

**Texas Prior Authorization Program  
Clinical Criteria**

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**Drug/Drug Class****Aliskiren-Containing Agents (Except Valturna)****Clinical Criteria Information Included in this Document****150mg Aliskiren-Containing Agents**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

**300mg Aliskiren-Containing Agents**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

## Revision Notes

Removed GCN for Amturnide (29395) and Tekamlo (28974, 28975) – products discontinued



## 150mg Aliskiren-Containing Agents (Except Valturna)

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
TEKTURNA 150 MG TABLET	98077
TEKTURNA HCT 150-12.5 MG TAB	99310
TEKTURNA HCT 150-25 MG TABLET	99311



## 150mg Aliskiren-Containing Agents (Except Valtorna)

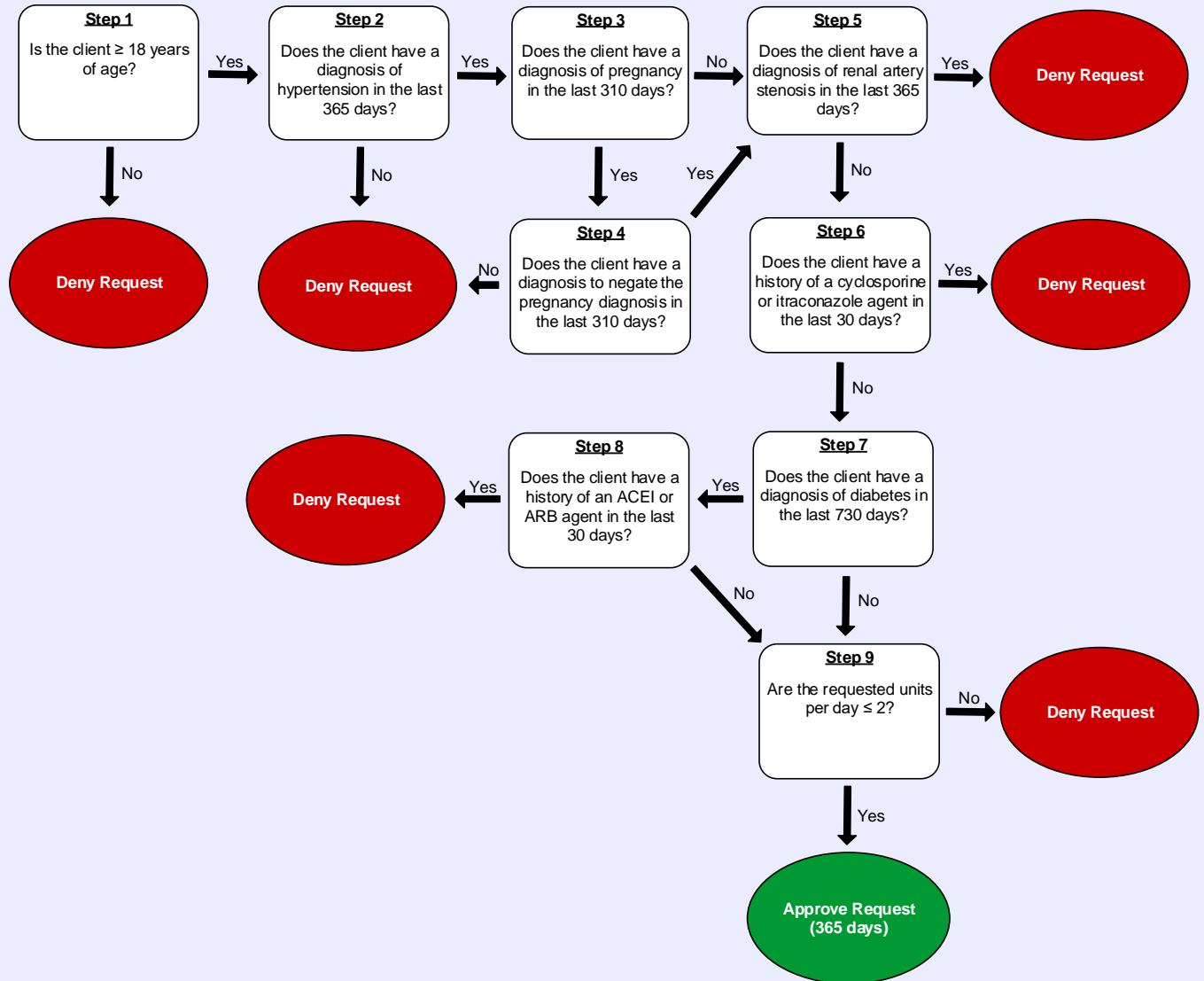
### Clinical Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
 Yes (Go to #2)  
 No (Deny)
2. Does the client have a diagnosis of hypertension in the last 365 days?  
 Yes (Go to #3)  
 No (Deny)
3. Does the client have a diagnosis of pregnancy in the last 310 days?  
 Yes (Go to #4)  
 No (Go to #5)
4. Does the client have a diagnosis to negate the pregnancy diagnosis in the last 310 days?  
 Yes (Go to #5)  
 No (Deny)
5. Does the client have a diagnosis of renal artery stenosis in the last 365 days?  
 Yes (Deny)  
 No (Go to #6)
6. Does the client have a history of a cyclosporine or itraconazole agent in the last 30 days?  
 Yes (Deny)  
 No (Go to #7)
7. Does the client have a diagnosis of diabetes mellitus in the last 730 days?  
 Yes (Go to #8)  
 No (Go to #9)
8. Does the client have a history of an ACEI or ARB agent in the last 30 days?  
 Yes (Deny)  
 No (Go to #9)
9. Are the requested units per day less than or equal ( $\leq$ ) to 2?  
 Yes (Approve – 365 Days)  
 No (Deny)



