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### 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
<p><b>Abdominal Aortic Aneurysm Screening</b>  <b>USPSTF Rating (Dec. 2019): B</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><b>Procedure Code(s):</b> Ultrasound Screening Study for Abdominal Aortic Aneurysm:  76706  <b>Diagnosis Code(s):</b>  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 76<sup>th</sup> 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><b>Bacteriuria Screening</b>    <b>USPSTF Rating (Sept. 2019): A</b>  The USPSTF recommends screening for asymptomatic bacteriuria using urine culture in pregnant persons.</p>	<p><b>Procedure Code(s):</b>    81007, 87086, 87088    <b>Diagnosis Code(s):</b>  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><b>Chlamydia Infection Screening</b>  <b>USPSTF Rating (Sept. 2021): B</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.  <b>Notes:</b>  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><b>Procedure Code(s):</b>  <b>Chlamydia Infection Screening:</b>  86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87801, 87810  <b>Blood Draw:</b>  36415, 36416  Blood draw codes only apply to lab codes 86631 or 86632  <b>Diagnosis Code(s):</b>  <b>Pregnancy:</b>  Requires an obstetric diagnosis code <b>or</b>  <b>Screening:</b>  Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129  <b>Other:</b> Z11.3, Z11.4, Z11.8, Z29.81, Z72.51, Z72.52, Z72.53</p>	<p><b>Chlamydia Infection Screening:</b> Requires an obstetric diagnosis code <b>or</b> one of the screening diagnosis codes listed in this row in any position of the claim.  <b>Blood Draw:</b>  Required to be billed with 86631 or 86632 <b>and</b></p> <ul style="list-style-type: none"> <li>• One of the Screening diagnosis codes listed in this row code in any position of the claim <b>or</b></li> <li>• Requires an obstetric diagnosis code in any position of the claim.</li> </ul> <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><b>Gonorrhea Screening</b>  <b>USPSTF Rating (Sept. 2021): B</b></p>	<p><b>Procedure Code(s):</b>  87590, 87591, 87592, 87801, 87850</p>	<p>Requires either an obstetric diagnosis code <b>or</b> 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>

<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><b>Notes:</b> 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><b>Diagnosis Code(s):</b> Pregnancy: Requires an obstetric diagnosis code <b>or</b> Screening: Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129</p> <p><b>Other:</b> Z11.3, Z11.4, Z29.81, Z72.51, Z72.52, Z72.53</p>	
<p><b>Hepatitis B Virus Infection Screening</b> Pregnant Women: <b>USPSTF Rating (July 2019): A</b></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: <b>USPSTF Rating (Dec. 2020): B</b></p> <p>The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection. <b>Bright Futures (July 2022):</b> Bright Futures recommends screening between the ages 0-21 years (perform risk assessment for hepatitis B virus (HBV) infection).</p>	<p><b>Procedure Code(s):</b> Hepatitis B Virus Infection Screening: 86704, 86706, 87340, 87341, 87467 <b>Blood Draw:</b> 36415, 36416 <b>Diagnosis Code(s):</b> Pregnancy: Requires an obstetric diagnosis code <b>or</b> <b>Screening:</b> Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 <b>Other:</b> Z11.3, Z11.4, Z11.59, Z29.81, Z57.8, Z72.51, Z72.52, Z72.53</p>	<p><b>Hepatitis B Virus Infection Screening:</b> Requires an obstetric diagnosis code <b>or</b> one of the screening diagnosis codes listed in this row.</p> <p><b>Blood Draw:</b> Requires one of the listed Hepatitis B Virus infection screening procedure codes listed in this row <b>and</b></p> <ul style="list-style-type: none"> <li>• Requires an obstetric diagnosis code <b>or</b></li> <li>• One of the screening diagnosis codes listed in this row in the first, second or third position on the claim.</li> </ul> <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><b>Hepatitis C Virus Infection Screening</b> <b>USPSTF Rating (March 2020): B</b></p>	<p><b>Procedure Code(s):</b> Hepatitis C Virus infection screening: 86803, 86804, G0472</p>	<p><b>Hepatitis C Virus Infection Screening:</b> Does not have diagnosis code requirements for the preventive benefit to apply. Allow once per lifetime.</p>

<p>USPSTF recommends screening for hepatitis C virus infection in adults aged 18-79 years.</p> <p><b>Bright Futures (March 2021)</b> Bright Futures recommends screening all individuals aged 18 to 79 years at least once for hepatitis C virus infection (HCV).</p>	<p><b>Blood Draw:</b> 36415, 36416</p> <p><b>Diagnosis Code(s):</b> Does not have diagnosis code requirements for the preventive benefit to apply.</p>	<p><b>Blood Draw:</b> 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><b>HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults</b></p> <p><b>HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults</b></p> <p><b>USPSTF Rating (June 2019): A</b></p> <p>The USPSTF recommends that clinicians screen for HIV infection in:</p> <ul style="list-style-type: none"> <li>• Adolescents and adults aged 15-65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened.</li> <li>• All pregnant women, including those who are present in labor or at delivery whose HIV status is unknown.</li> </ul> <p><b>Note:</b> 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><b>Procedure Code(s):</b> 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><b>Blood Draw:</b> 36415, 36416</p> <p><b>Diagnosis Code(s):</b> Pregnancy: Requires an obstetric diagnosis code <b>or</b></p> <p><b>Screening:</b> 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 <b>or</b> one of the screening diagnosis codes listed in this row in the first, second or third position on the claim.</p> <p><b>Blood Draw:</b> Requires <b>both</b> of the following:</p> <ul style="list-style-type: none"> <li>• One of the listed HIV screening procedure codes in this row <b>and</b></li> <li>• One of the screening diagnosis codes listed in this row <b>or</b></li> <li>• Requires an obstetric diagnosis code.</li> </ul> <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><b>RH Incompatibility Screening</b></p> <p><b>USPSTF Rating (Feb. 2004): A</b></p> <p>Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.</p> <p><b>USPSTF Rating (Feb. 2004): B</b></p>	<p><b>Procedure Code(s):</b> RH Incompatibility Screening: 86850, 86901</p> <p><b>Blood Draw:</b> 36415, 36416</p> <p><b>Diagnosis Code(s):</b> Requires an obstetric diagnosis</p>	<p><b>RH Incompatibility Screening:</b> 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 once per benefit period.</p>

<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><b>Syphilis Screening</b> Non-Pregnant Adolescents and Adults at Increased Risk: <b>USPSTF Rating (Sept. 2022): A</b></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.) Pregnant Women: <b>USPSTF Rating (Sept. 2018): A</b> The USPSTF recommends early screening for syphilis infection in all pregnant women. <b>Note:</b> Bright Futures recommend sexually transmitted infection screening be conducted if risk assessment is positive between the ages of 11 and 21 years.</p>	<p><b>Procedure Code(s):</b> <b>Syphilis Screening:</b> 86592, 86593, 86780</p> <p><b>Blood Draw:</b> 36415, 36416</p> <p><b>Diagnosis Code(s):</b> Requires an obstetric diagnosis code <b>or</b> <b>Screening:</b> 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><b>Syphilis Screening:</b> 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><b>Blood Draw:</b> Requires <b>both</b> of the following:</p> <p>One of the listed syphilis screening procedure codes listed in this row <b>and</b> One of the screening diagnosis codes listed in this row <b>or</b> 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><b>Genetic Counseling and Evaluation for BRCA Testing and BRCA Lab Screening</b> <b>USPSTF Rating (Aug. 2019): B</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><b>Genetic Counseling and Evaluation</b> <b>Procedure Code(s):</b> <b>Medical Genetics and Genetic Counseling Services:</b> 96041, S0265 <b>Evaluation and Management (Office Visits):</b> 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417, 99385, 99386, 99387, 99395, 99396, 99397, G0463 <b>Diagnosis Code(s):</b> 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"> <li>• Requires one of the genetic counseling and evaluation diagnosis codes listed in this row in the primary position.</li> </ul> <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><b>BRCA Lab Screening</b> <b>Procedure Code(s):</b> 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217 <b>Blood Draw:</b> 36415, 36416 <b>Diagnosis Code(s):</b></p>	<p><b>BRCA Lab Screening</b> *Prior authorization requirements apply to BRCA lab screening. Applies to <b>age 18+</b> when billed with one of the BRCA Lab Screening diagnosis codes listed in this row. <b>Blood Draw:</b> Requires one of the BRCA Lab Screening procedure codes listed in this row <b>and</b> one of the BRCA Lab Screening diagnosis codes listed in this row.</p>

