

Local Coverage Determination (LCD) for Urinalysis Policy (L12728)

Contractor Information

Contractor Name Noridian Administrative Services, LLC Back to Top	Contractor Number 00320	Contractor Type FI
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LCD Information

Document Information

LCD ID Number
L12728

Primary Geographic Jurisdiction
Minnesota

LCD Title
Urinalysis Policy

Oversight Region
Region VIII

Contractor's Determination Number
A2003.06 R14

Original Determination Effective Date
For services performed on or after 04/01/2003

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Original Determination Ending Date

Revision Effective Date
For services performed on or after 10/01/2011

Revision Ending Date

CMS National Coverage Policy

Title XVIII of the Social Security Act, 1862(a)(7). This section excludes routine physical examinations.

Title XVIII of the Social Security Act, Section 1862(a)(1)(A) section allows coverage and payment for only those services that are considered to be reasonable and necessary.

Title XVIII of the Social Security Act, Section 1833(e). This section prohibits Medicare payment for any claim, which lacks the necessary information to process the claim.

Indications and Limitations of Coverage and/or Medical Necessity

Note: Providers should seek information related to National Coverage Determinations (NCD) and other Centers for Medicare & Medicaid Services (CMS) instructions in CMS Manuals. This LCD only pertains to the contractor's discretionary coverage related to this service.

Urinalysis is a commonly used physical, chemical, and/or microscopic examination of the urine used to detect renal or urinary tract disease or systemic disorders manifested by or through the urinary system.

In order for Medicare coverage to be provided for urinalysis, the patient must have signs or symptoms of a kidney/urinary tract disorder or a condition, which is known to affect the kidney/urinary tract. The following is a list of conditions in which urinalysis may be considered medically reasonable and necessary.

- The patient has symptoms suggestive of possible kidney/urinary tract disorder, e.g., dysuria, frequency, hesitancy, nocturia, urgency, flank pain, pelvic pain, abdominal pain, etc.
- The patient exhibits signs of kidney/urinary tract disorder such as hematuria, discoloration of urine, edema and malodorous urine.

- The patient has been recently treated or is under treatment for urinary tract disorder and follow-up urinalysis is necessary to evaluate the patient.
 - The patient has a condition known to affect the kidneys or urinary tract, e.g., hypertension, diabetes mellitus, known renal disease, collagen vascular disease and a urinalysis is necessary to evaluate the patient.
 - The patient is undergoing treatment with medication known to potentially adversely affect the kidneys, e.g., gold therapy.
 - The patient has sustained trauma suggestive of possible kidney/urinary tract injury.
 - The patient has unexplained fever.
 - The patient is pregnant and urinalysis is being done as part of standard prenatal care.
- The patient is pregnant and urinalysis is being done to screen for diabetic pre-eclampsia.
- Urinalysis can be covered as part of the evaluation of a dehydrated patient.

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Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
014x	Hospital - Laboratory Services Provided to Non-patients
022x	Skilled Nursing - Inpatient (Medicare Part B only)
023x	Skilled Nursing - Outpatient
085x	Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

030X	Laboratory - General Classification
031X	Laboratory Pathology - General Classification

CPT/HCPCS Codes

GroupName

81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; NON-AUTOMATED, WITH MICROSCOPY
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITH MICROSCOPY
81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; NON-AUTOMATED, WITHOUT MICROSCOPY
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITHOUT MICROSCOPY
81005	URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE, EXCEPT IMMUNOASSAYS

81007	URINALYSIS; BACTERIURIA SCREEN, EXCEPT BY CULTURE OR DIPSTICK
81015	URINALYSIS; MICROSCOPIC ONLY
81020	URINALYSIS; 2 OR 3 GLASS TEST

ICD-9 Codes that Support Medical Necessity

016.00	TUBERCULOSIS OF KIDNEY UNSPECIFIED EXAMINATION
016.01	TUBERCULOSIS OF KIDNEY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE
016.02	TUBERCULOSIS OF KIDNEY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT)
016.03	TUBERCULOSIS OF KIDNEY TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY
016.04	TUBERCULOSIS OF KIDNEY TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE
016.05	TUBERCULOSIS OF KIDNEY TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY
016.06	TUBERCULOSIS OF KIDNEY TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
016.10	TUBERCULOSIS OF BLADDER UNSPECIFIED EXAMINATION
016.11	TUBERCULOSIS OF BLADDER BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE
016.12	TUBERCULOSIS OF BLADDER BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT)
016.13	TUBERCULOSIS OF BLADDER TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY
016.14	TUBERCULOSIS OF BLADDER TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE
016.15	TUBERCULOSIS OF BLADDER TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY
016.16	TUBERCULOSIS OF BLADDER TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
016.20	TUBERCULOSIS OF URETER UNSPECIFIED EXAMINATION
016.21	TUBERCULOSIS OF URETER BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE
016.22	TUBERCULOSIS OF URETER BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT)
016.23	TUBERCULOSIS OF URETER TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY
016.24	TUBERCULOSIS OF URETER TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE
016.25	TUBERCULOSIS OF URETER TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY
016.26	TUBERCULOSIS OF URETER TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
016.30	TUBERCULOSIS OF OTHER URINARY ORGANS UNSPECIFIED EXAMINATION
016.31	TUBERCULOSIS OF OTHER URINARY ORGANS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE
016.32	TUBERCULOSIS OF OTHER URINARY ORGANS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT)
016.33	TUBERCULOSIS OF OTHER URINARY ORGANS TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY

016.34	TUBERCULOSIS OF OTHER URINARY ORGANS TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE
016.35	TUBERCULOSIS OF OTHER URINARY ORGANS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY
016.36	TUBERCULOSIS OF OTHER URINARY ORGANS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
016.40	TUBERCULOSIS OF EPIDIDYMISS UNSPECIFIED EXAMINATION
016.41	TUBERCULOSIS OF EPIDIDYMISS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE
016.42	TUBERCULOSIS OF EPIDIDYMISS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT)
016.43	TUBERCULOSIS OF EPIDIDYMISS TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY
016.44	TUBERCULOSIS OF EPIDIDYMISS TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE
016.45	TUBERCULOSIS OF EPIDIDYMISS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY
016.46	TUBERCULOSIS OF EPIDIDYMISS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
016.50	TUBERCULOSIS OF OTHER MALE GENITAL ORGANS UNSPECIFIED EXAMINATION
016.51	TUBERCULOSIS OF OTHER MALE GENITAL ORGANS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE
016.52	TUBERCULOSIS OF OTHER MALE GENITAL ORGANS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT)
016.53	TUBERCULOSIS OF OTHER MALE GENITAL ORGANS TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY
016.54	TUBERCULOSIS OF OTHER MALE GENITAL ORGANS TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE
016.55	TUBERCULOSIS OF OTHER MALE GENITAL ORGANS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY
016.56	TUBERCULOSIS OF OTHER MALE GENITAL ORGANS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
016.60	TUBERCULOUS OOPHORITIS AND SALPINGITIS UNSPECIFIED EXAMINATION
016.61	TUBERCULOUS OOPHORITIS AND SALPINGITIS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE
016.62	TUBERCULOUS OOPHORITIS AND SALPINGITIS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT)
016.63	TUBERCULOUS OOPHORITIS AND SALPINGITIS TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY
016.64	TUBERCULOUS OOPHORITIS AND SALPINGITIS TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE
016.65	TUBERCULOUS OOPHORITIS AND SALPINGITIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY
016.66	TUBERCULOUS OOPHORITIS AND SALPINGITIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
016.70	TUBERCULOSIS OF OTHER FEMALE GENITAL ORGANS UNSPECIFIED EXAMINATION
016.71	TUBERCULOSIS OF OTHER FEMALE GENITAL ORGANS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE

016.72	TUBERCULOSIS OF OTHER FEMALE GENITAL ORGANS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT)
016.73	TUBERCULOSIS OF OTHER FEMALE GENITAL ORGANS TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY
016.74	TUBERCULOSIS OF OTHER FEMALE GENITAL ORGANS TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE
016.75	TUBERCULOSIS OF OTHER FEMALE GENITAL ORGANS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY
016.76	TUBERCULOSIS OF OTHER FEMALE GENITAL ORGANS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
016.90	UNSPECIFIED GENITOURINARY TUBERCULOSIS UNSPECIFIED EXAMINATION
016.91	UNSPECIFIED GENITOURINARY TUBERCULOSIS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE
016.92	UNSPECIFIED GENITOURINARY TUBERCULOSIS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION RESULTS UNKNOWN (AT PRESENT)
016.93	UNSPECIFIED GENITOURINARY TUBERCULOSIS TUBERCLE BACILLI FOUND (IN SPUTUM) BY MICROSCOPY
016.94	UNSPECIFIED GENITOURINARY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND (IN SPUTUM) BY MICROSCOPY BUT FOUND BY BACTERIAL CULTURE
016.95	UNSPECIFIED GENITOURINARY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED HISTOLOGICALLY
016.96	UNSPECIFIED GENITOURINARY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
038.0	STREPTOCOCCAL SEPTICEMIA
038.10	STAPHYLOCOCCAL SEPTICEMIA UNSPECIFIED
038.11	METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS SEPTICEMIA
038.12	METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS SEPTICEMIA
038.19	OTHER STAPHYLOCOCCAL SEPTICEMIA
038.2	PNEUMOCOCCAL SEPTICEMIA
038.3	SEPTICEMIA DUE TO ANAEROBES
038.40	SEPTICEMIA DUE TO GRAM-NEGATIVE ORGANISM UNSPECIFIED
038.41	SEPTICEMIA DUE TO HEMOPHILUS INFLUENZAE (H. INFLUENZAE)
038.42	SEPTICEMIA DUE TO ESCHERICHIA COLI (E. COLI)
038.43	SEPTICEMIA DUE TO PSEUDOMONAS
038.44	SEPTICEMIA DUE TO SERRATIA
038.49	OTHER SEPTICEMIA DUE TO GRAM-NEGATIVE ORGANISMS
038.8	OTHER SPECIFIED SEPTICEMIAS
038.9	UNSPECIFIED SEPTICEMIA
041.00	STREPTOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE STREPTOCOCCUS UNSPECIFIED
041.01	STREPTOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE STREPTOCOCCUS GROUP A
041.02	STREPTOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE STREPTOCOCCUS GROUP B
041.03	STREPTOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE STREPTOCOCCUS GROUP C
041.04	STREPTOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE STREPTOCOCCUS GROUP D [ENTEROCOCCUS]
041.05	STREPTOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE STREPTOCOCCUS GROUP G

041.09	STREPTOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE OTHER STREPTOCOCCUS
041.10	STAPHYLOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE STAPHYLOCOCCUS UNSPECIFIED
041.11	METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE
041.12	METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE
041.19	STAPHYLOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE OTHER STAPHYLOCOCCUS
041.2	PNEUMOCOCCUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE
041.3	KLEBSIELLA PNEUMONIAE
041.41	SHIGA TOXIN-PRODUCING ESCHERICHIA COLI [E. COLI] (STEC) O157
041.42	OTHER SPECIFIED SHIGA TOXIN-PRODUCING ESCHERICHIA COLI [E. COLI] (STEC)
041.43	SHIGA TOXIN-PRODUCING ESCHERICHIA COLI [E. COLI] (STEC), UNSPECIFIED
041.49	OTHER AND UNSPECIFIED ESCHERICHIA COLI [E. COLI]
041.5	HEMOPHILUS INFLUENZAE (H. INFLUENZAE) INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE
041.6	PROTEUS (MIRABILIS) (MORGANII) INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE
041.7	PSEUDOMONAS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE
041.81	OTHER SPECIFIED BACTERIAL INFECTIONS IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE MYCOPLASMA
041.82	OTHER SPECIFIED BACTERIAL INFECTIONS IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE BACTEROIDES FRAGILIS
041.83	OTHER SPECIFIED BACTERIAL INFECTIONS IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE CLOSTRIDIUM PERFRINGENS
041.84	OTHER SPECIFIED BACTERIAL INFECTIONS IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE OTHER ANAEROBES
041.85	OTHER SPECIFIED BACTERIAL INFECTIONS IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE OTHER GRAM-NEGATIVE ORGANISMS
041.86	HELICOBACTER PYLORI [H. PYLORI]
041.89	OTHER SPECIFIED BACTERIAL INFECTIONS IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE OTHER SPECIFIED BACTERIA
041.9	BACTERIAL INFECTION UNSPECIFIED IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE
054.10	GENITAL HERPES UNSPECIFIED
054.11	HERPETIC VULVOVAGINITIS
054.12	HERPETIC ULCERATION OF VULVA
054.13	HERPETIC INFECTION OF PENIS
054.19	OTHER GENITAL HERPES
070.0	VIRAL HEPATITIS A WITH HEPATIC COMA
070.1	VIRAL HEPATITIS A WITHOUT HEPATIC COMA
070.20	VIRAL HEPATITIS B WITH HEPATIC COMA ACUTE OR UNSPECIFIED WITHOUT HEPATITIS DELTA
070.21	VIRAL HEPATITIS B WITH HEPATIC COMA ACUTE OR UNSPECIFIED WITH HEPATITIS DELTA
070.22	CHRONIC VIRAL HEPATITIS B WITH HEPATIC COMA WITHOUT HEPATITIS DELTA
070.23	CHRONIC VIRAL HEPATITIS B WITH HEPATIC COMA WITH HEPATITIS DELTA
070.30	VIRAL HEPATITIS B WITHOUT HEPATIC COMA ACUTE OR UNSPECIFIED WITHOUT HEPATITIS DELTA
070.31	

	VIRAL HEPATITIS B WITHOUT HEPATIC COMA ACUTE OR UNSPECIFIED WITH HEPATITIS DELTA
070.32	CHRONIC VIRAL HEPATITIS B WITHOUT HEPATIC COMA WITHOUT HEPATITIS DELTA
070.33	CHRONIC VIRAL HEPATITIS B WITHOUT HEPATIC COMA WITH HEPATITIS DELTA
070.41	ACUTE HEPATITIS C WITH HEPATIC COMA
070.42	HEPATITIS DELTA WITHOUT ACTIVE HEPATITIS B DISEASE WITH HEPATIC COMA HEPATITIS DELTA WITH HEPATITIS B CARRIER STATE
070.43	HEPATITIS E WITH HEPATIC COMA
070.44	CHRONIC HEPATITIS C WITH HEPATIC COMA
070.49	OTHER SPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA
070.51	ACUTE HEPATITIS C WITHOUT MENTION OF HEPATIC COMA
070.52	HEPATITIS DELTA WITHOUT ACTIVE HEPATITIS B DISEASE OR HEPATIC COMA
070.53	HEPATITIS E WITHOUT HEPATIC COMA
070.54	CHRONIC HEPATITIS C WITHOUT HEPATIC COMA
070.59	OTHER SPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA
070.70	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
070.71	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA
072.0	MUMPS ORCHITIS
078.11	CONDYLOMA ACUMINATUM
078.88	OTHER SPECIFIED DISEASES DUE TO CHLAMYDIAE
079.81	HANTAVIRIS INFECTION
079.82	SARS-ASSOCIATED CORONAVIRUS INFECTION
079.88	OTHER SPECIFIED CHLAMYDIAL INFECTION
079.89	OTHER SPECIFIED VIRAL INFECTION
079.98	UNSPECIFIED CHLAMYDIAL INFECTION
087.0	RELAPSING FEVER LOUSE-BORNE
087.1	RELAPSING FEVER TICK-BORNE
095.4	SYPHILIS OF KIDNEY
098.0	GONOCOCCAL INFECTION (ACUTE) OF LOWER GENITOURINARY TRACT
098.10	GONOCOCCAL INFECTION (ACUTE) OF UPPER GENITOURINARY TRACT SITE UNSPECIFIED
098.11	GONOCOCCAL CYSTITIS (ACUTE)
098.12	GONOCOCCAL PROSTATITIS (ACUTE)
098.13	GONOCOCCAL EPIDIDYMO-ORCHITIS (ACUTE)
098.14	GONOCOCCAL SEMINAL VESICULITIS (ACUTE)
098.15	GONOCOCCAL CERVICITIS (ACUTE)
098.16	GONOCOCCAL ENDOMETRITIS (ACUTE)
098.17	GONOCOCCAL SALPINGITIS SPECIFIED AS ACUTE
098.19	OTHER GONOCOCCAL INFECTION (ACUTE) OF UPPER GENITOURINARY TRACT
098.2	GONOCOCCAL INFECTION CHRONIC OF LOWER GENITOURINARY TRACT
098.30	CHRONIC GONOCOCCAL INFECTION OF UPPER GENITOURINARY TRACT SITE UNSPECIFIED
098.31	GONOCOCCAL CYSTITIS CHRONIC
098.32	GONOCOCCAL PROSTATITIS CHRONIC
098.33	GONOCOCCAL EPIDIDYMO-ORCHITIS CHRONIC
098.34	GONOCOCCAL SEMINAL VESICULITIS CHRONIC
098.35	GONOCOCCAL CERVICITIS CHRONIC
098.36	GONOCOCCAL ENDOMETRITIS CHRONIC
098.37	GONOCOCCAL SALPINGITIS (CHRONIC)
098.39	OTHER CHRONIC GONOCOCCAL INFECTION OF UPPER GENITOURINARY TRACT
098.89	GONOCOCCAL INFECTION OF OTHER SPECIFIED SITES