# 150mg Aliskiren-Containing Agents (Except Valturna)

## Clinical Criteria Logic Diagram





## 150mg Aliskiren-Containing Agents (Except Valtorna)

### Clinical Criteria Supporting Tables

<b>Step 2 (diagnosis of hypertension)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Hypertension Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
I10	ESSENTIAL (PRIMARY) HYPERTENSION
I110	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
I119	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE
I120	HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH STAGE 5 CHRONIC KIDNEY DISEASE OR END STAGE RENAL DISEASE
I129	HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH STAGE 1 THROUGH STAGE 4 CHRONIC KIDNEY DISEASE, OR UNSPECIFIED CHRONIC KIDNEY DISEASE
I130	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITH HEART FAILURE AND STAGE 1 THROUGH STAGE 4 CHRONIC KIDNEY DISEASE, OR UNSPECIFIED CHRONIC KIDNEY DISEASE
I1310	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITHOUT HEART FAILURE, WITH STAGE 1 THROUGH STAGE 4 CHRONIC KIDNEY DISEASE, OR UNSPECIFIED CHRONIC KIDNEY DISEASE
I1311	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITHOUT HEART FAILURE, WITH STAGE 5 CHRONIC KIDNEY DISEASE, OR END STAGE RENAL DISEASE
I132	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITH HEART FAILURE AND WITH STAGE 5 CHRONIC KIDNEY DISEASE, OR END STAGE RENAL DISEASE
I150	RENOVASCULAR HYPERTENSION
I151	HYPERTENSION SECONDARY TO OTHER RENAL DISORDERS
I152	HYPERTENSION SECONDARY TO ENDOCRINE DISORDERS
I158	OTHER SECONDARY HYPERTENSION
I159	SECONDARY HYPERTENSION, UNSPECIFIED

