

Prior Claims Payment Program Report

10/27/2015

DRAFT

The Prior Claims Payment Program Report describes the process to reimburse providers for costs of services provided to eligible Section 1931 members prior to their effective date of coverage, in accordance with Section IV.4.d. of the HIP 2.0 Special Terms and Conditions.

Program Description

In accordance with Section IV.4.d of the Healthy Indiana Plan (HIP) 2.0 Special Terms and Conditions, the Prior Claims Payment Program is targeted to individuals eligible through Section 1931, and reimburses providers for costs of services provided prior to their effective date of coverage.

Members must meet to following criteria to be eligible for the program:

- Members must be low-income parents and caretakers eligible for HIP State Plan benefits;
- Members must not have received Indiana Health Coverage Programs (IHCP) coverage at any time in the two years before their HIP enrollment; and
- Members must not have enrolled in HIP through a presumptive eligibility process.

This initiative was negotiated late in the Special Terms and Conditions process, and the State required adequate time to modify its system infrastructure to prepare for program implementation, which occurred on August 1, 2015.

The State sent a bulletin to Indiana Health Coverage (IHCP) providers in early August describing the program. The provider bulletin stated that the State will reimburse providers for covered medical services rendered to eligible members during the 90 calendar days immediately preceding their enrollment into HIP, and provided detailed instructions on how to verify member eligibility and how to submit claims. The State reviewed all claims that were submitted to the State for eligible members prior to August 1, and reprocessed denied claims as appropriate so providers did not have to resubmit these claims.

The provider bulletin provided explicit instructions to providers who may have already collected payments from HIP members for services eligible for reimbursement. The bulletin clarified that providers must refund members in full, and that providers may not hold members' refunds pending payment from the State.

The state also sent notification letters to eligible HIP members that explained this benefit. The notification letters instructed members to contact their medical providers if they received medical bills from services received in the three months prior to starting HIP (each letter contained the member's HIP enrollment date for reference). The eligibility notification letters informed members that the State will pay the medical provider directly, and will not reimburse members for the billed amount. The eligibility notifications letters also informed members that if they have already paid for any eligible services, they may be entitled to be reimbursed by their medical provider.

Data

In accordance with Section IV.4.e of the HIP 2.0 Special Terms and Conditions, the State shall provide data regarding the program including:

1. The number of individuals with costs paid under the program;
2. The total amount of costs paid;
3. The average cost per person;
4. The **a)** number and **b)** type of providers paid;
5. The **a)** type of costs incurred, including the **b)** specific conditions with which they are associated; and
6. Survey data from beneficiaries and providers about unreimbursed costs for this population including amounts not reimbursed under this program.

The following tables provide data for elements one (1) through five (4) above. Data element five (5) is presented in the appendix, and data element six (6) has been postponed by CMS and will be provided at a later date.

| Table 1. Member Data | | | |
|----------------------------|---|------------------------------------|---------------------------------|
| Number of Eligible Members | 1. The Number Of Individuals With Costs Paid Under The Program. | 2. The Total Amount Of Costs Paid. | 3. The Average Cost Per Person. |
| 5,950 | 628 | \$474,461.28 | \$755.51 |

| Table 2. Provider Data | |
|------------------------------------|----------------------------|
| 4a. Number of Provider Claims Paid | 4b. Type of Providers |
| 496 | Hospital |
| 469 | Physician |
| 304 | Mental Health |
| 177 | Clinic |
| 23 | Transportation |
| 15 | Laboratory |
| 6 | Dentist |
| 4 | Magnetic Resonance Therapy |
| 4 | Pharmacy |
| 2 | Optometrist |
| 2 | Chiropractor |
| 2 | Durable Medical Equipment |
| 1 | Home Health |
| 2 | Waiver |
| Total Claims Paid = 1507 | |

Conclusion

The Prior Claims Payment Program has had little use within the State, as indicated by just 10 percent (628 of 5,950) of eligible members having claims under the program. Through the combination of the individual mandate and the expansion of affordable healthcare coverage options through HIP and the Marketplace, more Hoosiers are enrolling (and staying enrolled) in health insurance plans. Program policies, such as a limited Marketplace open enrollment periods and HIP's auto-redetermination processes, encourage and reinforce individuals maintaining continuous health insurance coverage with few opportunities for gaps in coverage.

The State will discontinue the Prior Claims Program effective January 30, 2016.

Appendix

Table 3. Diagnosis Data

| International Classification of Diseases (ICD) Code | 5a. The Type of Cost Incurred | 5b. Specific Condition With Which They Are Associated |
|--|--------------------------------------|--|
| 246.9 | Inpatient | DISORDER OF THYROID NOS |
| 269.2 | Inpatient | VITAMIN DEFICIENCY NOS |
| 276.0 | Inpatient | HYPEROSMOLALITY |
| 276.4 | Inpatient | MIXED ACID-BASE BAL DIS |
| 276.8 | Inpatient | HYPOPOTASSEMIA |
| 278.0 | Inpatient | OBESITY, UNSPECIFIED |
| 278.1 | Inpatient | MORBID OBESITY |
| 285.9 | Inpatient | ANEMIA NOS |
| 288.60 | Inpatient | LEUKOCYTOSIS, UNSPECIFIED |
| 289.7 | Inpatient | METHEMOGLOBINEMIA |
| 296.20 | Inpatient | DEPRESS PSYCHOSIS-UNSPEC |
| 296.33 | Inpatient | RECUR DEPR PSYCH-SEVERE |
| 300.0 | Inpatient | ANXIETY STATE NOS |
| 300.1 | Inpatient | PANIC DISORD W/O AGORA |
| 300.2 | Inpatient | GENERALIZED ANXIETY DIS |
| 300.4 | Inpatient | DYSTHYMIC DISORDER |
| 303.91 | Inpatient | ALCOH DEP NEC/NOS-CONTIN |
| 304.0 | Inpatient | OPIOID DEPENDENCE-UNSPEC |
| 305.1 | Inpatient | TOBACCO USE DISORDER |
| 305.40 | Inpatient | ANXIOLYTIC ABUSE, UNSPEC |
| 338.29 | Inpatient | OTHER CHRONIC PAIN |
| 345.3 | Inpatient | GRAND MAL STATUS |
| 346.90 | Inpatient | MIGRAINE UNSPECIFIED W/O |

| | | |
|---------------|-----------|---------------------------|
| 348.30 | Inpatient | ENCEPHALOPATHY, UNSPEC |
| 356.1 | Inpatient | PERONEAL MUSCLE ATROPHY |
| 359.1 | Inpatient | HERED PROG MUSC DYSTRPHY |
| 401.9 | Inpatient | HYPERTENSION NOS |
| 410.71 | Inpatient | SUBENDOCARD INFARC-INIT C |
| 411.2 | Inpatient | METHICILLIN RESISTANT |
| 414.1 | Inpatient | CORONARY ATHEROSCLEROSIS |
| 414.2 | Inpatient | CHRON TTL OCCLUS CORO ART |
| 426.11 | Inpatient | ATRIOVENT BLOCK-1ST DEGR |
| 426.13 | Inpatient | AV BLOCK-2ND DEGREE NEC |
| 427.89 | Inpatient | CARDIAC DYSRHYTHMIAS NEC |
| 428.0 | Inpatient | CONGEST. HEART FAIL, NOS |
| 428.32 | Inpatient | CHRON DIASTOL HEART FAIL |
| 434.91 | Inpatient | CEREBRAL ARTERY OCCLUSION |
| 443.24 | Inpatient | DISSECT VERTEBRAL ARTERY |
| 462 | Inpatient | ACUTE PHARYNGITIS |
| 475 | Inpatient | PERITONSILLAR ABSCESS |
| 486 | Inpatient | PNEUMONIA, ORGANISM NOS |
| 491.21 | Inpatient | OBS CHR BRONCH W/ EXACERB |
| 491.22 | Inpatient | OBS CHR BRONCH W/ACUTE |
| 493.90 | Inpatient | ASTHMA W/O STATUS ASTHM |
| 493.92 | Inpatient | ASTHMA UNSP ACUTE EXACER |
| 518.51 | Inpatient | ACUTE RESPIRATORY |
| 518.81 | Inpatient | RESPIRATORY FAILURE |
| 530.10 | Inpatient | ESOPHAGITIS, UNSPECIFIED |
| 530.11 | Inpatient | REFLUX ESOPHAGITIS |
| 530.81 | Inpatient | ESOPHAGEAL REFLUX |
| 535.50 | Inpatient | WITHOUT MENTION OF HEMORR |
| 553.3 | Inpatient | DIAPHRAGMATIC HERNIA |
| 571.8 | Inpatient | CHRONIC LIVER DIS NEC |
| 575.9 | Inpatient | DIS OF GALLBLADDER NOS |
| 577.0 | Inpatient | ACUTE PANCREATITIS |
| 644.13 | Inpatient | THREAT LABOR NEC-ANTEPAR |
| 645.11 | Inpatient | POST TERM PREG, DELIV |
| 648.91 | Inpatient | OTH CURR COND-DELIVERED |
| 664.1 | Inpatient | DEL W 1 DEG LACERAT-DEL |
| 664.81 | Inpatient | DEL PERIN TRAUM NEC-DELIV |
| 682.7 | Inpatient | CELLULITIS OF FOOT |
| 704.0 | Inpatient | ALOPECIA NOS |
| 707.15 | Inpatient | ULCER OTH PART OF FOOT) |
| 715.90 | Inpatient | OSTEOARTHROS NOS-UNSPEC |