099.3	REITER'S DISEASE
099.40	OTHER NONGONOCOCCAL URETHRITIS UNSPECIFIED
099.41	OTHER NONGONOCOCCAL URETHRITIS CHLAMYDIA TRACHOMATIS
099.49	OTHER NONGONOCOCCAL URETHRITIS OTHER SPECIFIED ORGANISM
099.53	OTHER VENEREAL DISEASES DUE TO CHLAMYDIA TRACHOMATIS LOWER GENITOURINARY SITES
099.54	OTHER VENEREAL DISEASES DUE TO CHLAMYDIA TRACHOMATIS OTHER GENITOURINARY SITES
100.0	LEPTOSPIROSIS ICTEROHEMORRHAGICA
102.0	INITIAL LESIONS OF YAWS
102.1	MULTIPLE PAPILLOMATA DUE TO YAWS AND WET CRAB YAWS
102.2	OTHER EARLY SKIN LESIONS OF YAWS
102.3	HYPERKERATOSIS DUE TO YAWS
102.4	GUMMATA AND ULCERS DUE TO YAWS
102.5	GANGOSA
102.6	BONE AND JOINT LESIONS DUE TO YAWS
102.7	OTHER MANIFESTATIONS OF YAWS
102.8	LATENT YAWS
102.9	YAWS UNSPECIFIED
112.1	CANDIDIASIS OF VULVA AND VAGINA
112.2	CANDIDIASIS OF OTHER UROGENITAL SITES
125.0	BANCROFTIAN FILARIASIS
125.1	MALAYAN FILARIASIS
131.00	UROGENITAL TRICHOMONIASIS UNSPECIFIED
131.01	TRICHOMONAL VULVOVAGINITIS
131.02	TRICHOMONAL URETHRITIS
131.03	TRICHOMONAL PROSTATITIS
135	SARCOIDOSIS
185	MALIGNANT NEOPLASM OF PROSTATE
186.0	MALIGNANT NEOPLASM OF UNDESCENDED TESTIS
186.9	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED TESTIS
187.1	MALIGNANT NEOPLASM OF PREPUCE
187.2	MALIGNANT NEOPLASM OF GLANS PENIS
187.3	MALIGNANT NEOPLASM OF BODY OF PENIS
187.5	MALIGNANT NEOPLASM OF EPIDIDYMIS
187.6	MALIGNANT NEOPLASM OF SPERMATIC CORD
187.7	MALIGNANT NEOPLASM OF SCROTUM
187.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF MALE GENITAL ORGANS
188.0	MALIGNANT NEOPLASM OF TRIGONE OF URINARY BLADDER
188.1	MALIGNANT NEOPLASM OF DOME OF URINARY BLADDER
188.2	MALIGNANT NEOPLASM OF LATERAL WALL OF URINARY BLADDER
188.3	MALIGNANT NEOPLASM OF ANTERIOR WALL OF URINARY BLADDER
188.4	MALIGNANT NEOPLASM OF POSTERIOR WALL OF URINARY BLADDER
188.5	MALIGNANT NEOPLASM OF BLADDER NECK
188.6	MALIGNANT NEOPLASM OF URETERIC ORIFICE
188.7	MALIGNANT NEOPLASM OF URACHUS
188.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF BLADDER
188.9	MALIGNANT NEOPLASM OF BLADDER PART UNSPECIFIED
189.0	MALIGNANT NEOPLASM OF KIDNEY EXCEPT PELVIS
189.1	MALIGNANT NEOPLASM OF RENAL PELVIS
189.2	MALIGNANT NEOPLASM OF URETER

189.3	MALIGNANT NEOPLASM OF URETHRA
189.4	MALIGNANT NEOPLASM OF PARAURETHRAL GLANDS
189.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF URINARY ORGANS
189.9	MALIGNANT NEOPLASM OF URINARY ORGAN SITE UNSPECIFIED
198.0	SECONDARY MALIGNANT NEOPLASM OF KIDNEY
198.1	SECONDARY MALIGNANT NEOPLASM OF OTHER URINARY ORGANS
203.00	MULTIPLE MYELOMA, WITHOUT MENTION OF HAVING ACHIEVED REMISSION
203.01	MULTIPLE MYELOMA IN REMISSION
203.02	MULTIPLE MYELOMA, IN RELAPSE
222.2	BENIGN NEOPLASM OF PROSTATE
223.0	BENIGN NEOPLASM OF KIDNEY EXCEPT PELVIS
223.1	BENIGN NEOPLASM OF RENAL PELVIS
223.2	BENIGN NEOPLASM OF URETER
223.3	BENIGN NEOPLASM OF BLADDER
223.81	BENIGN NEOPLASM OF URETHRA
223.89	BENIGN NEOPLASM OF OTHER SPECIFIED SITES OF URINARY ORGANS
233.4	CARCINOMA IN SITU OF PROSTATE
233.7	CARCINOMA IN SITU OF BLADDER
233.9	CARCINOMA IN SITU OF OTHER AND UNSPECIFIED URINARY ORGANS
236.5	NEOPLASM OF UNCERTAIN BEHAVIOR OF PROSTATE
236.7	NEOPLASM OF UNCERTAIN BEHAVIOR OF BLADDER
236.90	NEOPLASM OF UNCERTAIN BEHAVIOR OF URINARY ORGAN UNSPECIFIED
236.91	NEOPLASM OF UNCERTAIN BEHAVIOR OF KIDNEY AND URETER
236.99	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED URINARY ORGANS
249.00	SECONDARY DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.01	SECONDARY DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, UNCONTROLLED
249.10	SECONDARY DIABETES MELLITUS WITH KETOACIDOSIS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.11	SECONDARY DIABETES MELLITUS WITH KETOACIDOSIS, UNCONTROLLED
249.20	SECONDARY DIABETES MELLITUS WITH HYPEROSMOLARITY, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.21	SECONDARY DIABETES MELLITUS WITH HYPEROSMOLARITY, UNCONTROLLED
249.30	SECONDARY DIABETES MELLITUS WITH OTHER COMA, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.31	SECONDARY DIABETES MELLITUS WITH OTHER COMA, UNCONTROLLED
249.40	SECONDARY DIABETES MELLITUS WITH RENAL MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.41	SECONDARY DIABETES MELLITUS WITH RENAL MANIFESTATIONS, UNCONTROLLED
249.50	SECONDARY DIABETES MELLITUS WITH OPHTHALMIC MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.51	SECONDARY DIABETES MELLITUS WITH OPHTHALMIC MANIFESTATIONS, UNCONTROLLED
249.60	SECONDARY DIABETES MELLITUS WITH NEUROLOGICAL MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.61	SECONDARY DIABETES MELLITUS WITH NEUROLOGICAL MANIFESTATIONS, UNCONTROLLED
249.70	SECONDARY DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY DISORDERS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.71	SECONDARY DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY DISORDERS, UNCONTROLLED

249.80	SECONDARY DIABETES MELLITUS WITH OTHER SPECIFIED MANIFESTATIONS, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.81	SECONDARY DIABETES MELLITUS WITH OTHER SPECIFIED MANIFESTATIONS, UNCONTROLLED
249.90	SECONDARY DIABETES MELLITUS WITH UNSPECIFIED COMPLICATION, NOT STATED AS UNCONTROLLED, OR UNSPECIFIED
249.91	SECONDARY DIABETES MELLITUS WITH UNSPECIFIED COMPLICATION, UNCONTROLLED
250.00	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.01	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.02	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.03	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.10	DIABETES WITH KETOACIDOSIS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.11	DIABETES WITH KETOACIDOSIS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.12	DIABETES WITH KETOACIDOSIS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.13	DIABETES WITH KETOACIDOSIS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.20	DIABETES WITH HYPEROSMOLARITY, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.21	DIABETES WITH HYPEROSMOLARITY, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.22	DIABETES WITH HYPEROSMOLARITY, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.23	DIABETES WITH HYPEROSMOLARITY, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.30	DIABETES WITH OTHER COMA, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.31	DIABETES WITH OTHER COMA, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.32	DIABETES WITH OTHER COMA, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.33	DIABETES WITH OTHER COMA, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.40	DIABETES WITH RENAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.41	DIABETES WITH RENAL MANIFESTATIONS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.42	DIABETES WITH RENAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.43	DIABETES WITH RENAL MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.50	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.51	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.52	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.53	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.60	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.61	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.62	

	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.63	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.70	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.71	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.72	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.73	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.80	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.81	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.82	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.83	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED
250.90	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.91	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
250.92	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
250.93	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE I [JUVENILE TYPE], UNCONTROLLED
253.5	DIABETES INSIPIDUS
253.6	OTHER DISORDERS OF NEUROHYPOPHYSIS
271.4	RENAL GLYCOSURIA
272.2	MIXED HYPERLIPIDEMIA
272.3	HYPERCHYLOMICRONEMIA
272.4	OTHER AND UNSPECIFIED HYPERLIPIDEMIA
273.0	POLYCLONAL HYPERGAMMAGLOBULINEMIA
273.1	MONOCLONAL PARAPROTEINEMIA
273.2	OTHER PARAPROTEINEMIAS
273.3	MACROGLOBULINEMIA
273.4	ALPHA-1-ANTITRYPSIN DEFICIENCY
273.8	OTHER DISORDERS OF PLASMA PROTEIN METABOLISM
274.00	GOUTY ARTHROPATHY, UNSPECIFIED
274.01	ACUTE GOUTY ARTHROPATHY
274.02	CHRONIC GOUTY ARTHROPATHY WITHOUT MENTION OF TOPHUS (TOPHI)
274.03	CHRONIC GOUTY ARTHROPATHY WITH TOPHUS (TOPHI)
274.10	GOUTY NEPHROPATHY UNSPECIFIED
274.11	URIC ACID NEPHROLITHIASIS
274.19	OTHER GOUTY NEPHROPATHY
275.01	HEREDITARY HEMOCHROMATOSIS
275.02	HEMOCHROMATOSIS DUE TO REPEATED RED BLOOD CELL TRANSFUSIONS
275.03	OTHER HEMOCHROMATOSIS
275.09	OTHER DISORDERS OF IRON METABOLISM
275.42	HYPERCALCEMIA
276.0	HYPEROSMOLALITY AND/OR HYPERNATREMIA

276.1	HYPOSMOLALITY AND/OR HYPONATREMIA
276.2	ACIDOSIS
276.3	ALKALOSIS
276.4	MIXED ACID-BASE BALANCE DISORDER
276.50	VOLUME DEPLETION, UNSPECIFIED
276.51	DEHYDRATION
276.52	HYPOVOLEMIA
276.61	TRANSFUSION ASSOCIATED CIRCULATORY OVERLOAD
276.69	OTHER FLUID OVERLOAD
276.8	HYPOPOTASSEMIA
276.9	ELECTROLYTE AND FLUID DISORDERS NOT ELSEWHERE CLASSIFIED
277.00	CYSTIC FIBROSIS WITHOUT MECONIUM ILEUS
277.01	CYSTIC FIBROSIS WITH MECONIUM ILEUS
277.02	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS
277.03	CYSTIC FIBROSIS WITH GASTROINTESTINAL MANIFESTATIONS
277.09	CYSTIC FIBROSIS WITH OTHER MANIFESTATIONS
277.1	DISORDERS OF PORPHYRIN METABOLISM
277.2	OTHER DISORDERS OF PURINE AND PYRIMIDINE METABOLISM
277.30	AMYLOIDOSIS, UNSPECIFIED
277.31	FAMILIAL MEDITERRANEAN FEVER
277.39	OTHER AMYLOIDOSIS
277.4	DISORDERS OF BILIRUBIN EXCRETION
277.5	MUCOPOLYSACCHARIDOSIS
277.88	TUMOR LYSIS SYNDROME
282.60	SICKLE-CELL DISEASE UNSPECIFIED
282.61	HB-SS DISEASE WITHOUT CRISIS
282.62	HB-SS DISEASE WITH CRISIS
282.63	SICKLE-CELL/HB-C DISEASE WITHOUT CRISIS
282.64	SICKLE-CELL/HB C DISEASE WITH CRISIS
282.68	OTHER SICKLE-CELL DISEASE WITHOUT CRISIS
282.69	OTHER SICKLE-CELL DISEASE WITH CRISIS
283.11	HEMOLYTIC-UREMIC SYNDROME
283.2	HEMOGLOBINURIA DUE TO HEMOLYSIS FROM EXTERNAL CAUSES
287.41	POSTTRANSFUSION PURPURA
287.49	OTHER SECONDARY THROMBOCYTOPENIA
306.53	PSYCHOGENIC DYSURIA
310.1	PERSONALITY CHANGE DUE TO CONDITIONS CLASSIFIED ELSEWHERE
344.61	CAUDA EQUINA SYNDROME WITH NEUROGENIC BLADDER
401.0	MALIGNANT ESSENTIAL HYPERTENSION
401.1	BENIGN ESSENTIAL HYPERTENSION
401.9	UNSPECIFIED ESSENTIAL HYPERTENSION
402.00	MALIGNANT HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE
402.01	MALIGNANT HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
402.10	BENIGN HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE
402.11	BENIGN HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
402.90	UNSPECIFIED HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE
402.91	UNSPECIFIED HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
403.00	HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
403.01	HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE

403.10	HYPERTENSIVE CHRONIC KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
403.11	HYPERTENSIVE CHRONIC KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
403.90	HYPERTENSIVE CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
403.91	HYPERTENSIVE CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.00	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
404.01	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
404.02	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.03	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.10	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
404.11	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
404.12	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.13	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.90	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
404.91	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
404.92	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.93	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
405.01	MALIGNANT RENOVASCULAR HYPERTENSION
405.09	OTHER MALIGNANT SECONDARY HYPERTENSION
405.11	BENIGN RENOVASCULAR HYPERTENSION
405.19	OTHER BENIGN SECONDARY HYPERTENSION
405.91	UNSPECIFIED RENOVASCULAR HYPERTENSION
405.99	OTHER UNSPECIFIED SECONDARY HYPERTENSION
421.0	ACUTE AND SUBACUTE BACTERIAL ENDOCARDITIS
421.1	ACUTE AND SUBACUTE INFECTIVE ENDOCARDITIS IN DISEASES CLASSIFIED ELSEWHERE
421.9	ACUTE ENDOCARDITIS UNSPECIFIED
428.0	CONGESTIVE HEART FAILURE UNSPECIFIED
446.0	POLYARTERITIS NODOSA
446.1	ACUTE FEBRILE MUCOCUTANEOUS LYMPH NODE SYNDROME (MCLS)