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O200	THREATENED ABORTION

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O208	OTHER HEMORRHAGE IN EARLY PREGNANCY
O209	HEMORRHAGE IN EARLY PREGNANCY, UNSPECIFIED
O4400	PLACENTA PREVIA SPECIFIED AS WITHOUT HEMORRHAGE, UNSPECIFIED TRIMESTER
O4401	PLACENTA PREVIA SPECIFIED AS WITHOUT HEMORRHAGE, FIRST TRIMESTER
O4403	PLACENTA PREVIA SPECIFIED AS WITHOUT HEMORRHAGE, THIRD TRIMESTER
O4402	PLACENTA PREVIA SPECIFIED AS WITHOUT HEMORRHAGE, SECOND TRIMESTER
O4402	PLACENTA PREVIA SPECIFIED AS WITHOUT HEMORRHAGE, SECOND TRIMESTER
O4403	PLACENTA PREVIA SPECIFIED AS WITHOUT HEMORRHAGE, THIRD TRIMESTER
O4401	PLACENTA PREVIA SPECIFIED AS WITHOUT HEMORRHAGE, FIRST TRIMESTER
O4410	PLACENTA PREVIA WITH HEMORRHAGE, UNSPECIFIED TRIMESTER
O4411	PLACENTA PREVIA WITH HEMORRHAGE, FIRST TRIMESTER
O4413	PLACENTA PREVIA WITH HEMORRHAGE, THIRD TRIMESTER
O4412	PLACENTA PREVIA WITH HEMORRHAGE, SECOND TRIMESTER
O4412	PLACENTA PREVIA WITH HEMORRHAGE, SECOND TRIMESTER
O4413	PLACENTA PREVIA WITH HEMORRHAGE, THIRD TRIMESTER
O4411	PLACENTA PREVIA WITH HEMORRHAGE, FIRST TRIMESTER
O458X9	OTHER PREMATURE SEPARATION OF PLACENTA, UNSPECIFIED TRIMESTER
O4590	PREMATURE SEPARATION OF PLACENTA, UNSPECIFIED, UNSPECIFIED TRIMESTER
O4592	PREMATURE SEPARATION OF PLACENTA, UNSPECIFIED, SECOND TRIMESTER
O4593	PREMATURE SEPARATION OF PLACENTA, UNSPECIFIED, THIRD TRIMESTER
O458X1	OTHER PREMATURE SEPARATION OF PLACENTA, FIRST TRIMESTER
O458X2	OTHER PREMATURE SEPARATION OF PLACENTA, SECOND TRIMESTER
O4591	PREMATURE SEPARATION OF PLACENTA, UNSPECIFIED, FIRST TRIMESTER
O458X3	OTHER PREMATURE SEPARATION OF PLACENTA, THIRD TRIMESTER
O458X2	OTHER PREMATURE SEPARATION OF PLACENTA, SECOND TRIMESTER
O458X3	OTHER PREMATURE SEPARATION OF PLACENTA, THIRD TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O4591	PREMATURE SEPARATION OF PLACENTA, UNSPECIFIED, FIRST TRIMESTER
O4592	PREMATURE SEPARATION OF PLACENTA, UNSPECIFIED, SECOND TRIMESTER
O4593	PREMATURE SEPARATION OF PLACENTA, UNSPECIFIED, THIRD TRIMESTER
O458X1	OTHER PREMATURE SEPARATION OF PLACENTA, FIRST TRIMESTER
O46099	ANTEPARTUM HEMORRHAGE WITH OTHER COAGULATION DEFECT, UNSPECIFIED TRIMESTER
O46029	ANTEPARTUM HEMORRHAGE WITH DISSEMINATED INTRAVASCULAR COAGULATION, UNSPECIFIED TRIMESTER
O46019	ANTEPARTUM HEMORRHAGE WITH AFIBRINOGENEMIA, UNSPECIFIED TRIMESTER
O46009	ANTEPARTUM HEMORRHAGE WITH COAGULATION DEFECT, UNSPECIFIED, UNSPECIFIED TRIMESTER
O45029	PREMATURE SEPARATION OF PLACENTA WITH DISSEMINATED INTRAVASCULAR COAGULATION, UNSPECIFIED TRIMESTER
O45099	PREMATURE SEPARATION OF PLACENTA WITH OTHER COAGULATION DEFECT, UNSPECIFIED TRIMESTER
O45019	PREMATURE SEPARATION OF PLACENTA WITH AFIBRINOGENEMIA, UNSPECIFIED TRIMESTER
O45009	PREMATURE SEPARATION OF PLACENTA WITH COAGULATION DEFECT, UNSPECIFIED, UNSPECIFIED TRIMESTER
O670	INTRAPARTUM HEMORRHAGE WITH COAGULATION DEFECT
O46092	ANTEPARTUM HEMORRHAGE WITH OTHER COAGULATION DEFECT, SECOND TRIMESTER
O46093	ANTEPARTUM HEMORRHAGE WITH OTHER COAGULATION DEFECT, THIRD TRIMESTER
O46023	ANTEPARTUM HEMORRHAGE WITH DISSEMINATED INTRAVASCULAR COAGULATION, THIRD TRIMESTER
O46091	ANTEPARTUM HEMORRHAGE WITH OTHER COAGULATION DEFECT, FIRST TRIMESTER
O46021	ANTEPARTUM HEMORRHAGE WITH DISSEMINATED INTRAVASCULAR COAGULATION, FIRST TRIMESTER
O46022	ANTEPARTUM HEMORRHAGE WITH DISSEMINATED INTRAVASCULAR COAGULATION, SECOND TRIMESTER
O46003	ANTEPARTUM HEMORRHAGE WITH COAGULATION DEFECT, UNSPECIFIED, THIRD TRIMESTER
O46011	ANTEPARTUM HEMORRHAGE WITH AFIBRINOGENEMIA, FIRST TRIMESTER
O46012	ANTEPARTUM HEMORRHAGE WITH AFIBRINOGENEMIA, SECOND TRIMESTER