	<p>Family History or Personal History of breast cancer and/or ovarian cancer: Z80.3, Z80.41, Z85.3, Z85.43</p>	
<p><b>Screening for Pre-Diabetes and Type 2 Diabetes</b>  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><b>Pre-Diabetes Preventive Interventions</b>  <b>Procedure Code(s):</b>  Medical Nutrition Therapy or Counseling: 97802, 97803, 97804,  <b>Preventive Medicine Individual Counseling:</b> 99401, 99402, 99403, 99404  <b>Diagnosis Code(s):</b>  R73.03 (prediabetes)  <b>Diabetes Screening Procedure Code(s): Diabetes Screening:</b> 82947, 82948, 82950, 82951, 82952, 83036  <b>Blood Draw:</b>  36415, 36416  <b>Diagnosis Code(s): Required Diagnosis Codes (requires at least one):</b>  Z00.00, Z00.01, Z13.1  <b>And one of the following additional diagnosis codes Additional Diagnosis Codes (requires at least one):</b>  <b>Overweight:</b>  E66.3, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29  <b>Obesity:</b>  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  <b>Body Mass Index 30.0 – 39.9:</b>  Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39</p>	<p><b>Pre-Diabetes Preventive Interventions</b>  Limited to age 35-70 years (ends on 71st birthday).  Requires diagnosis code R73.03.</p> <p><b>Diabetes Screening</b>  Limited to age 35-70 years (ends on 71st birthday)</p> <p><b>Diabetes Screening:</b>  Requires one of the Required Diagnosis Codes listed in this row and one of the listed</p> <p><b>AND:</b>  Additional diagnosis codes in this row.  <b>Blood Draw:</b>  Requires <b>all</b> of the following:</p> <ul style="list-style-type: none"> <li>• One of the listed diabetes screening procedure codes listed in this row and</li> <li>• One of the listed required diagnosis Codes and</li> <li>• One of the listed additional diagnosis codes.</li> </ul> <p>Allow CPT/DX combination codes once per year for adults between 35-70 years of age.</p>

	<p><b>Body Mass Index 40.0 and Over:</b> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p>	
<p><b>Gestational Diabetes Screening</b> <b>USPSTF Rating (Aug. 2021): B</b> The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women at 24 weeks of gestation or after.</p>	<p>See expanded women's health section under HRSA.</p>	<p>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>
<p><b>Screening Mammography</b> <b>USPSTF Rating (2002): B</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><b>Procedure Code(s):</b> 77063, 77067 <b>Revenue Code:</b> 0403 <b>Diagnosis Code(s):</b> Z12.31, Z12.39</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>Montana and Idaho may have supplemental screening benefits. See the state-specific supplemental women's health breast cancer screening policy for benefits.</p> <p>*Prior Authorization may be required for advanced imaging</p>
<p><b>Cervical Cancer Screening</b> <b>USPSTF Rating (Aug. 2018): A</b></p> <p><u>Age 21-29 years:</u> The USPSTF recommends screening for cervical cancer every 3 years <b>with cervical cytology alone</b> in women aged 21-29 years.</p> <p><u>Age 30-65 years:</u> For women aged <b>30 to 65 years</b>, the USPSTF recommends: Screening every 3 years with <b>cervical cytology alone</b>, Every 5 years with high-risk <b>human papillomavirus (hrHPV) testing alone</b>, or</p>	<p><b>Human Papillomavirus DNA Testing (HPV)</b> <b>Procedure Code(s):</b> 87624, 87625, 87626, G0476</p>	<p><b>Human Papillomavirus DNA Testing (HPV)</b> Age 30 years and up.</p> <p><b>Diagnosis Code(s):</b> 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 <b>21-29 years</b> 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 <b>30 to 65 years</b>, procedure codes in this row every 3 years. A diagnosis must be in the first, second or third position of the claim.</p>

<p>Every 5 years with hrHPV testing in combination with cytology (co-testing).</p> <p><b>Bright Futures, March 2014:</b> Adolescents should no longer be routinely screened for cervical dysplasia until age 21.</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 procedure codes are not covered.</p>
	<p><b>Code Group 1 Diagnosis Code(s):</b> Z00.00, Z00.01, Z01.411, Z01.419, Z11.51, Z12.4</p> <p><b>Cervical Cytology (Pap Test) Code Group 1 Procedure Code(s):</b> G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, P3000, P3001</p> <p><b>Code Group 2 Procedure Code(s):</b> 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175</p> <p><b>Code Group 2 Diagnosis Code(s):</b> Z00.00, Z00.01, Z01.411, Z01.419, Z12.4</p>	<p><b>Cervical Cytology (Pap Test)</b></p> <p><b>Code Group 1:</b> Limited to age 21-65 years (ends on 66<sup>th</sup> birthday).</p> <p><b>Code Group 2 Diagnosis Code(s):</b> 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><b>Code Group 2:</b> Limited to age 21–65 years (ends on 66<sup>th</sup> birthday). Requires one of the Code Group 2 diagnosis codes listed in this row.</p>
<p><b>Statin Use for the Primary Prevention of Cardiovascular Disease in Adults - Cholesterol Screening (Lipid Disorders Screening)</b></p> <p><b>USPSTF Rating (August 2022): B</b> The 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><b>Notes:</b> For statin medication benefits, refer to the pharmacy plan administrator. Dyslipidemia Screening for recommendations for children.</p>	<p><b>Procedure Code(s):</b></p> <p><b>Cholesterol Screening:</b> 80061, 82465, 83718, 83719, 83721, 83722, 84478</p> <p><b>Blood Draw:</b> 36415, 36416</p> <p><b>ASCVD Risk Assessment and Risk Management Services:</b> G0537, G0538</p> <p><b>Diagnosis Code(s):</b> Z00.00, Z00.01, Z13.220</p>	<p><b>Cholesterol Screening:</b> Ages 40-75 years (ends on 76<sup>th</sup> birthday). Requires one of the diagnosis codes listed in this row for 80061, 82465, 83718, 83719, 83721, 83722, 84478.</p> <p><b>Blood Draw:</b> Ages 40-75 years (ends on 76<sup>th</sup> birthday): Requires one of the listed cholesterol screening procedure codes <b>and</b> one of the diagnosis codes listed in this row. In the first, second or third position of the claim</p> <p><b>ASCVD Risk Assessment and Management Services:</b> Ages 40-75 years (ends on 76<sup>th</sup> birthday).</p> <p><b>Preventive Benefit Does Not Apply:</b> For all ages above, if any of the following lipid disorders diagnosis codes are present in any position, the preventive benefit does <b>not</b> 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><b>Colorectal Cancer Screening</b>  <b>USPSTF Rating (May 2021): B</b>  USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years.  <b>USPSTF Rating (May 2021): A</b>  USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years.</p>	<p><b>Colonoscopy Procedure Code(s):</b>  Preventive G0105, G0121, 45378, 45380, 45381, 45384, 45385, 45388  <b>Diagnosis Code(s):</b>  Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79    <b>Note:</b> Also see the Colonoscopy Pre-Op Consultation row below.</p>	<p><b>Colonoscopy</b>  <b>Age Limits:</b> 45-75 years (ends on 76<sup>th</sup> birthday).    <b>Diagnosis Code(s):</b>  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.    *A Colonoscopy 90 days post-positive Fecal DNA (Cologuard<sup>®</sup>) 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><b>Sigmoidoscopy Procedure Code(s):</b>  Preventive Sigmoidoscopy: G0104 45330, 45331, 45333, 45338, 45346  <b>Diagnosis Code(s):</b>  Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0    <b>Pathology and Anesthesia (for Colonoscopy or Sigmoidoscopy) Procedure Code(s):</b>  Pathology: 88304, 88305  Anesthesia: 00811, 00812, 99152, 99153, 99156, 99157,  <b>Diagnosis Code(s):</b>  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><b>Sigmoidoscopy</b>  <b>Age Limits:</b> 45-75 years (ends on 76<sup>th</sup> 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.    <b>or</b>    <b>Pathology and Anesthesia (for Colonoscopy or Sigmoidoscopy)</b>  <b>Age Limits:</b> 45-75 years (ends on 76<sup>th</sup> birthday).  Requires <b>both</b> 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    <b>and</b>  <ul style="list-style-type: none"> <li>One of the procedure codes listed in the Colonoscopy row, or the Sigmoidoscopy row.</li> </ul> <b>Note:</b> Preventive benefits apply when the surgeon's claim is preventive.    <ul style="list-style-type: none"> <li>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)</li> <li>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).</li> </ul> </p>
	<p><b>Fecal Occult Blood Testing (FOBT) and Fecal Immunochemical Test (FIT) Procedure Code(s):</b></p>	<p><b>Fecal Occult Blood Testing (FOBT) and Fecal Immunochemical Test (FIT)</b>  <b>Age Limits:</b> 45-75 years (ends on 76<sup>th</sup> birthday).</p>