446.20	HYPERSENSITIVITY ANGIITIS UNSPECIFIED
446.21	GOODPASTURE'S SYNDROME
446.29	OTHER SPECIFIED HYPERSENSITIVITY ANGIITIS
446.3	LETHAL MIDLINE GRANULOMA
446.4	WEGENER'S GRANULOMATOSIS
446.5	GIANT CELL ARTERITIS
446.6	THROMBOTIC MICROANGIOPATHY
446.7	TAKAYASU'S DISEASE
447.3	HYPERPLASIA OF RENAL ARTERY
447.4	CELIAC ARTERY COMPRESSION SYNDROME
447.5	NECROSIS OF ARTERY
447.6	ARTERITIS UNSPECIFIED
456.4	SCROTAL VARICES
457.0	POSTMASTECTOMY LYMPHEDEMA SYNDROME
457.1	OTHER LYMPHEDEMA
570	ACUTE AND SUBACUTE NECROSIS OF LIVER
571.40	CHRONIC HEPATITIS UNSPECIFIED
571.41	CHRONIC PERSISTENT HEPATITIS
571.42	AUTOIMMUNE HEPATITIS
571.49	OTHER CHRONIC HEPATITIS
571.5	CIRRHOSIS OF LIVER WITHOUT ALCOHOL
571.6	BILIARY CIRRHOSIS
571.8	OTHER CHRONIC NONALCOHOLIC LIVER DISEASE
572.2	HEPATIC ENCEPHALOPATHY
573.0	CHRONIC PASSIVE CONGESTION OF LIVER
573.1	HEPATITIS IN VIRAL DISEASES CLASSIFIED ELSEWHERE
573.2	HEPATITIS IN OTHER INFECTIOUS DISEASES CLASSIFIED ELSEWHERE
573.3	HEPATITIS UNSPECIFIED
580.0	ACUTE GLOMERULONEPHRITIS WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS
580.4	ACUTE GLOMERULONEPHRITIS WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS
580.81	ACUTE GLOMERULONEPHRITIS IN DISEASES CLASSIFIED ELSEWHERE
580.89	ACUTE GLOMERULONEPHRITIS WITH OTHER SPECIFIED PATHOLOGICAL LESION IN KIDNEY
580.9	ACUTE GLOMERULONEPHRITIS WITH UNSPECIFIED PATHOLOGICAL LESION IN KIDNEY
581.0	NEPHROTIC SYNDROME WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS
581.1	NEPHROTIC SYNDROME WITH LESION OF MEMBRANOUS GLOMERULONEPHRITIS
581.2	NEPHROTIC SYNDROME WITH LESION OF MEMBRANOPROLIFERATIVE GLOMERULONEPHRITIS
581.3	NEPHROTIC SYNDROME WITH LESION OF MINIMAL CHANGE GLOMERULONEPHRITIS
581.81	NEPHROTIC SYNDROME IN DISEASES CLASSIFIED ELSEWHERE
581.89	OTHER NEPHROTIC SYNDROME WITH SPECIFIED PATHOLOGICAL LESION IN KIDNEY
581.9	NEPHROTIC SYNDROME WITH UNSPECIFIED PATHOLOGICAL LESION IN KIDNEY
582.0	CHRONIC GLOMERULONEPHRITIS WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS
582.1	CHRONIC GLOMERULONEPHRITIS WITH LESION OF MEMBRANOUS GLOMERULONEPHRITIS
582.2	CHRONIC GLOMERULONEPHRITIS WITH LESION OF MEMBRANOPROLIFERATIVE GLOMERULONEPHRITIS
582.4	

	CHRONIC GLOMERULONEPHRITIS WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS
582.81	CHRONIC GLOMERULONEPHRITIS IN DISEASES CLASSIFIED ELSEWHERE
582.89	OTHER CHRONIC GLOMERULONEPHRITIS WITH SPECIFIED PATHOLOGICAL LESION IN KIDNEY
582.9	CHRONIC GLOMERULONEPHRITIS WITH UNSPECIFIED PATHOLOGICAL LESION IN KIDNEY
583.0	NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH LESION OF PROLIFERATIVE GLOMERULONEPHRITIS
583.1	NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH LESION OF MEMBRANOUS GLOMERULONEPHRITIS
583.2	NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH LESION OF MEMBRANOPROLIFERATIVE GLOMERULONEPHRITIS
583.4	NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH LESION OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS
583.6	NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH LESION OF RENAL CORTICAL NECROSIS
583.7	NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH LESION OF RENAL MEDULLARY NECROSIS
583.81	NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC IN DISEASES CLASSIFIED ELSEWHERE
583.89	OTHER NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH SPECIFIED PATHOLOGICAL LESION IN KIDNEY
583.9	NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH UNSPECIFIED PATHOLOGICAL LESION IN KIDNEY
584.5	ACUTE KIDNEY FAILURE WITH LESION OF TUBULAR NECROSIS
584.6	ACUTE KIDNEY FAILURE WITH LESION OF RENAL CORTICAL NECROSIS
584.7	ACUTE KIDNEY FAILURE WITH LESION OF RENAL MEDULLARY [PAPILLARY] NECROSIS
584.8	ACUTE KIDNEY FAILURE WITH OTHER SPECIFIED PATHOLOGICAL LESION IN KIDNEY
584.9	ACUTE KIDNEY FAILURE, UNSPECIFIED
585.1	CHRONIC KIDNEY DISEASE, STAGE I
585.2	CHRONIC KIDNEY DISEASE, STAGE II (MILD)
585.3	CHRONIC KIDNEY DISEASE, STAGE III (MODERATE)
585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
585.5	CHRONIC KIDNEY DISEASE, STAGE V
585.6	END STAGE RENAL DISEASE
585.9	CHRONIC KIDNEY DISEASE, UNSPECIFIED
586	RENAL FAILURE UNSPECIFIED
587	RENAL SCLEROSIS UNSPECIFIED
588.0	RENAL OSTEODYSTROPHY
588.1	NEPHROGENIC DIABETES INSIPIDUS
588.81	SECONDARY HYPERPARATHYROIDISM (OF RENAL ORIGIN)
588.89	OTHER SPECIFIED DISORDERS RESULTING FROM IMPAIRED RENAL FUNCTION
589.0	UNILATERAL SMALL KIDNEY
589.1	BILATERAL SMALL KIDNEYS
589.9	SMALL KIDNEY UNSPECIFIED
590.00	CHRONIC PYELONEPHRITIS WITHOUT LESION OF RENAL MEDULLARY NECROSIS
590.01	CHRONIC PYELONEPHRITIS WITH LESION OF RENAL MEDULLARY NECROSIS
590.10	ACUTE PYELONEPHRITIS WITHOUT LESION OF RENAL MEDULLARY NECROSIS
590.11	ACUTE PYELONEPHRITIS WITH LESION OF RENAL MEDULLARY NECROSIS
590.2	RENAL AND PERINEPHRIC ABSCESS
590.3	PYELOURETERITIS CYSTICA

590.80	PYELONEPHRITIS UNSPECIFIED
590.81	PYELITIS OR PYELONEPHRITIS IN DISEASES CLASSIFIED ELSEWHERE
590.9	INFECTION OF KIDNEY UNSPECIFIED
591	HYDRONEPHROSIS
592.0	CALCULUS OF KIDNEY
592.1	CALCULUS OF URETER
592.9	URINARY CALCULUS UNSPECIFIED
593.0	NEPHROPTOSIS
593.1	HYPERTROPHY OF KIDNEY
593.2	CYST OF KIDNEY ACQUIRED
593.3	STRICTURE OR KINKING OF URETER
593.4	OTHER URETERIC OBSTRUCTION
593.5	HYDROURETER
593.6	POSTURAL PROTEINURIA
593.70	VESICoureTERAL REFLUX UNSPECIFIED OR WITHOUT REFLUX NEPHROPATHY
593.71	VESICoureTERAL REFLUX WITH REFLUX NEPHROPATHY UNILATERAL
593.72	VESICoureTERAL REFLUX WITH REFLUX NEPHROPATHY BILATERAL
593.73	OTHER VESICoureTERAL REFLUX WITH REFLUX NEPHROPATHY NOS
593.81	VASCULAR DISORDERS OF KIDNEY
593.82	URETERAL FISTULA
593.89	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER
593.9	UNSPECIFIED DISORDER OF KIDNEY AND URETER
594.0	CALCULUS IN DIVERTICULUM OF BLADDER
594.1	OTHER CALCULUS IN BLADDER
594.2	CALCULUS IN URETHRA
594.8	OTHER LOWER URINARY TRACT CALCULUS
594.9	CALCULUS OF LOWER URINARY TRACT UNSPECIFIED
595.0	ACUTE CYSTITIS
595.1	CHRONIC INTERSTITIAL CYSTITIS
595.2	OTHER CHRONIC CYSTITIS
595.3	TRIGONITIS
595.4	CYSTITIS IN DISEASES CLASSIFIED ELSEWHERE
595.81	CYSTITIS CYSTICA
595.82	IRRADIATION CYSTITIS
595.89	OTHER SPECIFIED TYPES OF CYSTITIS
595.9	CYSTITIS UNSPECIFIED
596.0	BLADDER NECK OBSTRUCTION
596.1	INTESTINOVESICAL FISTULA
596.2	VESICAL FISTULA NOT ELSEWHERE CLASSIFIED
596.3	DIVERTICULUM OF BLADDER
596.4	ATONY OF BLADDER
596.51	HYPERTONICITY OF BLADDER
596.52	LOW BLADDER COMPLIANCE
596.53	PARALYSIS OF BLADDER
596.54	NEUROGENIC BLADDER NOS
596.55	DETRUSOR SPHINCTER DYSSYNERGIA
596.59	OTHER FUNCTIONAL DISORDER OF BLADDER
596.6	RUPTURE OF BLADDER NONTRAUMATIC
596.7	HEMORRHAGE INTO BLADDER WALL
596.81	INFECTION OF CYSTOSTOMY

596.82	MECHANICAL COMPLICATION OF CYSTOSTOMY
596.83	OTHER COMPLICATION OF CYSTOSTOMY
596.89	OTHER SPECIFIED DISORDERS OF BLADDER
596.9	UNSPECIFIED DISORDER OF BLADDER
597.0	URETHRAL ABSCESS
597.80	URETHRITIS UNSPECIFIED
597.81	URETHRAL SYNDROME NOS
597.89	OTHER URETHRITIS
598.00	URETHRAL STRUCTURE DUE TO UNSPECIFIED INFECTION
598.01	URETHRAL STRUCTURE DUE TO INFECTIVE DISEASES CLASSIFIED ELSEWHERE
598.1	TRAUMATIC URETHRAL STRICTURE
598.2	POSTOPERATIVE URETHRAL STRICTURE
598.8	OTHER SPECIFIED CAUSES OF URETHRAL STRICTURE
598.9	URETHRAL STRICTURE UNSPECIFIED
599.0	URINARY TRACT INFECTION SITE NOT SPECIFIED
599.1	URETHRAL FISTULA
599.2	URETHRAL DIVERTICULUM
599.3	URETHRAL CARUNCLE
599.4	URETHRAL FALSE PASSAGE
599.5	PROLAPSED URETHRAL MUCOSA
599.60	URINARY OBSTRUCTION, UNSPECIFIED
599.69	URINARY OBSTRUCTION, NOT ELSEWHERE CLASSIFIED
599.70	HEMATURIA, UNSPECIFIED
599.71	GROSS HEMATURIA
599.72	MICROSCOPIC HEMATURIA
599.81	URETHRAL HYPERMOBILITY
599.82	INTRINSIC (URETHRAL) SPHINCTER DEFICIENCY [ISD]
599.83	URETHRAL INSTABILITY
599.84	OTHER SPECIFIED DISORDERS OF URETHRA
599.89	OTHER SPECIFIED DISORDERS OF URINARY TRACT
599.9	UNSPECIFIED DISORDER OF URETHRA AND URINARY TRACT
600.01	HYPERTROPHY (BENIGN) OF PROSTATE WITH URINARY OBSTRUCTION AND OTHER LOWER URINARY TRACT SYMPTOMS (LUTS)
600.11	NODULAR PROSTATE WITH URINARY OBSTRUCTION
600.21	BENIGN LOCALIZED HYPERPLASIA OF PROSTATE WITH URINARY OBSTRUCTION AND OTHER LOWER URINARY TRACT SYMPTOMS (LUTS)
600.91	HYPERPLASIA OF PROSTATE, UNSPECIFIED, WITH URINARY OBSTRUCTION AND OTHER LOWER URINARY SYMPTOMS (LUTS)
601.0	ACUTE PROSTATITIS
601.1	CHRONIC PROSTATITIS
601.2	ABSCESS OF PROSTATE
601.3	PROSTATOCYSTITIS
601.4	PROSTATITIS IN DISEASES CLASSIFIED ELSEWHERE
601.8	OTHER SPECIFIED INFLAMMATORY DISEASES OF PROSTATE
601.9	PROSTATITIS UNSPECIFIED
602.0	CALCULUS OF PROSTATE
602.1	CONGESTION OR HEMORRHAGE OF PROSTATE
602.2	ATROPHY OF PROSTATE
602.3	DYSPLASIA OF PROSTATE
602.8	OTHER SPECIFIED DISORDERS OF PROSTATE
602.9	UNSPECIFIED DISORDER OF PROSTATE

603.0	ENCYSTED HYDROCELE
603.1	INFECTED HYDROCELE
603.8	OTHER SPECIFIED TYPES OF HYDROCELE
603.9	HYDROCELE UNSPECIFIED
604.0	ORCHITIS EPIDIDYMITIS AND EPIDIDYMO-ORCHITIS WITH ABSCESS
604.90	ORCHITIS AND EPIDIDYMITIS UNSPECIFIED
604.91	ORCHITIS AND EPIDIDYMITIS IN DISEASES CLASSIFIED ELSEWHERE
605	REDUNDANT PREPUCE AND PHIMOSIS
606.1	OLIGOSPERMIA
606.9	MALE INFERTILITY UNSPECIFIED
607.1	BALANOPOSTHITIS
607.81	BALANITIS XEROTICA OBLITERANS
607.84	IMPOTENCE OF ORGANIC ORIGIN
607.89	OTHER SPECIFIED DISORDERS OF PENIS
608.0	SEMINAL VESICULITIS
608.1	SPERMATOCELE
608.23	TORSION OF APPENDIX TESTIS
608.24	TORSION OF APPENDIX EPIDIDYMISS
608.83	VASCULAR DISORDERS OF MALE GENITAL ORGANS
608.89	OTHER SPECIFIED DISORDERS OF MALE GENITAL ORGANS
608.9	UNSPECIFIED DISORDER OF MALE GENITAL ORGANS
616.10	VAGINITIS AND VULVOVAGINITIS UNSPECIFIED
616.11	VAGINITIS AND VULVOVAGINITIS IN DISEASES CLASSIFIED ELSEWHERE
618.00	UNSPECIFIED PROLAPSE OF VAGINAL WALLS
618.01	CYSTOCELE, MIDLINE
618.02	CYSTOCELE, LATERAL
618.03	URETHROCELE
618.04	RECTOCELE
618.05	PERINEOCELE
618.09	OTHER PROLAPSE OF VAGINAL WALLS WITHOUT MENTION OF UTERINE PROLAPSE
619.0	URINARY-GENITAL TRACT FISTULA FEMALE
619.1	DIGESTIVE-GENITAL TRACT FISTULA FEMALE
619.2	GENITAL TRACT-SKIN FISTULA FEMALE
619.8	OTHER SPECIFIED FISTULAS INVOLVING FEMALE GENITAL TRACT
619.9	UNSPECIFIED FISTULA INVOLVING FEMALE GENITAL TRACT
625.0	DYSPAREUNIA
625.6	STRESS INCONTINENCE FEMALE
625.70	VULVODYNIA, UNSPECIFIED
625.71	VULVAR VESTIBULITIS
625.79	OTHER VULVODYNIA
625.9	UNSPECIFIED SYMPTOM ASSOCIATED WITH FEMALE GENITAL ORGANS
628.9	INFERTILITY FEMALE OF UNSPECIFIED ORIGIN
629.31	EROSION OF IMPLANTED VAGINAL MESH AND OTHER PROSTHETIC MATERIALS TO SURROUNDING ORGAN OR TISSUE
629.32	EXPOSURE OF IMPLANTED VAGINAL MESH AND OTHER PROSTHETIC MATERIALS INTO VAGINA
634.00	SPONTANEOUS ABORTION UNSPECIFIED COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION
634.01	SPONTANEOUS ABORTION INCOMPLETE COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION
634.02	

