



# GUÍA DE SERVICIOS PREVENTIVOS DE CUIDADO DE SALUD | 2019



Estimado Proveedor,

First Medical Health Plan, Inc. (First Medical) es una compañía al servicio de nuestra comunidad. Por más de cuarenta y dos (42) años, First Medical ha dedicado sus esfuerzos a mejorar la calidad de vida de nuestros suscriptores y beneficiarios del plan a través de la planificación e implementación de cubiertas de servicios médicos de alta calidad de manera costo-efectiva. Nuestros servicios se prestan en base al gran compromiso de excelencia y la calidez humana que caracteriza sus relaciones con nuestros proveedores. Porque, cuando nuestros suscriptores/beneficiarios están saludables, pueden tener una vida mejor. Debido a esto, hemos desarrollado esta Guía de Servicios Preventivos de Cuidados de Salud para proveer asistencia interpretando ciertos estándares de planes de beneficios y para asegurar que nuestra red de proveedores cumpla con todos los requisitos relevantes ordenados por los Centros de Servicios de Medicare y Medicaid (*CMS*, por sus siglas en inglés), la Administración de Seguros de Salud de Puerto Rico (ASES), y la Oficina del Comisionado de Seguros, entre otros.

Al decidir la sobre un beneficio, se debe hacer referencia a la Cubierta de Beneficios del Suscriptor/Beneficiario. Los términos de la cubierta de beneficios del suscriptor/beneficiario pueden diferir de los beneficios establecidos en esta Guía. En caso de conflicto, la Cubierta de Beneficios específica del suscriptor/beneficiario reemplaza esta guía. Recomendamos validar la elegibilidad del suscriptor/beneficiario, los requerimientos regulatorios federales o estatales y la cubierta de beneficios del plan antes de usar esta guía. **Recuerde que los servicios preventivos son exentos del costo compartido, tales como como coaseguro, deducibles o copagos.**

First Medical se reserva el derecho, a su exclusivo criterio, de modificar sus guías de determinación de cubierta y las políticas médicas, según sea necesario. Esta Guía de Servicios Preventivos de Cuidados de Salud no constituye una recomendación médica. First Medical también puede usar herramientas desarrolladas por terceros para ayudarnos a administrar beneficios de salud, en relación con el criterio médico profesional independiente de un proveedor de atención médica calificado y no constituye la práctica de la medicina o el consejo médico. Usted puede acceder a esta guía de forma electrónica en [www.firstmedicalpr.com](http://www.firstmedicalpr.com).

División de Asuntos Médicos  
First Medical Health Plan, Inc.

## Justificación de Cubierta

### **Servicios Preventivos:**

Este término aplica a servicios de cuidados de salud de rutina que incluyen, detección, evaluaciones y asesoramiento al paciente para prevenir enfermedades u otros problemas relacionados a la salud.

Los servicios preventivos están destinados a ayudar a las personas

**Los suscriptores y beneficiarios del Plan no tendrán que pagar un copago o coaseguro si el servicio es proporcionado por proveedores dentro de la red.**

a mantenerse saludables y a detectar cualquier problema relacionado a la salud de manera temprana, mientras exista una mejor posibilidad de recuperación. Recomendamos encarecidamente a los participantes de nuestro plan que visiten a su médico para evaluaciones regulares, incluso si se sienten sanos, para realizarse exámenes de detección de enfermedades, identificar factores de riesgo de enfermedades, discutir consejos para un estilo de vida saludable y balanceado, mantenerse al día con las vacunas y los refuerzos.

Los servicios preventivos cubiertos para adultos, mujeres y niños, son gratuitos cuando los completa un proveedor de la red y se realizan con fines preventivos o de diagnóstico. Por lo tanto, los suscriptores/beneficiarios del Plan no tendrán que pagar un copago o coaseguro si el servicio es proporcionado por proveedores de la red. Antes de utilizar esta guía, valide la Cubierta de Beneficios específica del suscriptor/beneficiario y las leyes federales o estatales, si aplican.

### **Resumen del Beneficio de los Servicios Preventivos de Salud:**

Los servicios preventivos pueden ofrecerse en los niveles de prevención primaria, secundaria y terciaria. El siguiente es un resumen de los servicios cubiertos bajo el beneficio de los Servicios Preventivos de Salud (desglosado por grupos de edad/género):

#### **Todos los Suscriptores y Beneficiarios:**

Visitas de Medicina Preventiva apropiadas para la edad y el género (visitas de bienestar); todas las vacunas de rutina recomendadas por el Comité Asesor sobre Prácticas de Inmunización de los *CDC*.

#### **Todo suscriptor/beneficiario de acuerdo a su edad y/o riesgo:**

Asesoramiento y/o detección para: cáncer colorrectal; colesterol y lípidos elevados; ciertas enfermedades de transmisión sexual; VIH; depresión, hipertensión, diabetes. Evaluación y asesoramiento para el abuso de alcohol en un entorno de cuidado primario, uso de tabaco, obesidad, dieta y nutrición. Favor referirse a la Tabla 1. Desglose Detallado de los Servicios Preventivos de Salud.

**Tabla1. Desglose Detallado de los Servicios Preventivos de Salud.**

Adultos:	Específicamente para Mujeres:	Específicamente para Niños:
<ul style="list-style-type: none"> <li>• Aneurisma aórtico abdominal (“AAA”)</li> <li>• Evaluación y asesoramiento sobre el abuso de alcohol</li> <li>• Uso de aspirina para prevenir enfermedades cardiovasculares</li> <li>• Evaluación de la presión arterial</li> <li>• Evaluación del colesterol</li> <li>• Detección de cáncer colorrectal para adultos mayores de 50 años</li> <li>• Detección de depresión</li> <li>• Asesoramiento dietético</li> <li>• Detección de VIH</li> <li>• Vacunas de inmunización</li> <li>• Detección de obesidad</li> <li>• Asesoramiento de prevención de infecciones de transmisión sexual</li> <li>• Detección de sífilis</li> <li>• Evaluación del uso del tabaco</li> <li>• Detección de diabetes tipo 2</li> </ul>	<ul style="list-style-type: none"> <li>• Detección de anemia</li> <li>• Asesoramiento del <i>BRCA</i> para mujeres con mayor riesgo</li> <li>• Asesoramiento sobre mamografía y quimio-prevención del cáncer de mama</li> <li>• Asesoramiento sobre lactancia materna</li> <li>• Detección de cáncer de cuello uterino</li> <li>• Anticoncepción</li> <li>• Detección y asesoramiento de violencia doméstica e interpersonal</li> <li>• Ciertos artículos y servicios para mujeres embarazadas</li> <li>• Detección de diabetes gestacional</li> <li>• Detección de osteoporosis</li> <li>• Detección de incompatibilidad Rh</li> </ul>	<ul style="list-style-type: none"> <li>• Detección de autismo</li> <li>• Evaluaciones del comportamiento</li> <li>• Vacunas de inmunización infantil</li> <li>• Exámenes de hipotiroidismo congénito para recién nacidos</li> <li>• Detección de depresión</li> <li>• Evaluación del desarrollo</li> <li>• Detección de dislipidemia</li> <li>• Quimio-prevención de flúor</li> <li>• Exámenes de audición para recién nacidos</li> <li>• Medidas de altura, peso e índice de masa corporal</li> <li>• Suplementos de hierro</li> <li>• Detección de plomo</li> <li>• Examen de la vista</li> </ul>



## **Limitaciones y Exclusiones de Cubierta**

1. Los servicios no cubiertos bajo el beneficio de cuidado preventivo, pueden estar cubiertos bajo la cubierta de beneficio de servicios médico del Plan. Consulte la Cubierta de Beneficios específica del suscriptor/beneficiario para obtener más detalles.
2. En general, los costos de medicamentos, vitaminas, suplementos o artículos que no requieren receta (*over the counter*) no son elegibles como un beneficio de cuidado preventivo. Sin embargo, ciertos medicamentos recetados para pacientes a nivel ambulatorio, medicamentos para dejar de fumar y/o artículos que no requieren receta, según requerido por la Ley de Protección al Paciente y Cuidado de Salud Asequible (*PPACA*, por sus siglas en inglés), pueden estar cubiertos bajo el beneficio preventivo. Para obtener detalles, consulte la Cubierta de Beneficios específica del suscriptor/beneficiario.
3. Una vacuna no está cubierta si no cumple con los requerimientos de rotulación establecidos en la Política de Vacunas de la Administración de Alimentos y Medicamentos (*FDA*, por sus siglas en inglés) (incluyendo las limitaciones por edad y/o género) y si no tiene recomendaciones definitivas del Comité Asesor sobre Prácticas de Inmunización (*ACIP*, por sus siglas en inglés) publicadas por los Centros para el Control y la Prevención de Enfermedades (*CDC*, por sus siglas en inglés) en el Informe Semanal de Morbilidad y Mortalidad (*MMWR*, por sus siglas en inglés).
4. Los exámenes, evaluaciones, pruebas o vacunas no están cubiertos cuando:
  - a. Es requerido únicamente para gestiones de trabajo, educación, deportes o campamentos, viajes (incluidas las vacunas para viajes), empleo, seguro, matrimonio o adopción, o
  - b. Está relacionado con procedimientos legales o administrativos, o
  - c. Es para fines de investigación médica, o
  - d. Es requerido para obtener o mantener una licencia de cualquier tipo.
5. Los servicios que son estudios de investigación, experimentales, no aprobados o no médicamente necesarios, no están cubiertos.
6. Los equipos y suministros para amamantar que no están listados en la cubierta de beneficios de los suscriptores y beneficiarios del Plan.

### **Vacunas para Viajes:**

La Ley de Protección al Paciente y Cuidado de Salud Asequible (*PPACA*, por sus siglas en inglés) no requiere las vacunas que son específicas para viajar (por ejemplo, fiebre tifoidea, fiebre amarilla, cólera, entre otras), y están excluidas de la cubierta. Sin embargo, las vacunas de viaje pueden estar disponibles

como una opción, en ciertas cubiertas de beneficios. Consulte la Cubierta de Beneficios específica del suscriptor/beneficiario para obtener más detalles.

## Definiciones

- *United States Preventive Services Task Force (USPSTF)*: un panel independiente y voluntario de expertos nacionales en prevención de enfermedades y medicina basada en evidencia. El *Task Force* trabaja para mejorar la salud de todos los estadounidenses al hacer recomendaciones basadas en evidencia sobre los servicios clínicos preventivos. <https://www.uspreventiveservicestaskforce.org/Page/Name/home>.
- Ley de Protección al Paciente y Cuidado de Salud Asequible (*PPACA*, por sus siglas en inglés): es la primera parte de la Ley de Reforma Integral de Salud promulgada el 23 de marzo de 2010. La ley fue enmendada por la Ley de Reconciliación de Cuidado Médico y Educación, el 30 de marzo de 2010. El nombre "Ley de Cuidado Asequible" se usa generalmente para referirse a la versión final y enmendada de la ley (también conocida como "PPACA", "ACA" u "Obamacare"). La ley proporciona numerosos derechos y protecciones que hacen que la cubierta de salud sea más justa y fácil de entender, junto con subsidios (a través de "la prima de créditos fiscales" y "reducciones de costos compartidos") para que sea más asequible. <https://www.healthcare.gov/glossary/patient-protection-and-affordable-care-act/>.
- Comité Asesor sobre Prácticas de Inmunización (*ACIP*, por sus siglas en inglés): un comité compuesto por expertos médicos y de salud pública que desarrollan recomendaciones sobre el uso de vacunas y productos biológicos relacionados en la población civil de los Estados Unidos. El *ACIP* se estableció en virtud de la Sección 222 de la Ley de Servicios de Salud Pública (42 U.S.C. § 217a) y se rige por sus estatutos. <https://www.cdc.gov/vaccines/acip/about.html>.
- Departamento de Salud y Servicios Humanos de los Estados Unidos (*HHS*, por sus siglas en inglés): una agencia federal que administra más de 100 programas en sus divisiones operacionales. Su misión es mejorar y proteger la salud y el bienestar de todos los estadounidenses y proporcionar servicios humanos esenciales, especialmente para aquellos que son menos capaces de ayudarse a sí mismos. La misión del Departamento de Salud y Servicios Humanos es proveer servicios de salud y humanos efectivos, y fomentar los avances en medicina, salud pública y servicios sociales. <https://www.hhs.gov/about/index.html>.
- Administración de Recursos y Servicios de Salud (*HRSA*, por sus siglas en inglés): una agencia del Departamento de Salud y Servicios Humanos de los Estados Unidos (*HHS*, por sus siglas en

inglés) que brinda cuidado médico a personas geográficamente aisladas y/o económicamente o médicamente vulnerables. Esto incluye a las personas que viven con VIH/SIDA, las mujeres embarazadas, las madres y sus familias, y aquellos que de otro modo no podrían acceder a cuidado médico de alta calidad. <https://www.hrsa.gov/about/organization/bureaus/index.html>.

- Modificador 33: cuando el propósito principal del servicio es entregar una evidencia basada en el servicio, de acuerdo con la calificación vigente del *United States Preventive Services Task Force* A o B, y otros servicios preventivos identificados en los requerimientos de servicios preventivos (legislativos o regulatorios), el servicio puede identificarse agregando el número 33 al procedimiento. Para los servicios reportados por separado, identificados específicamente como preventivos, no se debe usar el modificador. Favor referirse a la sección a continuación, Códigos Aplicables para más información acerca del Modificador 33.

## Códigos Aplicables

Los códigos provistos en esta guía son para uso exclusivo de referencia. La inclusión de un código de servicio en esta guía no implica que el servicio descrito por ese código es un servicio de salud cubierto o no cubierto. Los servicios cubiertos están determinados en la Cubierta de Beneficios específica del suscriptor/beneficiario y las leyes aplicables, ya que pueden requerir cubierta para un servicio específico. La inclusión de un código no implica ningún derecho de reembolso o garantía de pago de reclamaciones. Otras políticas y guías de determinación de cubierta pudiesen ser aplicadas.

### **Modificador 33:**

First Medical considerará los procedimientos y códigos de diagnóstico, y los criterios para los editos de reclamaciones descritos en la tabla a continuación, al determinar si aplican los beneficios de cuidados de salud preventivo. No obstante, aunque se puede reportar el modificador 33, este no se utiliza para hacer determinaciones de beneficios de cuidado preventivo.

### **Códigos ICD-10:**

A partir del 1 de octubre de 2015, los Centros de Servicios de Medicare y Medicaid (*CMS*, por sus siglas en inglés) implementó el ICD-10-CM (diagnósticos) y ICD-10-PCS (procedimientos para pacientes hospitalizados), reemplazando los conjuntos de códigos de diagnóstico y procedimientos de ICD-9-CM. Los códigos ICD-9 no se aceptan para los servicios prestados a partir del 1 de octubre de 2015.

El ICD-10-CM (diagnósticos) y ICD-10-PCS (procedimientos para pacientes hospitalizados) deben utilizarse para reportar los servicios prestados a partir del 1 de octubre de 2015.

## Servicios Preventivos de Salud

<b>Servicios Preventivos de Salud</b> Ciertos códigos pueden no ser pagaderos en todas las circunstancias debido a otras políticas o guías aplicables. Para los medicamentos de cuidado preventivo, consulte con el administrador del beneficio de farmacia.			
<b>Service:</b> <i>A date in this column is when the rating was released, not when the benefit is effective.</i>	<b>US Preventive Services Task Force</b>	<b>Code(s):</b>	<b>Claims Edit Criteria:</b>
Abdominal aortic aneurysm screening: men	The USPSTF recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked.	<b>Procedure Code(s):</b> 76700, 76705, 76706, 76770, 76775  <b>Diagnosis Code(s):</b> ICD-10: Z87.891, F17.210, F17.211, F17.213, F17.218, F17.219	Age 65 through 75 (ends on 76th birthday).  One of the Diagnosis Codes listed in this row.
Alcohol misuse: screening and counseling	The USPSTF recommends that clinicians screen adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	<b>Procedure Code(s):</b> 99401, 99402, 99403, 99404, 99408, 99409, 99411, 99412, G0396, G0397, G0442, G0443  <b>Diagnosis Code(s):</b> Z71.41, Z71.89, Z13.89	
Aspirin preventive medication: adults aged 50 to 59 years with a $\geq 10\%$ 10-year cardiovascular risk	The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease and colorectal cancer in adults aged 50 to 59 years who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10	<b>Procedures Code(s):</b> 99386, 99387, 99396, 99397, G0438, G0439	Adults age 50 to 59 years.



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	years, and are willing to take low-dose aspirin daily for at least 10 years.		
Bacteriuria screening: pregnant women	The USPSTF recommends screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.	<b>Procedure Code(s):</b> 81007  <b>Diagnosis Code(s):</b> Pregnancy Diagnosis Code	Payable with a Pregnancy Diagnosis Code Please refer to Appendix Section.
Blood pressure screening: adults	The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	<b>Ambulatory Blood Pressure Measurement:</b> 93784, 93786, 93788 or 93790  <b>Diagnosis Code:</b> ICD-10: R03.0, Z13.220	Adults 18 years or older.
BRCA risk assessment and genetic counseling/testing	The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast	<b>Genetic Counseling and Evaluation:</b> <b>Procedure Code(s):</b> 99201-99205, 99211-99215, 99385, 99386, 99387, 99395, 99396, 99397  <b>Medical genetics and genetic counseling services:</b> 96040, S0265  <b>Evaluation and</b>	Genetic Counseling and Evaluation: Medical Necessity plans require genetic counseling before BRCA Lab Screening.  Payable as preventive with one of the Genetic Counseling and Evaluation Diagnosis Codes listed in this row in primary position.

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	cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.	<b>Management</b> <b>(Office Visits):</b> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397, G0463 <b>ICD-10:</b> Z80.3, Z80.41, Z85.3, Z85.43, Z15.01, Z15.02 <b>BRCA Lab Screening:</b> <b>Procedure Code(s):</b> 81162, 81163, 81164, 81165, 81166, 81167, 81212, 81215, 81216, 81217, 81162 <b>Blood draw:</b> 36415, 36416 <b>Diagnosis Code(s):</b> <b>Family History or Personal History of breast cancer and/or ovarian cancer:</b> <b>ICD-10:</b> Z80.3, Z80.41, Z85.3, Z85.43, Z15.01, Z15.02	BRCA Lab Screening: Prior authorization requirements apply to BRCA lab screening. Payable for age 18+ when billed with one of the BRCA Lab Screening Diagnosis codes listed in this row. Blood draw: Payable when billed with both of the following: 1. With one of the listed BRCA Lab Screening procedure codes listed in this row, AND 2. With one of the BRCA Lab Screening diagnosis codes listed in this row.
Breast cancer preventive medications	The USPSTF recommends that clinicians engage in shared, informed decision making with women who are at increased risk for	<b>Procedures Code(s):</b> 99201 – 99205, 99211-99215, 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402,	

<b>Servicios Preventivos de Salud</b> Ciertos códigos pueden no ser pagaderos en todas las circunstancias debido a otras políticas o guías aplicables. Para los medicamentos de cuidado preventivo, consulte con el administrador del beneficio de farmacia.			
	breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.	99403, 99404  Raloxifene (J8999) Tamoxifen (J8999)	
Breast cancer screening	The USPSTF recommends screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older.	<b>Procedure Code(s):</b> 77063, 77067  <b>Revenue code:</b> 0403  <b>Diagnosis Code(s):</b> Payable as preventive regardless of diagnosis code	Payable regardless of age.  Does not have diagnosis code requirements for preventive benefit to apply.  Note the following: This benefit only applies to screening mammography. This benefit does not apply to other screening methods, including but not limited to, digital breast tomosynthesis (3-D mammography).
Breastfeeding interventions	The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.	<b>Procedure Code(s):</b> S9443, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350  <b>Diagnosis Code(s):</b> ICD-10: Z39.1	Support and Counseling:  The Diagnosis Code listed in this row is required for 99241 – 99245, 99341 – 99345, and 99347 – 99350  The Diagnosis Code listed in this row is not required for S9443.

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Cervical cancer screening	The USPSTF recommends screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.	<b>Procedure Code(s):</b> <b>Code Group 1:</b> G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, Q0091, P3000, P3001 Payable as preventive regardless of diagnosis code <b>Code Group 2:</b> 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175 <b>Code Group 2 Diagnosis Code(s):</b> <b>ICD-10:</b> Z00.00, Z00.01, Z01.411, Z01.419, Z12.4	Limited to age 21 years – 65 years (ends on 66th birthday).  Code Group 1: Does not have diagnosis code requirements for preventive benefits to apply.  Code Group 2: Payable with one of the Diagnosis Codes listed in this row.
Chlamydia screening: women	The USPSTF recommends screening for chlamydia in sexually active women age 24 years or younger and in older women who are at increased risk for infection.	<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 <b>Diagnosis Code(s):</b> <b>Pregnancy:</b> Refer to Appendix Section <b>Pregnancy Diagnosis</b>	Chlamydia Infection Screening: Payable with a Pregnancy Diagnosis Code (refer to Appendix Section) OR One of the Screening Diagnosis Codes listed in this row.

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		<b>Code, OR Screening:</b> ICD-10: Z00.00, Z00.01, Z11.3, Z11.8, Z11.9, Z20.2	
Colorectal cancer screening	The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.	<b>Fecal Occult Blood Testing (FOBT), Proctoscopy, Sigmoidoscopy, or Colonoscopy:</b> <b>Procedure Code(s):</b> Code Group 1: <b>Proctoscopy:</b> S0601, 45300, 45303, 45305, 45307, 4508, 45309, 45315, 45317, 45320 <b>Sigmoidoscopy:</b> G0104, G0106 <b>Colonoscopy:</b> G0105, G0120, G0121, G0122, S0285 <b>FOBT:</b> G0328, Code Group 2: <b>Sigmoidoscopy:</b> 45330, 45331, 45333, 45338, 45346 <b>Colonoscopy:</b> 44388, 44389, 44392, 44394, 45378, 45380, 45381, 45384, 45385, 45388 <b>FOBT:</b> 82270, 82274	Age Limits for Colorectal Cancer Screenings: 40 years – 75 years (ends on 76th birthday) Fecal Occult Blood Testing, Sigmoidoscopy, or Colonoscopy: Code Group 1: Does not have diagnosis code requirements for preventive benefits to apply.  Code Group 2: Paid as preventive if: billed with one of the Diagnosis Codes listed in this row OR billed with one of the Procedure Codes from Code Group 1, regardless of diagnosis.  Code Group 3 (pathology) AND  Code Group 4 (anesthesia): Paid as preventive if: billed with one of the Diagnosis Codes listed in

**Servicios Preventivos de Salud**

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		<p><b>Code Group 3:</b> <b>Pathology:</b> 88304, 88305</p> <p><b>Code Group 4:</b> <b>Anesthesia:</b> 00812, G0500</p> <p><b>Code Group 5:</b> <b>Pre-op/Consultation:</b> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245</p> <p><b>Diagnosis Code(s)</b> <b>(for Code Group 2, 3 &amp; 4):</b> ICD-10: Z00.00, Z00.01, Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79</p> <p><b>(for Code Group 5):</b> ICD-10: Z12.10, Z12.11, Z12.12, Z80.0, Z83.71, Z83.79</p> <p><b>Computed Tomographic Colonography (Virtual Colonoscopy):</b> <b>Procedure Code(s):</b> 74161, 74162, 74263</p> <p><b>Diagnosis Code(s):</b> Does not have diagnosis code requirements for preventive benefit to apply.</p>	<p>this row AND billed with one of the Procedure Codes from Code Group 1 or Code Group 2. Code Group 3 and 4: Note the following: Preventive when performed for a colorectal cancer screening. Preventive benefits only apply when the surgeon's claim is preventive. Code Group 5 as of 1/1/16: Paid as Preventive if billed with one of the Code Group 5 diagnosis codes.</p> <p>Computed Tomographic Colonography (Virtual Colonoscopy): Does not have diagnosis code requirements for preventive benefit to apply. Prior authorization requirements may apply, depending on plan.</p>
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Dental caries prevention: infants and children up to age 5 years	The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.	<b>Procedure Code(s):</b> Application of topical fluoride by physician or other qualified health care professional: 99188  <b>Diagnosis Code(s):</b> Z00.121, Z00.129, Z29.3, Z91.841, Z91.842, Z91.843, Z91.849	Age 0 – 6 years (ends on 7th birthday).  Does not have diagnosis code requirements for preventive benefit to apply.
Depression screening: adolescents	The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	<b>Procedure Code(s):</b> 96127, G0444  <b>Diagnosis Code(s):</b> ICD-10: Z13.89, Z13.31, Z13.32	The Diagnosis Codes listed in this row is required for 96127.  The Diagnosis Codes listed in this row are not required for G0444.
Depression screening: adults	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with	<b>Procedure Code(s):</b> 96127, G0444  <b>Diagnosis Code(s):</b> ICD-10: Z13.89, Z13.31, Z13.32	The Diagnosis Codes listed in this row is required for 96127.  The Diagnosis Codes listed in this row are not required for G0444.

**Servicios Preventivos de Salud**

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	adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.		
Diabetes screening	The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.	<p><b>Procedure Code(s):</b></p> <p><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></p> <p><b>Required Diagnosis Codes (at least one):</b> ICD-10: Z00.00, Z00.01, Z13.1</p> <p><b>And one of the following Hypertension Diagnosis Codes:</b></p> <p><b>Hypertension:</b> ICD-10: I10</p> <p><b>Hypertensive Heart Disease:</b> ICD-10: I11.0, I11.9</p> <p><b>Hypertensive Chronic Kidney Disease:</b> ICD-10: I12.0, I12.9</p> <p><b>Hypertensive Heart and Chronic Kidney Disease:</b> ICD-10: I13.0, I13.10, I13.11, I13.2</p> <p><b>Secondary Hypertension:</b></p>	<p>Diabetes Screening: Payable with one of the Required Diagnosis Codes listed in this row AND With one of the listed Hypertension Diagnosis Codes in this row.</p> <p>Blood draw: Payable when billed with ALL of the following:</p> <ol style="list-style-type: none"> <li>1. With one of the listed Diabetes Screening procedure codes listed in this row AND</li> <li>2. With one of the Required Diagnosis Codes AND</li> <li>3. With one of the listed Hypertension Diagnosis Codes.</li> </ol> <p>Note: If a Diabetes Diagnosis Code is present in any position; the preventive benefit will not be applied: See Diabetes</p>



**Servicios Preventivos de Salud**

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		<p>ICD-10: I15.0, I15.1, I15.2, I15.8, I15.9, N26.2</p> <p><b>Hypertension Complicating Pregnancy, Childbirth and the Puerperium:</b></p> <p>ICD-10: O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.9, O13.1, O13.2, O13.3, O13.9, O16.1, O16.2, O16.3, O16.9</p>	<p>Diagnosis Codes refer to Appendix Section.</p>
<p>Falls prevention in older adults: exercise or physical therapy</p>	<p>The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.</p>	<p><b>Procedure Code(s):</b> n/a</p> <p><b>Diagnosis Code(s):</b> n/a</p>	<p>This service is included in a preventive care wellness examination or focused E&amp;M visit.</p>
<p>Falls prevention in older adults: vitamin D</p>	<p>The USPSTF recommends vitamin D supplementation</p>	<p><b>Procedure Code(s):</b> n/a</p>	<p>This service is included in a preventive care wellness</p>

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	to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.	<b>Diagnosis Code(s):</b> n/a	examination or focused E&M visit.
Folic acid supplementation	The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	J8499	
Cholesterol Screening (Lipid Disorders Screening)	The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (ie symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality	<b>Procedure Code(s):</b> Cholesterol Screening: 80061, 82465, 83718, 83719, 83721, 84478 Blood Draw: 36415, 36416 <b>Diagnosis Code(s):</b> Z00.00, Z00.01, Z13.220	Cholesterol Screening: Ages 40–75 years (ends on 76th birthday). Requires one of the diagnosis codes listed in this row.
Gestational diabetes mellitus screening	The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation.	<b>Procedure Code(s):</b> 82947, 82948, 82950, 82951, 82952, 83036 36415, 36416 <b>Diagnosis Code(s):</b> Pregnancy Diagnosis Code	Payable with Pregnancy Diagnosis Code (regardless of gestational week) Criteria for 36415 and 36416: Payable when billed with ALL of the following: With one of the Diabetes Screening Procedure codes listed in this row AND With a Pregnancy

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			Diagnosis Code. NOTE: If a Diabetes Diagnosis Code is present in any position, the preventive benefit will not be applied. See Diabetes Diagnosis Codes refer to Appendix Section.
Gonorrhea screening: women	The USPSTF recommends screening for gonorrhea in sexually active women age 24 years or younger and in older women who are at increased risk for infection.	<b>Procedure Code(s):</b> 87590, 87591, 87592, 87801, 87850 <b>Diagnosis Code(s):</b> <b>Pregnancy:</b> Pregnancy Diagnosis Code OR Screening: <b>ICD-10:</b> Z00.00, Z00.01, Z11.3, Z11.9, Z20.2	Payable with either a Pregnancy Diagnosis refer to Appendix Section Code or One of the Screening Diagnosis Codes listed in this row.
Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors	The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.	<b>Procedure Code(s):</b> <b>Medical Nutrition Therapy or Counseling</b> <b>Counseling:</b> 97802, 97803, 97804, G0270, G0271, S9470 <b>Preventive Medicine</b> <b>Individual Counseling:</b> 99401, 99402, 99403, 99404 <b>Behavioral Counseling or Therapy:</b> G0446, G0447, G0473, 0403T <b>Diagnosis Code(s):</b>	G0446 is limited to once per year.  One of the Diagnosis Codes listed in this row are: Required for 97802-97804, 99401-99404, G0270, G0271, S9470 and 0403T NOT required for G0446, G0447 and G0473.