	<p>82270, 82274</p> <p><b>Diagnosis Code(s):</b> 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><b>Fecal DNA Procedure Code(s):</b> 81528</p> <p><b>Diagnosis Code(s):</b> 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>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</p> <p>Age Limits: 45-75 years (ends on 76th birthday). The benefit is limited to once every 3 years.</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>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<sup>®</sup>) 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><b>Preop Consultation</b> 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><b>Diagnosis Codes</b> Applies to Procedure Codes above Z12.10, Z12.11, Z12.12, Z80.0, Z183.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79</p>	<p><b>Preop Consultation</b> Age Limits 45-75 years of age (ends on 76<sup>th</sup> birthday)</p> <p><b>Diagnosis Codes:</b> 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>
	<p><b>Computed Tomographic Colonography (Virtual Colonoscopy)</b> Procedure Codes 74263</p> <p><b>Diagnosis Codes:</b> Z12.10, Z12.11, Z12.12, Z80.0, Z18.3, Z83.710, Z83.711, Z83.718, Z83.719, Z83.72, Z83.79</p>	<p><b>Computed Tomographic Colonography (Virtual Colonoscopy)</b> Age Limits 45-75 years of age (ends on 76<sup>th</sup> 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><b>*Prior authorization requirements may apply</b></p>

<p><b>Wellness Examinations (Well-Baby, Well-Child, Well Adult)</b></p> <p><b>USPSTF Rating-</b> None</p> <p><b>HRSA Requirements:</b> The Wellness Examinations codes in this row include the following HRSA requirements for women, where applicable.</p> <ul style="list-style-type: none"> <li>Breastfeeding support, counseling, and education</li> <li>Contraceptive methods and sterilizations (counseling and follow-up care)</li> <li>Screening and counseling for interpersonal domestic violence</li> <li>Screening for human immunodeficiency virus infection (HIV); education and risk assessment</li> <li>Counseling for sexually transmitted infections (STIs)</li> <li>Well-woman preventive visits</li> <li>Screening for urinary incontinence</li> <li>Obesity prevention in midlife women (counseling)</li> </ul>	<p><b>Preventive Medicine Services (Evaluation and Management):</b> 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397</p> <p><b>Preventive Medicine, Individual Counseling:</b> 99401, 99402, 99403, 99404</p> <p><b>Preventive Medicine, Group Counseling:</b> 99411, 99412</p> <p><b>Newborn Care (evaluation and management):</b> 99461</p> <p><b>Counseling Visit (to discuss the need for Lung Cancer Screening (LDCT) using Low Dose CT scan):</b> G0296</p> <p><b>Diagnosis Code(s):</b> 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><b>Diagnosis Code(s):</b> 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>
<p><b>Newborn Screenings</b> All newborns</p> <p><b>USPSTF Rating (March 2008):</b> A</p> <p>Hypothyroidism Screening: Screening for congenital hypothyroidism in newborns.</p> <p><b>USPSTF Rating (March 2008):</b> A</p> <p>Phenylketonuria Screening: Screening for phenylketonuria (PKU) in newborns.</p> <p><b>USPSTF Rating (Sept. 2007):</b> A</p> <p>Sickle Cell Screening: Screening for sickle cell disease in newborns.</p> <p>Note: For Bright Futures hearing screening, see Hearing Tests (Bright Futures).</p>	<p><b>Procedure Code(s):</b> Hypothyroidism Screening: 84437, 84443</p> <p><b>Phenylketonuria Screening:</b> 84030, S3620</p> <p><b>Sickle Cell Screening:</b> 83020, 83021, 83030, 83033, 83051, S3850</p> <p><b>Blood Draw:</b> 36415, 36416</p> <p><b>Diagnosis Code(s):</b> Does not have diagnosis code requirements for the preventive benefit to apply.</p>	<p><b>Newborn Screenings:</b> Age 0-90 days. Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p><b>Blood Draw:</b> Age 0-90 days requires one of the listed Hypothyroidism Screening, Phenylketonuria Screening, or Sickle Cell Screening procedure codes.</p> <p>Allow once per benefit period.</p>