	SPONTANEOUS ABORTION COMPLETE COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION
634.10	SPONTANEOUS ABORTION UNSPECIFIED COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE
634.11	SPONTANEOUS ABORTION INCOMPLETE COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE
634.12	SPONTANEOUS ABORTION COMPLETE COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE
634.20	SPONTANEOUS ABORTION UNSPECIFIED COMPLICATED BY DAMAGE TO PELVIC ORGANS OR TISSUES
634.21	SPONTANEOUS ABORTION INCOMPLETE COMPLICATED BY DAMAGE TO PELVIC ORGANS OR TISSUES
634.22	SPONTANEOUS ABORTION COMPLETE COMPLICATED BY DAMAGE TO PELVIC ORGANS OR TISSUES
634.30	SPONTANEOUS ABORTION UNSPECIFIED COMPLICATED BY RENAL FAILURE
634.31	SPONTANEOUS ABORTION INCOMPLETE COMPLICATED BY RENAL FAILURE
634.32	SPONTANEOUS ABORTION COMPLETE COMPLICATED BY RENAL FAILURE
635.00	LEGALLY INDUCED ABORTION UNSPECIFIED COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION
635.01	LEGALLY INDUCED ABORTION INCOMPLETE COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION
635.02	LEGALLY INDUCED ABORTION COMPLETE COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION
635.10	LEGALLY INDUCED ABORTION UNSPECIFIED COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE
635.11	LEGALLY INDUCED ABORTION INCOMPLETE COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE
635.12	LEGALLY INDUCED ABORTION COMPLETE COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE
635.20	LEGALLY INDUCED ABORTION UNSPECIFIED COMPLICATED BY DAMAGE TO PELVIC ORGANS OR TISSUES
635.21	LEGALLY INDUCED ABORTION INCOMPLETE COMPLICATED BY DAMAGE TO PELVIC ORGANS OR TISSUES
635.22	LEGALLY INDUCED ABORTION COMPLETE COMPLICATED BY DAMAGE TO PELVIC ORGANS OR TISSUES
635.30	LEGALLY INDUCED ABORTION UNSPECIFIED COMPLICATED BY RENAL FAILURE
635.31	LEGALLY INDUCED ABORTION INCOMPLETE COMPLICATED BY RENAL FAILURE
635.32	LEGALLY INDUCED ABORTION COMPLETE COMPLICATED BY RENAL FAILURE
636.00	ILLEGAL ABORTION UNSPECIFIED COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION
636.01	ILLEGAL ABORTION INCOMPLETE COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION
636.02	ILLEGAL ABORTION COMPLETE COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION
636.10	ILLEGAL ABORTION UNSPECIFIED COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE
636.11	ILLEGAL ABORTION INCOMPLETE COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE
636.12	ILLEGAL ABORTION COMPLETE COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE
636.20	ILLEGAL ABORTION UNSPECIFIED COMPLICATED BY DAMAGE TO PELVIC ORGANS OR TISSUES
636.21	ILLEGAL ABORTION INCOMPLETE COMPLICATED BY DAMAGE TO PELVIC ORGANS OR TISSUES
636.22	

	ILLEGAL ABORTION COMPLETE COMPLICATED BY DAMAGE TO PELVIC ORGANS OR TISSUES
636.30	ILLEGAL ABORTION UNSPECIFIED COMPLICATED BY RENAL FAILURE
636.31	ILLEGAL ABORTION INCOMPLETE COMPLICATED BY RENAL FAILURE
636.32	ILLEGAL ABORTION COMPLETE COMPLICATED BY RENAL FAILURE
637.00	UNSPECIFIED TYPE OF ABORTION UNSPECIFIED COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION
637.01	UNSPECIFIED ABORTION INCOMPLETE COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION
637.02	UNSPECIFIED ABORTION COMPLETE COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION
637.10	UNSPECIFIED TYPE OF ABORTION UNSPECIFIED COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE
637.11	LEGALLY UNSPECIFIED ABORTION INCOMPLETE COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE
637.12	LEGALLY UNSPECIFIED ABORTION COMPLETE COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE
637.20	LEGALLY UNSPECIFIED TYPE OF ABORTION UNSPECIFIED COMPLICATED BY DAMAGE TO PELVIC ORGANS OR TISSUES
637.21	LEGALLY UNSPECIFIED ABORTION INCOMPLETE COMPLICATED BY DAMAGE TO PELVIC ORGANS OR TISSUES
637.22	LEGALLY UNSPECIFIED ABORTION COMPLETE COMPLICATED BY DAMAGE TO PELVIC ORGANS OR TISSUES
637.30	LEGALLY UNSPECIFIED TYPE OF ABORTION UNSPECIFIED COMPLICATED BY RENAL FAILURE
637.31	LEGALLY UNSPECIFIED ABORTION INCOMPLETE COMPLICATED BY RENAL FAILURE
637.32	LEGALLY UNSPECIFIED ABORTION COMPLETE COMPLICATED BY RENAL FAILURE
638.0	FAILED ATTEMPTED ABORTION COMPLICATED BY GENITAL TRACT AND PELVIC INFECTION
638.1	FAILED ATTEMPTED ABORTION COMPLICATED BY DELAYED OR EXCESSIVE HEMORRHAGE
638.2	FAILED ATTEMPTED ABORTION COMPLICATED BY DAMAGE TO PELVIC ORGANS OR TISSUES
638.3	FAILED ATTEMPTED ABORTION COMPLICATED BY RENAL FAILURE
639.0	GENITAL TRACT AND PELVIC INFECTION FOLLOWING ABORTION OR ECTOPIC AND MOLAR PREGNANCIES
639.1	DELAYED OR EXCESSIVE HEMORRHAGE FOLLOWING ABORTION OR ECTOPIC AND MOLAR PREGNANCIES
639.2	DAMAGE TO PELVIC ORGANS AND TISSUES FOLLOWING ABORTION OR ECTOPIC AND MOLAR PREGNANCIES
639.3	KIDNEY FAILURE FOLLOWING ABORTION AND ECTOPIC AND MOLAR PREGNANCIES
642.00	BENIGN ESSENTIAL HYPERTENSION COMPLICATING PREGNANCY CHILDBIRTH AND THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE
642.01	BENIGN ESSENTIAL HYPERTENSION WITH DELIVERY
642.02	BENIGN ESSENTIAL HYPERTENSION WITH DELIVERY WITH POSTPARTUM COMPLICATION
642.03	ANTEPARTUM BENIGN ESSENTIAL HYPERTENSION
642.04	POSTPARTUM BENIGN ESSENTIAL HYPERTENSION
642.10	HYPERTENSION SECONDARY TO RENAL DISEASE COMPLICATING PREGNANCY CHILDBIRTH AND THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE
642.11	HYPERTENSION SECONDARY TO RENAL DISEASE WITH DELIVERY
642.12	HYPERTENSION SECONDARY TO RENAL DISEASE WITH DELIVERY WITH POSTPARTUM COMPLICATION
642.13	HYPERTENSION SECONDARY TO RENAL DISEASE ANTEPARTUM

642.14	HYPERTENSION SECONDARY TO RENAL DISEASE POSTPARTUM
642.20	OTHER PRE-EXISTING HYPERTENSION COMPLICATING PREGNANCY CHILDBIRTH AND THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE
642.21	OTHER PRE-EXISTING HYPERTENSION WITH DELIVERY
642.22	OTHER PRE-EXISTING HYPERTENSION WITH DELIVERY WITH POSTPARTUM COMPLICATION
642.23	OTHER PRE-EXISTING HYPERTENSION ANTEPARTUM
642.24	OTHER PRE-EXISTING HYPERTENSION POSTPARTUM
642.30	TRANSIENT HYPERTENSION OF PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE
642.31	TRANSIENT HYPERTENSION OF PREGNANCY WITH DELIVERY
642.32	TRANSIENT HYPERTENSION OF PREGNANCY WITH DELIVERY WITH POSTPARTUM COMPLICATION
642.33	ANTEPARTUM TRANSIENT HYPERTENSION
642.34	POSTPARTUM TRANSIENT HYPERTENSION
642.40	MILD OR UNSPECIFIED PRE-ECLAMPSIA UNSPECIFIED AS TO EPISODE OF CARE
642.41	MILD OR UNSPECIFIED PRE-ECLAMPSIA WITH DELIVERY
642.42	MILD OR UNSPECIFIED PRE-ECLAMPSIA WITH DELIVERY WITH POSTPARTUM COMPLICATION
642.43	MILD OR UNSPECIFIED PRE-ECLAMPSIA ANTEPARTUM
642.44	MILD OR UNSPECIFIED PRE-ECLAMPSIA POSTPARTUM
642.50	SEVERE PRE-ECLAMPSIA UNSPECIFIED AS TO EPISODE OF CARE
642.51	SEVERE PRE-ECLAMPSIA WITH DELIVERY
642.52	SEVERE PRE-ECLAMPSIA WITH DELIVERY WITH POSTPARTUM COMPLICATION
642.53	SEVERE PRE-ECLAMPSIA ANTEPARTUM
642.54	SEVERE PRE-ECLAMPSIA POSTPARTUM
642.60	ECLAMPSIA COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE
642.61	ECLAMPSIA WITH DELIVERY
642.62	ECLAMPSIA WITH DELIVERY WITH POSTPARTUM COMPLICATION
642.63	ECLAMPSIA ANTEPARTUM
642.64	ECLAMPSIA POSTPARTUM
642.70	PRE-ECLAMPSIA OR ECLAMPSIA SUPERIMPOSED ON PRE-EXISTING HYPERTENSION COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE
642.71	PRE-ECLAMPSIA OR ECLAMPSIA SUPERIMPOSED ON PRE-EXISTING HYPERTENSION WITH DELIVERY
642.72	PRE-ECLAMPSIA OR ECLAMPSIA SUPERIMPOSED ON PRE-EXISTING HYPERTENSION WITH DELIVERY WITH POSTPARTUM COMPLICATION
642.73	PRE-ECLAMPSIA OR ECLAMPSIA SUPERIMPOSED ON PRE-EXISTING HYPERTENSION ANTEPARTUM
642.74	PRE-ECLAMPSIA OR ECLAMPSIA SUPERIMPOSED ON PRE-EXISTING HYPERTENSION POSTPARTUM
642.90	UNSPECIFIED HYPERTENSION COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE
642.91	UNSPECIFIED HYPERTENSION WITH DELIVERY
642.92	UNSPECIFIED HYPERTENSION WITH DELIVERY WITH POSTPARTUM COMPLICATION
642.93	UNSPECIFIED ANTEPARTUM HYPERTENSION
642.94	UNSPECIFIED POSTPARTUM HYPERTENSION
646.10	EDEMA OR EXCESSIVE WEIGHT GAIN IN PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE
646.11	EDEMA OR EXCESSIVE WEIGHT GAIN IN PREGNANCY WITH DELIVERY WITH OR WITHOUT ANTEPARTUM COMPLICATION

646.12	EDEMA OR EXCESSIVE WEIGHT GAIN IN PREGNANCY WITH DELIVERY WITH POSTPARTUM COMPLICATION
646.13	ANTEPARTUM EDEMA OR EXCESSIVE WEIGHT GAIN
646.14	POSTPARTUM EDEMA OR EXCESSIVE WEIGHT GAIN
646.20	UNSPECIFIED RENAL DISEASE IN PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE
646.21	UNSPECIFIED RENAL DISEASE IN PREGNANCY WITH DELIVERY
646.22	UNSPECIFIED RENAL DISEASE IN PREGNANCY WITH DELIVERY WITH POSTPARTUM COMPLICATION
646.23	UNSPECIFIED ANTEPARTUM RENAL DISEASE
646.24	UNSPECIFIED POSTPARTUM RENAL DISEASE
646.50	ASYMPTOMATIC BACTERIURIA IN PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE
646.51	ASYMPTOMATIC BACTERIURIA IN PREGNANCY WITH DELIVERY
646.52	ASYMPTOMATIC BACTERIURIA IN PREGNANCY WITH DELIVERY WITH POSTPARTUM COMPLICATION
646.53	ANTEPARTUM ASYMPTOMATIC BACTERIURIA
646.54	POSTPARTUM ASYMPTOMATIC BACTERIURIA
646.60	INFECTIONS OF GENITOURINARY TRACT IN PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE
646.61	INFECTIONS OF GENITOURINARY TRACT IN PREGNANCY WITH DELIVERY
646.62	INFECTIONS OF GENITOURINARY TRACT IN PREGNANCY WITH DELIVERY WITH POSTPARTUM COMPLICATION
646.63	ANTEPARTUM INFECTIONS OF GENITOURINARY TRACT
646.64	POSTPARTUM INFECTIONS OF GENITOURINARY TRACT
647.10	GONORRHEA OF MOTHER COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE
647.11	GONORRHEA OF MOTHER WITH DELIVERY
647.12	GONORRHEA OF MOTHER WITH DELIVERY WITH POSTPARTUM COMPLICATION
647.13	ANTEPARTUM GONORRHEA
647.14	POSTPARTUM GONORRHEA
648.00	DIABETES MELLITUS OF MOTHER COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE
648.01	DIABETES MELLITUS OF MOTHER WITH DELIVERY
648.02	DIABETES MELLITUS OF MOTHER WITH DELIVERY WITH POSTPARTUM COMPLICATION
648.03	ANTEPARTUM DIABETES MELLITUS
648.04	POSTPARTUM DIABETES MELLITUS
648.80	ABNORMAL GLUCOSE TOLERANCE OF MOTHER COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM UNSPECIFIED AS TO EPISODE OF CARE
648.81	ABNORMAL GLUCOSE TOLERANCE OF MOTHER WITH DELIVERY
648.82	ABNORMAL GLUCOSE TOLERANCE OF MOTHER WITH DELIVERY WITH POSTPARTUM COMPLICATION
648.83	ABNORMAL GLUCOSE TOLERANCE OF MOTHER ANTEPARTUM
648.84	ABNORMAL GLUCOSE TOLERANCE OF MOTHER POSTPARTUM
654.40	OTHER ABNORMALITIES IN SHAPE OR POSITION OF GRAVID UTERUS AND OF NEIGHBORING STRUCTURES UNSPECIFIED AS TO EPISODE OF CARE
654.41	OTHER ABNORMALITIES IN SHAPE OR POSITION OF GRAVID UTERUS AND OF NEIGHBORING STRUCTURES DELIVERED
654.42	OTHER ABNORMALITIES IN SHAPE OR POSITION OF GRAVID UTERUS AND OF NEIGHBORING STRUCTURES DELIVERED WITH POSTPARTUM COMPLICATION
654.43	OTHER ABNORMALITIES IN SHAPE OR POSITION OF GRAVID UTERUS AND OF NEIGHBORING STRUCTURES ANTEPARTUM