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|--------|-----------|---------------------------|
| 719.49 | Inpatient | JOINT PAIN-MULT |
| 724.5 | Inpatient | BACKACHE |
| 729.0 | Inpatient | RHEUMATISM NOS |
| 729.5 | Inpatient | PAIN IN LIMB |
| 729.89 | Inpatient | MUSCSKEL SYMPT LIMB NEC |
| 780.57 | Inpatient | OTHER UNSPECIFIED SLEEP A |
| 780.9 | Inpatient | OTHER ALTERATION OF CONSC |
| 786.50 | Inpatient | CHEST PAIN NOS |
| 786.52 | Inpatient | PAINFUL RESPIRATION |
| 790.5 | Inpatient | ABN SERUM ENZY LEVEL NEC |
| 790.7 | Inpatient | BACTEREMIA |
| 799.9 | Inpatient | UNSPECIFIED VIRAL INFECTI |
| 802.24 | Inpatient | FX RAMUS NOS-CLOSED |
| 805.2 | Inpatient | FX C2 VERTEBRA-CLOSED |
| 805.4 | Inpatient | FX LUMBAR VERTEBRA-CLOSE |
| 805.6 | Inpatient | FX C6 VERTEBRA-CLOSED |
| 807.9 | Inpatient | FX MULT RIBS NOS-CLOSED |
| 808.0 | Inpatient | FRACTURE ACETABULUM-CLOS |
| 820.9 | Inpatient | FX FEMUR INTRCAPS NEC-CL |
| 851.41 | Inpatient | CEREBELL CONTUS-NO COMA |
| 861.21 | Inpatient | LUNG CONTUSION-CLOSED |
| 872.0 | Inpatient | OPN WOUND EXTERN EAR NOS |
| 873.0 | Inpatient | OPEN WOUND OF SCALP |
| 873.41 | Inpatient | OPEN WOUND OF CHEEK |
| 873.42 | Inpatient | OPEN WOUND OF FOREHEAD |
| 873.44 | Inpatient | OPEN WOUND OF JAW |
| 920 | Inpatient | CONTUSION FACE/SCALP/NCK |
| 959.1 | Inpatient | HEAD INJURY, UNSPECIFIED. |
| 965.0 | Inpatient | POISONING-OPIUM NOS |
| 989.5 | Inpatient | TOXIC EFFECT VENOM |
| 995.91 | Inpatient | SEPSIS |
| E812.0 | Inpatient | MV COLLISION NOS-DRIVER |
| E816.2 | Inpatient | LOSS CONTROL MV-MOCYCL |
| E888.9 | Inpatient | UNSPECIFIED FALL |
| E905.1 | Inpatient | VENOMOUS SPIDER BITE |
| E922.9 | Inpatient | FIREARM ACCIDENT NOS |
| E950.0 | Inpatient | SUICIDE-ANALGESICS |
| V02.51 | Inpatient | CARRIER OR SUSPECTED CARR |
| V04.81 | Inpatient | NEED FOR VAC/INOC,INFLUNZ |
| V14.2 | Inpatient | HX-SULFONAMIDES ALLERGY |
| V14.5 | Inpatient | HX-NARCOTIC ALLERGY |

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|---------------|-----------------------------------|---------------------------|
| V15.81 | Inpatient | HX OF PAST NONCOMPLIANCE |
| V22.1 | Inpatient | SUPERVIS OTH NORMAL PREG |
| V27.0 | Inpatient | DELIVER-SINGLE LIVEBORN |
| V45.79 | Inpatient | OTH ABSENCE OF ORGAN |
| V45.86 | Inpatient | BARIATRIC SURGERY STATUS |
| V49.87 | Inpatient | PHYSICAL RESTRAINTS STATU |
| V58.69 | Inpatient | LONG-TERM USE OTHER MED |
| V62.84 | Inpatient | SUICIDAL IDEATION |
| V85.41 | Inpatient | BODY MASS 40.0-44.9, ADUL |
| V85.44 | Inpatient | BODY MASS INDEX 60.0-69.9 |
| V88.1 | Inpatient | ACQUIRED ABSENCE OF BOTH |
| 275.41 | Inpatient | HYPOCALCEMIA |
| 276.2 | Inpatient | ACIDOSIS |
| 276.51 | Inpatient | DEHYDRATION |
| 285.21 | Inpatient | ANEMIA CHRON KID DIS |
| 403.91 | Inpatient | HYP CHRON KD DIS, UNS ST |
| 411.9 | Inpatient | DUE TO OTHER STAPHYLOCOCC |
| 584.9 | Inpatient | ACUTE RENAL FAILURE NOS |
| 585.6 | Inpatient | ESRD |
| 588.81 | Inpatient | 2 HYPERPARATHYROIDISM |
| 599.0 | Inpatient | URINARY TRACT |
| 780.39 | Inpatient | OTHER CONVULSIONS |
| 996.81 | Inpatient | COMPL KIDNEY TRANSPLANT |
| E878.0 | Inpatient | ABN REACT-ORG TRANSPLANT |
| V17.49 | Inpatient | FAM HIST OTH CARDIO DIS |
| V42.0 | Inpatient | KIDNEY TRANSPLANT STATUS |
| 311 | Inpatient | DEPRESSIVE DISORDER NEC |
| 389 | Inpatient | SEPTICEMIA NOS |
| 821.11 | Inpatient | FX FEMUR SHAFT-OPEN |
| 851.86 | Inpatient | BRAIN LACER NEC-COMA NOS |
| 989.9 | Inpatient | TOX EFF NONMED SUBST NOS |
| 276.7 | Inpatient | HYPERPOTASSEMIA |
| 133.0 | Medical (Inpatient or Outpatient) | SCABIES |
| 153.9 | Medical (Inpatient or Outpatient) | MALIGNANT NEO COLON NOS |
| 174.9 | Medical (Inpatient or Outpatient) | MALIGN NEOPL BREAST NOS |
| 211.4 | Medical (Inpatient or Outpatient) | BENIGN NEOPL RECTUM/ANUS |
| 239.0 | Medical (Inpatient or Outpatient) | DIGESTIVE NEOPLASM NOS |

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|---------------|-----------------------------------|---------------------------|
| 244.9 | Medical (Inpatient or Outpatient) | HYPOTHYROIDISM NOS |
| 250.0 | Medical (Inpatient or Outpatient) | DM NO COMP, T2, CONTR |
| 250.1 | Medical (Inpatient or Outpatient) | DM NO COMP, T1 CONTR |
| 272.0 | Medical (Inpatient or Outpatient) | PURE HYPERCHOLESTEROLEMIA |
| 274.1 | Medical (Inpatient or Outpatient) | ACUTE GOUTY ARTHROPATHY |
| 276.2 | Medical (Inpatient or Outpatient) | ACIDOSIS |
| 276.51 | Medical (Inpatient or Outpatient) | DEHYDRATION |
| 278.1 | Medical (Inpatient or Outpatient) | MORBID OBESITY |
| 280.0 | Medical (Inpatient or Outpatient) | CHR BLOOD LOSS ANEMIA |
| 285.9 | Medical (Inpatient or Outpatient) | ANEMIA NOS |
| 286.9 | Medical (Inpatient or Outpatient) | COAGULAT DEFECT NEC/NOS |
| 288.60 | Medical (Inpatient or Outpatient) | LEUKOCYTOSIS, UNSPECIFIED |
| 291.81 | Medical (Inpatient or Outpatient) | ALCOHOL WITHDRAWAL |
| 292.0 | Medical (Inpatient or Outpatient) | DRUG WITHDRAWAL |
| 295.70 | Medical (Inpatient or Outpatient) | SCHIZOAFFECTIVE DIS, UNSP |
| 296.0 | Medical (Inpatient or Outpatient) | BIPOLAR I EPISODE UNSPEC |
| 296.20 | Medical (Inpatient or Outpatient) | DEPRESS PSYCHOSIS-UNSPEC |
| 296.54 | Medical (Inpatient or Outpatient) | BIPOLAR I DEPRES PSYCH |
| 296.90 | Medical (Inpatient or Outpatient) | UNSP MOOD DISORDER |
| 298.0 | Medical (Inpatient or Outpatient) | REACT DEPRESS PSYCHOSIS |
| 300.1 | Medical (Inpatient or Outpatient) | PANIC DISORD W/O AGORA |
| 300.2 | Medical (Inpatient or Outpatient) | GENERALIZED ANXIETY DIS |
| 300.22 | Medical (Inpatient or Outpatient) | AGORAPHOBIA W/O PANIC |

| | | |
|---------------|-----------------------------------|---------------------------|
| 300.9 | Medical (Inpatient or Outpatient) | UNSP NONPSY MENTAL DIS |
| 303.90 | Medical (Inpatient or Outpatient) | ALCOH DEP NEC/NOS-UNSPEC |
| 304.10 | Medical (Inpatient or Outpatient) | ANXIOLYT DEPEND, UNSPEC |
| 304.80 | Medical (Inpatient or Outpatient) | COMB DRUG DEP NEC-UNSPEC |
| 305.0 | Medical (Inpatient or Outpatient) | ALCOHOL ABUSE-UNSPEC |
| 305.21 | Medical (Inpatient or Outpatient) | CANNABIS ABUSE-CONTIN |
| 305.30 | Medical (Inpatient or Outpatient) | HALLUCINOG ABUSE-UNSPEC |
| 305.50 | Medical (Inpatient or Outpatient) | OPIOID ABUSE-UNSPEC |
| 305.60 | Medical (Inpatient or Outpatient) | COCAINE ABUSE-UNSPEC |
| 305.90 | Medical (Inpatient or Outpatient) | DRUG ABUSE NEC-UNSPEC |
| 307.81 | Medical (Inpatient or Outpatient) | TENSION HEADACHE |
| 312.34 | Medical (Inpatient or Outpatient) | INTERMITT EXPLOSIVE DIS |
| 327.23 | Medical (Inpatient or Outpatient) | OBSTRUCT SLEEP APNEA |
| 338.11 | Medical (Inpatient or Outpatient) | ACUTE PAIN DUE TO TRAUMA |
| 340 | Medical (Inpatient or Outpatient) | MULTIPLE SCLEROSIS |
| 345.10 | Medical (Inpatient or Outpatient) | GEN CONVULSIVE - NO INTRA |
| 346.0 | Medical (Inpatient or Outpatient) | MIGRAINE WITH AURA |
| 346.90 | Medical (Inpatient or Outpatient) | MIGRAINE UNSPECIFIED W/O |
| 372.14 | Medical (Inpatient or Outpatient) | CHR ALLRG CONJUNCTIV NEC |
| 372.30 | Medical (Inpatient or Outpatient) | CONJUNCTIVITIS NOS |
| 380.10 | Medical (Inpatient or Outpatient) | INFEC OTITIS EXTERNA NOS |
| 380.4 | Medical (Inpatient or Outpatient) | IMPACTED CERUMEN |
| 389 | Medical (Inpatient or Outpatient) | SEPTICEMIA NOS |

