following intervals: once between age 9-11 years; once between age 17-21 years</p> | <p>Procedure Code(s): Dyslipidemia Screening Lab Work: 80061, 82465, 83718, 83719, 83721, 83722, 84478 Blood Draw: 36415, 36416 Diagnosis Code(s): Z00.121, Z00.129, Z13.220 Note: A risk assessment is included in the code for a wellness examination visit.</p> | <p>Dyslipidemia Screening Lab Work: Ages 24 months to 21 years (ends on 22nd birthday). Requires one of the diagnosis codes listed in this row. Blood Draw: Ages 24 months to 21 years (ends on 22nd birthday). Requires one of the listed dyslipidemia screening procedure codes listed in this row and one of the diagnosis codes listed in this row in the first, second, or third position of the claim. Allow once between age 9-11 years; once between age 17-21 years</p> |
| <p>Tobacco, Alcohol, or Drug Use Assessment Bright Futures (April 2017): Bright Futures recommends tobacco, alcohol, or drug use assessment from age 11-21 years.</p> | <p>See codes in the rows above:</p> <ul style="list-style-type: none"> •Primary Care Interventions to Prevent Tobacco Use in Children and Adolescents •Screening and Behavioral Counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults •Unhealthy Drug Use Screening (Adults) | <p>See the rows above</p> <ul style="list-style-type: none"> •Primary Care Interventions to Prevent Tobacco Use in Children and Adolescents •Screening and Behavioral Counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults •Unhealthy Drug Use Screening (Adults) |
| <p>Behavioral/Social/ Emotional Screening Bright Futures (July 2022): Bright Futures recommends behavioral/social/emotional screening annually from newborn to 21 years. Also see the rows for Screening for Anxiety (HRSA); Screening for Depression in Adults (USPSTF); Perinatal Depression – Preventive Interventions (Counseling) (USPSTF); and Depression and Suicide Risk Screening (Bright Futures).</p> | <p>An assessment is included in the code for a wellness examination visit.</p> | <p>This service is included in a preventive care wellness examination.</p> |
| <p>Depression and Suicide Risk Screening Bright Futures (July 2022): Bright Futures recommend screening adolescents age 12-21 years for depression and suicide risk, making every effort to preserve the confidentiality of the adolescent. Bright Futures (February 2017): Maternal Depression Screening: Routine screening for postpartum depression should be integrated into well-child visits at 1, 2, 4, and 6 months of age. Also see the rows for Screening for</p> | <p>See the codes in the depression in children and adolescents (screening) row above.</p> | <p>See the codes in the depression in children and adolescents (screening) row above.</p> |

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| Anxiety (HRSA); Depression in Children and Adolescents (Screening) (USPSTF); and Perinatal Depression – Preventive Interventions (Counseling). | | |
| Sexually Transmitted Infections (STI) Bright Futures (April 2017): Bright Futures recommends the following: STI Risk Assessment: Conduct risk assessment at each of the recommended visits between 11 years – 21 years. STI Lab Work: Conduct if risk assessment is positive. | See the codes in the chlamydia infection screening and gonorrhea | See the codes in the chlamydia infection screening and gonorrhea |
| HIV Screening Bright Futures (April 2023): HIV Risk Assessment: Conduct risk assessment at age 11 years, 12 years, 13 years, 14 years, 19 years, 20 years, and 21 years. HIV Screening Lab Work: Conduct at least once between age 15-21 years. Also recommended anytime between ages 11-14 years, when a risk assessment is positive. And after initial screening, youth at increased risk of HIV infection should be retested annually or more frequently if at high risk. | See the codes in the HIV (Human Immunodeficiency Virus) screening for adolescents and adults’ row above. | See the codes in the HIV (Human Immunodeficiency Virus) screening for adolescents and adults’ row above. |
| Sudden Cardiac Arrest (SCA) and Sudden Cardiac Death (SCD) – Risk Assessment and ECG Screening Bright Futures (July 2022): All children should be evaluated for conditions that predispose to SCA and SCD during routine health care. A thorough and detailed history, family history, and physical examination are necessary to begin assessing SCA and SCD risk. The ECG should be the first test ordered when there is a concern for SCA risk. The ECG should be interpreted by a physician trained in recognizing electrical heart disease (i.e., a pediatric cardiologist or pediatric electrophysiologist). | ECG Screening for those at Risk Procedure Code(s): 93000, 93005, 93010 Diagnosis Code(s): Required screening diagnosis codes (requires at least one): Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 And requires one of the following additional diagnosis codes (requires at least one): I42.0, I42.1, I42.2, I45.81, I49.8, I49.9, R55, R06.00, R06.09, R53.83, R00.2, R01.0, R01.1, R03.0, Q87.40, Q87.410, Q87.418, Q87.42, Q87.43, Q87.85, Q93.52, Z82.41, Z84.81, Z82.49 Risk Assessment A risk assessment is included in the code for a wellness examination visit | ECG Screening for those at Risk: Limited to ages 11 years to 21 years (ends on 22 nd birthday). Requires one of the screening diagnosis codes listed in this row and one of the additional diagnosis codes listed in this row. Allow once between ages 11 years to 21 years |
| Hepatitis B Virus Infection Screening Bright Futures (July 2022): Bright Futures recommends screening between the ages 0-21 years (perform risk assessment for hepatitis | See the codes in the Hepatitis B Virus infection screening row above. | See the codes in the Hepatitis B Virus infection screening row above. |

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| B virus (HBV) infection). | | |
| Wellness Examinations (Well-Baby, Well-Child, Well Adult) USPSTF Rating- None American Academy of Pediatrics/Bright Futures (2025) | Procedure Code(s): Infant <1yr: 99381, 99391 Early Childhood 1-4 yrs: 99382, 99392 Late Childhood 5-11 years: 99383, 99393 Adolescent 12-17 yrs: 99384, 99394 18yrs or older: See Adult Wellness benefits | Diagnosis Code(s): Required screening diagnosis codes (requires at least one): Z00.110, Z00.111, Z00.121 or Z00.129 Z00.121, Z00.129 See Adult Wellness benefits Allow pediatric wellness exam according to the Bright Futures Schedule https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf Newborn, 3-5 day, 1mos, 2 mos, 4 mos, 6 mos, 9 mos, 1 yr, 15 mos, 18 mos, 2 yr, 30 mos, then annually. |

Expanded Women's Health

These are the requirements of the Health Resources and Services Administration (HRSA).

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| Well-Woman Preventive Visits HRSA Requirement (Dec. 2021): WPSI recommends that women have at least one preventive care visit each year starting in adolescence and continuing throughout their lives to ensure they receive all recommended preventive services. These include preconception care and many services needed for prenatal and inter-conception care. The main goal of these visits should be to deliver and coordinate preventive services based on age and risk factors. These services can be completed during a single visit or over a series of visits scheduled over time, depending on a woman's age, health status, reproductive health needs, pregnancy status, and risk factors. Well-women visit also include pre-pregnancy, prenatal, postpartum, and inter-conception visits. | Procedure Code(s): Well-Woman Visits: See the wellness examinations row in the preventive care services section. Prenatal Office Visits: Evaluation and Management (Office Visits): 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417 Pelvic Examination (add-on code): 99459 Physician Prenatal Education, Group Setting: 99078 | Well-Woman Visits: See the wellness examinations row in the preventive care services section. Prenatal Office Visits: Requires an Obstetric Diagnosis Code. Pelvic Examination add-on code 99459: Preventive care services benefits may apply to 99459 when the related evaluation and management (office visit) code is applied to the preventive care services benefit. CPT code 99459 may not be payable in all circumstances due to other policies or guidelines. Physician Prenatal Education, Group Setting: Requires an obstetric diagnosis code |
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| | <p>Prenatal Care (Antepartum) Visits: 59425, 59426</p> <p>Global Obstetrical Codes: 59400, 59510, 59610, 59618</p> <p>Postpartum Care Visits (outpatient): 59430</p> | <p>Postpartum Care Visits (outpatient): Requires an Obstetric Diagnosis Code</p> |
| <p>Screening for Diabetes in Pregnancy HRSA Requirement (Jan. 2023): Recommends screening pregnant women for gestational diabetes mellitus after 24 weeks of gestation (preferably between 24 and 28 weeks of gestation) to prevent adverse birth outcomes. WPSI recommends screening pregnant women with risk factors for type 2 diabetes or GDM before 24 weeks of gestation – ideally at the first prenatal visit.</p> | <p>Diagnosis Code(s): obstetric diagnosis code</p> <p>Procedure Code(s): Diabetes Screening: 82947, 82948, 82950, 82951, 82952, 83036</p> <p>Blood Draw: 36415, 36416</p> <p>Diagnosis Code(s): obstetric diagnosis code</p> | <p>Diabetes Screening: Requires an obstetric diagnosis code (regardless of gestational week).</p> <p>Blood Draw: Requires one of the diabetes screening procedure codes listed in this row and one of the obstetric diagnosis codes.</p> <p>Note: If a diabetes diagnosis code is present in any position, the preventive benefit will not be applied. See the diabetes diagnosis code list.</p> |
| <p>Screening for Diabetes After Pregnancy HRSA Requirement (Jan. 2023): Recommends screening for type 2 diabetes in women with a history of gestational diabetes mellitus (GDM) who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes. Initial testing should ideally occur within the first year postpartum and can be conducted as early as 4-6 weeks postpartum. Women who were not screened in the first year postpartum or those with a negative initial postpartum screening test result should be screened at least every 3 years for a minimum of 10 years after pregnancy. For those with a positive screening test result in the early postpartum period, testing should be repeated at least 6 months postpartum to confirm the diagnosis of diabetes regardless of the type of initial test (e.g., fasting plasma glucose, hemoglobin A1c, in the first 6 months postpartum regardless of whether the test results are positive</p> | <p>Procedure Code(s): Diabetes Screening: 82947, 82948, 82950, 82951, 82952, 83036</p> <p>Blood Draw: 36415, 36416</p> <p>Diagnosis Code(s): Required screening diagnosis codes (requires at least one): Z00.00, Z00.01, Z13.1</p> <p>And requires the following additional code: Additional Diagnosis Code Required: Z86.32 (personal history of gestational diabetes)</p> | <p>Diabetes Screening: Requires one of the required screening diagnosis codes listed in this row and Z86.32. No age limit.</p> <p>Blood Draw: Requires one of the diabetes screening procedure codes listed in this row and one of the required screening diagnosis codes listed in this row and Z86.32.</p> <p>Note: If a diabetes diagnosis code is present in any position, the preventive benefit will not be applied. See the diabetes diagnosis code List.</p> |

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| <p>or negative because the hemoglobin A1c test is less accurate during the first 6 months postpartum</p> | | |
| <p>Screening for Urinary Incontinence HRSA Requirement (Jan. 2024) The Women’s Preventive Services Initiative recommends screening women for urinary incontinence annually. Screening should address whether women experience urinary incontinence and whether it impacts their activities and quality of life. If indicated, facilitating further evaluation and treatment is recommended.</p> | <p>See the wellness examinations row in the preventive care services section</p> | <p>See the wellness examinations row in the preventive care services section</p> |
| <p>Counseling for Sexually Transmitted Infections (STIs) HRSA Requirement (Dec. 2021): WPSI recommends directed behavioral counseling by a health care clinician or other appropriately trained individual for sexually active adolescent and adult women at an increased risk for STIs. WPSI recommends that clinicians review a woman’s sexual history and risk factors to help identify those at an increased risk of STIs. Risk factors include, but are not limited to, age younger than 25, a recent history of an STI, a new sex partner, multiple partners, a partner with concurrent partners, a partner with an STI, and a lack of or inconsistent condom use. For adolescents and women not identified as high risk, counseling to reduce the risk of STIs should be considered, as determined by clinical judgment.</p> | <p>See the wellness examinations row in the preventive care services section</p> | <p>See the wellness examinations row in the preventive care services section</p> |
| <p>Screening for Human Immunodeficiency Virus Infection (HIV) HRSA Requirement (Dec. 2021): The Women’s Preventive Services Initiative (WPSI) recommends all adolescent and adult women, ages 15 and older, receive a screening test for human immunodeficiency virus (HIV) at least once during their lifetime. Earlier or additional screening should be based on risk, and rescreening annually or more</p> | <p>Education and Risk Assessment See the wellness examinations row in the preventive care services section Screening Tests See the HIV (Human Immunodeficiency Virus) screening for adolescents and adults row in the preventive care services section above</p> | <p>Education and Risk Assessment See the wellness examinations row in the preventive care services section Screening Tests See the HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults row in the Preventive Care Services section above.</p> |

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| <p>often may be appropriate beginning at age 13 for adolescent and adult women with an increased risk of HIV infection. The WPSI recommends risk assessment and prevention education for HIV infection beginning at age 13 and continuing as determined by risk. A screening test for HIV is recommended for all pregnant women upon initiation of prenatal care with rescreening during pregnancy based on risk factors. Rapid HIV testing is recommended for pregnant women who present in labor with an undocumented HIV status.</p> | | |
| <p>Contraceptive Methods (Including Sterilizations) HRSA Requirement (Dec. 2021): WPSI recommends that adolescent and adult women have access to the full range of contraceptives and contraceptive care to prevent unintended pregnancies and improve birth outcomes. Contraceptive care includes screening, education, counseling, and provision of contraceptives (including in the postpartum period). Contraceptive care also includes follow-up care (e.g., management, evaluation, and changes, including the removal, continuation, and discontinuation of contraceptives). WPSI recommends that the full range of U.S. Food and Drug Administration (FDA)-approved, -granted, or -cleared contraceptives, effective family planning practices, and sterilization procedures be available as part of contraceptive care. The full range of contraceptives includes those currently listed in the FDA's Birth Control Guide: (1) sterilization surgery for women, (2) implantable rods, (3) copper intrauterine devices, (4) intrauterine devices with progestin (all durations and doses), (5) injectable contraceptives, (6) oral contraceptives (combined pill), (7)</p> | <p>Code Group 1 Procedure Code(s): Sterilizations: Tubal Ligation, Oviduct Occlusion: 58600, 58605, 58611, 58615, 58670, 58671, A4264 (See Code Group 4 below for Tubal Ligation Follow-Up) Contraceptive Methods: Diaphragm or Cervical Cap: 57170, A4261, A4266</p> <ul style="list-style-type: none"> • IUD (Paragard®) J7300 • IUD (Skyla®) J7301 • IUD (Liletta®) J7297 • IUD (Kyleena®) J7296 <p>(See Code Group 2 below for additional IUD codes)</p> <p>Code Group 2 Procedure Code(s): Contraceptive Methods: Implantable Devices: J7306, J7307 11976 (capsule removal) 11981 (implant insertion) 11982 (implant removal) 11983 (removal with reinsertion) IUDs: J7298 (Mirena®) S4989 58300, S4981 (insertion) 58301 (removal) See Code Group 1 above for additional IUD codes) Injections: 96372 (administration) J1050 (injection Code)</p> | <p>Code Group 1: Does not have diagnosis code requirements for preventive benefits to apply.</p> <p>Code Group 2: Requires one of the Code Group 2 diagnosis codes listed in this row.</p> |

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| <p>oral contraceptives (progestin only), (8) oral contraceptives (extended or continuous use), (9) the contraceptive patch, (10) vaginal contraceptive rings, (11) diaphragms, (12) contraceptive sponges, (13) cervical caps, (14) condoms, (15) spermicides, (16) emergency contraception (levonorgestrel), and (17) emergency contraception (ulipristal acetate), and any additional contraceptives approved, granted, or cleared by the FDA</p> <p>Also refer to the Medical Policy, Site of Service.</p> | <p>Group 2 Diagnosis Code(s): These are required for Code Group 2. Contraceptive Management: Z30.012, Z30.013, Z30.014, Z30.017, Z30.018, Z30.019, Z30.09, Z30.40, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.46, Z30.49, Z30.8, Z30.9</p> <p>Code Group 3 Procedure Code(s): Anesthesia for Sterilization: 00851, 00940, 00942, 00950, 00952, 01960, 01961, 01965, 01966, 01967, 01968</p> <p>Sterilization - Laparoscopy with Removal of Adnexal Structures: 58661</p> <p>Code Group 3 Diagnosis Code(s): This code is required for all Code Group 3 Procedure Codes: Sterilization: Z30.2</p> | <p>Code Group 3: Requires one of the Code Group 3 diagnosis codes listed in this row.</p> |
| | <p>Tubal Ligation Follow-Up Hysterosalpingogram Code Group 4 Procedure Code(s): Catheterization and Introduction of Saline or Contrast Material: 58340 Hysterosalpingography: 74740 Contrast Material: Q9967 Code Group 4 Diagnosis Code(s): Tubal Ligation Status: Z98.51</p> | <p>Code Group 4: Requires one of the Code Group 4 diagnosis codes listed in this row.</p> |
| | <p>Code Group 5 Procedure Code(s): IUD Follow-Up Evaluation and Management (Office Visit): 99211, 99212 Pelvic Examination (add-on code): 99459 Refer to Code Group 7, Related Visits section below, for additional coding for Evaluation and</p> | <p>Code Group 5: Requires one of the Code Group 5 diagnosis code listed in this row. Pelvic Examination add-on code 99459: Preventive care services benefits may apply to 99459 when the related evaluation and management (office visit) The code is applied to the preventive care services benefit. CPT code 99459 may not be payable in all circumstances due to other policies or guidelines.</p> |

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| | <p>Management (Office Visits). Code Group 5 Diagnosis Code(s): Encounter for routine checking of intrauterine contraceptive device: Z30.431</p> | |
| | <p>Code Group 6 Procedure Code(s): Impacted IUD removal 58562 Code Group 6 Diagnosis Code(s): Z30.432, Z30.433</p> | <p>Code Group 6: Requires one of the Code Group 6 diagnosis codes listed in this row.</p> |
| | <p>Code Group 7 Procedure Code(s): Related Visits: Related Evaluation and Management Office/Outpatient Visits for Contraception or Sterilization: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417 Pelvic Examination (add-on code): 99459 Also see coding in the Wellness Examinations row above. Related Pregnancy Tests: Pregnancy Tests When Related to Contraception or Sterilization: 81025, 84702, 84703 Code Group 7 Diagnosis Codes: Tubal Ligation Status: Z98.51 Sterilization: Z30.2 Contraceptive Management: Z30.012, Z30.013, Z30.014, Z30.017, Z30.018, Z30.019, Z30.09, Z30.40, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.46, Z30.49, Z30.8, Z30.9</p> | <p>Code Group 7: Requires one of the Code Group 7 diagnosis codes listed in this row. Pelvic Examination add-on code 99459: Preventive care services benefits may apply to 99459 when the related evaluation and management (office visit) code is applied to the preventive care services benefit. CPT code 99459 may not be payable in all circumstances due to other policies or guidelines. CPT 81205, 84702 and 84703 must be performed on the same date of service as contraception or sterilization to be reimbursed under the preventive benefit. Requires Code Group 7 diagnosis code.</p> |
| <p>Breastfeeding Services and Supplies HRSA Requirement (Dec. 2021): WPSI recommends comprehensive lactation support services including consultation; counseling; education by clinicians and peer support services; and breastfeeding equipment and supplies) during the antenatal, perinatal, and postpartum periods to optimize the successful initiation and maintenance of breastfeeding. Breastfeeding equipment and supplies include, but are not limited to, double electric breast pumps (including pump parts and maintenance) and breast milk storage supplies. Access to double electric pumps should be a priority to optimize breastfeeding and</p> | <p>Counseling and Education Procedure Code(s): 98960, 98961, 98962, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, S9443 Diagnosis Code(s): B37.89, N61.1, N64.4, N64.51, N64.52, N64.53, N64.59, N64.89, O91.011, O91.012, O91.013, O91.019, O91.02, O91.03, O91.111, O91.112, O91.113, O91.119, O91.13, O91.211, O91.212, O91.213, O91.219, O91.22, O91.23, O92.011, O92.012, O92.013, O92.019, O92.02, O92.03, O92.111, O92.112, O92.113, O92.119,</p> | <p>Counseling and Education Requires one of the diagnosis codes listed in this row for 98960-98962, 99242-99245, 99341-99345, and 99347-99350.</p> |

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| <p>should not be predicated on prior failure of a manual pump. Breastfeeding equipment may also include equipment and supplies as clinically indicated to support dyads with breastfeeding difficulties and those who need additional services.</p> | <p>O92.12, O92.13, O92.20, O92.29, O92.3, O92.4, O92.5, O92.70, O92.79, Q83.1, Q83.2, Q83.3, Q83.8, Z39.1, Z39.2</p> <p>Breastfeeding Equipment & Supplies Procedure Code(s): Personal Use Electric Breast Pump: E0603 Breast Pump Supplies: A4281, A4282, A4283, A4284, A4285, A4286, A4287, A4288 Diagnosis Code(s): Requires obstetric diagnosis code or Z39.1.O92.70, O92.79, Q83.1, Q83.2, Q83.3, Q83.8, Z39.1, Z39.2</p> <p>Breastfeeding Equipment & Supplies Procedure Code(s): Personal Use Electric Breast Pump: E0603 Breast Pump Supplies: A4281, A4282, A4283, A4284, A4285, A4286, A4287, A4288 Diagnosis Code(s): Requires obstetric diagnosis code or Z39.1.</p> | <p>Breastfeeding Equipment & Supplies E0603 is limited to one purchase per birth. E0603 and A4281-A4287 require at least one of the diagnosis codes listed in this row.</p> <p>Breastfeeding Equipment & Supplies E0603 is limited to one purchase per birth. E0603 and A4281-A4287 require at least one of the diagnosis codes listed in this row.</p> |
| <p>Screening and Counseling for Interpersonal and Domestic Violence HRSA Requirement (Dec. 2016): Recommends screening adolescents and women for interpersonal and domestic violence, at least annually, and, when needed, providing or referring for initial intervention services. Interpersonal and domestic violence includes physical violence, sexual violence, stalking and psychological aggression (including coercion), reproductive coercion, neglect, and the threat of violence, abuse, or both. Intervention services include, but are not limited to, counseling, education, harm reduction strategies, and referral to appropriate supportive services.</p> | <p>See the wellness examinations row in the preventive care services section</p> | <p>See the wellness examinations row in the preventive care services section</p> |
| <p>Breast Cancer Screening for Average-Risk Women HRSA Requirement (Dec. 2016): Recommends that average-risk</p> | <p>See the wellness examinations row in the preventive care services section</p> | <p>See the wellness examinations row in the preventive care services section</p> |

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| <p>women initiate mammography screening no earlier than age 40 and no later than age 50. Screening mammography should occur at least biennially and as frequently as annually. Screening should continue through at least age 74 and age alone should not be the basis to discontinue screening. These screening recommendations are for women at average risk of breast cancer.</p> <p>Women at increased risk should also undergo periodic mammography screening; however, recommendations for additional services are beyond the scope of this recommendation.</p> | | |
| <p>Screening for Cervical Cancer HRSA Requirement (Dec. 2016): Recommends cervical cancer screening for average-risk women aged 21 to 65 years. For women aged 21 to 29 years recommends cervical cancer screening using cervical cytology (Pap test) every 3 years. Co-testing with cytology and human papillomavirus testing is not recommended for women younger than 30 years. Women aged 30 to 65 years should be screened with cytology and human papillomavirus testing every 5 years or cytology alone every 3 years. Women who are at average risk should not be screened more than once every 3 years.</p> | <p>Human Papillomavirus DNA Testing (HPV) See the cervical cancer screening row in the preventive care services section above.</p> <p>Cervical cytology (Pap Test) See the cervical cancer screening row in the preventive care services section above.</p> | <p>Human Papillomavirus DNA Testing (HPV) See the cervical cancer screening row in the preventive care services section above.</p> <p>Cervical cytology (Pap Test) See the cervical cancer screening row in the preventive care services section above.</p> |
| <p>Screening for Anxiety HRSA Requirement (Dec. 2019): The Women’s Preventive Services Initiative recommends screening for anxiety in adolescents and adults women, including those who are pregnant or postpartum. Optimal screening intervals are unknown, and clinical judgement should be used to determine screening frequency. Given the high prevalence of anxiety disorders, lack of recognition in clinical practices, and multiple problems associated with untreated anxiety, clinicians should consider screening women who have not been recently screened.</p> | <p>Procedure Code(s): 96127</p> <p>Diagnosis Code(s): Encounter for Screening Examination for Other Mental Health and Behavioral Disorders: Z13.39</p> | <p>Requires the diagnosis code listed in this row.</p> <p>Allow CPT code with ICD-10-CM code for adults aged 18 to 64 years if no E/M is billed.</p> |

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| <p>Obesity Prevention in Midlife Women (Counseling) HRSA Requirement (Dec. 2021): WPSI recommends counseling midlife women aged 40 to 60 years with normal or overweight body mass index (BMI) (18.5-29.9 km/m2) to maintain weight or limit weight gain to prevent obesity. Counseling may include individualized discussion of healthy eating and physical activity.</p> | <p>See the wellness examinations row in the preventive care services section</p> | <p>See the wellness examinations row in the preventive care services section</p> |
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Preventive Code Diagnosis Codes

Cardiovascular ICD-10

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| I70.0 | Atherosclerosis of aorta |
| I70.1 | Atherosclerosis of renal artery |
| I70.201 | Unspecified atherosclerosis of native arteries of extremities, right leg |
| I70.202 | Unspecified atherosclerosis of native arteries of extremities, left leg |
| I70.203 | Unspecified atherosclerosis of native arteries of extremities, bilateral legs |
| I70.208 | Unspecified atherosclerosis of native arteries of extremities, other extremity |
| I70.209 | Unspecified atherosclerosis of native arteries of extremities, unspecified extremity |
| I70.211 | Atherosclerosis of native arteries of extremities with intermittent claudication, right leg |
| I70.212 | Atherosclerosis of native arteries of extremities with intermittent claudication, left leg |
| I70.213 | Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs |
| I70.218 | Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity |
| I70.219 | Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity |
| I70.221 | Atherosclerosis of native arteries of extremities with rest pain, right leg |
| I70.222 | Atherosclerosis of native arteries of extremities with rest pain, left leg |
| I70.223 | Atherosclerosis of native arteries of extremities with rest pain, bilateral legs |
| I70.228 | Atherosclerosis of native arteries of extremities with rest pain, other extremity |
| I70.229 | Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity |
| I70.231 | Atherosclerosis of native arteries of right leg with ulceration of thigh |