654.44	OTHER ABNORMALITIES IN SHAPE OR POSITION OF GRAVID UTERUS AND OF NEIGHBORING STRUCTURES POSTPARTUM
658.40	INFECTION OF AMNIOTIC CAVITY UNSPECIFIED AS TO EPISODE OF CARE
658.41	INFECTION OF AMNIOTIC CAVITY DELIVERED
658.43	INFECTION OF AMNIOTIC CAVITY ANTEPARTUM
659.20	UNSPECIFIED TYPE MATERNAL PYREXIA DURING LABOR UNSPECIFIED AS TO EPISODE OF CARE
659.21	UNSPECIFIED TYPE MATERNAL PYREXIA DURING LABOR DELIVERED
659.23	UNSPECIFIED TYPE MATERNAL PYREXIA ANTEPARTUM
659.30	GENERALIZED INFECTION DURING LABOR UNSPECIFIED AS TO EPISODE OF CARE
659.31	GENERALIZED INFECTION DURING LABOR DELIVERED
659.33	GENERALIZED INFECTION DURING LABOR ANTEPARTUM
664.80	OTHER SPECIFIED TRAUMA TO PERINEUM AND VULVA UNSPECIFIED AS TO EPISODE OF CARE IN PREGNANCY
664.81	OTHER SPECIFIED TRAUMA TO PERINEUM AND VULVA WITH DELIVERY
664.84	OTHER SPECIFIED TRAUMA TO PERINEUM AND VULVA POSTPARTUM
664.90	UNSPECIFIED TRAUMA TO PERINEUM AND VULVA UNSPECIFIED AS TO EPISODE OF CARE IN PREGNANCY
664.91	UNSPECIFIED TRAUMA TO PERINEUM AND VULVA WITH DELIVERY
664.94	UNSPECIFIED TRAUMA TO PERINEUM AND VULVA POSTPARTUM
665.40	HIGH VAGINAL LACERATION UNSPECIFIED AS TO EPISODE OF CARE IN PREGNANCY
665.41	HIGH VAGINAL LACERATION WITH DELIVERY
665.44	HIGH VAGINAL LACERATION POSTPARTUM
665.50	OTHER INJURY TO PELVIC ORGANS UNSPECIFIED AS TO EPISODE OF CARE IN PREGNANCY
665.51	OTHER INJURY TO PELVIC ORGANS WITH DELIVERY
665.54	OTHER INJURY TO PELVIC ORGANS POSTPARTUM
665.80	OTHER SPECIFIED OBSTETRICAL TRAUMA UNSPECIFIED AS TO EPISODE OF CARE
665.81	OTHER SPECIFIED OBSTETRICAL TRAUMA WITH DELIVERY
665.82	OTHER SPECIFIED OBSTETRICAL TRAUMA DELIVERED WITH POSTPARTUM CONDITION OR COMPLICATION
665.83	OTHER SPECIFIED OBSTETRICAL TRAUMA ANTEPARTUM
665.84	OTHER SPECIFIED OBSTETRICAL TRAUMA POSTPARTUM
669.30	ACUTE KIDNEY FAILURE FOLLOWING LABOR AND DELIVERY, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE
669.32	ACUTE KIDNEY FAILURE FOLLOWING LABOR AND DELIVERY, DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION
669.34	ACUTE KIDNEY FAILURE FOLLOWING LABOR AND DELIVERY, POSTPARTUM CONDITION OR COMPLICATION
670.00	MAJOR PUERPERAL INFECTION, UNSPECIFIED, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE
670.02	MAJOR PUERPERAL INFECTION, UNSPECIFIED, DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION
670.04	MAJOR PUERPERAL INFECTION, UNSPECIFIED, POSTPARTUM CONDITION OR COMPLICATION
670.20	PUERPERAL SEPSIS, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE
670.22	PUERPERAL SEPSIS, DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION
670.24	PUERPERAL SEPSIS, POSTPARTUM CONDITION OR COMPLICATION
670.82	OTHER MAJOR PUERPERAL INFECTION, DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION
670.84	OTHER MAJOR PUERPERAL INFECTION, POSTPARTUM CONDITION OR COMPLICATION
672.00	PUERPERAL PYREXIA OF UNKNOWN ORIGIN UNSPECIFIED AS TO EPISODE OF CARE

672.02	PUERPERAL PYREXIA OF UNKNOWN ORIGIN DELIVERED WITH POSTPARTUM COMPLICATION
672.04	PUERPERAL PYREXIA OF UNKNOWN ORIGIN POSTPARTUM
710.0	SYSTEMIC LUPUS ERYTHEMATOSUS
710.1	SYSTEMIC SCLEROSIS
710.2	SICCA SYNDROME
710.3	DERMATOMYOSITIS
710.4	POLYMYOSITIS
710.9	UNSPECIFIED DIFFUSE CONNECTIVE TISSUE DISEASE
711.00	PYOGENIC ARTHRITIS SITE UNSPECIFIED
711.01	PYOGENIC ARTHRITIS INVOLVING SHOULDER REGION
711.02	PYOGENIC ARTHRITIS INVOLVING UPPER ARM
711.03	PYOGENIC ARTHRITIS INVOLVING FOREARM
711.04	PYOGENIC ARTHRITIS INVOLVING HAND
711.05	PYOGENIC ARTHRITIS INVOLVING PELVIC REGION AND THIGH
711.06	PYOGENIC ARTHRITIS INVOLVING LOWER LEG
711.07	PYOGENIC ARTHRITIS INVOLVING ANKLE AND FOOT
711.08	PYOGENIC ARTHRITIS INVOLVING OTHER SPECIFIED SITES
711.09	PYOGENIC ARTHRITIS INVOLVING MULTIPLE SITES
714.0	RHEUMATOID ARTHRITIS
714.1	FELTY'S SYNDROME
714.2	OTHER RHEUMATOID ARTHRITIS WITH VISCERAL OR SYSTEMIC INVOLVEMENT
714.30	CHRONIC OR UNSPECIFIED POLYARTICULAR JUVENILE RHEUMATOID ARTHRITIS
714.31	ACUTE POLYARTICULAR JUVENILE RHEUMATOID ARTHRITIS
714.32	PAUCIARTICULAR JUVENILE RHEUMATOID ARTHRITIS
714.33	MONOARTICULAR JUVENILE RHEUMATOID ARTHRITIS
714.4	CHRONIC POSTRHEUMATIC ARTHROPATHY
714.81	RHEUMATOID LUNG
714.89	OTHER SPECIFIED INFLAMMATORY POLYARTHROPATHIES
714.9	UNSPECIFIED INFLAMMATORY POLYARTHROPATHY
719.40	PAIN IN JOINT SITE UNSPECIFIED
719.41	PAIN IN JOINT INVOLVING SHOULDER REGION
719.42	PAIN IN JOINT INVOLVING UPPER ARM
719.43	PAIN IN JOINT INVOLVING FOREARM
719.44	PAIN IN JOINT INVOLVING HAND
719.45	PAIN IN JOINT INVOLVING PELVIC REGION AND THIGH
719.46	PAIN IN JOINT INVOLVING LOWER LEG
719.47	PAIN IN JOINT INVOLVING ANKLE AND FOOT
719.48	PAIN IN JOINT INVOLVING OTHER SPECIFIED SITES
719.49	PAIN IN JOINT INVOLVING MULTIPLE SITES
724.2	LUMBAGO
724.5	BACKACHE UNSPECIFIED
752.51	UNDESCENDED TESTIS
753.0	RENAL AGENESIS AND DYSGENESIS
753.10	CYSTIC KIDNEY DISEASE UNSPECIFIED
753.11	CONGENITAL SINGLE RENAL CYST
753.12	POLYCYSTIC KIDNEY UNSPECIFIED TYPE
753.13	POLYCYSTIC KIDNEY AUTOSOMAL DOMINANT
753.14	POLYCYSTIC KIDNEY AUTOSOMAL RECESSIVE
753.15	RENAL DYSPLASIA

753.16	MEDULLARY CYSTIC KIDNEY
753.17	MEDULLARY SPONGE KIDNEY
753.19	OTHER SPECIFIED CYSTIC KIDNEY DISEASE
753.3	OTHER SPECIFIED ANOMALIES OF KIDNEY
753.4	OTHER SPECIFIED ANOMALIES OF URETER
753.5	EXSTROPHY OF URINARY BLADDER
753.6	CONGENITAL ATRESIA AND STENOSIS OF URETHRA AND BLADDER NECK
753.7	CONGENITAL ANOMALIES OF URACHUS
753.8	OTHER SPECIFIED CONGENITAL ANOMALIES OF BLADDER AND URETHRA
753.9	UNSPECIFIED CONGENITAL ANOMALY OF URINARY SYSTEM
780.02	TRANSIENT ALTERATION OF AWARENESS
780.09	ALTERATION OF CONSCIOUSNESS OTHER
780.2	SYNCOPE AND COLLAPSE
780.33	POST TRAUMATIC SEIZURES
780.4	DIZZINESS AND GIDDINESS
780.60	FEVER, UNSPECIFIED
780.61	FEVER PRESENTING WITH CONDITIONS CLASSIFIED ELSEWHERE
780.62	POSTPROCEDURAL FEVER
780.63	POSTVACCINATION FEVER
780.64	CHILLS (WITHOUT FEVER)
780.65	HYPOTHERMIA NOT ASSOCIATED WITH LOW ENVIRONMENTAL TEMPERATURE
780.66	FEBRILE NONHEMOLYTIC TRANSFUSION REACTION
780.79	OTHER MALAISE AND FATIGUE
780.91	FUSSY INFANT (BABY)
780.97	ALTERED MENTAL STATUS
780.99	OTHER GENERAL SYMPTOMS
782.3	EDEMA
783.5	POLYDIPSIA
785.59	OTHER SHOCK WITHOUT TRAUMA
787.01	NAUSEA WITH VOMITING
787.03	VOMITING ALONE
787.91	DIARRHEA
788.0	RENAL COLIC
788.1	DYSURIA
788.20	RETENTION OF URINE UNSPECIFIED
788.21	INCOMPLETE BLADDER EMPTYING
788.29	OTHER SPECIFIED RETENTION OF URINE
788.30	URINARY INCONTINENCE UNSPECIFIED
788.31	URGE INCONTINENCE
788.32	STRESS INCONTINENCE MALE
788.33	MIXED INCONTINENCE (MALE) (FEMALE)
788.34	INCONTINENCE WITHOUT SENSORY AWARENESS
788.35	POST-VOID DRIBBLING
788.36	NOCTURNAL ENURESIS
788.37	CONTINUOUS LEAKAGE
788.38	OVERFLOW INCONTINENCE
788.39	OTHER URINARY INCONTINENCE
788.41	URINARY FREQUENCY
788.42	POLYURIA
788.43	NOCTURIA

788.5	OLIGURIA AND ANURIA
788.61	SPLITTING OF URINARY STREAM
788.62	SLOWING OF URINARY STREAM
788.63	URGENCY OF URINATION
788.64	URINARY HESITANCY
788.65	STRAINING ON URINATION
788.69	OTHER ABNORMALITY OF URINARY STREAM
788.7	URETHRAL DISCHARGE
788.8	EXTRAVASATION OF URINE
788.91	FUNCTIONAL URINARY INCONTINENCE
788.99	OTHER SYMPTOMS INVOLVING URINARY SYSTEM
789.00	ABDOMINAL PAIN UNSPECIFIED SITE
789.01	ABDOMINAL PAIN RIGHT UPPER QUADRANT
789.02	ABDOMINAL PAIN LEFT UPPER QUADRANT
789.03	ABDOMINAL PAIN RIGHT LOWER QUADRANT
789.04	ABDOMINAL PAIN LEFT LOWER QUADRANT
789.05	ABDOMINAL PAIN PERIUMBILIC
789.06	ABDOMINAL PAIN EPIGASTRIC
789.07	ABDOMINAL PAIN GENERALIZED
789.09	ABDOMINAL PAIN OTHER SPECIFIED SITE
789.36	ABDOMINAL OR PELVIC SWELLING MASS OR LUMP EPIGASTRIC
789.51	MALIGNANT ASCITES
790.21	IMPAIRED FASTING GLUCOSE
790.22	IMPAIRED GLUCOSE TOLERANCE TEST (ORAL)
790.29	OTHER ABNORMAL GLUCOSE
790.7	BACTEREMIA
790.93	ELEVATED PROSTATE SPECIFIC ANTIGEN [PSA]
790.95	ELEVATED C-REACTIVE PROTEIN (CRP)
791.0	PROTEINURIA
791.1	CHYLURIA
791.2	HEMOGLOBINURIA
791.3	MYOGLOBINURIA
791.4	BILIURIA
791.5	GLYCOSURIA
791.6	ACETONURIA
791.7	OTHER CELLS AND CASTS IN URINE
791.9	OTHER NONSPECIFIC FINDINGS ON EXAMINATION OF URINE
793.5	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF GENITOURINARY ORGANS
793.6	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF ABDOMINAL AREA, INCLUDING RETROPERITONEUM
794.4	NONSPECIFIC ABNORMAL RESULTS OF FUNCTION STUDY OF KIDNEY
795.79	OTHER AND UNSPECIFIED NONSPECIFIC IMMUNOLOGICAL FINDINGS
796.2	ELEVATED BLOOD PRESSURE READING WITHOUT DIAGNOSIS OF HYPERTENSION
799.21	NERVOUSNESS
799.22	IRRITABILITY
799.23	IMPULSIVENESS
799.24	EMOTIONAL LABILITY
799.59	OTHER SIGNS AND SYMPTOMS INVOLVING COGNITION
806.5	OPEN FRACTURE OF LUMBAR SPINE WITH SPINAL CORD INJURY
806.70	