<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O46013	ANTEPARTUM HEMORRHAGE WITH AFIBRINOGENEMIA, THIRD TRIMESTER
O46001	ANTEPARTUM HEMORRHAGE WITH COAGULATION DEFECT, UNSPECIFIED, FIRST TRIMESTER
O46002	ANTEPARTUM HEMORRHAGE WITH COAGULATION DEFECT, UNSPECIFIED, SECOND TRIMESTER
O45091	PREMATURE SEPARATION OF PLACENTA WITH OTHER COAGULATION DEFECT, FIRST TRIMESTER
O45092	PREMATURE SEPARATION OF PLACENTA WITH OTHER COAGULATION DEFECT, SECOND TRIMESTER
O45093	PREMATURE SEPARATION OF PLACENTA WITH OTHER COAGULATION DEFECT, THIRD TRIMESTER
O45013	PREMATURE SEPARATION OF PLACENTA WITH AFIBRINOGENEMIA, THIRD TRIMESTER
O45021	PREMATURE SEPARATION OF PLACENTA WITH DISSEMINATED INTRAVASCULAR COAGULATION, FIRST TRIMESTER
O45022	PREMATURE SEPARATION OF PLACENTA WITH DISSEMINATED INTRAVASCULAR COAGULATION, SECOND TRIMESTER
O45023	PREMATURE SEPARATION OF PLACENTA WITH DISSEMINATED INTRAVASCULAR COAGULATION, THIRD TRIMESTER
O45002	PREMATURE SEPARATION OF PLACENTA WITH COAGULATION DEFECT, UNSPECIFIED, SECOND TRIMESTER
O45003	PREMATURE SEPARATION OF PLACENTA WITH COAGULATION DEFECT, UNSPECIFIED, THIRD TRIMESTER
O45011	PREMATURE SEPARATION OF PLACENTA WITH AFIBRINOGENEMIA, FIRST TRIMESTER
O45012	PREMATURE SEPARATION OF PLACENTA WITH AFIBRINOGENEMIA, SECOND TRIMESTER
O45001	PREMATURE SEPARATION OF PLACENTA WITH COAGULATION DEFECT, UNSPECIFIED, FIRST TRIMESTER
O45013	PREMATURE SEPARATION OF PLACENTA WITH AFIBRINOGENEMIA, THIRD TRIMESTER
O45021	PREMATURE SEPARATION OF PLACENTA WITH DISSEMINATED INTRAVASCULAR COAGULATION, FIRST TRIMESTER
O45022	PREMATURE SEPARATION OF PLACENTA WITH DISSEMINATED INTRAVASCULAR COAGULATION, SECOND TRIMESTER
O45002	PREMATURE SEPARATION OF PLACENTA WITH COAGULATION DEFECT, UNSPECIFIED, SECOND TRIMESTER
O45003	PREMATURE SEPARATION OF PLACENTA WITH COAGULATION DEFECT, UNSPECIFIED, THIRD TRIMESTER
O45011	PREMATURE SEPARATION OF PLACENTA WITH AFIBRINOGENEMIA, FIRST TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O45012	PREMATURE SEPARATION OF PLACENTA WITH AFIBRINOGENEMIA, SECOND TRIMESTER
O45001	PREMATURE SEPARATION OF PLACENTA WITH COAGULATION DEFECT, UNSPECIFIED, FIRST TRIMESTER
O46003	ANTEPARTUM HEMORRHAGE WITH COAGULATION DEFECT, UNSPECIFIED, THIRD TRIMESTER
O46011	ANTEPARTUM HEMORRHAGE WITH AFIBRINOGENEMIA, FIRST TRIMESTER
O46012	ANTEPARTUM HEMORRHAGE WITH AFIBRINOGENEMIA, SECOND TRIMESTER
O46001	ANTEPARTUM HEMORRHAGE WITH COAGULATION DEFECT, UNSPECIFIED, FIRST TRIMESTER
O45023	PREMATURE SEPARATION OF PLACENTA WITH DISSEMINATED INTRAVASCULAR COAGULATION, THIRD TRIMESTER
O45091	PREMATURE SEPARATION OF PLACENTA WITH OTHER COAGULATION DEFECT, FIRST TRIMESTER
O45092	PREMATURE SEPARATION OF PLACENTA WITH OTHER COAGULATION DEFECT, SECOND TRIMESTER
O45093	PREMATURE SEPARATION OF PLACENTA WITH OTHER COAGULATION DEFECT, THIRD TRIMESTER
O46091	ANTEPARTUM HEMORRHAGE WITH OTHER COAGULATION DEFECT, FIRST TRIMESTER
O46092	ANTEPARTUM HEMORRHAGE WITH OTHER COAGULATION DEFECT, SECOND TRIMESTER
O46093	ANTEPARTUM HEMORRHAGE WITH OTHER COAGULATION DEFECT, THIRD TRIMESTER
O46022	ANTEPARTUM HEMORRHAGE WITH DISSEMINATED INTRAVASCULAR COAGULATION, SECOND TRIMESTER
O46023	ANTEPARTUM HEMORRHAGE WITH DISSEMINATED INTRAVASCULAR COAGULATION, THIRD TRIMESTER
O46013	ANTEPARTUM HEMORRHAGE WITH AFIBRINOGENEMIA, THIRD TRIMESTER
O46021	ANTEPARTUM HEMORRHAGE WITH DISSEMINATED INTRAVASCULAR COAGULATION, FIRST TRIMESTER
O46002	ANTEPARTUM HEMORRHAGE WITH COAGULATION DEFECT, UNSPECIFIED, SECOND TRIMESTER
O468X9	OTHER ANTEPARTUM HEMORRHAGE, UNSPECIFIED TRIMESTER
O468X3	OTHER ANTEPARTUM HEMORRHAGE, THIRD TRIMESTER
O678	OTHER INTRAPARTUM HEMORRHAGE
O468X2	OTHER ANTEPARTUM HEMORRHAGE, SECOND TRIMESTER
O468X1	OTHER ANTEPARTUM HEMORRHAGE, FIRST TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O468X3	OTHER ANTEPARTUM HEMORRHAGE, THIRD TRIMESTER
O468X2	OTHER ANTEPARTUM HEMORRHAGE, SECOND TRIMESTER
O468X1	OTHER ANTEPARTUM HEMORRHAGE, FIRST TRIMESTER
O4690	ANTEPARTUM HEMORRHAGE, UNSPECIFIED, UNSPECIFIED TRIMESTER
O4692	ANTEPARTUM HEMORRHAGE, UNSPECIFIED, SECOND TRIMESTER
O4691	ANTEPARTUM HEMORRHAGE, UNSPECIFIED, FIRST TRIMESTER
O679	INTRAPARTUM HEMORRHAGE, UNSPECIFIED
O4693	ANTEPARTUM HEMORRHAGE, UNSPECIFIED, THIRD TRIMESTER
O4693	ANTEPARTUM HEMORRHAGE, UNSPECIFIED, THIRD TRIMESTER
O4691	ANTEPARTUM HEMORRHAGE, UNSPECIFIED, FIRST TRIMESTER
O4692	ANTEPARTUM HEMORRHAGE, UNSPECIFIED, SECOND TRIMESTER
O10919	UNSPECIFIED PRE-EXISTING HYPERTENSION COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O10019	PRE-EXISTING ESSENTIAL HYPERTENSION COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O10911	UNSPECIFIED PRE-EXISTING HYPERTENSION COMPLICATING PREGNANCY, FIRST TRIMESTER
O10011	PRE-EXISTING ESSENTIAL HYPERTENSION COMPLICATING PREGNANCY, FIRST TRIMESTER
O10912	UNSPECIFIED PRE-EXISTING HYPERTENSION COMPLICATING PREGNANCY, SECOND TRIMESTER
O10913	UNSPECIFIED PRE-EXISTING HYPERTENSION COMPLICATING PREGNANCY, THIRD TRIMESTER
O1092	UNSPECIFIED PRE-EXISTING HYPERTENSION COMPLICATING CHILDBIRTH
O10013	PRE-EXISTING ESSENTIAL HYPERTENSION COMPLICATING PREGNANCY, THIRD TRIMESTER
O1002	PRE-EXISTING ESSENTIAL HYPERTENSION COMPLICATING CHILDBIRTH
O10012	PRE-EXISTING ESSENTIAL HYPERTENSION COMPLICATING PREGNANCY, SECOND TRIMESTER
O10911	UNSPECIFIED PRE-EXISTING HYPERTENSION COMPLICATING PREGNANCY, FIRST TRIMESTER
O10912	UNSPECIFIED PRE-EXISTING HYPERTENSION COMPLICATING PREGNANCY, SECOND TRIMESTER
O10913	UNSPECIFIED PRE-EXISTING HYPERTENSION COMPLICATING PREGNANCY, THIRD TRIMESTER
O10013	PRE-EXISTING ESSENTIAL HYPERTENSION COMPLICATING PREGNANCY, THIRD TRIMESTER
O10011	PRE-EXISTING ESSENTIAL HYPERTENSION COMPLICATING PREGNANCY, FIRST TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O10012	PRE-EXISTING ESSENTIAL HYPERTENSION COMPLICATING PREGNANCY, SECOND TRIMESTER
O1093	UNSPECIFIED PRE-EXISTING HYPERTENSION COMPLICATING THE PUERPERIUM
O1003	PRE-EXISTING ESSENTIAL HYPERTENSION COMPLICATING THE PUERPERIUM
O10419	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O1042	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING CHILDBIRTH
O10413	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING PREGNANCY, THIRD TRIMESTER
O10411	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING PREGNANCY, FIRST TRIMESTER
O10412	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING PREGNANCY, SECOND TRIMESTER
O10412	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING PREGNANCY, SECOND TRIMESTER
O10411	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING PREGNANCY, FIRST TRIMESTER
O10413	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING PREGNANCY, THIRD TRIMESTER
O1043	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING THE PUERPERIUM
O119	PRE-EXISTING HYPERTENSION WITH PRE-ECLAMPSIA, UNSPECIFIED TRIMESTER
O10319	PRE-EXISTING HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O10219	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O10119	PRE-EXISTING HYPERTENSIVE HEART DISEASE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O1032	PRE-EXISTING HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE COMPLICATING CHILDBIRTH