**Servicios Preventivos de Salud**

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		<p><b>Screening:</b>  <b>ICD-10:</b> Z13.220</p> <p><b>History:</b>  <b>ICD-10:</b> Z72.0, Z87.891,  Z82.49, F17.210, F17.211,  F17.213, F17.218, F17.219</p> <p><b>Overweight:</b>  <b>ICD-10:</b> E66.3, Z68.25,  Z68.26, Z68.27, Z68.28,  Z68.29</p> <p><b>Body Mass Index 30.0 – 39.9:</b>  <b>ICD-10:</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>  <b>ICD-10:</b> Z68.41, Z68.42,  Z68.43, Z68.44, Z68.45</p> <p><b>Impaired Fasting Glucose Fasting Glucose:</b>  <b>ICD-10:</b> R73.01</p> <p><b>Metabolic Syndrome:</b>  <b>ICD-10:</b> E88.81</p> <p><b>Hyperlipidemia /Dyslipidemia:</b>  <b>ICD-10:</b> E78.0, E78.1,  E78.2, E78.3, E78.41,  E78.49, E78.5</p> <p><b>Obesity:</b>  <b>ICD-10:</b> E66.01, E66.09,</p>	
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**Servicios Preventivos de Salud**

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		<p>E66.1, E66.8, E66.9, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45</p> <p><b>Essential Hypertension:</b> <b>ICD-10:</b> I10</p> <p><b>Secondary Hypertension:</b> <b>ICD-10:</b> I15.0, I15.1, I15.2, I15.8, I15.9, N26.2</p> <p><b>Hypertension Complicating Pregnancy, Childbirth and the Puerperium:</b> <b>ICD-10:</b> O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.9, O13.1, O13.2, O13.3, O13.9, O16.1, O16.2, O16.3, O16.9</p> <p><b>Secondary Diabetes Mellitus:</b> See Diabetes Diagnosis</p>	
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		<p>Code.</p> <p><b>Diabetes Mellitus:</b></p> <p>See Diabetes Diagnosis Code List table below.</p> <p><b>Coronary Atherosclerosis:</b></p> <p>ICD-10: I25.10, I25.110, I25.111, I25.118, I25.119, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812.</p>	
Hepatitis B screening: nonpregnant adolescents and adults	The USPSTF recommends screening for hepatitis B virus infection in persons at high risk for infection.	<p><b>Procedures code(s):</b></p> <p>86704, 86705, 86706, 87340, 87341, G0499</p> <p><b>ICD 10:</b></p> <p>Z00.00, Z11.59</p>	
Hepatitis B screening: pregnant women	The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.	<p><b>Procedure Code(s):</b></p> <p>Hepatitis B Virus Infection Screening:</p> <p>86704, 86705, 86706, 87340, 87341, G0499</p> <p>Blood draw:</p> <p>36415, 36416</p>	<p><b>Hepatitis B Virus Infection Screening:</b></p> <p>Payable with a Pregnancy Diagnosis Code or One of the Screening Diagnosis Codes listed in this row.</p> <p><b>Blood draw:</b></p>

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		<b>Diagnosis Code(s):</b> Pregnancy Diagnosis Code or Screening: ICD-10: Z57.8, Z00.00, Z00.01, Z11.59	Payable when billed with one of the listed Hepatitis B Virus Infection Screening procedure codes listed in this row AND With a Pregnancy Diagnosis Code or one of the Screening Diagnosis Codes listed in this row.
Hepatitis C virus infection screening: adults	The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.	<b>Procedure Code(s):</b> Hepatitis C Virus Infection Screening: 86704, 86705, 86706, 86803, 86804 87340, 87341, G0499 Blood draw: 36415, 36416  <b>Diagnosis Code(s):</b> Z00.00, Z11.59	<b>Hepatitis C Virus Infection Screening:</b> Preventive with one of the Hepatitis C Virus Infection Diagnosis codes refer to Appendix Section  <b>Blood draw:</b> Preventive with one of the Hepatitis C Virus Infection Screening procedure codes listed in this row AND a Hepatitis C Virus Infection Screening Diagnosis Code refer to Appendix Section No age limits.
HIV screening: nonpregnant adolescents and adults	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.	<b>Procedure Code(s):</b> <b>HIV – Human Immunodeficiency Virus – Screening:</b> 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806, G0432, G0433, G0435, G0475,	Human Immunodeficiency Virus (HIV) Screening: One of the Screening Diagnosis Codes listed in this row. Blood draw: Payable when billed with both of the following:

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		S3645 Blood draw: 36415, 36416 <b>Diagnosis Code(s):</b> ICD-10: Z00.00, Z00.01, Z22.6, Z22.8, Z22.9, Z11.3, Z11.4, Z11.59, Z11.9, Z20.6	1. With one of the listed HIV Screening procedure codes listed in this row and 2. With one of the following: one of the Screening Diagnosis Codes listed in this row.
HIV screening: pregnant women	The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.	<b>Procedure Code(s):</b> <b>HIV – Human Immunodeficiency Virus – Screening:</b> 86689, 86701, 86702, 86703, 87389, 87390, 87391, 87806, G0432, G0433, G0435, G0475, S3645 Blood draw: 36415, 36416 <b>Diagnosis Code(s):</b> <b>Pregnancy Diagnosis Code OR Screening:</b> <b>ICD-10:</b> Z00.00, Z00.01, Z22.6, Z22.8, Z22.9, Z11.3, Z11.4, Z11.59, Z11.9, Z20.6	HIV – Human Immunodeficiency Virus Screening: Preventive when billed with a Pregnancy Diagnosis Code or One of the Screening Diagnosis Codes listed in this row. Blood draw: Payable when billed with both of the following: 1. With one of the listed HIV Screening procedure codes listed in this row and 2. With one of the following: o one of the Screening Diagnosis Codes listed in this row, or with a Pregnancy Diagnosis Code refer to Appendix Section.
Intimate partner violence screening: women of childbearing age	The USPSTF recommends that clinicians screen women of childbearing age for intimate partner	<b>Procedure Code(s):</b> n/a	This service is included in a preventive care wellness examination.



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	<p>violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.</p>	<p><b>Diagnosis Code(s):</b> n/a</p>	
<p>Lung cancer screening</p>	<p>The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adult's ages 55 to 80 years who have a 30 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> G0297</p> <p><b>Diagnosis Code(s):</b> ICD-10: F17.210, F17.211, F17.213, F17.218, F17.219, Z87.891</p> <p><b>Codes for Reporting</b></p> <p><b>Purposes:</b> G9275, G9276, G9458, G9459, G9460</p> <p><b>Note:</b> codes G9275, G9276, G9458, G9459, and G9460 are for reporting purposes only, if applicable. These codes are not separately reimbursable.</p>	<p>Requires one of the listed diagnosis codes in this row.</p> <p>Limitations: Limited to one per year, and All of the following criteria: 1. Age 55 to 80 years (ends on 81st birthday), and 2. At least 30 pack-years* of smoking history, and 3. Either a current smoker, or, have quit within the past 15 years.</p> <p>A pack-year is a way to measure calculated by multiplying the number of packs of cigarettes smoked per day by the number of years the person has smoked. For example, 1 pack year is equal to smoking 1 pack per day for 1 year, or 2 packs per day</p>

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			for half a year, and so on. Source: National Institutes of Health, National Cancer Institute Dictionary of Cancer Terms, pack year definition web page.
Obesity screening and counseling: adults	The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m2 or higher to intensive, multicomponent behavioral interventions.	<b>Procedure Code(s):</b> <b>Medical Nutrition Therapy:</b> 97802, 97803, 97804 <b>Preventive Medicine Individual Counseling:</b> 99401, 99402, 99403, 99404, 99411, 99412, S9470 <b>Behavioral Counseling or Therapy:</b> G0270, G0271, G0446, G0447, G0473 <b>Diagnosis Code(s):</b> <b>Body Mass Index 30.0 – 39.9:</b> ICD-10: Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39 <b>Body Mass Index 40.0 and over:</b> <b>ICD-10:</b> Z68.41, Z68.42, Z68.43, Z68.44, Z68.45	G0446 is limited to once per year.  One of the Diagnosis Codes listed in this row are: Required for 97802-97804 and 99401-99404. NOT required for G0446, G0447 and G0473.

<b>Servicios Preventivos de Salud</b> Ciertos códigos pueden no ser pagaderos en todas las circunstancias debido a otras políticas o guías aplicables. Para los medicamentos de cuidado preventivo, consulte con el administrador del beneficio de farmacia.			
		<b>Obesity:</b> <b>ICD-10:</b> E66.01, E66.09, E66.1, E66.8, E66.9	
Obesity screening: children and adolescents	The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.	<b>Procedure Code(s):</b> <b>Medical Nutrition Therapy:</b> 97802, 97803, 97804 <b>Preventive Medicine Individual Counseling:</b> 99401, 99402, 99403, 99404, 99411, 99412, S9470 <b>Behavioral Counseling or Therapy:</b> G0270, G0271, G0446, G0447, G0473 <b>Diagnosis Code(s):</b> <b>Obesity:</b> ICD-10: Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, E66.01, E66.09, E66.1, E66.8, E66.9	G0446 is limited to once per year.  One of the Diagnosis Codes listed in this row are: Required for 97802-97804 and 99401-99404. NOT required for G0446, G0447 and G0473.
Osteoporosis screening: women	The USPSTF recommends screening for osteoporosis in women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white	<b>Procedure Code(s):</b> 76977, 77078, 77080, 77081, 77085, 78350, G0130 <b>Diagnosis Code(s):</b> <b>ICD-10:</b> Z00.00, Z00.01, Z13.820, Z82.62	Preventive with one of the Diagnosis Codes listed in this row.

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	woman who has no additional risk factors.		
Preeclampsia prevention: aspirin	The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.	<b>Procedure Code(s):</b> n/a  <b>Diagnosis Code(s):</b> n/a	This service is included in a preventive care wellness examination or focused E&M visit.
Preeclampsia: screening	The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.	<b>Procedure Code(s):</b> n/a  <b>Diagnosis Code(s):</b> n/a	This service is included in a preventive care wellness examination or focused E&M visit.
Rh incompatibility screening: first pregnancy visit	The USPSTF strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.	<b>Procedure Code(s):</b> <b>RH Incompatibility Screening:</b> 86900, 86901  <b>Blood draw:</b> 36415, 36416  <b>Diagnosis Code(s):</b> Pregnancy Diagnosis Code	RH Incompatibility Screening: Payable with a Pregnancy Diagnosis Code refers to Appendix Section.  Blood draw: Payable when billed with 86900, 86901 AND with a Pregnancy Diagnosis Code refer to Appendix Section.
Rh incompatibility screening: 24–28 weeks' gestation	The USPSTF recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation,	<b>Procedures Code(s):</b> 86900, 86901  <b>ICD 10:</b> Pregnancy diagnosis code	

<b>Servicios Preventivos de Salud</b> Ciertos códigos pueden no ser pagaderos en todas las circunstancias debido a otras políticas o guías aplicables. Para los medicamentos de cuidado preventivo, consulte con el administrador del beneficio de farmacia.			
	unless the biological father is known to be Rh (D)-negative.		
Sexually transmitted infections counseling	The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections.	<b>Procedure Code(s):</b> 99401, 99402, 99403, 99404, G0445  <b>Diagnosis Code(s):</b> Payable as preventive regardless of diagnosis code	G0445 is limited to twice per year.  Does not have diagnosis code requirements for preventive benefit to apply.
Skin cancer behavioral counseling	The USPSTF recommends counseling children, adolescents, and young adult's ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.	<b>Procedure Code(s):</b> n/a  <b>Diagnosis Code(s):</b> n/a	This service is included in a preventive care wellness examination or focused E&M visit.
Statin preventive medication: adults ages 40–75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater	The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low-to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes,	<b>Procedures Code(s):</b> G0438, G0439	Does not have diagnosis code requirements for preventive benefit.

<b>Servicios Preventivos de Salud</b> Ciertos códigos pueden no ser pagaderos en todas las circunstancias debido a otras políticas o guías aplicables. Para los medicamentos de cuidado preventivo, consulte con el administrador del beneficio de farmacia.			
	hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.		
Tobacco use counseling and interventions: nonpregnant adults	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco.	<b>Procedures Code(s):</b> 99401, 99402, 99403, 99404, 99406, 99407, S9075, S9453  <b>ICD 10:</b> any diagnosis code	Does not have diagnosis code requirements for preventive benefit.
Tobacco use counseling: pregnant women	The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.	<b>Procedures Code(s):</b> 99401, 99402, 99403, 99404, 99406, 99407, S9075, S9453  <b>ICD 10:</b> Pregnancy code	For pregnancy diagnosis refer to Appendix Section.

<b>Servicios Preventivos de Salud</b> Ciertos códigos pueden no ser pagaderos en todas las circunstancias debido a otras políticas o guías aplicables. Para los medicamentos de cuidado preventivo, consulte con el administrador del beneficio de farmacia.			
Tobacco use interventions: children and adolescents	The USPSTF recommends that clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.	<b>Behavioral Interventions:</b> 99401, 99402, 99403, 99404, 99406, 99407  <b>Diagnosis Code(s):</b> Payable as preventive regardless of diagnosis code	Does not have diagnosis code requirements for preventive benefit.
Tuberculosis screening: adults	The USPSTF recommends screening for latent tuberculosis infection in populations at increased risk.	<b>Procedures Code(s):</b> 86580, 99211  <b>Diagnosis Code:</b> <b>ICD 10:</b> R76.11, R76.12, Z11.1, Z20.1, Z00.129	
Syphilis screening: nonpregnant persons	The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.	<b>Procedure Code(s):</b> <b>Syphilis Screening:</b> 86592, 86593  <b>Blood draw:</b> 36415, 36416  <b>Diagnosis Code(s):</b> ICD-10: Z00.00, Z00.01, Z11.2, Z11.3, Z11.9, Z20.2	
Syphilis screening: pregnant women	The USPSTF recommends that clinicians screen all pregnant women for syphilis infection.	<b>Procedure Code(s):</b> <b>Syphilis Screening:</b> 86592, 86593  <b>Blood draw:</b> 36415, 36416  <b>Diagnosis Code(s):</b> <b>Pregnancy:</b> <b>Pregnancy Diagnosis</b>	Syphilis Screening: Payable with a Pregnancy Diagnosis Code or One of the Screening Diagnosis Code listed in this row.  Blood draw: Payable when billed with both of the following:

<b>Servicios Preventivos de Salud</b> Ciertos códigos pueden no ser pagaderos en todas las circunstancias debido a otras políticas o guías aplicables. Para los medicamentos de cuidado preventivo, consulte con el administrador del beneficio de farmacia.			
		<b>Code or Screening:</b> ICD-10: Z00.00, Z00.01, Z11.2, Z11.3, Z11.9, Z20.2	1. With one of the listed Syphilis Screening procedure codes listed in this row and 2. With one of the following: o one of the listed Screening diagnosis codes in this row or with a Pregnancy Diagnosis Code refer to Appendix Section.
Vision screening: children	The USPSTF recommends vision screening at least once in all children ages 3 to 5 years to detect amblyopia or its risk factors.	<b>Procedure Code(s):</b> 99173, 99174, 99177  <b>Diagnosis Code(s):</b> See Criteria column.	Age Limit (99173, 99174 and 99177): Less than age 6 years (ends on 6th birthday). Code 99173: Does not have diagnosis code requirements for preventive benefit to apply. Code 99174 and 99177: for ocular diagnosis codes refer to Appendix Section
Hypothyroidism screening: newborns	The USPSTF recommends screening for congenital hypothyroidism in newborns.	<b>Hypothyroidism Screening:</b> 84437, 84443 Blood draw: 36415, 36416  <b>ICD 10:</b> Payable as preventive regardless of diagnosis code	Newborn Screenings: Age 0 – 90 days Does not have diagnosis code requirements for preventive benefit to apply.  Blood draw: Age 0-90 days, payable when billed with one of the listed Hypothyroidism Screening, Phenylketonuria



<b>Servicios Preventivos de Salud</b> Ciertos códigos pueden no ser pagaderos en todas las circunstancias debido a otras políticas o guías aplicables. Para los medicamentos de cuidado preventivo, consulte con el administrador del beneficio de farmacia.			
			Screening, or Sickle Cell Screening procedure codes.
Gonorrhea prophylactic medication: newborns	The USPSTF recommends prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum.	<b>Procedure Code(s):</b> 99381  <b>ICD 10:</b> Z00.121, Z00.129	
Phenylketonuria screening: newborns	The USPSTF recommends screening for phenylketonuria in newborns.	<b>Phenylketonuria Screening:</b> S3620, 84030  <b>Blood draw:</b> 36415, 36416	Newborn Screenings: Age 0 – 90 days Does not have diagnosis code requirements for preventive benefit to apply. Blood draw: Age 0-90 days, payable when billed with one of the listed Hypothyroidism Screening, Phenylketonuria Screening, or Sickle Cell Screening procedure codes.
Hemoglobinopathies screening: newborns	The USPSTF recommends screening for sickle cell disease in newborns.	<b>Procedures Code(s):</b> 85013, 85014, 85018, 85025, 85027, 85041, G0306, G0307  <b>ICD 10:</b> Z00.129, Pregnancy diagnosis codes	
Metabolic screening: newborn		<b>Procedures Code(s):</b> 80047, 80048, 80053, 82016, 82017, 82136,	Newborn Screenings: Age 0 – 90 days

<b>Servicios Preventivos de Salud</b> Ciertos códigos pueden no ser pagaderos en todas las circunstancias debido a otras políticas o guías aplicables. Para los medicamentos de cuidado preventivo, consulte con el administrador del beneficio de farmacia.			
		82261, 82775, 83020, 83498, 83516, 84030, 84437, 84443, S3620  <b>ICD 10:</b> Z00.129	
Hearing Test	USPSTF Rating (July 2008): B  Hearing Screening: Screening for hearing loss in all newborn infants	<b>Procedure Code(s):</b> 92551, 92552, 92553, 92558, 92585, 92586, 92587, 92588, V5008  <b>Diagnosis Code(s):</b> Z00.129, Z77.011	Newborn Screenings: Age 0-90 days. Does not have diagnosis code requirements for the preventive benefit to apply
Lead Screening	Screening Lab Work: Conduct risk assessment or screening, as appropriate, at the following intervals: 12 mo and 24 mo	<b>Procedure Code(s):</b> 83655  <b>Diagnosis Code(s):</b> Z00.121, Z00.129, Z77.011	Ages 6 months through age 6 years (ends on 7th birthday). No frequency limit. Requires one of the diagnosis codes listed in this row
Screening for Visual Impairment in Children	The USPSTF recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors.	<b>Procedure Code(s):</b> 99173, 99174, 99177	Age Limit (99173, 99174 and 99177): Up to age 21 years (ends on 21st birthday).
Autism screening		<b>Procedure Code(s):</b> 96110 , G0451  <b>Diagnosis Code(s):</b> Z00.121, Z00.129, Z13.40, Z13.41, Z13.42, Z13.49	Ages prenatal to 2 years (ends on 3rd birthday). No frequency limit. Requires one of the diagnosis codes listed in this row.
Wellness Examinations (well baby, well child, well adult)		<b>Procedure Code(s):</b> Wellness visit:	G0445 is limited to twice per year.

**Servicios Preventivos de Salud**

Ciertos códigos pueden no ser pagaderos en todas las circunstancias debido a otras políticas o guías aplicables.  
Para los medicamentos de cuidado preventivo, consulte con el administrador del beneficio de farmacia.

		<p>99201 – 99205, 99211 – 99215, Medicare wellness exams: G0101, G0402, G0438, G0439 STIs behavioral counseling: G0445 S0610, S0612, S0613 Preventive medicine services (evaluation and management): 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397 Preventive medicine, individual counseling: 99401, 99402, 99403, 99404 Preventive medicine, group counseling: 99411, 99412 Newborn Care (evaluation and management): 99461 <b>Diagnosis Code(s):</b> Does not have diagnosis code requirements for</p>	<p>G0344 is limited to new beneficiary during the first six months of enrollment</p>
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**Servicios Preventivos de Salud**

Ciertos códigos pueden no ser pagaderos en todas las circunstancias debido a otras políticas o guías aplicables. Para los medicamentos de cuidado preventivo, consulte con el administrador del beneficio de farmacia.

		the preventive benefit to apply	
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# APÉNDICES

## Vacunas Preventivas

Una inmunización (vacuna) que no está incluida en una de las exclusiones de la Certificación de Cubierta, se considera cubierta después de que se cumplan las siguientes condiciones:

- (1) Aprobación de la Administración de Alimentos y Medicamentos (*FDA*, por sus siglas en inglés); o
- (2) Recomendación explícita del Comité Asesor sobre Prácticas de Inmunización (*ACIP*, por sus siglas en inglés) publicada en el Informe Semanal de Morbilidad y Mortalidad (*MMWR*, por sus siglas en inglés) de los Centros para el Control y la Prevención de Enfermedades (*CDC*, por sus siglas en inglés). La implementación generalmente ocurrirá dentro de los 60 días posteriores a la publicación en el *MMWR*. En el caso de una emergencia de salud pública, según lo definido por los *CDC* o los departamentos locales de salud pública.

First Medical puede optar por aplicar beneficios preventivos a una nueva vacuna si la vacuna cuenta con la aprobación de la *FDA*, incluso si no se ha anunciado una recomendación de *ACIP*.

### NOTA:

- Columna de Nombre Comercial: los nombres de marca/nombres comerciales se incluyen, cuando están disponibles, **como ejemplos** solo por conveniencia. La cubierta en conformidad con esta Guía de determinación de cubierta se basa únicamente en los códigos de procedimiento.
- Columna de Grupo de Edad: esta columna se provee **solo para uso informativo**. Para los propósitos de este documento: Adulto significa 18 años de edad en adelante; Pediátrico significa 0-18 años de edad.
- Columna de Límites de Beneficios: los límites de beneficios en negrillas (*bold*) provienen del etiquetado de la *FDA* y las recomendaciones de *ACIP*. Los códigos que indican "Para la edad aplicable ver la descripción del código", se limitan a la(s) edad(es) que figuran en la descripción del código.

### Inmunizaciones Preventivas (Vacunas)

Estos códigos no tienen un requerimiento de código de diagnóstico para aplicar los beneficios preventivos.

Category:	Code(s):	Description:	Trade Name(s) (See Note above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr),Both	Benefit Limits: Age/Other (See Note above)
Immunization Administration  Preventive when included as part of a preventive immunization.	90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered.	n/a	Pediatric	For applicable age see code description.
	90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure).	n/a	Pediatric	For applicable age see code description.
	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid).	n/a	Both	-
	90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure).	n/a	Both	-
	90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid).	n/a	Both	-
	90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure).	n/a	Both	-
	G0008	Administration of influenza virus vaccine.	n/a	Both	-
	G0009	Administration of pneumococcal vaccine.	n/a	Both	-
	G0010	Administration of hepatitis B vaccine.	n/a	Both	-
	0771 (revenue code)	Vaccine administration.	n/a	Both	-
Meningococcal	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use.	• Bexsero®	Both	Benefit Limit: Age 10 and up.
	90621	Meningococcal recombinant lipoprotein vaccine, serogroup B, 3 dose schedule, for intramuscular use.	• Trumenba®	Both	Benefit Limit: Age 10 and up.
	90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenza b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 2-15 months of age, for intramuscular use.	• MenHibrix®	Pediatric	For applicable age see code description.

### Imunizaciones Preventivas (Vacunas)

Estos códigos no tienen un requerimiento de código de diagnóstico para aplicar los beneficios preventivos.

Category:	Code(s):	Description:	Trade Name(s) (See Note above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr),Both	Benefit Limits: Age/Other (See Note above)
	90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4) for subcutaneous use.	• Menomune®	Both	-
	90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MenACWY), for intramuscular use.	• Menactra® • Menveo®	Both	-
Hepatitis A	90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use.	• Havrix® • VAQTA®	Adult	For applicable age see code description.
	90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use.	• Havrix® • VAQTA®	Pediatric	For applicable age see code description.
	90634	Hepatitis A vaccine (HepA), Pediatric/adolescent dosage-3 dose schedule, for intramuscular use.	• Havrix®	Pediatric	For applicable age see code description.
	90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use.	• Twinrix®	Adult	For applicable age see code description.
Haemophilus influenza b (Hib):	90647	Haemophilus influenza b vaccine (Hib), PRP- OMP conjugate, 3 dose schedules, for intramuscular use.	• PedvaxHIB®	Both	-
	90648	Haemophilus influenza b vaccine (Hib), PRP-T conjugate, 4 dose schedules, for intramuscular use.	• ActHIB® • Hiberix®	Both	-
Human Papilloma Virus (HPV)	90649	Human Papilloma virus vaccine, types 6, 11, 16, 18, quadrivalent (HPV4), 3 dose schedule, for intramuscular use.	• Gardasil4®	Both	Benefit Limit: Ages 9-26yrs. Ends on 27 <sup>th</sup> birthday.
	90650	Human Papilloma virus vaccine, types 16, 18, bivalent (HPV2), 3 dose schedule, for intramuscular use.	• Cervarix®	Both	Benefit Limit: Ages 9-26yrs. Ends on 27 <sup>th</sup> birthday.
	90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 3 dose schedule, for intramuscular use.	• Gardasil9®	Both	Benefit Limit: Ages 9-26yrs. Ends on 27 <sup>th</sup> birthday.
	90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use.	• Fluzone® Intradermal Quadrivalent	Both	-



### Inmunizaciones Preventivas (Vacunas)

Estos códigos no tienen un requerimiento de código de diagnóstico para aplicar los beneficios preventivos.

Category:	Code(s):	Description:	Trade Name(s) (See Note above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr),Both	Benefit Limits: Age/Other (See Note above)
Seasonal Influenza ('flu')	90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use.	-	Both	-
<i>Note: Additional new seasonal flu immunization codes that are recently FDA-approved, but are not listed here, may be eligible for preventive benefits as of the FDA approval date.</i>	90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use.	• Fluzone® Intradermal Trivalent	Adult	Benefit Limit: 18 years – 64 years. Ends on 65 <sup>th</sup> birthday.
	90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use.	• Fluzone® No Preservative Pediatric	Pediatric	For applicable age see code description.
	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use.	• Afluria® • Fluzone® No preservative • Fluvirin® • Fluarix® • Flulaval®	Both	For applicable age see code description.
	90657	Influenza virus vaccine, trivalent (IIV3), split virus, when administered to children 6-35 months of age, for intramuscular use.	• Fluzone®	Pediatric	For applicable age see code description.
	90658	Influenza virus vaccine, trivalent (IIV3), split virus, when administered to individuals 3 years of age and older, for intramuscular use.	• Afluria® • Flulaval® • Fluvirin® • Fluzone®	Both	For applicable age see code description.
	90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use.	• Flumist®	Both	Benefit Limit: Ages 2 – 49 Years. Ends on 50 <sup>th</sup> birthday.
	90661	Influenza virus vaccine (cIIV3), derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use.	• Flucelvax®	Adult	Benefit Limit: Ages 18 years and up.
	90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use.	• High Dose Fluzone®	Adult	Benefit Limit: Ages 65 years and up.
	90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use.	• Flumist®	Both	Benefit Limit: Ages 2 – 49 Years. Ends on 50 <sup>th</sup> birthday.
	90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use.	-	Both	-
90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use.	-	Both	-	

### Inmunizaciones Preventivas (Vacunas)

Estos códigos no tienen un requerimiento de código de diagnóstico para aplicar los beneficios preventivos.

Category:	Code(s):	Description:	Trade Name(s) (See Note above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr),Both	Benefit Limits: Age/Other (See Note above)
	90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use.	-	Both	-
	90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use.	• Flumist® (LAIV4)	Both	Benefit Limit: Ages 2 – 49 Years. Ends on 50 <sup>th</sup> birthday
	90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use.	• Flublok®	Adult	Benefit Limit: Age 18 years and up.
	90674	Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, preservative and antibiotic-free, 0.5 mL dosage, for intramuscular use.	• Flucelvax (ccIV4)		4 years or older.
	90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use.	• Flublok Quadrivalent	Adult	Benefit limit: Age 18 years and up.
	90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use.	• Fluzone®	Pediatric	For applicable age see code description.
	90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use.	• Fluarix® • Flulaval® • Fluzone Quadrivalent®	Both	For applicable age see code description.
	90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, when administered to children 6- 35 months of age, for intramuscular use.	• Fluzone Quadrivalent®	Pediatric	For applicable age see code description.
	90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, when administered to individuals 3 years of age and older, for intramuscular use.	• Flulaval® • Fluzone Quadrivalent®	Both	For applicable age see code description.
	90689	Influenza virus vaccine quadrivalent (IIV4), inactivated,adjuvanted, preservative free, 0.25mL dosage, for intramuscular use		Both	For applicable age see code description.
	90756	Influenza virus vaccine, quadrivalent (cciv4), derived from cell cultures, subunit, and antibiotic.	• Flucelvax Quadrivalent® (nonpreservative free)	Both	For applicable age see code description.

### Imunizaciones Preventivas (Vacunas)

Estos códigos no tienen un requerimiento de código de diagnóstico para aplicar los beneficios preventivos.

Category:	Code(s):	Description:	Trade Name(s) (See Note above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr),Both	Benefit Limits: Age/Other (See Note above)
	Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agriflu).	• Agriflu ®	Adult	Benefit Limit: Ages 18 years and up.
	Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA).	• Afluria ®	Both	For applicable age see code description.
	Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL).	• Flulaval®	Both	For applicable age see code description.
	Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN).	• Fluvirin ®	Both	For applicable age see code description.
	Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone).	• Fluzone ®	Both	For applicable age see code description.
	Q2039	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified).	-	Both	For applicable age see code description.
Pneumococcal polysaccharide (PPSV23)	90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use.	• Pneumovax 23®	Both	For applicable age see code description.
Pneumococcal conjugate	90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	• Prevnar 13 ® (PCV13)	Both	-
Rotavirus	90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, lives, for oral use.	• ROTATEQ®	Both	0 – 8 month old
	90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use.	• Rotarix®	Both	0 – 8 month old
Diphtheria, tetanus toxoids, acellular pertussis and polio inactive (DTap-IPV)	90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use.	• Kinrix® • Quadracel®	Pediatric	For applicable age see code description.

### Imunizaciones Preventivas (Vacunas)

Estos códigos no tienen un requerimiento de código de diagnóstico para aplicar los beneficios preventivos.

Category:	Code(s):	Description:	Trade Name(s) (See Note above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr),Both	Benefit Limits: Age/Other (See Note above)
Diphtheria, tetanus toxoids, acellular pertussis, haemophilus influenza B, and polio inactive (DTap-IPV/Hib)	90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenzae Type b, and inactivated poliovirus vaccine (DTaP – IPV/Hib), for intramuscular use.	<ul style="list-style-type: none"> <li>Pentacel®</li> </ul>	Both	-
Diphtheria, tetanus, acellular pertussis (DTap)	90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use.	<ul style="list-style-type: none"> <li>Daptacel®</li> <li>Infanrix®</li> </ul>	Pediatric	For applicable age see code description.
Diphtheria and tetanus (DT)	90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use.	-	Pediatric	For applicable age see code description.
Measles, Mumps, Rubella (MMR) combination or individual	90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use.	MMR II	Both	-
	90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use.	ProQuad®	Both	-
Polio (IPV)	90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use.	<ul style="list-style-type: none"> <li>Ipol®</li> </ul>	Both	-
Tetanus and diphtheria (Td)	90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use.	<ul style="list-style-type: none"> <li>Tenivac®</li> <li>Decavac®</li> </ul>	Both	For applicable age see code description.
Tetanus, diphtheria toxoids and acellular pertussis (Tdap)	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use.	<ul style="list-style-type: none"> <li>Adacel®</li> <li>Boostrix®</li> </ul>	Both	For applicable age see code description.
Varicella (VAR) ('chicken pox')	90716	Varicella virus vaccine (VAR), live, for subcutaneous use.	<ul style="list-style-type: none"> <li>Varivax®</li> </ul>	Both	-

### Imunizaciones Preventivas (Vacunas)

Estos códigos no tienen un requerimiento de código de diagnóstico para aplicar los beneficios preventivos.