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| I70.232 | Atherosclerosis of native arteries of right leg with ulceration of calf |
| I70.233 | Atherosclerosis of native arteries of right leg with ulceration of ankle |
| I70.234 | Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot |
| I70.235 | Atherosclerosis of native arteries of right leg with ulceration of other part of foot |
| I70.238 | Atherosclerosis of native arteries of right leg with ulceration of other part of lower leg |
| I70.239 | Atherosclerosis of native arteries of right leg with ulceration of unspecified site |
| I70.241 | Atherosclerosis of native arteries of left leg with ulceration of thigh |
| I70.242 | Atherosclerosis of native arteries of left leg with ulceration of calf |
| I70.243 | Atherosclerosis of native arteries of left leg with ulceration of ankle |
| I70.244 | Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot |
| I70.245 | Atherosclerosis of native arteries of left leg with ulceration of other part of foot |
| I70.248 | Atherosclerosis of native arteries of left leg with ulceration of other part of lower leg |
| I70.249 | Atherosclerosis of native arteries of left leg with ulceration of unspecified site |
| I70.25 | Atherosclerosis of native arteries of other extremities with ulceration |
| I70.261 | Atherosclerosis of native arteries of extremities with gangrene, right leg |
| I70.262 | Atherosclerosis of native arteries of extremities with gangrene, left leg |
| I70.263 | Atherosclerosis of native arteries of extremities with gangrene, bilateral legs |
| I70.268 | Atherosclerosis of native arteries of extremities with gangrene, other extremity |
| I70.269 | Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity |
| I70.291 | Other atherosclerosis of native arteries of extremities, right leg |
| I70.292 | Other atherosclerosis of native arteries of extremities, left leg |
| I70.293 | Other atherosclerosis of native arteries of extremities, bilateral legs |
| I70.298 | Other atherosclerosis of native arteries of extremities, other extremity |
| I70.299 | Other atherosclerosis of native arteries of extremities, unspecified extremity |
| I70.301 | Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg |
| I70.302 | Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg |
| I70.303 | Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs |
| I70.308 | Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity |
| I70.309 | Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity |
| I70.311 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg |
| I70.312 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg |
| I70.313 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs |
| I70.318 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity |
| I70.319 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity |
| I70.321 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg |
| I70.322 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg |
| I70.323 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs |
| I70.328 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity |
| I70.329 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity |
| I70.331 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh |
| I70.332 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf |
| I70.333 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle |
| I70.334 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot |
| I70.335 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot |

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| I70.338 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg |
| I70.339 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site |
| I70.341 | Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh |
| I70.342 | Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf |
| I70.343 | Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle |
| I70.344 | Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot |
| I70.345 | Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot |
| I70.348 | Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg |
| I70.349 | Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site |
| I70.35 | Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration |
| I70.361 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg |
| I70.362 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg |
| I70.363 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs |
| I70.368 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other extremity |
| I70.369 | Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity |
| I70.391 | Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg |
| I70.392 | Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg |
| I70.393 | Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs |
| I70.398 | Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity |
| I70.399 | Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity |
| I70.401 | Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg |
| I70.402 | Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg |
| I70.403 | Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs |
| I70.408 | Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity |
| I70.409 | Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity |
| I70.411 | Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg |
| I70.412 | Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg |
| I70.413 | Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs |
| I70.418 | Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity |
| I70.419 | Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, unspecified extremity |
| I70.421 | Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right leg |
| I70.422 | Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left leg |
| I70.423 | Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, bilateral legs |
| I70.428 | Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, other extremity |
| I70.429 | Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, unspecified extremity |
| I70.431 | Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh |
| I70.432 | Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf |
| I70.433 | Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle |
| I70.434 | Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot |
| I70.435 | Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot |
| I70.438 | Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg |
| I70.439 | Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site |
| I70.441 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh |
| I70.442 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf |
| I70.443 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle |

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| I70.444 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot |
| I70.445 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot |
| I70.448 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg |
| I70.449 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site |
| I70.45 | Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration |
| I70.461 | Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg |
| I70.462 | Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg |
| I70.463 | Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs |
| I70.468 | Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity |
| I70.469 | Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity |
| I70.491 | Other atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg |
| I70.492 | Other atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg |
| I70.493 | Other atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs |
| I70.498 | Other atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity |
| I70.499 | Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity |
| I70.501 | Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg |
| I70.502 | Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg |
| I70.503 | Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs |
| I70.508 | Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity |
| I70.509 | Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity |
| I70.511 | Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg |
| I70.512 | Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg |
| I70.513 | Atherosclerosis of nonautologous biological bypass grafts (s) of the extremities with intermittent claudication, bilateral legs |
| I70.518 | Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity |
| I70.519 | Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity |
| I70.521 | Atherosclerosis of nonautologous biological bypass grafts (s) of the extremities with rest pain, right leg |
| I70.522 | Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, left leg |
| I70.523 | Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, bilateral legs |
| I70.528 | Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, other extremity |
| I70.529 | Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, unspecified extremity |
| I70.531 | Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh |
| I70.532 | Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf |
| I70.533 | Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle |
| I70.534 | Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot |
| I70.535 | Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot |
| I70.538 | Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg |
| I70.539 | Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site |
| I70.541 | Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh |
| I70.542 | Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf |
| I70.543 | Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle |
| I70.544 | Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot |

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| I70.545 | Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot |
| I70.548 | Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg |
| I70.549 | Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site |
| I70.55 | Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration |
| I70.561 | Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg |
| I70.562 | Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg |
| I70.563 | Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs |
| I70.568 | Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity |
| I70.569 | Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity |
| I70.591 | Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg |
| I70.592 | Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg |
| I70.593 | Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs |
| I70.598 | Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity |
| I70.599 | Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity |
| I70.601 | Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg |
| I70.602 | Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg |
| I70.603 | Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs |
| I70.608 | Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity |
| I70.609 | Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity |
| I70.611 | Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, right leg |
| I70.612 | Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, left leg |
| I70.613 | Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, bilateral legs |
| I70.618 | Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, other extremity |
| I70.619 | Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity |
| I70.621 | Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right leg |
| I70.622 | Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, left leg |
| I70.623 | Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, bilateral legs |
| I70.628 | Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other extremity |
| I70.629 | Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, unspecified extremity |
| I70.631 | Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh |
| I70.632 | Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf |
| I70.633 | Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle |
| I70.634 | Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot |
| I70.635 | Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot |
| I70.638 | Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg |
| I70.639 | Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site |
| I70.641 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh |
| I70.642 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf |
| I70.643 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle |
| I70.644 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot |
| I70.645 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot |
| I70.648 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg |
| I70.649 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site |
| I70.65 | Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration |

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| I70.661 | Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg |
| I70.662 | Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg |
| I70.663 | Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs |
| I70.668 | Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity |
| I70.669 | Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity |
| I70.691 | Other atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg |
| I70.692 | Other atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg |
| I70.693 | Other atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs |
| I70.698 | Other atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity |
| I70.699 | Other atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity |
| I70.701 | Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, right leg |
| I70.702 | Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, left leg |
| I70.703 | Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs |
| I70.708 | Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, other extremity |
| I70.709 | Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity |
| I70.711 | Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg |
| I70.712 | Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg |
| I70.713 | Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs |
| I70.718 | Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity |
| I70.719 | Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity |
| I70.721 | Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, right leg |
| I70.722 | Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, left leg |
| I70.723 | Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, bilateral legs |
| I70.728 | Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other extremity |
| I70.729 | Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, unspecified extremity |
| I70.731 | Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh |
| I70.732 | Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf |
| I70.733 | Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle |
| I70.734 | Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot |
| I70.735 | Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot |
| I70.738 | Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg |
| I70.739 | Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site |
| I70.741 | Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh |
| I70.742 | Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf |
| I70.743 | Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle |
| I70.744 | Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot |
| I70.745 | Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot |
| I70.748 | Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg |
| I70.749 | Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site |
| I70.75 | Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration |
| I70.761 | Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg |
| I70.762 | Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg |
| I70.763 | Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs |
| I70.768 | Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity |
| I70.769 | Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity |

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| I70.791 | Other atherosclerosis of other type of bypass graft(s) of the extremities, right leg |
| I70.792 | Other atherosclerosis of other type of bypass graft(s) of the extremities, left leg |
| I70.793 | Other atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs |
| I70.798 | Other atherosclerosis of other type of bypass graft(s) of the extremities, other extremity |
| I70.799 | Other atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity |
| I70.8 | Atherosclerosis of other arteries |
| I70.90 | Unspecified atherosclerosis |
| I70.91 | Generalized atherosclerosis |

Diabetes ICD-10

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| E08.00 | Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC) |
| E08.01 | Diabetes mellitus due to an underlying condition with hyperosmolarity with coma |
| E08.10 | Diabetes mellitus due to an underlying condition with ketoacidosis without coma |
| E08.11 | Diabetes mellitus due to an underlying condition with ketoacidosis with coma |
| E08.21 | Diabetes mellitus due to an underlying condition with diabetic nephropathy |
| E08.22 | Diabetes mellitus due to underlying condition with diabetic chronic kidney disease |
| E08.29 | Diabetes mellitus due to underlying condition with other diabetic kidney complication |
| E08.311 | Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema |
| E08.319 | Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema |
| E08.3211 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye |
| E08.3212 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye |
| E08.3213 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral |
| E08.3219 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E08.3291 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye |
| E08.3292 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye |
| E08.3293 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral |
| E08.3299 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E08.3311 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye |
| E08.3312 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye |
| E08.3313 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral |
| E08.3319 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E08.3391 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye |
| E08.3392 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye |

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| E08.3393 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral |
| E08.3399 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E08.3411 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye |
| E08.3412 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye |
| E08.3413 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral |
| E08.3419 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E08.3491 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye |
| E08.3492 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye |
| E08.3493 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral |
| E08.3499 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E08.3511 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye |
| E08.3512 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye |
| E08.3513 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral |
| E08.3519 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye |
| E08.3521 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye |
| E08.3522 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye |
| E08.3523 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral |
| E08.3529 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye |
| E08.3531 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye |
| E08.3532 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye |
| E08.3533 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral |
| E08.3539 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye |
| E08.3541 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye |
| E08.3542 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye |
| E08.3543 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral |
| E08.3549 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye |
| E08.3551 | Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye |
| E08.3552 | Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye |
| E08.3553 | Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral |
| E08.3559 | Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye |

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| E08.3591 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye |
| E08.3592 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye |
| E08.3593 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral |
| E08.3599 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye |
| E08.36 | Diabetes mellitus due to underlying condition with diabetic cataract |
| E08.37X1 | Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye |
| E08.37X2 | Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye |
| E08.37X3 | Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral |
| E08.37X9 | Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, unspecified eye |
| E08.39 | Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication |
| E08.40 | Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified |
| E08.41 | Diabetes mellitus due to underlying condition with diabetic mononeuropathy |
| E08.42 | Diabetes mellitus due to underlying condition with diabetic polyneuropathy |
| E08.43 | Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy |
| E08.44 | Diabetes mellitus due to underlying condition with diabetic amyotrophy |
| E08.49 | Diabetes mellitus due to underlying condition with other diabetic neurological complication |
| E08.51 | Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene |
| E08.52 | Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene |
| E08.59 | Diabetes mellitus due to underlying condition with other circulatory complications |
| E08.610 | Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy |
| E08.618 | Diabetes mellitus due to underlying condition with other diabetic arthropathy |
| E08.620 | Diabetes mellitus due to underlying condition with diabetic dermatitis |
| E08.621 | Diabetes mellitus due to underlying condition with foot ulcer |
| E08.622 | Diabetes mellitus due to underlying condition with other skin ulcer |
| E08.628 | Diabetes mellitus due to underlying condition with other skin complications |
| E08.630 | Diabetes mellitus due to underlying condition with periodontal disease |
| E08.638 | Diabetes mellitus due to underlying condition with other oral complications |
| E08.641 | Diabetes mellitus due to underlying condition with hypoglycemia with coma |
| E08.649 | Diabetes mellitus due to underlying condition with hypoglycemia without coma |
| E08.65 | Diabetes mellitus due to underlying condition with hyperglycemia |
| E08.69 | Diabetes mellitus due to underlying condition with other specified complication |
| E08.8 | Diabetes mellitus due to underlying condition with unspecified complications |
| E08.9 | Diabetes mellitus due to underlying condition without complications |

Diabetes Mellitus Type 1 ICD-10

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| E10.10 | Type 1 diabetes mellitus with ketoacidosis without coma |
| E10.11 | Type 1 diabetes mellitus with ketoacidosis with coma |
| E10.21 | Type 1 diabetes mellitus with diabetic nephropathy |
| E10.22 | Type 1 diabetes mellitus with diabetic chronic kidney disease |
| E10.29 | Type 1 diabetes mellitus with other diabetic kidney complication |
| E10.311 | Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema |
| E10.319 | Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema |
| E10.3211 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye |
| E10.3212 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye |

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| E10.3213 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral |
| E10.3219 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E10.3291 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye |
| E10.3292 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye |
| E10.3293 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral |
| E10.3299 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E10.3311 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye |
| E10.3312 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye |
| E10.3313 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral |
| E10.3319 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E10.3391 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye |
| E10.3392 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye |
| E10.3393 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral |
| E10.3399 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E10.3411 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye |
| E10.3412 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye |
| E10.3413 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral |
| E10.3419 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E10.3491 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye |
| E10.3492 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye |
| E10.3493 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral |
| E10.3499 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E10.3511 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye |
| E10.3512 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye |
| E10.3513 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral |
| E10.3519 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye |
| E10.3521 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye |
| E10.3522 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye |
| E10.3523 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral |
| E10.3529 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye |
| E10.3531 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye |
| E10.3532 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye |
| E10.3533 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral |
| E10.3539 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye |
| E10.3541 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye |
| E10.3542 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye |

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| E10.3543 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral |
| E10.3549 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye |
| E10.3551 | Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye |
| E10.3552 | Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye |
| E10.3553 | Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral |
| E10.3559 | Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye |
| E10.3591 | Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye |
| E10.3592 | Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye |
| E10.3593 | Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral |
| E10.3599 | Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye |
| E10.36 | Type 1 diabetes mellitus with diabetic cataract |
| E10.37X1 | Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye |
| E10.37X2 | Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye |
| E10.37X3 | Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral |
| E10.37X9 | Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye |
| E10.39 | Type 1 diabetes mellitus with other diabetic ophthalmic complication |
| E10.40 | Type 1 diabetes mellitus with diabetic neuropathy, unspecified |
| E10.41 | Type 1 diabetes mellitus with diabetic mononeuropathy |
| E10.42 | Type 1 diabetes mellitus with diabetic polyneuropathy |
| E10.43 | Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy |
| E10.44 | Type 1 diabetes mellitus with diabetic amyotrophy |
| E10.49 | Type 1 diabetes mellitus with other diabetic neurological complication |
| E10.51 | Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene |
| E10.52 | Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene |
| E10.59 | Type 1 diabetes mellitus with other circulatory complications |
| E10.610 | Type 1 diabetes mellitus with diabetic neuropathic arthropathy |
| E10.618 | Type 1 diabetes mellitus with other diabetic arthropathy |
| E10.620 | Type 1 diabetes mellitus with diabetic dermatitis |
| E10.621 | Type 1 diabetes mellitus with foot ulcer |
| E10.622 | Type 1 diabetes mellitus with other skin ulcer |
| E10.628 | Type 1 diabetes mellitus with other skin complications |
| E10.630 | Type 1 diabetes mellitus with periodontal disease |
| E10.638 | Type 1 diabetes mellitus with other oral complications |
| E10.641 | Type 1 diabetes mellitus with hypoglycemia with coma |
| E10.649 | Type 1 diabetes mellitus with hypoglycemia without coma |
| E10.65 | Type 1 diabetes mellitus with hyperglycemia |
| E10.69 | Type 1 diabetes mellitus with other specified complication |
| E10.8 | Type 1 diabetes mellitus with unspecified complications |
| E10.9 | Type 1 diabetes mellitus without complications |
| E10.A0 | Type 1 diabetes mellitus, presymptomatic, unspecified |
| E10.A1 | Type 1 diabetes mellitus, presymptomatic, Stage 1 |
| E10.A2 | Type 1 diabetes mellitus, presymptomatic, Stage 2 |

Diabetes Mellitus Type 2 ICD-10

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| E11.00 | Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC) |
| E11.01 | Type 2 diabetes mellitus with hyperosmolarity with coma |
| E11.10 | Type 2 diabetes mellitus with ketoacidosis without coma |
| E11.11 | Type 2 diabetes mellitus with ketoacidosis with coma |
| E11.21 | Type 2 diabetes mellitus with diabetic nephropathy |
| E11.22 | Type 2 diabetes mellitus with diabetic chronic kidney disease |

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| E11.29 | Type 2 diabetes mellitus with other diabetic kidney complication |
| E11.311 | Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema |
| E11.319 | Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema |
| E11.3211 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye |
| E11.3212 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye |
| E11.3213 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral |
| E11.3219 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E11.3291 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye |
| E11.3292 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye |
| E11.3293 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral |
| E11.3299 | Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E11.3311 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye |
| E11.3312 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye |
| E11.3313 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral |
| E11.3319 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E11.3391 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye |
| E11.3392 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye |
| E11.3393 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral |
| E11.3399 | Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E11.3411 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye |
| E11.3412 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye |
| E11.3413 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral |
| E11.3419 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye |
| E11.3491 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye |
| E11.3492 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye |
| E11.3493 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral |
| E11.3499 | Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye |
| E11.3511 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye |
| E11.3512 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye |
| E11.3513 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral |
| E11.3519 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye |
| E11.3521 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye |
| E11.3522 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye |
| E11.3523 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral |
| E11.3529 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye |
| E11.3531 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye |
| E11.3532 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye |
| E11.3533 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral |
| E11.3539 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye |
| E11.3541 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye |

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| E11.3542 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye |
| E11.3543 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral |
| E11.3549 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye |
| E11.3551 | Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye |
| E11.3552 | Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye |
| E11.3553 | Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral |
| E11.3559 | Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye |
| E11.3591 | Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye |
| E11.3592 | Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye |
| E11.3593 | Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral |
| E11.3599 | Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye |
| E11.36 | Type 2 diabetes mellitus with diabetic cataract |
| E11.37X1 | Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye |
| E11.37X2 | Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye |
| E11.37X3 | Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral |
| E11.37X9 | Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye |
| E11.39 | Type 2 diabetes mellitus with other diabetic ophthalmic complication |
| E11.40 | Type 2 diabetes mellitus with diabetic neuropathy, unspecified |
| E11.41 | Type 2 diabetes mellitus with diabetic mononeuropathy |
| E11.42 | Type 2 diabetes mellitus with diabetic polyneuropathy |
| E11.43 | Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy |
| E11.44 | Type 2 diabetes mellitus with diabetic amyotrophy |
| E11.49 | Type 2 diabetes mellitus with other diabetic neurological complication |
| E11.51 | Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene |
| E11.52 | Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene |
| E11.59 | Type 2 diabetes mellitus with other circulatory complications |
| E11.610 | Type 2 diabetes mellitus with diabetic neuropathic arthropathy |
| E11.618 | Type 2 diabetes mellitus with other diabetic arthropathy |
| E11.620 | Type 2 diabetes mellitus with diabetic dermatitis |
| E11.621 | Type 2 diabetes mellitus with foot ulcer |
| E11.622 | Type 2 diabetes mellitus with other skin ulcer |
| E11.628 | Type 2 diabetes mellitus with other skin complications |
| E11.630 | Type 2 diabetes mellitus with periodontal disease |
| E11.638 | Type 2 diabetes mellitus with other oral complications |
| E11.641 | Type 2 diabetes mellitus with hypoglycemia with coma |
| E11.649 | Type 2 diabetes mellitus with hypoglycemia without coma |
| E11.65 | Type 2 diabetes mellitus with hyperglycemia |
| E11.69 | Type 2 diabetes mellitus with other specified complication |
| E11.8 | Type 2 diabetes mellitus with unspecified complications |
| E11.9 | Type 2 diabetes mellitus without complications |
| E11.A | Type 2 diabetes mellitus without complications in remission |

Obstetric ICD-10

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| O00.101 | Right tubal pregnancy without intrauterine pregnancy |
| O00.102 | Left tubal pregnancy without intrauterine pregnancy |
| O00.109 | Unspecified tubal pregnancy without intrauterine pregnancy |
| O00.111 | Right tubal pregnancy with intrauterine pregnancy |

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| O00.112 | Left tubal pregnancy with intrauterine pregnancy |
| O00.119 | Unspecified tubal pregnancy with intrauterine pregnancy |
| O00.201 | Right ovarian pregnancy without intrauterine pregnancy |
| O00.202 | Left ovarian pregnancy without intrauterine pregnancy |
| O00.209 | Unspecified ovarian pregnancy without intrauterine pregnancy |
| O00.211 | Right ovarian pregnancy with intrauterine pregnancy |
| O00.212 | Left ovarian pregnancy with intrauterine pregnancy |
| O00.219 | Unspecified ovarian pregnancy with intrauterine pregnancy |
| O00.80 | Other ectopic pregnancy without intrauterine pregnancy |
| O00.81 | Other ectopic pregnancy with intrauterine pregnancy |
| O00.90 | Unspecified ectopic pregnancy without intrauterine pregnancy |
| O00.91 | Unspecified ectopic pregnancy with intrauterine pregnancy |
| O09.211 | Supervision of pregnancy with other poor reproductive or obstetric history, first trimester |
| O09.212 | Supervision of pregnancy with other poor reproductive or obstetric history, second trimester |
| O09.213 | Supervision of pregnancy with other poor reproductive or obstetric history, third trimester |
| O09.219 | Supervision of pregnancy with other poor reproductive or obstetric history, unspecified trimester |
| O09.291 | Supervision of pregnancy with insufficient antenatal care, unspecified trimester |
| O09.292 | Supervision of pregnancy with insufficient antenatal care, first trimester |
| O09.293 | Supervision of pregnancy with insufficient antenatal care, second trimester |
| O09.299 | Supervision of pregnancy with insufficient antenatal care, third trimester |
| O09.511 | Supervision of elderly multigravida, first trimester |
| O09.512 | Supervision of elderly multigravida, second trimester |
| O09.513 | Supervision of elderly multigravida, third trimester |
| O09.519 | Supervision of elderly multigravida, unspecified trimester |
| O09.521 | Supervision of young primigravida, first trimester |
| O09.522 | Supervision of young primigravida, second trimester |
| O09.523 | Supervision of young primigravida, third trimester |
| O09.529 | Supervision of young primigravida, unspecified trimester |
| O09.611 | Supervision of young multigravida, first trimester |
| O09.612 | Supervision of young multigravida, second trimester |
| O09.613 | Supervision of young multigravida, third trimester |
| O09.619 | Supervision of young multigravida, unspecified trimester |
| O09.621 | Supervision of high risk pregnancy due to social problems, unspecified trimester |
| O09.622 | Supervision of high risk pregnancy due to social problems, first trimester |
| O09.623 | Supervision of high risk pregnancy due to social problems, second trimester |
| O09.629 | Supervision of high risk pregnancy due to social problems, third trimester |
| O09.811 | Supervision of pregnancy with history of in utero procedure during previous pregnancy, first trimester |
| O09.812 | Supervision of pregnancy with history of in utero procedure during previous pregnancy, second trimester |
| O09.813 | Supervision of pregnancy with history of in utero procedure during previous pregnancy, third trimester |
| O09.819 | Supervision of pregnancy with history of in utero procedure during previous pregnancy, unspecified trimester |
| O09.821 | Supervision of other high risk pregnancies, first trimester |
| O09.822 | Supervision of other high risk pregnancies, second trimester |
| O09.823 | Supervision of other high risk pregnancies, third trimester |
| O09.829 | Supervision of other high risk pregnancies, unspecified trimester |
| O09.891 | Supervision of high risk pregnancy, unspecified, unspecified trimester |
| O09.892 | Supervision of high risk pregnancy, unspecified, first trimester |
| O09.893 | Supervision of high risk pregnancy, unspecified, second trimester |
| O09.899 | Supervision of high risk pregnancy, unspecified, third trimester |
| O09.A0 | Classical hydatidiform mole |
| O09.A1 | Incomplete and partial hydatidiform mole |
| O09.A2 | Hydatidiform mole, unspecified |
| O09.A3 | Blighted ovum and nonhydatidiform mole |
| O10.011 | Pre-existing essential hypertension complicating pregnancy, first trimester |
| O10.012 | Pre-existing essential hypertension complicating pregnancy, second trimester |

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| O10.013 | Pre-existing essential hypertension complicating pregnancy, third trimester |
| O10.019 | Pre-existing essential hypertension complicating pregnancy, unspecified trimester |
| O10.111 | Pre-existing hypertensive heart disease complicating pregnancy, first trimester |
| O10.112 | Pre-existing hypertensive heart disease complicating pregnancy, second trimester |
| O10.113 | Pre-existing hypertensive heart disease complicating pregnancy, third trimester |
| O10.119 | Pre-existing hypertensive heart disease complicating pregnancy, unspecified trimester |
| O10.211 | Pre-existing hypertensive chronic kidney disease complicating pregnancy, first trimester |
| O10.212 | Pre-existing hypertensive chronic kidney disease complicating pregnancy, second trimester |
| O10.213 | Pre-existing hypertensive chronic kidney disease complicating pregnancy, third trimester |
| O10.219 | Pre-existing hypertensive chronic kidney disease complicating pregnancy, unspecified trimester |
| O10.311 | Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, first trimester |
| O10.312 | Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, second trimester |
| O10.313 | Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, third trimester |
| O10.319 | Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, unspecified trimester |
| O10.411 | Pre-existing secondary hypertension complicating pregnancy, first trimester |
| O10.412 | Pre-existing secondary hypertension complicating pregnancy, second trimester |
| O10.413 | Pre-existing secondary hypertension complicating pregnancy, third trimester |
| O10.419 | Pre-existing secondary hypertension complicating pregnancy, unspecified trimester |
| O10.911 | Unspecified pre-existing hypertension complicating pregnancy, first trimester |
| O10.912 | Unspecified pre-existing hypertension complicating pregnancy, second trimester |
| O10.913 | Unspecified pre-existing hypertension complicating pregnancy, third trimester |
| O10.919 | Unspecified pre-existing hypertension complicating pregnancy, unspecified trimester |
| O14.90 | Unspecified pre-eclampsia, unspecified trimester |
| O14.92 | Unspecified pre-eclampsia, second trimester |
| O14.93 | Unspecified pre-eclampsia, third trimester |
| O14.94 | Unspecified pre-eclampsia, complicating childbirth |
| O14.95 | Unspecified pre-eclampsia, complicating the puerperium |
| O22.90 | Venous complication in pregnancy, unspecified, unspecified trimester |
| O22.91 | Venous complication in pregnancy, unspecified, first trimester |
| O22.92 | Venous complication in pregnancy, unspecified, second trimester |
| O22.93 | Venous complication in pregnancy, unspecified, third trimester |
| O23.511 | Infections of cervix in pregnancy, first trimester |
| O23.512 | Infections of cervix in pregnancy, second trimester |
| O23.513 | Infections of cervix in pregnancy, third trimester |
| O23.519 | Infections of cervix in pregnancy, unspecified trimester |
| O23.521 | Salpingo-oophoritis in pregnancy, first trimester |
| O23.522 | Salpingo-oophoritis in pregnancy, second trimester |
| O23.523 | Salpingo-oophoritis in pregnancy, third trimester |
| O23.529 | Salpingo-oophoritis in pregnancy, unspecified trimester |
| O23.591 | Infection of other part of genital tract in pregnancy, first trimester |
| O23.592 | Infection of other part of genital tract in pregnancy, second trimester |
| O23.593 | Infection of other part of genital tract in pregnancy, third trimester |
| O23.599 | Infection of other part of genital tract in pregnancy, unspecified trimester |
| O23.90 | Unspecified genitourinary tract infection in pregnancy, unspecified trimester |
| O23.91 | Unspecified genitourinary tract infection in pregnancy, first trimester |
| O23.92 | Unspecified genitourinary tract infection in pregnancy, second trimester |
| O23.93 | Unspecified genitourinary tract infection in pregnancy, third trimester |
| O24.011 | Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester |
| O24.012 | Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester |
| O24.013 | Pre-existing type 1 diabetes mellitus, in pregnancy, third trimester |
| O24.019 | Pre-existing type 1 diabetes mellitus, in pregnancy, unspecified trimester |
| O24.111 | Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester |
| O24.112 | Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester |
| O24.113 | Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester |
| O24.119 | Pre-existing type 2 diabetes mellitus, in pregnancy, unspecified trimester |