O111	PRE-EXISTING HYPERTENSION WITH PRE-ECLAMPSIA, FIRST TRIMESTER
O10312	PRE-EXISTING HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, SECOND TRIMESTER
O10111	PRE-EXISTING HYPERTENSIVE HEART DISEASE COMPLICATING PREGNANCY, FIRST TRIMESTER
O10112	PRE-EXISTING HYPERTENSIVE HEART DISEASE COMPLICATING PREGNANCY, SECOND TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O10211	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, FIRST TRIMESTER
O112	PRE-EXISTING HYPERTENSION WITH PRE-ECLAMPSIA, SECOND TRIMESTER
O113	PRE-EXISTING HYPERTENSION WITH PRE-ECLAMPSIA, THIRD TRIMESTER
O10313	PRE-EXISTING HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, THIRD TRIMESTER
O1022	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING CHILDBIRTH
O10113	PRE-EXISTING HYPERTENSIVE HEART DISEASE COMPLICATING PREGNANCY, THIRD TRIMESTER
O1012	PRE-EXISTING HYPERTENSIVE HEART DISEASE COMPLICATING CHILDBIRTH
O10213	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, THIRD TRIMESTER
O10212	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, SECOND TRIMESTER
O10311	PRE-EXISTING HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, FIRST TRIMESTER
O10312	PRE-EXISTING HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, SECOND TRIMESTER
O10113	PRE-EXISTING HYPERTENSIVE HEART DISEASE COMPLICATING PREGNANCY, THIRD TRIMESTER
O10213	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, THIRD TRIMESTER
O10212	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, SECOND TRIMESTER
O10311	PRE-EXISTING HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, FIRST TRIMESTER
O10111	PRE-EXISTING HYPERTENSIVE HEART DISEASE COMPLICATING PREGNANCY, FIRST TRIMESTER
O10112	PRE-EXISTING HYPERTENSIVE HEART DISEASE COMPLICATING PREGNANCY, SECOND TRIMESTER
O10211	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, FIRST TRIMESTER
O111	PRE-EXISTING HYPERTENSION WITH PRE-ECLAMPSIA, FIRST TRIMESTER
O112	PRE-EXISTING HYPERTENSION WITH PRE-ECLAMPSIA, SECOND TRIMESTER
O113	PRE-EXISTING HYPERTENSION WITH PRE-ECLAMPSIA, THIRD TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O10313	PRE-EXISTING HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, THIRD TRIMESTER
O1023	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING THE PUERPERIUM
O1013	PRE-EXISTING HYPERTENSIVE HEART DISEASE COMPLICATING THE PUERPERIUM
O1033	PRE-EXISTING HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE COMPLICATING THE PUERPERIUM
O139	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, UNSPECIFIED TRIMESTER
O132	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, SECOND TRIMESTER
O133	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, THIRD TRIMESTER
O131	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, FIRST TRIMESTER
O131	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, FIRST TRIMESTER
O132	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, SECOND TRIMESTER
O133	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, THIRD TRIMESTER
O131	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, FIRST TRIMESTER
O132	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, SECOND TRIMESTER
O133	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, THIRD TRIMESTER
O131	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, FIRST TRIMESTER
O132	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, SECOND TRIMESTER
O133	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, THIRD TRIMESTER
O131	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, FIRST TRIMESTER
O131	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, FIRST TRIMESTER
O132	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, SECOND TRIMESTER
O133	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, THIRD TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O131	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, FIRST TRIMESTER
O132	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, SECOND TRIMESTER
O133	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, THIRD TRIMESTER
O131	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, FIRST TRIMESTER
O132	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, SECOND TRIMESTER
O133	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, THIRD TRIMESTER
O1490	UNSPECIFIED PRE-ECLAMPSIA, UNSPECIFIED TRIMESTER
O1400	MILD TO MODERATE PRE-ECLAMPSIA, UNSPECIFIED TRIMESTER
O1403	MILD TO MODERATE PRE-ECLAMPSIA, THIRD TRIMESTER
O1492	UNSPECIFIED PRE-ECLAMPSIA, SECOND TRIMESTER
O1493	UNSPECIFIED PRE-ECLAMPSIA, THIRD TRIMESTER
O1402	MILD TO MODERATE PRE-ECLAMPSIA, SECOND TRIMESTER
O1402	MILD TO MODERATE PRE-ECLAMPSIA, SECOND TRIMESTER
O1403	MILD TO MODERATE PRE-ECLAMPSIA, THIRD TRIMESTER
O1492	UNSPECIFIED PRE-ECLAMPSIA, SECOND TRIMESTER
O1493	UNSPECIFIED PRE-ECLAMPSIA, THIRD TRIMESTER
O1402	MILD TO MODERATE PRE-ECLAMPSIA, SECOND TRIMESTER
O1403	MILD TO MODERATE PRE-ECLAMPSIA, THIRD TRIMESTER
O152	ECLAMPSIA IN THE PUERPERIUM
O1420	HELLP SYNDROME (HELLP), UNSPECIFIED TRIMESTER
O1410	SEVERE PRE-ECLAMPSIA, UNSPECIFIED TRIMESTER
O1422	HELLP SYNDROME (HELLP), SECOND TRIMESTER
O1423	HELLP SYNDROME (HELLP), THIRD TRIMESTER
O1412	SEVERE PRE-ECLAMPSIA, SECOND TRIMESTER
O1413	SEVERE PRE-ECLAMPSIA, THIRD TRIMESTER
O1423	HELLP SYNDROME (HELLP), THIRD TRIMESTER
O1413	SEVERE PRE-ECLAMPSIA, THIRD TRIMESTER
O1422	HELLP SYNDROME (HELLP), SECOND TRIMESTER
O1412	SEVERE PRE-ECLAMPSIA, SECOND TRIMESTER
O1412	SEVERE PRE-ECLAMPSIA, SECOND TRIMESTER
O1423	HELLP SYNDROME (HELLP), THIRD TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O1413	SEVERE PRE-ECLAMPSIA, THIRD TRIMESTER
O1422	HELLP SYNDROME (HELLP), SECOND TRIMESTER
O1412	SEVERE PRE-ECLAMPSIA, SECOND TRIMESTER
O1423	HELLP SYNDROME (HELLP), THIRD TRIMESTER
O1413	SEVERE PRE-ECLAMPSIA, THIRD TRIMESTER
O1422	HELLP SYNDROME (HELLP), SECOND TRIMESTER
O1412	SEVERE PRE-ECLAMPSIA, SECOND TRIMESTER
O159	ECLAMPSIA, UNSPECIFIED AS TO TIME PERIOD
O1500	ECLAMPSIA IN PREGNANCY, UNSPECIFIED TRIMESTER
O151	ECLAMPSIA IN LABOR
O1503	ECLAMPSIA IN PREGNANCY, THIRD TRIMESTER
O1502	ECLAMPSIA IN PREGNANCY, SECOND TRIMESTER
O1502	ECLAMPSIA IN PREGNANCY, SECOND TRIMESTER
O1503	ECLAMPSIA IN PREGNANCY, THIRD TRIMESTER
O152	ECLAMPSIA IN THE PUERPERIUM
O119	PRE-EXISTING HYPERTENSION WITH PRE-ECLAMPSIA, UNSPECIFIED TRIMESTER
O113	PRE-EXISTING HYPERTENSION WITH PRE-ECLAMPSIA, THIRD TRIMESTER
O112	PRE-EXISTING HYPERTENSION WITH PRE-ECLAMPSIA, SECOND TRIMESTER
O111	PRE-EXISTING HYPERTENSION WITH PRE-ECLAMPSIA, FIRST TRIMESTER
O152	ECLAMPSIA IN THE PUERPERIUM
O112	PRE-EXISTING HYPERTENSION WITH PRE-ECLAMPSIA, SECOND TRIMESTER
O113	PRE-EXISTING HYPERTENSION WITH PRE-ECLAMPSIA, THIRD TRIMESTER
O111	PRE-EXISTING HYPERTENSION WITH PRE-ECLAMPSIA, FIRST TRIMESTER
O152	ECLAMPSIA IN THE PUERPERIUM
O169	UNSPECIFIED MATERNAL HYPERTENSION, UNSPECIFIED TRIMESTER
O162	UNSPECIFIED MATERNAL HYPERTENSION, SECOND TRIMESTER
O163	UNSPECIFIED MATERNAL HYPERTENSION, THIRD TRIMESTER
O161	UNSPECIFIED MATERNAL HYPERTENSION, FIRST TRIMESTER
O162	UNSPECIFIED MATERNAL HYPERTENSION, SECOND TRIMESTER
O163	UNSPECIFIED MATERNAL HYPERTENSION, THIRD TRIMESTER