<p><b>Metabolic Screening Panels for Newborns</b></p>	<p><b>Procedure Code(s):</b>  <b>Metabolic Screening Panel:</b>  82017, 82136, 82261, 82775, 83020, 83498, 83516, 84030, 84437, 84443, S3620  <b>Blood Draw:</b>  36415, 36416  <b>Diagnosis Code(s):</b>  Does not have diagnosis code requirements for the preventive benefit to apply.</p>	<p><b>Metabolic Screening Panel:</b>  Age 0-90 days. Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p><b>Blood Draw:</b>  Age 0-90 days. Requires one of the listed Metabolic Screening Panel procedure codes listed in this row.</p> <p>Allow once per benefit period.</p>
<p><b>Osteoporosis Screening</b>  <b>USPSTF Rating (June 2018): B</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.  <b>USPSTF Rating (June 2018): B</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><b>Procedure Code(s):</b>  76977, 77080, 77081  <b>Diagnosis Code(s):</b>  Z00.00, Z00.01, Z13.820, Z82.62</p>	<p>Requires one of the diagnosis codes listed in this row.</p> <p><b>Ages 65 and over:</b>  Allow one every 2 years for females beginning at age 65. Use beyond preventive indication may be covered under the medical benefit.</p> <p><b>For women younger than 65 years of age:</b>  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.</p> <p>Use beyond preventive indication may be covered under the medical benefit.</p>
<p><b>Screening and Behavioral</b>  Counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults  <b>USPSTF Rating (Nov. 2018): B</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><b>Procedure Code(s):</b>  <b>Alcohol or Drug Use Screening:</b>  99408, 99409  <b>Annual Alcohol Screening:</b>  G0442  <b>Brief Counseling for Alcohol:</b>  G0443  <b>Diagnosis Code(s):</b>  Does not have diagnosis code requirements for preventive benefit to apply.</p>	<p>Does not have diagnosis code requirements for preventive benefits to apply.</p> <p>Allow once per benefit period.  Not allowed to be billed separately if billed with the E/M 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><b>Preventive Clinical Laboratory screenings</b>  Required under the Affordable care Act.</p>	<p><b>Procedure Code(s):</b>  80047, 80048, 80050, 80053, 80061, 81000, 82947, 82948, 85027, 85025, 83036, 84443, 84152, 84153, 36415</p>	<p><b>Diagnosis Code(s):</b>  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><b>Prostate Cancer Screening in Men Aged 55-69 years of age:</b>  <b>USPSTF Rating: C (May. 2018)</b>  For men aged 55 to 69 years, the decision to undergo periodic</p>	<p><b>Procedure Codes(s):</b>  84152, 84153, G0102, G0103  <b>Diagnosis Code(s):</b></p>	<p>Allow one per benefit year  Men aged 40-69 years of age.</p>

<p>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</p> <p><b>Men Aged Over 70 years of age</b>  <b>USPSTF Rating: D (May, 2018)</b>  Do not screen for prostate cancer.</p>	<p>Does not have diagnosis code requirements for preventive benefit to apply.</p>	
<p><b>Bright Futures (April 2017):</b>  Bright Futures recommends alcohol- or drug-use assessments for ages 11-21 years.</p> <p><b>Unhealthy Drug Use Screening (Adults)</b>  <b>USPSTF Rating (June 2020): B</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</p>	<p><b>Procedure Code(s):</b>  <b>Alcohol or Drug Use Screening:</b>  99408, 99409</p> <p><b>Diagnosis Code(s):</b>  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>about unhealthy drug use, not testing biological specimens.)  <b>Bright Futures (April 2017):</b> Bright Futures recommends alcohol or drug use assessments from age 11-21 years.</p>		
<p><b>High Blood Pressure in Adults – Screening</b></p> <p><b>USPSTF Rating (April 2021): A</b>  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><b>Blood Pressure Measurement in a Clinical Setting</b>  N/A</p> <p><b>Ambulatory Blood Pressure Measurement (Outside of a Clinical Setting)</b>  <b>Procedure Code(s):</b> Ambulatory Blood Pressure Measurement: 93784, 93786, 93788 or 93790  <b>Diagnosis Code(s):</b>  <b>Abnormal Blood-Pressure Reading Without Diagnosis of Hypertension:</b>  R03.0</p>	<p><b>Blood Pressure Measurement in a Clinical Setting</b>  This service is included in a preventive care wellness examination.</p> <p><b>Ambulatory Blood Pressure Measurement (Outside of a Clinical Setting)</b>  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><b>Breast Cancer: Medication Use to Reduce Risk</b>  <b>USPSTF Rating (Sept. 2019): B</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><b>Procedure Code(s):</b>  <b>Evaluation and Management (Office Visits):</b>  99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397, 99417  <b>Diagnosis Code(s):</b>  Z80.3, Z80.41</p>	<p>Requires one of the diagnosis codes listed in this row in the primary position.  Allow once per benefit period.</p>
<p><b>Primary Care Interventions to Promote Breastfeeding</b>  <b>USPSTF Rating (Oct. 2016): B</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><b>Depression in Adults (Screening)</b>  <b>USPSTF Rating (June 2023): B</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</p>	<p><b>Procedure Code(s):</b>  96127, 96161,  <b>Diagnosis Code(s):</b>  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.  Allow once per benefit period.</p>

months of age.		
<p><b>Depression in Children and Adolescents (Screening)</b>  <b>USPSTF Rating (October 2022): B</b>  The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12-18 years.  <b>Bright Futures (February 2017):</b>  Maternal Depression Screening: Routine screening for postpartum depression should be integrated into well-child visits at 1, 2, 4, and 6 months of age.  <b>Note:</b> The Bright Futures Periodicity Schedule recommends depression screening begin at age 12-21 years.</p>	<p><b>Procedure Code(s):</b>  96127, 96161  <b>Diagnosis Code(s):</b>  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><b>Anxiety Disorders in Adults (Screening)</b>  <b>USPSTF Rating (June 2023): B</b>  The USPSTF recommends screening for anxiety in adults, including pregnant and postpartum persons. This applies to adults aged 64 or younger.</p>	<p><b>Procedure Code(s):</b>  96127  <b>Diagnosis Code(s):</b>  <b>Encounter for Screening Examination for Other Mental Health and Behavioral Disorders:</b>  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><b>Screening for Anxiety in Children and Adolescents</b>  <b>USPSTF Rating (October 2022): B</b>  The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years.</p>	<p><b>Procedure Code(s):</b>  96127  <b>Diagnosis Code(s):</b>  <b>Encounter for Screening Examination for Other Mental Health and Behavioral Disorders:</b>  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 CPT code with ICD-10-CM code for adults aged 8 to 18 years if no E/M is billed.</p>
<p><b>Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions</b>  <b>USPSTF Rating (Nov. 2020): B</b>  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><b>Procedure Code(s):</b>  Medical Nutrition Therapy or Counseling:  97802, 97803, 97804, G0270, G0271  <b>Preventive Medicine Individual Counseling:</b>  99401, 99402, 99403, 99404  <b>ASCVD Risk Assessment and Risk Management Services:</b>  G0537, G0538  <b>Diagnosis Code(s):</b>  Screening: Z13.220    <b>Nicotine Dependence, Tobacco Use, or Family History of IHD:</b>  F17.210, F17.211, F17.213, F17.218, F17.219, Z72.0, Z87.891, Z82.49</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>

**Overweight:**  
E66.3, Z68.25, Z68.26, Z68.27,  
Z68.28, Z68.29

**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

**Body Mass Index 40.0 and Over:**  
Z68.41, Z68.42, Z68.43, Z68.44,  
Z68.45

**Impaired Fasting Glucose:**  
R73.01

**Metabolic Syndrome; Insulin  
Resistance Syndrome Type A;  
Other Insulin Resistance:**  
E88.810, E88.811, E88.818,  
E88.819

**Hyperlipidemia / Dyslipidemia:**  
E78.00, E78.010, E78.011, E78.019,  
E78.1, E78.2, E78.3, E78.41,  
E78.49, E78.5

**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

**Essential Hypertension:**  
I10

**Resistant Hypertension:**  
I1A.0

**Secondary Hypertension:**  
I15.0, I15.1, I15.2, I15.8, I15.9,  
N26.2

**Hypertension Complicating  
Pregnancy, Childbirth, and the  
Puerperium:**  
  
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,

	<p>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><b>Urgent/Emergency/Crisis Hypertension:</b> I16.0, I16.1, I16.9</p> <p><b>Diabetes:</b> Diabetes Diagnosis Code List</p> <p><b>Atherosclerosis:</b> Cardiovascular Diagnosis Code List</p> <p><b>Coronary Atherosclerosis:</b> 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><b>Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions USPSTF Rating (Sept. 2018): B</b> 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><b>Procedure Code(s):</b> <b>Medical Nutrition Therapy:</b> 97802, 97803, 97804</p> <p><b>Preventive Medicine Individual Counseling:</b> 99401, 99402, 99403, 99404</p> <p><b>Diagnosis Code(s):</b> <b>Body Mass Index 30.0-39.9:</b> Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39</p> <p><b>Body Mass Index 40.0 and over:</b> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p><b>Obesity:</b> E66.01, E66.09, E66.1, E66.2, E66.811, E66.812, E66.813, E66.89, E66.9, E88.82</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 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><b>High Body Mass Index in Children and Adolescents USPSTF Rating (June 2024): B</b> The USPSTF recommends that clinicians provide or refer children and adolescents 6 years or older with</p>	<p><b>Procedure Code(s):</b> <b>Medical Nutrition Therapy:</b> 97802, 97803, 97804</p> <p><b>Preventive Medicine Individual Counseling:</b> 99401, 99402, 99403, 99404</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&amp;M visit.</p>