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| O24.13 | Pre-existing type 2 diabetes mellitus, in the puerperium |
| O24.311 | Unspecified pre-existing diabetes mellitus in pregnancy, first trimester |
| O24.312 | Unspecified pre-existing diabetes mellitus in pregnancy, second trimester |
| O24.313 | Unspecified pre-existing diabetes mellitus in pregnancy, third trimester |
| O24.319 | Unspecified pre-existing diabetes mellitus in pregnancy, unspecified trimester |
| O24.32 | Unspecified pre-existing diabetes mellitus in childbirth |
| O24.33 | Unspecified pre-existing diabetes mellitus in the puerperium |
| O24.410 | Gestational diabetes mellitus in pregnancy, diet controlled |
| O24.414 | Gestational diabetes mellitus in pregnancy, insulin controlled |
| O24.415 | Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs |
| O24.419 | Gestational diabetes mellitus in pregnancy, unspecified control |
| O24.420 | Gestational diabetes mellitus in childbirth, diet controlled |
| O24.424 | Gestational diabetes mellitus in childbirth, insulin controlled |
| O24.425 | Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs |
| O24.429 | Gestational diabetes mellitus in childbirth, unspecified control |
| O24.430 | Gestational diabetes mellitus in the puerperium, diet controlled |
| O24.434 | Gestational diabetes mellitus in the puerperium, insulin controlled |
| O24.435 | Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs |
| O24.439 | Gestational diabetes mellitus in the puerperium, unspecified control |
| O24.811 | Other pre-existing diabetes mellitus in pregnancy, first trimester |
| O24.812 | Other pre-existing diabetes mellitus in pregnancy, second trimester |
| O24.813 | Other pre-existing diabetes mellitus in pregnancy, third trimester |
| O24.819 | Other pre-existing diabetes mellitus in pregnancy, unspecified trimester |
| O24.82 | Other pre-existing diabetes mellitus in childbirth |
| O24.83 | Other pre-existing diabetes mellitus in the puerperium |
| O24.911 | Unspecified diabetes mellitus in pregnancy, first trimester |
| O24.912 | Unspecified diabetes mellitus in pregnancy, second trimester |
| O24.913 | Unspecified diabetes mellitus in pregnancy, third trimester |
| O24.919 | Unspecified diabetes mellitus in pregnancy, unspecified trimester |
| O24.92 | Unspecified diabetes mellitus in childbirth |
| O24.93 | Unspecified diabetes mellitus in the puerperium |
| O25.13 | Malnutrition in pregnancy, third trimester |
| O26.00 | Excessive weight gain in pregnancy, unspecified trimester |
| O26.13 | Low weight gain in pregnancy, third trimester |
| O26.20 | Pregnancy care for patient with recurrent pregnancy loss, unspecified trimester |
| O26.21 | Pregnancy care for patient with recurrent pregnancy loss, first trimester |
| O26.22 | Pregnancy care for patient with recurrent pregnancy loss, second trimester |
| O26.23 | Pregnancy care for patient with recurrent pregnancy loss, third trimester |
| O26.30 | Retained intrauterine contraceptive device in pregnancy, unspecified trimester |
| O26.31 | Retained intrauterine contraceptive device in pregnancy, first trimester |
| O26.32 | Retained intrauterine contraceptive device in pregnancy, second trimester |
| O26.33 | Retained intrauterine contraceptive device in pregnancy, third trimester |
| O26.40 | Herpes gestationis, unspecified trimester |
| O26.41 | Herpes gestationis, first trimester |
| O26.42 | Herpes gestationis, second trimester |
| O26.43 | Herpes gestationis, third trimester |
| O26.50 | Maternal hypotension syndrome, unspecified trimester |
| O26.51 | Maternal hypotension syndrome, first trimester |
| O26.52 | Maternal hypotension syndrome, second trimester |
| O26.53 | Maternal hypotension syndrome, third trimester |
| O26.611 | Liver and biliary tract disorders in pregnancy, first trimester |
| O26.612 | Liver and biliary tract disorders in pregnancy, second trimester |
| O26.613 | Liver and biliary tract disorders in pregnancy, third trimester |
| O26.619 | Liver and biliary tract disorders in pregnancy, unspecified trimester |
| O26.62 | Liver and biliary tract disorders in childbirth |

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| O26.63 | Liver and biliary tract disorders in the puerperium |
| O26.711 | Subluxation of symphysis (pubis) in pregnancy, first trimester |
| O26.712 | Subluxation of symphysis (pubis) in pregnancy, second trimester |
| O26.713 | Subluxation of symphysis (pubis) in pregnancy, third trimester |
| O26.719 | Subluxation of symphysis (pubis) in pregnancy, unspecified trimester |
| O26.72 | Subluxation of symphysis (pubis) in childbirth |
| O26.73 | Subluxation of symphysis (pubis) in the puerperium |
| O26.811 | Pregnancy related exhaustion and fatigue, first trimester |
| O26.812 | Pregnancy related exhaustion and fatigue, second trimester |
| O26.813 | Pregnancy related exhaustion and fatigue, third trimester |
| O26.819 | Pregnancy related exhaustion and fatigue, unspecified trimester |
| O26.821 | Pregnancy related peripheral neuritis, first trimester |
| O26.822 | Pregnancy related peripheral neuritis, second trimester |
| O26.823 | Pregnancy related peripheral neuritis, third trimester |
| O26.829 | Pregnancy related peripheral neuritis, unspecified trimester |
| O26.831 | Pregnancy related renal disease, first trimester |
| O26.832 | Pregnancy related renal disease, second trimester |
| O26.833 | Pregnancy related renal disease, third trimester |
| O26.839 | Pregnancy related renal disease, unspecified trimester |
| O26.841 | Uterine size-date discrepancy, first trimester |
| O26.842 | Uterine size-date discrepancy, second trimester |
| O26.843 | Uterine size-date discrepancy, third trimester |
| O26.849 | Uterine size-date discrepancy, unspecified trimester |
| O26.851 | Spotting complicating pregnancy, first trimester |
| O26.852 | Spotting complicating pregnancy, second trimester |
| O26.853 | Spotting complicating pregnancy, third trimester |
| O26.859 | Spotting complicating pregnancy, unspecified trimester |
| O26.86 | Pruritic urticarial papules and plaques of pregnancy (PUPPP) |
| O26.872 | Cervical shortening, second trimester |
| O26.873 | Cervical shortening, third trimester |
| O26.879 | Cervical shortening, unspecified trimester |
| O26.891 | Other specified pregnancy related conditions, first trimester |
| O26.892 | Other specified pregnancy related conditions, second trimester |
| O26.893 | Other specified pregnancy related conditions, third trimester |
| O26.899 | Other specified pregnancy related conditions, unspecified trimester |
| O26.90 | Pregnancy related conditions, unspecified, unspecified trimester |
| O26.91 | Pregnancy related conditions, unspecified, first trimester |
| O26.92 | Pregnancy related conditions, unspecified, second trimester |
| O26.93 | Pregnancy related conditions, unspecified, third trimester |
| O28.0 | Abnormal hematological finding on antenatal screening of mother |
| O29.011 | Aspiration pneumonitis due to anesthesia during pregnancy, first trimester |
| O29.012 | Aspiration pneumonitis due to anesthesia during pregnancy, second trimester |
| O29.013 | Aspiration pneumonitis due to anesthesia during pregnancy, third trimester |
| O29.019 | Aspiration pneumonitis due to anesthesia during pregnancy, unspecified trimester |
| O29.021 | Pressure collapse of lung due to anesthesia during pregnancy, first trimester |
| O29.022 | Pressure collapse of lung due to anesthesia during pregnancy, second trimester |
| O29.023 | Pressure collapse of lung due to anesthesia during pregnancy, third trimester |
| O29.029 | Pressure collapse of lung due to anesthesia during pregnancy, unspecified trimester |
| O29.091 | Other pulmonary complications of anesthesia during pregnancy, first trimester |
| O29.092 | Other pulmonary complications of anesthesia during pregnancy, second trimester |
| O29.093 | Other pulmonary complications of anesthesia during pregnancy, third trimester |
| O29.099 | Other pulmonary complications of anesthesia during pregnancy, unspecified trimester |
| O29.111 | Cardiac arrest due to anesthesia during pregnancy, first trimester |
| O29.112 | Cardiac arrest due to anesthesia during pregnancy, second trimester |
| O29.113 | Cardiac arrest due to anesthesia during pregnancy, third trimester |

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| O29.119 | Cardiac arrest due to anesthesia during pregnancy, unspecified trimester |
| O29.121 | Cardiac failure due to anesthesia during pregnancy, first trimester |
| O29.122 | Cardiac failure due to anesthesia during pregnancy, second trimester |
| O29.123 | Cardiac failure due to anesthesia during pregnancy, third trimester |
| O29.129 | Cardiac failure due to anesthesia during pregnancy, unspecified trimester |
| O29.191 | Other cardiac complications of anesthesia during pregnancy, first trimester |
| O29.192 | Other cardiac complications of anesthesia during pregnancy, second trimester |
| O29.193 | Other cardiac complications of anesthesia during pregnancy, third trimester |
| O29.199 | Other cardiac complications of anesthesia during pregnancy, unspecified trimester |
| O29.211 | Cerebral anoxia due to anesthesia during pregnancy, first trimester |
| O29.212 | Cerebral anoxia due to anesthesia during pregnancy, second trimester |
| O29.213 | Cerebral anoxia due to anesthesia during pregnancy, third trimester |
| O29.219 | Cerebral anoxia due to anesthesia during pregnancy, unspecified trimester |
| O29.291 | Other central nervous system complications of anesthesia during pregnancy, first trimester |
| O29.292 | Other central nervous system complications of anesthesia during pregnancy, second trimester |
| O29.293 | Other central nervous system complications of anesthesia during pregnancy, third trimester |
| O29.299 | Other central nervous system complications of anesthesia during pregnancy, unspecified trimester |
| O29.40 | Spinal and epidural anesthesia induced headache during pregnancy, unspecified trimester |
| O29.41 | Spinal and epidural anesthesia induced headache during pregnancy, first trimester |
| O29.42 | Spinal and epidural anesthesia induced headache during pregnancy, second trimester |
| O29.43 | Spinal and epidural anesthesia induced headache during pregnancy, third trimester |
| O29.60 | Failed or difficult intubation for anesthesia during pregnancy, unspecified trimester |
| O29.61 | Failed or difficult intubation for anesthesia during pregnancy, first trimester |
| O29.62 | Failed or difficult intubation for anesthesia during pregnancy, second trimester |
| O29.63 | Failed or difficult intubation for anesthesia during pregnancy, third trimester |
| O29.90 | Unspecified complication of anesthesia during pregnancy, unspecified trimester |
| O29.91 | Unspecified complication of anesthesia during pregnancy, first trimester |
| O29.92 | Unspecified complication of anesthesia during pregnancy, second trimester |
| O29.93 | Unspecified complication of anesthesia during pregnancy, third trimester |
| O30.001 | Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester |
| O30.002 | Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester |
| O30.003 | Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester |
| O30.009 | Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester |
| O30.011 | Twin pregnancy, monochorionic/monoamniotic, first trimester |
| O30.012 | Twin pregnancy, monochorionic/monoamniotic, second trimester |
| O30.013 | Twin pregnancy, monochorionic/monoamniotic, third trimester |
| O30.019 | Twin pregnancy, monochorionic/monoamniotic, unspecified trimester |
| O30.021 | Conjoined twin pregnancy, first trimester |
| O30.022 | Conjoined twin pregnancy, second trimester |
| O30.023 | Conjoined twin pregnancy, third trimester |
| O30.029 | Conjoined twin pregnancy, unspecified trimester |
| O30.031 | Twin pregnancy, monochorionic/diamniotic, first trimester |
| O30.032 | Twin pregnancy, monochorionic/diamniotic, second trimester |
| O30.033 | Twin pregnancy, monochorionic/diamniotic, third trimester |
| O30.039 | Twin pregnancy, monochorionic/diamniotic, unspecified trimester |
| O30.041 | Twin pregnancy, dichorionic/diamniotic, first trimester |
| O30.042 | Twin pregnancy, dichorionic/diamniotic, second trimester |
| O30.043 | Twin pregnancy, dichorionic/diamniotic, third trimester |
| O30.049 | Twin pregnancy, dichorionic/diamniotic, unspecified trimester |
| O30.091 | Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester |
| O30.092 | Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester |
| O30.093 | Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester |
| O30.099 | Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, unspecified trimester |

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| O30.101 | Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester |
| O30.102 | Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester |
| O30.103 | Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester |
| O30.109 | Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester |
| O30.111 | Triplet pregnancy with two or more monochorionic fetuses, first trimester |
| O30.112 | Triplet pregnancy with two or more monochorionic fetuses, second trimester |
| O30.113 | Triplet pregnancy with two or more monochorionic fetuses, third trimester |
| O30.119 | Triplet pregnancy with two or more monochorionic fetuses, unspecified trimester |
| O30.121 | Triplet pregnancy with two or more monoamniotic fetuses, first trimester |
| O30.122 | Triplet pregnancy with two or more monoamniotic fetuses, second trimester |
| O30.123 | Triplet pregnancy with two or more monoamniotic fetuses, third trimester |
| O30.129 | Triplet pregnancy with two or more monoamniotic fetuses, unspecified trimester |
| O30.131 | Quadruplet pregnancy, quadrachorionic/quadra-amniotic, first trimester |
| O30.132 | Quadruplet pregnancy, quadrachorionic/quadra-amniotic, second trimester |
| O30.133 | Triplet pregnancy, trichorionic/triamniotic, third trimester |
| O30.139 | Triplet pregnancy, trichorionic/triamniotic, unspecified trimester |
| O30.191 | Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester |
| O30.192 | Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester |
| O30.193 | Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester |
| O30.199 | Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs, unspecified trimester |
| O30.201 | Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester |
| O30.202 | Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester |
| O30.203 | Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester |
| O30.209 | Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester |
| O30.211 | Quadruplet pregnancy with two or more monochorionic fetuses, first trimester |
| O30.212 | Quadruplet pregnancy with two or more monochorionic fetuses, second trimester |
| O30.213 | Quadruplet pregnancy with two or more monochorionic fetuses, third trimester |
| O30.219 | Quadruplet pregnancy with two or more monochorionic fetuses, unspecified trimester |
| O30.221 | Quadruplet pregnancy with two or more monoamniotic fetuses, first trimester |
| O30.222 | Quadruplet pregnancy with two or more monoamniotic fetuses, second trimester |
| O30.223 | Quadruplet pregnancy with two or more monoamniotic fetuses, third trimester |
| O30.229 | Quadruplet pregnancy with two or more monoamniotic fetuses, unspecified trimester |
| O30.231 | Quadruplet pregnancy, quadrachorionic/quadra-amniotic, first trimester |
| O30.232 | Quadruplet pregnancy, quadrachorionic/quadra-amniotic, second trimester |
| O30.233 | Quadruplet pregnancy, quadrachorionic/quadra-amniotic, third trimester |
| O30.239 | Quadruplet pregnancy, quadrachorionic/quadra-amniotic, unspecified trimester |
| O30.291 | Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester |
| O30.292 | Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester |
| O30.293 | Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester |
| O30.299 | Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, unspecified trimester |
| O30.801 | Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, first trimester |
| O30.802 | Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, second trimester |
| O30.803 | Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, third trimester |

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| O30.809 | Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester |
| O30.811 | Other specified multiple gestation with two or more monochorionic fetuses, first trimester |
| O30.812 | Other specified multiple gestation with two or more monochorionic fetuses, second trimester |
| O30.813 | Other specified multiple gestation with two or more monochorionic fetuses, third trimester |
| O30.819 | Other specified multiple gestation with two or more monochorionic fetuses, unspecified trimester |
| O30.821 | Other specified multiple gestation with two or more monoamniotic fetuses, first trimester |
| O30.822 | Other specified multiple gestation with two or more monoamniotic fetuses, second trimester |
| O30.823 | Other specified multiple gestation with two or more monoamniotic fetuses, third trimester |
| O30.829 | Other specified multiple gestation with two or more monoamniotic fetuses, unspecified trimester |
| O30.831 | Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, first trimester |
| O30.832 | Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, second trimester |
| O30.833 | Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, third trimester |
| O30.839 | Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, unspecified trimester |
| O30.891 | Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, first trimester |
| O30.892 | Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, second trimester |
| O30.893 | Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, third trimester |
| O30.899 | Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs, unspecified trimester |
| O30.90 | Multiple gestation, unspecified, unspecified trimester |
| O30.91 | Multiple gestation, unspecified, first trimester |
| O30.92 | Multiple gestation, unspecified, second trimester |
| O30.93 | Multiple gestation, unspecified, third trimester |
| O31.00X0 | Papyraceous fetus, unspecified trimester, not applicable or unspecified |
| O31.00X1 | Papyraceous fetus, unspecified trimester, fetus 1 |
| O31.00X2 | Papyraceous fetus, unspecified trimester, fetus 2 |
| O31.00X3 | Papyraceous fetus, unspecified trimester, fetus 3 |
| O31.00X4 | Papyraceous fetus, unspecified trimester, fetus 4 |
| O31.00X5 | Papyraceous fetus, unspecified trimester, fetus 5 |
| O31.00X9 | Papyraceous fetus, unspecified trimester, other fetus |
| O31.13X0 | Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, not applicable or unspecified |
| O31.13X1 | Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 1 |
| O31.13X2 | Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 2 |
| O31.13X3 | Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 3 |
| O31.13X4 | Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 4 |
| O31.13X5 | Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 5 |
| O31.13X9 | Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, other fetus |
| O31.20X0 | Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, not applicable or unspecified |
| O31.20X1 | Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 1 |
| O31.20X2 | Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 2 |
| O31.20X3 | Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 3 |
| O31.20X4 | Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 4 |
| O31.20X5 | Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 5 |
| O31.20X9 | Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, other fetus |
| O31.21X0 | Continuing pregnancy after intrauterine death of one fetus or more, first trimester, not applicable or unspecified |

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| O31.21X1 | Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 1 |
| O31.21X2 | Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 2 |
| O31.21X3 | Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 3 |
| O31.21X4 | Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 4 |
| O31.21X5 | Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 5 |
| O31.21X9 | Continuing pregnancy after intrauterine death of one fetus or more, first trimester, other fetus |
| O31.22X0 | Continuing pregnancy after intrauterine death of one fetus or more, second trimester, not applicable or unspecified |
| O31.22X1 | Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 1 |
| O31.22X2 | Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 2 |
| O31.22X3 | Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 3 |
| O31.22X4 | Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 4 |
| O31.22X5 | Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 5 |
| O31.22X9 | Continuing pregnancy after intrauterine death of one fetus or more, second trimester, other fetus |
| O31.23X0 | Continuing pregnancy after intrauterine death of one fetus or more, third trimester, not applicable or unspecified |
| O31.23X1 | Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 1 |
| O31.23X2 | Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 2 |
| O31.23X3 | Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 3 |
| O31.23X4 | Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 4 |
| O31.23X5 | Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 5 |
| O31.23X9 | Continuing pregnancy after intrauterine death of one fetus or more, third trimester, other fetus |
| O31.30X0 | Continuing pregnancy after elective fetal reduction of one fetus or more, unspecified trimester, not applicable or unspecified |
| O31.30X1 | Continuing pregnancy after elective fetal reduction of one fetus or more, unspecified trimester, fetus 1 |
| O31.30X2 | Continuing pregnancy after elective fetal reduction of one fetus or more, unspecified trimester, fetus 2 |
| O31.30X3 | Continuing pregnancy after elective fetal reduction of one fetus or more, unspecified trimester, fetus 3 |
| O31.30X4 | Continuing pregnancy after elective fetal reduction of one fetus or more, unspecified trimester, fetus 4 |
| O31.30X5 | Continuing pregnancy after elective fetal reduction of one fetus or more, unspecified trimester, fetus 5 |
| O31.30X9 | Continuing pregnancy after elective fetal reduction of one fetus or more, unspecified trimester, other fetus |
| O31.31X0 | Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, not applicable or unspecified |
| O31.31X1 | Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 1 |
| O31.31X2 | Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 2 |
| O31.31X3 | Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 3 |
| O31.31X4 | Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 4 |
| O31.31X5 | Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, fetus 5 |
| O31.31X9 | Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester, other fetus |
| O31.32X0 | Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, not applicable or unspecified |
| O31.32X1 | Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 1 |
| O31.32X2 | Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 2 |
| O31.32X3 | Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 3 |
| O31.32X4 | Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 4 |
| O31.32X5 | Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, fetus 5 |
| O31.32X9 | Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester, other fetus |
| O31.33X0 | Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, not applicable or unspecified |
| O31.33X1 | Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 1 |
| O31.33X2 | Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 2 |
| O31.33X3 | Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 3 |
| O31.33X4 | Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 4 |
| O31.33X5 | Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, fetus 5 |
| O31.33X9 | Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester, other fetus |
| O32.OXX0 | Maternal care for unstable lie, not applicable or unspecified |

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| O32.0XX1 | Maternal care for unstable lie, fetus 1 |
| O32.0XX2 | Maternal care for unstable lie, fetus 2 |
| O32.0XX3 | Maternal care for unstable lie, fetus 3 |
| O32.0XX4 | Maternal care for unstable lie, fetus 4 |
| O32.0XX5 | Maternal care for unstable lie, fetus 5 |
| O32.0XX9 | Maternal care for unstable lie, other fetus |
| O33.0 | Maternal care for disproportion due to deformity of maternal pelvic bones |
| O34.00 | Maternal care for unspecified congenital malformation of uterus, unspecified trimester |
| O34.13 | Maternal care for benign tumor of corpus uteri, third trimester |
| O34.211 | Maternal care for low transverse scar from previous cesarean delivery |
| O34.212 | Maternal care for vertical scar from previous cesarean delivery |
| O34.218 | Maternal care for other type scar from previous cesarean delivery |
| O34.219 | Maternal care for unspecified type scar from previous cesarean delivery |
| O34.22 | Maternal care for cesarean scar defect (isthmocele) |
| O34.29 | Maternal care due to uterine scar from other previous surgery |
| O34.30 | Maternal care for cervical incompetence, unspecified trimester |
| O34.31 | Maternal care for cervical incompetence, first trimester |
| O34.32 | Maternal care for cervical incompetence, second trimester |
| O34.33 | Maternal care for cervical incompetence, third trimester |
| O34.40 | Maternal care for other abnormalities of cervix, unspecified trimester |
| O34.41 | Maternal care for other abnormalities of cervix, first trimester |
| O34.42 | Maternal care for other abnormalities of cervix, second trimester |
| O34.43 | Maternal care for other abnormalities of cervix, third trimester |
| O34.511 | Maternal care for incarceration of gravid uterus, first trimester |
| O34.512 | Maternal care for incarceration of gravid uterus, second trimester |
| O34.513 | Maternal care for incarceration of gravid uterus, third trimester |
| O34.519 | Maternal care for incarceration of gravid uterus, unspecified trimester |
| O34.521 | Maternal care for prolapse of gravid uterus, first trimester |
| O34.522 | Maternal care for prolapse of gravid uterus, second trimester |
| O34.523 | Maternal care for prolapse of gravid uterus, third trimester |
| O34.529 | Maternal care for prolapse of gravid uterus, unspecified trimester |
| O34.531 | Maternal care for retroversion of gravid uterus, first trimester |
| O34.532 | Maternal care for retroversion of gravid uterus, second trimester |
| O34.533 | Maternal care for retroversion of gravid uterus, third trimester |
| O34.539 | Maternal care for retroversion of gravid uterus, unspecified trimester |
| O34.591 | Maternal care for other abnormalities of gravid uterus, first trimester |
| O34.592 | Maternal care for other abnormalities of gravid uterus, second trimester |
| O34.593 | Maternal care for other abnormalities of gravid uterus, third trimester |
| O34.599 | Maternal care for other abnormalities of gravid uterus, unspecified trimester |
| O34.60 | Maternal care for abnormality of vagina, unspecified trimester |
| O34.61 | Maternal care for abnormality of vagina, first trimester |
| O34.62 | Maternal care for abnormality of vagina, second trimester |
| O34.63 | Maternal care for abnormality of vagina, third trimester |
| O34.70 | Maternal care for abnormality of vulva and perineum, unspecified trimester |
| O34.71 | Maternal care for abnormality of vulva and perineum, first trimester |
| O34.72 | Maternal care for abnormality of vulva and perineum, second trimester |
| O34.73 | Maternal care for abnormality of vulva and perineum, third trimester |
| O34.80 | Maternal care for other abnormalities of pelvic organs, unspecified trimester |
| O34.81 | Maternal care for other abnormalities of pelvic organs, first trimester |
| O34.82 | Maternal care for other abnormalities of pelvic organs, second trimester |
| O34.83 | Maternal care for other abnormalities of pelvic organs, third trimester |
| O34.90 | Maternal care for abnormality of pelvic organ, unspecified, unspecified trimester |
| O34.91 | Maternal care for abnormality of pelvic organ, unspecified, first trimester |
| O34.92 | Maternal care for abnormality of pelvic organ, unspecified, second trimester |
| O34.93 | Maternal care for abnormality of pelvic organ, unspecified, third trimester |