| | | |
|---------------|-----------------------------------|---------------------------|
| 401.0 | Medical (Inpatient or Outpatient) | MALIGNANT HYPERTENSION |
| 402.90 | Medical (Inpatient or Outpatient) | HYPERTEN HRT DIS W/O HF |
| 411.1 | Medical (Inpatient or Outpatient) | INTERMED CORONARY SYND |
| 414.0 | Medical (Inpatient or Outpatient) | CORONARY ATHEROSCLEROSIS |
| 414.1 | Medical (Inpatient or Outpatient) | CORONARY ATHEROSCLEROSIS |
| 415.19 | Medical (Inpatient or Outpatient) | OTHER PULM EMBOL |
| 423.9 | Medical (Inpatient or Outpatient) | PERICARDIAL DISEASE NOS |
| 424.90 | Medical (Inpatient or Outpatient) | ENDOCARDITIS CAUSE NOS |
| 425.4 | Medical (Inpatient or Outpatient) | PRIM CARDIOMYOPATHY NEC |
| 427.5 | Medical (Inpatient or Outpatient) | CARDIAC ARREST |
| 427.9 | Medical (Inpatient or Outpatient) | CARDIAC DYSRHYTHMIA NOS |
| 428.0 | Medical (Inpatient or Outpatient) | CONGEST. HEART FAIL, NOS |
| 429.3 | Medical (Inpatient or Outpatient) | CARDIOMEGALY |
| 430 | Medical (Inpatient or Outpatient) | SUBARACHNOID HEMORRHAGE |
| 431 | Medical (Inpatient or Outpatient) | INTRACEREBRAL HEMORRHAGE |
| 432.9 | Medical (Inpatient or Outpatient) | INTRACRANIAL HEMORR NOS |
| 434.11 | Medical (Inpatient or Outpatient) | CEREBRAL EMBOLISM WITH CE |
| 435.9 | Medical (Inpatient or Outpatient) | TRANS CEREB ISCHEMIA NOS |
| 443.0 | Medical (Inpatient or Outpatient) | RAYNAUD'S SYNDROME |
| 465.9 | Medical (Inpatient or Outpatient) | ACUTE URI NOS |
| 477.9 | Medical (Inpatient or Outpatient) | ALLERGIC RHINITIS NOS |
| 491.21 | Medical (Inpatient or Outpatient) | OBS CHR BRONCH W/ EXACERB |
| 493.2 | Medical (Inpatient or Outpatient) | EXT ASTHMA W/ACUTE EXCRB |

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|---------------|-----------------------------------|---------------------------|
| 511.9 | Medical (Inpatient or Outpatient) | PLEURAL EFFUSION NOS |
| 518.3 | Medical (Inpatient or Outpatient) | PULMONARY EOSINOPHILIA |
| 519.11 | Medical (Inpatient or Outpatient) | ACUTE BRONCHOSPASM |
| 523.30 | Medical (Inpatient or Outpatient) | AGGRESS PERIODONT, UNSP |
| 525.9 | Medical (Inpatient or Outpatient) | DENTAL DISORDER NOS |
| 530.10 | Medical (Inpatient or Outpatient) | ESOPHAGITIS, UNSPECIFIED |
| 530.9 | Medical (Inpatient or Outpatient) | ESOPHAGEAL DISORDER NOS |
| 535.10 | Medical (Inpatient or Outpatient) | WITHOUT MENTION OF HEMORR |
| 537.9 | Medical (Inpatient or Outpatient) | GASTRODUODENAL DIS NOS |
| 541 | Medical (Inpatient or Outpatient) | APPENDICITIS NOS |
| 553.21 | Medical (Inpatient or Outpatient) | INCISIONAL HERNIA |
| 553.3 | Medical (Inpatient or Outpatient) | DIAPHRAGMATIC HERNIA |
| 553.9 | Medical (Inpatient or Outpatient) | HERNIA NOS |
| 558.9 | Medical (Inpatient or Outpatient) | NONINF GASTROENTERIT NEC |
| 569.89 | Medical (Inpatient or Outpatient) | INTESTINAL DISORDERS NEC |
| 574.20 | Medical (Inpatient or Outpatient) | CHOLELITH NOW-NO OBST |
| 577.0 | Medical (Inpatient or Outpatient) | ACUTE PANCREATITIS |
| 584.9 | Medical (Inpatient or Outpatient) | ACUTE RENAL FAILURE NOS |
| 592.0 | Medical (Inpatient or Outpatient) | CALCULUS OF KIDNEY |
| 592.1 | Medical (Inpatient or Outpatient) | CALCULUS OF URETER |
| 599.70 | Medical (Inpatient or Outpatient) | HEMATURIA, UNSPECIFIED |
| 604.90 | Medical (Inpatient or Outpatient) | ORCHITIS/EPIDIDYMIT NOS |
| 607.1 | Medical (Inpatient or Outpatient) | BALANOPOSTHITIS |

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|---------------|-----------------------------------|---------------------------|
| 620.0 | Medical (Inpatient or Outpatient) | FOLLICULAR CYST OF OVARY |
| 620.2 | Medical (Inpatient or Outpatient) | OVARIAN CYST NEC/NOS |
| 622.11 | Medical (Inpatient or Outpatient) | MILD DYSPLASIA OF CERVIX |
| 623.5 | Medical (Inpatient or Outpatient) | LEUKORRHEA NOT SPECIFIED |
| 626.2 | Medical (Inpatient or Outpatient) | EXCESSIVE MENSTRUATION |
| 626.7 | Medical (Inpatient or Outpatient) | POSTCOITAL BLEEDING |
| 627.1 | Medical (Inpatient or Outpatient) | POSTMENOPAUSAL BLEEDING |
| 640.3 | Medical (Inpatient or Outpatient) | THREATENED ABORTION-ANTEP |
| 646.83 | Medical (Inpatient or Outpatient) | PREG COMPL NEC-ANTEPART |
| 650 | Medical (Inpatient or Outpatient) | NORMAL DELIVERY |
| 655.83 | Medical (Inpatient or Outpatient) | FETAL ABNORM NEC-ANTEPAR |
| 682.3 | Medical (Inpatient or Outpatient) | CELLULITIS OF ARM |
| 682.4 | Medical (Inpatient or Outpatient) | CELLULITIS OF HAND |
| 682.6 | Medical (Inpatient or Outpatient) | CELLULITIS OF LEG |
| 691.8 | Medical (Inpatient or Outpatient) | OTHER ATOPIC DERMATITIS |
| 692.9 | Medical (Inpatient or Outpatient) | DERMATITIS NOS |
| 708.9 | Medical (Inpatient or Outpatient) | URTICARIA NOS |
| 715.36 | Medical (Inpatient or Outpatient) | LOC OSTEOARTH NOS-L/LEG |
| 715.93 | Medical (Inpatient or Outpatient) | OSTEOARTHROS NOS-FOREARM |
| 715.95 | Medical (Inpatient or Outpatient) | OSTEOARTHROS NOS-PELVIS |
| 715.96 | Medical (Inpatient or Outpatient) | OSTEOARTHROS NOS-L/LEG |
| 719.43 | Medical (Inpatient or Outpatient) | JOINT PAIN-FOREARM |
| 719.46 | Medical (Inpatient or Outpatient) | JOINT PAIN-L/LEG |