<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O210	MILD HYPEREMESIS GRAVIDARUM
O211	HYPEREMESIS GRAVIDARUM WITH METABOLIC DISTURBANCE
O212	LATE VOMITING OF PREGNANCY
O218	OTHER VOMITING COMPLICATING PREGNANCY
O219	VOMITING OF PREGNANCY, UNSPECIFIED
O6000	PRETERM LABOR WITHOUT DELIVERY, UNSPECIFIED TRIMESTER
O6003	PRETERM LABOR WITHOUT DELIVERY, THIRD TRIMESTER
O6002	PRETERM LABOR WITHOUT DELIVERY, SECOND TRIMESTER
O479	FALSE LABOR, UNSPECIFIED
O4700	FALSE LABOR BEFORE 37 COMPLETED WEEKS OF GESTATION, UNSPECIFIED TRIMESTER
O4703	FALSE LABOR BEFORE 37 COMPLETED WEEKS OF GESTATION, THIRD TRIMESTER
O471	FALSE LABOR AT OR AFTER 37 COMPLETED WEEKS OF GESTATION
O4702	FALSE LABOR BEFORE 37 COMPLETED WEEKS OF GESTATION, SECOND TRIMESTER
O6010X1	PRETERM LABOR WITH PRETERM DELIVERY, UNSPECIFIED TRIMESTER, FETUS 1
O6010X2	PRETERM LABOR WITH PRETERM DELIVERY, UNSPECIFIED TRIMESTER, FETUS 2
O6010X4	PRETERM LABOR WITH PRETERM DELIVERY, UNSPECIFIED TRIMESTER, FETUS 4
O6010X5	PRETERM LABOR WITH PRETERM DELIVERY, UNSPECIFIED TRIMESTER, FETUS 5
O6010X9	PRETERM LABOR WITH PRETERM DELIVERY, UNSPECIFIED TRIMESTER, OTHER FETUS
O6020X3	TERM DELIVERY WITH PRETERM LABOR, UNSPECIFIED TRIMESTER, FETUS 3
O6020X1	TERM DELIVERY WITH PRETERM LABOR, UNSPECIFIED TRIMESTER, FETUS 1
O6020X2	TERM DELIVERY WITH PRETERM LABOR, UNSPECIFIED TRIMESTER, FETUS 2
O6020X4	TERM DELIVERY WITH PRETERM LABOR, UNSPECIFIED TRIMESTER, FETUS 4
O6020X5	TERM DELIVERY WITH PRETERM LABOR, UNSPECIFIED TRIMESTER, FETUS 5
O6020X9	TERM DELIVERY WITH PRETERM LABOR, UNSPECIFIED TRIMESTER, OTHER FETUS
O6010X3	PRETERM LABOR WITH PRETERM DELIVERY, UNSPECIFIED TRIMESTER, FETUS 3