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| O35.00X0 | Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, not applicable or unspecified |
| O35.00X1 | Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 1 |
| O35.00X2 | Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 2 |
| O35.00X3 | Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 3 |
| O35.00X4 | Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 4 |
| O35.00X5 | Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 5 |
| O35.00X9 | Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, other fetus |
| O35.13X0 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, not applicable or unspecified |
| O35.13X1 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, fetus 1 |
| O35.13X2 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, fetus 2 |
| O35.13X3 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, fetus 3 |
| O35.13X4 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, fetus 4 |
| O35.13X5 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, fetus 5 |
| O35.13X9 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21, other fetus |
| O35.14X0 | Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, not applicable or unspecified |
| O35.14X1 | Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 1 |
| O35.14X2 | Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 2 |
| O35.14X3 | Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 3 |
| O35.14X4 | Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 4 |
| O35.14X5 | Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 5 |
| O35.14X9 | Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, other fetus |
| O35.15X0 | Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, not applicable or unspecified |
| O35.15X1 | Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 1 |
| O35.15X2 | Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 2 |
| O35.15X3 | Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 3 |
| O35.15X4 | Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 4 |
| O35.15X5 | Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 5 |
| O35.15X9 | Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, other fetus |
| O35.19X0 | Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, not applicable or unspecified |
| O35.19X1 | Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 1 |
| O35.19X2 | Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 2 |
| O35.19X3 | Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 3 |
| O35.19X4 | Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 4 |
| O35.19X5 | Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 5 |
| O35.19X9 | Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, other fetus |
| O35.AXX0 | Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, not applicable or unspecified |
| O35.AXX1 | Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, fetus 1 |
| O35.AXX2 | Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, fetus 2 |
| O35.AXX3 | Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, fetus 3 |
| O35.AXX4 | Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, fetus 4 |
| O35.AXX5 | Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, fetus 5 |
| O35.AXX9 | Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, other fetus |
| O35.BXX0 | Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, not applicable or unspecified |
| O35.BXX1 | Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, fetus 1 |
| O35.BXX2 | Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, fetus 2 |
| O35.BXX3 | Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, fetus 3 |
| O35.BXX4 | Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, fetus 4 |

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| O35.BXX5 | Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, fetus 5 |
| O35.BXX9 | Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, other fetus |
| O35.CXX0 | Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, not applicable or unspecified |
| O35.CXX1 | Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, fetus 1 |
| O35.CXX2 | Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, fetus 2 |
| O35.CXX3 | Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, fetus 3 |
| O35.CXX4 | Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, fetus 4 |
| O35.CXX5 | Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, fetus 5 |
| O35.CXX9 | Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, other fetus |
| O35.DXX0 | Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, not applicable or unspecified |
| O35.DXX1 | Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, fetus 1 |
| O35.DXX2 | Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, fetus 2 |
| O35.DXX3 | Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, fetus 3 |
| O35.DXX4 | Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, fetus 4 |
| O35.DXX5 | Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, fetus 5 |
| O35.DXX9 | Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, other fetus |
| O35.EXX0 | Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, not applicable or unspecified |
| O35.EXX1 | Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, fetus 1 |
| O35.EXX2 | Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, fetus 2 |
| O35.EXX3 | Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, fetus 3 |
| O35.EXX4 | Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, fetus 4 |
| O35.EXX5 | Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, fetus 5 |
| O35.EXX9 | Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, other fetus |
| O35.FXX0 | Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, not applicable or unspecified |
| O35.FXX1 | Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, fetus 1 |
| O35.FXX2 | Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, fetus 2 |
| O35.FXX3 | Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, fetus 3 |
| O35.FXX4 | Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, fetus 4 |
| O35.FXX5 | Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, fetus 5 |
| O35.FXX9 | Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, other fetus |
| O35.GXX0 | Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, not applicable or unspecified |
| O35.GXX1 | Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, fetus 1 |
| O35.GXX2 | Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, fetus 2 |
| O35.GXX3 | Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, fetus 3 |
| O35.GXX4 | Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, fetus 4 |
| O35.GXX5 | Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, fetus 5 |
| O35.GXX9 | Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, other fetus |
| O35.HXX0 | Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, not applicable or unspecified |
| O35.HXX1 | Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, fetus 1 |
| O35.HXX2 | Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, fetus 2 |
| O35.HXX3 | Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, fetus 3 |

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| O35.HXX4 | Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, fetus 4 |
| O35.HXX5 | Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, fetus 5 |
| O35.HXX9 | Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, other fetus |
| O36.0110 | Maternal care for anti-D [Rh] antibodies, first trimester, not applicable or unspecified |
| O36.0111 | Maternal care for anti-D [Rh] antibodies, first trimester, fetus 1 |
| O36.0112 | Maternal care for anti-D [Rh] antibodies, first trimester, fetus 2 |
| O36.0113 | Maternal care for anti-D [Rh] antibodies, first trimester, fetus 3 |
| O36.0114 | Maternal care for anti-D [Rh] antibodies, first trimester, fetus 4 |
| O36.0115 | Maternal care for anti-D [Rh] antibodies, first trimester, fetus 5 |
| O36.0119 | Maternal care for anti-D [Rh] antibodies, first trimester, other fetus |
| O36.0120 | Maternal care for anti-D [Rh] antibodies, second trimester, not applicable or unspecified |
| O36.0121 | Maternal care for anti-D [Rh] antibodies, second trimester, fetus 1 |
| O36.0122 | Maternal care for anti-D [Rh] antibodies, second trimester, fetus 2 |
| O36.0123 | Maternal care for anti-D [Rh] antibodies, second trimester, fetus 3 |
| O36.0124 | Maternal care for anti-D [Rh] antibodies, second trimester, fetus 4 |
| O36.0125 | Maternal care for anti-D [Rh] antibodies, second trimester, fetus 5 |
| O36.0129 | Maternal care for anti-D [Rh] antibodies, second trimester, other fetus |
| O36.0130 | Maternal care for anti-D [Rh] antibodies, third trimester, not applicable or unspecified |
| O36.0131 | Maternal care for anti-D [Rh] antibodies, third trimester, fetus 1 |
| O36.0132 | Maternal care for anti-D [Rh] antibodies, third trimester, fetus 2 |
| O36.0133 | Maternal care for anti-D [Rh] antibodies, third trimester, fetus 3 |
| O36.0134 | Maternal care for anti-D [Rh] antibodies, third trimester, fetus 4 |
| O36.0135 | Maternal care for anti-D [Rh] antibodies, third trimester, fetus 5 |
| O36.0139 | Maternal care for anti-D [Rh] antibodies, third trimester, other fetus |
| O36.0190 | Maternal care for anti-D [Rh] antibodies, unspecified trimester, not applicable or unspecified |
| O36.0191 | Maternal care for anti-D [Rh] antibodies, unspecified trimester, fetus 1 |
| O36.0192 | Maternal care for anti-D [Rh] antibodies, unspecified trimester, fetus 2 |
| O36.0193 | Maternal care for anti-D [Rh] antibodies, unspecified trimester, fetus 3 |
| O36.0194 | Maternal care for anti-D [Rh] antibodies, unspecified trimester, fetus 4 |
| O36.0195 | Maternal care for anti-D [Rh] antibodies, unspecified trimester, fetus 5 |
| O36.0199 | Maternal care for anti-D [Rh] antibodies, unspecified trimester, other fetus |
| O36.0910 | Maternal care for other rhesus isoimmunization, first trimester, not applicable or unspecified |
| O36.0911 | Maternal care for other rhesus isoimmunization, first trimester, fetus 1 |
| O36.0912 | Maternal care for other rhesus isoimmunization, first trimester, fetus 2 |
| O36.0913 | Maternal care for other rhesus isoimmunization, first trimester, fetus 3 |
| O36.0914 | Maternal care for other rhesus isoimmunization, first trimester, fetus 4 |
| O36.0915 | Maternal care for other rhesus isoimmunization, first trimester, fetus 5 |
| O36.0919 | Maternal care for other rhesus isoimmunization, first trimester, other fetus |
| O36.0920 | Maternal care for other rhesus isoimmunization, second trimester, not applicable or unspecified |
| O36.0921 | Maternal care for other rhesus isoimmunization, second trimester, fetus 1 |
| O36.0922 | Maternal care for other rhesus isoimmunization, second trimester, fetus 2 |
| O36.0923 | Maternal care for other rhesus isoimmunization, second trimester, fetus 3 |
| O36.0924 | Maternal care for other rhesus isoimmunization, second trimester, fetus 4 |
| O36.0925 | Maternal care for other rhesus isoimmunization, second trimester, fetus 5 |
| O36.0929 | Maternal care for other rhesus isoimmunization, second trimester, other fetus |
| O36.0930 | Maternal care for other rhesus isoimmunization, third trimester, not applicable or unspecified |
| O36.0931 | Maternal care for other rhesus isoimmunization, third trimester, fetus 1 |
| O36.0932 | Maternal care for other rhesus isoimmunization, third trimester, fetus 2 |
| O36.0933 | Maternal care for other rhesus isoimmunization, third trimester, fetus 3 |
| O36.0934 | Maternal care for other rhesus isoimmunization, third trimester, fetus 4 |
| O36.0935 | Maternal care for other rhesus isoimmunization, third trimester, fetus 5 |
| O36.0939 | Maternal care for other rhesus isoimmunization, third trimester, other fetus |
| O36.0990 | Maternal care for other rhesus isoimmunization, unspecified trimester, not applicable or unspecified |
| O36.0991 | Maternal care for other rhesus isoimmunization, unspecified trimester, fetus 1 |

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| O36.0992 | Maternal care for other rhesus isoimmunization, unspecified trimester, fetus 2 |
| O36.0993 | Maternal care for other rhesus isoimmunization, unspecified trimester, fetus 3 |
| O36.0994 | Maternal care for other rhesus isoimmunization, unspecified trimester, fetus 4 |
| O36.0995 | Maternal care for other rhesus isoimmunization, unspecified trimester, fetus 5 |
| O36.0999 | Maternal care for other rhesus isoimmunization, unspecified trimester, other fetus |
| O36.1110 | Maternal care for Anti-A sensitization, first trimester, not applicable or unspecified |
| O36.1111 | Maternal care for Anti-A sensitization, first trimester, fetus 1 |
| O36.1112 | Maternal care for Anti-A sensitization, first trimester, fetus 2 |
| O36.1113 | Maternal care for Anti-A sensitization, first trimester, fetus 3 |
| O36.1114 | Maternal care for Anti-A sensitization, first trimester, fetus 4 |
| O36.1115 | Maternal care for Anti-A sensitization, first trimester, fetus 5 |
| O36.1119 | Maternal care for Anti-A sensitization, first trimester, other fetus |
| O36.1120 | Maternal care for Anti-A sensitization, second trimester, not applicable or unspecified |
| O36.1121 | Maternal care for Anti-A sensitization, second trimester, fetus 1 |
| O36.1122 | Maternal care for Anti-A sensitization, second trimester, fetus 2 |
| O36.1123 | Maternal care for Anti-A sensitization, second trimester, fetus 3 |
| O36.1124 | Maternal care for Anti-A sensitization, second trimester, fetus 4 |
| O36.1125 | Maternal care for Anti-A sensitization, second trimester, fetus 5 |
| O36.1129 | Maternal care for Anti-A sensitization, second trimester, other fetus |
| O36.1130 | Maternal care for Anti-A sensitization, third trimester, not applicable or unspecified |
| O36.1131 | Maternal care for Anti-A sensitization, third trimester, fetus 1 |
| O36.1132 | Maternal care for Anti-A sensitization, third trimester, fetus 2 |
| O36.1133 | Maternal care for Anti-A sensitization, third trimester, fetus 3 |
| O36.1134 | Maternal care for Anti-A sensitization, third trimester, fetus 4 |
| O36.1135 | Maternal care for Anti-A sensitization, third trimester, fetus 5 |
| O36.1139 | Maternal care for Anti-A sensitization, third trimester, other fetus |
| O36.1190 | Maternal care for Anti-A sensitization, unspecified trimester, not applicable or unspecified |
| O36.1191 | Maternal care for Anti-A sensitization, unspecified trimester, fetus 1 |
| O36.1192 | Maternal care for Anti-A sensitization, unspecified trimester, fetus 2 |
| O36.1193 | Maternal care for Anti-A sensitization, unspecified trimester, fetus 3 |
| O36.1194 | Maternal care for Anti-A sensitization, unspecified trimester, fetus 4 |
| O36.1195 | Maternal care for Anti-A sensitization, unspecified trimester, fetus 5 |
| O36.1199 | Maternal care for Anti-A sensitization, unspecified trimester, other fetus |
| O36.1910 | Maternal care for other isoimmunization, first trimester, not applicable or unspecified |
| O36.1911 | Maternal care for other isoimmunization, first trimester, fetus 1 |
| O36.1912 | Maternal care for other isoimmunization, first trimester, fetus 2 |
| O36.1913 | Maternal care for other isoimmunization, first trimester, fetus 3 |
| O36.1914 | Maternal care for other isoimmunization, first trimester, fetus 4 |
| O36.1915 | Maternal care for other isoimmunization, first trimester, fetus 5 |
| O36.1919 | Maternal care for other isoimmunization, first trimester, other fetus |
| O36.1920 | Maternal care for other isoimmunization, second trimester, not applicable or unspecified |
| O36.1921 | Maternal care for other isoimmunization, second trimester, fetus 1 |
| O36.1922 | Maternal care for other isoimmunization, second trimester, fetus 2 |
| O36.1923 | Maternal care for other isoimmunization, second trimester, fetus 3 |
| O36.1924 | Maternal care for other isoimmunization, second trimester, fetus 4 |
| O36.1925 | Maternal care for other isoimmunization, second trimester, fetus 5 |
| O36.1929 | Maternal care for other isoimmunization, second trimester, other fetus |
| O36.1930 | Maternal care for other isoimmunization, third trimester, not applicable or unspecified |
| O36.1931 | Maternal care for other isoimmunization, third trimester, fetus 1 |
| O36.1932 | Maternal care for other isoimmunization, third trimester, fetus 2 |
| O36.1933 | Maternal care for other isoimmunization, third trimester, fetus 3 |
| O36.1934 | Maternal care for other isoimmunization, third trimester, fetus 4 |
| O36.1935 | Maternal care for other isoimmunization, third trimester, fetus 5 |
| O36.1939 | Maternal care for other isoimmunization, third trimester, other fetus |
| O36.1990 | Maternal care for other isoimmunization, unspecified trimester, not applicable or unspecified |

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| O36.1991 | Maternal care for other isoimmunization, unspecified trimester, fetus 1 |
| O36.1992 | Maternal care for other isoimmunization, unspecified trimester, fetus 2 |
| O36.1993 | Maternal care for other isoimmunization, unspecified trimester, fetus 3 |
| O36.1994 | Maternal care for other isoimmunization, unspecified trimester, fetus 4 |
| O36.1995 | Maternal care for other isoimmunization, unspecified trimester, fetus 5 |
| O36.1999 | Maternal care for other isoimmunization, unspecified trimester, other fetus |
| O36.20X0 | Maternal care for hydrops fetalis, unspecified trimester, not applicable or unspecified |
| O36.20X1 | Maternal care for hydrops fetalis, unspecified trimester, fetus 1 |
| O36.20X2 | Maternal care for hydrops fetalis, unspecified trimester, fetus 2 |
| O36.20X3 | Maternal care for hydrops fetalis, unspecified trimester, fetus 3 |
| O36.20X4 | Maternal care for hydrops fetalis, unspecified trimester, fetus 4 |
| O36.20X5 | Maternal care for hydrops fetalis, unspecified trimester, fetus 5 |
| O36.20X9 | Maternal care for hydrops fetalis, unspecified trimester, other fetus |
| O36.21X0 | Maternal care for hydrops fetalis, first trimester, not applicable or unspecified |
| O36.21X1 | Maternal care for hydrops fetalis, first trimester, fetus 1 |
| O36.21X2 | Maternal care for hydrops fetalis, first trimester, fetus 2 |
| O36.21X3 | Maternal care for hydrops fetalis, first trimester, fetus 3 |
| O36.21X4 | Maternal care for hydrops fetalis, first trimester, fetus 4 |
| O36.21X5 | Maternal care for hydrops fetalis, first trimester, fetus 5 |
| O36.21X9 | Maternal care for hydrops fetalis, first trimester, other fetus |
| O36.22X0 | Maternal care for hydrops fetalis, second trimester, not applicable or unspecified |
| O36.22X1 | Maternal care for hydrops fetalis, second trimester, fetus 1 |
| O36.22X2 | Maternal care for hydrops fetalis, second trimester, fetus 2 |
| O36.22X3 | Maternal care for hydrops fetalis, second trimester, fetus 3 |
| O36.22X4 | Maternal care for hydrops fetalis, second trimester, fetus 4 |
| O36.22X5 | Maternal care for hydrops fetalis, second trimester, fetus 5 |
| O36.22X9 | Maternal care for hydrops fetalis, second trimester, other fetus |
| O36.23X0 | Maternal care for hydrops fetalis, third trimester, not applicable or unspecified |
| O36.23X1 | Maternal care for hydrops fetalis, third trimester, fetus 1 |
| O36.23X2 | Maternal care for hydrops fetalis, third trimester, fetus 2 |
| O36.23X3 | Maternal care for hydrops fetalis, third trimester, fetus 3 |
| O36.23X4 | Maternal care for hydrops fetalis, third trimester, fetus 4 |
| O36.23X5 | Maternal care for hydrops fetalis, third trimester, fetus 5 |
| O36.23X9 | Maternal care for hydrops fetalis, third trimester, other fetus |
| O36.5110 | Maternal care for known or suspected placental insufficiency, first trimester, not applicable or unspecified |
| O36.5111 | Maternal care for known or suspected placental insufficiency, first trimester, fetus 1 |
| O36.5112 | Maternal care for known or suspected placental insufficiency, first trimester, fetus 2 |
| O36.5113 | Maternal care for known or suspected placental insufficiency, first trimester, fetus 3 |
| O36.5114 | Maternal care for known or suspected placental insufficiency, first trimester, fetus 4 |
| O36.5115 | Maternal care for known or suspected placental insufficiency, first trimester, fetus 5 |
| O36.5119 | Maternal care for known or suspected placental insufficiency, first trimester, other fetus |
| O36.5120 | Maternal care for known or suspected placental insufficiency, second trimester, not applicable or unspecified |
| O36.5121 | Maternal care for known or suspected placental insufficiency, second trimester, fetus 1 |
| O36.5122 | Maternal care for known or suspected placental insufficiency, second trimester, fetus 2 |
| O36.5123 | Maternal care for known or suspected placental insufficiency, second trimester, fetus 3 |
| O36.5124 | Maternal care for known or suspected placental insufficiency, second trimester, fetus 4 |
| O36.5125 | Maternal care for known or suspected placental insufficiency, second trimester, fetus 5 |
| O36.5129 | Maternal care for known or suspected placental insufficiency, second trimester, other fetus |
| O36.5130 | Maternal care for known or suspected placental insufficiency, third trimester, not applicable or unspecified |
| O36.5131 | Maternal care for known or suspected placental insufficiency, third trimester, fetus 1 |
| O36.5132 | Maternal care for known or suspected placental insufficiency, third trimester, fetus 2 |
| O36.5133 | Maternal care for known or suspected placental insufficiency, third trimester, fetus 3 |
| O36.5134 | Maternal care for known or suspected placental insufficiency, third trimester, fetus 4 |
| O36.5135 | Maternal care for known or suspected placental insufficiency, third trimester, fetus 5 |

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| O36.5139 | Maternal care for known or suspected placental insufficiency, third trimester, other fetus |
| O36.5190 | Maternal care for known or suspected placental insufficiency, unspecified trimester, not applicable or unspecified |
| O36.5191 | Maternal care for known or suspected placental insufficiency, unspecified trimester, fetus 1 |
| O36.5192 | Maternal care for known or suspected placental insufficiency, unspecified trimester, fetus 2 |
| O36.5193 | Maternal care for known or suspected placental insufficiency, unspecified trimester, fetus 3 |
| O36.5194 | Maternal care for known or suspected placental insufficiency, unspecified trimester, fetus 4 |
| O36.5195 | Maternal care for known or suspected placental insufficiency, unspecified trimester, fetus 5 |
| O36.5199 | Maternal care for known or suspected placental insufficiency, unspecified trimester, other fetus |
| O36.5910 | Maternal care for other known or suspected poor fetal growth, first trimester, not applicable or unspecified |
| O36.5911 | Maternal care for other known or suspected poor fetal growth, first trimester, fetus 1 |
| O36.5912 | Maternal care for other known or suspected poor fetal growth, first trimester, fetus 2 |
| O36.5913 | Maternal care for other known or suspected poor fetal growth, first trimester, fetus 3 |
| O36.5914 | Maternal care for other known or suspected poor fetal growth, first trimester, fetus 4 |
| O36.5915 | Maternal care for other known or suspected poor fetal growth, first trimester, fetus 5 |
| O36.5919 | Maternal care for other known or suspected poor fetal growth, first trimester, other fetus |
| O36.5920 | Maternal care for other known or suspected poor fetal growth, second trimester, not applicable or unspecified |
| O36.5921 | Maternal care for other known or suspected poor fetal growth, second trimester, fetus 1 |
| O36.5922 | Maternal care for other known or suspected poor fetal growth, second trimester, fetus 2 |
| O36.5923 | Maternal care for other known or suspected poor fetal growth, second trimester, fetus 3 |
| O36.5924 | Maternal care for other known or suspected poor fetal growth, second trimester, fetus 4 |
| O36.5925 | Maternal care for other known or suspected poor fetal growth, second trimester, fetus 5 |
| O36.5929 | Maternal care for other known or suspected poor fetal growth, second trimester, other fetus |
| O36.5930 | Maternal care for other known or suspected poor fetal growth, third trimester, not applicable or unspecified |
| O36.5931 | Maternal care for other known or suspected poor fetal growth, third trimester, fetus 1 |
| O36.5932 | Maternal care for other known or suspected poor fetal growth, third trimester, fetus 2 |
| O36.5933 | Maternal care for other known or suspected poor fetal growth, third trimester, fetus 3 |
| O36.5934 | Maternal care for other known or suspected poor fetal growth, third trimester, fetus 4 |
| O36.5935 | Maternal care for other known or suspected poor fetal growth, third trimester, fetus 5 |
| O36.5939 | Maternal care for other known or suspected poor fetal growth, third trimester, other fetus |
| O36.5990 | Maternal care for other known or suspected poor fetal growth, unspecified trimester, not applicable or unspecified |
| O36.5991 | Maternal care for other known or suspected poor fetal growth, unspecified trimester, fetus 1 |
| O36.5992 | Maternal care for other known or suspected poor fetal growth, unspecified trimester, fetus 2 |
| O36.5993 | Maternal care for other known or suspected poor fetal growth, unspecified trimester, fetus 3 |
| O36.5994 | Maternal care for other known or suspected poor fetal growth, unspecified trimester, fetus 4 |
| O36.5995 | Maternal care for other known or suspected poor fetal growth, unspecified trimester, fetus 5 |
| O36.5999 | Maternal care for other known or suspected poor fetal growth, unspecified trimester, other fetus |
| O36.60X0 | Maternal care for excessive fetal growth, unspecified trimester, not applicable or unspecified |
| O36.60X1 | Maternal care for excessive fetal growth, unspecified trimester, fetus 1 |
| O36.60X2 | Maternal care for excessive fetal growth, unspecified trimester, fetus 2 |
| O36.60X3 | Maternal care for excessive fetal growth, unspecified trimester, fetus 3 |
| O36.60X4 | Maternal care for excessive fetal growth, unspecified trimester, fetus 4 |
| O36.60X5 | Maternal care for excessive fetal growth, unspecified trimester, fetus 5 |
| O36.60X9 | Maternal care for excessive fetal growth, unspecified trimester, other fetus |
| O36.61X0 | Maternal care for excessive fetal growth, first trimester, not applicable or unspecified |
| O36.61X1 | Maternal care for excessive fetal growth, first trimester, fetus 1 |
| O36.61X2 | Maternal care for excessive fetal growth, first trimester, fetus 2 |
| O36.61X3 | Maternal care for excessive fetal growth, first trimester, fetus 3 |
| O36.61X4 | Maternal care for excessive fetal growth, first trimester, fetus 4 |
| O36.61X5 | Maternal care for excessive fetal growth, first trimester, fetus 5 |
| O36.61X9 | Maternal care for excessive fetal growth, first trimester, other fetus |
| O36.62X0 | Maternal care for excessive fetal growth, second trimester, not applicable or unspecified |
| O36.62X1 | Maternal care for excessive fetal growth, second trimester, fetus 1 |
| O36.62X2 | Maternal care for excessive fetal growth, second trimester, fetus 2 |