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|---------------|-----------------------------------|---------------------------|
| 719.47 | Medical (Inpatient or Outpatient) | JOINT PAIN-ANKLE |
| 721.3 | Medical (Inpatient or Outpatient) | LUMBOSACRAL SPONDYLOSIS |
| 722.10 | Medical (Inpatient or Outpatient) | LUMBAR DISC DISPLACEMENT |
| 722.51 | Medical (Inpatient or Outpatient) | THORACIC DISC DEGEN |
| 722.52 | Medical (Inpatient or Outpatient) | LUMB/LUMBOSAC DISC DEGEN |
| 723.4 | Medical (Inpatient or Outpatient) | BRACHIAL NEURITIS NOS |
| 724.6 | Medical (Inpatient or Outpatient) | DISORDERS OF SACRUM |
| 726.10 | Medical (Inpatient or Outpatient) | ROTATOR CUFF SYND NOS |
| 726.12 | Medical (Inpatient or Outpatient) | BICIPITAL TENOSYNOVITIS |
| 726.90 | Medical (Inpatient or Outpatient) | ENTHESOPATHY, SITE NOS |
| 728.87 | Medical (Inpatient or Outpatient) | MUSCLE WEAKNESS |
| 729.81 | Medical (Inpatient or Outpatient) | SWELLING OF LIMB |
| 729.90 | Medical (Inpatient or Outpatient) | DISORDERS SOFT TISSUE UNS |
| 733.13 | Medical (Inpatient or Outpatient) | PATHOLOGIC FX VERTEBRAE |
| 733.82 | Medical (Inpatient or Outpatient) | NONUNION OF FRACTURE |
| 739.1 | Medical (Inpatient or Outpatient) | NONALLOPATH LESION-CERVIC |
| 739.2 | Medical (Inpatient or Outpatient) | NONALLOPATH LESION-THORAC |
| 739.3 | Medical (Inpatient or Outpatient) | NONALLOPATH LESION-LUMBAR |
| 780.2 | Medical (Inpatient or Outpatient) | SYNCOPE AND COLLAPSE |
| 780.79 | Medical (Inpatient or Outpatient) | OTHER MALAISE AND FATIGUE |
| 780.9 | Medical (Inpatient or Outpatient) | OTHER ALTERATION OF CONSC |
| 781.2 | Medical (Inpatient or Outpatient) | PLANTAR WART |
| 782.0 | Medical (Inpatient or Outpatient) | SKIN SENSATION DISTURB |

| | | |
|---------------|-----------------------------------|---------------------------|
| 782.2 | Medical (Inpatient or Outpatient) | LOCAL SUPRFICIAL SWELLNG |
| 782.3 | Medical (Inpatient or Outpatient) | EDEMA |
| 783.1 | Medical (Inpatient or Outpatient) | ABNORMAL WEIGHT GAIN |
| 783.9 | Medical (Inpatient or Outpatient) | NUTR/METAB/DEVEL SYM NEC |
| 784.0 | Medical (Inpatient or Outpatient) | HEADACHE |
| 784.2 | Medical (Inpatient or Outpatient) | SWELLING IN HEAD & NECK |
| 785.0 | Medical (Inpatient or Outpatient) | TACHYCARDIA NOS |
| 785.52 | Medical (Inpatient or Outpatient) | SEPTIC SHOCK |
| 786.30 | Medical (Inpatient or Outpatient) | HEMOPTYSIS, UNSPECIFIED |
| 786.4 | Medical (Inpatient or Outpatient) | ABNORMAL SPUTUM |
| 786.5 | Medical (Inpatient or Outpatient) | SHORTNESS OF BREATH |
| 786.52 | Medical (Inpatient or Outpatient) | PAINFUL RESPIRATION |
| 787.1 | Medical (Inpatient or Outpatient) | NAUSEA W VOMITING |
| 787.3 | Medical (Inpatient or Outpatient) | VOMITING ALONE |
| 789.3 | Medical (Inpatient or Outpatient) | ABDOMINAL PAIN, |
| 789.4 | Medical (Inpatient or Outpatient) | ABDOMINAL PAIN, |
| 790.4 | Medical (Inpatient or Outpatient) | ELEV TRANSAMINASE/LDH |
| 793.19 | Medical (Inpatient or Outpatient) | OTHER NONSPECIFIC ABNORMA |
| 793.7 | Medical (Inpatient or Outpatient) | ABN FIND-MUSCULOSKEL SYS |
| 795.1 | Medical (Inpatient or Outpatient) | PAP W/ATYP UNDETERM |
| 795.51 | Medical (Inpatient or Outpatient) | NONSPECIFIC REACTION TO T |
| 796.2 | Medical (Inpatient or Outpatient) | ELEV BL PRES W/O HYPERTEN |
| 796.4 | Medical (Inpatient or Outpatient) | ABN CLINICAL FINDING NEC |

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| 799.9 | Medical (Inpatient or Outpatient) | UNSPECIFIED VIRAL INFECTI |
| 807.9 | Medical (Inpatient or Outpatient) | FX MULT RIBS NOS-CLOSED |
| 816.12 | Medical (Inpatient or Outpatient) | FX DISTAL PHAL, HAND-OPN |
| 824.6 | Medical (Inpatient or Outpatient) | FX TRIMALLEOLAR-CLOSED |
| 824.8 | Medical (Inpatient or Outpatient) | FX ANKLE NOS-CLOSED |
| 825.25 | Medical (Inpatient or Outpatient) | FX METATARSAL-CLOSED |
| 836.1 | Medical (Inpatient or Outpatient) | TEAR LAT MENISC KNEE-CUR |
| 836.2 | Medical (Inpatient or Outpatient) | TEAR MENISCUS NEC-CURRENT |
| 837.0 | Medical (Inpatient or Outpatient) | DISLOCATION ANKLE-CLOSED |
| 839.20 | Medical (Inpatient or Outpatient) | DISLOCAT LUMBAR VERT-CL |
| 839.21 | Medical (Inpatient or Outpatient) | DISLOC THORACIC VERT-CL |
| 839.7 | Medical (Inpatient or Outpatient) | DISLOC 7TH CERV VERT-CL |
| 840.9 | Medical (Inpatient or Outpatient) | SPRAIN SHOULDER/ARM NOS |
| 842.10 | Medical (Inpatient or Outpatient) | SPRAIN OF HAND NOS |
| 847.1 | Medical (Inpatient or Outpatient) | SPRAIN THORACIC REGION |
| 861.20 | Medical (Inpatient or Outpatient) | LUNG INJURY NOS-CLOSED |
| 870.8 | Medical (Inpatient or Outpatient) | OPN WND OCULAR ADNEX NEC |
| 873.41 | Medical (Inpatient or Outpatient) | OPEN WOUND OF CHEEK |
| 881.2 | Medical (Inpatient or Outpatient) | OPEN WOUND OF WRIST |
| 890.0 | Medical (Inpatient or Outpatient) | OPN WND OF HIP/THIGH-NO C |
| 891.0 | Medical (Inpatient or Outpatient) | OPN WND KNEE/LEG/ANKLE-NO |
| 893.0 | Medical (Inpatient or Outpatient) | OPN WND OF TOE-NO COMPL |
| 894.0 | Medical (Inpatient or Outpatient) | OPN WND OF LEG NOS-NO COM |

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| 920 | Medical (Inpatient or Outpatient) | CONTUSION FACE/SCALP/NCK |
| 922.1 | Medical (Inpatient or Outpatient) | CONTUSION OF CHEST WALL |
| 923.0 | Medical (Inpatient or Outpatient) | CONTUSION SHOULDER REG |
| 923.11 | Medical (Inpatient or Outpatient) | CONTUSION OF ELBOW |
| 923.20 | Medical (Inpatient or Outpatient) | CONTUSION OF HAND(S) |
| 924.10 | Medical (Inpatient or Outpatient) | CONTUSION OF LOWER LEG |
| 924.20 | Medical (Inpatient or Outpatient) | CONTUSION OF FOOT |
| 945.29 | Medical (Inpatient or Outpatient) | 2ND DEG BURN LEG-MULT |
| 948.0 | Medical (Inpatient or Outpatient) | BDY BRN < 10%/3RD DEG NOS |
| 959.1 | Medical (Inpatient or Outpatient) | HEAD INJURY, UNSPECIFIED. |
| 959.11 | Medical (Inpatient or Outpatient) | OTHER INJURY OF CHEST WAL |
| 959.12 | Medical (Inpatient or Outpatient) | OTHER INJURY OF ABDOMEN |
| 959.19 | Medical (Inpatient or Outpatient) | OTHER INJURY SITES TRUNK |
| 959.8 | Medical (Inpatient or Outpatient) | INJURY MLT SITE/SITE NEC |
| 959.9 | Medical (Inpatient or Outpatient) | INJURY-SITE NOS |
| 959.9 | Medical (Inpatient or Outpatient) | INJURY OF FACE AND NECK |
| 991.6 | Medical (Inpatient or Outpatient) | HYPOTHERMIA |
| 995.20 | Medical (Inpatient or Outpatient) | UNSPEC ADV EFF UNSPEC DRU |
| 995.83 | Medical (Inpatient or Outpatient) | ADULT SEXUAL ABUSE |
| 995.92 | Medical (Inpatient or Outpatient) | SEVERE SEPSIS |
| 998.31 | Medical (Inpatient or Outpatient) | DISRUPT INTNL OPER WOUND |
| 998.59 | Medical (Inpatient or Outpatient) | OTHER INFECTION |
| 998.89 | Medical (Inpatient or Outpatient) | OTHER SPECIFIED COMPLICAT |

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| E000.8 | Medical (Inpatient or Outpatient) | OTHER EXTERNAL CAUSE STAT |
| E007.6 | Medical (Inpatient or Outpatient) | ACTIVITY INVOLVE BASEBALL |
| E116.5 | Medical (Inpatient or Outpatient) | TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA |
| E118. | Medical (Inpatient or Outpatient) | TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS |
| E780. | Medical (Inpatient or Outpatient) | PURE HYPERCHOLESTEROLEMIA |
| E819.9 | Medical (Inpatient or Outpatient) | TRAFFIC ACC NOS-PERS NOS |
| E829.0 | Medical (Inpatient or Outpatient) | OTH ROAD VEH ACC-PEDEST |
| E849.6 | Medical (Inpatient or Outpatient) | ACCIDENT IN PUBLIC BLDG |
| E849.9 | Medical (Inpatient or Outpatient) | ACCIDENT IN PLACE NOS |
| E880.0 | Medical (Inpatient or Outpatient) | FALL ON ESCALATOR |
| E880.9 | Medical (Inpatient or Outpatient) | FALL ON STAIR/STEP NEC |
| E888.9 | Medical (Inpatient or Outpatient) | UNSPECIFIED FALL |
| E916. | Medical (Inpatient or Outpatient) | STRUCK BY FALLING OBJECT |
| E917.9 | Medical (Inpatient or Outpatient) | STRUCK BY OBJ/PERSON NEC |
| E928.8 | Medical (Inpatient or Outpatient) | ACCIDENT NEC |
| E928.9 | Medical (Inpatient or Outpatient) | ACCIDENT NOS |
| E958.8 | Medical (Inpatient or Outpatient) | SUICIDE/SELF-INJURY NEC |
| E968.8 | Medical (Inpatient or Outpatient) | ASSAULT NEC |
| E988.9 | Medical (Inpatient or Outpatient) | UNDETERMIN CIRCUMST NOS |
| F12.90 | Medical (Inpatient or Outpatient) | CANNABIS USE, UNSPECIFIED, UNCOMPLICATED |
| F13.10 | Medical (Inpatient or Outpatient) | SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, UNCOMPLICATED |
| F14.10 | Medical (Inpatient or Outpatient) | COCAINE ABUSE, UNCOMPLICATED |
| F16.10 | Medical (Inpatient or Outpatient) | HALLUCINOGEN ABUSE, UNCOMPLICATED |