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O6020X0	TERM DELIVERY WITH PRETERM LABOR, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O6010X0	PRETERM LABOR WITH PRETERM DELIVERY, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O6023X9	TERM DELIVERY WITH PRETERM LABOR, THIRD TRIMESTER, OTHER FETUS
O6022X5	TERM DELIVERY WITH PRETERM LABOR, SECOND TRIMESTER, FETUS 5
O6022X4	TERM DELIVERY WITH PRETERM LABOR, SECOND TRIMESTER, FETUS 4
O6014X1	PRETERM LABOR THIRD TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, FETUS 1
O6022X9	TERM DELIVERY WITH PRETERM LABOR, SECOND TRIMESTER, OTHER FETUS
O6023X0	TERM DELIVERY WITH PRETERM LABOR, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O6023X1	TERM DELIVERY WITH PRETERM LABOR, THIRD TRIMESTER, FETUS 1
O6023X2	TERM DELIVERY WITH PRETERM LABOR, THIRD TRIMESTER, FETUS 2
O6023X3	TERM DELIVERY WITH PRETERM LABOR, THIRD TRIMESTER, FETUS 3
O6023X4	TERM DELIVERY WITH PRETERM LABOR, THIRD TRIMESTER, FETUS 4
O6023X5	TERM DELIVERY WITH PRETERM LABOR, THIRD TRIMESTER, FETUS 5
O6012X9	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY SECOND TRIMESTER, OTHER FETUS
O6022X0	TERM DELIVERY WITH PRETERM LABOR, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O6022X1	TERM DELIVERY WITH PRETERM LABOR, SECOND TRIMESTER, FETUS 1
O6022X2	TERM DELIVERY WITH PRETERM LABOR, SECOND TRIMESTER, FETUS 2
O6022X3	TERM DELIVERY WITH PRETERM LABOR, SECOND TRIMESTER, FETUS 3
O6013X9	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, OTHER FETUS
O6014X0	PRETERM LABOR THIRD TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O6014X2	PRETERM LABOR THIRD TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, FETUS 2
O6014X3	PRETERM LABOR THIRD TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, FETUS 3
O6014X4	PRETERM LABOR THIRD TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, FETUS 4
O6014X5	PRETERM LABOR THIRD TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, FETUS 5
O6014X9	PRETERM LABOR THIRD TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, OTHER FETUS