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| O36.62X3 | Maternal care for excessive fetal growth, second trimester, fetus 3 |
| O36.62X4 | Maternal care for excessive fetal growth, second trimester, fetus 4 |
| O36.62X5 | Maternal care for excessive fetal growth, second trimester, fetus 5 |
| O36.62X9 | Maternal care for excessive fetal growth, second trimester, other fetus |
| O36.63X0 | Maternal care for excessive fetal growth, third trimester, not applicable or unspecified |
| O36.63X1 | Maternal care for excessive fetal growth, third trimester, fetus 1 |
| O36.63X2 | Maternal care for excessive fetal growth, third trimester, fetus 2 |
| O36.63X3 | Maternal care for excessive fetal growth, third trimester, fetus 3 |
| O36.63X4 | Maternal care for excessive fetal growth, third trimester, fetus 4 |
| O36.63X5 | Maternal care for excessive fetal growth, third trimester, fetus 5 |
| O36.63X9 | Maternal care for excessive fetal growth, third trimester, other fetus |
| O36.70X0 | Maternal care for viable fetus in abdominal pregnancy, unspecified trimester, not applicable or unspecified |
| O36.70X1 | Maternal care for viable fetus in abdominal pregnancy, unspecified trimester, fetus 1 |
| O36.70X2 | Maternal care for viable fetus in abdominal pregnancy, unspecified trimester, fetus 2 |
| O36.70X3 | Maternal care for viable fetus in abdominal pregnancy, unspecified trimester, fetus 3 |
| O36.70X4 | Maternal care for viable fetus in abdominal pregnancy, unspecified trimester, fetus 4 |
| O36.70X5 | Maternal care for viable fetus in abdominal pregnancy, unspecified trimester, fetus 5 |
| O36.70X9 | Maternal care for viable fetus in abdominal pregnancy, unspecified trimester, other fetus |
| O36.71X0 | Maternal care for viable fetus in abdominal pregnancy, first trimester, not applicable or unspecified |
| O36.71X1 | Maternal care for viable fetus in abdominal pregnancy, first trimester, fetus 1 |
| O36.71X2 | Maternal care for viable fetus in abdominal pregnancy, first trimester, fetus 2 |
| O36.71X3 | Maternal care for viable fetus in abdominal pregnancy, first trimester, fetus 3 |
| O36.71X4 | Maternal care for viable fetus in abdominal pregnancy, first trimester, fetus 4 |
| O36.71X5 | Maternal care for viable fetus in abdominal pregnancy, first trimester, fetus 5 |
| O36.71X9 | Maternal care for viable fetus in abdominal pregnancy, first trimester, other fetus |
| O36.72X0 | Maternal care for viable fetus in abdominal pregnancy, second trimester, not applicable or unspecified |
| O36.72X1 | Maternal care for viable fetus in abdominal pregnancy, second trimester, fetus 1 |
| O36.72X2 | Maternal care for viable fetus in abdominal pregnancy, second trimester, fetus 2 |
| O36.72X3 | Maternal care for viable fetus in abdominal pregnancy, second trimester, fetus 3 |
| O36.72X4 | Maternal care for viable fetus in abdominal pregnancy, second trimester, fetus 4 |
| O36.72X5 | Maternal care for viable fetus in abdominal pregnancy, second trimester, fetus 5 |
| O36.72X9 | Maternal care for viable fetus in abdominal pregnancy, second trimester, other fetus |
| O36.73X0 | Maternal care for viable fetus in abdominal pregnancy, third trimester, not applicable or unspecified |
| O36.73X1 | Maternal care for viable fetus in abdominal pregnancy, third trimester, fetus 1 |
| O36.73X2 | Maternal care for viable fetus in abdominal pregnancy, third trimester, fetus 2 |
| O36.73X3 | Maternal care for viable fetus in abdominal pregnancy, third trimester, fetus 3 |
| O36.73X4 | Maternal care for viable fetus in abdominal pregnancy, third trimester, fetus 4 |
| O36.73X5 | Maternal care for viable fetus in abdominal pregnancy, third trimester, fetus 5 |
| O36.73X9 | Maternal care for viable fetus in abdominal pregnancy, third trimester, other fetus |
| O36.80X0 | Pregnancy with inconclusive fetal viability, not applicable or unspecified |
| O36.80X1 | Pregnancy with inconclusive fetal viability, fetus 1 |
| O36.80X2 | Pregnancy with inconclusive fetal viability, fetus 2 |
| O36.80X3 | Pregnancy with inconclusive fetal viability, fetus 3 |
| O36.80X4 | Pregnancy with inconclusive fetal viability, fetus 4 |
| O36.80X5 | Pregnancy with inconclusive fetal viability, fetus 5 |
| O36.80X9 | Pregnancy with inconclusive fetal viability, other fetus |
| O36.8120 | Decreased fetal movements, second trimester, not applicable or unspecified |
| O36.8121 | Decreased fetal movements, second trimester, fetus 1 |
| O36.8122 | Decreased fetal movements, second trimester, fetus 2 |
| O36.8123 | Decreased fetal movements, second trimester, fetus 3 |
| O36.8124 | Decreased fetal movements, second trimester, fetus 4 |
| O36.8125 | Decreased fetal movements, second trimester, fetus 5 |
| O36.8129 | Decreased fetal movements, second trimester, other fetus |
| O36.8130 | Decreased fetal movements, third trimester, not applicable or unspecified |
| O36.8131 | Decreased fetal movements, third trimester, fetus 1 |

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| O36.8132 | Decreased fetal movements, third trimester, fetus 2 |
| O36.8133 | Decreased fetal movements, third trimester, fetus 3 |
| O36.8134 | Decreased fetal movements, third trimester, fetus 4 |
| O36.8135 | Decreased fetal movements, third trimester, fetus 5 |
| O36.8139 | Decreased fetal movements, third trimester, other fetus |
| O36.8190 | Decreased fetal movements, unspecified trimester, not applicable or unspecified |
| O36.8191 | Decreased fetal movements, unspecified trimester, fetus 1 |
| O36.8192 | Decreased fetal movements, unspecified trimester, fetus 2 |
| O36.8193 | Decreased fetal movements, unspecified trimester, fetus 3 |
| O36.8194 | Decreased fetal movements, unspecified trimester, fetus 4 |
| O36.8195 | Decreased fetal movements, unspecified trimester, fetus 5 |
| O36.8199 | Decreased fetal movements, unspecified trimester, other fetus |
| O36.8210 | Fetal anemia and thrombocytopenia, first trimester, not applicable or unspecified |
| O36.8211 | Fetal anemia and thrombocytopenia, first trimester, fetus 1 |
| O36.8212 | Fetal anemia and thrombocytopenia, first trimester, fetus 2 |
| O36.8213 | Fetal anemia and thrombocytopenia, first trimester, fetus 3 |
| O36.8214 | Fetal anemia and thrombocytopenia, first trimester, fetus 4 |
| O36.8215 | Fetal anemia and thrombocytopenia, first trimester, fetus 5 |
| O36.8219 | Fetal anemia and thrombocytopenia, first trimester, other fetus |
| O36.8220 | Fetal anemia and thrombocytopenia, second trimester, not applicable or unspecified |
| O36.8221 | Fetal anemia and thrombocytopenia, second trimester, fetus 1 |
| O36.8222 | Fetal anemia and thrombocytopenia, second trimester, fetus 2 |
| O36.8223 | Fetal anemia and thrombocytopenia, second trimester, fetus 3 |
| O36.8224 | Fetal anemia and thrombocytopenia, second trimester, fetus 4 |
| O36.8225 | Fetal anemia and thrombocytopenia, second trimester, fetus 5 |
| O36.8229 | Fetal anemia and thrombocytopenia, second trimester, other fetus |
| O36.8230 | Fetal anemia and thrombocytopenia, third trimester, not applicable or unspecified |
| O36.8231 | Fetal anemia and thrombocytopenia, third trimester, fetus 1 |
| O36.8232 | Fetal anemia and thrombocytopenia, third trimester, fetus 2 |
| O36.8233 | Fetal anemia and thrombocytopenia, third trimester, fetus 3 |
| O36.8234 | Fetal anemia and thrombocytopenia, third trimester, fetus 4 |
| O36.8235 | Fetal anemia and thrombocytopenia, third trimester, fetus 5 |
| O36.8239 | Fetal anemia and thrombocytopenia, third trimester, other fetus |
| O36.8290 | Fetal anemia and thrombocytopenia, unspecified trimester, not applicable or unspecified |
| O36.8291 | Fetal anemia and thrombocytopenia, unspecified trimester, fetus 1 |
| O36.8292 | Fetal anemia and thrombocytopenia, unspecified trimester, fetus 2 |
| O36.8293 | Fetal anemia and thrombocytopenia, unspecified trimester, fetus 3 |
| O36.8294 | Fetal anemia and thrombocytopenia, unspecified trimester, fetus 4 |
| O36.8295 | Fetal anemia and thrombocytopenia, unspecified trimester, fetus 5 |
| O36.8299 | Fetal anemia and thrombocytopenia, unspecified trimester, other fetus |
| O36.8310 | Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, not applicable or unspecified |
| O36.8311 | Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 1 |
| O36.8312 | Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 2 |
| O36.8313 | Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 3 |
| O36.8314 | Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 4 |
| O36.8315 | Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 5 |
| O36.8319 | Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, other fetus |
| O36.8320 | Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, not applicable or unspecified |
| O36.8321 | Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 1 |
| O36.8322 | Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 2 |
| O36.8323 | Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 3 |
| O36.8324 | Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 4 |
| O36.8325 | Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 5 |
| O36.8329 | Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, other fetus |

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| O36.8330 | Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, not applicable or unspecified |
| O36.8331 | Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 1 |
| O36.8332 | Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 2 |
| O36.8333 | Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 3 |
| O36.8334 | Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 4 |
| O36.8335 | Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 5 |
| O36.8339 | Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, other fetus |
| O36.8390 | Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, not applicable or unspecified |
| O36.8391 | Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 1 |
| O36.8392 | Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 2 |
| O36.8393 | Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 3 |
| O36.8394 | Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 4 |
| O36.8395 | Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 5 |
| O36.8399 | Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, other fetus |
| O36.8910 | Maternal care for other specified fetal problems, first trimester, not applicable or unspecified |
| O36.8911 | Maternal care for other specified fetal problems, first trimester, fetus 1 |
| O36.8912 | Maternal care for other specified fetal problems, first trimester, fetus 2 |
| O36.8913 | Maternal care for other specified fetal problems, first trimester, fetus 3 |
| O36.8914 | Maternal care for other specified fetal problems, first trimester, fetus 4 |
| O36.8915 | Maternal care for other specified fetal problems, first trimester, fetus 5 |
| O36.8919 | Maternal care for other specified fetal problems, first trimester, other fetus |
| O36.8920 | Maternal care for other specified fetal problems, second trimester, not applicable or unspecified |
| O36.8921 | Maternal care for other specified fetal problems, second trimester, fetus 1 |
| O36.8922 | Maternal care for other specified fetal problems, second trimester, fetus 2 |
| O36.8923 | Maternal care for other specified fetal problems, second trimester, fetus 3 |
| O36.8924 | Maternal care for other specified fetal problems, second trimester, fetus 4 |
| O36.8925 | Maternal care for other specified fetal problems, second trimester, fetus 5 |
| O36.8929 | Maternal care for other specified fetal problems, second trimester, other fetus |
| O36.8930 | Maternal care for other specified fetal problems, third trimester, not applicable or unspecified |
| O36.8931 | Maternal care for other specified fetal problems, third trimester, fetus 1 |
| O36.8932 | Maternal care for other specified fetal problems, third trimester, fetus 2 |
| O36.8933 | Maternal care for other specified fetal problems, third trimester, fetus 3 |
| O36.8934 | Maternal care for other specified fetal problems, third trimester, fetus 4 |
| O36.8935 | Maternal care for other specified fetal problems, third trimester, fetus 5 |
| O36.8939 | Maternal care for other specified fetal problems, third trimester, other fetus |
| O36.8990 | Maternal care for other specified fetal problems, unspecified trimester, not applicable or unspecified |
| O36.8991 | Maternal care for other specified fetal problems, unspecified trimester, fetus 1 |
| O36.8992 | Maternal care for other specified fetal problems, unspecified trimester, fetus 2 |
| O36.8993 | Maternal care for other specified fetal problems, unspecified trimester, fetus 3 |
| O36.8994 | Maternal care for other specified fetal problems, unspecified trimester, fetus 4 |
| O36.8995 | Maternal care for other specified fetal problems, unspecified trimester, fetus 5 |
| O36.8999 | Maternal care for other specified fetal problems, unspecified trimester, other fetus |
| O36.90X0 | Maternal care for fetal problem, unspecified, unspecified trimester, not applicable or unspecified |
| O36.90X1 | Maternal care for fetal problem, unspecified, unspecified trimester, fetus 1 |
| O36.90X2 | Maternal care for fetal problem, unspecified, unspecified trimester, fetus 2 |
| O36.90X3 | Maternal care for fetal problem, unspecified, unspecified trimester, fetus 3 |
| O36.90X4 | Maternal care for fetal problem, unspecified, unspecified trimester, fetus 4 |
| O36.90X5 | Maternal care for fetal problem, unspecified, unspecified trimester, fetus 5 |
| O36.90X9 | Maternal care for fetal problem, unspecified, unspecified trimester, other fetus |
| O36.91X0 | Maternal care for fetal problem, unspecified, first trimester, not applicable or unspecified |
| O36.91X1 | Maternal care for fetal problem, unspecified, first trimester, fetus 1 |
| O36.91X2 | Maternal care for fetal problem, unspecified, first trimester, fetus 2 |
| O36.91X3 | Maternal care for fetal problem, unspecified, first trimester, fetus 3 |
| O36.91X4 | Maternal care for fetal problem, unspecified, first trimester, fetus 4 |

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| O36.91X5 | Maternal care for fetal problem, unspecified, first trimester, fetus 5 |
| O36.91X9 | Maternal care for fetal problem, unspecified, first trimester, other fetus |
| O36.92X0 | Maternal care for fetal problem, unspecified, second trimester, not applicable or unspecified |
| O36.92X1 | Maternal care for fetal problem, unspecified, second trimester, fetus 1 |
| O36.92X2 | Maternal care for fetal problem, unspecified, second trimester, fetus 2 |
| O36.92X3 | Maternal care for fetal problem, unspecified, second trimester, fetus 3 |
| O36.92X4 | Maternal care for fetal problem, unspecified, second trimester, fetus 4 |
| O36.92X5 | Maternal care for fetal problem, unspecified, second trimester, fetus 5 |
| O36.92X9 | Maternal care for fetal problem, unspecified, second trimester, other fetus |
| O36.93X0 | Maternal care for fetal problem, unspecified, third trimester, not applicable or unspecified |
| O36.93X1 | Maternal care for fetal problem, unspecified, third trimester, fetus 1 |
| O36.93X2 | Maternal care for fetal problem, unspecified, third trimester, fetus 2 |
| O36.93X3 | Maternal care for fetal problem, unspecified, third trimester, fetus 3 |
| O36.93X4 | Maternal care for fetal problem, unspecified, third trimester, fetus 4 |
| O36.93X5 | Maternal care for fetal problem, unspecified, third trimester, fetus 5 |
| O36.93X9 | Maternal care for fetal problem, unspecified, third trimester, other fetus |
| O41.00X0 | Oligohydramnios, unspecified trimester, not applicable or unspecified |
| O41.00X1 | Oligohydramnios, unspecified trimester, fetus 1 |
| O41.00X2 | Oligohydramnios, unspecified trimester, fetus 2 |
| O41.00X3 | Oligohydramnios, unspecified trimester, fetus 3 |
| O41.00X4 | Oligohydramnios, unspecified trimester, fetus 4 |
| O41.00X5 | Oligohydramnios, unspecified trimester, fetus 5 |
| O41.00X9 | Oligohydramnios, unspecified trimester, other fetus |
| O41.1010 | Infection of amniotic sac and membranes, unspecified, first trimester, not applicable or unspecified |
| O41.1011 | Infection of amniotic sac and membranes, unspecified, first trimester, fetus 1 |
| O41.1012 | Infection of amniotic sac and membranes, unspecified, first trimester, fetus 2 |
| O41.1013 | Infection of amniotic sac and membranes, unspecified, first trimester, fetus 3 |
| O41.1014 | Infection of amniotic sac and membranes, unspecified, first trimester, fetus 4 |
| O41.1015 | Infection of amniotic sac and membranes, unspecified, first trimester, fetus 5 |
| O41.1019 | Infection of amniotic sac and membranes, unspecified, first trimester, other fetus |
| O41.1020 | Infection of amniotic sac and membranes, unspecified, second trimester, not applicable or unspecified |
| O41.1021 | Infection of amniotic sac and membranes, unspecified, second trimester, fetus 1 |
| O41.1022 | Infection of amniotic sac and membranes, unspecified, second trimester, fetus 2 |
| O41.1023 | Infection of amniotic sac and membranes, unspecified, second trimester, fetus 3 |
| O41.1024 | Infection of amniotic sac and membranes, unspecified, second trimester, fetus 4 |
| O41.1025 | Infection of amniotic sac and membranes, unspecified, second trimester, fetus 5 |
| O41.1029 | Infection of amniotic sac and membranes, unspecified, second trimester, other fetus |
| O41.1030 | Infection of amniotic sac and membranes, unspecified, third trimester, not applicable or unspecified |
| O41.1031 | Infection of amniotic sac and membranes, unspecified, third trimester, fetus 1 |
| O41.1032 | Infection of amniotic sac and membranes, unspecified, third trimester, fetus 2 |
| O41.1033 | Infection of amniotic sac and membranes, unspecified, third trimester, fetus 3 |
| O41.1034 | Infection of amniotic sac and membranes, unspecified, third trimester, fetus 4 |
| O41.1035 | Infection of amniotic sac and membranes, unspecified, third trimester, fetus 5 |
| O41.1039 | Infection of amniotic sac and membranes, unspecified, third trimester, other fetus |
| O41.1090 | Infection of amniotic sac and membranes, unspecified, unspecified trimester, not applicable or unspecified |
| O41.1091 | Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 1 |
| O41.1092 | Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 2 |
| O41.1093 | Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 3 |
| O41.1094 | Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 4 |
| O41.1095 | Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 5 |
| O41.1099 | Infection of amniotic sac and membranes, unspecified, unspecified trimester, other fetus |
| O41.1210 | Chorioamnionitis, first trimester, not applicable or unspecified |
| O41.1211 | Chorioamnionitis, first trimester, fetus 1 |
| O41.1212 | Chorioamnionitis, first trimester, fetus 2 |
| O41.1213 | Chorioamnionitis, first trimester, fetus 3 |

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| O41.1214 | Chorioamnionitis, first trimester, fetus 4 |
| O41.1215 | Chorioamnionitis, first trimester, fetus 5 |
| O41.1219 | Chorioamnionitis, first trimester, other fetus |
| O41.1220 | Chorioamnionitis, second trimester, not applicable or unspecified |
| O41.1221 | Chorioamnionitis, second trimester, fetus 1 |
| O41.1222 | Chorioamnionitis, second trimester, fetus 2 |
| O41.1223 | Chorioamnionitis, second trimester, fetus 3 |
| O41.1224 | Chorioamnionitis, second trimester, fetus 4 |
| O41.1225 | Chorioamnionitis, second trimester, fetus 5 |
| O41.1229 | Chorioamnionitis, second trimester, other fetus |
| O41.1230 | Chorioamnionitis, third trimester, not applicable or unspecified |
| O41.1231 | Chorioamnionitis, third trimester, fetus 1 |
| O41.1232 | Chorioamnionitis, third trimester, fetus 2 |
| O41.1233 | Chorioamnionitis, third trimester, fetus 3 |
| O41.1234 | Chorioamnionitis, third trimester, fetus 4 |
| O41.1235 | Chorioamnionitis, third trimester, fetus 5 |
| O41.1239 | Chorioamnionitis, third trimester, other fetus |
| O41.1290 | Chorioamnionitis, unspecified trimester, not applicable or unspecified |
| O41.1291 | Chorioamnionitis, unspecified trimester, fetus 1 |
| O41.1292 | Chorioamnionitis, unspecified trimester, fetus 2 |
| O41.1293 | Chorioamnionitis, unspecified trimester, fetus 3 |
| O41.1294 | Chorioamnionitis, unspecified trimester, fetus 4 |
| O41.1295 | Chorioamnionitis, unspecified trimester, fetus 5 |
| O41.1299 | Chorioamnionitis, unspecified trimester, other fetus |
| O41.1410 | Placentitis, first trimester, not applicable or unspecified |
| O41.1411 | Placentitis, first trimester, fetus 1 |
| O41.1412 | Placentitis, first trimester, fetus 2 |
| O41.1413 | Placentitis, first trimester, fetus 3 |
| O41.1414 | Placentitis, first trimester, fetus 4 |
| O41.1415 | Placentitis, first trimester, fetus 5 |
| O41.1419 | Placentitis, first trimester, other fetus |
| O41.1420 | Placentitis, second trimester, not applicable or unspecified |
| O41.1421 | Placentitis, second trimester, fetus 1 |
| O41.1422 | Placentitis, second trimester, fetus 2 |
| O41.1423 | Placentitis, second trimester, fetus 3 |
| O41.1424 | Placentitis, second trimester, fetus 4 |
| O41.1425 | Placentitis, second trimester, fetus 5 |
| O41.1429 | Placentitis, second trimester, other fetus |
| O41.1430 | Placentitis, third trimester, not applicable or unspecified |
| O41.1431 | Placentitis, third trimester, fetus 1 |
| O41.1432 | Placentitis, third trimester, fetus 2 |
| O41.1433 | Placentitis, third trimester, fetus 3 |
| O41.1434 | Placentitis, third trimester, fetus 4 |
| O41.1435 | Placentitis, third trimester, fetus 5 |
| O41.1439 | Placentitis, third trimester, other fetus |
| O41.1490 | Placentitis, unspecified trimester, not applicable or unspecified |
| O41.1491 | Placentitis, unspecified trimester, fetus 1 |
| O41.1492 | Placentitis, unspecified trimester, fetus 2 |
| O41.1493 | Placentitis, unspecified trimester, fetus 3 |
| O41.1494 | Placentitis, unspecified trimester, fetus 4 |
| O41.1495 | Placentitis, unspecified trimester, fetus 5 |
| O41.1499 | Placentitis, unspecified trimester, other fetus |
| O41.90X0 | Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, not applicable or unspecified |
| O41.90X1 | Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 1 |
| O41.90X2 | Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 2 |

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| O41.90X3 | Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 3 |
| O41.90X4 | Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 4 |
| O41.90X5 | Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 5 |
| O41.90X9 | Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, other fetus |
| O41.91X0 | Disorder of amniotic fluid and membranes, unspecified, first trimester, not applicable or unspecified |
| O41.91X1 | Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 1 |
| O41.91X2 | Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 2 |
| O41.91X3 | Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 3 |
| O41.91X4 | Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 4 |
| O41.91X5 | Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 5 |
| O41.91X9 | Disorder of amniotic fluid and membranes, unspecified, first trimester, other fetus |
| O41.92X0 | Disorder of amniotic fluid and membranes, unspecified, second trimester, not applicable or unspecified |
| O41.92X1 | Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 1 |
| O41.92X2 | Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 2 |
| O41.92X3 | Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 3 |
| O41.92X4 | Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 4 |
| O41.92X5 | Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 5 |
| O41.92X9 | Disorder of amniotic fluid and membranes, unspecified, second trimester, other fetus |
| O41.93X0 | Disorder of amniotic fluid and membranes, unspecified, third trimester, not applicable or unspecified |
| O41.93X1 | Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 1 |
| O41.93X2 | Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 2 |
| O41.93X3 | Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 3 |
| O41.93X4 | Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 4 |
| O41.93X5 | Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 5 |
| O41.93X9 | Disorder of amniotic fluid and membranes, unspecified, third trimester, other fetus |
| O42.00 | Premature rupture of membranes, onset of labor within 24 hours of rupture, unspecified weeks of gestation |
| O42.011 | Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, first trimester |
| O42.012 | Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, second trimester |
| O42.013 | Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, third trimester |
| O42.019 | Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, unspecified trimester |
| O42.111 | Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, first trimester |
| O42.112 | Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, second trimester |
| O42.113 | Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, third trimester |
| O42.119 | Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, unspecified trimester |
| O42.90 | Premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, unspecified weeks of gestation |
| O42.911 | Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, first trimester |
| O42.912 | Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, second trimester |
| O42.913 | Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, third trimester |
| O42.919 | Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, unspecified trimester |
| O42.92 | Full-term premature rupture of membranes, unspecified as to length of time between rupture and onset of labor |
| O43.011 | Fetomaternal placental transfusion syndrome, first trimester |
| O43.012 | Fetomaternal placental transfusion syndrome, second trimester |
| O43.013 | Fetomaternal placental transfusion syndrome, third trimester |
| O43.019 | Fetomaternal placental transfusion syndrome, unspecified trimester |
| O43.021 | Fetus-to-fetus placental transfusion syndrome, first trimester |
| O43.022 | Fetus-to-fetus placental transfusion syndrome, second trimester |

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| O43.023 | Fetus-to-fetus placental transfusion syndrome, third trimester |
| O43.029 | Fetus-to-fetus placental transfusion syndrome, unspecified trimester |
| O43.101 | Malformation of placenta, unspecified, first trimester |
| O43.102 | Malformation of placenta, unspecified, second trimester |
| O43.103 | Malformation of placenta, unspecified, third trimester |
| O43.109 | Malformation of placenta, unspecified, unspecified trimester |
| O43.111 | Circumvallate placenta, first trimester |
| O43.112 | Circumvallate placenta, second trimester |
| O43.113 | Circumvallate placenta, third trimester |
| O43.119 | Circumvallate placenta, unspecified trimester |
| O43.121 | Velamentous insertion of umbilical cord, first trimester |
| O43.122 | Velamentous insertion of umbilical cord, second trimester |
| O43.123 | Velamentous insertion of umbilical cord, third trimester |
| O43.129 | Velamentous insertion of umbilical cord, unspecified trimester |
| O43.191 | Other malformation of placenta, first trimester |
| O43.192 | Other malformation of placenta, second trimester |
| O43.193 | Other malformation of placenta, third trimester |
| O43.199 | Other malformation of placenta, unspecified trimester |
| O43.211 | Placenta accreta, first trimester |
| O43.212 | Placenta accreta, second trimester |
| O43.213 | Placenta accreta, third trimester |
| O43.219 | Placenta accreta, unspecified trimester |
| O43.221 | Placenta increta, first trimester |
| O43.222 | Placenta increta, second trimester |
| O43.223 | Placenta increta, third trimester |
| O43.229 | Placenta increta, unspecified trimester |
| O43.231 | Placenta percreta, first trimester |
| O43.232 | Placenta percreta, second trimester |
| O43.233 | Placenta percreta, third trimester |
| O43.239 | Placenta percreta, unspecified trimester |
| O43.811 | Placental infarction, first trimester |
| O43.812 | Placental infarction, second trimester |
| O43.813 | Placental infarction, third trimester |
| O43.819 | Placental infarction, unspecified trimester |
| O43.891 | Other placental disorders, first trimester |
| O43.892 | Other placental disorders, second trimester |
| O43.893 | Other placental disorders, third trimester |
| O43.899 | Other placental disorders, unspecified trimester |
| O43.90 | Unspecified placental disorder, unspecified trimester |
| O43.91 | Unspecified placental disorder, first trimester |
| O43.92 | Unspecified placental disorder, second trimester |
| O43.93 | Unspecified placental disorder, third trimester |
| O44.00 | Complete placenta previa NOS or without hemorrhage, unspecified trimester |
| O44.13 | Complete placenta previa with hemorrhage, third trimester |
| O44.20 | Partial placenta previa NOS or without hemorrhage, unspecified trimester |
| O44.21 | Partial placenta previa NOS or without hemorrhage, first trimester |
| O44.22 | Partial placenta previa NOS or without hemorrhage, second trimester |
| O44.23 | Partial placenta previa NOS or without hemorrhage, third trimester |
| O44.30 | Partial placenta previa with hemorrhage, unspecified trimester |
| O44.31 | Partial placenta previa with hemorrhage, first trimester |
| O44.32 | Partial placenta previa with hemorrhage, second trimester |
| O44.33 | Partial placenta previa with hemorrhage, third trimester |
| O44.40 | Low lying placenta NOS or without hemorrhage, unspecified trimester |
| O44.41 | Low lying placenta NOS or without hemorrhage, first trimester |
| O44.42 | Low lying placenta NOS or without hemorrhage, second trimester |