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| F33.1 | Medical (Inpatient or Outpatient) | MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE |
| F33.9 | Medical (Inpatient or Outpatient) | MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED |
| F41.1 | Medical (Inpatient or Outpatient) | GENERALIZED ANXIETY DISORDER |
| F43.10 | Medical (Inpatient or Outpatient) | POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED |
| I10. | Medical (Inpatient or Outpatient) | ESSENTIAL (PRIMARY) HYPERTENSION |
| I50.32 | Medical (Inpatient or Outpatient) | CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE |
| V01.6 | Medical (Inpatient or Outpatient) | VENEREAL DIS CONTACT |
| V11.9 | Medical (Inpatient or Outpatient) | HX-MENTAL DISORDER NOS |
| V12.51 | Medical (Inpatient or Outpatient) | PERS HIST VEN THROMB |
| V12.9 | Medical (Inpatient or Outpatient) | PERSONAL HISTORY OF OTHER |
| V16.0 | Medical (Inpatient or Outpatient) | FAMILY HX-GI MALIGNANCY |
| V18.0 | Medical (Inpatient or Outpatient) | FAM HX-DIABETES MELLITUS |
| V18.51 | Medical (Inpatient or Outpatient) | FAMILY HISTORY, COLON POL |
| V23.89 | Medical (Inpatient or Outpatient) | SUPERVISION OF OTHER HIGH |
| V28.81 | Medical (Inpatient or Outpatient) | ENCOUNTER FOR FETAL ANATO |
| V45.81 | Medical (Inpatient or Outpatient) | AORTOCORONARY BYPASS |
| V45.89 | Medical (Inpatient or Outpatient) | POSTSURGICAL STATES NEC |
| V55.0 | Medical (Inpatient or Outpatient) | ATTEN TO TRACHEOSTOMY |
| V58.64 | Medical (Inpatient or Outpatient) | LT USE NONSTER/ANTINFLAM |
| V58.69 | Medical (Inpatient or Outpatient) | LONG-TERM USE OTHER MED |
| V62.29 | Medical (Inpatient or Outpatient) | OTHER OCCUPATIONAL CIRCUM |
| V65.49 | Medical (Inpatient or Outpatient) | OTHER SPECIFIED COUNSELIN |
| V69.2 | Medical (Inpatient or Outpatient) | HIGH-RISK SEXUAL BEHAVIOR |

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| V70.3 | Medical (Inpatient or Outpatient) | MED EXAM NEC-ADMIN PURP |
| V71.9 | Medical (Inpatient or Outpatient) | OBSERV-SUSPECT COND NOS |
| V72.31 | Medical (Inpatient or Outpatient) | ROUTINE GYNE EXAMINATION |
| V76.2 | Medical (Inpatient or Outpatient) | SCREEN MAL NEOP-CERVIX |
| V77.91 | Medical (Inpatient or Outpatient) | SCREEN FOR LIPOID DISORD |
| V82.9 | Medical (Inpatient or Outpatient) | SCREEN FOR CONDITION NOS |
| V85.44 | Medical (Inpatient or Outpatient) | BODY MASS INDEX 60.0-69.9 |
| Z02.71 | Medical (Inpatient or Outpatient) | ENCOUNTER FOR DISABILITY DETERMINATION |
| 240.9 | Medical (Inpatient or Outpatient) | GOITER NOS |
| 296.80 | Medical (Inpatient or Outpatient) | BIPOLAR DISORDER, UNSP |
| 584.8 | Medical (Inpatient or Outpatient) | AC RENAL FAILURE NEC |
| 608.86 | Medical (Inpatient or Outpatient) | EDEMA, MALE GENITAL ORGN |
| 608.9 | Medical (Inpatient or Outpatient) | MALE GENITAL DIS NOS |
| 780.39 | Medical (Inpatient or Outpatient) | OTHER CONVULSIONS |
| V42.0 | Medical (Inpatient or Outpatient) | KIDNEY TRANSPLANT STATUS |
| V42.83 | Medical (Inpatient or Outpatient) | ORGAN OR TISSUE REPLACED |
| 201.54 | Medical (Inpatient or Outpatient) | HODG NODUL SCLERO AXILLA |
| 250.2 | Medical (Inpatient or Outpatient) | DM NO COMP, T2, UNCON |
| 272.4 | Medical (Inpatient or Outpatient) | HYPERLIPIDEMIA NEC/NOS |
| 276.8 | Medical (Inpatient or Outpatient) | HYPOPOTASSEMIA |
| 278.0 | Medical (Inpatient or Outpatient) | OBESITY, UNSPECIFIED |
| 284.19 | Medical (Inpatient or Outpatient) | OTHER PANCYTOPENIA |
| 296.30 | Medical (Inpatient or Outpatient) | RECURR DEPR PSYCHOS-UNSP |

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| 296.32 | Medical (Inpatient or Outpatient) | RECURR DEPR PSYCHOS-MOD |
| 296.53 | Medical (Inpatient or Outpatient) | BIPOLAR I, DEPRESS W/O PS |
| 300.4 | Medical (Inpatient or Outpatient) | DYSTHYMIC DISORDER |
| 304.31 | Medical (Inpatient or Outpatient) | CANNABIS DEPEND-CONTIN |
| 304.81 | Medical (Inpatient or Outpatient) | COMB DRUG DEP NEC-CONTIN |
| 305.20 | Medical (Inpatient or Outpatient) | CANNABIS ABUSE-UNSPEC |
| 305.3 | Medical (Inpatient or Outpatient) | ALCOHOL ABUSE-IN REMISS |
| 327.26 | Medical (Inpatient or Outpatient) | SLEEP HYPOVENT CLASS ELSE |
| 410.41 | Medical (Inpatient or Outpatient) | AMI INFERIOR WALL NEC-INI |
| 426.4 | Medical (Inpatient or Outpatient) | RT BUNDLE BRANCH BLOCK |
| 427.61 | Medical (Inpatient or Outpatient) | ATRIAL PREMATURE BEATS |
| 427.69 | Medical (Inpatient or Outpatient) | PREMATURE BEATS NEC |
| 462 | Medical (Inpatient or Outpatient) | ACUTE PHARYNGITIS |
| 473.9 | Medical (Inpatient or Outpatient) | CHRONIC SINUSITIS NOS |
| 493.90 | Medical (Inpatient or Outpatient) | ASTHMA W/O STATUS ASTHM |
| 493.92 | Medical (Inpatient or Outpatient) | ASTHMA UNSP ACUTE EXACER |
| 496 | Medical (Inpatient or Outpatient) | CHR AIRWAY OBSTRUCT NEC |
| 530.81 | Medical (Inpatient or Outpatient) | ESOPHAGEAL REFLUX |
| 530.89 | Medical (Inpatient or Outpatient) | OTHER SPECIFIED DISORDERS |
| 535.50 | Medical (Inpatient or Outpatient) | WITHOUT MENTION OF HEMORR |
| 550.91 | Medical (Inpatient or Outpatient) | RECUR UNILAT INGUIN HERN |
| 599.0 | Medical (Inpatient or Outpatient) | URINARY TRACT |
| 625.9 | Medical (Inpatient or Outpatient) | FEM GENITAL SYMPTOMS NOS |

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| 715.91 | Medical (Inpatient or Outpatient) | OSTEOARTHROS NOS-SHLDER |
| 719.41 | Medical (Inpatient or Outpatient) | JOINT PAIN-SHLDER |
| 722.6 | Medical (Inpatient or Outpatient) | DISC DEGENERATION NOS |
| 723.1 | Medical (Inpatient or Outpatient) | CERVICALGIA |
| 724.1 | Medical (Inpatient or Outpatient) | PAIN IN THORACIC SPINE |
| 724.4 | Medical (Inpatient or Outpatient) | LUMBOSACRAL NEURITIS NOS |
| 724.5 | Medical (Inpatient or Outpatient) | BACKACHE |
| 727.6 | Medical (Inpatient or Outpatient) | TENOSYNOVITIS FOOT/ANKLE |
| 780.4 | Medical (Inpatient or Outpatient) | DIZZINESS AND GIDDINESS |
| 785.1 | Medical (Inpatient or Outpatient) | PALPITATIONS |
| 786.2 | Medical (Inpatient or Outpatient) | COUGH |
| 786.7 | Medical (Inpatient or Outpatient) | WHEEZING |
| 786.9 | Medical (Inpatient or Outpatient) | RESPIRATORY ABNORM NEC |
| 787.91 | Medical (Inpatient or Outpatient) | DIARRHEA |
| 788.1 | Medical (Inpatient or Outpatient) | DYSURIA |
| 789.0 | Medical (Inpatient or Outpatient) | ABDOMINAL PAIN, |
| 789.2 | Medical (Inpatient or Outpatient) | SPLENOMEGALY |
| 789.6 | Medical (Inpatient or Outpatient) | ABDOMINAL PAIN, |
| 789.9 | Medical (Inpatient or Outpatient) | ABDOMINAL PAIN, |
| 793.11 | Medical (Inpatient or Outpatient) | SOLITARY PULMONARY NODULE |
| 794.31 | Medical (Inpatient or Outpatient) | ABNORM ELECTROCARDIOGRAM |
| 823.0 | Medical (Inpatient or Outpatient) | FX UPPER END TIBIA-CLOSE |
| 823.2 | Medical (Inpatient or Outpatient) | FX UP TIBIA W FIBULA-CL |