Category:	Code(s):	Description:	Trade Name(s) (See Note above)	Age Group: • Adult (18yr.+) • Pediatric (0-18yr),Both	Benefit Limits: Age/Other (See Note above)
Diphtheria, tetanus and acellular pertussis, hep B, and polio inactive (DTaP-HepB-IPV)	90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use.	• PEDIARIX®	Both	Benefit Limit: Ages 0-6yrs. Ends on 7th birthday.
Zoster / Shingles (HZV)	90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection.	• Zostavax	Adult	Benefit Limit: Age 60 years and up
	90750	Influenza virus vaccine, quadrivalent (cciv4), derived from cell cultures, subunit, antibiotic free, 0.5 ml dosage, for intramuscular use.	•	Both	For applicable age see code description.
Hepatitis B	90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use.	• Recombivax HB®	Both	-
	90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use.	• Recombivax HB®	Pediatric (adolescent only)	For applicable age see code description.
	90744	Hepatitis B vaccine (HepB), Pediatric/adolescent dosage, 3 dose schedule, for intramuscular use.	• Recombivax HB® • Energix-B®	Pediatric	For applicable age see code
	90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use.	• Recombivax HB® • Energix-B®	Adult	For applicable age see code description.
	90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use.	• Energix-B®	Both	-
	90748	Hepatitis B and Haemophilus influenza b vaccine (Hib-HepB), for intramuscular use.	• Comvax®	Both	-

## Lista de Códigos de Diagnóstico de Embarazo:

### Lista de Códigos de Diagnóstico de Embarazo:

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

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
0034	Incomplete spontaneous abortion without complication
0035	Genital tract and pelvic infection following complete or unspecified spontaneous abortion
0036	Delayed or excessive hemorrhage following complete or unspecified spontaneous abortion
0037	Embolism following complete or unspecified spontaneous abortion
00380	Unspecified complication following complete or unspecified spontaneous abortion
00381	Shock following complete or unspecified spontaneous abortion
00382	Renal failure following complete or unspecified spontaneous abortion
00383	Metabolic disorder following complete or unspecified spontaneous abortion
00384	Damage to pelvic organs following complete or unspecified spontaneous abortion
00385	Other venous complications following complete or unspecified spontaneous abortion
00386	Cardiac arrest following complete or unspecified spontaneous abortion
00387	Sepsis following complete or unspecified spontaneous abortion
00388	Urinary tract infection following complete or unspecified spontaneous abortion
00389	Complete or unspecified spontaneous abortion with other complications
0039	Complete or unspecified spontaneous abortion without complication
0045	Genital tract and pelvic infection following (induced) termination of pregnancy
0046	Delayed or excessive hemorrhage following (induced) termination of pregnancy
0047	Embolism following (induced) termination of pregnancy
00480	(Induced) termination of pregnancy with unspecified complications
00481	Shock following (induced) termination of pregnancy
00482	Renal failure following (induced) termination of pregnancy
00483	Metabolic disorder following (induced) termination of pregnancy
00484	Damage to pelvic organs following (induced) termination of pregnancy
00485	Other venous complications following (induced) termination of pregnancy
00486	Cardiac arrest following (induced) termination of pregnancy
00487	Sepsis following (induced) termination of pregnancy
00488	Urinary tract infection following (induced) termination of pregnancy
00489	(Induced) termination of pregnancy with other complications
0070	Genital tract and pelvic infection following failed attempted termination of pregnancy
0071	Delayed or excessive hemorrhage following failed attempted termination of pregnancy
0072	Embolism following failed attempted termination of pregnancy
00730	Failed attempted termination of pregnancy with unspecified complications
00731	Shock following failed attempted termination of pregnancy
00732	Renal failure following failed attempted termination of pregnancy
00733	Metabolic disorder following failed attempted termination of pregnancy
00734	Damage to pelvic organs following failed attempted termination of pregnancy
00735	Other venous complications following failed attempted termination of pregnancy
00736	Cardiac arrest following failed attempted termination of pregnancy
00737	Sepsis following failed attempted termination of pregnancy
00738	Urinary tract infection following failed attempted termination of pregnancy
00739	Failed attempted termination of pregnancy with other complications

Lista de Códigos de Diagnóstico de Embarazo:

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



Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
00943	Supervision of pregnancy with grand multiparity, third trimester
009511	Supervision of elderly primigravida, first trimester
009512	Supervision of elderly primigravida, second trimester
009513	Supervision of elderly primigravida, third trimester
009519	Supervision of elderly primigravida, unspecified trimester
009521	Supervision of elderly multigravida, first trimester
009522	Supervision of elderly multigravida, second trimester
009523	Supervision of elderly multigravida, third trimester
009529	Supervision of elderly multigravida, unspecified trimester
009611	Supervision of young primigravida, first trimester
009612	Supervision of young primigravida, second trimester
009613	Supervision of young primigravida, third trimester
009619	Supervision of young primigravida, unspecified trimester
009621	Supervision of young multigravida, first trimester
009622	Supervision of young multigravida, second trimester
009623	Supervision of young multigravida, third trimester
009629	Supervision of young multigravida, unspecified trimester
00970	Supervision of high risk pregnancy due to social problems, unspecified trimester
00971	Supervision of high risk pregnancy due to social problems, first trimester
00972	Supervision of high risk pregnancy due to social problems, second trimester
00973	Supervision of high risk pregnancy due to social problems, third trimester
009811	Supervision of pregnancy resulting from assisted reproductive technology, first trimester
009812	Supervision of pregnancy resulting from assisted reproductive technology, second trimester
009813	Supervision of pregnancy resulting from assisted reproductive technology, third trimester
009819	Supervision of pregnancy resulting from assisted reproductive technology, unspecified trimester
009821	Supervision of pregnancy with history of in utero procedure during previous pregnancy, first trimester
009822	Supervision of pregnancy with history of in utero procedure during previous pregnancy, second trimester
009823	Supervision of pregnancy with history of in utero procedure during previous pregnancy, third trimester
009829	Supervision of pregnancy with history of in utero procedure during previous pregnancy, unspecified trimester
009891	Supervision of other high risk pregnancies, first trimester
009892	Supervision of other high risk pregnancies, second trimester
009893	Supervision of other high risk pregnancies, third trimester
009899	Supervision of other high risk pregnancies, unspecified trimester
00990	Supervision of high risk pregnancy, unspecified, unspecified trimester
00991	Supervision of high risk pregnancy, unspecified, first trimester
00992	Supervision of high risk pregnancy, unspecified, second trimester
00993	Supervision of high risk pregnancy, unspecified, third trimester

Lista de Códigos de Diagnóstico de Embarazo:

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

Lista de Códigos de Diagnóstico de Embarazo:

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

Lista de Códigos de Diagnóstico de Embarazo:

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

Lista de Códigos de Diagnóstico de Embarazo:

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

Lista de Códigos de Diagnóstico de Embarazo:

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

Lista de Códigos de Diagnóstico de Embarazo:

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

Lista de Códigos de Diagnóstico de Embarazo:

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



Lista de Códigos de Diagnóstico de Embarazo:

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

Lista de Códigos de Diagnóstico de Embarazo:

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

Lista de Códigos de Diagnóstico de Embarazo:

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

Lista de Códigos de Diagnóstico de Embarazo:

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

Lista de Códigos de Diagnóstico de Embarazo:

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

Lista de Códigos de Diagnóstico de Embarazo:

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

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
03112X5	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 5
03112X9	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, other fetus
03113X0	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, not applicable or unspecified
03113X1	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 1
03113X2	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 2
03113X3	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 3
03113X4	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 4
03113X5	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 5
03113X9	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, other fetus
03120X0	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, not applicable or unspecified
03120X1	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 1
03120X2	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 2
03120X3	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 3
03120X4	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 4
03120X5	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, fetus 5
03120X9	Continuing pregnancy after intrauterine death of one fetus or more, unspecified trimester, other fetus
03121X0	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, not applicable or unspecified
03121X1	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 1
03121X2	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 2
03121X3	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 3
03121X4	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 4
03121X5	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 5
03121X9	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, other fetus
03122X0	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, not applicable or unspecified
03122X1	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 1
03122X2	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 2
03122X3	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 3
03122X4	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 4
03122X5	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 5
03122X9	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, other fetus
03123X0	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, not

Lista de Códigos de Diagnóstico de Embarazo:

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



Lista de Códigos de Diagnóstico de Embarazo:

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

Lista de Códigos de Diagnóstico de Embarazo:

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

Lista de Códigos de Diagnóstico de Embarazo:

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

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O336XX9	Maternal care for disproportion due to hydrocephalic fetus, other fetus
O337XX0	Maternal care for disproportion due to other fetal deformities, not applicable or unspecified
O337XX1	Maternal care for disproportion due to other fetal deformities, fetus 1
O337XX2	Maternal care for disproportion due to other fetal deformities, fetus 2
O337XX3	Maternal care for disproportion due to other fetal deformities, fetus 3
O337XX4	Maternal care for disproportion due to other fetal deformities, fetus 4
O337XX5	Maternal care for disproportion due to other fetal deformities, fetus 5
O337XX9	Maternal care for disproportion due to other fetal deformities, other fetus
O338	Maternal care for disproportion of other origin
O339	Maternal care for disproportion, unspecified
O3400	Maternal care for unspecified congenital malformation of uterus, unspecified trimester
O3401	Maternal care for unspecified congenital malformation of uterus, first trimester
O3402	Maternal care for unspecified congenital malformation of uterus, second trimester
O3403	Maternal care for unspecified congenital malformation of uterus, third trimester
O3410	Maternal care for benign tumor of corpus uteri, unspecified trimester
O3411	Maternal care for benign tumor of corpus uteri, first trimester
O3412	Maternal care for benign tumor of corpus uteri, second trimester
O3413	Maternal care for benign tumor of corpus uteri, third trimester
O34211	Maternal care for low transverse scar from previous cesarean delivery
O34212	Maternal care for vertical scar from previous cesarean delivery
O34219	Maternal care for unspecified type scar from previous cesarean delivery
O3429	Maternal care due to uterine scar from other previous surgery
O3430	Maternal care for cervical incompetence, unspecified trimester
O3431	Maternal care for cervical incompetence, first trimester
O3432	Maternal care for cervical incompetence, second trimester
O3433	Maternal care for cervical incompetence, third trimester
O3440	Maternal care for other abnormalities of cervix, unspecified trimester
O3441	Maternal care for other abnormalities of cervix, first trimester
O3442	Maternal care for other abnormalities of cervix, second trimester
O3443	Maternal care for other abnormalities of cervix, third trimester
O34511	Maternal care for incarceration of gravid uterus, first trimester
O34512	Maternal care for incarceration of gravid uterus, second trimester
O34513	Maternal care for incarceration of gravid uterus, third trimester
O34519	Maternal care for incarceration of gravid uterus, unspecified trimester
O34521	Maternal care for prolapse of gravid uterus, first trimester
O34522	Maternal care for prolapse of gravid uterus, second trimester
O34523	Maternal care for prolapse of gravid uterus, third trimester
O34529	Maternal care for prolapse of gravid uterus, unspecified trimester
O34531	Maternal care for retroversion of gravid uterus, first trimester
O34532	Maternal care for retroversion of gravid uterus, second trimester
O34533	Maternal care for retroversion of gravid uterus, third trimester

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O34539	Maternal care for retroversion of gravid uterus, unspecified trimester
O34591	Maternal care for other abnormalities of gravid uterus, first trimester
O34592	Maternal care for other abnormalities of gravid uterus, second trimester
O34593	Maternal care for other abnormalities of gravid uterus, third trimester
O34599	Maternal care for other abnormalities of gravid uterus, unspecified trimester
O3460	Maternal care for abnormality of vagina, unspecified trimester
O3461	Maternal care for abnormality of vagina, first trimester
O3462	Maternal care for abnormality of vagina, second trimester
O3463	Maternal care for abnormality of vagina, third trimester
O3470	Maternal care for abnormality of vulva and perineum, unspecified trimester
O3471	Maternal care for abnormality of vulva and perineum, first trimester
O3472	Maternal care for abnormality of vulva and perineum, second trimester
O3473	Maternal care for abnormality of vulva and perineum, third trimester
O3480	Maternal care for other abnormalities of pelvic organs, unspecified trimester
O3481	Maternal care for other abnormalities of pelvic organs, first trimester
O3482	Maternal care for other abnormalities of pelvic organs, second trimester
O3483	Maternal care for other abnormalities of pelvic organs, third trimester
O3490	Maternal care for abnormality of pelvic organ, unspecified, unspecified trimester
O3491	Maternal care for abnormality of pelvic organ, unspecified, first trimester
O3492	Maternal care for abnormality of pelvic organ, unspecified, second trimester
O3493	Maternal care for abnormality of pelvic organ, unspecified, third trimester
O350XX0	Maternal care for (suspected) central nervous system malformation in fetus, not applicable or unspecified
O350XX1	Maternal care for (suspected) central nervous system malformation in fetus, fetus 1
O350XX2	Maternal care for (suspected) central nervous system malformation in fetus, fetus 2
O350XX3	Maternal care for (suspected) central nervous system malformation in fetus, fetus 3
O350XX4	Maternal care for (suspected) central nervous system malformation in fetus, fetus 4
O350XX5	Maternal care for (suspected) central nervous system malformation in fetus, fetus 5
O350XX9	Maternal care for (suspected) central nervous system malformation in fetus, other fetus
O351XX0	Maternal care for (suspected) chromosomal abnormality in fetus, not applicable or unspecified
O351XX1	Maternal care for (suspected) chromosomal abnormality in fetus, fetus 1
O351XX2	Maternal care for (suspected) chromosomal abnormality in fetus, fetus 2
O351XX3	Maternal care for (suspected) chromosomal abnormality in fetus, fetus 3
O351XX4	Maternal care for (suspected) chromosomal abnormality in fetus, fetus 4
O351XX5	Maternal care for (suspected) chromosomal abnormality in fetus, fetus 5
O351XX9	Maternal care for (suspected) chromosomal abnormality in fetus, other fetus
O352XX0	Maternal care for (suspected) hereditary disease in fetus, not applicable or unspecified
O352XX1	Maternal care for (suspected) hereditary disease in fetus, fetus 1
O352XX2	Maternal care for (suspected) hereditary disease in fetus, fetus 2
O352XX3	Maternal care for (suspected) hereditary disease in fetus, fetus 3
O352XX4	Maternal care for (suspected) hereditary disease in fetus, fetus 4

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O352XX5	Maternal care for (suspected) hereditary disease in fetus, fetus 5
O352XX9	Maternal care for (suspected) hereditary disease in fetus, other fetus
O353XX0	Maternal care for (suspected) damage to fetus from viral disease in mother, not applicable or unspecified
O353XX1	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 1
O353XX2	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 2
O353XX3	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 3
O353XX4	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 4
O353XX5	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 5
O353XX9	Maternal care for (suspected) damage to fetus from viral disease in mother, other fetus
O354XX0	Maternal care for (suspected) damage to fetus from alcohol, not applicable or unspecified
O354XX1	Maternal care for (suspected) damage to fetus from alcohol, fetus 1
O354XX2	Maternal care for (suspected) damage to fetus from alcohol, fetus 2
O354XX3	Maternal care for (suspected) damage to fetus from alcohol, fetus 3
O354XX4	Maternal care for (suspected) damage to fetus from alcohol, fetus 4
O354XX5	Maternal care for (suspected) damage to fetus from alcohol, fetus 5
O354XX9	Maternal care for (suspected) damage to fetus from alcohol, other fetus
O355XX0	Maternal care for (suspected) damage to fetus by drugs, not applicable or unspecified
O355XX1	Maternal care for (suspected) damage to fetus by drugs, fetus 1
O355XX2	Maternal care for (suspected) damage to fetus by drugs, fetus 2
O355XX3	Maternal care for (suspected) damage to fetus by drugs, fetus 3
O355XX4	Maternal care for (suspected) damage to fetus by drugs, fetus 4
O355XX5	Maternal care for (suspected) damage to fetus by drugs, fetus 5
O355XX9	Maternal care for (suspected) damage to fetus by drugs, other fetus
O356XX0	Maternal care for (suspected) damage to fetus by radiation, not applicable or unspecified
O356XX1	Maternal care for (suspected) damage to fetus by radiation, fetus 1
O356XX2	Maternal care for (suspected) damage to fetus by radiation, fetus 2
O356XX3	Maternal care for (suspected) damage to fetus by radiation, fetus 3
O356XX4	Maternal care for (suspected) damage to fetus by radiation, fetus 4
O356XX5	Maternal care for (suspected) damage to fetus by radiation, fetus 5
O356XX9	Maternal care for (suspected) damage to fetus by radiation, other fetus
O357XX0	Maternal care for (suspected) damage to fetus by other medical procedures, not applicable or unspecified
O357XX1	Maternal care for (suspected) damage to fetus by other medical procedures, fetus 1
O357XX2	Maternal care for (suspected) damage to fetus by other medical procedures, fetus 2
O357XX3	Maternal care for (suspected) damage to fetus by other medical procedures, fetus 3
O357XX4	Maternal care for (suspected) damage to fetus by other medical procedures, fetus 4
O357XX5	Maternal care for (suspected) damage to fetus by other medical procedures, fetus 5
O357XX9	Maternal care for (suspected) damage to fetus by other medical procedures, other fetus
O358XX0	Maternal care for other (suspected) fetal abnormality and damage, not applicable or unspecified
O358XX1	Maternal care for other (suspected) fetal abnormality and damage, fetus 1

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O358XX2	Maternal care for other (suspected) fetal abnormality and damage, fetus 2
O358XX3	Maternal care for other (suspected) fetal abnormality and damage, fetus 3
O358XX4	Maternal care for other (suspected) fetal abnormality and damage, fetus 4
O358XX5	Maternal care for other (suspected) fetal abnormality and damage, fetus 5
O358XX9	Maternal care for other (suspected) fetal abnormality and damage, other fetus
O359XX0	Maternal care for (suspected) fetal abnormality and damage, unspecified, not applicable or unspecified
O359XX1	Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 1
O359XX2	Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 2
O359XX3	Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 3
O359XX4	Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 4
O359XX5	Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 5
O359XX9	Maternal care for (suspected) fetal abnormality and damage, unspecified, other fetus
O360110	Maternal care for anti-D [Rh] antibodies, first trimester, not applicable or unspecified
O360111	Maternal care for anti-D [Rh] antibodies, first trimester, fetus 1
O360112	Maternal care for anti-D [Rh] antibodies, first trimester, fetus 2
O360113	Maternal care for anti-D [Rh] antibodies, first trimester, fetus 3
O360114	Maternal care for anti-D [Rh] antibodies, first trimester, fetus 4
O360115	Maternal care for anti-D [Rh] antibodies, first trimester, fetus 5
O360119	Maternal care for anti-D [Rh] antibodies, first trimester, other fetus
O360120	Maternal care for anti-D [Rh] antibodies, second trimester, not applicable or unspecified
O360121	Maternal care for anti-D [Rh] antibodies, second trimester, fetus 1
O360122	Maternal care for anti-D [Rh] antibodies, second trimester, fetus 2
O360123	Maternal care for anti-D [Rh] antibodies, second trimester, fetus 3
O360124	Maternal care for anti-D [Rh] antibodies, second trimester, fetus 4
O360125	Maternal care for anti-D [Rh] antibodies, second trimester, fetus 5
O360129	Maternal care for anti-D [Rh] antibodies, second trimester, other fetus
O360130	Maternal care for anti-D [Rh] antibodies, third trimester, not applicable or unspecified
O360131	Maternal care for anti-D [Rh] antibodies, third trimester, fetus 1
O360132	Maternal care for anti-D [Rh] antibodies, third trimester, fetus 2
O360133	Maternal care for anti-D [Rh] antibodies, third trimester, fetus 3
O360134	Maternal care for anti-D [Rh] antibodies, third trimester, fetus 4
O360135	Maternal care for anti-D [Rh] antibodies, third trimester, fetus 5
O360139	Maternal care for anti-D [Rh] antibodies, third trimester, other fetus
O360190	Maternal care for anti-D [Rh] antibodies, unspecified trimester, not applicable or unspecified
O360191	Maternal care for anti-D [Rh] antibodies, unspecified trimester, fetus 1
O360192	Maternal care for anti-D [Rh] antibodies, unspecified trimester, fetus 2
O360193	Maternal care for anti-D [Rh] antibodies, unspecified trimester, fetus 3
O360194	Maternal care for anti-D [Rh] antibodies, unspecified trimester, fetus 4
O360195	Maternal care for anti-D [Rh] antibodies, unspecified trimester, fetus 5
O360199	Maternal care for anti-D [Rh] antibodies, unspecified trimester, other fetus

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O360910	Maternal care for other rhesus isoimmunization, first trimester, not applicable or unspecified
O360911	Maternal care for other rhesus isoimmunization, first trimester, fetus 1
O360912	Maternal care for other rhesus isoimmunization, first trimester, fetus 2
O360913	Maternal care for other rhesus isoimmunization, first trimester, fetus 3
O360914	Maternal care for other rhesus isoimmunization, first trimester, fetus 4
O360915	Maternal care for other rhesus isoimmunization, first trimester, fetus 5
O360919	Maternal care for other rhesus isoimmunization, first trimester, other fetus
O360920	Maternal care for other rhesus isoimmunization, second trimester, not applicable or unspecified
O360921	Maternal care for other rhesus isoimmunization, second trimester, fetus 1
O360922	Maternal care for other rhesus isoimmunization, second trimester, fetus 2
O360923	Maternal care for other rhesus isoimmunization, second trimester, fetus 3
O360924	Maternal care for other rhesus isoimmunization, second trimester, fetus 4
O360925	Maternal care for other rhesus isoimmunization, second trimester, fetus 5
O360929	Maternal care for other rhesus isoimmunization, second trimester, other fetus
O360930	Maternal care for other rhesus isoimmunization, third trimester, not applicable or unspecified
O360931	Maternal care for other rhesus isoimmunization, third trimester, fetus 1
O360932	Maternal care for other rhesus isoimmunization, third trimester, fetus 2
O360933	Maternal care for other rhesus isoimmunization, third trimester, fetus 3
O360934	Maternal care for other rhesus isoimmunization, third trimester, fetus 4
O360935	Maternal care for other rhesus isoimmunization, third trimester, fetus 5
O360939	Maternal care for other rhesus isoimmunization, third trimester, other fetus
O360990	Maternal care for other rhesus isoimmunization, unspecified trimester, not applicable or unspecified
O360991	Maternal care for other rhesus isoimmunization, unspecified trimester, fetus 1
O360992	Maternal care for other rhesus isoimmunization, unspecified trimester, fetus 2
O360993	Maternal care for other rhesus isoimmunization, unspecified trimester, fetus 3
O360994	Maternal care for other rhesus isoimmunization, unspecified trimester, fetus 4
O360995	Maternal care for other rhesus isoimmunization, unspecified trimester, fetus 5
O360999	Maternal care for other rhesus isoimmunization, unspecified trimester, other fetus
O361110	Maternal care for Anti-A sensitization, first trimester, not applicable or unspecified
O361111	Maternal care for Anti-A sensitization, first trimester, fetus 1
O361112	Maternal care for Anti-A sensitization, first trimester, fetus 2
O361113	Maternal care for Anti-A sensitization, first trimester, fetus 3
O361114	Maternal care for Anti-A sensitization, first trimester, fetus 4
O361115	Maternal care for Anti-A sensitization, first trimester, fetus 5
O361119	Maternal care for Anti-A sensitization, first trimester, other fetus
O361120	Maternal care for Anti-A sensitization, second trimester, not applicable or unspecified
O361121	Maternal care for Anti-A sensitization, second trimester, fetus 1
O361122	Maternal care for Anti-A sensitization, second trimester, fetus 2
O361123	Maternal care for Anti-A sensitization, second trimester, fetus 3
O361124	Maternal care for Anti-A sensitization, second trimester, fetus 4



Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O361125	Maternal care for Anti-A sensitization, second trimester, fetus 5
O361129	Maternal care for Anti-A sensitization, second trimester, other fetus
O361130	Maternal care for Anti-A sensitization, third trimester, not applicable or unspecified
O361131	Maternal care for Anti-A sensitization, third trimester, fetus 1
O361132	Maternal care for Anti-A sensitization, third trimester, fetus 2
O361133	Maternal care for Anti-A sensitization, third trimester, fetus 3
O361134	Maternal care for Anti-A sensitization, third trimester, fetus 4
O361135	Maternal care for Anti-A sensitization, third trimester, fetus 5
O361139	Maternal care for Anti-A sensitization, third trimester, other fetus
O361190	Maternal care for Anti-A sensitization, unspecified trimester, not applicable or unspecified
O361191	Maternal care for Anti-A sensitization, unspecified trimester, fetus 1
O361192	Maternal care for Anti-A sensitization, unspecified trimester, fetus 2
O361193	Maternal care for Anti-A sensitization, unspecified trimester, fetus 3
O361194	Maternal care for Anti-A sensitization, unspecified trimester, fetus 4
O361195	Maternal care for Anti-A sensitization, unspecified trimester, fetus 5
O361199	Maternal care for Anti-A sensitization, unspecified trimester, other fetus
O361910	Maternal care for other isoimmunization, first trimester, not applicable or unspecified
O361911	Maternal care for other isoimmunization, first trimester, fetus 1
O361912	Maternal care for other isoimmunization, first trimester, fetus 2
O361913	Maternal care for other isoimmunization, first trimester, fetus 3
O361914	Maternal care for other isoimmunization, first trimester, fetus 4
O361915	Maternal care for other isoimmunization, first trimester, fetus 5
O361919	Maternal care for other isoimmunization, first trimester, other fetus
O361920	Maternal care for other isoimmunization, second trimester, not applicable or unspecified
O361921	Maternal care for other isoimmunization, second trimester, fetus 1
O361922	Maternal care for other isoimmunization, second trimester, fetus 2
O361923	Maternal care for other isoimmunization, second trimester, fetus 3
O361924	Maternal care for other isoimmunization, second trimester, fetus 4
O361925	Maternal care for other isoimmunization, second trimester, fetus 5
O361929	Maternal care for other isoimmunization, second trimester, other fetus
O361930	Maternal care for other isoimmunization, third trimester, not applicable or unspecified
O361931	Maternal care for other isoimmunization, third trimester, fetus 1
O361932	Maternal care for other isoimmunization, third trimester, fetus 2
O361933	Maternal care for other isoimmunization, third trimester, fetus 3
O361934	Maternal care for other isoimmunization, third trimester, fetus 4
O361935	Maternal care for other isoimmunization, third trimester, fetus 5
O361939	Maternal care for other isoimmunization, third trimester, other fetus
O361990	Maternal care for other isoimmunization, unspecified trimester, not applicable or unspecified
O361991	Maternal care for other isoimmunization, unspecified trimester, fetus 1
O361992	Maternal care for other isoimmunization, unspecified trimester, fetus 2
O361993	Maternal care for other isoimmunization, unspecified trimester, fetus 3

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O361994	Maternal care for other isoimmunization, unspecified trimester, fetus 4
O361995	Maternal care for other isoimmunization, unspecified trimester, fetus 5
O361999	Maternal care for other isoimmunization, unspecified trimester, other fetus
O3620X0	Maternal care for hydrops fetalis, unspecified trimester, not applicable or unspecified
O3620X1	Maternal care for hydrops fetalis, unspecified trimester, fetus 1
O3620X2	Maternal care for hydrops fetalis, unspecified trimester, fetus 2
O3620X3	Maternal care for hydrops fetalis, unspecified trimester, fetus 3
O3620X4	Maternal care for hydrops fetalis, unspecified trimester, fetus 4
O3620X5	Maternal care for hydrops fetalis, unspecified trimester, fetus 5
O3620X9	Maternal care for hydrops fetalis, unspecified trimester, other fetus
O3621X0	Maternal care for hydrops fetalis, first trimester, not applicable or unspecified
O3621X1	Maternal care for hydrops fetalis, first trimester, fetus 1
O3621X2	Maternal care for hydrops fetalis, first trimester, fetus 2
O3621X3	Maternal care for hydrops fetalis, first trimester, fetus 3
O3621X4	Maternal care for hydrops fetalis, first trimester, fetus 4
O3621X5	Maternal care for hydrops fetalis, first trimester, fetus 5
O3621X9	Maternal care for hydrops fetalis, first trimester, other fetus
O3622X0	Maternal care for hydrops fetalis, second trimester, not applicable or unspecified
O3622X1	Maternal care for hydrops fetalis, second trimester, fetus 1
O3622X2	Maternal care for hydrops fetalis, second trimester, fetus 2
O3622X3	Maternal care for hydrops fetalis, second trimester, fetus 3
O3622X4	Maternal care for hydrops fetalis, second trimester, fetus 4
O3622X5	Maternal care for hydrops fetalis, second trimester, fetus 5
O3622X9	Maternal care for hydrops fetalis, second trimester, other fetus
O3623X0	Maternal care for hydrops fetalis, third trimester, not applicable or unspecified
O3623X1	Maternal care for hydrops fetalis, third trimester, fetus 1
O3623X2	Maternal care for hydrops fetalis, third trimester, fetus 2
O3623X3	Maternal care for hydrops fetalis, third trimester, fetus 3
O3623X4	Maternal care for hydrops fetalis, third trimester, fetus 4
O3623X5	Maternal care for hydrops fetalis, third trimester, fetus 5
O3623X9	Maternal care for hydrops fetalis, third trimester, other fetus
O364XX0	Maternal care for intrauterine death, not applicable or unspecified
O364XX1	Maternal care for intrauterine death, fetus 1
O364XX2	Maternal care for intrauterine death, fetus 2
O364XX3	Maternal care for intrauterine death, fetus 3
O364XX4	Maternal care for intrauterine death, fetus 4
O364XX5	Maternal care for intrauterine death, fetus 5
O364XX9	Maternal care for intrauterine death, other fetus
O365110	Maternal care for known or suspected placental insufficiency, first trimester, not applicable or unspecified
O365111	Maternal care for known or suspected placental insufficiency, first trimester, fetus 1

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O365112	Maternal care for known or suspected placental insufficiency, first trimester, fetus 2
O365113	Maternal care for known or suspected placental insufficiency, first trimester, fetus 3
O365114	Maternal care for known or suspected placental insufficiency, first trimester, fetus 4
O365115	Maternal care for known or suspected placental insufficiency, first trimester, fetus 5
O365119	Maternal care for known or suspected placental insufficiency, first trimester, other fetus
O365120	Maternal care for known or suspected placental insufficiency, second trimester, not applicable or unspecified
O365121	Maternal care for known or suspected placental insufficiency, second trimester, fetus 1
O365122	Maternal care for known or suspected placental insufficiency, second trimester, fetus 2
O365123	Maternal care for known or suspected placental insufficiency, second trimester, fetus 3
O365124	Maternal care for known or suspected placental insufficiency, second trimester, fetus 4
O365125	Maternal care for known or suspected placental insufficiency, second trimester, fetus 5
O365129	Maternal care for known or suspected placental insufficiency, second trimester, other fetus
O365130	Maternal care for known or suspected placental insufficiency, third trimester, not applicable or unspecified
O365131	Maternal care for known or suspected placental insufficiency, third trimester, fetus 1
O365132	Maternal care for known or suspected placental insufficiency, third trimester, fetus 2
O365133	Maternal care for known or suspected placental insufficiency, third trimester, fetus 3
O365134	Maternal care for known or suspected placental insufficiency, third trimester, fetus 4
O365135	Maternal care for known or suspected placental insufficiency, third trimester, fetus 5
O365139	Maternal care for known or suspected placental insufficiency, third trimester, other fetus
O365190	Maternal care for known or suspected placental insufficiency, unspecified trimester, not applicable or unspecified
O365191	Maternal care for known or suspected placental insufficiency, unspecified trimester, fetus 1
O365192	Maternal care for known or suspected placental insufficiency, unspecified trimester, fetus 2
O365193	Maternal care for known or suspected placental insufficiency, unspecified trimester, fetus 3
O365194	Maternal care for known or suspected placental insufficiency, unspecified trimester, fetus 4
O365195	Maternal care for known or suspected placental insufficiency, unspecified trimester, fetus 5
O365199	Maternal care for known or suspected placental insufficiency, unspecified trimester, other fetus
O365910	Maternal care for other known or suspected poor fetal growth, first trimester, not applicable or unspecified
O365911	Maternal care for other known or suspected poor fetal growth, first trimester, fetus 1
O365912	Maternal care for other known or suspected poor fetal growth, first trimester, fetus 2
O365913	Maternal care for other known or suspected poor fetal growth, first trimester, fetus 3
O365914	Maternal care for other known or suspected poor fetal growth, first trimester, fetus 4
O365915	Maternal care for other known or suspected poor fetal growth, first trimester, fetus 5
O365919	Maternal care for other known or suspected poor fetal growth, first trimester, other fetus
O365920	Maternal care for other known or suspected poor fetal growth, second trimester, not applicable or unspecified
O365921	Maternal care for other known or suspected poor fetal growth, second trimester, fetus 1
O365922	Maternal care for other known or suspected poor fetal growth, second trimester, fetus 2
O365923	Maternal care for other known or suspected poor fetal growth, second trimester, fetus 3