<p>a high body mass index (BMI) (<math>\geq</math> 95<sup>th</sup> 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><b>Diagnosis Code(s):</b>  <b>Obesity:</b>  E66.01, E66.09, E66.1, E66.2, E66.811, E66.812, E66.813, E66.89, E66.9. E88.82  Pediatric BMI of 120% or more of the 95th percentile for age:  Z68.54, Z68.55, Z68.56</p>	<p>Not separately reimbursed.</p>
<p><b>Healthy Weight and Weight Gain During Pregnancy: Behavioral Counseling Interventions</b>  <b>USPSTF Rating (May 2021): B</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><b>Procedure Code(s):</b>  <b>Medical Nutrition Therapy:</b>  97802, 97803, 97804  <b>Preventive Medicine Individual Counseling:</b>  99401, 99402, 99403, 99404  <b>Diagnosis Code(s):</b>  Obstetric diagnosis codes</p>	<p>Requires one of the diagnosis codes listed in this row.   In the first, second, or third position of the claim   Allow once per benefit period.</p>
<p><b>Behavioral Counseling to Prevent Sexually Transmitted Infections</b>  <b>USPSTF Rating (Aug. 2020): B</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><b>Procedure Code(s):</b>  <b>STIs Behavioral Counseling:</b>  G0445  <b>Preventive Medicine Individual Counseling:</b>  99401, 99402, 99403, 99404  <b>Diagnosis Code(s):</b>  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.   Allow G0445 twice a year.</p>
<p><b>Interventions for Tobacco Smoking Cessation in Adults, including Pregnant Persons</b>  <b>USPSTF Rating (Jan. 2021): A</b>  <b>Pregnant Persons (A):</b> The USPSTF recommends that clinicians ask <b>all pregnant persons</b> about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco.  <b>Nonpregnant Adults (A):</b> The USPSTF recommends that clinicians ask <b>all adults</b> 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 <b>nonpregnant</b> adults who use tobacco.  <b>Note:</b> Refer to the plan’s pharmacy benefit plan administrator for details on prescription medications available under the plan’s preventive benefit.</p>	<p><b>Procedure Code(s):</b> Behavioral Interventions: 99406, 99407  <b>Preventive Medicine, Individual Counseling:</b>  99401, 99402, 99403, 99404  <b>Diagnosis Code(s):</b>  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.   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><b>Primary Care Interventions to Prevent Tobacco Use in Children and Adolescents</b>  <b>USPSTF Rating (April 2013): B</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.  <b>Bright Futures (April 2017):</b> Bright Futures recommends tobacco use assessments from age 11-21 years.</p>	<p><b>Procedure Code(s):</b>  <b>Smoking and Tobacco Use Cessation Counseling Visit:</b>  99406, 99407  <b>Preventive Medicine, Individual Counseling:</b>  99401, 99402, 99403, 99404  <b>Diagnosis Code(s):</b>  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><b>Screening for Visual Impairment in Children</b>  <b>USPSTF Rating (Sept. 2017): B</b> The USPSTF recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors.  <b>Bright Futures:</b> 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><b>Procedure Code(s):</b>  <b>Visual Acuity Screening (e.g., Snellen chart):</b>  99173  <b>Instrument-Based Screening:</b>  99174, 99177  <b>Diagnosis Code(s):</b>  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><b>Behavioral Counseling to Prevent Skin Cancer</b>  <b>USPSTF Rating (March 2018): B</b> The USPSTF recommends counseling young adults, adolescents, children, and parents 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>N/A</p>	<p>This service is included in a preventive care wellness examination or focused E&amp;M visit.</p>
<p><b>Falls Prevention in Community-Dwelling Older Adults</b>  <b>USPSTF Rating (June 2024): B</b> USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.</p>	<p>N/A</p>	<p>This service is included in a preventive care wellness examination or focused E&amp;M visit.</p>
<p><b>Screening for Intimate Partner Violence</b>  <b>USPSTF Rating (Oct. 2018): B</b> The USPSTF recommends that clinicians screen for intimate partner violence in women of reproductive age and provide or refer women who</p>	<p>N/A</p>	<p>This service is included in a preventive care wellness examination.</p>

<p>screen positive to ongoing support services.</p>		
<p><b>Screening for Lung Cancer with Low-Dose Computed Tomography USPSTF Rating (March 2021): B</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><b>Procedure Code(s):</b> 71271 <b>Diagnosis Code(s):</b> F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891 <b>Code for Reporting Purposes:</b> G9275, G9276 <b>Note:</b> 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, <b>and</b></p> <p><b>All</b> the following criteria:</p> <ul style="list-style-type: none"> <li>• Age 50 to 80 years (ends on 81<sup>st</sup> birthday), and</li> <li>• At least 20 pack-years* of smoking history, and</li> <li>• Either a current smoker or has quit within the past 15 years</li> </ul> <p><b>Note:</b> Prior authorization requirements may apply</p>
<p><b>Fluoride Application in Primary Care USPSTF Rating (May 2014): B</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. <b>Bright Futures (July 2022):</b> 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><b>Procedure Code(s):</b> <b>Application of Topical Fluoride by Physician or Other Qualified Health Care Professional:</b> 99188 <b>Diagnosis Code(s):</b> Does not have diagnosis code requirements for the preventive benefit to apply.</p>	<p>Age 0-5years (ends on 6<sup>th</sup> birthday). Does not have diagnosis code requirements for the preventive benefit to apply.</p> <p>Allow one per benefit year.</p>
<p><b>Latent Tuberculosis Infection in Adults: Screening USPSTF Rating (May 2023): B</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><b>Procedure Code(s):</b> <b>Screening:</b> 86480, 86481, 86580 <b>Follow-Up Visit to Check Results:</b> 99211 <b>Blood Draw:</b> 36415, 36416 <b>Diagnosis Code(s):</b> R76.11, R76.12, Z00.00, Z00.01, Z11.1, Z11.7, Z20.1 <b>Note for age 18-21 years (ends on 22nd birthday)</b></p>	<p><b>Screening:</b> 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</p> <p>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</p> <p><b>Blood Draw:</b> Ages 18 years and up. Required to be billed with 86480 or 86481 <b>and</b> one of the diagnosis codes listed in this row. In the first, second, or third position of the claim</p>
<p><b>Hypertensive Disorders of Pregnancy Screening USPSTF Rating (Sept. 2023): B</b> The USPSTF recommends screening</p>	<p>Hypertensive disorders of pregnancy screening by blood pressure measurement are included in the code for a prenatal</p>	<p>See the following code groups in the HRSA Expanded Women’s Preventive Health section:</p> <ul style="list-style-type: none"> <li>• Prenatal Office Visits</li> <li>• Prenatal Care Visits</li> </ul>