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| 825.0 | Medical (Inpatient or Outpatient) | FRACTURE CALCANEUS-CLOSE |
| 840.4 | Medical (Inpatient or Outpatient) | SPRAIN ROTATOR CUFF |
| 847.2 | Medical (Inpatient or Outpatient) | SPRAIN LUMBAR REGION |
| 850.5 | Medical (Inpatient or Outpatient) | CONCUSSION W COMA NOS |
| 873.8 | Medical (Inpatient or Outpatient) | OPEN WOUND OF HEAD NEC |
| 883.0 | Medical (Inpatient or Outpatient) | OPN WND OF FINGER-NO COMP |
| 919.0 | Medical (Inpatient or Outpatient) | ABRASION NEC |
| E816.2 | Medical (Inpatient or Outpatient) | LOSS CONTROL MV-MOCYCL |
| E884.9 | Medical (Inpatient or Outpatient) | FALL-1 LEVEL TO OTH NEC |
| E888.8 | Medical (Inpatient or Outpatient) | OTHER FALL |
| E920.8 | Medical (Inpatient or Outpatient) | ACC-CUTTING INSTRUM NEC |
| F11.20 | Medical (Inpatient or Outpatient) | OPIOID DEPENDENCE, UNCOMPLICATED |
| F17.200 | Medical (Inpatient or Outpatient) | NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED |
| F31.9 | Medical (Inpatient or Outpatient) | BIPOLAR DISORDER, UNSPECIFIED |
| V13.1 | Medical (Inpatient or Outpatient) | PERSONAL HISTORY OF URINA |
| V22.0 | Medical (Inpatient or Outpatient) | SUPERVIS NORMAL 1ST PREG |
| V58.82 | Medical (Inpatient or Outpatient) | FIT AND ADJUST OF NONVASC |
| V65.3 | Medical (Inpatient or Outpatient) | DIETARY SURVEIL/COUNSEL |
| V72.81 | Medical (Inpatient or Outpatient) | PRE-OPERATIVE CARDIOVASCU |
| V72.84 | Medical (Inpatient or Outpatient) | PRE-OPERATIVE EXAMINATION |
| 293.84 | Medical (Inpatient or Outpatient) | ANX DIS CLASS ELSE |
| 296.62 | Medical (Inpatient or Outpatient) | BIPOLAR I MIXED MODERATE |
| 300.0 | Medical (Inpatient or Outpatient) | ANXIETY STATE NOS |

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| 304.30 | Medical (Inpatient or Outpatient) | CANNABIS DEPEND-UNSPEC |
| 305.40 | Medical (Inpatient or Outpatient) | ANXIOLYTIC ABUSE, UNSPEC |
| 314.1 | Medical (Inpatient or Outpatient) | ATTN DEFICIT W HYPERACT |
| 338.29 | Medical (Inpatient or Outpatient) | OTHER CHRONIC PAIN |
| 382.9 | Medical (Inpatient or Outpatient) | OTITIS MEDIA NOS |
| 401.1 | Medical (Inpatient or Outpatient) | BENIGN HYPERTENSION |
| 427.31 | Medical (Inpatient or Outpatient) | ATRIAL FIBRILLATION |
| 427.89 | Medical (Inpatient or Outpatient) | CARDIAC DYSRHYTHMIAS NEC |
| 492.8 | Medical (Inpatient or Outpatient) | EMPHYSEMA NEC |
| 518.89 | Medical (Inpatient or Outpatient) | OTH LUNG DIS NEC |
| 535.60 | Medical (Inpatient or Outpatient) | WITHOUT MENTION OF HEMORR |
| 556.6 | Medical (Inpatient or Outpatient) | UNIVERSAL ULCERATIVE |
| 564.1 | Medical (Inpatient or Outpatient) | IRRITABLE BOWEL SYNDROME |
| 605 | Medical (Inpatient or Outpatient) | REDUN PREPUCE & PHIMOSIS |
| 616.10 | Medical (Inpatient or Outpatient) | VAGINITIS NOS |
| 724.2 | Medical (Inpatient or Outpatient) | LUMBAGO |
| 724.3 | Medical (Inpatient or Outpatient) | SCIATICA |
| 729.5 | Medical (Inpatient or Outpatient) | PAIN IN LIMB |
| 786.50 | Medical (Inpatient or Outpatient) | CHEST PAIN NOS |
| 787.20 | Medical (Inpatient or Outpatient) | DYSPHAGIA, UNSPECIFIED |
| 799.9 | Medical (Inpatient or Outpatient) | UNKN CAUSE MORB/MORT NEC/ |
| 823.92 | Medical (Inpatient or Outpatient) | FX TIBIA W FIB NOS-OPEN |
| 824.2 | Medical (Inpatient or Outpatient) | FX LATERAL MALLEOLUS-CL |

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| 845.0 | Medical (Inpatient or Outpatient) | SPRAIN OF ANKLE NOS |
| E885.9 | Medical (Inpatient or Outpatient) | FALL OTH SLIP TRIP STUMB) |
| V12.55 | Medical (Inpatient or Outpatient) | PERSONAL HISTORY OF PULMO |
| V62.84 | Medical (Inpatient or Outpatient) | SUICIDAL IDEATION |
| 296.33 | Medical (Inpatient or Outpatient) | RECUR DEPR PSYCH-SEVERE |
| 729.1 | Medical (Inpatient or Outpatient) | MYALGIA AND MYOSITIS NOS |
| 786.59 | Medical (Inpatient or Outpatient) | CHEST PAIN NEC |
| 799.2 | Medical (Inpatient or Outpatient) | HYPOXEMIA |
| 959.7 | Medical (Inpatient or Outpatient) | LOWER LEG INJURY NOS |
| V22.1 | Medical (Inpatient or Outpatient) | SUPERVIS OTH NORMAL PREG |
| V58.61 | Medical (Inpatient or Outpatient) | LONG-TERM USE ANTICOAGUL |
| 296.89 | Medical (Inpatient or Outpatient) | OTH/UNSP BIPOLAR DISORD |
| 300.21 | Medical (Inpatient or Outpatient) | AGORA W/PANIC DISORD |
| 305.1 | Medical (Inpatient or Outpatient) | TOBACCO USE DISORDER |
| 401.9 | Medical (Inpatient or Outpatient) | HYPERTENSION NOS |
| 486 | Medical (Inpatient or Outpatient) | PNEUMONIA, ORGANISM NOS |
| 569.3 | Medical (Inpatient or Outpatient) | RECTAL & ANAL HEMORRHAGE |
| 869.0 | Medical (Inpatient or Outpatient) | INTERNAL INJ NOS-CLOSED |
| 304.0 | Medical (Inpatient or Outpatient) | OPIOID DEPENDENCE-UNSPEC |
| 304.53 | Medical (Inpatient or Outpatient) | HALLUCINOGEN DEP-REMISS |
| 518.82 | Medical (Inpatient or Outpatient) | PULMONARY INSUFFIC NEC |
| 311 | Medical (Inpatient or Outpatient) | DEPRESSIVE DISORDER NEC |
| V61.21 | Medical (Inpatient or Outpatient) | CHILD ABUSE |

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| 292.84 | Medical (Inpatient or Outpatient) | DRUG-INDUC MOOD DIS |
| 309.81 | Medical (Inpatient or Outpatient) | POSTTRAUMA STRESS DISORD |
| 518.81 | Medical (Inpatient or Outpatient) | RESPIRATORY FAILURE |
| 133.0 | Outpatient | SCABIES |
| 174.4 | Outpatient | MAL NEO BREAST UP-OUTER |
| 174.9 | Outpatient | MALIGN NEOPL BREAST NOS |
| 239.0 | Outpatient | DIGESTIVE NEOPLASM NOS |
| 239.6 | Outpatient | BRAIN NEOPLASM NOS |
| 240.9 | Outpatient | GOITER NOS |
| 241.0 | Outpatient | NONTOX UNINODULAR GOITER |
| 244.9 | Outpatient | HYPOTHYROIDISM NOS |
| 245.2 | Outpatient | CHR LYMPHOCYTIC THYROIDIT |
| 250.0 | Outpatient | DM NO COMP, T2, CONTR |
| 250.1 | Outpatient | DM NO COMP, T1 CONTR |
| 272.0 | Outpatient | PURE HYPERCHOLESTEROLEMIA |
| 272.2 | Outpatient | MIXED HYPERLIPIDEMIA |
| 272.4 | Outpatient | HYPERLIPIDEMIA NEC/NOS |
| 276.2 | Outpatient | ACIDOSIS |
| 276.51 | Outpatient | DEHYDRATION |
| 276.8 | Outpatient | HYPOPOTASSEMIA |
| 278.0 | Outpatient | OBESITY, UNSPECIFIED |
| 278.1 | Outpatient | MORBID OBESITY |
| 280.8 | Outpatient | IRON DEFIC ANEMIA NEC |
| 284.19 | Outpatient | OTHER PANCYTOPENIA |
| 285.29 | Outpatient | ANEMIA OTH CHRONIC DISEAS |
| 286.9 | Outpatient | COAGULAT DEFECT NEC/NOS |
| 291.81 | Outpatient | ALCOHOL WITHDRAWAL |
| 292.0 | Outpatient | DRUG WITHDRAWAL |
| 296.20 | Outpatient | DEPRESS PSYCHOSIS-UNSPEC |
| 296.22 | Outpatient | DEPRESSIVE PSYCHOSIS-MOD |
| 296.80 | Outpatient | BIPOLAR DISORDER, UNSP |
| 296.90 | Outpatient | UNSP MOOD DISORDER |
| 300.0 | Outpatient | ANXIETY STATE NOS |
| 300.1 | Outpatient | PANIC DISORD W/O AGORA |
| 300.2 | Outpatient | GENERALIZED ANXIETY DIS |
| 303.90 | Outpatient | ALCOH DEP NEC/NOS-UNSPEC |
| 304.0 | Outpatient | OPIOID DEPENDENCE-UNSPEC |
| 305.0 | Outpatient | ALCOHOL ABUSE-UNSPEC |
| 305.1 | Outpatient | TOBACCO USE DISORDER |