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| O44.43 | Low lying placenta NOS or without hemorrhage, third trimester |
| O44.50 | Low lying placenta with hemorrhage, unspecified trimester |
| O44.51 | Low lying placenta with hemorrhage, first trimester |
| O44.52 | Low lying placenta with hemorrhage, second trimester |
| O44.53 | Low lying placenta with hemorrhage, third trimester |
| O45.001 | Premature separation of placenta with coagulation defect, unspecified, first trimester |
| O45.002 | Premature separation of placenta with coagulation defect, unspecified, second trimester |
| O45.003 | Premature separation of placenta with coagulation defect, unspecified, third trimester |
| O45.009 | Premature separation of placenta with coagulation defect, unspecified, unspecified trimester |
| O45.011 | Premature separation of placenta with afibrinogenemia, first trimester |
| O45.012 | Premature separation of placenta with afibrinogenemia, second trimester |
| O45.013 | Premature separation of placenta with afibrinogenemia, third trimester |
| O45.019 | Premature separation of placenta with afibrinogenemia, unspecified trimester |
| O45.021 | Premature separation of placenta with disseminated intravascular coagulation, first trimester |
| O45.022 | Premature separation of placenta with disseminated intravascular coagulation, second trimester |
| O45.023 | Premature separation of placenta with disseminated intravascular coagulation, third trimester |
| O45.029 | Premature separation of placenta with disseminated intravascular coagulation, unspecified trimester |
| O45.091 | Premature separation of placenta with other coagulation defect, first trimester |
| O45.092 | Premature separation of placenta with other coagulation defect, second trimester |
| O45.093 | Premature separation of placenta with other coagulation defect, third trimester |
| O45.099 | Premature separation of placenta with other coagulation defect, unspecified trimester |
| O45.90 | Premature separation of placenta, unspecified, unspecified trimester |
| O45.91 | Premature separation of placenta, unspecified, first trimester |
| O45.92 | Premature separation of placenta, unspecified, second trimester |
| O45.93 | Premature separation of placenta, unspecified, third trimester |
| O46.001 | Antepartum hemorrhage with coagulation defect, unspecified, first trimester |
| O46.002 | Antepartum hemorrhage with coagulation defect, unspecified, second trimester |
| O46.003 | Antepartum hemorrhage with coagulation defect, unspecified, third trimester |
| O46.009 | Antepartum hemorrhage with coagulation defect, unspecified, unspecified trimester |
| O46.011 | Antepartum hemorrhage with afibrinogenemia, first trimester |
| O46.012 | Antepartum hemorrhage with afibrinogenemia, second trimester |
| O46.013 | Antepartum hemorrhage with afibrinogenemia, third trimester |
| O46.019 | Antepartum hemorrhage with afibrinogenemia, unspecified trimester |
| O46.021 | Antepartum hemorrhage with disseminated intravascular coagulation, first trimester |
| O46.022 | Antepartum hemorrhage with disseminated intravascular coagulation, second trimester |
| O46.023 | Antepartum hemorrhage with disseminated intravascular coagulation, third trimester |
| O46.029 | Antepartum hemorrhage with disseminated intravascular coagulation, unspecified trimester |
| O46.091 | Antepartum hemorrhage with other coagulation defect, first trimester |
| O46.092 | Antepartum hemorrhage with other coagulation defect, second trimester |
| O46.093 | Antepartum hemorrhage with other coagulation defect, third trimester |
| O46.099 | Antepartum hemorrhage with other coagulation defect, unspecified trimester |
| O46.90 | Antepartum hemorrhage, unspecified, unspecified trimester |
| O46.91 | Antepartum hemorrhage, unspecified, first trimester |
| O46.92 | Antepartum hemorrhage, unspecified, second trimester |
| O46.93 | Antepartum hemorrhage, unspecified, third trimester |
| O47.00 | False labor before 37 completed weeks of gestation, unspecified trimester |
| O48.0 | Post-term pregnancy |
| O60.00 | Preterm labor without delivery, unspecified trimester |
| O88.011 | Air embolism in pregnancy, first trimester |
| O88.012 | Air embolism in pregnancy, second trimester |
| O88.013 | Air embolism in pregnancy, third trimester |
| O88.019 | Air embolism in pregnancy, unspecified trimester |
| O88.111 | Amniotic fluid embolism in pregnancy, first trimester |
| O88.112 | Amniotic fluid embolism in pregnancy, second trimester |
| O88.113 | Amniotic fluid embolism in pregnancy, third trimester |

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| O88.119 | Amniotic fluid embolism in pregnancy, unspecified trimester |
| O88.211 | Thromboembolism in pregnancy, first trimester |
| O88.212 | Thromboembolism in pregnancy, second trimester |
| O88.213 | Thromboembolism in pregnancy, third trimester |
| O88.219 | Thromboembolism in pregnancy, unspecified trimester |
| O88.311 | Pyemic and septic embolism in pregnancy, first trimester |
| O88.312 | Pyemic and septic embolism in pregnancy, second trimester |
| O88.313 | Pyemic and septic embolism in pregnancy, third trimester |
| O88.319 | Pyemic and septic embolism in pregnancy, unspecified trimester |
| O88.811 | Other embolism in pregnancy, first trimester |
| O88.812 | Other embolism in pregnancy, second trimester |
| O88.813 | Other embolism in pregnancy, third trimester |
| O88.819 | Other embolism in pregnancy, unspecified trimester |
| O94 | Sequelae of complication of pregnancy, childbirth, and the puerperium |
| O98.011 | Tuberculosis complicating pregnancy, first trimester |
| O98.012 | Tuberculosis complicating pregnancy, second trimester |
| O98.013 | Tuberculosis complicating pregnancy, third trimester |
| O98.019 | Tuberculosis complicating pregnancy, unspecified trimester |
| O98.111 | Syphilis complicating pregnancy, first trimester |
| O98.112 | Syphilis complicating pregnancy, second trimester |
| O98.113 | Syphilis complicating pregnancy, third trimester |
| O98.119 | Syphilis complicating pregnancy, unspecified trimester |
| O98.13 | Syphilis complicating the puerperium |
| O98.211 | Gonorrhea complicating pregnancy, first trimester |
| O98.212 | Gonorrhea complicating pregnancy, second trimester |
| O98.213 | Gonorrhea complicating pregnancy, third trimester |
| O98.219 | Gonorrhea complicating pregnancy, unspecified trimester |
| O98.22 | Gonorrhea complicating childbirth |
| O98.23 | Gonorrhea complicating the puerperium |
| O98.311 | Other infections with a predominantly sexual mode of transmission complicating pregnancy, first trimester |
| O98.312 | Other infections with a predominantly sexual mode of transmission complicating pregnancy, second trimester |
| O98.313 | Other infections with a predominantly sexual mode of transmission complicating pregnancy, third trimester |
| O98.319 | Other infections with a predominantly sexual mode of transmission complicating pregnancy, unspecified trimester |
| O98.32 | Other infections with a predominantly sexual mode of transmission complicating childbirth |
| O98.33 | Other infections with a predominantly sexual mode of transmission complicating the puerperium |
| 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 |
| O98.511 | Other viral diseases complicating pregnancy, first trimester |
| O98.512 | Other viral diseases complicating pregnancy, second trimester |
| O98.513 | Other viral diseases complicating pregnancy, third trimester |
| O98.519 | Other viral diseases complicating pregnancy, unspecified trimester |
| O98.52 | Other viral diseases complicating childbirth |
| O98.53 | Other viral diseases complicating the puerperium |
| O98.611 | Protozoal diseases complicating pregnancy, first trimester |
| O98.612 | Protozoal diseases complicating pregnancy, second trimester |
| O98.613 | Protozoal diseases complicating pregnancy, third trimester |
| O98.619 | Protozoal diseases complicating pregnancy, unspecified trimester |
| O98.62 | Protozoal diseases complicating childbirth |
| O98.63 | Protozoal diseases complicating the puerperium |
| O98.711 | Human immunodeficiency virus [HIV] disease complicating pregnancy, first trimester |

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| O98.712 | Human immunodeficiency virus [HIV] disease complicating pregnancy, second trimester |
| O98.713 | Human immunodeficiency virus [HIV] disease complicating pregnancy, third trimester |
| O98.719 | Human immunodeficiency virus [HIV] disease complicating pregnancy, unspecified trimester |
| O98.72 | Human immunodeficiency virus [HIV] disease complicating childbirth |
| O98.73 | Human immunodeficiency virus [HIV] disease complicating the puerperium |
| O98.811 | Other maternal infectious and parasitic diseases complicating pregnancy, first trimester |
| O98.812 | Other maternal infectious and parasitic diseases complicating pregnancy, second trimester |
| O98.813 | Other maternal infectious and parasitic diseases complicating pregnancy, third trimester |
| O98.819 | Other maternal infectious and parasitic diseases complicating pregnancy, unspecified trimester |
| O98.82 | Other maternal infectious and parasitic diseases complicating childbirth |
| O98.83 | Other maternal infectious and parasitic diseases complicating the puerperium |
| O98.911 | Unspecified maternal infectious and parasitic disease complicating pregnancy, first trimester |
| O98.912 | Unspecified maternal infectious and parasitic disease complicating pregnancy, second trimester |
| O98.913 | Unspecified maternal infectious and parasitic disease complicating pregnancy, third trimester |
| O98.919 | Unspecified maternal infectious and parasitic disease complicating pregnancy, unspecified trimester |
| O98.92 | Unspecified maternal infectious and parasitic disease complicating childbirth |
| O98.93 | Unspecified maternal infectious and parasitic disease complicating the puerperium |
| O99.011 | Anemia complicating pregnancy, first trimester |
| O99.012 | Anemia complicating pregnancy, second trimester |
| O99.013 | Anemia complicating pregnancy, third trimester |
| O99.019 | Anemia complicating pregnancy, unspecified trimester |
| O99.111 | Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, first trimester |
| O99.112 | Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, second trimester |
| O99.113 | Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, third trimester |
| O99.119 | Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, unspecified trimester |
| O99.13 | Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating the puerperium |
| O99.210 | Obesity complicating pregnancy, unspecified trimester |
| O99.211 | Obesity complicating pregnancy, first trimester |
| O99.212 | Obesity complicating pregnancy, second trimester |
| O99.213 | Obesity complicating pregnancy, third trimester |
| O99.214 | Obesity complicating childbirth |
| O99.215 | Obesity complicating the puerperium |
| O99.280 | Endocrine, nutritional and metabolic diseases complicating pregnancy, unspecified trimester |
| O99.281 | Endocrine, nutritional and metabolic diseases complicating pregnancy, first trimester |
| O99.282 | Endocrine, nutritional and metabolic diseases complicating pregnancy, second trimester |
| O99.283 | Endocrine, nutritional and metabolic diseases complicating pregnancy, third trimester |
| O99.284 | Endocrine, nutritional and metabolic diseases complicating childbirth |
| O99.285 | Endocrine, nutritional and metabolic diseases complicating the puerperium |
| O99.310 | Alcohol use complicating pregnancy, unspecified trimester |
| O99.311 | Alcohol use complicating pregnancy, first trimester |
| O99.312 | Alcohol use complicating pregnancy, second trimester |
| O99.313 | Alcohol use complicating pregnancy, third trimester |
| O99.314 | Alcohol use complicating childbirth |
| O99.315 | Alcohol use complicating the puerperium |
| O99.320 | Drug use complicating pregnancy, unspecified trimester |
| O99.321 | Drug use complicating pregnancy, first trimester |
| O99.322 | Drug use complicating pregnancy, second trimester |
| O99.323 | Drug use complicating pregnancy, third trimester |
| O99.324 | Drug use complicating childbirth |
| O99.325 | Drug use complicating the puerperium |

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| O99.330 | Smoking (tobacco) complicating pregnancy, unspecified trimester |
| O99.331 | Smoking (tobacco) complicating pregnancy, first trimester |
| O99.332 | Smoking (tobacco) complicating pregnancy, second trimester |
| O99.333 | Smoking (tobacco) complicating pregnancy, third trimester |
| O99.334 | Smoking (tobacco) complicating childbirth |
| O99.335 | Smoking (tobacco) complicating the puerperium |
| O99.340 | Other mental disorders complicating pregnancy, unspecified trimester |
| O99.341 | Other mental disorders complicating pregnancy, first trimester |
| O99.342 | Other mental disorders complicating pregnancy, second trimester |
| O99.343 | Other mental disorders complicating pregnancy, third trimester |
| O99.344 | Other mental disorders complicating childbirth |
| O99.345 | Other mental disorders complicating the puerperium |
| O99.350 | Diseases of the nervous system complicating pregnancy, unspecified trimester |
| O99.351 | Diseases of the nervous system complicating pregnancy, first trimester |
| O99.352 | Diseases of the nervous system complicating pregnancy, second trimester |
| O99.353 | Diseases of the nervous system complicating pregnancy, third trimester |
| O99.354 | Diseases of the nervous system complicating childbirth |
| O99.355 | Diseases of the nervous system complicating the puerperium |
| O99.411 | Diseases of the circulatory system complicating pregnancy, first trimester |
| O99.412 | Diseases of the circulatory system complicating pregnancy, second trimester |
| O99.413 | Diseases of the circulatory system complicating pregnancy, third trimester |
| O99.419 | Diseases of the circulatory system complicating pregnancy, unspecified trimester |
| O99.42 | Diseases of the circulatory system complicating childbirth |
| O99.43 | Diseases of the circulatory system complicating the puerperium |
| O99.511 | Diseases of the respiratory system complicating pregnancy, first trimester |
| O99.512 | Diseases of the respiratory system complicating pregnancy, second trimester |
| O99.513 | Diseases of the respiratory system complicating pregnancy, third trimester |
| O99.519 | Diseases of the respiratory system complicating pregnancy, unspecified trimester |
| O99.52 | Diseases of the respiratory system complicating childbirth |
| O99.53 | Diseases of the respiratory system complicating the puerperium |
| O99.611 | Diseases of the digestive system complicating pregnancy, first trimester |
| O99.612 | Diseases of the digestive system complicating pregnancy, second trimester |
| O99.613 | Diseases of the digestive system complicating pregnancy, third trimester |
| O99.619 | Diseases of the digestive system complicating pregnancy, unspecified trimester |
| O99.62 | Diseases of the digestive system complicating childbirth |
| O99.63 | Diseases of the digestive system complicating the puerperium |
| O99.711 | Diseases of the skin and subcutaneous tissue complicating pregnancy, first trimester |
| O99.712 | Diseases of the skin and subcutaneous tissue complicating pregnancy, second trimester |
| O99.713 | Diseases of the skin and subcutaneous tissue complicating pregnancy, third trimester |
| O99.719 | Diseases of the skin and subcutaneous tissue complicating pregnancy, unspecified trimester |
| O99.72 | Diseases of the skin and subcutaneous tissue complicating childbirth |
| O99.73 | Diseases of the skin and subcutaneous tissue complicating the puerperium |
| O99.810 | Abnormal glucose complicating pregnancy |
| O99.814 | Abnormal glucose complicating childbirth |
| O99.815 | Abnormal glucose complicating the puerperium |
| O99.820 | Streptococcus B carrier state complicating pregnancy |
| O99.824 | Streptococcus B carrier state complicating childbirth |
| O99.825 | Streptococcus B carrier state complicating the puerperium |
| O99.830 | Other infection carrier state complicating pregnancy |
| O99.834 | Other infection carrier state complicating childbirth |
| O99.835 | Other infection carrier state complicating the puerperium |
| O99.840 | Bariatric surgery status complicating pregnancy, unspecified trimester |
| O99.841 | Bariatric surgery status complicating pregnancy, first trimester |
| O99.842 | Bariatric surgery status complicating pregnancy, second trimester |
| O99.843 | Bariatric surgery status complicating pregnancy, third trimester |

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| O99.844 | Bariatric surgery status complicating childbirth |
| O99.845 | Bariatric surgery status complicating the puerperium |
| O99.891 | Other specified diseases and conditions complicating pregnancy |
| O99.892 | Other specified diseases and conditions complicating childbirth |
| O99.893 | Other specified diseases and conditions complicating puerperium |
| O9A.111 | Malignant neoplasm complicating pregnancy, first trimester |
| O9A.112 | Malignant neoplasm complicating pregnancy, second trimester |
| O9A.113 | Malignant neoplasm complicating pregnancy, third trimester |
| O9A.119 | Malignant neoplasm complicating pregnancy, unspecified trimester |
| O9A.12 | Malignant neoplasm complicating childbirth |
| O9A.13 | Malignant neoplasm complicating the puerperium |
| O9A.211 | Injury, poisoning and certain other consequences of external causes complicating pregnancy, first trimester |
| O9A.212 | Injury, poisoning and certain other consequences of external causes complicating pregnancy, second trimester |
| O9A.213 | Injury, poisoning and certain other consequences of external causes complicating pregnancy, third trimester |
| O9A.219 | Injury, poisoning and certain other consequences of external causes complicating pregnancy, unspecified trimester |
| O9A.22 | Injury, poisoning and certain other consequences of external causes complicating childbirth |
| O9A.23 | Injury, poisoning and certain other consequences of external causes complicating the puerperium |
| O9A.311 | Physical abuse complicating pregnancy, first trimester |
| O9A.312 | Physical abuse complicating pregnancy, second trimester |
| O9A.313 | Physical abuse complicating pregnancy, third trimester |
| O9A.319 | Physical abuse complicating pregnancy, unspecified trimester |
| O9A.32 | Physical abuse complicating childbirth |
| O9A.33 | Physical abuse complicating the puerperium |
| O9A.411 | Sexual abuse complicating pregnancy, first trimester |
| O9A.412 | Sexual abuse complicating pregnancy, second trimester |
| O9A.413 | Sexual abuse complicating pregnancy, third trimester |
| O9A.419 | Sexual abuse complicating pregnancy, unspecified trimester |
| O9A.42 | Sexual abuse complicating childbirth |
| O9A.43 | Sexual abuse complicating the puerperium |
| O9A.511 | Psychological abuse complicating pregnancy, first trimester |
| O9A.512 | Psychological abuse complicating pregnancy, second trimester |
| O9A.513 | Psychological abuse complicating pregnancy, third trimester |
| O9A.519 | Psychological abuse complicating pregnancy, unspecified trimester |
| O9A.52 | Psychological abuse complicating childbirth |
| O9A.53 | Psychological abuse complicating the puerperium |
| Z29.13 | Encounter for prophylactic Rho(D) immune globulin |
| Z34.00 | Encounter for supervision of normal first pregnancy, unspecified trimester |
| Z34.80 | Encounter for supervision of other normal pregnancy, unspecified trimester |
| Z34.81 | Encounter for supervision of other normal pregnancy, first trimester |
| Z34.82 | Encounter for supervision of other normal pregnancy, second trimester |
| Z34.83 | Encounter for supervision of other normal pregnancy, third trimester |
| Z34.90 | Encounter for supervision of normal pregnancy, unspecified, unspecified trimester |
| Z34.91 | Encounter for supervision of normal pregnancy, unspecified, first trimester |
| Z34.92 | Encounter for supervision of normal pregnancy, unspecified, second trimester |
| Z34.93 | Encounter for supervision of normal pregnancy, unspecified, third trimester |
| Z36.0 | Encounter for antenatal screening for chromosomal anomalies |
| Z36.81 | Encounter for antenatal screening for hydrops fetalis |
| Z36.82 | Encounter for antenatal screening for nuchal translucency |
| Z36.83 | Encounter for fetal screening for congenital cardiac abnormalities |
| Z36.84 | Encounter for antenatal screening for fetal lung maturity |
| Z36.85 | Encounter for antenatal screening for Streptococcus B |
| Z36.86 | Encounter for antenatal screening for cervical length |
| Z36.87 | Encounter for antenatal screening for uncertain dates |
| Z36.88 | Encounter for antenatal screening for fetal macrosomia |

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| Z36.89 | Encounter for other specified antenatal screening |
| Z3A.00 | Weeks of gestation of pregnancy not specified |
| Z3A.01 | Less than 8 weeks gestation of pregnancy |
| Z3A.08 | 8 weeks gestation of pregnancy |
| Z3A.09 | 9 weeks gestation of pregnancy |
| Z3A.10 | 10 weeks gestation of pregnancy |
| Z3A.11 | 11 weeks gestation of pregnancy |
| Z3A.12 | 12 weeks gestation of pregnancy |
| Z3A.13 | 13 weeks gestation of pregnancy |
| Z3A.14 | 14 weeks gestation of pregnancy |
| Z3A.15 | 15 weeks gestation of pregnancy |
| Z3A.16 | 16 weeks gestation of pregnancy |
| Z3A.17 | 17 weeks gestation of pregnancy |
| Z3A.18 | 18 weeks gestation of pregnancy |
| Z3A.19 | 19 weeks gestation of pregnancy |
| Z3A.20 | 20 weeks gestation of pregnancy |
| Z3A.21 | 21 weeks gestation of pregnancy |
| Z3A.22 | 22 weeks gestation of pregnancy |
| Z3A.23 | 23 weeks gestation of pregnancy |
| Z3A.24 | 24 weeks gestation of pregnancy |
| Z3A.25 | 25 weeks gestation of pregnancy |
| Z3A.26 | 26 weeks gestation of pregnancy |
| Z3A.27 | 27 weeks gestation of pregnancy |
| Z3A.28 | 28 weeks gestation of pregnancy |
| Z3A.29 | 29 weeks gestation of pregnancy |
| Z3A.30 | 30 weeks gestation of pregnancy |
| Z3A.31 | 31 weeks gestation of pregnancy |
| Z3A.32 | 32 weeks gestation of pregnancy |
| Z3A.33 | 33 weeks gestation of pregnancy |
| Z3A.34 | 34 weeks gestation of pregnancy |
| Z3A.35 | 35 weeks gestation of pregnancy |
| Z3A.36 | 36 weeks gestation of pregnancy |
| Z3A.37 | 37 weeks gestation of pregnancy |
| Z3A.38 | 38 weeks gestation of pregnancy |
| Z3A.39 | 39 weeks gestation of pregnancy |
| Z3A.40 | 40 weeks gestation of pregnancy |
| Z3A.41 | 41 weeks gestation of pregnancy |
| Z3A.42 | 42 weeks gestation of pregnancy |
| Z3A.49 | Greater than 42 weeks gestation of pregnancy |
| O31.02X0 | Papyraceous fetus, second trimester, not applicable or unspecified |
| O31.02X1 | Papyraceous fetus, second trimester, fetus 1 |
| O31.02X2 | Papyraceous fetus, second trimester, fetus 2 |
| O31.02X3 | Papyraceous fetus, second trimester, fetus 3 |
| O31.02X4 | Papyraceous fetus, second trimester, fetus 4 |
| O31.02X5 | Papyraceous fetus, second trimester, fetus 5 |
| O31.02X9 | Papyraceous fetus, second trimester, other fetus |
| O31.11X0 | Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, not applicable or unspecified |
| O31.11X1 | Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 1 |
| O31.11X2 | Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 2 |
| O31.11X3 | Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 3 |
| O31.11X4 | Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 4 |
| O31.11X5 | Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 5 |
| O31.11X9 | Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, other fetus |
| O32.1XX0 | Maternal care for breech presentation, not applicable or unspecified |

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| O32.1XX1 | Maternal care for breech presentation, fetus 1 |
| O32.1XX2 | Maternal care for breech presentation, fetus 2 |
| O32.1XX3 | Maternal care for breech presentation, fetus 3 |
| O32.1XX4 | Maternal care for breech presentation, fetus 4 |
| O32.1XX5 | Maternal care for breech presentation, fetus 5 |
| O32.1XX9 | Maternal care for breech presentation, other fetus |
| O32.2XX0 | Maternal care for transverse and oblique lie, not applicable or unspecified |
| O32.2XX1 | Maternal care for transverse and oblique lie, fetus 1 |
| O32.2XX2 | Maternal care for transverse and oblique lie, fetus 2 |
| O32.2XX3 | Maternal care for transverse and oblique lie, fetus 3 |
| O32.2XX4 | Maternal care for transverse and oblique lie, fetus 4 |
| O32.2XX5 | Maternal care for transverse and oblique lie, fetus 5 |
| O32.2XX9 | Maternal care for transverse and oblique lie, other fetus |
| Z32.2 | Encounter for childbirth instruction |
| O32.3XX0 | Maternal care for face, brow and chin presentation, not applicable or unspecified |
| O32.3XX1 | Maternal care for face, brow and chin presentation, fetus 1 |
| O32.3XX2 | Maternal care for face, brow and chin presentation, fetus 2 |
| O32.3XX3 | Maternal care for face, brow and chin presentation, fetus 3 |
| O32.3XX4 | Maternal care for face, brow and chin presentation, fetus 4 |
| O32.3XX5 | Maternal care for face, brow and chin presentation, fetus 5 |
| O32.3XX9 | Maternal care for face, brow and chin presentation, other fetus |
| O32.4XX0 | Maternal care for high head at term, not applicable or unspecified |
| O32.4XX1 | Maternal care for high head at term, fetus 1 |
| O32.4XX2 | Maternal care for high head at term, fetus 2 |
| O32.4XX3 | Maternal care for high head at term, fetus 3 |
| O32.4XX4 | Maternal care for high head at term, fetus 4 |
| O32.4XX5 | Maternal care for high head at term, fetus 5 |
| O32.4XX9 | Maternal care for high head at term, other fetus |
| O32.6XX0 | Maternal care for compound presentation, not applicable or unspecified |
| O32.6XX1 | Maternal care for compound presentation, fetus 1 |
| O32.6XX2 | Maternal care for compound presentation, fetus 2 |
| O32.6XX3 | Maternal care for compound presentation, fetus 3 |
| O32.6XX4 | Maternal care for compound presentation, fetus 4 |
| O32.6XX5 | Maternal care for compound presentation, fetus 5 |
| O32.6XX9 | Maternal care for compound presentation, other fetus |
| O32.8XX0 | Maternal care for other malpresentation of fetus, not applicable or unspecified |
| O32.8XX1 | Maternal care for other malpresentation of fetus, fetus 1 |
| O32.8XX2 | Maternal care for other malpresentation of fetus, fetus 2 |
| O32.8XX3 | Maternal care for other malpresentation of fetus, fetus 3 |
| O32.8XX4 | Maternal care for other malpresentation of fetus, fetus 4 |
| O32.8XX5 | Maternal care for other malpresentation of fetus, fetus 5 |
| O32.8XX9 | Maternal care for other malpresentation of fetus, other fetus |
| O32.9XX0 | Maternal care for malpresentation of fetus, unspecified, not applicable or unspecified |
| O32.9XX1 | Maternal care for malpresentation of fetus, unspecified, fetus 1 |
| O32.9XX2 | Maternal care for malpresentation of fetus, unspecified, fetus 2 |
| O32.9XX3 | Maternal care for malpresentation of fetus, unspecified, fetus 3 |
| O32.9XX4 | Maternal care for malpresentation of fetus, unspecified, fetus 4 |
| O32.9XX5 | Maternal care for malpresentation of fetus, unspecified, fetus 5 |
| O32.9XX9 | Maternal care for malpresentation of fetus, unspecified, other fetus |
| O33.1 | Maternal care for disproportion due to generally contracted pelvis |
| Z33.1 | Pregnant state, incidental |
| O33.2 | Maternal care for disproportion due to inlet contraction of pelvis |
| O33.3XX0 | Maternal care for disproportion due to outlet contraction of pelvis, not applicable or unspecified |
| O33.3XX1 | Maternal care for disproportion due to outlet contraction of pelvis, fetus 1 |
| O33.3XX2 | Maternal care for disproportion due to outlet contraction of pelvis, fetus 2 |