<p>for hypertensive disorders in pregnant persons with blood pressure measurements throughout pregnancy.</p>	<p>care office visit. See the following code groups in the HRSA Expanded Women’s Preventive Health section:</p> <ul style="list-style-type: none"> <li>• Prenatal Office Visits</li> <li>• Prenatal Care Visits</li> <li>• Global Obstetrical Codes</li> </ul>	<ul style="list-style-type: none"> <li>• Global Obstetrical Codes</li> </ul>
<p><b>Perinatal Depression – Preventive Interventions (Counseling)</b> <b>USPSTF Rating (Feb. 2019): B</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><b>Code Group 1 Procedure Code(s):</b> Preventive Medicine Individual Counseling: 99401, 99402, 99403, 99404 <b>Preventive Medicine, Group Counseling:</b> 99411, 99412 <b>Prenatal Care Visits:</b> 59425, 59426 <b>Preventive Medicine Services (Evaluation and Management):</b> 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397</p>	<p><b>Code Group 1:</b> Does not have diagnosis code requirements for the preventive benefit to apply.</p>
	<p><b>Code Group 2 Procedure Code(s):</b> Evaluation and Management (Office Visits): 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, <b>Code Group 2 Diagnosis Code(s):</b> A Obstetric code; or Z39.2 (encounter for routine postpartum follow-up); or Z13.32 (encounter for screening for maternal depression)</p>	<p><b>Code Group 2:</b> Requires one of the Code Group 2 diagnosis codes listed in this row. In the first, second, or third position of the claim</p>
<p><b>Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis</b> <b>USPSTF Rating (Aug. 2023): A</b> 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. <b>Note:</b> This benefit also includes:</p> <ul style="list-style-type: none"> <li>• Kidney function testing (creatinine)</li> <li>• Serologic testing for hepatitis B and C virus</li> <li>• Testing for other STIs</li> <li>• Pregnancy testing when appropriate</li> <li>• Ongoing follow-up and monitoring including HIV</li> </ul>	<p><b>Procedure Code(s):</b> <b>Kidney Function Testing (Creatinine):</b> 82565, 82575 <b>Pregnancy Testing:</b> 81025, 84702, 84703 <b>Office Visits:</b> 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417, <b>Antiretroviral Therapy Injection:</b> 96372 (Administration) J0739 (Injection cabotegravir, 1mg) <b>Counseling for PrEP to prevent HIV:</b> G0011, G0013  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  <b>Note:</b> Prior authorization requirements may apply <b>Diagnosis Code(s):</b> Z11.3, Z11.4, Z29.81, Z72.51, Z72.52, Z72.53  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>

<p>testing every 3 months Refer to the plan's pharmacy benefit plan administrator for details on prescription medications available under the plan's preventive benefit.</p>		
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**Bright Futures**  
These are the requirements for Children and Adolescents under Bright Futures.

<p><b>Anemia Screening in Children</b> (Bright Futures)</p>	<p><b>Procedure Code(s):</b> <b>Anemia Screening in Children:</b> 85014, 85018 <b>Blood Draw:</b> 36415, 36416 <b>Diagnosis Code(s):</b> Z00.110, Z00.111, Z00.121, Z00.129, Z13.0</p>	<p>Anemia screening in Children: Prenatal Ages to 21 (ends on 22<sup>nd</sup> birthday). No frequency limit. Requires one of the diagnosis codes listed in this row in the first, second, or third position of the claim  <b>Blood Draw:</b> Ages prenatal to 21 (ends on 22<sup>nd</sup> birthday). Required to be billed with 85014 or 85018 <b>and</b> one of the diagnosis codes listed in this row.</p>
<p><b>Hearing Tests</b> <b>Bright Futures (April 2017):</b> 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><b>Procedure Code(s):</b> Hearing Tests: 92551, 92552, 92553, 92558, 92587, 92588, 92650, 92651, V5008 <b>Diagnosis Code(s):</b> Examination of Hearing: Z01.10 Routine Child: Z00.121, Z00.129 <b>General Exam (for 18-21years):</b> Z00.00, Z00.01 <b>Note:</b> 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 22<sup>nd</sup> 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><b>Screening for Visual Impairment in Children</b> (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><b>Formal Developmental/ Autism Screening</b> <b>Bright Futures:</b> • A formal, standardized</p>	<p><b>Procedure Code(s):</b> 96110 <b>Diagnosis Code(s):</b> Z00.121, Z00.129, Z13.40, Z13.41,</p>	<p>Ages prenatal to 2 years (ends on 3<sup>rd</sup> birthday). Once per visit Requires one of the diagnosis codes listed in this row in the first, second, or third position of the claim</p>

<p><b>developmental</b> screen is recommended during the <b>9-month</b> visit.</p> <ul style="list-style-type: none"> <li>• A formal, standardized <b>developmental</b> screen is recommended during the <b>18-month</b> visit, including a formal <b>autism</b> screen.</li> <li>• A formal, standardized <b>autism</b> screen is recommended during the <b>24-month</b> visit.</li> <li>• A formal, standardized <b>developmental</b> screen is recommended during the <b>30 monthly</b> visit.</li> </ul>	<p>Z13.42, Z13.49</p>	<p>Allow screening at the 9 months, 18months, 24 months and 30-month visit.</p>
<p><b>Lead Screening Bright Futures:</b> 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><b>Procedure Code(s):</b> Lead Screening: 83655 <b>Blood Draw:</b> 36415, 36416 <b>Diagnosis Code(s):</b> Z00.121, Z00.129, Z77.011</p>	<p><b>Lead Screening:</b> Ages 6 months through age 6 years (ends on 7<sup>th</sup> birthday). Requires one of the diagnosis codes listed in this row in the first, second, or third position of the claim <b>Blood Draw:</b> Ages 6 months through age 6 years (ends on 7<sup>th</sup> birthday). Required to be billed with 83655 <b>and</b> 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><b>Tuberculosis (TB) Testing Bright Futures</b> For individuals aged 18 years and older, refer to the USPSTF recommendation above for Latent Tuberculosis Infection: Screening, Adults.</p>	<p><b>Procedure Code(s): Screening:</b> 86580 <b>Follow-Up Visit to Check Results:</b> 99211 <b>Diagnosis Code(s):</b> R76.11, R76.12, Z20.1, Z00.121, Z00.129, Z11.1, Z11.7</p>	<p>Ages prenatal to 21 (ends on 22<sup>nd</sup> birthday). <b>Note:</b> 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 Z11.1 in the first, second, or third position of the claim.  No frequency limit.</p>
<p><b>Dyslipidemia Screening Bright Futures (April 2014):</b> 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><b>Procedure Code(s): Dyslipidemia Screening Lab Work:</b> 80061, 82465, 83718, 83719, 83721, 83722, 84478 <b>Blood Draw:</b> 36415, 36416 <b>Diagnosis Code(s):</b> Z00.121, Z00.129, Z13.220 <b>Note:</b> A risk assessment is included in the code for a wellness examination visit.</p>	<p><b>Dyslipidemia Screening Lab Work:</b> Ages 24 months to 21 years (ends on 22<sup>nd</sup> birthday). Requires one of the diagnosis codes listed in this row. <b>Blood Draw:</b> Ages 24 months to 21 years (ends on 22<sup>nd</sup> birthday). Requires one of the listed dyslipidemia screening procedure codes listed in this row <b>and</b> 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><b>Tobacco, Alcohol, or Drug Use Assessment Bright Futures (April 2017):</b> 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"> <li>• Primary Care Interventions to Prevent Tobacco Use in Children and Adolescents</li> <li>• Screening and Behavioral Counseling Interventions in Primary Care to Reduce</li> </ul>	<p>See the rows above</p> <ul style="list-style-type: none"> <li>• Primary Care Interventions to Prevent Tobacco Use in Children and Adolescents</li> <li>• Screening and Behavioral Counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults</li> <li>• Unhealthy Drug Use Screening (Adults)</li> </ul>