	OPEN FRACTURE OF SACRUM AND COCCYX WITH UNSPECIFIED SPINAL CORD INJURY
806.71	OPEN FRACTURE OF SACRUM AND COCCYX WITH COMPLETE CAUDA EQUINA LESION
808.0	CLOSED FRACTURE OF ACETABULUM
808.1	OPEN FRACTURE OF ACETABULUM
808.2	CLOSED FRACTURE OF PUBIS
808.3	OPEN FRACTURE OF PUBIS
808.41	CLOSED FRACTURE OF ILIUM
808.42	CLOSED FRACTURE OF ISCHIUM
808.43	MULTIPLE CLOSED PELVIC FRACTURES WITH DISRUPTION OF PELVIC CIRCLE
808.44	MULTIPLE CLOSED PELVIC FRACTURES WITHOUT DISRUPTION OF PELVIC CIRCLE
808.49	CLOSED FRACTURE OF OTHER SPECIFIED PART OF PELVIS
808.51	OPEN FRACTURE OF ILIUM
808.52	OPEN FRACTURE OF ISCHIUM
808.53	MULTIPLE OPEN PELVIC FRACTURES WITH DISRUPTION OF PELVIC CIRCLE
808.54	MULTIPLE OPEN PELVIC FRACTURES WITHOUT DISRUPTION OF PELVIC CIRCLE
808.59	OPEN FRACTURE OF OTHER SPECIFIED PART OF PELVIS
808.9	UNSPECIFIED OPEN FRACTURE OF PELVIS
866.00	UNSPECIFIED INJURY TO KIDNEY WITHOUT OPEN WOUND INTO CAVITY
866.01	HEMATOMA OF KIDNEY WITHOUT RUPTURE OF CAPSULE WITHOUT OPEN WOUND INTO CAVITY
866.02	LACERATION OF KIDNEY WITHOUT OPEN WOUND INTO CAVITY
866.03	COMPLETE DISRUPTION OF KIDNEY PARENCHYMA WITHOUT OPEN WOUND INTO CAVITY
866.10	UNSPECIFIED INJURY TO KIDNEY WITH OPEN WOUND INTO CAVITY
866.11	HEMATOMA OF KIDNEY WITHOUT RUPTURE OF CAPSULE WITH OPEN WOUND INTO CAVITY
866.12	LACERATION OF KIDNEY WITH OPEN WOUND INTO CAVITY
866.13	COMPLETE DISRUPTION OF KIDNEY PARENCHYMA WITH OPEN WOUND INTO CAVITY
867.0	INJURY TO BLADDER AND URETHRA WITHOUT OPEN WOUND INTO CAVITY
867.1	INJURY TO BLADDER AND URETHRA WITH OPEN WOUND INTO CAVITY
867.2	INJURY TO URETER WITHOUT OPEN WOUND INTO CAVITY
867.3	INJURY TO URETER WITH OPEN WOUND INTO CAVITY
867.6	INJURY TO OTHER SPECIFIED PELVIC ORGANS WITHOUT OPEN WOUND INTO CAVITY
867.7	INJURY TO OTHER SPECIFIED PELVIC ORGANS WITH OPEN WOUND INTO CAVITY
867.8	INJURY TO UNSPECIFIED PELVIC ORGAN WITHOUT OPEN WOUND INTO CAVITY
867.9	INJURY TO UNSPECIFIED PELVIC ORGAN WITH OPEN WOUND INTO CAVITY
868.00	INJURY TO UNSPECIFIED INTRA-ABDOMINAL ORGAN WITHOUT OPEN WOUND INTO CAVITY
868.09	INJURY TO OTHER AND MULTIPLE INTRA-ABDOMINAL ORGANS WITHOUT OPEN WOUND INTO CAVITY
868.10	INJURY TO UNSPECIFIED INTRA-ABDOMINAL ORGAN WITH OPEN WOUND INTO CAVITY
868.19	INJURY TO OTHER AND MULTIPLE INTRA-ABDOMINAL ORGANS WITH OPEN WOUND INTO CAVITY
869.0	INTERNAL INJURY TO UNSPECIFIED OR ILL-DEFINED ORGANS WITHOUT OPEN WOUND INTO CAVITY
869.1	INTERNAL INJURY TO UNSPECIFIED OR ILL-DEFINED ORGANS WITH OPEN WOUND INTO CAVITY
876.1	OPEN WOUND OF BACK COMPLICATED
878.0	OPEN WOUND OF PENIS WITHOUT COMPLICATION

878.1	OPEN WOUND OF PENIS COMPLICATED
878.2	OPEN WOUND OF SCROTUM AND TESTES WITHOUT COMPLICATION
878.3	OPEN WOUND OF SCROTUM AND TESTES COMPLICATED
878.4	OPEN WOUND OF VULVA WITHOUT COMPLICATION
878.5	OPEN WOUND OF VULVA COMPLICATED
878.6	OPEN WOUND OF VAGINA WITHOUT COMPLICATION
878.7	OPEN WOUND OF VAGINA COMPLICATED
878.9	OPEN WOUND OF OTHER AND UNSPECIFIED PARTS OF GENITAL ORGANS COMPLICATED
879.3	OPEN WOUND OF ABDOMINAL WALL ANTERIOR COMPLICATED
879.5	OPEN WOUND OF ABDOMINAL WALL LATERAL COMPLICATED
879.7	OPEN WOUND OF OTHER AND UNSPECIFIED PARTS OF TRUNK COMPLICATED
879.8	OPEN WOUND(S) (MULTIPLE) OF UNSPECIFIED SITE(S) WITHOUT COMPLICATION
879.9	OPEN WOUND(S) (MULTIPLE) OF UNSPECIFIED SITE(S) COMPLICATED
922.1	CONTUSION OF CHEST WALL
922.2	CONTUSION OF ABDOMINAL WALL
922.31	CONTUSION OF BACK
922.32	CONTUSION OF BUTTOCK
922.33	CONTUSION OF INTERSCAPULAR REGION
922.4	CONTUSION OF GENITAL ORGANS
926.0	CRUSHING INJURY OF EXTERNAL GENITALIA
926.11	CRUSHING INJURY OF BACK
926.12	CRUSHING INJURY OF BUTTOCK
926.19	CRUSHING INJURY OF OTHER SPECIFIED SITES OF TRUNK
926.8	CRUSHING INJURY OF MULTIPLE SITES OF TRUNK
927.00	CRUSHING INJURY OF SHOULDER REGION
928.00	CRUSHING INJURY OF THIGH
928.01	CRUSHING INJURY OF HIP
928.10	CRUSHING INJURY OF LOWER LEG
928.8	CRUSHING INJURY OF MULTIPLE SITES OF LOWER LIMB
929.0	CRUSHING INJURY OF MULTIPLE SITES NOT ELSEWHERE CLASSIFIED
929.9	CRUSHING INJURY OF UNSPECIFIED SITE
939.0	FOREIGN BODY IN BLADDER AND URETHRA
939.2	FOREIGN BODY IN VULVA AND VAGINA
939.3	FOREIGN BODY IN PENIS
939.9	FOREIGN BODY IN UNSPECIFIED SITE IN GENITOURINARY TRACT
941.39	FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF MULTIPLE SITES (EXCEPT WITH EYE) OF FACE HEAD AND NECK
941.49	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SITES (EXCEPT WITH EYE) OF FACE HEAD AND NECK WITHOUT LOSS OF A BODY PART
941.59	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SITES (EXCEPT EYE) OF FACE HEAD AND NECK WITH LOSS OF A BODY PART
942.20	BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF UNSPECIFIED SITE OF TRUNK
942.22	BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF CHEST WALL EXCLUDING BREAST AND NIPPLE
942.23	BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF ABDOMINAL WALL
942.24	BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF BACK (ANY PART)

942.29	BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF OTHER AND MULTIPLE SITES OF TRUNK
942.30	FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF UNSPECIFIED SITE OF TRUNK
942.32	FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF CHEST WALL EXCLUDING BREAST AND NIPPLE
942.33	FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF ABDOMINAL WALL
942.34	FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF BACK (ANY PART)
942.39	FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF OTHER AND MULTIPLE SITES OF TRUNK
942.40	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF TRUNK UNSPECIFIED SITE WITHOUT LOSS OF BODY PART
942.42	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF CHEST WALL EXCLUDING BREAST AND NIPPLE WITHOUT LOSS OF CHEST WALL
942.43	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF ABDOMINAL WALL WITHOUT LOSS OF ABDOMINAL WALL
942.44	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF BACK (ANY PART) WITHOUT LOSS OF BACK
942.49	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF OTHER AND MULTIPLE SITES OF TRUNK WITHOUT LOSS OF BODY PART
942.50	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF UNSPECIFIED SITE OF TRUNK WITH LOSS OF BODY PART
942.52	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF CHEST WALL EXCLUDING BREAST AND NIPPLE WITH LOSS OF CHEST WALL
942.53	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF ABDOMINAL WALL WITH LOSS OF ABDOMINAL WALL
942.54	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF BACK (ANY PART) WITH LOSS OF BACK
942.59	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF OTHER AND MULTIPLE SITES OF TRUNK WITH LOSS OF A BODY PART
943.30	FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF UNSPECIFIED SITE OF UPPER LIMB
943.39	FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF MULTIPLE SITES OF UPPER LIMB EXCEPT WRIST AND HAND
943.40	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF UNSPECIFIED SITE OF UPPER LIMB WITHOUT LOSS OF A BODY PART
943.49	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SITES OF UPPER LIMB EXCEPT WRIST AND HAND WITHOUT LOSS OF UPPER LIMB
943.50	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF UNSPECIFIED SITE OF UPPER LIMB WITH LOSS OF A BODY PART
943.59	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SITES OF UPPER LIMB EXCEPT WRIST AND HAND WITH LOSS OF UPPER LIMB
946.2	BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF MULTIPLE SPECIFIED SITES
946.3	FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF MULTIPLE SPECIFIED SITES
946.4	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SPECIFIED SITES WITHOUT LOSS OF A BODY PART
946.5	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SPECIFIED SITES WITH LOSS OF A BODY PART
947.1	BURN OF LARYNX TRACHEA AND LUNG
947.2	BURN OF ESOPHAGUS

947.3	BURN OF GASTROINTESTINAL TRACT
947.4	BURN OF VAGINA AND UTERUS
947.8	BURN OF OTHER SPECIFIED SITES OF INTERNAL ORGANS
948.21	BURN (ANY DEGREE) INVOLVING 20-29 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19%
948.22	BURN (ANY DEGREE) INVOLVING 20-29 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29%
948.30	BURN (ANY DEGREE) INVOLVING 30-39 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT
948.31	BURN (ANY DEGREE) INVOLVING 30-39 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19%
948.32	BURN (ANY DEGREE) INVOLVING 30-39 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29%
948.33	BURN (ANY DEGREE) INVOLVING 30-39 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 30-39%
948.40	BURN (ANY DEGREE) INVOLVING 40-49 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT
948.41	BURN (ANY DEGREE) INVOLVING 40-49 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19%
948.42	BURN (ANY DEGREE) INVOLVING 40-49 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29%
948.43	BURN (ANY DEGREE) INVOLVING 40-49 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 30-39%
948.44	BURN (ANY DEGREE) INVOLVING 40-49 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 40-49%
948.50	BURN (ANY DEGREE) INVOLVING 50-59 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT
948.51	BURN (ANY DEGREE) INVOLVING 50-59 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19%
948.52	BURN (ANY DEGREE) INVOLVING 50-59 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29%
948.53	BURN (ANY DEGREE) INVOLVING 50-59 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 30-39%
948.54	BURN (ANY DEGREE) INVOLVING 50-59 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 40-49%
948.55	BURN (ANY DEGREE) INVOLVING 50-59 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 50-59%
948.60	BURN (ANY DEGREE) INVOLVING 60-69 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT
948.61	BURN (ANY DEGREE) INVOLVING 60-69 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19%
948.62	BURN (ANY DEGREE) INVOLVING 60-69 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29%
948.63	BURN (ANY DEGREE) INVOLVING 60-69 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 30-39%
948.64	BURN (ANY DEGREE) INVOLVING 60-69 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 40-49%
948.65	BURN (ANY DEGREE) INVOLVING 60-69 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 50-59%
948.66	BURN (ANY DEGREE) INVOLVING 60-69 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 60-69%
948.70	BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT
948.71	BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19%

948.72	BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29%
948.73	BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 30-39%
948.74	BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 40-49%
948.75	BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 50-59%
948.76	BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 60-69%
948.77	BURN (ANY DEGREE) INVOLVING 70-79 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 70-79%
948.80	BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT
948.81	BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19%
948.82	BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29%
948.83	BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 30-39%
948.84	BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 40-49%
948.85	BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 50-59%
948.86	BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 60-69%
948.87	BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 70-79%
948.88	BURN (ANY DEGREE) INVOLVING 80-89 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF 80-89%
948.90	BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT
948.91	BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 10-19%
948.92	BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 20-29%
948.93	BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 30-39%
948.94	BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 40-49%
948.95	BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 50-59%
948.96	BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 60-69%
948.97	BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 70-79%
948.98	BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 80-89%
948.99	BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 90% OR MORE OF BODY SURFACE
949.3	FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) UNSPECIFIED SITE
949.4	DEEP NECROSIS OF UNDERLYING TISSUE DUE TO BURN (DEEP THIRD DEGREE) UNSPECIFIED SITE WITHOUT LOSS OF A BODY PART
949.5	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) UNSPECIFIED SITE WITH LOSS OF A BODY PART
958.5	TRAUMATIC ANURIA

959.11	OTHER INJURY OF CHEST WALL
959.12	OTHER INJURY OF ABDOMEN
959.13	FRACTURE OF CORPUS CAVERNOSUM PENIS
959.14	OTHER INJURY OF EXTERNAL GENITALS
959.19	OTHER AND UNSPECIFIED INJURY OF OTHER SITES OF TRUNK
961.2	POISONING BY HEAVY METAL ANTI-INFECTIVES
963.1	POISONING BY ANTINEOPLASTIC AND IMMUNOSUPPRESSIVE DRUGS
963.3	POISONING BY ALKALIZING AGENTS
965.1	POISONING BY SALICYLATES
992.0	HEAT STROKE AND SUNSTROKE
992.1	HEAT SYNCOPE
992.2	HEAT CRAMPS
992.3	HEAT EXHAUSTION ANHYDROTIC
992.4	HEAT EXHAUSTION DUE TO SALT DEPLETION
992.5	HEAT EXHAUSTION UNSPECIFIED
992.6	HEAT FATIGUE TRANSIENT
992.7	HEAT EDEMA
992.8	OTHER SPECIFIED HEAT EFFECTS
995.20	UNSPECIFIED ADVERSE EFFECT OF UNSPECIFIED DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE
995.21	ARTHUS PHENOMENON
995.22	UNSPECIFIED ADVERSE EFFECT OF ANESTHESIA
995.23	UNSPECIFIED ADVERSE EFFECT OF INSULIN
995.27	OTHER DRUG ALLERGY
995.29	UNSPECIFIED ADVERSE EFFECT OF OTHER DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE
995.53	CHILD SEXUAL ABUSE
995.54	CHILD PHYSICAL ABUSE
995.59	OTHER CHILD ABUSE AND NEGLECT
996.30	MECHANICAL COMPLICATION OF UNSPECIFIED GENITOURINARY DEVICE IMPLANT AND GRAFT
996.31	MECHANICAL COMPLICATION DUE TO URETHRAL (INDWELLING) CATHETER
996.32	MECHANICAL COMPLICATION DUE TO INTRAUTERINE CONTRACEPTIVE DEVICE
996.39	OTHER MECHANICAL COMPLICATION OF GENITOURINARY DEVICE IMPLANT AND GRAFT
996.62	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER VASCULAR DEVICE IMPLANT AND GRAFT
996.64	INFECTION AND INFLAMMATORY REACTION DUE TO INDWELLING URINARY CATHETER
996.65	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER GENITOURINARY DEVICE IMPLANT AND GRAFT
996.76	OTHER COMPLICATIONS DUE TO GENITOURINARY DEVICE IMPLANT AND GRAFT
996.81	COMPLICATIONS OF TRANSPLANTED KIDNEY
997.5	URINARY COMPLICATIONS NOT ELSEWHERE CLASSIFIED
998.00	POSTOPERATIVE SHOCK, UNSPECIFIED
998.01	POSTOPERATIVE SHOCK, CARDIOGENIC
998.02	POSTOPERATIVE SHOCK, SEPTIC
998.09	POSTOPERATIVE SHOCK, OTHER
998.2	ACCIDENTAL PUNCTURE OR LACERATION DURING A PROCEDURE NOT ELSEWHERE CLASSIFIED
999.32	BLOODSTREAM INFECTION DUE TO CENTRAL VENOUS CATHETER
999.33	LOCAL INFECTION DUE TO CENTRAL VENOUS CATHETER