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| O33.3XX3 | Maternal care for disproportion due to outlet contraction of pelvis, fetus 3 |
| O33.3XX4 | Maternal care for disproportion due to outlet contraction of pelvis, fetus 4 |
| O33.3XX5 | Maternal care for disproportion due to outlet contraction of pelvis, fetus 5 |
| O33.3XX9 | Maternal care for disproportion due to outlet contraction of pelvis, other fetus |
| O33.4XX0 | Maternal care for disproportion of mixed maternal and fetal origin, not applicable or unspecified |
| O33.4XX1 | Maternal care for disproportion of mixed maternal and fetal origin, fetus 1 |
| O33.4XX2 | Maternal care for disproportion of mixed maternal and fetal origin, fetus 2 |
| O33.4XX3 | Maternal care for disproportion of mixed maternal and fetal origin, fetus 3 |
| O33.4XX4 | Maternal care for disproportion of mixed maternal and fetal origin, fetus 4 |
| O33.4XX5 | Maternal care for disproportion of mixed maternal and fetal origin, fetus 5 |
| O33.4XX9 | Maternal care for disproportion of mixed maternal and fetal origin, other fetus |
| O33.5XX0 | Maternal care for disproportion due to unusually large fetus, not applicable or unspecified |
| O33.5XX1 | Maternal care for disproportion due to unusually large fetus, fetus 1 |
| O33.5XX2 | Maternal care for disproportion due to unusually large fetus, fetus 2 |
| O33.5XX3 | Maternal care for disproportion due to unusually large fetus, fetus 3 |
| O33.5XX4 | Maternal care for disproportion due to unusually large fetus, fetus 4 |
| O33.5XX5 | Maternal care for disproportion due to unusually large fetus, fetus 5 |
| O33.5XX9 | Maternal care for disproportion due to unusually large fetus, other fetus |
| O33.6XX0 | Maternal care for disproportion due to hydrocephalic fetus, not applicable or unspecified |
| O33.6XX1 | Maternal care for disproportion due to hydrocephalic fetus, fetus 1 |
| O33.6XX2 | Maternal care for disproportion due to hydrocephalic fetus, fetus 2 |
| O33.6XX3 | Maternal care for disproportion due to hydrocephalic fetus, fetus 3 |
| O33.6XX4 | Maternal care for disproportion due to hydrocephalic fetus, fetus 4 |
| O33.6XX5 | Maternal care for disproportion due to hydrocephalic fetus, fetus 5 |
| O33.6XX9 | Maternal care for disproportion due to hydrocephalic fetus, other fetus |
| O33.7XX0 | Maternal care for disproportion due to other fetal deformities, not applicable or unspecified |
| O33.7XX1 | Maternal care for disproportion due to other fetal deformities, fetus 1 |
| O33.7XX2 | Maternal care for disproportion due to other fetal deformities, fetus 2 |
| O33.7XX3 | Maternal care for disproportion due to other fetal deformities, fetus 3 |
| O33.7XX4 | Maternal care for disproportion due to other fetal deformities, fetus 4 |
| O33.7XX5 | Maternal care for disproportion due to other fetal deformities, fetus 5 |
| O33.7XX9 | Maternal care for disproportion due to other fetal deformities, other fetus |
| O33.8 | Maternal care for disproportion of other origin |
| O33.9 | Maternal care for disproportion, unspecified |
| O34.01 | Maternal care for unspecified congenital malformation of uterus, first trimester |
| Z34.01 | Encounter for supervision of normal first pregnancy, first trimester |
| O34.02 | Maternal care for unspecified congenital malformation of uterus, second trimester |
| Z34.02 | Encounter for supervision of normal first pregnancy, second trimester |
| O34.03 | Maternal care for unspecified congenital malformation of uterus, third trimester |
| Z34.03 | Encounter for supervision of normal first pregnancy, third trimester |
| O34.10 | Maternal care for benign tumor of corpus uteri, unspecified trimester |
| O34.11 | Maternal care for benign tumor of corpus uteri, first trimester |
| O34.12 | Maternal care for benign tumor of corpus uteri, second trimester |
| O35.01X0 | Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, not applicable or unspecified |
| O35.01X1 | Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 1 |
| O35.01X2 | Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 2 |
| O35.01X3 | Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 3 |
| O35.01X4 | Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 4 |
| O35.01X5 | Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 5 |

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| O35.01X9 | Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, other fetus |
| O35.02X0 | Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, not applicable or unspecified |
| O35.02X1 | Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, fetus 1 |
| O35.02X2 | Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, fetus 2 |
| O35.02X3 | Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, fetus 3 |
| O35.02X4 | Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, fetus 4 |
| O35.02X5 | Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, fetus 5 |
| O35.02X9 | Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, other fetus |
| O35.2XX0 | Maternal care for (suspected) hereditary disease in fetus, not applicable or unspecified |
| O35.2XX1 | Maternal care for (suspected) hereditary disease in fetus, fetus 1 |
| O35.2XX2 | Maternal care for (suspected) hereditary disease in fetus, fetus 2 |
| O35.2XX3 | Maternal care for (suspected) hereditary disease in fetus, fetus 3 |
| O35.2XX4 | Maternal care for (suspected) hereditary disease in fetus, fetus 4 |
| O35.2XX5 | Maternal care for (suspected) hereditary disease in fetus, fetus 5 |
| O35.2XX9 | Maternal care for (suspected) hereditary disease in fetus, other fetus |
| O35.03X0 | Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, not applicable or unspecified |
| O35.03X1 | Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, fetus 1 |
| O35.03X2 | Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, fetus 2 |
| O35.03X3 | Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, fetus 3 |
| O35.03X4 | Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, fetus 4 |
| O35.03X5 | Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, fetus 5 |
| O35.03X9 | Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, other fetus |
| O35.3XX0 | Maternal care for (suspected) damage to fetus from viral disease in mother, not applicable or unspecified |
| O35.3XX1 | Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 1 |
| O35.3XX2 | Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 2 |
| O35.3XX3 | Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 3 |
| O35.3XX4 | Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 4 |
| O35.3XX5 | Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 5 |
| O35.3XX9 | Maternal care for (suspected) damage to fetus from viral disease in mother, other fetus |
| O35.04X0 | Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, not applicable or unspecified |
| O35.04X1 | Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, fetus 1 |
| O35.04X2 | Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, fetus 2 |
| O35.04X3 | Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, fetus 3 |
| O35.04X4 | Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, fetus 4 |
| O35.04X5 | Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, fetus 5 |
| O35.04X9 | Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, other fetus |
| O35.4XX0 | Maternal care for (suspected) damage to fetus from alcohol, not applicable or unspecified |
| O35.4XX1 | Maternal care for (suspected) damage to fetus from alcohol, fetus 1 |
| O35.4XX2 | Maternal care for (suspected) damage to fetus from alcohol, fetus 2 |
| O35.4XX3 | Maternal care for (suspected) damage to fetus from alcohol, fetus 3 |
| O35.4XX4 | Maternal care for (suspected) damage to fetus from alcohol, fetus 4 |
| O35.4XX5 | Maternal care for (suspected) damage to fetus from alcohol, fetus 5 |
| O35.4XX9 | Maternal care for (suspected) damage to fetus from alcohol, other fetus |

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| O35.05X0 | Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, not applicable or unspecified |
| O35.05X1 | Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, fetus 1 |
| O35.05X2 | Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, fetus 2 |
| O35.05X3 | Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, fetus 3 |
| O35.05X4 | Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, fetus 4 |
| O35.05X5 | Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, fetus 5 |
| O35.05X9 | Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, other fetus |
| O35.5XX0 | Maternal care for (suspected) damage to fetus by drugs, not applicable or unspecified |
| O35.5XX1 | Maternal care for (suspected) damage to fetus by drugs, fetus 1 |
| O35.5XX2 | Maternal care for (suspected) damage to fetus by drugs, fetus 2 |
| O35.5XX3 | Maternal care for (suspected) damage to fetus by drugs, fetus 3 |
| O35.5XX4 | Maternal care for (suspected) damage to fetus by drugs, fetus 4 |
| O35.5XX5 | Maternal care for (suspected) damage to fetus by drugs, fetus 5 |
| O35.5XX9 | Maternal care for (suspected) damage to fetus by drugs, other fetus |
| O35.06X0 | Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, not applicable or unspecified |
| O35.06X1 | Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, fetus 1 |
| O35.06X2 | Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, fetus 2 |
| O35.06X3 | Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, fetus 3 |
| O35.06X4 | Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, fetus 4 |
| O35.06X5 | Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, fetus 5 |
| O35.06X9 | Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, other fetus |
| O35.6XX0 | Maternal care for (suspected) damage to fetus by radiation, not applicable or unspecified |
| O35.6XX1 | Maternal care for (suspected) damage to fetus by radiation, fetus 1 |
| O35.6XX2 | Maternal care for (suspected) damage to fetus by radiation, fetus 2 |
| O35.6XX3 | Maternal care for (suspected) damage to fetus by radiation, fetus 3 |
| O35.6XX4 | Maternal care for (suspected) damage to fetus by radiation, fetus 4 |
| O35.6XX5 | Maternal care for (suspected) damage to fetus by radiation, fetus 5 |
| O35.6XX9 | Maternal care for (suspected) damage to fetus by radiation, other fetus |
| O35.07X0 | Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, not applicable or unspecified |
| O35.07X1 | Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, fetus 1 |
| O35.07X2 | Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, fetus 2 |
| O35.07X3 | Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, fetus 3 |
| O35.07X4 | Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, fetus 4 |
| O35.07X5 | Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, fetus 5 |
| O35.07X9 | Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, other fetus |
| O35.7XX0 | Maternal care for (suspected) damage to fetus by other medical procedures, not applicable or unspecified |
| O35.7XX1 | Maternal care for (suspected) damage to fetus by other medical procedures, fetus 1 |
| O35.7XX2 | Maternal care for (suspected) damage to fetus by other medical procedures, fetus 2 |
| O35.7XX3 | Maternal care for (suspected) damage to fetus by other medical procedures, fetus 3 |
| O35.7XX4 | Maternal care for (suspected) damage to fetus by other medical procedures, fetus 4 |
| O35.7XX5 | Maternal care for (suspected) damage to fetus by other medical procedures, fetus 5 |
| O35.7XX9 | Maternal care for (suspected) damage to fetus by other medical procedures, other fetus |
| O35.08X0 | Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, not applicable or unspecified |

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| O35.08X1 | Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, fetus 1 |
| O35.08X2 | Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, fetus 2 |
| O35.08X3 | Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, fetus 3 |
| O35.08X4 | Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, fetus 4 |
| O35.08X5 | Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, fetus 5 |
| O35.08X9 | Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, other fetus |
| O35.8XX0 | Maternal care for other (suspected) fetal abnormality and damage, not applicable or unspecified |
| O35.8XX1 | Maternal care for other (suspected) fetal abnormality and damage, fetus 1 |
| O35.8XX2 | Maternal care for other (suspected) fetal abnormality and damage, fetus 2 |
| O35.8XX3 | Maternal care for other (suspected) fetal abnormality and damage, fetus 3 |
| O35.8XX4 | Maternal care for other (suspected) fetal abnormality and damage, fetus 4 |
| O35.8XX5 | Maternal care for other (suspected) fetal abnormality and damage, fetus 5 |
| O35.8XX9 | Maternal care for other (suspected) fetal abnormality and damage, other fetus |
| O35.09X0 | Maternal care for (suspected) other central nervous system malformation or damage in fetus, not applicable or unspecified |
| O35.09X1 | Maternal care for (suspected) other central nervous system malformation or damage in fetus, fetus 1 |
| O35.09X2 | Maternal care for (suspected) other central nervous system malformation or damage in fetus, fetus 2 |
| O35.09X3 | Maternal care for (suspected) other central nervous system malformation or damage in fetus, fetus 3 |
| O35.09X4 | Maternal care for (suspected) other central nervous system malformation or damage in fetus, fetus 4 |
| O35.09X5 | Maternal care for (suspected) other central nervous system malformation or damage in fetus, fetus 5 |
| O35.09X9 | Maternal care for (suspected) other central nervous system malformation or damage in fetus, other fetus |
| O35.9XX0 | Maternal care for (suspected) fetal abnormality and damage, unspecified, not applicable or unspecified |
| O35.9XX1 | Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 1 |
| O35.9XX2 | Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 2 |
| O35.9XX3 | Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 3 |
| O35.9XX4 | Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 4 |
| O35.9XX5 | Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 5 |
| O35.9XX9 | Maternal care for (suspected) fetal abnormality and damage, unspecified, other fetus |
| O35.10X0 | Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, not applicable or unspecified |
| O35.10X1 | Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 1 |
| O35.10X2 | Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 2 |
| O35.10X3 | Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 3 |
| O35.10X4 | Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 4 |
| O35.10X5 | Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 5 |
| O35.10X9 | Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, other fetus |
| O35.11X0 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, not applicable or unspecified |
| O35.11X1 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 1 |
| O35.11X2 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 2 |
| O35.11X3 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 3 |
| O35.11X4 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 4 |
| O35.11X5 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, fetus 5 |
| O35.11X9 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13, other fetus |
| O35.12X0 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, not applicable or unspecified |
| O35.12X1 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, fetus 1 |
| O35.12X2 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, fetus 2 |
| O35.12X3 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, fetus 3 |
| O35.12X4 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, fetus 4 |
| O35.12X5 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, fetus 5 |
| O35.12X9 | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, other fetus |
| Z36.1 | Encounter for antenatal screening for raised alphafetoprotein level |
| Z36.2 | Encounter for other antenatal screening follow-up |
| Z36.3 | Encounter for antenatal screening for malformations |
| O36.4XX0 | Maternal care for intrauterine death, not applicable or unspecified |

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| O36.4XX1 | Maternal care for intrauterine death, fetus 1 |
| O36.4XX2 | Maternal care for intrauterine death, fetus 2 |
| O36.4XX3 | Maternal care for intrauterine death, fetus 3 |
| O36.4XX4 | Maternal care for intrauterine death, fetus 4 |
| O36.4XX5 | Maternal care for intrauterine death, fetus 5 |
| O36.4XX9 | Maternal care for intrauterine death, other fetus |
| Z36.4 | Encounter for antenatal screening for fetal growth retardation |
| Z36.5 | Encounter for antenatal screening for isoimmunization |
| Z36.8A | Encounter for antenatal screening for other genetic defects |
| Z36.9 | Encounter for antenatal screening, unspecified |
| O40.1XX0 | Polyhydramnios, first trimester, not applicable or unspecified |
| O40.1XX1 | Polyhydramnios, first trimester, fetus 1 |
| O40.1XX2 | Polyhydramnios, first trimester, fetus 2 |
| O40.1XX3 | Polyhydramnios, first trimester, fetus 3 |
| O40.1XX4 | Polyhydramnios, first trimester, fetus 4 |
| O40.1XX5 | Polyhydramnios, first trimester, fetus 5 |
| O40.1XX9 | Polyhydramnios, first trimester, other fetus |
| O40.2XX0 | Polyhydramnios, second trimester, not applicable or unspecified |
| O40.2XX1 | Polyhydramnios, second trimester, fetus 1 |
| O40.2XX2 | Polyhydramnios, second trimester, fetus 2 |
| O40.2XX3 | Polyhydramnios, second trimester, fetus 3 |
| O40.2XX4 | Polyhydramnios, second trimester, fetus 4 |
| O40.2XX5 | Polyhydramnios, second trimester, fetus 5 |
| O40.2XX9 | Polyhydramnios, second trimester, other fetus |
| O40.3XX0 | Polyhydramnios, third trimester, not applicable or unspecified |
| O40.3XX1 | Polyhydramnios, third trimester, fetus 1 |
| O40.3XX2 | Polyhydramnios, third trimester, fetus 2 |
| O40.3XX3 | Polyhydramnios, third trimester, fetus 3 |
| O40.3XX4 | Polyhydramnios, third trimester, fetus 4 |
| O40.3XX5 | Polyhydramnios, third trimester, fetus 5 |
| O40.3XX9 | Polyhydramnios, third trimester, other fetus |
| O40.9XX0 | Polyhydramnios, unspecified trimester, not applicable or unspecified |
| O40.9XX1 | Polyhydramnios, unspecified trimester, fetus 1 |
| O40.9XX2 | Polyhydramnios, unspecified trimester, fetus 2 |
| O40.9XX3 | Polyhydramnios, unspecified trimester, fetus 3 |
| O40.9XX4 | Polyhydramnios, unspecified trimester, fetus 4 |
| O40.9XX5 | Polyhydramnios, unspecified trimester, fetus 5 |
| O40.9XX9 | Polyhydramnios, unspecified trimester, other fetus |
| O41.01X0 | Oligohydramnios, first trimester, not applicable or unspecified |
| O41.01X1 | Oligohydramnios, first trimester, fetus 1 |
| O41.01X2 | Oligohydramnios, first trimester, fetus 2 |
| O41.01X3 | Oligohydramnios, first trimester, fetus 3 |
| O41.01X4 | Oligohydramnios, first trimester, fetus 4 |
| O41.01X5 | Oligohydramnios, first trimester, fetus 5 |
| O41.01X9 | Oligohydramnios, first trimester, other fetus |
| O41.02X0 | Oligohydramnios, second trimester, not applicable or unspecified |
| O41.02X1 | Oligohydramnios, second trimester, fetus 1 |
| O41.02X2 | Oligohydramnios, second trimester, fetus 2 |
| O41.02X3 | Oligohydramnios, second trimester, fetus 3 |
| O41.02X4 | Oligohydramnios, second trimester, fetus 4 |
| O41.02X5 | Oligohydramnios, second trimester, fetus 5 |
| O41.02X9 | Oligohydramnios, second trimester, other fetus |
| O41.03X0 | Oligohydramnios, third trimester, not applicable or unspecified |
| O41.03X1 | Oligohydramnios, third trimester, fetus 1 |
| O41.03X2 | Oligohydramnios, third trimester, fetus 2 |

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| O41.03X3 | Oligohydramnios, third trimester, fetus 3 |
| O41.03X4 | Oligohydramnios, third trimester, fetus 4 |
| O41.03X5 | Oligohydramnios, third trimester, fetus 5 |
| O41.03X9 | Oligohydramnios, third trimester, other fetus |
| O41.8X10 | Other specified disorders of amniotic fluid and membranes, first trimester, not applicable or unspecified |
| O41.8X11 | Other specified disorders of amniotic fluid and membranes, first trimester, fetus 1 |
| O41.8X12 | Other specified disorders of amniotic fluid and membranes, first trimester, fetus 2 |
| O41.8X13 | Other specified disorders of amniotic fluid and membranes, first trimester, fetus 3 |
| O41.8X14 | Other specified disorders of amniotic fluid and membranes, first trimester, fetus 4 |
| O41.8X15 | Other specified disorders of amniotic fluid and membranes, first trimester, fetus 5 |
| O41.8X19 | Other specified disorders of amniotic fluid and membranes, first trimester, other fetus |
| O41.8X20 | Other specified disorders of amniotic fluid and membranes, second trimester, not applicable or unspecified |
| O41.8X21 | Other specified disorders of amniotic fluid and membranes, second trimester, fetus 1 |
| O41.8X22 | Other specified disorders of amniotic fluid and membranes, second trimester, fetus 2 |
| O41.8X23 | Other specified disorders of amniotic fluid and membranes, second trimester, fetus 3 |
| O41.8X24 | Other specified disorders of amniotic fluid and membranes, second trimester, fetus 4 |
| O41.8X25 | Other specified disorders of amniotic fluid and membranes, second trimester, fetus 5 |
| O41.8X29 | Other specified disorders of amniotic fluid and membranes, second trimester, other fetus |
| O41.8X30 | Other specified disorders of amniotic fluid and membranes, third trimester, not applicable or unspecified |
| O41.8X31 | Other specified disorders of amniotic fluid and membranes, third trimester, fetus 1 |
| O41.8X32 | Other specified disorders of amniotic fluid and membranes, third trimester, fetus 2 |
| O41.8X33 | Other specified disorders of amniotic fluid and membranes, third trimester, fetus 3 |
| O41.8X34 | Other specified disorders of amniotic fluid and membranes, third trimester, fetus 4 |
| O41.8X35 | Other specified disorders of amniotic fluid and membranes, third trimester, fetus 5 |
| O41.8X39 | Other specified disorders of amniotic fluid and membranes, third trimester, other fetus |
| O41.8X90 | Other specified disorders of amniotic fluid and membranes, unspecified trimester, not applicable or unspecified |
| O41.8X91 | Other specified disorders of amniotic fluid and membranes, unspecified trimester, fetus 1 |
| O41.8X92 | Other specified disorders of amniotic fluid and membranes, unspecified trimester, fetus 2 |
| O41.8X93 | Other specified disorders of amniotic fluid and membranes, unspecified trimester, fetus 3 |
| O41.8X94 | Other specified disorders of amniotic fluid and membranes, unspecified trimester, fetus 4 |
| O41.8X95 | Other specified disorders of amniotic fluid and membranes, unspecified trimester, fetus 5 |
| O41.8X99 | Other specified disorders of amniotic fluid and membranes, unspecified trimester, other fetus |
| O42.02 | Full-term premature rupture of membranes, onset of labor within 24 hours of rupture |
| O42.10 | Premature rupture of membranes, onset of labor more than 24 hours following rupture, unspecified weeks of gestation |
| O42.12 | Full-term premature rupture of membranes, onset of labor more than 24 hours following rupture |
| O44.01 | Complete placenta previa NOS or without hemorrhage, first trimester |
| O44.02 | Complete placenta previa NOS or without hemorrhage, second trimester |
| O44.03 | Complete placenta previa NOS or without hemorrhage, third trimester |
| O44.10 | Complete placenta previa with hemorrhage, unspecified trimester |
| O44.11 | Complete placenta previa with hemorrhage, first trimester |
| O44.12 | Complete placenta previa with hemorrhage, second trimester |
| O45.8X1 | Other premature separation of placenta, first trimester |
| O45.8X2 | Other premature separation of placenta, second trimester |
| O45.8X3 | Other premature separation of placenta, third trimester |
| O45.8X9 | Other premature separation of placenta, unspecified trimester |
| O46.8X1 | Other antepartum hemorrhage, first trimester |
| O46.8X2 | Other antepartum hemorrhage, second trimester |
| O46.8X3 | Other antepartum hemorrhage, third trimester |
| O46.8X9 | Other antepartum hemorrhage, unspecified trimester |
| O47.1 | False labor at or after 37 completed weeks of gestation |
| O47.02 | False labor before 37 completed weeks of gestation, second trimester |
| O47.03 | False labor before 37 completed weeks of gestation, third trimester |
| O47.9 | False labor, unspecified |

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| O48.1 | Prolonged pregnancy |
| O60.02 | Preterm labor without delivery, second trimester |
| O60.03 | Preterm labor without delivery, third trimester |
| O09.70 | Supervision of pregnancy resulting from assisted reproductive technology, first trimester |
| Z03.71 | Encounter for suspected problem with amniotic cavity and membrane ruled out |
| O09.71 | Supervision of pregnancy resulting from assisted reproductive technology, second trimester |
| Z03.72 | Encounter for suspected placental problem ruled out |
| O09.72 | Supervision of pregnancy resulting from assisted reproductive technology, third trimester |
| Z03.73 | Encounter for suspected fetal anomaly ruled out |
| O09.73 | Supervision of pregnancy resulting from assisted reproductive technology, unspecified trimester |
| Z03.74 | Encounter for suspected problem with fetal growth ruled out |
| Z03.75 | Encounter for suspected cervical shortening ruled out |
| Z03.79 | Encounter for other suspected maternal and fetal conditions ruled out |
| O03.80 | Damage to pelvic organs following complete or unspecified spontaneous abortion |
| O04.80 | Damage to pelvic organs following (induced) termination of pregnancy |
| O02.81 | Delayed or excessive hemorrhage following incomplete spontaneous abortion |
| O03.81 | Other venous complications following complete or unspecified spontaneous abortion |
| O04.81 | Other venous complications following (induced) termination of pregnancy |
| O08.81 | Unspecified complication following an ectopic and molar pregnancy |
| O03.82 | Cardiac arrest following complete or unspecified spontaneous abortion |
| O04.82 | Cardiac arrest following (induced) termination of pregnancy |
| O08.82 | Supervision of pregnancy with history of infertility, unspecified trimester |
| O03.83 | Sepsis following complete or unspecified spontaneous abortion |
| O04.83 | Sepsis following (induced) termination of pregnancy |
| O08.83 | Supervision of pregnancy with history of infertility, first trimester |
| O03.84 | Urinary tract infection following complete or unspecified spontaneous abortion |
| O04.84 | Urinary tract infection following (induced) termination of pregnancy |
| O03.85 | Complete or unspecified spontaneous abortion with other complications |
| O04.85 | (Induced) termination of pregnancy with other complications |
| O03.86 | Complete or unspecified spontaneous abortion without complication |
| O04.86 | Genital tract and pelvic infection following failed attempted termination of pregnancy |
| O03.87 | Genital tract and pelvic infection following (induced) termination of pregnancy |
| O04.87 | Delayed or excessive hemorrhage following failed attempted termination of pregnancy |
| O03.88 | Delayed or excessive hemorrhage following (induced) termination of pregnancy |
| O04.88 | Embolism following failed attempted termination of pregnancy |
| O02.89 | Embolism following incomplete spontaneous abortion |
| O03.89 | Embolism following (induced) termination of pregnancy |
| O04.89 | Failed attempted termination of pregnancy with unspecified complications |
| O08.89 | Supervision of pregnancy with history of infertility, second trimester |
| O09.90 | Supervision of pregnancy with history of molar pregnancy, unspecified trimester |
| O09.91 | Supervision of pregnancy with history of molar pregnancy, first trimester |
| O09.92 | Supervision of pregnancy with history of molar pregnancy, second trimester |
| O10.92 | Unspecified pre-existing hypertension complicating childbirth |
| O09.93 | Supervision of pregnancy with history of molar pregnancy, third trimester |
| O10.93 | Unspecified pre-existing hypertension complicating the puerperium |
| O98.02 | Tuberculosis complicating childbirth |
| O98.03 | Tuberculosis complicating the puerperium |
| O98.12 | Syphilis complicating childbirth |
| O99.02 | Anemia complicating childbirth |
| O99.03 | Anemia complicating the puerperium |
| O99.12 | Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating childbirth |
| O26.01 | Excessive weight gain in pregnancy, first trimester |
| O28.1 | Abnormal biochemical finding on antenatal screening of mother |
| O31.01X0 | Papyraceous fetus, first trimester, not applicable or unspecified |