	<p>Unhealthy Alcohol Use in Adults</p> <ul style="list-style-type: none"> <li>•Unhealthy Drug Use Screening (Adults)</li> </ul>	
<p><b>Behavioral/Social/ Emotional Screening</b>  <b>Bright Futures (July 2022):</b> 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><b>Depression and Suicide Risk Screening</b>  <b>Bright Futures (July 2022):</b> Bright Futures recommend screening adolescents age 12-21 years for depression and suicide risk, making every effort to preserve the confidentiality of the adolescent.  <b>Bright Futures (February 2017):</b> 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 Anxiety (HRSA); Depression in Children and Adolescents (Screening) (USPSTF); and Perinatal Depression – Preventive Interventions (Counseling).</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>
<p><b>Sexually Transmitted Infections (STI)</b>  <b>Bright Futures (April 2017):</b> 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.</p>	<p>See the codes in the chlamydia infection screening and gonorrhea</p>	<p>See the codes in the chlamydia infection screening and gonorrhea</p>
<p><b>HIV Screening</b>  <b>Bright Futures (April 2023):</b>  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</p>	<p>See the codes in the HIV (Human Immunodeficiency Virus) screening for adolescents and adults’ row above.</p>	<p>See the codes in the HIV (Human Immunodeficiency Virus) screening for adolescents and adults’ row above.</p>

<p>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><b>Sudden Cardiac Arrest (SCA) and Sudden Cardiac Death (SCD) – Risk Assessment and ECG Screening Bright Futures (July 2022):</b> 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).</p>	<p><b>ECG Screening for those at Risk</b> <b>Procedure Code(s):</b> 93000, 93005, 93010 <b>Diagnosis Code(s):</b> <b>Required screening diagnosis codes (requires at least one):</b> Adult: Z00.00, Z00.01 Child: Z00.121, Z00.129 <b>And requires one of the following additional diagnosis codes (requires at least one):</b> 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 <b>Risk Assessment</b> A risk assessment is included in the code for a wellness examination visit</p>	<p><b>ECG Screening for those at Risk:</b> Limited to ages 11 years to 21 years (ends on 22<sup>nd</sup> 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</p>
<p><b>Hepatitis B Virus Infection Screening</b> <b>Bright Futures (July 2022):</b> Bright Futures recommends screening between the ages 0-21 years (perform risk assessment for hepatitis B virus (HBV) infection).</p>	<p>See the codes in the Hepatitis B Virus infection screening row above.</p>	<p>See the codes in the Hepatitis B Virus infection screening row above.</p>
<p><b>Wellness Examinations (Well-Baby, Well-Child, Well Adult)</b> <b>USPSTF Rating-</b> None <b>American Academy of Pediatrics/Bright Futures (2025)</b></p>	<p><b>Procedure Code(s):</b> <b>Infant &lt;1yr:</b> 99381, 99391 <b>Early Childhood 1-4 yrs:</b> 99382, 99392 <b>Late Childhood 5-11 years:</b> 99383, 99393 <b>Adolescent 12-17 yrs:</b> 99384, 99394 <b>18yrs or older:</b> See Adult Wellness benefits</p>	<p><b>Diagnosis Code(s):</b> <b>Required screening diagnosis codes (requires at least one):</b> 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 <a href="https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf">https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf</a> 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.</p>
<p><b>Expanded Women's Health</b> These are the requirements of the Health Resources and Services Administration (HRSA).</p>		

<p><b>Well-Woman Preventive Visits</b>  <b>HRSA Requirement (Dec. 2021):</b> 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.</p>	<p><b>Procedure Code(s):</b>  <b>Well-Woman Visits:</b>  See the wellness examinations row in the preventive care services section.</p> <p><b>Prenatal Office Visits:</b>  Evaluation and Management (Office Visits): 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417</p> <p><b>Pelvic Examination (add-on code):</b>  99459</p> <p><b>Physician Prenatal Education, Group Setting:</b>  99078</p> <p><b>Prenatal Care (Antepartum) Visits:</b>  59425, 59426</p> <p><b>Global Obstetrical Codes:</b>  59400, 59510, 59610, 59618</p> <p><b>Postpartum Care Visits (outpatient):</b>  59430</p>	<p><b>Well-Woman Visits:</b>  See the wellness examinations row in the preventive care services section.</p> <p><b>Prenatal Office Visits:</b>  Requires an Obstetric Diagnosis Code.</p> <p><b>Pelvic Examination add-on code 99459:</b>  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.</p> <p><b>Physician Prenatal Education, Group Setting:</b>  Requires an obstetric diagnosis code</p> <p><b>Postpartum Care Visits (outpatient):</b> Requires an Obstetric Diagnosis Code</p>
<p><b>Screening for Diabetes in Pregnancy</b>  <b>HRSA Requirement (Jan. 2023):</b>  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><b>Diagnosis Code(s):</b>  obstetric diagnosis code</p> <p><b>Procedure Code(s):</b>  <b>Diabetes Screening:</b>  82947, 82948, 82950, 82951, 82952, 83036</p> <p><b>Blood Draw:</b>  36415, 36416</p> <p><b>Diagnosis Code(s):</b>  obstetric diagnosis code</p>	<p><b>Diabetes Screening:</b>  Requires an obstetric diagnosis code (regardless of gestational week).</p> <p><b>Blood Draw:</b>  Requires one of the diabetes screening procedure codes listed in this row <b>and</b> one of the obstetric diagnosis codes.</p> <p><b>Note:</b> If a diabetes diagnosis code is present in any position, the preventive benefit will <b>not</b> be applied. See the diabetes diagnosis code list.</p>

<p><b>Screening for Diabetes After Pregnancy</b>  <b>HRSA Requirement (Jan. 2023):</b>  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 or negative because the hemoglobin A1c test is less accurate during the first 6 months postpartum</p>	<p><b>Procedure Code(s):</b>  <b>Diabetes Screening:</b>  82947, 82948, 82950, 82951, 82952, 83036  <b>Blood Draw:</b>  36415, 36416  <b>Diagnosis Code(s):</b>  Required screening diagnosis codes (requires at least one):  Z00.00, Z00.01, Z13.1  <b>And requires the following additional code:</b>  <b>Additional Diagnosis Code Required:</b>  Z86.32 (personal history of gestational diabetes)</p>	<p><b>Diabetes Screening:</b>  Requires one of the required screening diagnosis codes listed in this row and Z86.32.  No age limit.  <b>Blood Draw:</b>  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.  <b>Note:</b> 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><b>Screening for Urinary Incontinence</b>  <b>HRSA Requirement (Jan. 2024)</b> 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><b>Counseling for Sexually Transmitted Infections (STIs)</b>  <b>HRSA Requirement (Dec. 2021):</b> 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</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>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><b>Screening for Human Immunodeficiency Virus Infection (HIV)</b>  <b>HRSA Requirement (Dec. 2021):</b> 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 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><b>Education and Risk Assessment</b>  See the wellness examinations row in the preventive care services section  <b>Screening Tests</b>  See the HIV (Human Immunodeficiency Virus) screening for adolescents and adults row in the preventive care services section above</p>	<p><b>Education and Risk Assessment</b>  See the wellness examinations row in the preventive care services section  <b>Screening Tests</b>  See the HIV (Human Immunodeficiency Virus) Screening for Adolescents and Adults row in the Preventive Care Services section above.</p>
<p><b>Contraceptive Methods (Including Sterilizations) HRSA Requirement (Dec. 2021):</b>  WPSI recommends that adolescent and adult women have access to the full range of contraceptives and</p>	<p><b>Code Group 1 Procedure Code(s):</b>  <b>Sterilizations:</b>  <b>Tubal Ligation, Oviduct Occlusion:</b>  58600, 58605, 58611, 58615, 58670, 58671, A4264</p>	<p><b>Code Group 1:</b>  Does not have diagnosis code requirements for preventive benefits to apply.</p>