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O365924	Maternal care for other known or suspected poor fetal growth, second trimester, fetus 4
O365925	Maternal care for other known or suspected poor fetal growth, second trimester, fetus 5
O365929	Maternal care for other known or suspected poor fetal growth, second trimester, other fetus
O365930	Maternal care for other known or suspected poor fetal growth, third trimester, not applicable or unspecified
O365931	Maternal care for other known or suspected poor fetal growth, third trimester, fetus 1
O365932	Maternal care for other known or suspected poor fetal growth, third trimester, fetus 2
O365933	Maternal care for other known or suspected poor fetal growth, third trimester, fetus 3
O365934	Maternal care for other known or suspected poor fetal growth, third trimester, fetus 4
O365935	Maternal care for other known or suspected poor fetal growth, third trimester, fetus 5
O365939	Maternal care for other known or suspected poor fetal growth, third trimester, other fetus
O365990	Maternal care for other known or suspected poor fetal growth, unspecified trimester, not applicable or unspecified
O365991	Maternal care for other known or suspected poor fetal growth, unspecified trimester, fetus 1
O365992	Maternal care for other known or suspected poor fetal growth, unspecified trimester, fetus 2
O365993	Maternal care for other known or suspected poor fetal growth, unspecified trimester, fetus 3
O365994	Maternal care for other known or suspected poor fetal growth, unspecified trimester, fetus 4
O365995	Maternal care for other known or suspected poor fetal growth, unspecified trimester, fetus 5
O365999	Maternal care for other known or suspected poor fetal growth, unspecified trimester, other fetus
O3660X0	Maternal care for excessive fetal growth, unspecified trimester, not applicable or unspecified
O3660X1	Maternal care for excessive fetal growth, unspecified trimester, fetus 1
O3660X2	Maternal care for excessive fetal growth, unspecified trimester, fetus 2
O3660X3	Maternal care for excessive fetal growth, unspecified trimester, fetus 3
O3660X4	Maternal care for excessive fetal growth, unspecified trimester, fetus 4
O3660X5	Maternal care for excessive fetal growth, unspecified trimester, fetus 5
O3660X9	Maternal care for excessive fetal growth, unspecified trimester, other fetus
O3661X0	Maternal care for excessive fetal growth, first trimester, not applicable or unspecified
O3661X1	Maternal care for excessive fetal growth, first trimester, fetus 1
O3661X2	Maternal care for excessive fetal growth, first trimester, fetus 2
O3661X3	Maternal care for excessive fetal growth, first trimester, fetus 3
O3661X4	Maternal care for excessive fetal growth, first trimester, fetus 4
O3661X5	Maternal care for excessive fetal growth, first trimester, fetus 5
O3661X9	Maternal care for excessive fetal growth, first trimester, other fetus
O3662X0	Maternal care for excessive fetal growth, second trimester, not applicable or unspecified
O3662X1	Maternal care for excessive fetal growth, second trimester, fetus 1
O3662X2	Maternal care for excessive fetal growth, second trimester, fetus 2
O3662X3	Maternal care for excessive fetal growth, second trimester, fetus 3
O3662X4	Maternal care for excessive fetal growth, second trimester, fetus 4
O3662X5	Maternal care for excessive fetal growth, second trimester, fetus 5
O3662X9	Maternal care for excessive fetal growth, second trimester, other fetus
O3663X0	Maternal care for excessive fetal growth, third trimester, not applicable or unspecified

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O3663X1	Maternal care for excessive fetal growth, third trimester, fetus 1
O3663X2	Maternal care for excessive fetal growth, third trimester, fetus 2
O3663X3	Maternal care for excessive fetal growth, third trimester, fetus 3
O3663X4	Maternal care for excessive fetal growth, third trimester, fetus 4
O3663X5	Maternal care for excessive fetal growth, third trimester, fetus 5
O3663X9	Maternal care for excessive fetal growth, third trimester, other fetus
O3670X0	Maternal care for viable fetus in abdominal pregnancy, unspecified trimester, not applicable or unspecified
O3670X1	Maternal care for viable fetus in abdominal pregnancy, unspecified trimester, fetus 1
O3670X2	Maternal care for viable fetus in abdominal pregnancy, unspecified trimester, fetus 2
O3670X3	Maternal care for viable fetus in abdominal pregnancy, unspecified trimester, fetus 3
O3670X4	Maternal care for viable fetus in abdominal pregnancy, unspecified trimester, fetus 4
O3670X5	Maternal care for viable fetus in abdominal pregnancy, unspecified trimester, fetus 5
O3670X9	Maternal care for viable fetus in abdominal pregnancy, unspecified trimester, other fetus
O3671X0	Maternal care for viable fetus in abdominal pregnancy, first trimester, not applicable or unspecified
O3671X1	Maternal care for viable fetus in abdominal pregnancy, first trimester, fetus 1
O3671X2	Maternal care for viable fetus in abdominal pregnancy, first trimester, fetus 2
O3671X3	Maternal care for viable fetus in abdominal pregnancy, first trimester, fetus 3
O3671X4	Maternal care for viable fetus in abdominal pregnancy, first trimester, fetus 4
O3671X5	Maternal care for viable fetus in abdominal pregnancy, first trimester, fetus 5
O3671X9	Maternal care for viable fetus in abdominal pregnancy, first trimester, other fetus
O3672X0	Maternal care for viable fetus in abdominal pregnancy, second trimester, not applicable or unspecified
O3672X1	Maternal care for viable fetus in abdominal pregnancy, second trimester, fetus 1
O3672X2	Maternal care for viable fetus in abdominal pregnancy, second trimester, fetus 2
O3672X3	Maternal care for viable fetus in abdominal pregnancy, second trimester, fetus 3
O3672X4	Maternal care for viable fetus in abdominal pregnancy, second trimester, fetus 4
O3672X5	Maternal care for viable fetus in abdominal pregnancy, second trimester, fetus 5
O3672X9	Maternal care for viable fetus in abdominal pregnancy, second trimester, other fetus
O3673X0	Maternal care for viable fetus in abdominal pregnancy, third trimester, not applicable or unspecified
O3673X1	Maternal care for viable fetus in abdominal pregnancy, third trimester, fetus 1
O3673X2	Maternal care for viable fetus in abdominal pregnancy, third trimester, fetus 2
O3673X3	Maternal care for viable fetus in abdominal pregnancy, third trimester, fetus 3
O3673X4	Maternal care for viable fetus in abdominal pregnancy, third trimester, fetus 4
O3673X5	Maternal care for viable fetus in abdominal pregnancy, third trimester, fetus 5
O3673X9	Maternal care for viable fetus in abdominal pregnancy, third trimester, other fetus
O3680X0	Pregnancy with inconclusive fetal viability, not applicable or unspecified
O3680X1	Pregnancy with inconclusive fetal viability, fetus 1
O3680X2	Pregnancy with inconclusive fetal viability, fetus 2
O3680X3	Pregnancy with inconclusive fetal viability, fetus 3

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O3680X4	Pregnancy with inconclusive fetal viability, fetus 4
O3680X5	Pregnancy with inconclusive fetal viability, fetus 5
O3680X9	Pregnancy with inconclusive fetal viability, other fetus
O368120	Decreased fetal movements, second trimester, not applicable or unspecified
O368121	Decreased fetal movements, second trimester, fetus 1
O368122	Decreased fetal movements, second trimester, fetus 2
O368123	Decreased fetal movements, second trimester, fetus 3
O368124	Decreased fetal movements, second trimester, fetus 4
O368125	Decreased fetal movements, second trimester, fetus 5
O368129	Decreased fetal movements, second trimester, other fetus
O368130	Decreased fetal movements, third trimester, not applicable or unspecified
O368131	Decreased fetal movements, third trimester, fetus 1
O368132	Decreased fetal movements, third trimester, fetus 2
O368133	Decreased fetal movements, third trimester, fetus 3
O368134	Decreased fetal movements, third trimester, fetus 4
O368135	Decreased fetal movements, third trimester, fetus 5
O368139	Decreased fetal movements, third trimester, other fetus
O368190	Decreased fetal movements, unspecified trimester, not applicable or unspecified
O368191	Decreased fetal movements, unspecified trimester, fetus 1
O368192	Decreased fetal movements, unspecified trimester, fetus 2
O368193	Decreased fetal movements, unspecified trimester, fetus 3
O368194	Decreased fetal movements, unspecified trimester, fetus 4
O368195	Decreased fetal movements, unspecified trimester, fetus 5
O368199	Decreased fetal movements, unspecified trimester, other fetus
O368210	Fetal anemia and thrombocytopenia, first trimester, not applicable or unspecified
O368211	Fetal anemia and thrombocytopenia, first trimester, fetus 1
O368212	Fetal anemia and thrombocytopenia, first trimester, fetus 2
O368213	Fetal anemia and thrombocytopenia, first trimester, fetus 3
O368214	Fetal anemia and thrombocytopenia, first trimester, fetus 4
O368215	Fetal anemia and thrombocytopenia, first trimester, fetus 5
O368219	Fetal anemia and thrombocytopenia, first trimester, other fetus
O368220	Fetal anemia and thrombocytopenia, second trimester, not applicable or unspecified
O368221	Fetal anemia and thrombocytopenia, second trimester, fetus 1
O368222	Fetal anemia and thrombocytopenia, second trimester, fetus 2
O368223	Fetal anemia and thrombocytopenia, second trimester, fetus 3
O368224	Fetal anemia and thrombocytopenia, second trimester, fetus 4
O368225	Fetal anemia and thrombocytopenia, second trimester, fetus 5
O368229	Fetal anemia and thrombocytopenia, second trimester, other fetus
O368230	Fetal anemia and thrombocytopenia, third trimester, not applicable or unspecified
O368231	Fetal anemia and thrombocytopenia, third trimester, fetus 1
O368232	Fetal anemia and thrombocytopenia, third trimester, fetus 2

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O368233	Fetal anemia and thrombocytopenia, third trimester, fetus 3
O368234	Fetal anemia and thrombocytopenia, third trimester, fetus 4
O368235	Fetal anemia and thrombocytopenia, third trimester, fetus 5
O368239	Fetal anemia and thrombocytopenia, third trimester, other fetus
O368290	Fetal anemia and thrombocytopenia, unspecified trimester, not applicable or unspecified
O368291	Fetal anemia and thrombocytopenia, unspecified trimester, fetus 1
O368292	Fetal anemia and thrombocytopenia, unspecified trimester, fetus 2
O368293	Fetal anemia and thrombocytopenia, unspecified trimester, fetus 3
O368294	Fetal anemia and thrombocytopenia, unspecified trimester, fetus 4
O368295	Fetal anemia and thrombocytopenia, unspecified trimester, fetus 5
O368299	Fetal anemia and thrombocytopenia, unspecified trimester, other fetus
O368310	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, not applicable or unspecified
O368311	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 1
O368312	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 2
O368313	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 3
O368314	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 4
O368315	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 5
O368319	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, other fetus
O368320	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, not applicable or unspecified
O368321	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 1
O368322	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 2
O368323	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 3
O368324	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 4
O368325	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 5
O368329	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, other fetus
O368330	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, not applicable or unspecified
O368331	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 1
O368332	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 2
O368333	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 3
O368334	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 4
O368335	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 5
O368339	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, other fetus
O368390	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, not applicable or unspecified
O368391	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 1
O368392	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 2
O368393	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 3
O368394	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 4
O368395	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 5

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O368399	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, other fetus
O368910	Maternal care for other specified fetal problems, first trimester, not applicable or unspecified
O368911	Maternal care for other specified fetal problems, first trimester, fetus 1
O368912	Maternal care for other specified fetal problems, first trimester, fetus 2
O368913	Maternal care for other specified fetal problems, first trimester, fetus 3
O368914	Maternal care for other specified fetal problems, first trimester, fetus 4
O368915	Maternal care for other specified fetal problems, first trimester, fetus 5
O368919	Maternal care for other specified fetal problems, first trimester, other fetus
O368920	Maternal care for other specified fetal problems, second trimester, not applicable or unspecified
O368921	Maternal care for other specified fetal problems, second trimester, fetus 1
O368922	Maternal care for other specified fetal problems, second trimester, fetus 2
O368923	Maternal care for other specified fetal problems, second trimester, fetus 3
O368924	Maternal care for other specified fetal problems, second trimester, fetus 4
O368925	Maternal care for other specified fetal problems, second trimester, fetus 5
O368929	Maternal care for other specified fetal problems, second trimester, other fetus
O368930	Maternal care for other specified fetal problems, third trimester, not applicable or unspecified
O368931	Maternal care for other specified fetal problems, third trimester, fetus 1
O368932	Maternal care for other specified fetal problems, third trimester, fetus 2
O368933	Maternal care for other specified fetal problems, third trimester, fetus 3
O368934	Maternal care for other specified fetal problems, third trimester, fetus 4
O368935	Maternal care for other specified fetal problems, third trimester, fetus 5
O368939	Maternal care for other specified fetal problems, third trimester, other fetus
O368990	Maternal care for other specified fetal problems, unspecified trimester, not applicable or unspecified
O368991	Maternal care for other specified fetal problems, unspecified trimester, fetus 1
O368992	Maternal care for other specified fetal problems, unspecified trimester, fetus 2
O368993	Maternal care for other specified fetal problems, unspecified trimester, fetus 3
O368994	Maternal care for other specified fetal problems, unspecified trimester, fetus 4
O368995	Maternal care for other specified fetal problems, unspecified trimester, fetus 5
O368999	Maternal care for other specified fetal problems, unspecified trimester, other fetus
O3690X0	Maternal care for fetal problem, unspecified, unspecified trimester, not applicable or unspecified
O3690X1	Maternal care for fetal problem, unspecified, unspecified trimester, fetus 1
O3690X2	Maternal care for fetal problem, unspecified, unspecified trimester, fetus 2
O3690X3	Maternal care for fetal problem, unspecified, unspecified trimester, fetus 3
O3690X4	Maternal care for fetal problem, unspecified, unspecified trimester, fetus 4
O3690X5	Maternal care for fetal problem, unspecified, unspecified trimester, fetus 5
O3690X9	Maternal care for fetal problem, unspecified, unspecified trimester, other fetus
O3691X0	Maternal care for fetal problem, unspecified, first trimester, not applicable or unspecified
O3691X1	Maternal care for fetal problem, unspecified, first trimester, fetus 1
O3691X2	Maternal care for fetal problem, unspecified, first trimester, fetus 2



Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O3691X3	Maternal care for fetal problem, unspecified, first trimester, fetus 3
O3691X4	Maternal care for fetal problem, unspecified, first trimester, fetus 4
O3691X5	Maternal care for fetal problem, unspecified, first trimester, fetus 5
O3691X9	Maternal care for fetal problem, unspecified, first trimester, other fetus
O3692X0	Maternal care for fetal problem, unspecified, second trimester, not applicable or unspecified
O3692X1	Maternal care for fetal problem, unspecified, second trimester, fetus 1
O3692X2	Maternal care for fetal problem, unspecified, second trimester, fetus 2
O3692X3	Maternal care for fetal problem, unspecified, second trimester, fetus 3
O3692X4	Maternal care for fetal problem, unspecified, second trimester, fetus 4
O3692X5	Maternal care for fetal problem, unspecified, second trimester, fetus 5
O3692X9	Maternal care for fetal problem, unspecified, second trimester, other fetus
O3693X0	Maternal care for fetal problem, unspecified, third trimester, not applicable or unspecified
O3693X1	Maternal care for fetal problem, unspecified, third trimester, fetus 1
O3693X2	Maternal care for fetal problem, unspecified, third trimester, fetus 2
O3693X3	Maternal care for fetal problem, unspecified, third trimester, fetus 3
O3693X4	Maternal care for fetal problem, unspecified, third trimester, fetus 4
O3693X5	Maternal care for fetal problem, unspecified, third trimester, fetus 5
O3693X9	Maternal care for fetal problem, unspecified, third trimester, other fetus
O401XX0	Polyhydramnios, first trimester, not applicable or unspecified
O401XX1	Polyhydramnios, first trimester, fetus 1
O401XX2	Polyhydramnios, first trimester, fetus 2
O401XX3	Polyhydramnios, first trimester, fetus 3
O401XX4	Polyhydramnios, first trimester, fetus 4
O401XX5	Polyhydramnios, first trimester, fetus 5
O401XX9	Polyhydramnios, first trimester, other fetus
O402XX0	Polyhydramnios, second trimester, not applicable or unspecified
O402XX1	Polyhydramnios, second trimester, fetus 1
O402XX2	Polyhydramnios, second trimester, fetus 2
O402XX3	Polyhydramnios, second trimester, fetus 3
O402XX4	Polyhydramnios, second trimester, fetus 4
O402XX5	Polyhydramnios, second trimester, fetus 5
O402XX9	Polyhydramnios, second trimester, other fetus
O403XX0	Polyhydramnios, third trimester, not applicable or unspecified
O403XX1	Polyhydramnios, third trimester, fetus 1
O403XX2	Polyhydramnios, third trimester, fetus 2
O403XX3	Polyhydramnios, third trimester, fetus 3
O403XX4	Polyhydramnios, third trimester, fetus 4
O403XX5	Polyhydramnios, third trimester, fetus 5
O403XX9	Polyhydramnios, third trimester, other fetus
O409XX0	Polyhydramnios, unspecified trimester, not applicable or unspecified
O409XX1	Polyhydramnios, unspecified trimester, fetus 1

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O409XX2	Polyhydramnios, unspecified trimester, fetus 2
O409XX3	Polyhydramnios, unspecified trimester, fetus 3
O409XX4	Polyhydramnios, unspecified trimester, fetus 4
O409XX5	Polyhydramnios, unspecified trimester, fetus 5
O409XX9	Polyhydramnios, unspecified trimester, other fetus
O4100X0	Oligohydramnios, unspecified trimester, not applicable or unspecified
O4100X1	Oligohydramnios, unspecified trimester, fetus 1
O4100X2	Oligohydramnios, unspecified trimester, fetus 2
O4100X3	Oligohydramnios, unspecified trimester, fetus 3
O4100X4	Oligohydramnios, unspecified trimester, fetus 4
O4100X5	Oligohydramnios, unspecified trimester, fetus 5
O4100X9	Oligohydramnios, unspecified trimester, other fetus
O4101X0	Oligohydramnios, first trimester, not applicable or unspecified
O4101X1	Oligohydramnios, first trimester, fetus 1
O4101X2	Oligohydramnios, first trimester, fetus 2
O4101X3	Oligohydramnios, first trimester, fetus 3
O4101X4	Oligohydramnios, first trimester, fetus 4
O4101X5	Oligohydramnios, first trimester, fetus 5
O4101X9	Oligohydramnios, first trimester, other fetus
O4102X0	Oligohydramnios, second trimester, not applicable or unspecified
O4102X1	Oligohydramnios, second trimester, fetus 1
O4102X2	Oligohydramnios, second trimester, fetus 2
O4102X3	Oligohydramnios, second trimester, fetus 3
O4102X4	Oligohydramnios, second trimester, fetus 4
O4102X5	Oligohydramnios, second trimester, fetus 5
O4102X9	Oligohydramnios, second trimester, other fetus
O4103X0	Oligohydramnios, third trimester, not applicable or unspecified
O4103X1	Oligohydramnios, third trimester, fetus 1
O4103X2	Oligohydramnios, third trimester, fetus 2
O4103X3	Oligohydramnios, third trimester, fetus 3
O4103X4	Oligohydramnios, third trimester, fetus 4
O4103X5	Oligohydramnios, third trimester, fetus 5
O4103X9	Oligohydramnios, third trimester, other fetus
O411010	Infection of amniotic sac and membranes, unspecified, first trimester, not applicable or unspecified
O411011	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 1
O411012	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 2
O411013	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 3
O411014	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 4
O411015	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 5
O411019	Infection of amniotic sac and membranes, unspecified, first trimester, other fetus

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
0411020	Infection of amniotic sac and membranes, unspecified, second trimester, not applicable or unspecified
0411021	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 1
0411022	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 2
0411023	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 3
0411024	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 4
0411025	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 5
0411029	Infection of amniotic sac and membranes, unspecified, second trimester, other fetus
0411030	Infection of amniotic sac and membranes, unspecified, third trimester, not applicable or unspecified
0411031	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 1
0411032	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 2
0411033	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 3
0411034	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 4
0411035	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 5
0411039	Infection of amniotic sac and membranes, unspecified, third trimester, other fetus
0411090	Infection of amniotic sac and membranes, unspecified, unspecified trimester, not applicable or unspecified
0411091	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 1
0411092	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 2
0411093	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 3
0411094	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 4
0411095	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 5
0411099	Infection of amniotic sac and membranes, unspecified, unspecified trimester, other fetus
0411210	Chorioamnionitis, first trimester, not applicable or unspecified
0411211	Chorioamnionitis, first trimester, fetus 1
0411212	Chorioamnionitis, first trimester, fetus 2
0411213	Chorioamnionitis, first trimester, fetus 3
0411214	Chorioamnionitis, first trimester, fetus 4
0411215	Chorioamnionitis, first trimester, fetus 5
0411219	Chorioamnionitis, first trimester, other fetus
0411220	Chorioamnionitis, second trimester, not applicable or unspecified
0411221	Chorioamnionitis, second trimester, fetus 1
0411222	Chorioamnionitis, second trimester, fetus 2
0411223	Chorioamnionitis, second trimester, fetus 3
0411224	Chorioamnionitis, second trimester, fetus 4
0411225	Chorioamnionitis, second trimester, fetus 5
0411229	Chorioamnionitis, second trimester, other fetus
0411230	Chorioamnionitis, third trimester, not applicable or unspecified
0411231	Chorioamnionitis, third trimester, fetus 1
0411232	Chorioamnionitis, third trimester, fetus 2
0411233	Chorioamnionitis, third trimester, fetus 3

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O411234	Chorioamnionitis, third trimester, fetus 4
O411235	Chorioamnionitis, third trimester, fetus 5
O411239	Chorioamnionitis, third trimester, other fetus
O411290	Chorioamnionitis, unspecified trimester, not applicable or unspecified
O411291	Chorioamnionitis, unspecified trimester, fetus 1
O411292	Chorioamnionitis, unspecified trimester, fetus 2
O411293	Chorioamnionitis, unspecified trimester, fetus 3
O411294	Chorioamnionitis, unspecified trimester, fetus 4
O411295	Chorioamnionitis, unspecified trimester, fetus 5
O411299	Chorioamnionitis, unspecified trimester, other fetus
O411410	Placentitis, first trimester, not applicable or unspecified
O411411	Placentitis, first trimester, fetus 1
O411412	Placentitis, first trimester, fetus 2
O411413	Placentitis, first trimester, fetus 3
O411414	Placentitis, first trimester, fetus 4
O411415	Placentitis, first trimester, fetus 5
O411419	Placentitis, first trimester, other fetus
O411420	Placentitis, second trimester, not applicable or unspecified
O411421	Placentitis, second trimester, fetus 1
O411422	Placentitis, second trimester, fetus 2
O411423	Placentitis, second trimester, fetus 3
O411424	Placentitis, second trimester, fetus 4
O411425	Placentitis, second trimester, fetus 5
O411429	Placentitis, second trimester, other fetus
O411430	Placentitis, third trimester, not applicable or unspecified
O411431	Placentitis, third trimester, fetus 1
O411432	Placentitis, third trimester, fetus 2
O411433	Placentitis, third trimester, fetus 3
O411434	Placentitis, third trimester, fetus 4
O411435	Placentitis, third trimester, fetus 5
O411439	Placentitis, third trimester, other fetus
O411490	Placentitis, unspecified trimester, not applicable or unspecified
O411491	Placentitis, unspecified trimester, fetus 1
O411492	Placentitis, unspecified trimester, fetus 2
O411493	Placentitis, unspecified trimester, fetus 3
O411494	Placentitis, unspecified trimester, fetus 4
O411495	Placentitis, unspecified trimester, fetus 5
O411499	Placentitis, unspecified trimester, other fetus
O418X10	Other specified disorders of amniotic fluid and membranes, first trimester, not applicable or unspecified
O418X11	Other specified disorders of amniotic fluid and membranes, first trimester, fetus 1

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O418X12	Other specified disorders of amniotic fluid and membranes, first trimester, fetus 2
O418X13	Other specified disorders of amniotic fluid and membranes, first trimester, fetus 3
O418X14	Other specified disorders of amniotic fluid and membranes, first trimester, fetus 4
O418X15	Other specified disorders of amniotic fluid and membranes, first trimester, fetus 5
O418X19	Other specified disorders of amniotic fluid and membranes, first trimester, other fetus
O418X20	Other specified disorders of amniotic fluid and membranes, second trimester, not applicable or unspecified
O418X21	Other specified disorders of amniotic fluid and membranes, second trimester, fetus 1
O418X22	Other specified disorders of amniotic fluid and membranes, second trimester, fetus 2
O418X23	Other specified disorders of amniotic fluid and membranes, second trimester, fetus 3
O418X24	Other specified disorders of amniotic fluid and membranes, second trimester, fetus 4
O418X25	Other specified disorders of amniotic fluid and membranes, second trimester, fetus 5
O418X29	Other specified disorders of amniotic fluid and membranes, second trimester, other fetus
O418X30	Other specified disorders of amniotic fluid and membranes, third trimester, not applicable or unspecified
O418X31	Other specified disorders of amniotic fluid and membranes, third trimester, fetus 1
O418X32	Other specified disorders of amniotic fluid and membranes, third trimester, fetus 2
O418X33	Other specified disorders of amniotic fluid and membranes, third trimester, fetus 3
O418X34	Other specified disorders of amniotic fluid and membranes, third trimester, fetus 4
O418X35	Other specified disorders of amniotic fluid and membranes, third trimester, fetus 5
O418X39	Other specified disorders of amniotic fluid and membranes, third trimester, other fetus
O418X90	Other specified disorders of amniotic fluid and membranes, unspecified trimester, not applicable or unspecified
O418X91	Other specified disorders of amniotic fluid and membranes, unspecified trimester, fetus 1
O418X92	Other specified disorders of amniotic fluid and membranes, unspecified trimester, fetus 2
O418X93	Other specified disorders of amniotic fluid and membranes, unspecified trimester, fetus 3
O418X94	Other specified disorders of amniotic fluid and membranes, unspecified trimester, fetus 4
O418X95	Other specified disorders of amniotic fluid and membranes, unspecified trimester, fetus 5
O418X99	Other specified disorders of amniotic fluid and membranes, unspecified trimester, other fetus
O4190X0	Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, not applicable or unspecified
O4190X1	Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 1
O4190X2	Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 2
O4190X3	Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 3
O4190X4	Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 4
O4190X5	Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 5
O4190X9	Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, other fetus
O4191X0	Disorder of amniotic fluid and membranes, unspecified, first trimester, not applicable or unspecified
O4191X1	Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 1
O4191X2	Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 2
O4191X3	Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 3

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O4191X4	Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 4
O4191X5	Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 5
O4191X9	Disorder of amniotic fluid and membranes, unspecified, first trimester, other fetus
O4192X0	Disorder of amniotic fluid and membranes, unspecified, second trimester, not applicable or unspecified
O4192X1	Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 1
O4192X2	Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 2
O4192X3	Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 3
O4192X4	Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 4
O4192X5	Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 5
O4192X9	Disorder of amniotic fluid and membranes, unspecified, second trimester, other fetus
O4193X0	Disorder of amniotic fluid and membranes, unspecified, third trimester, not applicable or unspecified
O4193X1	Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 1
O4193X2	Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 2
O4193X3	Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 3
O4193X4	Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 4
O4193X5	Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 5
O4193X9	Disorder of amniotic fluid and membranes, unspecified, third trimester, other fetus
O4200	Premature rupture of membranes, onset of labor within 24 hours of rupture, unspecified weeks of gestation
O42011	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, first trimester
O42012	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, second trimester
O42013	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, third trimester
O42019	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, unspecified trimester
O4202	Full-term premature rupture of membranes, onset of labor within 24 hours of rupture
O4210	Premature rupture of membranes, onset of labor more than 24 hours following rupture, unspecified weeks of gestation
O42111	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, first trimester
O42112	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, second trimester
O42113	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, third trimester
O42119	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, unspecified trimester
O4212	Full-term premature rupture of membranes, onset of labor more than 24 hours following rupture
O4290	Premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, unspecified weeks of gestation
O42911	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, first trimester

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O42912	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, second trimester
O42913	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, third trimester
O42919	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, unspecified trimester
O4292	Full-term premature rupture of membranes, unspecified as to length of time between rupture and onset of labor
O43011	Fetomaternal placental transfusion syndrome, first trimester
O43012	Fetomaternal placental transfusion syndrome, second trimester
O43013	Fetomaternal placental transfusion syndrome, third trimester
O43019	Fetomaternal placental transfusion syndrome, unspecified trimester
O43021	Fetus-to-fetus placental transfusion syndrome, first trimester
O43022	Fetus-to-fetus placental transfusion syndrome, second trimester
O43023	Fetus-to-fetus placental transfusion syndrome, third trimester
O43029	Fetus-to-fetus placental transfusion syndrome, unspecified trimester
O43101	Malformation of placenta, unspecified, first trimester
O43102	Malformation of placenta, unspecified, second trimester
O43103	Malformation of placenta, unspecified, third trimester
O43109	Malformation of placenta, unspecified, unspecified trimester
O43111	Circumvallate placenta, first trimester
O43112	Circumvallate placenta, second trimester
O43113	Circumvallate placenta, third trimester
O43119	Circumvallate placenta, unspecified trimester
O43121	Velamentous insertion of umbilical cord, first trimester
O43122	Velamentous insertion of umbilical cord, second trimester
O43123	Velamentous insertion of umbilical cord, third trimester
O43129	Velamentous insertion of umbilical cord, unspecified trimester
O43191	Other malformation of placenta, first trimester
O43192	Other malformation of placenta, second trimester
O43193	Other malformation of placenta, third trimester
O43199	Other malformation of placenta, unspecified trimester
O43211	Placenta accreta, first trimester
O43212	Placenta accreta, second trimester
O43213	Placenta accreta, third trimester
O43219	Placenta accreta, unspecified trimester
O43221	Placenta increta, first trimester
O43222	Placenta increta, second trimester
O43223	Placenta increta, third trimester
O43229	Placenta increta, unspecified trimester
O43231	Placenta percreta, first trimester
O43232	Placenta percreta, second trimester