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| 305.20 | Outpatient | CANNABIS ABUSE-UNSPEC |
| 305.40 | Outpatient | ANXIOLYTIC ABUSE, UNSPEC |
| 305.50 | Outpatient | OPIOID ABUSE-UNSPEC |
| 305.70 | Outpatient | AMPHETAMINE ABUSE-UNSPEC |
| 305.91 | Outpatient | DRUG ABUSE NEC-CONTIN |
| 307.81 | Outpatient | TENSION HEADACHE |
| 308.9 | Outpatient | ACUTE STRESS REACT NOS |
| 309.4 | Outpatient | ADJ DISORD EMOT & COND |
| 309.81 | Outpatient | POSTTRAUMA STRESS DISORD |
| 312.9 | Outpatient | CONDUCT DISTURBANCE NOS |
| 327.23 | Outpatient | OBSTRUCT SLEEP APNEA |
| 338.19 | Outpatient | OTHER ACUTE PAIN |
| 338.29 | Outpatient | OTHER CHRONIC PAIN |
| 338.4 | Outpatient | CHRONIC PAIN SYNDROME |
| 345.0 | Outpatient | GEN NONCONVULS-NO-INTRA E |
| 346.90 | Outpatient | MIGRAINE UNSPECIFIED W/O |
| 348.89 | Outpatient | OTHER CONDITIONS OF BRAIN |
| 355.8 | Outpatient | MONONEURITIS LEG NOS |
| 355.9 | Outpatient | MONONEURITIS NOS |
| 372.14 | Outpatient | CHR ALLRG CONJUNCTIV NEC |
| 372.72 | Outpatient | CONJUNCTIVAL HEMORRHAGE |
| 379.31 | Outpatient | APHAKIA |
| 379.91 | Outpatient | PAIN IN OR AROUND EYE |
| 380.10 | Outpatient | INFEC OTITIS EXTERNA NOS |
| 380.4 | Outpatient | IMPACTED CERUMEN |
| 382.9 | Outpatient | OTITIS MEDIA NOS |
| 383.9 | Outpatient | MASTOIDITIS NOS |
| 401.1 | Outpatient | BENIGN HYPERTENSION |
| 401.9 | Outpatient | HYPERTENSION NOS |
| 402.90 | Outpatient | HYPERTEN HRT DIS W/O HF |
| 410.80 | Outpatient | MYOCARD INFARC NEC-CARE N |
| 412 | Outpatient | OLD MYOCARDIAL INFARCT |
| 414.1 | Outpatient | CORONARY ATHEROSCLEROSIS |
| 414.2 | Outpatient | CHRON TTL OCCLUS CORO ART |
| 414.5 | Outpatient | CORONARY ATHEROSCLEROSIS |
| 415 | Outpatient | H. INFLUENZAE INFECT NOS |
| 415.19 | Outpatient | OTHER PULM EMBOL |
| 419 | Outpatient | BACTERIAL INFECTION NOS |
| 423.9 | Outpatient | PERICARDIAL DISEASE NOS |
| 426.11 | Outpatient | ATRIOVENT BLOCK-1ST DEGR |
| 427.31 | Outpatient | ATRIAL FIBRILLATION |

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| 427.5 | Outpatient | CARDIAC ARREST |
| 427.61 | Outpatient | ATRIAL PREMATURE BEATS |
| 427.89 | Outpatient | CARDIAC DYSRHYTHMIAS NEC |
| 427.9 | Outpatient | CARDIAC DYSRHYTHMIA NOS |
| 431 | Outpatient | INTRACEREBRAL HEMORRHAGE |
| 455.8 | Outpatient | HEMORRHOID NOS W COMP NEC |
| 461.9 | Outpatient | ACUTE SINUSITIS NOS |
| 462 | Outpatient | ACUTE PHARYNGITIS |
| 472.0 | Outpatient | CHRONIC RHINITIS |
| 486 | Outpatient | PNEUMONIA, ORGANISM NOS |
| 491.21 | Outpatient | OBS CHR BRONCH W/ EXACERB |
| 491.9 | Outpatient | CHRONIC BRONCHITIS NOS |
| 493.2 | Outpatient | EXT ASTHMA W/ACUTE EXCRB |
| 493.20 | Outpatient | CHRONIC OBSTRUCTIVE ASTHM |
| 493.90 | Outpatient | ASTHMA W/O STATUS ASTHM |
| 493.92 | Outpatient | ASTHMA UNSP ACUTE EXACER |
| 511.0 | Outpatient | PLEURISY W/O EFFUS OR TB |
| 519.11 | Outpatient | ACUTE BRONCHOSPASM |
| 521.0 | Outpatient | UNSPECIFIED DENTAL CARIES |
| 521.81 | Outpatient | CRACKED TOOTH |
| 522.5 | Outpatient | PERIAPICAL ABSCESS |
| 525.9 | Outpatient | DENTAL DISORDER NOS |
| 530.81 | Outpatient | ESOPHAGEAL REFLUX |
| 530.89 | Outpatient | OTHER SPECIFIED DISORDERS |
| 535.0 | Outpatient | WITHOUT MENTION OF HEMORR |
| 536.3 | Outpatient | GASTROPARESIS |
| 537.9 | Outpatient | GASTRODUODENAL DIS NOS |
| 540.9 | Outpatient | ACUTE APPENDICITIS NOS |
| 553.3 | Outpatient | DIAPHRAGMATIC HERNIA |
| 566 | Outpatient | ANAL & RECTAL ABSCESS |
| 574.10 | Outpatient | CHOLELITH/GR INF NEC-NO O |
| 574.20 | Outpatient | CHOLELITH NOW-NO OBST |
| 590.10 | Outpatient | AC PYELONEPHR W/O MED NEC |
| 591 | Outpatient | HYDRONEPHROSIS |
| 592.0 | Outpatient | CALCULUS OF KIDNEY |
| 592.1 | Outpatient | CALCULUS OF URETER |
| 593.5 | Outpatient | HYDROURETER |
| 595.0 | Outpatient | ACUTE CYSTITIS |
| 595.1 | Outpatient | CHR INTERSTIT CYSTITIS |
| 599.0 | Outpatient | URINARY TRACT |
| 599.70 | Outpatient | HEMATURIA, UNSPECIFIED |

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| 605 | Outpatient | REDUN PREPUCE & PHIMOSIS |
| 607.1 | Outpatient | BALANOPOSTHITIS |
| 611.72 | Outpatient | LUMP OR MASS IN BREAST |
| 614.6 | Outpatient | FEM PELVIC PERITON ADHES |
| 616.10 | Outpatient | VAGINITIS NOS |
| 620.1 | Outpatient | CORPUS LUTEUM CYST |
| 620.2 | Outpatient | OVARIAN CYST NEC/NOS |
| 620.8 | Outpatient | NONINFL DIS OVA/ADNX NEC |
| 623.8 | Outpatient | NONINFLAM DIS VAGINA NEC |
| 625.9 | Outpatient | FEM GENITAL SYMPTOMS NOS |
| 626.8 | Outpatient | MENSTRUAL DISORDER NEC |
| 627.1 | Outpatient | POSTMENOPAUSAL BLEEDING |
| 632 | Outpatient | MISSED ABORTION |
| 634.92 | Outpatient | SPON ABORT UNCOMPL-COMP |
| 640.3 | Outpatient | THREATENED ABORTION-ANTEP |
| 640.93 | Outpatient | HEMORR IN EARLY PREG NOS- |
| 641.93 | Outpatient | ANTEPART HEM NOS-ANTEPAR |
| 643.3 | Outpatient | MILD HYPEREMESIS GRAVID-A |
| 646.83 | Outpatient | PREG COMPL NEC-ANTEPART |
| 648.13 | Outpatient | THYROID DYSFUNC-ANTEPART |
| 648.43 | Outpatient | MENTAL DISORDER-ANTEPART |
| 655.3 | Outpatient | FETAL CNS MALF ORM-ANTEPA |
| 682.3 | Outpatient | CELLULITIS OF ARM |
| 682.4 | Outpatient | CELLULITIS OF HAND |
| 682.7 | Outpatient | CELLULITIS OF FOOT |
| 695.89 | Outpatient | ERYTHEMATOUS COND NEC |
| 707.0 | Outpatient | UNSPECIFIED VIRAL HEPATIT |
| 707.14 | Outpatient | ULCER OF HEEL AND MIDFOOT |
| 708.9 | Outpatient | URTICARIA NOS |
| 709.9 | Outpatient | SKIN DISORDER NOS |
| 715.33 | Outpatient | LOC OSTEOARTH NOS-FOREARM |
| 715.36 | Outpatient | LOC OSTEOARTH NOS-L/LEG |
| 715.91 | Outpatient | OSTEOARTHROS NOS-SHLDER |
| 716.97 | Outpatient | ARTHROPATHY NOS-ANKLE |
| 719.41 | Outpatient | JOINT PAIN-SHLDER |
| 719.42 | Outpatient | JOINT PAIN-UP/ARM |
| 719.43 | Outpatient | JOINT PAIN-FOREARM |
| 719.46 | Outpatient | JOINT PAIN-L/LEG |
| 719.47 | Outpatient | JOINT PAIN-ANKLE |
| 719.6 | Outpatient | JOINT EFFUSION-L/LEG |
| 719.7 | Outpatient | DIFFICULTY IN WALKING |