<p>contraceptive care to prevent unintended pregnancies and improve birth outcomes.</p> <p>Contraceptive care includes screening, education, counseling, and provision of contraceptives (including in the postpartum period).</p> <p>Contraceptive care also includes follow-up care (e.g., management, evaluation, and changes, including the removal, continuation, and discontinuation of contraceptives).</p> <p>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) 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>(See Code Group 4 below for Tubal Ligation Follow-Up)</p> <p><b>Contraceptive Methods:</b></p> <p><b>Diaphragm or Cervical Cap:</b> 57170, A4261, A4266</p> <ul style="list-style-type: none"> <li>• IUD (Paragard®) J7300</li> <li>• IUD (Skyla®) J7301</li> <li>• IUD (Liletta®) J7297</li> <li>• IUD (Kyleena®) J7296</li> </ul> <p>(See Code Group 2 below for additional IUD codes)</p> <p><b>Code Group 2 Procedure Code(s):</b></p> <p><b>Contraceptive Methods:</b></p> <p><b>Implantable Devices:</b> J7306, J7307 11976 (capsule removal) 11981 (implant insertion) 11982 (implant removal) 11983 (removal with reinsertion)</p> <p><b>IUDs:</b> J7298 (Mirena®) S4989 58300, S4981 (insertion) 58301 (removal)</p> <p><b>See Code Group 1 above for additional IUD codes</b></p> <p><b>Injections:</b> 96372 (administration) J1050 (injection Code)</p> <p><b>Group 2 Diagnosis Code(s):</b> 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><b>Code Group 3 Procedure Code(s):</b></p> <p><b>Anesthesia for Sterilization:</b> 00851, 00940, 00942, 00950, 00952, 01960, 01961, 01965, 01966, 01967, 01968</p> <p><b>Sterilization - Laparoscopy with Removal of Adnexal Structures:</b> 58661</p> <p><b>Code Group 3 Diagnosis Code(s):</b> This code is required for all Code Group 3 Procedure Codes: Sterilization:</p>	<p><b>Code Group 2:</b> Requires one of the Code Group 2 diagnosis codes listed in this row.</p> <p><b>Code Group 3:</b> Requires one of the Code Group 3 diagnosis codes listed in this row.</p>
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	Z30.2	
	<p><b>Tubal Ligation Follow-Up Hysterosalpingogram</b>  <b>Code Group 4 Procedure Code(s):</b>  <b>Catheterization and Introduction of Saline or Contrast Material:</b>  58340  <b>Hysterosalpingography:</b>  74740  <b>Contrast Material:</b>  Q9967  <b>Code Group 4 Diagnosis Code(s):</b>  Tubal Ligation Status:  Z98.51</p> <p><b>Code Group 5 Procedure Code(s):</b>  <b>IUD Follow-Up Evaluation and Management (Office Visit):</b>  99211, 99212  <b>Pelvic Examination (add-on code):</b>  99459  Refer to Code Group 7, Related Visits section below, for additional coding for Evaluation and Management (Office Visits).  <b>Code Group 5 Diagnosis Code(s):</b>  Encounter for routine checking of intrauterine contraceptive device:  Z30.431</p>	<p><b>Code Group 4:</b>  Requires one of the Code Group 4 diagnosis codes listed in this row.</p> <p><b>Code Group 5:</b>  Requires one of the Code Group 5 diagnosis code listed in this row.  <b>Pelvic Examination add-on code 99459:</b> 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>
	<p><b>Code Group 6 Procedure Code(s):</b>  Impacted IUD removal  58562  <b>Code Group 6 Diagnosis Code(s):</b>  Z30.432, Z30.433</p>	<p><b>Code Group 6:</b>  Requires one of the Code Group 6 diagnosis codes listed in this row.</p>
	<p><b>Code Group 7 Procedure Code(s):</b>  <b>Related Visits: Related Evaluation and Management Office/Outpatient Visits for Contraception or Sterilization:</b>  99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99417  <b>Pelvic Examination (add-on code):</b>  99459  Also see coding in the Wellness Examinations row above.  <b>Related Pregnancy Tests:</b>  <b>Pregnancy Tests When Related to</b></p>	<p><b>Code Group 7:</b>  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><b>Contraception or Sterilization:</b> 81025, 84702, 84703</p> <p><b>Code Group 7 Diagnosis Codes:</b> <b>Tubal Ligation Status:</b> Z98.51 <b>Sterilization:</b> Z30.2</p> <p><b>Contraceptive Management:</b> 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><b>Breastfeeding Services and Supplies</b> <b>HRSA Requirement (Dec. 2021):</b> 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.</p> <p>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 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>Counseling and Education <b>Procedure Code(s):</b> 98960, 98961, 98962, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, S9443</p> <p><b>Diagnosis Code(s):</b> 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, 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 &amp; Supplies <b>Procedure Code(s):</b> <b>Personal Use Electric Breast Pump:</b> E0603 <b>Breast Pump Supplies:</b> A4281, A4282, A4283, A4284, A4285, A4286, A4287, A4288 <b>Diagnosis Code(s):</b> 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 &amp; Supplies <b>Procedure Code(s):</b> <b>Personal Use Electric Breast Pump:</b> E0603</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> <p>Breastfeeding Equipment &amp; 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><b>Breastfeeding Equipment &amp; Supplies</b> 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><b>Breast Pump Supplies:</b> A4281, A4282, A4283, A4284, A4285, A4286, A4287, A4288</p> <p><b>Diagnosis Code(s):</b> Requires obstetric diagnosis code or Z39.1.</p>	
<p><b>Screening and Counseling for Interpersonal and Domestic Violence HRSA Requirement (Dec. 2016):</b> 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>	See the wellness examinations row in the preventive care services section	See the wellness examinations row in the preventive care services section
<p><b>Breast Cancer Screening for Average-Risk Women HRSA Requirement (Dec. 2016):</b> Recommends that average-risk 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. Women at increased risk should also undergo periodic mammography screening; however, recommendations for additional services are beyond the scope of this recommendation.</p>	See the wellness examinations row in the preventive care services section	See the wellness examinations row in the preventive care services section
<p><b>Screening for Cervical Cancer HRSA Requirement (Dec. 2016):</b> 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</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</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</p>

<p>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>in the preventive care services section above.</p>	<p>section above.</p>
<p><b>Screening for Anxiety HRSA Requirement (Dec. 2019):</b> 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><b>Procedure Code(s):</b> 96127</p> <p><b>Diagnosis Code(s):</b> 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>
<p><b>Obesity Prevention in Midlife Women (Counseling) HRSA Requirement (Dec. 2021):</b> WPSI recommends counseling midlife women aged 40 to 60 years with normal or overweight body mass index (BMI) (18.5-29.9 km/m<sup>2</sup>) 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>

## Preventive Code Diagnosis Codes

### Cardiovascular ICD-10

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
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
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
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
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
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
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	
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
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
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

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
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
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

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
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
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

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
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
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
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
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
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
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
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
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
O32.0XX0	Maternal care for unstable lie, not applicable or unspecified
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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

### Encounter for Well Child- Well Adult

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
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

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## 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.

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