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O43233	Placenta percreta, third trimester
O43239	Placenta percreta, unspecified trimester
O43811	Placental infarction, first trimester
O43812	Placental infarction, second trimester
O43813	Placental infarction, third trimester
O43819	Placental infarction, unspecified trimester
O43891	Other placental disorders, first trimester
O43892	Other placental disorders, second trimester
O43893	Other placental disorders, third trimester
O43899	Other placental disorders, unspecified trimester
O4390	Unspecified placental disorder, unspecified trimester
O4391	Unspecified placental disorder, first trimester
O4392	Unspecified placental disorder, second trimester
O4393	Unspecified placental disorder, third trimester
O4400	Complete placenta previa NOS or without hemorrhage, unspecified trimester
O4401	Complete placenta previa NOS or without hemorrhage, first trimester
O4402	Complete placenta previa NOS or without hemorrhage, second trimester
O4403	Complete placenta previa NOS or without hemorrhage, third trimester
O4410	Complete placenta previa with hemorrhage, unspecified trimester
O4411	Complete placenta previa with hemorrhage, first trimester
O4412	Complete placenta previa with hemorrhage, second trimester
O4413	Complete placenta previa with hemorrhage, third trimester
O4420	Partial placenta previa NOS or without hemorrhage, unspecified trimester
O4421	Partial placenta previa NOS or without hemorrhage, first trimester
O4422	Partial placenta previa NOS or without hemorrhage, second trimester
O4423	Partial placenta previa NOS or without hemorrhage, third trimester
O4430	Partial placenta previa with hemorrhage, unspecified trimester
O4431	Partial placenta previa with hemorrhage, first trimester
O4432	Partial placenta previa with hemorrhage, second trimester
O4433	Partial placenta previa with hemorrhage, third trimester
O4440	Low lying placenta NOS or without hemorrhage, unspecified trimester
O4441	Low lying placenta NOS or without hemorrhage, first trimester
O4442	Low lying placenta NOS or without hemorrhage, second trimester
O4443	Low lying placenta NOS or without hemorrhage, third trimester
O4450	Low lying placenta with hemorrhage, unspecified trimester
O4451	Low lying placenta with hemorrhage, first trimester
O4452	Low lying placenta with hemorrhage, second trimester
O4453	Low lying placenta with hemorrhage, third trimester
O45001	Premature separation of placenta with coagulation defect, unspecified, first trimester
O45002	Premature separation of placenta with coagulation defect, unspecified, second trimester
O45003	Premature separation of placenta with coagulation defect, unspecified, third trimester



Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O45009	Premature separation of placenta with coagulation defect, unspecified, unspecified trimester
O45011	Premature separation of placenta with afibrinogenemia, first trimester
O45012	Premature separation of placenta with afibrinogenemia, second trimester
O45013	Premature separation of placenta with afibrinogenemia, third trimester
O45019	Premature separation of placenta with afibrinogenemia, unspecified trimester
O45021	Premature separation of placenta with disseminated intravascular coagulation, first trimester
O45022	Premature separation of placenta with disseminated intravascular coagulation, second trimester
O45023	Premature separation of placenta with disseminated intravascular coagulation, third trimester
O45029	Premature separation of placenta with disseminated intravascular coagulation, unspecified trimester
O45091	Premature separation of placenta with other coagulation defect, first trimester
O45092	Premature separation of placenta with other coagulation defect, second trimester
O45093	Premature separation of placenta with other coagulation defect, third trimester
O45099	Premature separation of placenta with other coagulation defect, unspecified trimester
O458X1	Other premature separation of placenta, first trimester
O458X2	Other premature separation of placenta, second trimester
O458X3	Other premature separation of placenta, third trimester
O458X9	Other premature separation of placenta, unspecified trimester
O4590	Premature separation of placenta, unspecified, unspecified trimester
O4591	Premature separation of placenta, unspecified, first trimester
O4592	Premature separation of placenta, unspecified, second trimester
O4593	Premature separation of placenta, unspecified, third trimester
O46001	Antepartum hemorrhage with coagulation defect, unspecified, first trimester
O46002	Antepartum hemorrhage with coagulation defect, unspecified, second trimester
O46003	Antepartum hemorrhage with coagulation defect, unspecified, third trimester
O46009	Antepartum hemorrhage with coagulation defect, unspecified, unspecified trimester
O46011	Antepartum hemorrhage with afibrinogenemia, first trimester
O46012	Antepartum hemorrhage with afibrinogenemia, second trimester
O46013	Antepartum hemorrhage with afibrinogenemia, third trimester
O46019	Antepartum hemorrhage with afibrinogenemia, unspecified trimester
O46021	Antepartum hemorrhage with disseminated intravascular coagulation, first trimester
O46022	Antepartum hemorrhage with disseminated intravascular coagulation, second trimester
O46023	Antepartum hemorrhage with disseminated intravascular coagulation, third trimester
O46029	Antepartum hemorrhage with disseminated intravascular coagulation, unspecified trimester
O46091	Antepartum hemorrhage with other coagulation defect, first trimester
O46092	Antepartum hemorrhage with other coagulation defect, second trimester
O46093	Antepartum hemorrhage with other coagulation defect, third trimester
O46099	Antepartum hemorrhage with other coagulation defect, unspecified trimester
O468X1	Other antepartum hemorrhage, first trimester
O468X2	Other antepartum hemorrhage, second trimester

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O468X3	Other antepartum hemorrhage, third trimester
O468X9	Other antepartum hemorrhage, unspecified trimester
O4690	Antepartum hemorrhage, unspecified, unspecified trimester
O4691	Antepartum hemorrhage, unspecified, first trimester
O4692	Antepartum hemorrhage, unspecified, second trimester
O4693	Antepartum hemorrhage, unspecified, third trimester
O4700	False labor before 37 completed weeks of gestation, unspecified trimester
O4702	False labor before 37 completed weeks of gestation, second trimester
O4703	False labor before 37 completed weeks of gestation, third trimester
O471	False labor at or after 37 completed weeks of gestation
O479	False labor, unspecified
O480	Post-term pregnancy
O481	Prolonged pregnancy
O6000	Preterm labor without delivery, unspecified trimester
O6002	Preterm labor without delivery, second trimester
O6003	Preterm labor without delivery, third trimester
O6010X0	Preterm labor with preterm delivery, unspecified trimester, not applicable or unspecified
O6010X1	Preterm labor with preterm delivery, unspecified trimester, fetus 1
O6010X2	Preterm labor with preterm delivery, unspecified trimester, fetus 2
O6010X3	Preterm labor with preterm delivery, unspecified trimester, fetus 3
O6010X4	Preterm labor with preterm delivery, unspecified trimester, fetus 4
O6010X5	Preterm labor with preterm delivery, unspecified trimester, fetus 5
O6010X9	Preterm labor with preterm delivery, unspecified trimester, other fetus
O6012X0	Preterm labor second trimester with preterm delivery second trimester, not applicable or unspecified
O6012X1	Preterm labor second trimester with preterm delivery second trimester, fetus 1
O6012X2	Preterm labor second trimester with preterm delivery second trimester, fetus 2
O6012X3	Preterm labor second trimester with preterm delivery second trimester, fetus 3
O6012X4	Preterm labor second trimester with preterm delivery second trimester, fetus 4
O6012X5	Preterm labor second trimester with preterm delivery second trimester, fetus 5
O6012X9	Preterm labor second trimester with preterm delivery second trimester, other fetus
O6013X0	Preterm labor second trimester with preterm delivery third trimester, not applicable or unspecified
O6013X1	Preterm labor second trimester with preterm delivery third trimester, fetus 1
O6013X2	Preterm labor second trimester with preterm delivery third trimester, fetus 2
O6013X3	Preterm labor second trimester with preterm delivery third trimester, fetus 3
O6013X4	Preterm labor second trimester with preterm delivery third trimester, fetus 4
O6013X5	Preterm labor second trimester with preterm delivery third trimester, fetus 5
O6013X9	Preterm labor second trimester with preterm delivery third trimester, other fetus
O6014X0	Preterm labor third trimester with preterm delivery third trimester, not applicable or unspecified
O6014X1	Preterm labor third trimester with preterm delivery third trimester, fetus 1

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O6014X2	Preterm labor third trimester with preterm delivery third trimester, fetus 2
O6014X3	Preterm labor third trimester with preterm delivery third trimester, fetus 3
O6014X4	Preterm labor third trimester with preterm delivery third trimester, fetus 4
O6014X5	Preterm labor third trimester with preterm delivery third trimester, fetus 5
O6014X9	Preterm labor third trimester with preterm delivery third trimester, other fetus
O6020X0	Term delivery with preterm labor, unspecified trimester, not applicable or unspecified
O6020X1	Term delivery with preterm labor, unspecified trimester, fetus 1
O6020X2	Term delivery with preterm labor, unspecified trimester, fetus 2
O6020X3	Term delivery with preterm labor, unspecified trimester, fetus 3
O6020X4	Term delivery with preterm labor, unspecified trimester, fetus 4
O6020X5	Term delivery with preterm labor, unspecified trimester, fetus 5
O6020X9	Term delivery with preterm labor, unspecified trimester, other fetus
O6022X0	Term delivery with preterm labor, second trimester, not applicable or unspecified
O6022X1	Term delivery with preterm labor, second trimester, fetus 1
O6022X2	Term delivery with preterm labor, second trimester, fetus 2
O6022X3	Term delivery with preterm labor, second trimester, fetus 3
O6022X4	Term delivery with preterm labor, second trimester, fetus 4
O6022X5	Term delivery with preterm labor, second trimester, fetus 5
O6022X9	Term delivery with preterm labor, second trimester, other fetus
O6023X0	Term delivery with preterm labor, third trimester, not applicable or unspecified
O6023X1	Term delivery with preterm labor, third trimester, fetus 1
O6023X2	Term delivery with preterm labor, third trimester, fetus 2
O6023X3	Term delivery with preterm labor, third trimester, fetus 3
O6023X4	Term delivery with preterm labor, third trimester, fetus 4
O6023X5	Term delivery with preterm labor, third trimester, fetus 5
O6023X9	Term delivery with preterm labor, third trimester, other fetus
O610	Failed medical induction of labor
O611	Failed instrumental induction of labor
O618	Other failed induction of labor
O619	Failed induction of labor, unspecified
O620	Primary inadequate contractions
O621	Secondary uterine inertia
O622	Other uterine inertia
O623	Precipitate labor
O624	Hypertonic, incoordinate, and prolonged uterine contractions
O628	Other abnormalities of forces of labor
O629	Abnormality of forces of labor, unspecified
O630	Prolonged first stage (of labor)
O631	Prolonged second stage (of labor)
O632	Delayed delivery of second twin, triplet, etc.
O639	Long labor, unspecified

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O640XX0	Obstructed labor due to incomplete rotation of fetal head, not applicable or unspecified
O640XX1	Obstructed labor due to incomplete rotation of fetal head, fetus 1
O640XX2	Obstructed labor due to incomplete rotation of fetal head, fetus 2
O640XX3	Obstructed labor due to incomplete rotation of fetal head, fetus 3
O640XX4	Obstructed labor due to incomplete rotation of fetal head, fetus 4
O640XX5	Obstructed labor due to incomplete rotation of fetal head, fetus 5
O640XX9	Obstructed labor due to incomplete rotation of fetal head, other fetus
O641XX0	Obstructed labor due to breech presentation, not applicable or unspecified
O641XX1	Obstructed labor due to breech presentation, fetus 1
O641XX2	Obstructed labor due to breech presentation, fetus 2
O641XX3	Obstructed labor due to breech presentation, fetus 3
O641XX4	Obstructed labor due to breech presentation, fetus 4
O641XX5	Obstructed labor due to breech presentation, fetus 5
O641XX9	Obstructed labor due to breech presentation, other fetus
O642XX0	Obstructed labor due to face presentation, not applicable or unspecified
O642XX1	Obstructed labor due to face presentation, fetus 1
O642XX2	Obstructed labor due to face presentation, fetus 2
O642XX3	Obstructed labor due to face presentation, fetus 3
O642XX4	Obstructed labor due to face presentation, fetus 4
O642XX5	Obstructed labor due to face presentation, fetus 5
O642XX9	Obstructed labor due to face presentation, other fetus
O643XX0	Obstructed labor due to brow presentation, not applicable or unspecified
O643XX1	Obstructed labor due to brow presentation, fetus 1
O643XX2	Obstructed labor due to brow presentation, fetus 2
O643XX3	Obstructed labor due to brow presentation, fetus 3
O643XX4	Obstructed labor due to brow presentation, fetus 4
O643XX5	Obstructed labor due to brow presentation, fetus 5
O643XX9	Obstructed labor due to brow presentation, other fetus
O644XX0	Obstructed labor due to shoulder presentation, not applicable or unspecified
O644XX1	Obstructed labor due to shoulder presentation, fetus 1
O644XX2	Obstructed labor due to shoulder presentation, fetus 2
O644XX3	Obstructed labor due to shoulder presentation, fetus 3
O644XX4	Obstructed labor due to shoulder presentation, fetus 4
O644XX5	Obstructed labor due to shoulder presentation, fetus 5
O644XX9	Obstructed labor due to shoulder presentation, other fetus
O645XX0	Obstructed labor due to compound presentation, not applicable or unspecified
O645XX1	Obstructed labor due to compound presentation, fetus 1
O645XX2	Obstructed labor due to compound presentation, fetus 2
O645XX3	Obstructed labor due to compound presentation, fetus 3
O645XX4	Obstructed labor due to compound presentation, fetus 4
O645XX5	Obstructed labor due to compound presentation, fetus 5

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O645XX9	Obstructed labor due to compound presentation, other fetus
O648XX0	Obstructed labor due to other malposition and malpresentation, not applicable or unspecified
O648XX1	Obstructed labor due to other malposition and malpresentation, fetus 1
O648XX2	Obstructed labor due to other malposition and malpresentation, fetus 2
O648XX3	Obstructed labor due to other malposition and malpresentation, fetus 3
O648XX4	Obstructed labor due to other malposition and malpresentation, fetus 4
O648XX5	Obstructed labor due to other malposition and malpresentation, fetus 5
O648XX9	Obstructed labor due to other malposition and malpresentation, other fetus
O649XX0	Obstructed labor due to malposition and malpresentation, unspecified, not applicable or unspecified
O649XX1	Obstructed labor due to malposition and malpresentation, unspecified, fetus 1
O649XX2	Obstructed labor due to malposition and malpresentation, unspecified, fetus 2
O649XX3	Obstructed labor due to malposition and malpresentation, unspecified, fetus 3
O649XX4	Obstructed labor due to malposition and malpresentation, unspecified, fetus 4
O649XX5	Obstructed labor due to malposition and malpresentation, unspecified, fetus 5
O649XX9	Obstructed labor due to malposition and malpresentation, unspecified, other fetus
O650	Obstructed labor due to deformed pelvis
O651	Obstructed labor due to generally contracted pelvis
O652	Obstructed labor due to pelvic inlet contraction
O653	Obstructed labor due to pelvic outlet and mid-cavity contraction
O654	Obstructed labor due to fetopelvic disproportion, unspecified
O655	Obstructed labor due to abnormality of maternal pelvic organs
O658	Obstructed labor due to other maternal pelvic abnormalities
O659	Obstructed labor due to maternal pelvic abnormality, unspecified
O660	Obstructed labor due to shoulder dystocia
O661	Obstructed labor due to locked twins
O662	Obstructed labor due to unusually large fetus
O663	Obstructed labor due to other abnormalities of fetus
O6640	Failed trial of labor, unspecified
O6641	Failed attempted vaginal birth after previous cesarean delivery
O665	Attempted application of vacuum extractor and forceps
O666	Obstructed labor due to other multiple fetuses
O668	Other specified obstructed labor
O669	Obstructed labor, unspecified
O670	Intrapartum hemorrhage with coagulation defect
O678	Other intrapartum hemorrhage
O679	Intrapartum hemorrhage, unspecified
O68	Labor and delivery complicated by abnormality of fetal acid-base balance
O690XX0	Labor and delivery complicated by prolapse of cord, not applicable or unspecified
O690XX1	Labor and delivery complicated by prolapse of cord, fetus 1
O690XX2	Labor and delivery complicated by prolapse of cord, fetus 2

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O690XX3	Labor and delivery complicated by prolapse of cord, fetus 3
O690XX4	Labor and delivery complicated by prolapse of cord, fetus 4
O690XX5	Labor and delivery complicated by prolapse of cord, fetus 5
O690XX9	Labor and delivery complicated by prolapse of cord, other fetus
O691XX0	Labor and delivery complicated by cord around neck, with compression, not applicable or unspecified
O691XX1	Labor and delivery complicated by cord around neck, with compression, fetus 1
O691XX2	Labor and delivery complicated by cord around neck, with compression, fetus 2
O691XX3	Labor and delivery complicated by cord around neck, with compression, fetus 3
O691XX4	Labor and delivery complicated by cord around neck, with compression, fetus 4
O691XX5	Labor and delivery complicated by cord around neck, with compression, fetus 5
O691XX9	Labor and delivery complicated by cord around neck, with compression, other fetus
O692XX0	Labor and delivery complicated by other cord entanglement, with compression, not applicable or unspecified
O692XX1	Labor and delivery complicated by other cord entanglement, with compression, fetus 1
O692XX2	Labor and delivery complicated by other cord entanglement, with compression, fetus 2
O692XX3	Labor and delivery complicated by other cord entanglement, with compression, fetus 3
O692XX4	Labor and delivery complicated by other cord entanglement, with compression, fetus 4
O692XX5	Labor and delivery complicated by other cord entanglement, with compression, fetus 5
O692XX9	Labor and delivery complicated by other cord entanglement, with compression, other fetus
O693XX0	Labor and delivery complicated by short cord, not applicable or unspecified
O693XX1	Labor and delivery complicated by short cord, fetus 1
O693XX2	Labor and delivery complicated by short cord, fetus 2
O693XX3	Labor and delivery complicated by short cord, fetus 3
O693XX4	Labor and delivery complicated by short cord, fetus 4
O693XX5	Labor and delivery complicated by short cord, fetus 5
O693XX9	Labor and delivery complicated by short cord, other fetus
O694XX0	Labor and delivery complicated by vasa previa, not applicable or unspecified
O694XX1	Labor and delivery complicated by vasa previa, fetus 1
O694XX2	Labor and delivery complicated by vasa previa, fetus 2
O694XX3	Labor and delivery complicated by vasa previa, fetus 3
O694XX4	Labor and delivery complicated by vasa previa, fetus 4
O694XX5	Labor and delivery complicated by vasa previa, fetus 5
O694XX9	Labor and delivery complicated by vasa previa, other fetus
O695XX0	Labor and delivery complicated by vascular lesion of cord, not applicable or unspecified
O695XX1	Labor and delivery complicated by vascular lesion of cord, fetus 1
O695XX2	Labor and delivery complicated by vascular lesion of cord, fetus 2
O695XX3	Labor and delivery complicated by vascular lesion of cord, fetus 3
O695XX4	Labor and delivery complicated by vascular lesion of cord, fetus 4
O695XX5	Labor and delivery complicated by vascular lesion of cord, fetus 5
O695XX9	Labor and delivery complicated by vascular lesion of cord, other fetus

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O6981X0	Labor and delivery complicated by cord around neck, without compression, not applicable or unspecified
O6981X1	Labor and delivery complicated by cord around neck, without compression, fetus 1
O6981X2	Labor and delivery complicated by cord around neck, without compression, fetus 2
O6981X3	Labor and delivery complicated by cord around neck, without compression, fetus 3
O6981X4	Labor and delivery complicated by cord around neck, without compression, fetus 4
O6981X5	Labor and delivery complicated by cord around neck, without compression, fetus 5
O6981X9	Labor and delivery complicated by cord around neck, without compression, other fetus
O6982X0	Labor and delivery complicated by other cord entanglement, without compression, not applicable or unspecified
O6982X1	Labor and delivery complicated by other cord entanglement, without compression, fetus 1
O6982X2	Labor and delivery complicated by other cord entanglement, without compression, fetus 2
O6982X3	Labor and delivery complicated by other cord entanglement, without compression, fetus 3
O6982X4	Labor and delivery complicated by other cord entanglement, without compression, fetus 4
O6982X5	Labor and delivery complicated by other cord entanglement, without compression, fetus 5
O6982X9	Labor and delivery complicated by other cord entanglement, without compression, other fetus
O6989X0	Labor and delivery complicated by other cord complications, not applicable or unspecified
O6989X1	Labor and delivery complicated by other cord complications, fetus 1
O6989X2	Labor and delivery complicated by other cord complications, fetus 2
O6989X3	Labor and delivery complicated by other cord complications, fetus 3
O6989X4	Labor and delivery complicated by other cord complications, fetus 4
O6989X5	Labor and delivery complicated by other cord complications, fetus 5
O6989X9	Labor and delivery complicated by other cord complications, other fetus
O699XX0	Labor and delivery complicated by cord complication, unspecified, not applicable or unspecified
O699XX1	Labor and delivery complicated by cord complication, unspecified, fetus 1
O699XX2	Labor and delivery complicated by cord complication, unspecified, fetus 2
O699XX3	Labor and delivery complicated by cord complication, unspecified, fetus 3
O699XX4	Labor and delivery complicated by cord complication, unspecified, fetus 4
O699XX5	Labor and delivery complicated by cord complication, unspecified, fetus 5
O699XX9	Labor and delivery complicated by cord complication, unspecified, other fetus
O700	First degree perineal laceration during delivery
O701	Second degree perineal laceration during delivery
O7020	Third degree perineal laceration during delivery, unspecified
O7021	Third degree perineal laceration during delivery, IIIa
O7022	Third degree perineal laceration during delivery, IIIb
O7023	Third degree perineal laceration during delivery, IIIc
O703	Fourth degree perineal laceration during delivery
O704	Anal sphincter tear complicating delivery, not associated with third degree laceration
O709	Perineal laceration during delivery, unspecified
O7100	Rupture of uterus before onset of labor, unspecified trimester
O7102	Rupture of uterus before onset of labor, second trimester

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
07103	Rupture of uterus before onset of labor, third trimester
0711	Rupture of uterus during labor
0712	Postpartum inversion of uterus
0713	Obstetric laceration of cervix
0714	Obstetric high vaginal laceration alone
0715	Other obstetric injury to pelvic organs
0716	Obstetric damage to pelvic joints and ligaments
0717	Obstetric hematoma of pelvis
07181	Laceration of uterus, not elsewhere classified
07182	Other specified trauma to perineum and vulva
07189	Other specified obstetric trauma
0719	Obstetric trauma, unspecified
0720	Third-stage hemorrhage
0721	Other immediate postpartum hemorrhage
0722	Delayed and secondary postpartum hemorrhage
0723	Postpartum coagulation defects
0730	Retained placenta without hemorrhage
0731	Retained portions of placenta and membranes, without hemorrhage
0740	Aspiration pneumonitis due to anesthesia during labor and delivery
0741	Other pulmonary complications of anesthesia during labor and delivery
0742	Cardiac complications of anesthesia during labor and delivery
0743	Central nervous system complications of anesthesia during labor and delivery
0744	Toxic reaction to local anesthesia during labor and delivery
0745	Spinal and epidural anesthesia-induced headache during labor and delivery
0746	Other complications of spinal and epidural anesthesia during labor and delivery
0747	Failed or difficult intubation for anesthesia during labor and delivery
0748	Other complications of anesthesia during labor and delivery
0749	Complication of anesthesia during labor and delivery, unspecified
0750	Maternal distress during labor and delivery
0751	Shock during or following labor and delivery
0752	Pyrexia during labor, not elsewhere classified
0753	Other infection during labor
0754	Other complications of obstetric surgery and procedures
0755	Delayed delivery after artificial rupture of membranes
07581	Maternal exhaustion complicating labor and delivery
07582	Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39 completed weeks gestation, with delivery by (planned) cesarean section
07589	Other specified complications of labor and delivery
0759	Complication of labor and delivery, unspecified
076	Abnormality in fetal heart rate and rhythm complicating labor and delivery
0770	Labor and delivery complicated by meconium in amniotic fluid



Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O771	Fetal stress in labor or delivery due to drug administration
O778	Labor and delivery complicated by other evidence of fetal stress
O779	Labor and delivery complicated by fetal stress, unspecified
O80	Encounter for full-term uncomplicated delivery
O82	Encounter for cesarean delivery without indication
O85	Puerperal sepsis
O8600	Infection of obstetric surgical wound, unspecified
O8601	Infection of obstetric surgical wound, superficial incisional site
O8602	Infection of obstetric surgical wound, deep incisional site
O8603	Infection of obstetric surgical wound, organ and space site
O8604	Sepsis following an obstetrical procedure
O8609	Infection of obstetric surgical wound, other surgical site
O8611	Cervicitis following delivery
O8612	Endometritis following delivery
O8613	Vaginitis following delivery
O8619	Other infection of genital tract following delivery
O8620	Urinary tract infection following delivery, unspecified
O8621	Infection of kidney following delivery
O8622	Infection of bladder following delivery
O8629	Other urinary tract infection following delivery
O864	Pyrexia of unknown origin following delivery
O8681	Puerperal septic thrombophlebitis
O8689	Other specified puerperal infections
O870	Superficial thrombophlebitis in the puerperium
O871	Deep phlebothrombosis in the puerperium
O872	Hemorrhoids in the puerperium
O873	Cerebral venous thrombosis in the puerperium
O874	Varicose veins of lower extremity in the puerperium
O878	Other venous complications in the puerperium
O879	Venous complication in the puerperium, unspecified
O88011	Air embolism in pregnancy, first trimester
O88012	Air embolism in pregnancy, second trimester
O88013	Air embolism in pregnancy, third trimester
O88019	Air embolism in pregnancy, unspecified trimester
O8802	Air embolism in childbirth
O8803	Air embolism in the puerperium
O88111	Amniotic fluid embolism in pregnancy, first trimester
O88112	Amniotic fluid embolism in pregnancy, second trimester
O88113	Amniotic fluid embolism in pregnancy, third trimester
O88119	Amniotic fluid embolism in pregnancy, unspecified trimester
O8812	Amniotic fluid embolism in childbirth

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O8813	Amniotic fluid embolism in the puerperium
O88211	Thromboembolism in pregnancy, first trimester
O88212	Thromboembolism in pregnancy, second trimester
O88213	Thromboembolism in pregnancy, third trimester
O88219	Thromboembolism in pregnancy, unspecified trimester
O8822	Thromboembolism in childbirth
O8823	Thromboembolism in the puerperium
O88311	Pyemic and septic embolism in pregnancy, first trimester
O88312	Pyemic and septic embolism in pregnancy, second trimester
O88313	Pyemic and septic embolism in pregnancy, third trimester
O88319	Pyemic and septic embolism in pregnancy, unspecified trimester
O8832	Pyemic and septic embolism in childbirth
O8833	Pyemic and septic embolism in the puerperium
O88811	Other embolism in pregnancy, first trimester
O88812	Other embolism in pregnancy, second trimester
O88813	Other embolism in pregnancy, third trimester
O88819	Other embolism in pregnancy, unspecified trimester
O8882	Other embolism in childbirth
O8883	Other embolism in the puerperium
O8901	Aspiration pneumonitis due to anesthesia during the puerperium
O8909	Other pulmonary complications of anesthesia during the puerperium
O891	Cardiac complications of anesthesia during the puerperium
O892	Central nervous system complications of anesthesia during the puerperium
O893	Toxic reaction to local anesthesia during the puerperium
O894	Spinal and epidural anesthesia-induced headache during the puerperium
O895	Other complications of spinal and epidural anesthesia during the puerperium
O896	Failed or difficult intubation for anesthesia during the puerperium
O898	Other complications of anesthesia during the puerperium
O899	Complication of anesthesia during the puerperium, unspecified
O900	Disruption of cesarean delivery wound
O901	Disruption of perineal obstetric wound
O902	Hematoma of obstetric wound
O903	Peripartum cardiomyopathy
O904	Postpartum acute kidney failure
O905	Postpartum thyroiditis
O906	Postpartum mood disturbance
O9081	Anemia of the puerperium
O9089	Other complications of the puerperium, not elsewhere classified
O909	Complication of the puerperium, unspecified
O91011	Infection of nipple associated with pregnancy, first trimester
O91012	Infection of nipple associated with pregnancy, second trimester

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
091013	Infection of nipple associated with pregnancy, third trimester
091019	Infection of nipple associated with pregnancy, unspecified trimester
09102	Infection of nipple associated with the puerperium
09103	Infection of nipple associated with lactation
091111	Abscess of breast associated with pregnancy, first trimester
091112	Abscess of breast associated with pregnancy, second trimester
091113	Abscess of breast associated with pregnancy, third trimester
091119	Abscess of breast associated with pregnancy, unspecified trimester
09112	Abscess of breast associated with the puerperium
09113	Abscess of breast associated with lactation
091211	Nonpurulent mastitis associated with pregnancy, first trimester
091212	Nonpurulent mastitis associated with pregnancy, second trimester
091213	Nonpurulent mastitis associated with pregnancy, third trimester
091219	Nonpurulent mastitis associated with pregnancy, unspecified trimester
09122	Nonpurulent mastitis associated with the puerperium
09123	Nonpurulent mastitis associated with lactation
092011	Retracted nipple associated with pregnancy, first trimester
092012	Retracted nipple associated with pregnancy, second trimester
092013	Retracted nipple associated with pregnancy, third trimester
092019	Retracted nipple associated with pregnancy, unspecified trimester
09202	Retracted nipple associated with the puerperium
09203	Retracted nipple associated with lactation
092111	Cracked nipple associated with pregnancy, first trimester
092112	Cracked nipple associated with pregnancy, second trimester
092113	Cracked nipple associated with pregnancy, third trimester
092119	Cracked nipple associated with pregnancy, unspecified trimester
09212	Cracked nipple associated with the puerperium
09213	Cracked nipple associated with lactation
09220	Unspecified disorder of breast associated with pregnancy and the puerperium
09229	Other disorders of breast associated with pregnancy and the puerperium
0923	Agalactia
0924	Hypogalactia
0925	Suppressed lactation
0926	Galactorrhea
09270	Unspecified disorders of lactation
09279	Other disorders of lactation
094	Sequelae of complication of pregnancy, childbirth, and the puerperium
098011	Tuberculosis complicating pregnancy, first trimester
098012	Tuberculosis complicating pregnancy, second trimester
098013	Tuberculosis complicating pregnancy, third trimester
098019	Tuberculosis complicating pregnancy, unspecified trimester

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
09802	Tuberculosis complicating childbirth
09803	Tuberculosis complicating the puerperium
098111	Syphilis complicating pregnancy, first trimester
098112	Syphilis complicating pregnancy, second trimester
098113	Syphilis complicating pregnancy, third trimester
098119	Syphilis complicating pregnancy, unspecified trimester
09812	Syphilis complicating childbirth
09813	Syphilis complicating the puerperium
098211	Gonorrhea complicating pregnancy, first trimester
098212	Gonorrhea complicating pregnancy, second trimester
098213	Gonorrhea complicating pregnancy, third trimester
098219	Gonorrhea complicating pregnancy, unspecified trimester
09822	Gonorrhea complicating childbirth
09823	Gonorrhea complicating the puerperium
098311	Other infections with a predominantly sexual mode of transmission complicating pregnancy, first trimester
098312	Other infections with a predominantly sexual mode of transmission complicating pregnancy, second trimester
098313	Other infections with a predominantly sexual mode of transmission complicating pregnancy, third trimester
098319	Other infections with a predominantly sexual mode of transmission complicating pregnancy, unspecified trimester
09832	Other infections with a predominantly sexual mode of transmission complicating childbirth
09833	Other infections with a predominantly sexual mode of transmission complicating the puerperium
098411	Viral hepatitis complicating pregnancy, first trimester
098412	Viral hepatitis complicating pregnancy, second trimester
098413	Viral hepatitis complicating pregnancy, third trimester
098419	Viral hepatitis complicating pregnancy, unspecified trimester
09842	Viral hepatitis complicating childbirth
09843	Viral hepatitis complicating the puerperium
098511	Other viral diseases complicating pregnancy, first trimester
098512	Other viral diseases complicating pregnancy, second trimester
098513	Other viral diseases complicating pregnancy, third trimester
098519	Other viral diseases complicating pregnancy, unspecified trimester
09852	Other viral diseases complicating childbirth
09853	Other viral diseases complicating the puerperium
098611	Protozoal diseases complicating pregnancy, first trimester
098612	Protozoal diseases complicating pregnancy, second trimester
098613	Protozoal diseases complicating pregnancy, third trimester
098619	Protozoal diseases complicating pregnancy, unspecified trimester
09862	Protozoal diseases complicating childbirth