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| O31.01X1 | Papyraceous fetus, first trimester, fetus 1 |
| O31.01X2 | Papyraceous fetus, first trimester, fetus 2 |
| O31.01X3 | Papyraceous fetus, first trimester, fetus 3 |
| O31.01X4 | Papyraceous fetus, first trimester, fetus 4 |
| O31.01X5 | Papyraceous fetus, first trimester, fetus 5 |
| O31.01X9 | Papyraceous fetus, first trimester, other fetus |
| O24.02 | Pre-existing type 1 diabetes mellitus, in childbirth |
| O25.2 | Malnutrition in childbirth |
| O26.02 | Excessive weight gain in pregnancy, second trimester |
| O28.2 | Abnormal cytological finding on antenatal screening of mother |
| O24.03 | Pre-existing type 1 diabetes mellitus, in the puerperium |
| O25.3 | Malnutrition in the puerperium |
| O26.03 | Excessive weight gain in pregnancy, third trimester |
| O28.3 | Abnormal ultrasonic finding on antenatal screening of mother |
| O29.3X1 | Toxic reaction to local anesthesia during pregnancy, first trimester |
| O29.3X2 | Toxic reaction to local anesthesia during pregnancy, second trimester |
| O29.3X3 | Toxic reaction to local anesthesia during pregnancy, third trimester |
| O29.3X9 | Toxic reaction to local anesthesia during pregnancy, unspecified trimester |
| O31.03X0 | Papyraceous fetus, third trimester, not applicable or unspecified |
| O31.03X1 | Papyraceous fetus, third trimester, fetus 1 |
| O31.03X2 | Papyraceous fetus, third trimester, fetus 2 |
| O31.03X3 | Papyraceous fetus, third trimester, fetus 3 |
| O31.03X4 | Papyraceous fetus, third trimester, fetus 4 |
| O31.03X5 | Papyraceous fetus, third trimester, fetus 5 |
| O31.03X9 | Papyraceous fetus, third trimester, other fetus |
| O28.4 | Abnormal radiological finding on antenatal screening of mother |
| O28.5 | Abnormal chromosomal and genetic finding on antenatal screening of mother |
| O29.5X1 | Other complications of spinal and epidural anesthesia during pregnancy, first trimester |
| O29.5X2 | Other complications of spinal and epidural anesthesia during pregnancy, second trimester |
| O29.5X3 | Other complications of spinal and epidural anesthesia during pregnancy, third trimester |
| O29.5X9 | Other complications of spinal and epidural anesthesia during pregnancy, unspecified trimester |
| O28.8 | Other abnormal findings on antenatal screening of mother |
| O29.8X1 | Other complications of anesthesia during pregnancy, first trimester |
| O29.8X2 | Other complications of anesthesia during pregnancy, second trimester |
| O29.8X3 | Other complications of anesthesia during pregnancy, third trimester |
| O29.8X9 | Other complications of anesthesia during pregnancy, unspecified trimester |
| O31.8X10 | Other complications specific to multiple gestation, first trimester, not applicable or unspecified |
| O31.8X11 | Other complications specific to multiple gestation, first trimester, fetus 1 |
| O31.8X12 | Other complications specific to multiple gestation, first trimester, fetus 2 |
| O31.8X13 | Other complications specific to multiple gestation, first trimester, fetus 3 |
| O31.8X14 | Other complications specific to multiple gestation, first trimester, fetus 4 |
| O31.8X15 | Other complications specific to multiple gestation, first trimester, fetus 5 |
| O31.8X19 | Other complications specific to multiple gestation, first trimester, other fetus |
| O31.8X20 | Other complications specific to multiple gestation, second trimester, not applicable or unspecified |
| O31.8X21 | Other complications specific to multiple gestation, second trimester, fetus 1 |
| O31.8X22 | Other complications specific to multiple gestation, second trimester, fetus 2 |
| O31.8X23 | Other complications specific to multiple gestation, second trimester, fetus 3 |
| O31.8X24 | Other complications specific to multiple gestation, second trimester, fetus 4 |
| O31.8X25 | Other complications specific to multiple gestation, second trimester, fetus 5 |
| O31.8X29 | Other complications specific to multiple gestation, second trimester, other fetus |
| O31.8X30 | Other complications specific to multiple gestation, third trimester, not applicable or unspecified |
| O31.8X31 | Other complications specific to multiple gestation, third trimester, fetus 1 |
| O31.8X32 | Other complications specific to multiple gestation, third trimester, fetus 2 |
| O31.8X33 | Other complications specific to multiple gestation, third trimester, fetus 3 |
| O31.8X34 | Other complications specific to multiple gestation, third trimester, fetus 4 |

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| O31.8X35 | Other complications specific to multiple gestation, third trimester, fetus 5 |
| O31.8X39 | Other complications specific to multiple gestation, third trimester, other fetus |
| O31.8X90 | Other complications specific to multiple gestation, unspecified trimester, not applicable or unspecified |
| O31.8X91 | Other complications specific to multiple gestation, unspecified trimester, fetus 1 |
| O31.8X92 | Other complications specific to multiple gestation, unspecified trimester, fetus 2 |
| O31.8X93 | Other complications specific to multiple gestation, unspecified trimester, fetus 3 |
| O31.8X94 | Other complications specific to multiple gestation, unspecified trimester, fetus 4 |
| O31.8X95 | Other complications specific to multiple gestation, unspecified trimester, fetus 5 |
| O31.8X99 | Other complications specific to multiple gestation, unspecified trimester, other fetus |
| O00.00 | Abdominal pregnancy without intrauterine pregnancy |
| O00.01 | Abdominal pregnancy with intrauterine pregnancy |
| O01.0 | Missed abortion |
| O01.1 | Inappropriate change in quantitative human chorionic gonadotropin (hCG) in early pregnancy |
| O01.9 | Other abnormal products of conception |
| O02.0 | Abnormal product of conception, unspecified |
| O02.1 | Genital tract and pelvic infection following incomplete spontaneous abortion |
| O02.9 | Unspecified complication following incomplete spontaneous abortion |
| O03.0 | Shock following incomplete spontaneous abortion |
| O03.1 | Renal failure following incomplete spontaneous abortion |
| O03.2 | Metabolic disorder following incomplete spontaneous abortion |
| O03.4 | Unspecified complication following complete or unspecified spontaneous abortion |
| O03.5 | Shock following complete or unspecified spontaneous abortion |
| O03.6 | Renal failure following complete or unspecified spontaneous abortion |
| O03.7 | Metabolic disorder following complete or unspecified spontaneous abortion |
| O03.9 | (Induced) termination of pregnancy with unspecified complications |
| O03.30 | Damage to pelvic organs following incomplete spontaneous abortion |
| O03.31 | Other venous complications following incomplete spontaneous abortion |
| O03.32 | Cardiac arrest following incomplete spontaneous abortion |
| O03.33 | Sepsis following incomplete spontaneous abortion |
| O03.34 | Urinary tract infection following incomplete spontaneous abortion |
| O03.35 | Incomplete spontaneous abortion with other complications |
| O03.36 | Incomplete spontaneous abortion without complication |
| O03.37 | Genital tract and pelvic infection following complete or unspecified spontaneous abortion |
| O03.38 | Delayed or excessive hemorrhage following complete or unspecified spontaneous abortion |
| O03.39 | Embolism following complete or unspecified spontaneous abortion |
| O04.5 | Shock following (induced) termination of pregnancy |
| O04.6 | Renal failure following (induced) termination of pregnancy |
| O04.7 | Metabolic disorder following (induced) termination of pregnancy |
| O07.0 | Shock following failed attempted termination of pregnancy |
| O07.1 | Renal failure following failed attempted termination of pregnancy |
| O07.2 | Metabolic disorder following failed attempted termination of pregnancy |
| O07.4 | Shock following ectopic and molar pregnancy |
| O07.30 | Damage to pelvic organs following failed attempted termination of pregnancy |
| O07.31 | Other venous complications following failed attempted termination of pregnancy |
| O07.32 | Cardiac arrest following failed attempted termination of pregnancy |
| O07.33 | Sepsis following failed attempted termination of pregnancy |
| O07.34 | Urinary tract infection following failed attempted termination of pregnancy |
| O07.35 | Failed attempted termination of pregnancy with other complications |
| O07.36 | Failed attempted termination of pregnancy without complication |
| O07.37 | Genital tract and pelvic infection following ectopic and molar pregnancy |
| O07.38 | Delayed or excessive hemorrhage following ectopic and molar pregnancy |
| O07.39 | Embolism following ectopic and molar pregnancy |
| O08.0 | Renal failure following ectopic and molar pregnancy |
| O08.1 | Metabolic disorders following an ectopic and molar pregnancy |
| O08.2 | Damage to pelvic organs and tissues following an ectopic and molar pregnancy |

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| O08.3 | Other venous complications following an ectopic and molar pregnancy |
| O08.4 | Cardiac arrest following an ectopic and molar pregnancy |
| O08.5 | Sepsis following ectopic and molar pregnancy |
| O08.6 | Urinary tract infection following an ectopic and molar pregnancy |
| O08.7 | Other complications following an ectopic and molar pregnancy |
| O08.9 | Supervision of pregnancy with history of infertility, third trimester |
| O09.00 | Supervision of pregnancy with history of ectopic pregnancy, unspecified trimester |
| O09.01 | Supervision of pregnancy with history of ectopic pregnancy, first trimester |
| O09.02 | Supervision of pregnancy with history of ectopic pregnancy, second trimester |
| O09.03 | Supervision of pregnancy with history of ectopic pregnancy, third trimester |
| O09.10 | Supervision of pregnancy with history of pre-term labor, first trimester |
| O09.11 | Supervision of pregnancy with history of pre-term labor, second trimester |
| O09.12 | Supervision of pregnancy with history of pre-term labor, third trimester |
| O09.13 | Supervision of pregnancy with history of pre-term labor, unspecified trimester |
| O09.30 | Supervision of pregnancy with grand multiparity, unspecified trimester |
| O09.31 | Supervision of pregnancy with grand multiparity, first trimester |
| O09.32 | Supervision of pregnancy with grand multiparity, second trimester |
| O09.33 | Supervision of pregnancy with grand multiparity, third trimester |
| O09.40 | Supervision of elderly primigravida, first trimester |
| O09.41 | Supervision of elderly primigravida, second trimester |
| O09.42 | Supervision of elderly primigravida, third trimester |
| O09.43 | Supervision of elderly primigravida, unspecified trimester |
| O10.02 | Pre-existing essential hypertension complicating childbirth |
| O10.03 | Pre-existing essential hypertension complicating the puerperium |
| O10.12 | Pre-existing hypertensive heart disease complicating childbirth |
| O10.13 | Pre-existing hypertensive heart disease complicating the puerperium |
| O10.22 | Pre-existing hypertensive chronic kidney disease complicating childbirth |
| O10.23 | Pre-existing hypertensive chronic kidney disease complicating the puerperium |
| O10.32 | Pre-existing hypertensive heart and chronic kidney disease complicating childbirth |
| O10.33 | Pre-existing hypertensive heart and chronic kidney disease complicating the puerperium |
| O10.42 | Pre-existing secondary hypertension complicating childbirth |
| O10.43 | Pre-existing secondary hypertension complicating the puerperium |
| O11.1 | Pre-existing hypertension with pre-eclampsia, first trimester |
| O11.2 | Pre-existing hypertension with pre-eclampsia, second trimester |
| O11.3 | Pre-existing hypertension with pre-eclampsia, third trimester |
| O11.4 | Pre-existing hypertension with pre-eclampsia, complicating childbirth |
| O11.5 | Pre-existing hypertension with pre-eclampsia, complicating the puerperium |
| O11.9 | Pre-existing hypertension with pre-eclampsia, unspecified trimester |
| O12.00 | Gestational edema, unspecified trimester |
| O12.01 | Gestational edema, first trimester |
| O12.02 | Gestational edema, second trimester |
| O12.03 | Gestational edema, third trimester |
| O12.04 | Gestational edema with proteinuria, unspecified trimester |
| O12.05 | Gestational edema with proteinuria, first trimester |
| O12.10 | Gestational edema, complicating childbirth |
| O12.11 | Gestational edema, complicating the puerperium |
| O12.12 | Gestational proteinuria, unspecified trimester |
| O12.13 | Gestational proteinuria, first trimester |
| O12.14 | Gestational edema with proteinuria, second trimester |
| O12.15 | Gestational edema with proteinuria, third trimester |
| O12.20 | Gestational proteinuria, second trimester |
| O12.21 | Gestational proteinuria, third trimester |
| O12.22 | Gestational proteinuria, complicating childbirth |
| O12.23 | Gestational proteinuria, complicating the puerperium |
| O12.24 | Gestational edema with proteinuria, complicating childbirth |

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| O12.25 | Gestational edema with proteinuria, complicating the puerperium |
| O13.1 | Gestational [pregnancy-induced] hypertension without significant proteinuria, first trimester |
| O13.2 | Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester |
| O13.3 | Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester |
| O13.4 | Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth |
| O13.5 | Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating the puerperium |
| O13.9 | Gestational [pregnancy-induced] hypertension without significant proteinuria, unspecified trimester |
| O14.00 | Mild to moderate pre-eclampsia, unspecified trimester |
| O14.02 | Mild to moderate pre-eclampsia, second trimester |
| O14.03 | Mild to moderate pre-eclampsia, third trimester |
| O14.04 | Mild to moderate pre-eclampsia, complicating childbirth |
| O14.05 | Mild to moderate pre-eclampsia, complicating the puerperium |
| O14.10 | Severe pre-eclampsia, unspecified trimester |
| O14.12 | Severe pre-eclampsia, second trimester |
| O14.13 | Severe pre-eclampsia, third trimester |
| O14.14 | Severe pre-eclampsia complicating childbirth |
| O14.15 | Severe pre-eclampsia, complicating the puerperium |
| O14.20 | HELLP syndrome (HELLP), unspecified trimester |
| O14.22 | HELLP syndrome (HELLP), second trimester |
| O14.23 | HELLP syndrome (HELLP), third trimester |
| O14.24 | HELLP syndrome, complicating childbirth |
| O14.25 | HELLP syndrome, complicating the puerperium |
| O15.00 | Eclampsia complicating pregnancy, unspecified trimester |
| O15.1 | Eclampsia complicating labor |
| O15.02 | Eclampsia complicating pregnancy, second trimester |
| O15.2 | Eclampsia complicating the puerperium |
| O15.03 | Eclampsia complicating pregnancy, third trimester |
| O15.9 | Eclampsia, unspecified as to time period |
| O16.1 | Unspecified maternal hypertension, first trimester |
| O16.2 | Unspecified maternal hypertension, second trimester |
| O16.3 | Unspecified maternal hypertension, third trimester |
| O16.4 | Unspecified maternal hypertension, complicating childbirth |
| O16.5 | Unspecified maternal hypertension, complicating the puerperium |
| O16.9 | Unspecified maternal hypertension, unspecified trimester |
| O20.0 | Threatened abortion |
| O20.8 | Other hemorrhage in early pregnancy |
| O20.9 | Hemorrhage in early pregnancy, unspecified |
| O21.0 | Mild hyperemesis gravidarum |
| O21.1 | Hyperemesis gravidarum with metabolic disturbance |
| O21.2 | Late vomiting of pregnancy |
| O21.8 | Other vomiting complicating pregnancy |
| O21.9 | Vomiting of pregnancy, unspecified |
| O22.00 | Varicose veins of lower extremity in pregnancy, unspecified trimester |
| O22.01 | Varicose veins of lower extremity in pregnancy, first trimester |
| O22.02 | Varicose veins of lower extremity in pregnancy, second trimester |
| O22.03 | Varicose veins of lower extremity in pregnancy, third trimester |
| O22.8X1 | Other venous complications in pregnancy, first trimester |
| O22.8X2 | Other venous complications in pregnancy, second trimester |
| O22.8X3 | Other venous complications in pregnancy, third trimester |
| O22.8X9 | Other venous complications in pregnancy, unspecified trimester |
| O22.10 | Genital varices in pregnancy, unspecified trimester |
| O22.11 | Genital varices in pregnancy, first trimester |
| O22.12 | Genital varices in pregnancy, second trimester |
| O22.13 | Genital varices in pregnancy, third trimester |
| O22.20 | Superficial thrombophlebitis in pregnancy, unspecified trimester |

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| O22.21 | Superficial thrombophlebitis in pregnancy, first trimester |
| O22.22 | Superficial thrombophlebitis in pregnancy, second trimester |
| O22.23 | Superficial thrombophlebitis in pregnancy, third trimester |
| O22.30 | Deep phlebothrombosis in pregnancy, unspecified trimester |
| O22.31 | Deep phlebothrombosis in pregnancy, first trimester |
| O22.32 | Deep phlebothrombosis in pregnancy, second trimester |
| O22.33 | Deep phlebothrombosis in pregnancy, third trimester |
| O22.40 | Hemorrhoids in pregnancy, unspecified trimester |
| O22.41 | Hemorrhoids in pregnancy, first trimester |
| O22.42 | Hemorrhoids in pregnancy, second trimester |
| O22.43 | Hemorrhoids in pregnancy, third trimester |
| O22.50 | Cerebral venous thrombosis in pregnancy, unspecified trimester |
| O22.51 | Cerebral venous thrombosis in pregnancy, first trimester |
| O22.52 | Cerebral venous thrombosis in pregnancy, second trimester |
| O22.53 | Cerebral venous thrombosis in pregnancy, third trimester |
| O23.00 | Infections of kidney in pregnancy, unspecified trimester |
| O23.01 | Infections of kidney in pregnancy, first trimester |
| O23.02 | Infections of kidney in pregnancy, second trimester |
| O23.03 | Infections of kidney in pregnancy, third trimester |
| O23.10 | Infections of bladder in pregnancy, unspecified trimester |
| O23.11 | Infections of bladder in pregnancy, first trimester |
| O23.12 | Infections of bladder in pregnancy, second trimester |
| O23.13 | Infections of bladder in pregnancy, third trimester |
| O23.20 | Infections of urethra in pregnancy, unspecified trimester |
| O23.21 | Infections of urethra in pregnancy, first trimester |
| O23.22 | Infections of urethra in pregnancy, second trimester |
| O23.23 | Infections of urethra in pregnancy, third trimester |
| O23.30 | Infections of other parts of urinary tract in pregnancy, unspecified trimester |
| O23.31 | Infections of other parts of urinary tract in pregnancy, first trimester |
| O23.32 | Infections of other parts of urinary tract in pregnancy, second trimester |
| O23.33 | Infections of other parts of urinary tract in pregnancy, third trimester |
| O23.40 | Unspecified infection of urinary tract in pregnancy, unspecified trimester |
| O23.41 | Unspecified infection of urinary tract in pregnancy, first trimester |
| O23.42 | Unspecified infection of urinary tract in pregnancy, second trimester |
| O23.43 | Unspecified infection of urinary tract in pregnancy, third trimester |
| O28.9 | Unspecified abnormal findings on antenatal screening of mother |
| O25.10 | Malnutrition in pregnancy, unspecified trimester |
| O26.10 | Low weight gain in pregnancy, unspecified trimester |
| O31.10X0 | Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, not applicable or unspecified |
| O31.10X1 | Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 1 |
| O31.10X2 | Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 2 |
| O31.10X3 | Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 3 |
| O31.10X4 | Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 4 |
| O31.10X5 | Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, fetus 5 |
| O31.10X9 | Continuing pregnancy after spontaneous abortion of one fetus or more, unspecified trimester, other fetus |
| O25.11 | Malnutrition in pregnancy, first trimester |
| O26.11 | Low weight gain in pregnancy, first trimester |
| O24.12 | Pre-existing type 2 diabetes mellitus, in childbirth |
| O25.12 | Malnutrition in pregnancy, second trimester |
| O26.12 | Low weight gain in pregnancy, second trimester |
| O31.12X0 | Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, not applicable or unspecified |
| O31.12X1 | Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 1 |

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| O31.12X2 | Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 2 |
| O31.12X3 | Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 3 |
| O31.12X4 | Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 4 |
| O31.12X5 | Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 5 |
| O31.12X9 | Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, other fetus |
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| Encounter for Well Child- Well Adult | |
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| Z00 | Encounter for general exam w/o complaint, susp or reprtd dx |
| Z00.0 | Encounter for general adult medical examination |
| Z00.00 | Encounter for general adult medical exam w/o abnormal findings |
| Z00.01 | Encounter for general adult medical exam w abnormal findings |
| Z00.1 | Encounter for newborn, infant and child health examinations |
| Z00.11 | Newborn health examination |
| Z00.110 | Health examination for newborn under 8 days old |
| Z00.111 | Health examination for newborn 8 to 28 days old |
| Z00.12 | Encounter for routine child health examination |
| Z00.121 | Encounter for routine child health exam w abnormal findings |
| Z00.129 | Encounter for routine child health exam w/o abnormal findings |
| Z00.2 | Encounter for exam for period of rapid growth in childhood |
| Z00.3 | Encounter for examination for adolescent development state |
| Z00.5 | Encounter for exam of potential donor of organ and tissue |
| Z00.7 | Encounter for exam for delay growth in childhood |
| Z00.70 | Encounter for examination for period of delayed growth in childhood without abnormal findings |
| Z00.71 | Encounter for examination for period of delayed growth in childhood with abnormal findings |
| Z01.0 | Encounter for examination of eyes and vision |
| Z01.00 | Encounter for exam of eyes and vision w/o abnormal findings |
| Z01.01 | Encounter for exam of eyes and vision w abnormal findings |
| Z01.02 | Encounter for exam of eyes and vision following failed vision screen |
| Z01.020 | Encounter for ex of eyes and vision following failed vision screening w/o abnormal findings |
| Z01.021 | Encounter for exam of eyes and vision following failed vision screening w/abn findings |
| Z01.1 | Encounter for examination of ears and hearing |
| Z01.10 | Encounter for exam of ears and hearing w/o abnormal findings |
| Z01.11 | Encounter for exam of ears and hearing w abnormal findings |
| Z01.110 | Encounter for hearing exam following failed hear screening |
| Z01.118 | Encounter for exam of ears and hearing w other abnormal findings |
| Z01.12 | Encounter for hearing conservation and treatment |
| Z01.2 | Encounter for dental examination and cleaning |
| Z01.20 | Encounter for dental exam and cleaning w/o abnormal findings |
| Z01.3 | Encounter for examination of blood pressure |
| Z01.30 | Encounter for exam of blood pressure w/o abnormal findings |
| Z01.31 | Encounter for exam of blood pressure w abnormal findings |
| Z01.4 | Encounter for gynecological examination |
| Z01.41 | Encounter for routine gynecological examination |
| Z01.411 | Encounter for gynecological exam (general) (routine) w abnormal findings |
| Z01.419 | Encounter for gynecological exam (general) (routine) w/o abnormal findings |
| Z11.2 | Encounter for screening for other bacterial diseases |
| Z11.3 | Encounter for screening for infections with a predominantly sexual mode of transmission |
| Z11.4 | Encounter for screening for human immunodeficiency virus [HIV] |
| Z11.51 | Encounter for screening for human papillomavirus (HPV) |
| Z12.10 | Encounter for screening for malignant neoplasm of intestinal tract, unspecified |

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| Z12.11 | Encounter for screening for malignant neoplasm of colon |
| Z12.111 | Encounter for screening for malignant neoplasm of colon |
| Z12.12 | Encounter for screening for malignant neoplasm of rectum |
| Z12.31 | Encounter for screening mammogram for malignant neoplasm of breast |
| Z12.39 | Encounter for other screening for malignant neoplasm of breast |
| Z12.4 | Encounter for screening for malignant neoplasm of cervix |
| Z12.72 | Encounter for screening for malignant neoplasm of vagina |
| Z12.73 | Encounter for screening for malignant neoplasm of ovary |
| Z13.220 | Encounter for screening for lipid disorder |
| Z13.31 | Encounter for screening for diabetes mellitus |
| Z13.321 | Encounter for screening for nutritional disorder |
| Z13.220 | Encounter for screening for lipid disorders |
| Z13.32 | Encounter for screening for maternal depression |
| Z13.39 | Encounter for screening examination for other mental health and behavioral disorders |
| Z13.40 | Encounter for screening for unspecified developmental delays |
| Z13.41 | Encounter for autism screening |
| Z13.42 | Encounter for screening for global developmental delays (milestones) |
| Z13.6 | Encounter for screening for cardiovascular disorders |
| Z13.820 | Encounter for screening for osteoporosis |
| Z22.6 | Carrier of human T-lymphotropic virus type-1 [HTLV-1] infection |
| Z29.11 | Encounter for prophylactic immunotherapy for respiratory syncytial virus (RSV) |
| Z29.81 | Encounter for HIV pre-exposure prophylaxis |
| Z23 | Encounter for immunization |
| Z72.51 | High risk heterosexual behavior |
| Z72.52 | High risk homosexual behavior |
| Z72.53 | High risk bisexual behavior |
| Z85.3 | Personal history of malignant neoplasm of breast |
| Z85.40 | Personal history of malignant neoplasm of unspecified female genital organ |
| Z85.40 | Personal history of malignant neoplasm of unspecified female genital organ |
| Z85.41 | Personal history of malignant neoplasm of cervix uteri |
| Z85.42 | Personal history of malignant neoplasm of other parts of uterus |
| Z85.43 | Personal history of malignant neoplasm of ovary |
| Z85.44 | Personal history of malignant neoplasm of other female genital organs |

References

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2. Grade Definitions for USPSTF Recommendations: <http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>.
3. Women's Preventive Services Guidelines (HRSA): <https://www.hrsa.gov/womens-guidelines>.
4. Women's Preventive Services Initiative (WPSI): <https://www.womenspreventivehealth.org/recommendations/>.
5. Centers for Disease Control and Prevention/Immunization Schedules: <https://www.cdc.gov/vaccines/hcp/imz-schedules/index.html>.
6. ACIP Vaccine-Specific Recommendations: https://www.cdc.gov/acip-recs/hcp/vaccine-specific/?CDC_AAref_Val=https://www.cdc.gov/vaccines/hcp/acip-recs/index.html.
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8. American Academy of Pediatrics, Bright Futures Guidelines, 4th edition, Evidence and Rationale chapter: <https://www.aap.org/en/practice-management/bright-futures/bright-futures-materials-and-tools/bright-futures-guidelines-and-pocket-guide/>.
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 11. National Cancer Institute, <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/pack-year>
 12. Code of Federal Regulations 45 CFR 147.132 <https://www.ecfr.gov/current/title-45/section-147.132>
 13. Code of Federal Regulations 45 CFR 147.133 <https://www.ecfr.gov/current/title-45/section-147.133>
 14. National Comprehensive Cancer Network (NCCN) Clinical practice guidelines in oncology: breast cancer screening and diagnosis. April 2024.

Vendors

- Wipro Health Plan Services
- Personify
- Real Rx

Review/Revision/Approval History

| Date | Description |
|----------|---|
| 9/1/2024 | New Policy |
| 1/2025 | 2025 Updates, review |
| 12/2025 | HRSA, Bright Futures Updates, Updates to references. |
| 2/2026 | Approved in Policy Committee, moved from Reimbursement Policy to Medical Management Policy. |
| 4/1/2026 | Merged archived Montana and Idaho Supplemental breast screening policies to policy. Clarified RH+ testing benefits. |

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