999.34	ACUTE INFECTION FOLLOWING TRANSFUSION, INFUSION, OR INJECTION OF BLOOD AND BLOOD PRODUCTS
999.60	ABO INCOMPATIBILITY REACTION, UNSPECIFIED
999.61	ABO INCOMPATIBILITY WITH HEMOLYTIC TRANSFUSION REACTION NOT SPECIFIED AS ACUTE OR DELAYED
999.62	ABO INCOMPATIBILITY WITH ACUTE HEMOLYTIC TRANSFUSION REACTION
999.63	ABO INCOMPATIBILITY WITH DELAYED HEMOLYTIC TRANSFUSION REACTION
999.69	OTHER ABO INCOMPATIBILITY REACTION
999.70	RH INCOMPATIBILITY REACTION, UNSPECIFIED
999.71	RH INCOMPATIBILITY WITH HEMOLYTIC TRANSFUSION REACTION NOT SPECIFIED AS ACUTE OR DELAYED
999.72	RH INCOMPATIBILITY WITH ACUTE HEMOLYTIC TRANSFUSION REACTION
999.73	RH INCOMPATIBILITY WITH DELAYED HEMOLYTIC TRANSFUSION REACTION
999.74	OTHER RH INCOMPATIBILITY REACTION
999.75	NON-ABO INCOMPATIBILITY REACTION, UNSPECIFIED
999.76	NON-ABO INCOMPATIBILITY WITH HEMOLYTIC TRANSFUSION REACTION NOT SPECIFIED AS ACUTE OR DELAYED
999.77	NON-ABO INCOMPATIBILITY WITH ACUTE HEMOLYTIC TRANSFUSION REACTION
999.78	NON-ABO INCOMPATIBILITY WITH DELAYED HEMOLYTIC TRANSFUSION REACTION
999.79	OTHER NON-ABO INCOMPATIBILITY REACTION
999.80	TRANSFUSION REACTION, UNSPECIFIED
999.81	EXTRAVASATION OF VESICANT CHEMOTHERAPY
999.82	EXTRAVASATION OF OTHER VESICANT AGENT
999.83	HEMOLYTIC TRANSFUSION REACTION, INCOMPATIBILITY UNSPECIFIED
999.84	ACUTE HEMOLYTIC TRANSFUSION REACTION, INCOMPATIBILITY UNSPECIFIED
999.85	DELAYED HEMOLYTIC TRANSFUSION REACTION, INCOMPATIBILITY UNSPECIFIED
999.88	OTHER INFUSION REACTION
999.89	OTHER TRANSFUSION REACTION
V10.46	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF PROSTATE
V10.50	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF UNSPECIFIED URINARY ORGAN
V10.51	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BLADDER
V10.52	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF KIDNEY
V10.53	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF RENAL PELVIS
V10.59	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER URINARY ORGANS
V13.00	PERSONAL HISTORY OF UNSPECIFIED URINARY DISORDER
V13.01	PERSONAL HISTORY OF URINARY CALCULI
V13.02	PERSONAL HISTORY, URINARY (TRACT) INFECTION
V13.03	PERSONAL HISTORY, NEPHROTIC SYNDROME
V13.09	PERSONAL HISTORY OF OTHER SPECIFIED URINARY SYSTEM DISORDERS
V13.62	PERSONAL HISTORY OF OTHER (CORRECTED) CONGENITAL MALFORMATIONS OF GENITOURINARY SYSTEM
V15.51	PERSONAL HISTORY OF TRAUMATIC FRACTURE
V15.59	PERSONAL HISTORY OF OTHER INJURY
V21.0	PERIOD OF RAPID GROWTH IN CHILDHOOD
V21.1	PUBERTY
V21.2	OTHER DEVELOPMENT OF ADOLESCENCE
V21.30	UNSPECIFIED LOW BIRTH WEIGHT STATUS
V21.31	LOW BIRTH WEIGHT STATUS LESS THAN 500 GRAMS
V21.32	LOW BIRTH WEIGHT STATUS 500-999 GRAMS
V21.33	LOW BIRTH WEIGHT STATUS 1000-1499 GRAMS
V21.34	LOW BIRTH WEIGHT STATUS 1500-1999 GRAMS

V21.35	LOW BIRTH WEIGHT STATUS 2000-2500 GRAMS
V21.8	OTHER SPECIFIED CONSTITUTIONAL STATES IN DEVELOPMENT
V21.9	UNSPECIFIED CONSTITUTIONAL STATE IN DEVELOPMENT
V22.0	SUPERVISION OF NORMAL FIRST PREGNANCY
V22.1	SUPERVISION OF OTHER NORMAL PREGNANCY
V22.2	PREGNANT STATE INCIDENTAL
V23.0	SUPERVISION OF HIGH-RISK PREGNANCY WITH HISTORY OF INFERTILITY
V23.1	SUPERVISION OF HIGH-RISK PREGNANCY WITH HISTORY OF TROPHO BLASTIC DISEASE
V23.2	SUPERVISION OF HIGH-RISK PREGNANCY WITH HISTORY OF ABORTION
V23.3	SUPERVISION OF HIGH-RISK PREGNANCY WITH GRAND MULTIPARITY
V23.41	SUPERVISION OF HIGH-RISK PREGNANCY WITH HISTORY OF PRE-TERM LABOR
V23.49	SUPERVISION OF HIGH-RISK PREGNANCY WITH OTHER POOR OBSTETRIC HISTORY
V23.5	SUPERVISION OF HIGH-RISK PREGNANCY WITH OTHER POOR REPRODUCTIVE HISTORY
V23.7	SUPERVISION OF HIGH-RISK PREGNANCY WITH INSUFFICIENT PRENATAL CARE
V23.81	SUPERVISION OF HIGH-RISK PREGNANCY WITH ELDERLY PRIMIGRAVIDA
V23.82	SUPERVISION OF HIGH-RISK PREGNANCY WITH ELDERLY MULTIGRAVIDA
V23.83	SUPERVISION OF HIGH-RISK PREGNANCY WITH YOUNG PRIMIGRAVIDA
V23.84	SUPERVISION OF HIGH-RISK PREGNANCY WITH YOUNG MULTIGRAVIDA
V23.89	SUPERVISION OF OTHER HIGH-RISK PREGNANCY
V23.9	SUPERVISION OF UNSPECIFIED HIGH-RISK PREGNANCY
V42.0	KIDNEY REPLACED BY TRANSPLANT
V44.50	CYSTOSTOMY UNSPECIFIED
V44.51	CUTANEOUS-VESICOSTOMY
V44.52	APPENDICO-VESICOSTOMY
V44.59	OTHER CYSTOSTOMY
V44.6	STATUS OF OTHER ARTIFICIAL OPENING OF URINARY TRACT
V45.11	RENAL DIALYSIS STATUS
V45.12	NONCOMPLIANCE WITH RENAL DIALYSIS
V58.0	RADIOTHERAPY
V58.63	LONG-TERM (CURRENT) USE OF ANTIPLATELETS/ANTITHROMBOTICS
V58.64	LONG-TERM (CURRENT) USE OF NONSTEROIDAL ANTI-INFLAMMATORIES
V58.65	LONG-TERM (CURRENT) USE OF STEROIDS
V58.69	LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS
V59.4	KIDNEY DONORS
V67.51	FOLLOW-UP EXAMINATION FOLLOWING COMPLETED TREATMENT WITH HIGH-RISK MEDICATION NOT ELSEWHERE CLASSIFIED
V87.01	CONTACT WITH AND (SUSPECTED) EXPOSURE TO ARSENIC
V87.09	CONTACT WITH AND (SUSPECTED) EXPOSURE TO OTHER HAZARDOUS METALS
V87.11	CONTACT WITH AND (SUSPECTED) EXPOSURE TO AROMATIC AMINES
V87.12	CONTACT WITH AND (SUSPECTED) EXPOSURE TO BENZENE
V87.19	CONTACT WITH AND (SUSPECTED) EXPOSURE TO OTHER HAZARDOUS AROMATIC COMPOUNDS
V87.2	CONTACT WITH AND (SUSPECTED) EXPOSURE TO OTHER POTENTIALLY HAZARDOUS CHEMICALS
V90.83	RETAINED STONE OR CRYSTALLINE FRAGMENTS

Diagnoses that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

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General Information

Documentations Requirements

Documentation supporting the medical reasonableness and necessity of this test, such as ICD-9-CM code(s), must be submitted with each claim. Claims submitted without such evidence will be denied as not being reasonable and necessary. Medical records must be made available to Medicare on request.

When requesting an *individual consideration* through the written redetermination (formerly appeal) process, providers must include all relevant medical records and literature that supports the request. At a minimum two (2) Phase II studies (human feasibility studies suggesting efficacy, pilots) or one (1) Phase III study (primary evidence of safety and efficacy, pivotal) must be submitted for the Medical Director's review.

Appendices

Utilization Guidelines

Sources of Information and Basis for Decision

- Physicians' Current Procedural Terminology (CPT), 2002, American Medical Association
- Carrier Medical Directors
- Medical Consultants· The Merck Manual, Seventeenth Ed, Whitehouse Station, NJ Merck Research Laboratories, 1999
- Jacobs DS et al, eds. Laboratory Test Handbook, 3rd ed, Cleveland, Lexi-Comp Inc, 1994

Other carriers' policies **Advisory Committee Meeting Notes** This LCD was discussed in the Part A Open Door Coverage Meeting on October 19, 2006 and on January 18, 2007.

This policy does not reflect the sole opinion of the contractor or contractor medical director. Although the final decision rests with the contractor, this policy was developed in cooperation with representatives from various medical specialties.

The "30% Coding Rule" comes from the AMA (American Medical Association), the organization that holds the copyrights for all CPT codes. The rule states that if, in a given section (e.g., surgery) or subsection (e.g., surgery, integumentary) of the CPT Manual, more than 30% of the codes are listed in the LMRP, then the short descriptors must be used rather than the long descriptors found in the CPT Manual. In this LCD, it does not apply, due to the fact that codes utilized in this policy do not exceed 30% of any CPT section or subsection.

This medical policy consolidates and replaces all previous policies and publications on this subject by Noridian Administrative Services (NAS) and its predecessors for Medicare A.

Comments

Comment: One commenter requested the addition of several ICD-9-CM codes.

NAS Response: All but one were included, unspecified heart failure is too nonspecific.

Start Date of Comment Period 12/01/2002

End Date of Comment Period 01/15/2003

Start Date of Notice Period 02/12/2003

Revision History Number R14

Revision History Explanation This medical policy was revised and renumbered to create consistency between the Noridian Part A states. This policy is new to Minnesota. The original North Dakota medical policy was (ND 97.11A).The North Dakota policy was retired 04/01/2003.

This was revised with the 2004 ICD-9-CM updates:
The 2004 ICD-9-CM code updates included the following changes:
The code range 600.0 to 600.9 was expanded to include:

600.01 Hypertrophy (Benign) of prostate with urinary obstruction
600.11 Nodular prostate with urinary obstruction
600.21 Benign localized hyperplasia of prostate with urinary obstruction
600.91 Hyperplasia of prostate unspecified with urinary obstruction

Code 790.2 (Abnormal glucose tolerance test) was expanded to a fifth digit:
790.21 Impaired fasting glucose
790.22 Impaired glucose tolerance test (oral)
790.29 Other abnormal glucose

Code 959.1 (Injury, trunk) has been expanded to include:

959.11 Other injury of chest wall
959.12 Other injury of abdomen
959.13 Fracture of corpus cavernosum penis
959.14 Other injury of external genitals
959.19 Other and unspecified injuries of other sites of trunk

Code 58.69 Long-term (Current) use of other medications has expanded to include:

V58.63 Long-term (current) use of antiplatelets/antithrombotics
V58.64 Long-term (current) use of non-steroidal anti-inflammatories
V58.65 Long-term (current) use of steroids

These changes were effective 10-01-2003.

This LCD was converted from an LMRP on 3/17/2005

08/25/2005-CPT code 81025 removed from the "CPT/HCPC Codes" section. Effective date for deletion of 81025 is 07/16/2005

09/04/2005 - This policy was updated by the ICD-9 2005-2006 Annual Update.

09/26/2005-The policy has the following updates due to the ICD-9 2005-2006 Annual Coding updates:

ICD-9-CM Code Description Changes:

Code Old Code Description New Code Description
code:403.00

Old Code Description-MALIGNANT HYPERTENSIVE RENAL DISEASE WITHOUT RENAL FAILURE

New Code Description-HYPERTENSIVE KIDNEY DISEASE, MALIGNANT, WITHOUT CHRONIC KIDNEY DISEASE

code:403.01

Old Code Description-MALIGNANT HYPERTENSIVE RENAL DISEASE WITH RENAL FAILURE

New Code Description-HYPERTENSIVE KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE

code:403.10

Old Code Description-BENIGN HYPERTENSIVE RENAL DISEASE WITHOUT RENAL FAILURE

New Code Description-HYPERTENSIVE KIDNEY DISEASE, BENIGN, WITHOUT CHRONIC KIDNEY DISEASE

code:403.11

Old Code Description-BENIGN HYPERTENSIVE RENAL DISEASE WITH RENAL FAILURE

New Code Description-HYPERTENSIVE KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE

code:403.90

Old Code Description-UNSPECIFIED HYPERTENSIVE RENAL DISEASE WITHOUT RENAL FAILURE

New Code Description-HYPERTENSIVE KIDNEY DISEASE, UNSPECIFIED, WITHOUT CHRONIC KIDNEY DISEASE

code:403.91

Old Code Description-UNSPECIFIED HYPERTENSIVE RENAL DISEASE WITH RENAL FAILURE

New Code Description-HYPERTENSIVE KIDNEY DISEASE, UNSPECIFIED, WITH CHRONIC KIDNEY DISEASE

code:404.00

Old Code Description-MALIGNANT HYPERTENSIVE HEART AND RENAL DISEASE WITHOUT HEART FAILURE OR RENAL FAILURE

New Code Description-HYPERTENSIVE HEART AND KIDNEY DISEASE, MALIGNANT, WITHOUT HEART FAILURE OR CHRONIC KIDNEY DISEASE

code:404.01

Old Code Description-MALIGNANT HYPERTENSIVE HEART AND RENAL DISEASE WITH HEART FAILURE

New Code Description-HYPERTENSIVE HEART AND KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE

code:404.02

Old Code Description-MALIGNANT HYPERTENSIVE HEART AND RENAL DISEASE WITH RENAL FAILURE

New Code Description-HYPERTENSIVE HEART AND KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE

code:404.03

Old Code Description-MALIGNANT HYPERTENSIVE HEART AND RENAL DISEASE WITH HEART FAILURE AND RENAL FAILURE

New Code Description-HYPERTENSIVE HEART AND KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE

code:404.10

Old Code Description-BENIGN HYPERTENSIVE HEART AND RENAL DISEASE WITHOUT HEART FAILURE OR RENAL FAILURE

New Code Description-HYPERTENSIVE HEART AND KIDNEY DISEASE, BENIGN, WITHOUT HEART FAILURE OR CHRONIC KIDNEY DISEASE

code:404.11

Old Code Description-BENIGN HYPERTENSIVE HEART AND RENAL DISEASE WITH HEART FAILURE

New Code Description-HYPERTENSIVE HEART AND KIDNEY DISEASE, BENIGN, WITH HEART FAILURE

code:404.12

Old Code Description-BENIGN HYPERTENSIVE HEART AND RENAL DISEASE WITH RENAL FAILURE

New Code Description-HYPERTENSIVE HEART AND KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE

code:404.13

Old Code Description-BENIGN HYPERTENSIVE HEART AND RENAL DISEASE WITH HEART FAILURE AND RENAL FAILURE

New Code Description-HYPERTENSIVE HEART AND KIDNEY DISEASE, BENIGN, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE

code:404.90

Old Code Description-UNSPECIFIED HYPERTENSIVE HEART AND RENAL DISEASE WITHOUT HEART FAILURE OR RENAL FAILURE

New Code Description-HYPERTENSIVE HEART AND KIDNEY DISEASE, UNSPECIFIED, WITHOUT HEART FAILURE OR CHRONIC KIDNEY DISEASE

code:404.91

Old Code Description-UNSPECIFIED HYPERTENSIVE HEART AND RENAL DISEASE WITH HEART FAILURE

New Code Description-HYPERTENSIVE HEART AND KIDNEY DISEASE, UNSPECIFIED, WITH HEART FAILURE

code:404.92

Old Code Description-UNSPECIFIED HYPERTENSIVE HEART AND RENAL DISEASE WITH RENAL FAILURE

New Code Description-HYPERTENSIVE HEART AND KIDNEY DISEASE, UNSPECIFIED, WITH CHRONIC KIDNEY DISEASE

code:404.93

Old Code Description-UNSPECIFIED HYPERTENSIVE HEART AND RENAL DISEASE WITH HEART FAILURE AND RENAL FAILURE

New Code Description-HYPERTENSIVE HEART AND KIDNEY DISEASE, UNSPECIFIED, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE

ICD-9-CM Code Range Additions:

The policy contains the code range 276.0-276.6. The following code has been added to the list of payable diagnoses:

New Code and Description

276.50- VOLUME DEPLETION, UNSPECIFIED

276.51- DEHYDRATION

276.52- HYPOVOLEMIA

The policy contains the code range 599.0-599.7. The following code has been added to the list of payable diagnoses:

New Code and Description

599.60- URINARY OBSTRUCTION, UNSPECIFIED

599.69- URINARY OBSTRUCTION, NOT ELSEWHERE CLASSIFIED

The policy contains the code range V13.00-V13.09. The following code has been added to the list of payable diagnoses:

New Code and Description

V13.02- PERSONAL HISTORY, URINARY (TRACT) INFECTION

V13.03- PERSONAL HISTORY, NEPHROTIC SYNDROME

ICD-9-CM Code Replacements:

2006 ICD-9-CM Code updates: 585.1*, 585.2*, 585.3*, 585.4*, 585.5*, 585.6* and 585.9* were added to the payable diagnoses codes.