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O9863	Protozoal diseases complicating the puerperium
O98711	Human immunodeficiency virus [HIV] disease complicating pregnancy, first trimester
O98712	Human immunodeficiency virus [HIV] disease complicating pregnancy, second trimester
O98713	Human immunodeficiency virus [HIV] disease complicating pregnancy, third trimester
O98719	Human immunodeficiency virus [HIV] disease complicating pregnancy, unspecified trimester
O9872	Human immunodeficiency virus [HIV] disease complicating childbirth
O9873	Human immunodeficiency virus [HIV] disease complicating the puerperium
O98811	Other maternal infectious and parasitic diseases complicating pregnancy, first trimester
O98812	Other maternal infectious and parasitic diseases complicating pregnancy, second trimester
O98813	Other maternal infectious and parasitic diseases complicating pregnancy, third trimester
O98819	Other maternal infectious and parasitic diseases complicating pregnancy, unspecified trimester
O9882	Other maternal infectious and parasitic diseases complicating childbirth
O9883	Other maternal infectious and parasitic diseases complicating the puerperium
O98911	Unspecified maternal infectious and parasitic disease complicating pregnancy, first trimester
O98912	Unspecified maternal infectious and parasitic disease complicating pregnancy, second trimester
O98913	Unspecified maternal infectious and parasitic disease complicating pregnancy, third trimester
O98919	Unspecified maternal infectious and parasitic disease complicating pregnancy, unspecified trimester
O9892	Unspecified maternal infectious and parasitic disease complicating childbirth
O9893	Unspecified maternal infectious and parasitic disease complicating the puerperium
O99011	Anemia complicating pregnancy, first trimester
O99012	Anemia complicating pregnancy, second trimester
O99013	Anemia complicating pregnancy, third trimester
O99019	Anemia complicating pregnancy, unspecified trimester
O9902	Anemia complicating childbirth
O9903	Anemia complicating the puerperium
O99111	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, first trimester
O99112	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, second trimester
O99113	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, third trimester
O99119	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, unspecified trimester
O9912	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating childbirth
O9913	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating the puerperium
O99210	Obesity complicating pregnancy, unspecified trimester
O99211	Obesity complicating pregnancy, first trimester
O99212	Obesity complicating pregnancy, second trimester
O99213	Obesity complicating pregnancy, third trimester

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O99214	Obesity complicating childbirth
O99215	Obesity complicating the puerperium
O99280	Endocrine, nutritional and metabolic diseases complicating pregnancy, unspecified trimester
O99281	Endocrine, nutritional and metabolic diseases complicating pregnancy, first trimester
O99282	Endocrine, nutritional and metabolic diseases complicating pregnancy, second trimester
O99283	Endocrine, nutritional and metabolic diseases complicating pregnancy, third trimester
O99284	Endocrine, nutritional and metabolic diseases complicating childbirth
O99285	Endocrine, nutritional and metabolic diseases complicating the puerperium
O99310	Alcohol use complicating pregnancy, unspecified trimester
O99311	Alcohol use complicating pregnancy, first trimester
O99312	Alcohol use complicating pregnancy, second trimester
O99313	Alcohol use complicating pregnancy, third trimester
O99314	Alcohol use complicating childbirth
O99315	Alcohol use complicating the puerperium
O99320	Drug use complicating pregnancy, unspecified trimester
O99321	Drug use complicating pregnancy, first trimester
O99322	Drug use complicating pregnancy, second trimester
O99323	Drug use complicating pregnancy, third trimester
O99324	Drug use complicating childbirth
O99325	Drug use complicating the puerperium
O99330	Smoking (tobacco) complicating pregnancy, unspecified trimester
O99331	Smoking (tobacco) complicating pregnancy, first trimester
O99332	Smoking (tobacco) complicating pregnancy, second trimester
O99333	Smoking (tobacco) complicating pregnancy, third trimester
O99334	Smoking (tobacco) complicating childbirth
O99335	Smoking (tobacco) complicating the puerperium
O99340	Other mental disorders complicating pregnancy, unspecified trimester
O99341	Other mental disorders complicating pregnancy, first trimester
O99342	Other mental disorders complicating pregnancy, second trimester
O99343	Other mental disorders complicating pregnancy, third trimester
O99344	Other mental disorders complicating childbirth
O99345	Other mental disorders complicating the puerperium
O99350	Diseases of the nervous system complicating pregnancy, unspecified trimester
O99351	Diseases of the nervous system complicating pregnancy, first trimester
O99352	Diseases of the nervous system complicating pregnancy, second trimester
O99353	Diseases of the nervous system complicating pregnancy, third trimester
O99354	Diseases of the nervous system complicating childbirth
O99355	Diseases of the nervous system complicating the puerperium
O99411	Diseases of the circulatory system complicating pregnancy, first trimester
O99412	Diseases of the circulatory system complicating pregnancy, second trimester
O99413	Diseases of the circulatory system complicating pregnancy, third trimester

Lista de Códigos de Diagnóstico de Embarazo:

ICD 10	Description
O99419	Diseases of the circulatory system complicating pregnancy, unspecified trimester
O9942	Diseases of the circulatory system complicating childbirth
O9943	Diseases of the circulatory system complicating the puerperium

Lista de Códigos de Diagnóstico de Diabetes

ICD-10	Description
E1010	Type 1 diabetes mellitus with ketoacidosis without coma
E1011	Type 1 diabetes mellitus with ketoacidosis with coma
E1021	Type 1 diabetes mellitus with diabetic nephropathy
E1022	Type 1 diabetes mellitus with diabetic chronic kidney disease
E1029	Type 1 diabetes mellitus with other diabetic kidney complication
E10311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E103211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E103212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E103213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E103219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E103291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E103292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E103293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E103299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E103311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E103312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E103313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E103319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E103391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E103392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye

Lista de Códigos de Diagnóstico de Diabetes

ICD-10	Description
E103393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E103399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E103411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E103412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E103413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E103419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E103491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E103492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E103493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E103499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E103511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E103512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E103513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E103519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E103521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E103522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E103523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E103529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E103531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E103532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E103533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E103539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E103541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E103542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E103543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral



Lista de Códigos de Diagnóstico de Diabetes

ICD-10	Description
E103549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E103551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E103552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E103553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E103559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E103591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E103592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E103593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E103599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E1036	Type 1 diabetes mellitus with diabetic cataract
E1037X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E1037X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E1037X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E1037X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E1039	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E1040	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E1041	Type 1 diabetes mellitus with diabetic mononeuropathy
E1042	Type 1 diabetes mellitus with diabetic polyneuropathy
E1043	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E1044	Type 1 diabetes mellitus with diabetic amyotrophy
E1049	Type 1 diabetes mellitus with other diabetic neurological complication
E1051	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E1052	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E1059	Type 1 diabetes mellitus with other circulatory complications
E10610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E10618	Type 1 diabetes mellitus with other diabetic arthropathy
E10620	Type 1 diabetes mellitus with diabetic dermatitis
E10621	Type 1 diabetes mellitus with foot ulcer
E10622	Type 1 diabetes mellitus with other skin ulcer
E10628	Type 1 diabetes mellitus with other skin complications
E10630	Type 1 diabetes mellitus with periodontal disease
E10638	Type 1 diabetes mellitus with other oral complications
E10641	Type 1 diabetes mellitus with hypoglycemia with coma
E10649	Type 1 diabetes mellitus with hypoglycemia without coma
E1065	Type 1 diabetes mellitus with hyperglycemia
E1069	Type 1 diabetes mellitus with other specified complication
E108	Type 1 diabetes mellitus with unspecified complications
E109	Type 1 diabetes mellitus without complications

Lista de Códigos de Diagnóstico de Diabetes

ICD-10	Description
E1100	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E1101	Type 2 diabetes mellitus with hyperosmolarity with coma
E1110	Type 2 diabetes mellitus with ketoacidosis without coma
E1111	Type 2 diabetes mellitus with ketoacidosis with coma
E1121	Type 2 diabetes mellitus with diabetic nephropathy
E1122	Type 2 diabetes mellitus with diabetic chronic kidney disease
E1129	Type 2 diabetes mellitus with other diabetic kidney complication
E11311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E113211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E113212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E113213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E113219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E113291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E113292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E113293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E113299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E113311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E113312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E113313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E113319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E113391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E113392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E113393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E113399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E113411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E113412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye

Lista de Códigos de Diagnóstico de Diabetes

ICD-10	Description
E113413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E113419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E113491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E113492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E113493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E113499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E113511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E113512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E113513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E113519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E113521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E113522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E113523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E113529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E113531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E113532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E113533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E113539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E113541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E113542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E113543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E113549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E113551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E113552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E113553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E113559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E113591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye

Lista de Códigos de Diagnóstico de Diabetes

ICD-10	Description
E113592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E113593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E113599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E1136	Type 2 diabetes mellitus with diabetic cataract
E1137X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E1137X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E1137X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E1137X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E1139	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E1140	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E1141	Type 2 diabetes mellitus with diabetic mononeuropathy
E1142	Type 2 diabetes mellitus with diabetic polyneuropathy
E1143	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E1144	Type 2 diabetes mellitus with diabetic amyotrophy
E1149	Type 2 diabetes mellitus with other diabetic neurological complication
E1151	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E1152	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E1159	Type 2 diabetes mellitus with other circulatory complications
E11610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E11618	Type 2 diabetes mellitus with other diabetic arthropathy
E11620	Type 2 diabetes mellitus with diabetic dermatitis
E11621	Type 2 diabetes mellitus with foot ulcer
E11622	Type 2 diabetes mellitus with other skin ulcer
E11628	Type 2 diabetes mellitus with other skin complications
E11630	Type 2 diabetes mellitus with periodontal disease
E11638	Type 2 diabetes mellitus with other oral complications
E11641	Type 2 diabetes mellitus with hypoglycemia with coma
E11649	Type 2 diabetes mellitus with hypoglycemia without coma
E1165	Type 2 diabetes mellitus with hyperglycemia
E1169	Type 2 diabetes mellitus with other specified complication
E118	Type 2 diabetes mellitus with unspecified complications
E119	Type 2 diabetes mellitus without complications
E1300	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E1301	Other specified diabetes mellitus with hyperosmolarity with coma
E1310	Other specified diabetes mellitus with ketoacidosis without coma
E1311	Other specified diabetes mellitus with ketoacidosis with coma
E1321	Other specified diabetes mellitus with diabetic nephropathy
E1322	Other specified diabetes mellitus with diabetic chronic kidney disease
E1329	Other specified diabetes mellitus with other diabetic kidney complication

Lista de Códigos de Diagnóstico de Diabetes

ICD-10	Description
E13311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema
E133211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E133212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E133213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E133219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E133291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E133292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E133293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E133299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E133311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E133312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E133313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E133319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E133391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E133392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E133393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E133399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E133411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E133412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E133413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E133419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E133491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E133492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye

Lista de Códigos de Diagnóstico de Diabetes

ICD-10	Description
E133493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E133499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E133511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E133512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E133513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E133519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E133521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E133522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E133523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E133529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E133531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E133532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E133533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E133539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E133541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E133542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E133543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E133549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E133551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E133552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E133553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E133559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E133591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E133592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E133593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral

Lista de Códigos de Diagnóstico de Diabetes

ICD-10	Description
E133599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E1336	Other specified diabetes mellitus with diabetic cataract
E1337X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E1337X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E1337X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E1337X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E1339	Other specified diabetes mellitus with other diabetic ophthalmic complication
E1340	Other specified diabetes mellitus with diabetic neuropathy, unspecified
E1341	Other specified diabetes mellitus with diabetic mononeuropathy
E1342	Other specified diabetes mellitus with diabetic polyneuropathy
E1343	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
E1344	Other specified diabetes mellitus with diabetic amyotrophy
E1349	Other specified diabetes mellitus with other diabetic neurological complication
E1351	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
E1352	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E1359	Other specified diabetes mellitus with other circulatory complications
E13610	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E13618	Other specified diabetes mellitus with other diabetic arthropathy
E13620	Other specified diabetes mellitus with diabetic dermatitis
E13621	Other specified diabetes mellitus with foot ulcer
E13622	Other specified diabetes mellitus with other skin ulcer
E13628	Other specified diabetes mellitus with other skin complications
E13630	Other specified diabetes mellitus with periodontal disease
E13638	Other specified diabetes mellitus with other oral complications
E13641	Other specified diabetes mellitus with hypoglycemia with coma
E13649	Other specified diabetes mellitus with hypoglycemia without coma
E1365	Other specified diabetes mellitus with hyperglycemia
E1369	Other specified diabetes mellitus with other specified complication
E138	Other specified diabetes mellitus with unspecified complications
E139	Other specified diabetes mellitus without complications

## Lista de Códigos de Diagnóstico de Aterosclerosis

### Lista de Códigos de Diagnóstico de Aterosclerosis:

Consulte la tabla de Servicios de Cuidado Preventivo (anterior), con respecto a los siguientes Códigos de Diagnóstico de Aterosclerosis que están permitidos para:

- Detección de Colesterol (detección de trastornos de lípidos)

Asesoramiento conductual en cuidado primario para promover una dieta saludable y actividad física para la prevención de enfermedades cardiovasculares en adultos con factores de riesgo cardiovascular

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



**Lista de Códigos de Diagnóstico de Aterosclerosis:**

Consulte la tabla de Servicios de Cuidado Preventivo (anterior), con respecto a los siguientes Códigos de Diagnóstico de Aterosclerosis que están permitidos para:

- Detección de Colesterol (detección de trastornos de lípidos)

Asesoramiento conductual en cuidado primario para promover una dieta saludable y actividad física para la prevención de enfermedades cardiovasculares en adultos con factores de riesgo cardiovascular

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

**Lista de Códigos de Diagnóstico de Aterosclerosis:**

Consulte la tabla de Servicios de Cuidado Preventivo (anterior), con respecto a los siguientes Códigos de Diagnóstico de Aterosclerosis que están permitidos para:

- Detección de Colesterol (detección de trastornos de lípidos)

Asesoramiento conductual en cuidado primario para promover una dieta saludable y actividad física para la prevención de enfermedades cardiovasculares en adultos con factores de riesgo cardiovascular

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

**Lista de Códigos de Diagnóstico de Aterosclerosis:**

Consulte la tabla de Servicios de Cuidado Preventivo (anterior), con respecto a los siguientes Códigos de Diagnóstico de Aterosclerosis que están permitidos para:

- Detección de Colesterol (detección de trastornos de lípidos)

Asesoramiento conductual en cuidado primario para promover una dieta saludable y actividad física para la prevención de enfermedades cardiovasculares en adultos con factores de riesgo cardiovascular

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

**Lista de Códigos de Diagnóstico de Aterosclerosis:**

Consulte la tabla de Servicios de Cuidado Preventivo (anterior), con respecto a los siguientes Códigos de Diagnóstico de Aterosclerosis que están permitidos para:

- Detección de Colesterol (detección de trastornos de lípidos)

Asesoramiento conductual en cuidado primario para promover una dieta saludable y actividad física para la prevención de enfermedades cardiovasculares en adultos con factores de riesgo cardiovascular

ICD 10	Description
I70463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs
I70468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity
I70469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity
I70491	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg
I70492	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg
I70493	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs
I70498	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity
I70499	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity
I70501	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg
I70502	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg
I70503	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs
I70508	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity
I70509	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity
I70511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg
I70512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg
I70513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity
I70519	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, right leg
I70522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, left leg
I70523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, bilateral legs
I70528	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, other extremity
I70529	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, unspecified extremity

**Lista de Códigos de Diagnóstico de Aterosclerosis:**

Consulte la tabla de Servicios de Cuidado Preventivo (anterior), con respecto a los siguientes Códigos de Diagnóstico de Aterosclerosis que están permitidos para:

- Detección de Colesterol (detección de trastornos de lípidos)

Asesoramiento conductual en cuidado primario para promover una dieta saludable y actividad física para la prevención de enfermedades cardiovasculares en adultos con factores de riesgo cardiovascular

ICD 10	Description
I70531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh
I70532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf
I70533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle
I70534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot
I70538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg
I70539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site
I70541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh
I70542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf
I70543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle
I70544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot
I70548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg
I70549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site
I7055	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration
I70561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg
I70562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg
I70563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs
I70568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity
I70569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity
I70591	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg
I70592	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg
I70593	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs
I70598	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity

**Lista de Códigos de Diagnóstico de Aterosclerosis:**

Consulte la tabla de Servicios de Cuidado Preventivo (anterior), con respecto a los siguientes Códigos de Diagnóstico de Aterosclerosis que están permitidos para:

- Detección de Colesterol (detección de trastornos de lípidos)

Asesoramiento conductual en cuidado primario para promover una dieta saludable y actividad física para la prevención de enfermedades cardiovasculares en adultos con factores de riesgo cardiovascular

ICD 10	Description
I70599	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity
I70601	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg
I70602	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg
I70603	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs
I70608	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity
I70609	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity
I70611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, right leg
I70612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, left leg
I70613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, other extremity
I70619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right leg
I70622	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, left leg
I70623	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, bilateral legs
I70628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other extremity
I70629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, unspecified extremity
I70631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh
I70632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf
I70633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle
I70634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot
I70638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg
I70639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site
I70641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh
I70642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf
I70643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle
I70644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot

**Lista de Códigos de Diagnóstico de Aterosclerosis:**

Consulte la tabla de Servicios de Cuidado Preventivo (anterior), con respecto a los siguientes Códigos de Diagnóstico de Aterosclerosis que están permitidos para:

- Detección de Colesterol (detección de trastornos de lípidos)

Asesoramiento conductual en cuidado primario para promover una dieta saludable y actividad física para la prevención de enfermedades cardiovasculares en adultos con factores de riesgo cardiovascular

ICD 10	Description
I70648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg
I70649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site
I7065	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration
I70661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg
I70662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg
I70663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs
I70668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity
I70669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity
I70691	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg
I70692	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg
I70693	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs
I70698	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity
I70699	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity
I70701	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, right leg
I70702	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, left leg
I70703	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs
I70708	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, other extremity
I70709	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity
I70711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg
I70712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg
I70713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity
I70719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70721	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, right leg
I70722	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, left leg
I70723	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, bilateral legs
I70728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other extremity
I70729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, unspecified extremity
I70731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh
I70732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf

**Lista de Códigos de Diagnóstico de Aterosclerosis:**

Consulte la tabla de Servicios de Cuidado Preventivo (anterior), con respecto a los siguientes Códigos de Diagnóstico de Aterosclerosis que están permitidos para:

- Detección de Colesterol (detección de trastornos de lípidos)

Asesoramiento conductual en cuidado primario para promover una dieta saludable y actividad física para la prevención de enfermedades cardiovasculares en adultos con factores de riesgo cardiovascular

ICD 10	Description
I70733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle
I70734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot
I70735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot
I70738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg
I70739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site
I70741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh
I70742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf
I70743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle
I70744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot
I70745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot
I70748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg
I70749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site
I7075	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration
I70761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg
I70762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg
I70763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs
I70768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity
I70769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity
I70791	Other atherosclerosis of other type of bypass graft(s) of the extremities, right leg
I70792	Other atherosclerosis of other type of bypass graft(s) of the extremities, left leg
I70793	Other atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs
I70798	Other atherosclerosis of other type of bypass graft(s) of the extremities, other extremity
I70799	Other atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity
I708	Atherosclerosis of other arteries
I7090	Unspecified atherosclerosis
I7091	Generalized atherosclerosis
I7092	Chronic total occlusion of artery of the extremities



## Hepatitis C

### Lista de Códigos de Diagnóstico de Hepatitis C:

ICD 10	Description
A5001	Early congenital syphilitic oculopathy
A5002	Early congenital syphilitic osteochondropathy
A5003	Early congenital syphilitic pharyngitis
A5004	Early congenital syphilitic pneumonia
A5005	Early congenital syphilitic rhinitis
A5006	Early cutaneous congenital syphilis
A5007	Early mucocutaneous congenital syphilis
A5008	Early visceral congenital syphilis
A5009	Other early congenital syphilis, symptomatic
A501	Early congenital syphilis, latent
A502	Early congenital syphilis, unspecified
A5030	Late congenital syphilitic oculopathy, unspecified
A5031	Late congenital syphilitic interstitial keratitis
A5032	Late congenital syphilitic chorioretinitis
A5039	Other late congenital syphilitic oculopathy
A5040	Late congenital neurosyphilis, unspecified
A5041	Late congenital syphilitic meningitis
A5042	Late congenital syphilitic encephalitis
A5043	Late congenital syphilitic polyneuropathy
A5044	Late congenital syphilitic optic nerve atrophy
A5045	Juvenile general paresis
A5049	Other late congenital neurosyphilis
A5051	Clutton's joints
A5052	Hutchinson's teeth
A5053	Hutchinson's triad
A5054	Late congenital cardiovascular syphilis
A5055	Late congenital syphilitic arthropathy
A5056	Late congenital syphilitic osteochondropathy
A5057	Syphilitic saddle nose
A5059	Other late congenital syphilis, symptomatic
A506	Late congenital syphilis, latent
A507	Late congenital syphilis, unspecified
A509	Congenital syphilis, unspecified
A510	Primary genital syphilis
A511	Primary anal syphilis
A512	Primary syphilis of other sites
A5131	Condyloma latum
A5132	Syphilitic alopecia

Lista de Códigos de Diagnóstico de Hepatitis C:

ICD 10	Description
A5139	Other secondary syphilis of skin
A5141	Secondary syphilitic meningitis
A5142	Secondary syphilitic female pelvic disease
A5143	Secondary syphilitic ophthalmopathy
A5144	Secondary syphilitic nephritis
A5145	Secondary syphilitic hepatitis
A5146	Secondary syphilitic osteopathy
A5149	Other secondary syphilitic conditions
A515	Early syphilis, latent
A519	Early syphilis, unspecified
A5200	Cardiovascular syphilis, unspecified
A5201	Syphilitic aneurysm of aorta
A5202	Syphilitic aortitis
A5203	Syphilitic endocarditis
A5204	Syphilitic cerebral arteritis
A5205	Other cerebrovascular syphilis
A5206	Other syphilitic heart involvement
A5209	Other cardiovascular syphilis
A5210	Symptomatic neurosyphilis, unspecified
A5211	Tabes dorsalis
A5212	Other cerebrospinal syphilis
A5213	Late syphilitic meningitis
A5214	Late syphilitic encephalitis
A5215	Late syphilitic neuropathy
A5216	Charcot's arthropathy (tabetic)
A5217	General paresis
A5219	Other symptomatic neurosyphilis
A522	Asymptomatic neurosyphilis
A523	Neurosyphilis, unspecified
A5271	Late syphilitic ophthalmopathy
A5272	Syphilis of lung and bronchus
A5273	Symptomatic late syphilis of other respiratory organs
A5274	Syphilis of liver and other viscera
A5275	Syphilis of kidney and ureter
A5276	Other genitourinary symptomatic late syphilis
A5277	Syphilis of bone and joint
A5278	Syphilis of other musculoskeletal tissue
A5279	Other symptomatic late syphilis
A528	Late syphilis, latent
A529	Late syphilis, unspecified
A530	Latent syphilis, unspecified as early or late

Lista de Códigos de Diagnóstico de Hepatitis C:

ICD 10	Description
A539	Syphilis, unspecified
A5400	Gonococcal infection of lower genitourinary tract, unspecified
A5401	Gonococcal cystitis and urethritis, unspecified
A5402	Gonococcal vulvovaginitis, unspecified
A5403	Gonococcal cervicitis, unspecified
A5409	Other gonococcal infection of lower genitourinary tract
A541	Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
A5421	Gonococcal infection of kidney and ureter
A5422	Gonococcal prostatitis
A5423	Gonococcal infection of other male genital organs
A5424	Gonococcal female pelvic inflammatory disease
A5429	Other gonococcal genitourinary infections
A5430	Gonococcal infection of eye, unspecified
A5431	Gonococcal conjunctivitis
A5432	Gonococcal iridocyclitis
A5433	Gonococcal keratitis
A5439	Other gonococcal eye infection
A5440	Gonococcal infection of musculoskeletal system, unspecified
A5441	Gonococcal spondylopathy
A5442	Gonococcal arthritis
A5443	Gonococcal osteomyelitis
A5449	Gonococcal infection of other musculoskeletal tissue
A545	Gonococcal pharyngitis
A546	Gonococcal infection of anus and rectum
A5481	Gonococcal meningitis
A5482	Gonococcal brain abscess
A5483	Gonococcal heart infection
A5484	Gonococcal pneumonia
A5485	Gonococcal peritonitis
A5486	Gonococcal sepsis
A5489	Other gonococcal infections
A549	Gonococcal infection, unspecified
A55	Chlamydial lymphogranuloma (venereum)
A5600	Chlamydial infection of lower genitourinary tract, unspecified
A5601	Chlamydial cystitis and urethritis
A5602	Chlamydial vulvovaginitis
A5609	Other chlamydial infection of lower genitourinary tract
A5611	Chlamydial female pelvic inflammatory disease
A5619	Other chlamydial genitourinary infection
A562	Chlamydial infection of genitourinary tract, unspecified
A563	Chlamydial infection of anus and rectum

Lista de Códigos de Diagnóstico de Hepatitis C:

ICD 10	Description
A564	Chlamydial infection of pharynx
A568	Sexually transmitted chlamydial infection of other sites
A57	Chancroid
A58	Granuloma inguinale
A5900	Urogenital trichomoniasis, unspecified
A5901	Trichomonal vulvovaginitis
A5902	Trichomonal prostatitis
A5903	Trichomonal cystitis and urethritis
A5909	Other urogenital trichomoniasis
A598	Trichomoniasis of other sites
A599	Trichomoniasis, unspecified
A6000	Herpesviral infection of urogenital system, unspecified
A6001	Herpesviral infection of penis
A6002	Herpesviral infection of other male genital organs
A6003	Herpesviral cervicitis
A6004	Herpesviral vulvovaginitis
A6009	Herpesviral infection of other urogenital tract
A601	Herpesviral infection of perianal skin and rectum
A609	Anogenital Herpesviral infection, unspecified
A630	Anogenital (venereal) warts
A638	Other specified predominantly sexually transmitted diseases
A64	Unspecified sexually transmitted disease
A7481	Chlamydial peritonitis
A7489	Other chlamydial diseases
A749	Chlamydial infection, unspecified
B078	Other viral warts
B079	Viral wart, unspecified
B1710	Acute hepatitis C without hepatic coma
B1711	Acute hepatitis C with hepatic coma
B182	Chronic viral hepatitis C
B1920	Unspecified viral hepatitis C without hepatic coma
B1921	Unspecified viral hepatitis C with hepatic coma
B20	Human immunodeficiency virus [HIV] disease
B9735	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
B977	Papillomavirus as the cause of diseases classified elsewhere
D65	Disseminated intravascular coagulation [defibrination syndrome]
D66	Hereditary factor VIII deficiency
D67	Hereditary factor IX deficiency
D680	Von Willebrand's disease
D681	Hereditary factor XI deficiency
D682	Hereditary deficiency of other clotting factors

Lista de Códigos de Diagnóstico de Hepatitis C:

ICD 10	Description
D68311	Acquired hemophilia
D68312	Antiphospholipid antibody with hemorrhagic disorder
D68318	Other hemorrhagic disorder due to intrinsic circulating anticoagulants, antibodies, or inhibitors
D6832	Hemorrhagic disorder due to extrinsic circulating anticoagulants
D684	Acquired coagulation factor deficiency
D688	Other specified coagulation defects
D689	Coagulation defect, unspecified
F1111	Opioid abuse, in remission
F1120	Opioid dependence, uncomplicated
F1121	Opioid dependence, in remission
F11220	Opioid dependence with intoxication, uncomplicated
F11221	Opioid dependence with intoxication delirium
F11222	Opioid dependence with intoxication with perceptual disturbance
F11229	Opioid dependence with intoxication, unspecified
F1123	Opioid dependence with withdrawal
F1124	Opioid dependence with opioid-induced mood disorder
F11250	Opioid dependence with opioid-induced psychotic disorder with delusions
F11251	Opioid dependence with opioid-induced psychotic disorder with hallucinations
F11259	Opioid dependence with opioid-induced psychotic disorder, unspecified
F11281	Opioid dependence with opioid-induced sexual dysfunction
F11282	Opioid dependence with opioid-induced sleep disorder
F11288	Opioid dependence with other opioid-induced disorder
F1129	Opioid dependence with unspecified opioid-induced disorder
F1211	Cannabis abuse, in remission
F1220	Cannabis dependence, uncomplicated
F1221	Cannabis dependence, in remission
F12220	Cannabis dependence with intoxication, uncomplicated
F12221	Cannabis dependence with intoxication delirium
F12222	Cannabis dependence with intoxication with perceptual disturbance
F12229	Cannabis dependence with intoxication, unspecified
F1223	Cannabis dependence with withdrawal
F12250	Cannabis dependence with psychotic disorder with delusions
F12251	Cannabis dependence with psychotic disorder with hallucinations
F12259	Cannabis dependence with psychotic disorder, unspecified
F12280	Cannabis dependence with cannabis-induced anxiety disorder
F12288	Cannabis dependence with other cannabis-induced disorder
F1229	Cannabis dependence with unspecified cannabis-induced disorder
F1293	Cannabis use, unspecified with withdrawal
F1311	Sedative, hypnotic or anxiolytic abuse, in remission
F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated
F1321	Sedative, hypnotic or anxiolytic dependence, in remission

Lista de Códigos de Diagnóstico de Hepatitis C:

ICD 10	Description
F13220	Sedative, hypnotic or anxiolytic dependence with intoxication, uncomplicated
F13221	Sedative, hypnotic or anxiolytic dependence with intoxication delirium
F13229	Sedative, hypnotic or anxiolytic dependence with intoxication, unspecified
F13230	Sedative, hypnotic or anxiolytic dependence with withdrawal, uncomplicated
F13231	Sedative, hypnotic or anxiolytic dependence with withdrawal delirium
F13232	Sedative, hypnotic or anxiolytic dependence with withdrawal with perceptual disturbance
F13239	Sedative, hypnotic or anxiolytic dependence with withdrawal, unspecified
F1324	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced mood disorder
F13250	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions
F13251	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations
F1326	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting amnesic disorder
F1327	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting dementia
F13280	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13281	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13282	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sleep disorder
F13288	Sedative, hypnotic or anxiolytic dependence with other sedative, hypnotic or anxiolytic-induced disorder
F1329	Sedative, hypnotic or anxiolytic dependence with unspecified sedative, hypnotic or anxiolytic-induced disorder
F1411	Cocaine abuse, in remission
F1420	Cocaine dependence, uncomplicated
F1421	Cocaine dependence, in remission
F14220	Cocaine dependence with intoxication, uncomplicated
F14221	Cocaine dependence with intoxication delirium
F14222	Cocaine dependence with intoxication with perceptual disturbance
F14229	Cocaine dependence with intoxication, unspecified
F1423	Cocaine dependence with withdrawal
F1424	Cocaine dependence with cocaine-induced mood disorder
F14250	Cocaine dependence with cocaine-induced psychotic disorder with delusions
F14251	Cocaine dependence with cocaine-induced psychotic disorder with hallucinations
F14259	Cocaine dependence with cocaine-induced psychotic disorder, unspecified
F14280	Cocaine dependence with cocaine-induced anxiety disorder
F14281	Cocaine dependence with cocaine-induced sexual dysfunction
F14282	Cocaine dependence with cocaine-induced sleep disorder
F14288	Cocaine dependence with other cocaine-induced disorder
F1429	Cocaine dependence with unspecified cocaine-induced disorder

Lista de Códigos de Diagnóstico de Hepatitis C:

ICD 10	Description
F1511	Other stimulant abuse, in remission
F1520	Other stimulant dependence, uncomplicated
F1521	Other stimulant dependence, in remission
F15220	Other stimulant dependence with intoxication, uncomplicated
F15221	Other stimulant dependence with intoxication delirium
F15222	Other stimulant dependence with intoxication with perceptual disturbance
F15229	Other stimulant dependence with intoxication, unspecified
F1523	Other stimulant dependence with withdrawal
F1524	Other stimulant dependence with stimulant-induced mood disorder
F15250	Other stimulant dependence with stimulant-induced psychotic disorder with delusions
F15251	Other stimulant dependence with stimulant-induced psychotic disorder with hallucinations
F15259	Other stimulant dependence with stimulant-induced psychotic disorder, unspecified
F15280	Other stimulant dependence with stimulant-induced anxiety disorder
F15281	Other stimulant dependence with stimulant-induced sexual dysfunction
F15282	Other stimulant dependence with stimulant-induced sleep disorder
F15288	Other stimulant dependence with other stimulant-induced disorder
F1529	Other stimulant dependence with unspecified stimulant-induced disorder
F1611	Hallucinogen abuse, in remission
F1620	Hallucinogen dependence, uncomplicated
F1621	Hallucinogen dependence, in remission
F16220	Hallucinogen dependence with intoxication, uncomplicated
F16221	Hallucinogen dependence with intoxication with delirium
F16229	Hallucinogen dependence with intoxication, unspecified
F1624	Hallucinogen dependence with hallucinogen-induced mood disorder
F16250	Hallucinogen dependence with hallucinogen-induced psychotic disorder with delusions
F16251	Hallucinogen dependence with hallucinogen-induced psychotic disorder with hallucinations
F16259	Hallucinogen dependence with hallucinogen-induced psychotic disorder, unspecified
F16280	Hallucinogen dependence with hallucinogen-induced anxiety disorder
F16283	Hallucinogen dependence with hallucinogen persisting perception disorder (flashbacks)
F16288	Hallucinogen dependence with other hallucinogen-induced disorder
F1629	Hallucinogen dependence with unspecified hallucinogen-induced disorder
F1811	Inhalant abuse, in remission
F1820	Inhalant dependence, uncomplicated
F1821	Inhalant dependence, in remission
F18220	Inhalant dependence with intoxication, uncomplicated
F18221	Inhalant dependence with intoxication delirium
F18229	Inhalant dependence with intoxication, unspecified
F1824	Inhalant dependence with inhalant-induced mood disorder
F18250	Inhalant dependence with inhalant-induced psychotic disorder with delusions
F18251	Inhalant dependence with inhalant-induced psychotic disorder with hallucinations

Lista de Códigos de Diagnóstico de Hepatitis C:

ICD 10	Description
F18259	Inhalant dependence with inhalant-induced psychotic disorder, unspecified
F1827	Inhalant dependence with inhalant-induced dementia
F18280	Inhalant dependence with inhalant-induced anxiety disorder
F18288	Inhalant dependence with other inhalant-induced disorder
F1829	Inhalant dependence with unspecified inhalant-induced disorder
F1911	Other psychoactive substance abuse, in remission
F1920	Other psychoactive substance dependence, uncomplicated
F1921	Other psychoactive substance dependence, in remission
F19220	Other psychoactive substance dependence with intoxication, uncomplicated
F19221	Other psychoactive substance dependence with intoxication delirium
F19222	Other psychoactive substance dependence with intoxication with perceptual disturbance
F19229	Other psychoactive substance dependence with intoxication, unspecified
F19230	Other psychoactive substance dependence with withdrawal, uncomplicated
F19231	Other psychoactive substance dependence with withdrawal delirium
F19232	Other psychoactive substance dependence with withdrawal with perceptual disturbance
F19239	Other psychoactive substance dependence with withdrawal, unspecified
F1924	Other psychoactive substance dependence with psychoactive substance-induced mood disorder
F19250	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with delusions
F19251	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with hallucinations
F19259	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder, unspecified
F1926	Other psychoactive substance dependence with psychoactive substance-induced persisting amnesic disorder
F1927	Other psychoactive substance dependence with psychoactive substance-induced persisting dementia
F19280	Other psychoactive substance dependence with psychoactive substance-induced anxiety disorder
F19281	Other psychoactive substance dependence with psychoactive substance-induced sexual dysfunction
F19282	Other psychoactive substance dependence with psychoactive substance-induced sleep disorder
F19288	Other psychoactive substance dependence with other psychoactive substance-induced disorder
F1929	Other psychoactive substance dependence with unspecified psychoactive substance-induced disorder
K5000	Crohn's disease of small intestine without complications
K50011	Crohn's disease of small intestine with rectal bleeding
K50012	Crohn's disease of small intestine with intestinal obstruction
K50013	Crohn's disease of small intestine with fistula
K50014	Crohn's disease of small intestine with abscess
K50018	Crohn's disease of small intestine with other complication
K50019	Crohn's disease of small intestine with unspecified complications
K5010	Crohn's disease of large intestine without complications



Lista de Códigos de Diagnóstico de Hepatitis C:

ICD 10	Description
K50111	Crohn's disease of large intestine with rectal bleeding
K50112	Crohn's disease of large intestine with intestinal obstruction
K50113	Crohn's disease of large intestine with fistula
K50114	Crohn's disease of large intestine with abscess
K50118	Crohn's disease of large intestine with other complication
K50119	Crohn's disease of large intestine with unspecified complications
K5080	Crohn's disease of both small and large intestine without complications
K50811	Crohn's disease of both small and large intestine with rectal bleeding
K50812	Crohn's disease of both small and large intestine with intestinal obstruction
K50813	Crohn's disease of both small and large intestine with fistula
K50814	Crohn's disease of both small and large intestine with abscess
K50818	Crohn's disease of both small and large intestine with other complication
K50819	Crohn's disease of both small and large intestine with unspecified complications
K5090	Crohn's disease, unspecified, without complications
K50911	Crohn's disease, unspecified, with rectal bleeding
K50912	Crohn's disease, unspecified, with intestinal obstruction
K50913	Crohn's disease, unspecified, with fistula
K50914	Crohn's disease, unspecified, with abscess
K50918	Crohn's disease, unspecified, with other complication
K50919	Crohn's disease, unspecified, with unspecified complications
K5120	Ulcerative (chronic) proctitis without complications
K51211	Ulcerative (chronic) proctitis with rectal bleeding
K51212	Ulcerative (chronic) proctitis with intestinal obstruction
K51213	Ulcerative (chronic) proctitis with fistula
K51214	Ulcerative (chronic) proctitis with abscess
K51218	Ulcerative (chronic) proctitis with other complication
K51219	Ulcerative (chronic) proctitis with unspecified complications
K5130	Ulcerative (chronic) rectosigmoiditis without complications
K51311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51313	Ulcerative (chronic) rectosigmoiditis with fistula
K51314	Ulcerative (chronic) rectosigmoiditis with abscess
K51318	Ulcerative (chronic) rectosigmoiditis with other complication
K51319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K5140	Inflammatory polyps of colon without complications
K51411	Inflammatory polyps of colon with rectal bleeding
K51412	Inflammatory polyps of colon with intestinal obstruction
K51413	Inflammatory polyps of colon with fistula
K51414	Inflammatory polyps of colon with abscess
K51418	Inflammatory polyps of colon with other complication
K51419	Inflammatory polyps of colon with unspecified complications

Lista de Códigos de Diagnóstico de Hepatitis C:

ICD 10	Description
K5150	Left sided colitis without complications
K51511	Left sided colitis with rectal bleeding
K51512	Left sided colitis with intestinal obstruction
K51513	Left sided colitis with fistula
K51514	Left sided colitis with abscess
K51518	Left sided colitis with other complication
K51519	Left sided colitis with unspecified complications
K5180	Other ulcerative colitis without complications
K51811	Other ulcerative colitis with rectal bleeding
K51812	Other ulcerative colitis with intestinal obstruction
K51813	Other ulcerative colitis with fistula
K51814	Other ulcerative colitis with abscess
K51818	Other ulcerative colitis with other complication
K51819	Other ulcerative colitis with unspecified complications
K5190	Ulcerative colitis, unspecified, without complications
K51911	Ulcerative colitis, unspecified with rectal bleeding
K51912	Ulcerative colitis, unspecified with intestinal obstruction
K51913	Ulcerative colitis, unspecified with fistula
K51914	Ulcerative colitis, unspecified with abscess
K51918	Ulcerative colitis, unspecified with other complication
K51919	Ulcerative colitis, unspecified with unspecified complications
M0230	Reiter's disease, unspecified site
M02311	Reiter's disease, right shoulder
M02312	Reiter's disease, left shoulder
M02319	Reiter's disease, unspecified shoulder
M02321	Reiter's disease, right elbow
M02322	Reiter's disease, left elbow
M02329	Reiter's disease, unspecified elbow
M02331	Reiter's disease, right wrist
M02332	Reiter's disease, left wrist
M02339	Reiter's disease, unspecified wrist
M02341	Reiter's disease, right hand
M02342	Reiter's disease, left hand
M02349	Reiter's disease, unspecified hand
M02351	Reiter's disease, right hip
M02352	Reiter's disease, left hip
M02359	Reiter's disease, unspecified hip
M02361	Reiter's disease, right knee
M02362	Reiter's disease, left knee
M02369	Reiter's disease, unspecified knee
M02371	Reiter's disease, right ankle and foot

Lista de Códigos de Diagnóstico de Hepatitis C:

ICD 10	Description
M02372	Reiter's disease, left ankle and foot
M02379	Reiter's disease, unspecified ankle and foot
M0238	Reiter's disease, vertebrae
M0239	Reiter's disease, multiple sites
N183	Chronic kidney disease, stage 3 (moderate)
N184	Chronic kidney disease, stage 4 (severe)
N185	Chronic kidney disease, stage 5
N186	End stage renal disease
N341	Nonspecific urethritis
N491	Inflammatory disorders of spermatic cord, tunica vaginalis and vas deferens
N492	Inflammatory disorders of scrotum
N493	Fournier gangrene
N498	Inflammatory disorders of other specified male genital organs
N499	Inflammatory disorder of unspecified male genital organ
N735	Female pelvic peritonitis, unspecified
N739	Female pelvic inflammatory disease, unspecified
N760	Acute vaginitis
N761	Subacute and chronic vaginitis
N762	Acute vulvitis
N763	Subacute and chronic vulvitis
N771	Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere
O353XX0	Maternal care for (suspected) damage to fetus from viral disease in mother, not applicable or unspecified
O353XX1	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 1
O353XX2	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 2
O353XX3	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 3
O353XX4	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 4
O353XX5	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 5
O353XX9	Maternal care for (suspected) damage to fetus from viral disease in mother, other fetus
O355XX1	Maternal care for (suspected) damage to fetus by drugs, fetus 1
O355XX2	Maternal care for (suspected) damage to fetus by drugs, fetus 2
O355XX3	Maternal care for (suspected) damage to fetus by drugs, fetus 3
O355XX4	Maternal care for (suspected) damage to fetus by drugs, fetus 4
O355XX5	Maternal care for (suspected) damage to fetus by drugs, fetus 5
O355XX9	Maternal care for (suspected) damage to fetus by drugs, other fetus
O904	Postpartum acute kidney failure
O98011	Tuberculosis complicating pregnancy, first trimester
O98012	Tuberculosis complicating pregnancy, second trimester
O98013	Tuberculosis complicating pregnancy, third trimester
O98019	Tuberculosis complicating pregnancy, unspecified trimester
O9802	Tuberculosis complicating childbirth

Lista de Códigos de Diagnóstico de Hepatitis C:

ICD 10	Description
O9803	Tuberculosis complicating the puerperium
O98111	Syphilis complicating pregnancy, first trimester
O98112	Syphilis complicating pregnancy, second trimester
O98113	Syphilis complicating pregnancy, third trimester
O98119	Syphilis complicating pregnancy, unspecified trimester
O9812	Syphilis complicating childbirth
O9813	Syphilis complicating the puerperium
O98211	Gonorrhea complicating pregnancy, first trimester
O98212	Gonorrhea complicating pregnancy, second trimester
O98213	Gonorrhea complicating pregnancy, third trimester
O98219	Gonorrhea complicating pregnancy, unspecified trimester
O9822	Gonorrhea complicating childbirth
O9823	Gonorrhea complicating the puerperium
O98311	Other infections with a predominantly sexual mode of transmission complicating pregnancy, first trimester
O98312	Other infections with a predominantly sexual mode of transmission complicating pregnancy, second trimester
O98313	Other infections with a predominantly sexual mode of transmission complicating pregnancy, third trimester
O98319	Other infections with a predominantly sexual mode of transmission complicating pregnancy, unspecified trimester
O9832	Other infections with a predominantly sexual mode of transmission complicating childbirth
O9833	Other infections with a predominantly sexual mode of transmission complicating the puerperium
O99320	Drug use complicating pregnancy, unspecified trimester
O99321	Drug use complicating pregnancy, first trimester
O99322	Drug use complicating pregnancy, second trimester
O99323	Drug use complicating pregnancy, third trimester
O99324	Drug use complicating childbirth
O99325	Drug use complicating the puerperium
P002	Newborn affected by maternal infectious and parasitic diseases
Z0000	Encounter for general adult medical examination without abnormal findings
Z0001	Encounter for general adult medical examination with abnormal findings
Z041	Encounter for examination and observation following transport accident
Z042	Encounter for examination and observation following work accident
Z113	Encounter for screening for infections with a predominantly sexual mode of transmission
Z114	Encounter for screening for human immunodeficiency virus [HIV]
Z1159	Encounter for screening for other viral diseases
Z119	Encounter for screening for infectious and parasitic diseases, unspecified
Z1401	Asymptomatic hemophilia A carrier
Z1402	Symptomatic hemophilia A carrier
Z202	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission

Lista de Códigos de Diagnóstico de Hepatitis C:

ICD 10	Description
Z205	Contact with and (suspected) exposure to viral hepatitis
Z206	Contact with and (suspected) exposure to human immunodeficiency virus [HIV]
Z20828	Contact with and (suspected) exposure to other viral communicable diseases
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status
Z224	Carrier of infections with a predominantly sexual mode of transmission
Z418	Encounter for other procedures for purposes other than remedying health state
Z4821	Encounter for aftercare following heart transplant
Z4822	Encounter for aftercare following kidney transplant
Z4824	Encounter for aftercare following lung transplant
Z48280	Encounter for aftercare following heart-lung transplant
Z48288	Encounter for aftercare following multiple organ transplant
Z48290	Encounter for aftercare following bone marrow transplant
Z48298	Encounter for aftercare following other organ transplant
Z4931	Encounter for adequacy testing for hemodialysis
Z4932	Encounter for adequacy testing for peritoneal dialysis
Z5189	Encounter for other specified aftercare
Z52000	Unspecified donor, whole blood
Z52001	Unspecified donor, stem cells
Z52008	Unspecified donor, other blood
Z52010	Autologous donor, whole blood
Z52011	Autologous donor, stem cells
Z52018	Autologous donor, other blood
Z52090	Other blood donor, whole blood
Z52091	Other blood donor, stem cells
Z52098	Other blood donor, other blood
Z5210	Skin donor, unspecified
Z5211	Skin donor, autologous
Z5219	Skin donor, other
Z5220	Bone donor, unspecified
Z5221	Bone donor, autologous
Z5229	Bone donor, other
Z523	Bone marrow donor
Z524	Kidney donor
Z525	Cornea donor
Z526	Liver donor
Z5289	Donor of other specified organs or tissues
Z529	Donor of unspecified organ or tissue
Z578	Occupational exposure to other risk factors
Z717	Human immunodeficiency virus [HIV] counseling
Z7251	High risk heterosexual behavior
Z7252	High risk homosexual behavior

Lista de Códigos de Diagnóstico de Hepatitis C:

ICD 10	Description
Z7253	High risk bisexual behavior
Z79899	Other long term (current) drug therapy
Z862	Personal history of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Z9225	Personal history of immunosuppression therapy
Z940	Kidney transplant status
Z941	Heart transplant status
Z942	Lung transplant status
Z943	Heart and lungs transplant status
Z945	Skin transplant status
Z946	Bone transplant status
Z947	Corneal transplant status
Z9481	Bone marrow transplant status
Z9482	Intestine transplant status
Z9483	Pancreas transplant status
Z9484	Stem cells transplant status
Z9489	Other transplanted organ and tissue status
Z949	Transplanted organ and tissue status, unspecified
Z953	Presence of xenogenic heart valve
Z954	Presence of other heart-valve replacement
Z992	Dependence on renal dialysis

## Evaluación Ocular

### Lista de Códigos de Diagnóstico de Evaluación Ocular:

ICD 10	Description
E7871	Barth syndrome
E7872	Smith-Lemli-Opitz syndrome
F079	Unspecified personality and behavioral disorder due to known physiological condition
F09	Unspecified mental disorder due to known physiological condition
F458	Other somatoform disorders
F70	Mild intellectual disabilities
F71	Moderate intellectual disabilities
F72	Severe intellectual disabilities
F73	Profound intellectual disabilities
F78	Other intellectual disabilities
F79	Unspecified intellectual disabilities
F804	Speech and language development delay due to hearing loss
F82	Specific developmental disorder of motor function
F840	Autistic disorder
F843	Other childhood disintegrative disorder
F845	Asperger's syndrome
F848	Other pervasive developmental disorders
F849	Pervasive developmental disorder, unspecified
F900	Attention-deficit hyperactivity disorder, predominantly inattentive type
F901	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F902	Attention-deficit hyperactivity disorder, combined type
F908	Attention-deficit hyperactivity disorder, other type
F909	Attention-deficit hyperactivity disorder, unspecified type
G120	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G20	Parkinson's disease
G214	Vascular parkinsonism
G230	Hallervorden-Spatz disease
G231	Progressive supranuclear ophthalmoplegia [Steele-Richardson-Olszewski]
G232	Striatonigral degeneration
G238	Other specified degenerative diseases of basal ganglia
G239	Degenerative disease of basal ganglia, unspecified
G370	Diffuse sclerosis of central nervous system
G375	Concentric sclerosis [Balo] of central nervous system
G40001	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, with status epilepticus
G40009	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus
G40011	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus

Lista de Códigos de Diagnóstico de Evaluación Ocular:

ICD 10	Description
G40019	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus
G40101	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus
G40109	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus
G40111	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus
G40119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
G40201	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus
G40209	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus
G40211	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus
G40219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus
G40301	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40309	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40311	Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
G40319	Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus
G40401	Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40409	Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40411	Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus
G40419	Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus
G40501	Epileptic seizures related to external causes, not intractable, with status epilepticus
G40509	Epileptic seizures related to external causes, not intractable, without status epilepticus
G40801	Other epilepsy, not intractable, with status epilepticus
G40802	Other epilepsy, not intractable, without status epilepticus
G40803	Other epilepsy, intractable, with status epilepticus
G40804	Other epilepsy, intractable, without status epilepticus
G40811	Lennox-Gastaut syndrome, not intractable, with status epilepticus
G40812	Lennox-Gastaut syndrome, not intractable, without status epilepticus
G40813	Lennox-Gastaut syndrome, intractable, with status epilepticus
G40814	Lennox-Gastaut syndrome, intractable, without status epilepticus
G40821	Epileptic spasms, not intractable, with status epilepticus
G40822	Epileptic spasms, not intractable, without status epilepticus
G40823	Epileptic spasms, intractable, with status epilepticus
G40824	Epileptic spasms, intractable, without status epilepticus
G4089	Other seizures
G40901	Epilepsy, unspecified, not intractable, with status epilepticus



Lista de Códigos de Diagnóstico de Evaluación Ocular:

ICD 10	Description
G40909	Epilepsy, unspecified, not intractable, without status epilepticus
G40911	Epilepsy, unspecified, intractable, with status epilepticus
G40919	Epilepsy, unspecified, intractable, without status epilepticus
G40A01	Absence epileptic syndrome, not intractable, with status epilepticus
G40A09	Absence epileptic syndrome, not intractable, without status epilepticus
G40A11	Absence epileptic syndrome, intractable, with status epilepticus
G40A19	Absence epileptic syndrome, intractable, without status epilepticus
G463	Brain stem stroke syndrome
G464	Cerebellar stroke syndrome
G465	Pure motor lacunar syndrome
G466	Pure sensory lacunar syndrome
G467	Other lacunar syndromes
G468	Other vascular syndromes of brain in cerebrovascular diseases
G527	Disorders of multiple cranial nerves
G608	Other hereditary and idiopathic neuropathies
G712	Congenital myopathies
G723	Periodic paralysis
G800	Spastic quadriplegic cerebral palsy
G801	Spastic diplegic cerebral palsy
G802	Spastic hemiplegic cerebral palsy
G803	Athetoid cerebral palsy
G804	Ataxic cerebral palsy
G808	Other cerebral palsy
G809	Cerebral palsy, unspecified
G8381	Brown-Sequard syndrome
G8382	Anterior cord syndrome
G8383	Posterior cord syndrome
G8384	Todd's paralysis (postepileptic)
G8389	Other specified paralytic syndromes
G839	Paralytic syndrome, unspecified
G9009	Other idiopathic peripheral autonomic neuropathy
G903	Multi-system degeneration of the autonomic nervous system
G931	Anoxic brain damage, not elsewhere classified
G9731	Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating a nervous system procedure
G9732	Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating other procedure
H540X33	Blindness right eye category 3, blindness left eye category 3
H540X34	Blindness right eye category 3, blindness left eye category 4
H540X35	Blindness right eye category 3, blindness left eye category 5
H540X43	Blindness right eye category 4, blindness left eye category 3

Lista de Códigos de Diagnóstico de Evaluación Ocular:

ICD 10	Description
H540X44	Blindness right eye category 4, blindness left eye category 4
H540X45	Blindness right eye category 4, blindness left eye category 5
H540X53	Blindness right eye category 5, blindness left eye category 3
H540X54	Blindness right eye category 5, blindness left eye category 4
H540X55	Blindness right eye category 5, blindness left eye category 5
H9325	Central auditory processing disorder
I672	Cerebral atherosclerosis
I6781	Acute cerebrovascular insufficiency
I6782	Cerebral ischemia
I6789	Other cerebrovascular disease
I680	Cerebral amyloid angiopathy
I688	Other cerebrovascular disorders in diseases classified elsewhere
I6900	Unspecified sequelae of nontraumatic subarachnoid hemorrhage
I69010	Attention and concentration deficit following nontraumatic subarachnoid hemorrhage
I69011	Memory deficit following nontraumatic subarachnoid hemorrhage
I69012	Visuospatial deficit and spatial neglect following nontraumatic subarachnoid hemorrhage
I69013	Psychomotor deficit following nontraumatic subarachnoid hemorrhage
I69014	Frontal lobe and executive function deficit following nontraumatic subarachnoid hemorrhage
I69015	Cognitive social or emotional deficit following nontraumatic subarachnoid hemorrhage
I69018	Other symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage
I69019	Unspecified symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage
I69020	Aphasia following nontraumatic subarachnoid hemorrhage
I69021	Dysphasia following nontraumatic subarachnoid hemorrhage
I69022	Dysarthria following nontraumatic subarachnoid hemorrhage
I69023	Fluency disorder following nontraumatic subarachnoid hemorrhage
I69028	Other speech and language deficits following nontraumatic subarachnoid hemorrhage
I69031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side

Lista de Códigos de Diagnóstico de Evaluación Ocular:

ICD 10	Description
I69043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69061	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69062	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69063	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69064	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69065	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage, bilateral
I69069	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69090	Apraxia following nontraumatic subarachnoid hemorrhage
I69091	Dysphagia following nontraumatic subarachnoid hemorrhage
I69092	Facial weakness following nontraumatic subarachnoid hemorrhage
I69093	Ataxia following nontraumatic subarachnoid hemorrhage
I69098	Other sequelae following nontraumatic subarachnoid hemorrhage
I6910	Unspecified sequelae of nontraumatic intracerebral hemorrhage
I69110	Attention and concentration deficit following nontraumatic intracerebral hemorrhage
I69111	Memory deficit following nontraumatic intracerebral hemorrhage
I69112	Visuospatial deficit and spatial neglect following nontraumatic intracerebral hemorrhage
I69113	Psychomotor deficit following nontraumatic intracerebral hemorrhage
I69114	Frontal lobe and executive function deficit following nontraumatic intracerebral hemorrhage
I69115	Cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage
I69118	Other symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage
I69119	Unspecified symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage
I69120	Aphasia following nontraumatic intracerebral hemorrhage
I69121	Dysphasia following nontraumatic intracerebral hemorrhage

Lista de Códigos de Diagnóstico de Evaluación Ocular:

ICD 10	Description
I69122	Dysarthria following nontraumatic intracerebral hemorrhage
I69123	Fluency disorder following nontraumatic intracerebral hemorrhage
I69128	Other speech and language deficits following nontraumatic intracerebral hemorrhage
I69131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side
I69132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side
I69133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified side
I69141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side
I69142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side
I69143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side
I69151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
I69152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
I69153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side
I69161	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dominant side
I69162	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left dominant side
I69163	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69164	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69165	Other paralytic syndrome following nontraumatic intracerebral hemorrhage, bilateral
I69169	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting unspecified side
I69190	Apraxia following nontraumatic intracerebral hemorrhage
I69191	Dysphagia following nontraumatic intracerebral hemorrhage

Lista de Códigos de Diagnóstico de Evaluación Ocular:

ICD 10	Description
I69192	Facial weakness following nontraumatic intracerebral hemorrhage
I69193	Ataxia following nontraumatic intracerebral hemorrhage
I69198	Other sequelae of nontraumatic intracerebral hemorrhage
I6920	Unspecified sequelae of other nontraumatic intracranial hemorrhage
I69210	Attention and concentration deficit following other nontraumatic intracranial hemorrhage
I69211	Memory deficit following other nontraumatic intracranial hemorrhage
I69212	Visuospatial deficit and spatial neglect following other nontraumatic intracranial hemorrhage
I69213	Psychomotor deficit following other nontraumatic intracranial hemorrhage
I69214	Frontal lobe and executive function deficit following other nontraumatic intracranial hemorrhage
I69215	Cognitive social or emotional deficit following other nontraumatic intracranial hemorrhage
I69218	Other symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage
I69219	Unspecified symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage
I69220	Aphasia following other nontraumatic intracranial hemorrhage
I69221	Dysphasia following other nontraumatic intracranial hemorrhage
I69222	Dysarthria following other nontraumatic intracranial hemorrhage
I69223	Fluency disorder following other nontraumatic intracranial hemorrhage
I69228	Other speech and language deficits following other nontraumatic intracranial hemorrhage
I69231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side
I69232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side
I69233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side
I69241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side
I69242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side
I69243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side
I69251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
I69252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
I69253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side

Lista de Códigos de Diagnóstico de Evaluación Ocular:

ICD 10	Description
I69254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
I69261	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side
I69262	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left dominant side
I69263	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69264	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69265	Other paralytic syndrome following other nontraumatic intracranial hemorrhage, bilateral
I69269	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting unspecified side
I69290	Apraxia following other nontraumatic intracranial hemorrhage
I69291	Dysphagia following other nontraumatic intracranial hemorrhage
I69292	Facial weakness following other nontraumatic intracranial hemorrhage
I69293	Ataxia following other nontraumatic intracranial hemorrhage
I69298	Other sequelae of other nontraumatic intracranial hemorrhage
I6930	Unspecified sequelae of cerebral infarction
I69310	Attention and concentration deficit following cerebral infarction
I69311	Memory deficit following cerebral infarction
I69312	Visuospatial deficit and spatial neglect following cerebral infarction
I69313	Psychomotor deficit following cerebral infarction
I69314	Frontal lobe and executive function deficit following cerebral infarction
I69315	Cognitive social or emotional deficit following cerebral infarction
I69318	Other symptoms and signs involving cognitive functions following cerebral infarction
I69319	Unspecified symptoms and signs involving cognitive functions following cerebral infarction
I69320	Aphasia following cerebral infarction
I69321	Dysphasia following cerebral infarction
I69322	Dysarthria following cerebral infarction
I69323	Fluency disorder following cerebral infarction
I69328	Other speech and language deficits following cerebral infarction
I69331	Monoplegia of upper limb following cerebral infarction affecting right dominant side
I69332	Monoplegia of upper limb following cerebral infarction affecting left dominant side
I69333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side
I69334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side
I69339	Monoplegia of upper limb following cerebral infarction affecting unspecified side
I69341	Monoplegia of lower limb following cerebral infarction affecting right dominant side
I69342	Monoplegia of lower limb following cerebral infarction affecting left dominant side
I69343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side
I69344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side

Lista de Códigos de Diagnóstico de Evaluación Ocular:

ICD 10	Description
I69349	Monoplegia of lower limb following cerebral infarction affecting unspecified side
I69351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
I69352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
I69353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
I69354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
I69359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side
I69361	Other paralytic syndrome following cerebral infarction affecting right dominant side
I69362	Other paralytic syndrome following cerebral infarction affecting left dominant side
I69363	Other paralytic syndrome following cerebral infarction affecting right non-dominant side
I69364	Other paralytic syndrome following cerebral infarction affecting left non-dominant side
I69365	Other paralytic syndrome following cerebral infarction, bilateral
I69369	Other paralytic syndrome following cerebral infarction affecting unspecified side
I69390	Apraxia following cerebral infarction
I69391	Dysphagia following cerebral infarction
I69392	Facial weakness following cerebral infarction
I69393	Ataxia following cerebral infarction
I69398	Other sequelae of cerebral infarction
I6980	Unspecified sequelae of other cerebrovascular disease
I69810	Attention and concentration deficit following other cerebrovascular disease
I69811	Memory deficit following other cerebrovascular disease
I69812	Visuospatial deficit and spatial neglect following other cerebrovascular disease
I69813	Psychomotor deficit following other cerebrovascular disease
I69814	Frontal lobe and executive function deficit following other cerebrovascular disease
I69815	Cognitive social or emotional deficit following other cerebrovascular disease
I69818	Other symptoms and signs involving cognitive functions following other cerebrovascular disease
I69819	Unspecified symptoms and signs involving cognitive functions following other cerebrovascular disease
I69820	Aphasia following other cerebrovascular disease
I69821	Dysphasia following other cerebrovascular disease
I69822	Dysarthria following other cerebrovascular disease
I69823	Fluency disorder following other cerebrovascular disease
I69828	Other speech and language deficits following other cerebrovascular disease
I69831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side
I69832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side
I69833	Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side
I69834	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side
I69839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side
I69841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side
I69842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side

Lista de Códigos de Diagnóstico de Evaluación Ocular:

ICD 10	Description
I69843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side
I69844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side
I69849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side
I69851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
I69852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
I69853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side
I69854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side
I69859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
I69861	Other paralytic syndrome following other cerebrovascular disease affecting right dominant side
I69862	Other paralytic syndrome following other cerebrovascular disease affecting left dominant side
I69863	Other paralytic syndrome following other cerebrovascular disease affecting right non-dominant side
I69864	Other paralytic syndrome following other cerebrovascular disease affecting left non-dominant side
I69865	Other paralytic syndrome following other cerebrovascular disease, bilateral
I69869	Other paralytic syndrome following other cerebrovascular disease affecting unspecified side
I69890	Apraxia following other cerebrovascular disease
I69891	Dysphagia following other cerebrovascular disease
I69892	Facial weakness following other cerebrovascular disease
I69893	Ataxia following other cerebrovascular disease
I69898	Other sequelae of other cerebrovascular disease
I6990	Unspecified sequelae of unspecified cerebrovascular disease
I69910	Attention and concentration deficit following unspecified cerebrovascular disease
I69911	Memory deficit following unspecified cerebrovascular disease
I69912	Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease
I69913	Psychomotor deficit following unspecified cerebrovascular disease
I69914	Frontal lobe and executive function deficit following unspecified cerebrovascular disease
I69915	Cognitive social or emotional deficit following unspecified cerebrovascular disease
I69918	Other symptoms and signs involving cognitive functions following unspecified cerebrovascular disease
I69919	Unspecified symptoms and signs involving cognitive functions following unspecified cerebrovascular disease
I69920	Aphasia following unspecified cerebrovascular disease
I69921	Dysphasia following unspecified cerebrovascular disease
I69922	Dysarthria following unspecified cerebrovascular disease
I69923	Fluency disorder following unspecified cerebrovascular disease
I69928	Other speech and language deficits following unspecified cerebrovascular disease