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| 721.3 | Outpatient | LUMBOSACRAL SPONDYLOSIS |
| 722.10 | Outpatient | LUMBAR DISC DISPLACEMENT |
| 722.52 | Outpatient | LUMB/LUMBOSAC DISC DEGEN |
| 722.83 | Outpatient | POSTLAMINECT SYND-LUMBAR |
| 723.1 | Outpatient | CERVICALGIA |
| 723.4 | Outpatient | BRACHIAL NEURITIS NOS |
| 723.5 | Outpatient | TORTICOLLIS NOS |
| 723.8 | Outpatient | CERVICAL SYNDROME NEC |
| 724.2 | Outpatient | LUMBAGO |
| 724.2 | Outpatient | SPINAL STENOSIS, LUMBAR |
| 724.3 | Outpatient | SCIATICA |
| 724.4 | Outpatient | LUMBOSACRAL NEURITIS NOS |
| 724.5 | Outpatient | BACKACHE |
| 724.79 | Outpatient | DISORDER OF COCCYX NEC |
| 726.12 | Outpatient | BICIPITAL TENOSYNOVITIS |
| 727.9 | Outpatient | SYNOVITIS NEC |
| 728.85 | Outpatient | SPASM OF MUSCLE |
| 728.87 | Outpatient | MUSCLE WEAKNESS |
| 729.1 | Outpatient | MYALGIA AND MYOSITIS NOS |
| 729.2 | Outpatient | NEURALGIA/NEURITIS NOS |
| 729.5 | Outpatient | PAIN IN LIMB |
| 751.4 | Outpatient | INTESTINAL FIXATION ANOM |
| 780.2 | Outpatient | SYNCOPE AND COLLAPSE |
| 780.39 | Outpatient | OTHER CONVULSIONS |
| 780.4 | Outpatient | DIZZINESS AND GIDDINESS |
| 780.50 | Outpatient | SLEEP DISTURBANCE NOS |
| 780.60 | Outpatient | FEVER, UNSPECIFIED |
| 780.79 | Outpatient | OTHER MALAISE AND FATIGUE |
| 780.9 | Outpatient | OTHER ALTERATION OF CONSC |
| 780.97 | Outpatient | ALTERED MENTAL STATUS |
| 781.1 | Outpatient | OTHER DISEASES DUE TO VIR |
| 781.2 | Outpatient | ABNORMALITY OF GAIT |
| 782.0 | Outpatient | SKIN SENSATION DISTURB |
| 782.1 | Outpatient | NONSPECIF SKIN ERUPT NEC |
| 782.2 | Outpatient | LOCAL SUPRFICIAL SWELLNG |
| 784.0 | Outpatient | HEADACHE |
| 784.1 | Outpatient | THROAT PAIN |
| 784.2 | Outpatient | SWELLING IN HEAD & NECK |
| 785.0 | Outpatient | TACHYCARDIA NOS |
| 785.1 | Outpatient | PALPITATIONS |
| 786.2 | Outpatient | COUGH |

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| 786.5 | Outpatient | SHORTNESS OF BREATH |
| 786.50 | Outpatient | CHEST PAIN NOS |
| 786.52 | Outpatient | PAINFUL RESPIRATION |
| 786.59 | Outpatient | CHEST PAIN NEC |
| 786.9 | Outpatient | RESPIRATORY ABNORM NEC |
| 787.1 | Outpatient | NAUSEA W VOMITING |
| 787.2 | Outpatient | NAUSEA ALONE |
| 787.21 | Outpatient | DYSPHAGIA, ORAL PHASE |
| 787.3 | Outpatient | VOMITING ALONE |
| 787.91 | Outpatient | DIARRHEA |
| 788.1 | Outpatient | DYSURIA |
| 788.20 | Outpatient | RETENTION OF URINE, UNSPE |
| 789.0 | Outpatient | ABDOMINAL PAIN, |
| 789.1 | Outpatient | ABDOMINAL PAIN, |
| 789.2 | Outpatient | SPLENOMEGALY |
| 789.3 | Outpatient | ABDOMINAL PAIN, |
| 789.6 | Outpatient | ABDOMINAL PAIN, |
| 789.9 | Outpatient | ABDOMEN/PELVIS SYMP NEC |
| 789.9 | Outpatient | ABDOMINAL PAIN, |
| 790.29 | Outpatient | OTHER ABNORMAL GLUCOSE |
| 790.3 | Outpatient | EXCESS BLOOD-ALCOHOL LEV |
| 790.4 | Outpatient | ELEV TRANSAMINASE/LDH |
| 790.5 | Outpatient | ABN SERUM ENZY LEVEL NEC |
| 790.6 | Outpatient | ABN BLOOD CHEMISTRY NEC |
| 790.99 | Outpatient | OTHER NONSPECIFIC FINDING |
| 793.11 | Outpatient | SOLITARY PULMONARY NODULE |
| 793.19 | Outpatient | OTHER NONSPECIFIC ABNORMA |
| 793.7 | Outpatient | ABN FIND-MUSCULOSKEL SYS |
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| 799.9 | Outpatient | UNSPECIFIED VIRAL INFECTI |
| 807.1 | Outpatient | FRACTURE ONE RIB-CLOSED |
| 807.2 | Outpatient | FRACTURE OF STERNUM-CLOS |
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| 815.4 | Outpatient | FX METACARPAL NECK-CLOSE |
| 823.10 | Outpatient | FX UPPER END TIBIA-OPEN |
| 824.0 | Outpatient | FX MEDIAL MALLEOLUS-CLOS |
| 824.1 | Outpatient | FX MEDIAL MALLEOLUS-OPEN |
| 824.2 | Outpatient | FX LATERAL MALLEOLUS-CL |
| 824.4 | Outpatient | FX BIMALLEOLAR-CLOSED |
| 824.6 | Outpatient | FX TRIMALLEOLAR-CLOSED |

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| 825.25 | Outpatient | FX METATARSAL-CLOSED |
| 840.4 | Outpatient | SPRAIN ROTATOR CUFF |
| 842.0 | Outpatient | SPRAIN OF WRIST NOS |
| 842.10 | Outpatient | SPRAIN OF HAND NOS |
| 843.9 | Outpatient | SPRAIN HIP & THIGH NOS |
| 845.0 | Outpatient | SPRAIN OF ANKLE NOS |
| 846.9 | Outpatient | SPRAIN SACROILIAC NOS |
| 847.0 | Outpatient | SPRAIN OF NECK |
| 847.1 | Outpatient | SPRAIN THORACIC REGION |
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| 870.8 | Outpatient | OPN WND OCULAR ADNEX NEC |
| 873.0 | Outpatient | OPEN WOUND OF SCALP |
| 873.63 | Outpatient | TOOTH BROKEN TAUMA W/O |
| 881.2 | Outpatient | OPEN WOUND OF WRIST |
| 883.0 | Outpatient | OPN WND OF FINGER-NO COMP |
| 890.0 | Outpatient | OPN WND OF HIP/THIGH-NO C |
| 891.1 | Outpatient | OPEN WND KNEE/LEG-COMPL |
| 893.0 | Outpatient | OPN WND OF TOE-NO COMPL |
| 910.0 | Outpatient | ABRASION HEAD |
| 911.0 | Outpatient | ABRASION TRUNK |
| 912.0 | Outpatient | ABRASION SHOULDER/ARM |
| 918.1 | Outpatient | SUPERFICIAL INJ CORNEA |
| 919.0 | Outpatient | ABRASION NEC |
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| 922.31 | Outpatient | BACK CONTUSION |
| 923.0 | Outpatient | CONTUSION SHOULDER REG |
| 923.10 | Outpatient | CONTUSION OF FOREARM |
| 923.20 | Outpatient | CONTUSION OF HAND(S) |
| 923.21 | Outpatient | CONTUSION OF WRIST |
| 924.1 | Outpatient | CONTUSION OF HIP |
| 924.10 | Outpatient | CONTUSION OF LOWER LEG |
| 924.11 | Outpatient | CONTUSION OF KNEE |
| 924.8 | Outpatient | MULTIPLE CONTUSIONS NEC |
| 927.20 | Outpatient | CRUSHING INJURY OF HAND(S) |
| 927.21 | Outpatient | CRUSHING INJURY OF WRIST |
| 958.3 | Outpatient | POSTTRAUM WND INFEC NEC |
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| 959.7 | Outpatient | LOWER LEG INJURY NOS |
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| E825.0 | Outpatient | MV N-TRAFF ACC NEC-DRIV |
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| E928.9 | Outpatient | ACCIDENT NOS |
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