R3) 05/03/2006 - ICD-9-CM Code 780.02 was Added to the Section "ICD-9 Codes that Support Medical Necessity".

7/2/2006 - The description for Bill code 14 was changed

09/04/2006 - This policy was updated by the ICD-9 2006-2007 Annual Update.

09/23/2006-2007 ICD-9 diagnosis code update completed.

Invalid ICD-9 CM diagnosis codes: 277.3 and 608.2

New ICD-9 CM diagnosis codes were added to the payable list in section "ICD-9 Codes that Support Medical Necessity": 277.30, 277.31, 277.39, 608.23, 608.24, 788.64 and 788.65.

The following 2007 ICD-9 CM diagnosis code description was revised: 403.00, 403.01, 403.10, 403.11, 403.90, 403.91, 404.00, 404.01, 404.02, 404.03, 404.10, 404.11, 404.12, 404.13, 404.90, 404.91, 404.92, 404.93, 600.01, 600.21, and 600.91.

1/21/2007-Updated the language in section "Indications and Limitations of Coverage and/or Medical Necessity". Expanded the ICD-9-CM codes for easier updating and added ICD-9-CM codes to section "ICD-9 Codes that Support Medical Necessity".

11/30/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, North Dakota was transitioned from FI Noridian Administrative Services, LLC (00320) to MAC - Part A Noridian Administrative Services (03301).

R6) 03/30/2007 - Added documentation to Indications and Limitations of Coverage and/or Medical Necessity and Added comment/response to the Advisory Committee Meeting Notes.

R7) 05/25/2007 - Added ICD-9 codes 603.8 and 603.9 to the section 'ICD-9 Codes that Support Medical Necessity' effective 1/31/2007.

R6-Annual review and 2008 ICD-9-CM coding updates:

The following ICD-9-CM codes were added to section "ICD-9 Codes that Support Medical Necessity" due to new 2008 ICD-9-CM codes or the annual review of the LCD.

789.51, 203.00, 203.01, 780.2, 787.01, 787.91, 787.03, 276.8

R9)11/16/2007- Added 780.99 to the section "ICD-9 Codes that Support Medical Necessity" with the effective date 12/15/2007.

11/28/2007-Added 789.36 to the section "ICD-9 Codes that Support Medical Necessity" with the effective date 12/15/2007.

08/10/2008 - This policy was updated by the ICD-9 2008-2009 Annual Update.

R10 Annual LCD review has been completed.

LCD has been reviewed and updated with the following 2008-2009 ICD-9 CM diagnoses codes.

Invalid codes: 599.7, 780.6, 788.9, 999.8, V15.5 and V45.1

Revised ICD-9 Descriptions: 038.11, 041.11, and 203.00.

ICD-9 CM codes applicable to this LCD added either from the annual review or new 2008-2009 ICD-9 CM codes:

038.12, 041.12, 203.02, 249.00, 249.01, 249.10, 249.11, 249.20, 249.21, 249.30, 249.31, 249.40, 249.41, 249.50, 249.51, 249.60, 249.61, 249.70, 249.71, 249.80, 249.81, 249.90, 249.91, 571.42, 599.70, 599.71, 599.72, 625.70, 625.71, 625.79, 780.4, 780.60, 780.61, 780.62, 780.63, 780.64, 780.65, 788.91, 788.99, 999.88, 999.89, V15.51, V15.59, V45.11, V87.01, V87.09, V87.11, V87.12, V87.19, and V87.2

11/09/2008 - The description for CPT/HCPCS code 81020 was changed in group 1

08/08/2009 - This policy was updated by the ICD-9 2009-2010 Annual Update.

A2003.06 R11

08/11/2009-The annual review of this LCD has been completed. NAS has added the type of bill (TOB) back into the LCD. The TOB were inadvertently deleted by the Medicare Coverage Database (MCD) periodic updates.

The following updates were due to the new ICD-9 CM codes. The effective DOS will be on/or after 10/01/2009:

Revised Descriptions

ICD-9CM CODE: 041.3

OLD DESCRIPTION: FRIEDLANDER'S BACILLUS INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE

NEW DESCRIPTION: KLEBSIELLA PNEUMONIAE

ICD-9CM CODE: 041.86

OLD DESCRIPTION: HELICOBACTER PYLORI (H. PYLORI) INFECTION

NEW DESCRIPTION: HELICOBACTER PYLORI [H. PYLORI]

ICD-9CM CODE: 572.2

OLD DESCRIPTION: HEPATIC COMA

NEW DESCRIPTION: HEPATIC ENCEPHALOPATHY

ICD-9CM CODE: 584.5

OLD DESCRIPTION: ACUTE RENAL FAILURE WITH LESION OF TUBULAR NECROSIS

NEW DESCRIPTION: ACUTE KIDNEY FAILURE WITH LESION OF TUBULAR NECROSIS

ICD-9CM CODE: 584.6

OLD DESCRIPTION: ACUTE RENAL FAILURE WITH LESION OF RENAL CORTICAL NECROSIS

NEW DESCRIPTION: ACUTE KIDNEY FAILURE WITH LESION OF RENAL CORTICAL

ICD-9CM CODE: 584.7

OLD DESCRIPTION: ACUTE RENAL FAILURE WITH LESION OF RENAL MEDULLARY (PAPILLARY) NECROSIS

NEW DESCRIPTION: ACUTE KIDNEY FAILURE WITH LESION OF RENAL MEDULLARY [PAPILLARY] NECROSIS

ICD-9CM CODE: 584.8

OLD DESCRIPTION: ACUTE RENAL FAILURE WITH OTHER SPECIFIED PATHOLOGICAL LESION IN KIDNEY

NEW DESCRIPTION: ACUTE KIDNEY FAILURE WITH OTHER SPECIFIED PATHOLOGICAL LESION IN KIDNEY

ICD-9CM CODE: 584.9

OLD DESCRIPTION: ACUTE RENAL FAILURE UNSPECIFIED

NEW DESCRIPTION: ACUTE KIDNEY FAILURE, UNSPECIFIED

ICD-9CM CODE: 639.3

OLD DESCRIPTION: RENAL FAILURE FOLLOWING ABORTION OR ECTOPIC AND MOLAR PREGNANCIES

NEW DESCRIPTION: KIDNEY FAILURE FOLLOWING ABORTION AND ECTOPIC AND MOLAR PREGNANCIES

ICD-9CM CODE: 639.3

OLD DESCRIPTION: RENAL FAILURE FOLLOWING ABORTION OR ECTOPIC AND MOLAR PREGNANCIES

NEW DESCRIPTION: KIDNEY FAILURE FOLLOWING ABORTION AND ECTOPIC AND MOLAR PREGNANCIES

ICD-9CM CODE: 669.30

OLD DESCRIPTION: ACUTE RENAL FAILURE FOLLOWING LABOR AND DELIVERY UNSPECIFIED AS TO EPISODE OF CARE

NEW DESCRIPTION: ACUTE KIDNEY FAILURE FOLLOWING LABOR AND DELIVERY, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE

ICD-9CM CODE: 669.32

OLD DESCRIPTION: ACUTE RENAL FAILURE WITH DELIVERY WITH POSTPARTUM COMPLICATION

NEW DESCRIPTION: ACUTE KIDNEY FAILURE FOLLOWING LABOR AND DELIVERY, DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION

ICD-9CM CODE: 669.34

OLD DESCRIPTION: ACUTE RENAL FAILURE FOLLOWING LABOR AND DELIVERY POSTPARTUM CONDITION OR COMPLICATION

NEW DESCRIPTION: ACUTE KIDNEY FAILURE FOLLOWING LABOR AND DELIVERY, POSTPARTUM CONDITION OR COMPLICATION

ICD-9CM CODE: 670.00

OLD DESCRIPTION: MAJOR PUERPERAL INFECTION UNSPECIFIED AS TO EPISODE OF CARE

NEW DESCRIPTION: MAJOR PUERPERAL INFECTION, UNSPECIFIED, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE

ICD-9CM CODE: 670.02

OLD DESCRIPTION: MAJOR PUERPERAL INFECTION DELIVERED WITH POSTPARTUM COMPLICATION

NEW DESCRIPTION: MAJOR PUERPERAL INFECTION, UNSPECIFIED, DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION

ICD-9CM CODE: 670.04

OLD DESCRIPTION: MAJOR PUERPERAL INFECTION POSTPARTUM

NEW DESCRIPTION: MAJOR PUERPERAL INFECTION, UNSPECIFIED, POSTPARTUM CONDITION OR COMPLICATION

ICD-9CM CODE: 793.5

OLD DESCRIPTION: NONSPECIFIC ABNORMAL FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF GENITOURINARY ORGANS

NEW DESCRIPTION: NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF GENITOURINARY ORGANS

ICD-9CM CODE: 793.6

OLD DESCRIPTION: NONSPECIFIC ABNORMAL FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF ABDOMINAL AREA

NEW DESCRIPTION: NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF ABDOMINAL AREA, INCLUDING

The following are new ICD-9 CM codes which were added to section "ICD-9 Codes that Support Medical Necessity":

ICD-9 CM CODE DESCRIPTION

274.00 GOUTY ARTHROPATHY, UNSPECIFIED

274.01 ACUTE GOUTY ARTHROPATHY

274.02 CHRONIC GOUTY ARTHROPATHY WITHOUT MENTION OF TOPHUS (TOPHI)

274.03 CHRONIC GOUTY ARTHROPATHY WITH TOPHUS (TOPHI)

277.88 TUMOR LYSIS SYNDROME

670.20 PUERPERAL SEPSIS, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE

670.22 PUERPERAL SEPSIS, DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION

670.24 PUERPERAL SEPSIS, POSTPARTUM CONDITION OR COMPLICATION

670.82 OTHER MAJOR PUERPERAL INFECTION, DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION

670.84 OTHER MAJOR PUERPERAL INFECTION, POSTPARTUM CONDITION OR COMPLICATION

799.21 NERVOUSNESS

799.22 IRRITABILITY

799.23 IMPULSIVENESS

799.24 EMOTIONAL LABILITY

8/1/2010 - The description for Bill Type Code 12 was changed

8/1/2010 - The description for Bill Type Code 13 was changed

8/1/2010 - The description for Bill Type Code 14 was changed

8/1/2010 - The description for Bill Type Code 22 was changed

8/1/2010 - The description for Bill Type Code 23 was changed

8/1/2010 - The description for Bill Type Code 85 was changed

8/1/2010 - The description for Revenue code 0300 was changed
8/1/2010 - The description for Revenue code 0301 was changed
8/1/2010 - The description for Revenue code 0302 was changed
8/1/2010 - The description for Revenue code 0303 was changed
8/1/2010 - The description for Revenue code 0304 was changed
8/1/2010 - The description for Revenue code 0305 was changed
8/1/2010 - The description for Revenue code 0306 was changed
8/1/2010 - The description for Revenue code 0307 was changed
8/1/2010 - The description for Revenue code 0309 was changed
8/1/2010 - The description for Revenue code 0310 was changed
8/1/2010 - The description for Revenue code 0311 was changed
8/1/2010 - The description for Revenue code 0312 was changed
8/1/2010 - The description for Revenue code 0314 was changed
8/1/2010 - The description for Revenue code 0319 was changed

09/06/2010 - This policy was updated by the ICD-9 2010-2011 Annual Update.

A2003.06 R12

Annual review is completed.

2011 ICD-9 CM coding updates effective for DOS 10/01/2010

New codes:

275.01, 275.02, 275.03, 275.09, 276.61, 276.69, 287.41, 287.49, 780.33, 780.66, 799.59, 999.60, 999.61, 999.62, 999.63, 999.69, 999.70, 999.71, 999.72, 999.73, 999.74, 999.75, 999.76, 999.77, 999.78, 999.79, 999.80, 999.83, 999.84, 999.85, V13.62 and V90.83.

Invalid ICD-9 CM codes for 2011: 275.0, 276.6, 488.0, 488.1, 786.3, 999.6 and 999.7 corrected the revision history (above list) no other policy changes.

11/21/2010 - For the following CPT/HCPCS codes either the short description and/or the long description was changed. Depending on which description is used in this LCD, there may not be any change in how the code displays in the document:

81000 descriptor was changed in Group 1
81001 descriptor was changed in Group 1
81003 descriptor was changed in Group 1
81020 descriptor was changed in Group 1

A2003.06 R13

The LCD annual review was completed on 06/14/2011.

Effective 06/15/2011, the following language was added to the Documentation Requirements section of the LCD: When requesting an individual consideration through the written redetermination (formerly appeal) process, providers must include all relevant medical records and literature that supports the request. At a minimum two (2) Phase II studies (human feasibility studies suggesting efficacy, pilots) or one (1) Phase III study (primary evidence of safety and efficacy, pivotal) must be submitted for the Medical Director's review.

08/27/2011 - This policy was updated by the ICD-9 2011-2012 Annual Update.

A2003.06 R14

Based on ICD-9 CM 2011-2012 annual updates the following changes are effective for 10/01/2011:

Invalid codes: 014.4 & 596.8

ICD-9 CM codes added to the section "ICD-9 Codes that Support Medical Necessity":

041.41, 041.42, 041.43, 041.49, 596.81, 596.82, 596.83, 596.89, 629.31, 629.32, 808.44, 808.54, 998.00, 998.01, 998.02, 998.09, 999.32, 999.33, & 999.34

Reason for Change ICD9 Addition/Deletion

Related Documents

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.

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All Versions

Updated on 09/01/2011 with effective dates 10/01/2011 - N/A

Updated on 07/05/2011 with effective dates 06/15/2011 - 09/30/2011

Updated on 11/21/2010 with effective dates 10/01/2010 - 06/14/2011

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Updated on 08/27/2009 with effective dates 10/01/2009 - N/A

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