Lista de Códigos de Diagnóstico de Evaluación Ocular:

ICD 10	Description
I69931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side
I69932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side
I69933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side
I69934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side
I69939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side
I69941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side
I69942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side
I69943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side
I69944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side
I69949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side
I69951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
I69952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
I69953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
I69954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
I69959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side
I69961	Other paralytic syndrome following unspecified cerebrovascular disease affecting right dominant side
I69962	Other paralytic syndrome following unspecified cerebrovascular disease affecting left dominant side
I69963	Other paralytic syndrome following unspecified cerebrovascular disease affecting right non-dominant side
I69964	Other paralytic syndrome following unspecified cerebrovascular disease affecting left non-dominant side
I69965	Other paralytic syndrome following unspecified cerebrovascular disease, bilateral
I69969	Other paralytic syndrome following unspecified cerebrovascular disease affecting unspecified side
I69990	Apraxia following unspecified cerebrovascular disease
I69991	Dysphagia following unspecified cerebrovascular disease
I69992	Facial weakness following unspecified cerebrovascular disease
I69993	Ataxia following unspecified cerebrovascular disease
I97810	Intraoperative cerebrovascular infarction during cardiac surgery

Lista de Códigos de Diagnóstico de Evaluación Ocular:

ICD 10	Description
I97811	Intraoperative cerebrovascular infarction during other surgery
I97820	Postprocedural cerebrovascular infarction following cardiac surgery
I97821	Postprocedural cerebrovascular infarction following other surgery
Q050	Cervical spina bifida with hydrocephalus
Q051	Thoracic spina bifida with hydrocephalus
Q052	Lumbar spina bifida with hydrocephalus
Q053	Sacral spina bifida with hydrocephalus
Q054	Unspecified spina bifida with hydrocephalus
Q055	Cervical spina bifida without hydrocephalus
Q056	Thoracic spina bifida without hydrocephalus
Q057	Lumbar spina bifida without hydrocephalus
Q058	Sacral spina bifida without hydrocephalus
Q059	Spina bifida, unspecified
Q0700	Arnold-Chiari syndrome without spina bifida or hydrocephalus
Q0701	Arnold-Chiari syndrome with spina bifida
Q0702	Arnold-Chiari syndrome with hydrocephalus
Q0703	Arnold-Chiari syndrome with spina bifida and hydrocephalus
Q142	Congenital malformation of optic disc
Q8781	Alport syndrome
Q900	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q901	Trisomy 21, mosaicism (mitotic nondisjunction)
Q902	Trisomy 21, translocation
Q909	Down syndrome, unspecified
Q910	Trisomy 18, nonmosaicism (meiotic nondisjunction)
Q911	Trisomy 18, mosaicism (mitotic nondisjunction)
Q912	Trisomy 18, translocation
Q913	Trisomy 18, unspecified
Q914	Trisomy 13, nonmosaicism (meiotic nondisjunction)
Q915	Trisomy 13, mosaicism (mitotic nondisjunction)
Q916	Trisomy 13, translocation
Q917	Trisomy 13, unspecified
Q920	Whole chromosome trisomy, nonmosaicism (meiotic nondisjunction)
Q921	Whole chromosome trisomy, mosaicism (mitotic nondisjunction)
Q922	Partial trisomy
Q925	Duplications with other complex rearrangements
Q927	Triploidy and polyploidy
Q928	Other specified trisomies and partial trisomies of autosomes
Q929	Trisomy and partial trisomy of autosomes, unspecified
Q930	Whole chromosome monosomy, nonmosaicism (meiotic nondisjunction)
Q931	Whole chromosome monosomy, mosaicism (mitotic nondisjunction)
Q932	Chromosome replaced with ring, dicentric or isochromosome

Lista de Códigos de Diagnóstico de Evaluación Ocular:

ICD 10	Description
Q933	Deletion of short arm of chromosome 4
Q934	Deletion of short arm of chromosome 5
Q9351	Angelman syndrome
Q9359	Other deletions of part of a chromosome
Q937	Deletions with other complex rearrangements
Q9381	Velo-cardio-facial syndrome
Q9382	Williams syndrome
Q9388	Other microdeletions
Q9389	Other deletions from the autosomes
Q939	Deletion from autosomes, unspecified
Q952	Balanced autosomal rearrangement in abnormal individual
Q953	Balanced sex/autosomal rearrangement in abnormal individual
Q955	Individual with autosomal fragile site
Q958	Other balanced rearrangements and structural markers
Q959	Balanced rearrangement and structural marker, unspecified
Q960	Karyotype 45, X
Q961	Karyotype 46, X iso (Xq)
Q962	Karyotype 46, X with abnormal sex chromosome, except iso (Xq)
Q963	Mosaicism, 45, X/46, XX or XY
Q964	Mosaicism, 45, X/other cell line(s) with abnormal sex chromosome
Q968	Other variants of Turner's syndrome
Q969	Turner's syndrome, unspecified
Q980	Klinefelter syndrome karyotype 47, XXY
Q981	Klinefelter syndrome, male with more than two X chromosomes
Q983	Other male with 46, XX karyotype
Q984	Klinefelter syndrome, unspecified
Q991	46, XX true hermaphrodite
R295	Transient paralysis
R620	Delayed milestone in childhood
S12000A	Unspecified displaced fracture of first cervical vertebra, initial encounter for closed fracture
S12000B	Unspecified displaced fracture of first cervical vertebra, initial encounter for open fracture
S12001A	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for closed fracture
S12001B	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for open fracture
S12100A	Unspecified displaced fracture of second cervical vertebra, initial encounter for closed fracture
S12100B	Unspecified displaced fracture of second cervical vertebra, initial encounter for open fracture
S12101A	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for closed fracture
S12101B	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for open fracture
S12200A	Unspecified displaced fracture of third cervical vertebra, initial encounter for closed fracture
S12200B	Unspecified displaced fracture of third cervical vertebra, initial encounter for open fracture
S12201A	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for closed fracture

Lista de Códigos de Diagnóstico de Evaluación Ocular:

ICD 10	Description
S12201B	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for open fracture
S12300A	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for closed fracture
S12300B	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for open fracture
S12301A	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for closed fracture
S12301B	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for open fracture
S12400A	Unspecified displaced fracture of fifth cervical vertebra, initial encounter for closed fracture
S12400B	Unspecified displaced fracture of fifth cervical vertebra, initial encounter for open fracture
S12401A	Unspecified nondisplaced fracture of fifth cervical vertebra, initial encounter for closed fracture
S12401B	Unspecified nondisplaced fracture of fifth cervical vertebra, initial encounter for open fracture
S12500A	Unspecified displaced fracture of sixth cervical vertebra, initial encounter for closed fracture
S12500B	Unspecified displaced fracture of sixth cervical vertebra, initial encounter for open fracture
S12501A	Unspecified nondisplaced fracture of sixth cervical vertebra, initial encounter for closed fracture
S12501B	Unspecified nondisplaced fracture of sixth cervical vertebra, initial encounter for open fracture
S12600A	Unspecified displaced fracture of seventh cervical vertebra, initial encounter for closed fracture
S12600B	Unspecified displaced fracture of seventh cervical vertebra, initial encounter for open fracture
S12601A	Unspecified nondisplaced fracture of seventh cervical vertebra, initial encounter for closed fracture
S12601B	Unspecified nondisplaced fracture of seventh cervical vertebra, initial encounter for open fracture
S129XXA	Fracture of neck, unspecified, initial encounter
S14101A	Unspecified injury at C1 level of cervical spinal cord, initial encounter
S14102A	Unspecified injury at C2 level of cervical spinal cord, initial encounter
S14103A	Unspecified injury at C3 level of cervical spinal cord, initial encounter
S14104A	Unspecified injury at C4 level of cervical spinal cord, initial encounter
S14105A	Unspecified injury at C5 level of cervical spinal cord, initial encounter
S14106A	Unspecified injury at C6 level of cervical spinal cord, initial encounter
S14107A	Unspecified injury at C7 level of cervical spinal cord, initial encounter
S14109A	Unspecified injury at unspecified level of cervical spinal cord, initial encounter
S14111A	Complete lesion at C1 level of cervical spinal cord, initial encounter
S14112A	Complete lesion at C2 level of cervical spinal cord, initial encounter
S14113A	Complete lesion at C3 level of cervical spinal cord, initial encounter
S14114A	Complete lesion at C4 level of cervical spinal cord, initial encounter
S14115A	Complete lesion at C5 level of cervical spinal cord, initial encounter
S14116A	Complete lesion at C6 level of cervical spinal cord, initial encounter
S14117A	Complete lesion at C7 level of cervical spinal cord, initial encounter
S14119A	Complete lesion at unspecified level of cervical spinal cord, initial encounter
S14121A	Central cord syndrome at C1 level of cervical spinal cord, initial encounter
S14122A	Central cord syndrome at C2 level of cervical spinal cord, initial encounter
S14123A	Central cord syndrome at C3 level of cervical spinal cord, initial encounter
S14124A	Central cord syndrome at C4 level of cervical spinal cord, initial encounter
S14125A	Central cord syndrome at C5 level of cervical spinal cord, initial encounter
S14126A	Central cord syndrome at C6 level of cervical spinal cord, initial encounter

Lista de Códigos de Diagnóstico de Evaluación Ocular:

ICD 10	Description
S14127A	Central cord syndrome at C7 level of cervical spinal cord, initial encounter
S14129A	Central cord syndrome at unspecified level of cervical spinal cord, initial encounter
S14131A	Anterior cord syndrome at C1 level of cervical spinal cord, initial encounter
S14132A	Anterior cord syndrome at C2 level of cervical spinal cord, initial encounter
S14133A	Anterior cord syndrome at C3 level of cervical spinal cord, initial encounter
S14134A	Anterior cord syndrome at C4 level of cervical spinal cord, initial encounter
S14135A	Anterior cord syndrome at C5 level of cervical spinal cord, initial encounter
S14136A	Anterior cord syndrome at C6 level of cervical spinal cord, initial encounter
S14137A	Anterior cord syndrome at C7 level of cervical spinal cord, initial encounter
S14139A	Anterior cord syndrome at unspecified level of cervical spinal cord, initial encounter
S14151A	Other incomplete lesion at C1 level of cervical spinal cord, initial encounter
S14152A	Other incomplete lesion at C2 level of cervical spinal cord, initial encounter
S14153A	Other incomplete lesion at C3 level of cervical spinal cord, initial encounter
S14154A	Other incomplete lesion at C4 level of cervical spinal cord, initial encounter
S14155A	Other incomplete lesion at C5 level of cervical spinal cord, initial encounter
S14156A	Other incomplete lesion at C6 level of cervical spinal cord, initial encounter
S14157A	Other incomplete lesion at C7 level of cervical spinal cord, initial encounter
S22009A	Unspecified fracture of unspecified thoracic vertebra, initial encounter for closed fracture
S22009B	Unspecified fracture of unspecified thoracic vertebra, initial encounter for open fracture
S22019A	Unspecified fracture of first thoracic vertebra, initial encounter for closed fracture
S22019B	Unspecified fracture of first thoracic vertebra, initial encounter for open fracture
S22029A	Unspecified fracture of second thoracic vertebra, initial encounter for closed fracture
S22029B	Unspecified fracture of second thoracic vertebra, initial encounter for open fracture
S22039A	Unspecified fracture of third thoracic vertebra, initial encounter for closed fracture
S22039B	Unspecified fracture of third thoracic vertebra, initial encounter for open fracture
S22049A	Unspecified fracture of fourth thoracic vertebra, initial encounter for closed fracture
S22049B	Unspecified fracture of fourth thoracic vertebra, initial encounter for open fracture
S22059A	Unspecified fracture of T5-T6 vertebra, initial encounter for closed fracture
S22059B	Unspecified fracture of T5-T6 vertebra, initial encounter for open fracture
S22069A	Unspecified fracture of T7-T8 vertebra, initial encounter for closed fracture
S22069B	Unspecified fracture of T7-T8 vertebra, initial encounter for open fracture
S22079A	Unspecified fracture of T9-T10 vertebra, initial encounter for closed fracture
S22079B	Unspecified fracture of T9-T10 vertebra, initial encounter for open fracture
S22089A	Unspecified fracture of T11-T12 vertebra, initial encounter for closed fracture
S22089B	Unspecified fracture of T11-T12 vertebra, initial encounter for open fracture
S24101A	Unspecified injury at T1 level of thoracic spinal cord, initial encounter
S24102A	Unspecified injury at T2-T6 level of thoracic spinal cord, initial encounter
S24103A	Unspecified injury at T7-T10 level of thoracic spinal cord, initial encounter
S24104A	Unspecified injury at T11-T12 level of thoracic spinal cord, initial encounter
S24109A	Unspecified injury at unspecified level of thoracic spinal cord, initial encounter
S24109D	Unspecified injury at unspecified level of thoracic spinal cord, subsequent encounter

Lista de Códigos de Diagnóstico de Evaluación Ocular:

ICD 10	Description
S24109S	Unspecified injury at unspecified level of thoracic spinal cord, secuela
S24111A	Complete lesion at T1 level of thoracic spinal cord, initial encounter
S24112A	Complete lesion at T2-T6 level of thoracic spinal cord, initial encounter
S24113A	Complete lesion at T7-T10 level of thoracic spinal cord, initial encounter
S24114A	Complete lesion at T11-T12 level of thoracic spinal cord, initial encounter
S24119A	Complete lesion at unspecified level of thoracic spinal cord, initial encounter
S24131A	Anterior cord syndrome at T1 level of thoracic spinal cord, initial encounter
S24132A	Anterior cord syndrome at T2-T6 level of thoracic spinal cord, initial encounter
S24133A	Anterior cord syndrome at T7-T10 level of thoracic spinal cord, initial encounter
S24134A	Anterior cord syndrome at T11-T12 level of thoracic spinal cord, initial encounter
S24139A	Anterior cord syndrome at unspecified level of thoracic spinal cord, initial encounter
S24151A	Other incomplete lesion at T1 level of thoracic spinal cord, initial encounter
S24152A	Other incomplete lesion at T2-T6 level of thoracic spinal cord, initial encounter
S24153A	Other incomplete lesion at T7-T10 level of thoracic spinal cord, initial encounter
S24154A	Other incomplete lesion at T11-T12 level of thoracic spinal cord, initial encounter
S24159A	Other incomplete lesion at unspecified level of thoracic spinal cord, initial encounter
S32009A	Unspecified fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32009B	Unspecified fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32019A	Unspecified fracture of first lumbar vertebra, initial encounter for closed fracture
S32019B	Unspecified fracture of first lumbar vertebra, initial encounter for open fracture
S32029A	Unspecified fracture of second lumbar vertebra, initial encounter for closed fracture
S32029B	Unspecified fracture of second lumbar vertebra, initial encounter for open fracture
S32039A	Unspecified fracture of third lumbar vertebra, initial encounter for closed fracture
S32039B	Unspecified fracture of third lumbar vertebra, initial encounter for open fracture
S32049A	Unspecified fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32049B	Unspecified fracture of fourth lumbar vertebra, initial encounter for open fracture
S32059A	Unspecified fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32059B	Unspecified fracture of fifth lumbar vertebra, initial encounter for open fracture
S3210XA	Unspecified fracture of sacrum, initial encounter for closed fracture
S3210XB	Unspecified fracture of sacrum, initial encounter for open fracture
S322XXA	Fracture of coccyx, initial encounter for closed fracture
S322XXB	Fracture of coccyx, initial encounter for open fracture
S34101A	Unspecified injury to L1 level of lumbar spinal cord, initial encounter
S34102A	Unspecified injury to L2 level of lumbar spinal cord, initial encounter
S34103A	Unspecified injury to L3 level of lumbar spinal cord, initial encounter
S34104A	Unspecified injury to L4 level of lumbar spinal cord, initial encounter
S34105A	Unspecified injury to L5 level of lumbar spinal cord, initial encounter
S34109A	Unspecified injury to unspecified level of lumbar spinal cord, initial encounter
S34111A	Complete lesion of L1 level of lumbar spinal cord, initial encounter
S34112A	Complete lesion of L2 level of lumbar spinal cord, initial encounter
S34113A	Complete lesion of L3 level of lumbar spinal cord, initial encounter

Lista de Códigos de Diagnóstico de Evaluación Ocular:

ICD 10	Description
S34114A	Complete lesion of L4 level of lumbar spinal cord, initial encounter
S34115A	Complete lesion of L5 level of lumbar spinal cord, initial encounter
S34119A	Complete lesion of unspecified level of lumbar spinal cord, initial encounter
S34121A	Incomplete lesion of L1 level of lumbar spinal cord, initial encounter
S34122A	Incomplete lesion of L2 level of lumbar spinal cord, initial encounter
S34123A	Incomplete lesion of L3 level of lumbar spinal cord, initial encounter
S34124A	Incomplete lesion of L4 level of lumbar spinal cord, initial encounter
S34125A	Incomplete lesion of L5 level of lumbar spinal cord, initial encounter
S34129A	Incomplete lesion of unspecified level of lumbar spinal cord, initial encounter
S34131A	Complete lesion of sacral spinal cord, initial encounter
S34132A	Incomplete lesion of sacral spinal cord, initial encounter
S34139A	Unspecified injury to sacral spinal cord, initial encounter
S343XXA	Injury of cauda equina, initial encounter
T2000XS	Burn of unspecified degree of head, face, and neck, unspecified site, secuela
T20011S	Burn of unspecified degree of right ear [any part, except ear drum], secuela
T20012S	Burn of unspecified degree of left ear [any part, except ear drum], secuela
T20019S	Burn of unspecified degree of unspecified ear [any part, except ear drum], secuela
T2002XS	Burn of unspecified degree of lip(s), secuela
T2003XS	Burn of unspecified degree of chin, secuela
T2004XS	Burn of unspecified degree of nose (septum), secuela
T2005XS	Burn of unspecified degree of scalp [any part], secuela
T2006XS	Burn of unspecified degree of forehead and cheek, secuela
T2007XS	Burn of unspecified degree of neck, secuela
T2009XS	Burn of unspecified degree of multiple sites of head, face, and neck, secuela
T2010XS	Burn of first degree of head, face, and neck, unspecified site, secuela
T20111S	Burn of first degree of right ear [any part, except ear drum], secuela
T20112S	Burn of first degree of left ear [any part, except ear drum], secuela
T20119S	Burn of first degree of unspecified ear [any part, except ear drum], secuela
T2012XS	Burn of first degree of lip(s), secuela
T2013XS	Burn of first degree of chin, secuela
T2014XS	Burn of first degree of nose (septum), secuela
T2015XS	Burn of first degree of scalp [any part], secuela
T2016XS	Burn of first degree of forehead and cheek, secuela
T2017XS	Burn of first degree of neck, secuela
T2019XS	Burn of first degree of multiple sites of head, face, and neck, secuela
T2020XS	Burn of second degree of head, face, and neck, unspecified site, secuela
T20211S	Burn of second degree of right ear [any part, except ear drum], secuela
T20212S	Burn of second degree of left ear [any part, except ear drum], secuela
T20219S	Burn of second degree of unspecified ear [any part, except ear drum], secuela
T2022XS	Burn of second degree of lip(s), secuela
T2023XS	Burn of second degree of chin, secuela

Lista de Códigos de Diagnóstico de Evaluación Ocular:

ICD 10	Description
T2024XS	Burn of second degree of nose (septum), sequela
T2025XS	Burn of second degree of scalp [any part], sequela
T2026XS	Burn of second degree of forehead and cheek, sequela
T2027XS	Burn of second degree of neck, sequela
T2029XS	Burn of second degree of multiple sites of head, face, and neck, sequela
T2030XS	Burn of third degree of head, face, and neck, unspecified site, sequela
T20311S	Burn of third degree of right ear [any part, except ear drum], sequela
T20312S	Burn of third degree of left ear [any part, except ear drum], sequela
T20319S	Burn of third degree of unspecified ear [any part, except ear drum], sequela
T2032XS	Burn of third degree of lip(s), sequela
T2033XS	Burn of third degree of chin, sequela
T2034XS	Burn of third degree of nose (septum), sequela
T2035XS	Burn of third degree of scalp [any part], sequela
T2036XS	Burn of third degree of forehead and cheek, sequela
T2037XS	Burn of third degree of neck, sequela
T2039XS	Burn of third degree of multiple sites of head, face, and neck, sequela
T2040XS	Corrosion of unspecified degree of head, face, and neck, unspecified site, sequela
T20411S	Corrosion of unspecified degree of right ear [any part, except ear drum], sequela
T20412S	Corrosion of unspecified degree of left ear [any part, except ear drum], sequela
T20419S	Corrosion of unspecified degree of unspecified ear [any part, except ear drum], sequela
T2042XS	Corrosion of unspecified degree of lip(s), sequela
T2043XS	Corrosion of unspecified degree of chin, sequela



## Servicios Extendidos de Cuidado Médico Preventivo

Servicios Extendidos de Cuidado Médico Preventivo  
 Ciertos códigos pueden no ser pagaderos en todas las circunstancias debido a otras políticas o guías aplicables.

Service:	Code(s):	Claims Edit Criteria:
<p><b>Well-Woman Visits</b></p> <p>HHS Requirement:            Well-woman preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care.</p>	<p><b>Procedure Code(s)</b></p> <p><b>Prenatal Office Visits:</b>  <i>Evaluation and Management (Office Visits):</i></p> <ul style="list-style-type: none"> <li>99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G0463</li> </ul> <p><i>Physician prenatal education, group setting:</i></p> <ul style="list-style-type: none"> <li>99078</li> </ul> <p>Prenatal Care Visits:</p> <ul style="list-style-type: none"> <li>59425, 59426 Global</li> </ul> <p>Obstetrical Codes:</p> <ul style="list-style-type: none"> <li>59400, 59510, 59610, 59618</li> </ul> <p><b>Diagnosis Code(s):</b>            See Pregnancy Diagnosis Code list in the Appendix Section</p>	<p>Prenatal Office Visits:            Payable as preventive when billed with a Pregnancy Diagnosis Code (see Pregnancy Diagnosis Code list in Appendix Section).</p> <p>Prenatal Care Visits:</p> <ul style="list-style-type: none"> <li>Pregnancy Diagnosis Codes are not required.</li> </ul> <p>Global Obstetrical Codes:</p> <ul style="list-style-type: none"> <li>The routine, low-risk, prenatal visits portion of the code is covered as preventive.</li> <li>Pregnancy Diagnosis Codes are not required.</li> </ul>
<p><b>Human Papillomavirus DNA Testing (HPV)</b></p> <p>HHS Requirement: High-risk human papillomavirus DNA testing in women with normal cytology (pap smear) results, every 3 years for women who are 30 or older.</p>	<p><b>Procedure Code(s):</b></p> <ul style="list-style-type: none"> <li>87623, 87624, 87625</li> <li>G0476</li> </ul> <p><b>Diagnosis Code(s):</b>  <i>ICD-10:</i> Z00.00, Z00.01, Z01.411, Z01.419, Z11.51, Z12.4</p>	<ul style="list-style-type: none"> <li>Age 30 and up.</li> <li>Payable as a preventive screening with one of the Diagnosis Codes listed in this row.</li> </ul>
<p><b>Counseling for Sexually Transmitted Infections</b></p> <p>HHS Requirement:            Counseling on sexually transmitted infections for all sexually active women.</p>	<p><b>Procedure Code (s)</b></p> <ul style="list-style-type: none"> <li>99401, 99402, 99403, 99404, G0445</li> </ul>	

Servicios Extendidos de Cuidado Médico Preventivo  
Ciertos códigos pueden no ser pagaderos en todas las circunstancias debido a otras políticas o guías aplicables.

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

Servicios Extendidos de Cuidado Médico Preventivo  
Ciertos códigos pueden no ser pagaderos en todas las circunstancias debido a otras políticas o guías aplicables.

Service:	Code(s):	Claims Edit Criteria:
	<p><b>Code Group 2 Diagnosis Code(s)</b> <i>These are required for Code Group 2:</i> <i>Contraceptive Management:</i> <u>ICD-10:</u> Z30.011, Z30.012, Z30.013, Z30.014, Z30.018, Z30.019, Z30.09, Z30.40, Z30.41, Z30.42, Z30.430, Z30.431, Z30.432, Z30.433, Z30.49, Z30.8, Z30.9</p> <p><b>Code Group 3:</b> <u>Anesthesia for Sterilization:</u></p> <ul style="list-style-type: none"> <li>00851, 00940, 00942, 00950, 00952, 01960, 01961, 01965, 01966, 01967, 01968</li> </ul> <p><b>Code Group 3 Diagnosis Code:</b> <b>Sterilization:</b> <u>ICD-10:</u> Z30.2</p> <p><b>Code Group 4:</b> <u>Tubal ligation follow up hysterosalpingogram:</u></p> <ul style="list-style-type: none"> <li>58340, 74740</li> </ul> <p><b>Code Group 4 Diagnosis Code:</b> <u>Tubal ligation status:</u> <u>ICD-10:</u> Z98.51</p>	<p><b>Code Group 3:</b></p> <ul style="list-style-type: none"> <li>Preventive when billed with the Code Group 3 Diagnosis Code listed in this row.</li> </ul> <p><b>Code Group 4:</b></p> <ul style="list-style-type: none"> <li>Preventive when billed with the Code Group 4 Diagnosis Code listed in this row.</li> </ul>
<p><b>Breastfeeding Support, Supplies, and Counseling</b></p> <p>HHS Requirement: Breastfeeding support, supplies, and counseling: Comprehensive lactation support and counseling, from a trained provider, during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment, in conjunction with each birth.</p>	<p>Support and Counseling:</p> <p><b>Procedure Code(s):</b></p> <ul style="list-style-type: none"> <li>S9443</li> <li>99201-99205, 99211-99214</li> <li>99401, 99402, 99403, 99404</li> <li>99411, 99412,</li> <li>99241, 99242, 99243, 99244, 99245</li> <li>99341, 99342, 99343, 99344, 99345</li> <li>99347, 99348, 99349, 99350</li> </ul> <p><b>Diagnosis Code(s):</b> <u>ICD-10:</u> Z39.1</p> <p>Breast Pump Equipment &amp; Supplies:</p> <p><b>Procedure Code(s):</b> <u>Personal Use Electric:</u></p> <ul style="list-style-type: none"> <li>E0602, E0603, E0604</li> </ul> <p><u>Breast Pump Supplies:</u></p> <ul style="list-style-type: none"> <li>A4281, A4282, A4283, A4284, A4285, A4286</li> </ul>	<p>Support and Counseling:</p> <ul style="list-style-type: none"> <li>The Diagnosis Code listed in this row is required for 99241 – 99245, 99341 – 99345, and 99347 – 99350</li> <li>The Diagnosis Code listed in this row is not required for S9443</li> </ul> <p>Breast Pump Equipment &amp; Supplies:</p> <ul style="list-style-type: none"> <li>E0603 is limited to one purchase per birth.</li> <li>E0603, and A4281 – A4286 are payable as preventive with at least one of the diagnosis codes listed in this row.</li> </ul>

Servicios Extendidos de Cuidado Médico Preventivo  
Ciertos códigos pueden no ser pagaderos en todas las circunstancias debido a otras políticas o guías aplicables.

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

## Referencias

1. Department of Labor: <http://www.dol.gov/ebsa/consumer info health.html>
2. USPSTF Pocket Guide to Clinical Preventive Services: <http://www.ahrq.gov/clinic/uspstfix.htm>
3. Centers for Disease Control and Prevention / Immunization Schedules: <http://www.cdc.gov/vaccines/schedules/index.html>
4. U.S. Food and Drug Administration (FDA), Complete List of Vaccines Licensed for Immunization and Distribution in the US: <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM093833>
5. ACIP Recommendations: <http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html>
8. American Academy of Family Physicians (AAFP) Summary of Recommendations for Clinical Preventive Services: [http://www.aafp.org/dam/AAFP/documents/patient\\_care/clinical\\_recommendations/cps-recommendations.pdf](http://www.aafp.org/dam/AAFP/documents/patient_care/clinical_recommendations/cps-recommendations.pdf)
8. American Academy of Pediatrics: <http://www.aap.org/>
9. American Academy of Pediatrics / Bright Futures / Recommendations for Pediatric Preventive Healthcare. (For ages 0 – 21): <http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule FINAL.pdf>
10. Women's Preventive Services: Required Health Plan Coverage Guidelines: <http://www.hrsa.gov/womensguidelines/>
11. Grade Definitions for USPSTF Recommendations <http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions#brec2>

## USPSTF Grade Definitions

### What does grade means and suggestions for practice?

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

### Grade Definitions for USPSTF Recommendations after July 2012:

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

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

### Levels of Certainty Regarding Net Benefit

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

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

**Grade Definitions for USPSTF Recommendations Dated After May 2007:**

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

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

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

**Grade Definitions for USPSTF Recommendations Dated Prior to May 2007:**

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

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

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

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

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

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



**Historial de la Guía/Información de Revisión**

10/1/2018	<p><b>ICD 10</b></p> <p><b>Eliminado:</b> E78.4, O86.0, Q93.5, Q93.82</p> <p><b>Añadido:</b> E78.41, E78.49, F12.23, F12.93, O86.00, O86.01, O86.02, O86.03, O86.04, O86.09, O30.131, O30.132, O30.133, O30.139, O30.231, O30.232, O30.233, O30.239, O30.831, O30.832, O30.833, O30.839, Q93.51, Q93.59, Z13.31, Z13.32</p>
11/30/2018	<p><b>CPT 2019</b></p> <p><b>Eliminado:</b> 81211, 81213, 81214</p> <p><b>Añadido:</b> 81162, 81163, 81164, 81165, 81166, 81167, 90689</p>
12/20/18	<p><b>Añadido:</b> 99201-99205, 99211-99215, 99401-99404, 99411, 99412, G0101, G0402, G0439, G0445, S0610, S0612, S0613, E0602, E0604, 80061, 82465, 83718, 83719, 83721, 84478, S0601, 45300, 45303, 45305, 45307, 4508, 45309, 45315, 45317, 45320, G0270, G0271, S9470, 87623, 82016, 82017, 82136, 82261, 82775, 83020, 83498, 83516, 84030, 84437, 84443, S3620, 92551, 92552, 92553, 92558, 92585, 92586, 92587, 92588, V5008, 99402, 99403, G0396, G0397, 99385, 99386, 99387, 99395, 99396, 99397, 36415, 36416, 99470, 78350, S9075, S9453, S9075, S9453, 83655, 99173, 99174, 99177, 96110, G0451, G0438, 99381, 99382, 99383, 99384, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99461</p> <p>Z71.41, Z71.89, Z13.89, R76.11, R76.12</p> <p><b>Eliminado:</b> 77083</p>
7/9/2019	<p>Age limitation for colorectal cancer screen change do to Administrative Order 334, March 3, 2015:</p> <p>“Age Limits for Colorectal Cancer Screenings: 40 years – 75 years (ends on 76th birthday)”</p>