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O6012X3	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY SECOND TRIMESTER, FETUS 3
O6012X4	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY SECOND TRIMESTER, FETUS 4
O6012X5	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY SECOND TRIMESTER, FETUS 5
O6013X0	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O6013X1	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, FETUS 1
O6013X2	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, FETUS 2
O6013X3	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, FETUS 3
O6013X4	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, FETUS 4
O6013X5	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, FETUS 5
O6012X0	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O6012X1	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY SECOND TRIMESTER, FETUS 1
O6012X2	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY SECOND TRIMESTER, FETUS 2
O480	POST-TERM PREGNANCY
O480	POST-TERM PREGNANCY
O481	PROLONGED PREGNANCY
O3100X1	PAPYRACEOUS FETUS, UNSPECIFIED TRIMESTER, FETUS 1
O3100X2	PAPYRACEOUS FETUS, UNSPECIFIED TRIMESTER, FETUS 2
O3100X3	PAPYRACEOUS FETUS, UNSPECIFIED TRIMESTER, FETUS 3
O3100X4	PAPYRACEOUS FETUS, UNSPECIFIED TRIMESTER, FETUS 4
O3100X5	PAPYRACEOUS FETUS, UNSPECIFIED TRIMESTER, FETUS 5
O3100X9	PAPYRACEOUS FETUS, UNSPECIFIED TRIMESTER, OTHER FETUS
O3100X0	PAPYRACEOUS FETUS, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3101X4	PAPYRACEOUS FETUS, FIRST TRIMESTER, FETUS 4
O3102X0	PAPYRACEOUS FETUS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3101X0	PAPYRACEOUS FETUS, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3101X3	PAPYRACEOUS FETUS, FIRST TRIMESTER, FETUS 3
O3102X9	PAPYRACEOUS FETUS, SECOND TRIMESTER, OTHER FETUS
O3101X5	PAPYRACEOUS FETUS, FIRST TRIMESTER, FETUS 5
O3101X9	PAPYRACEOUS FETUS, FIRST TRIMESTER, OTHER FETUS
O3102X1	PAPYRACEOUS FETUS, SECOND TRIMESTER, FETUS 1
O3102X2	PAPYRACEOUS FETUS, SECOND TRIMESTER, FETUS 2
O3101X1	PAPYRACEOUS FETUS, FIRST TRIMESTER, FETUS 1
O3101X2	PAPYRACEOUS FETUS, FIRST TRIMESTER, FETUS 2
O3103X4	PAPYRACEOUS FETUS, THIRD TRIMESTER, FETUS 4
O3103X5	PAPYRACEOUS FETUS, THIRD TRIMESTER, FETUS 5
O3103X0	PAPYRACEOUS FETUS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3101X0	PAPYRACEOUS FETUS, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3103X1	PAPYRACEOUS FETUS, THIRD TRIMESTER, FETUS 1
O3103X2	PAPYRACEOUS FETUS, THIRD TRIMESTER, FETUS 2
O3103X3	PAPYRACEOUS FETUS, THIRD TRIMESTER, FETUS 3
O3102X3	PAPYRACEOUS FETUS, SECOND TRIMESTER, FETUS 3
O3102X4	PAPYRACEOUS FETUS, SECOND TRIMESTER, FETUS 4
O3103X9	PAPYRACEOUS FETUS, THIRD TRIMESTER, OTHER FETUS
O3102X5	PAPYRACEOUS FETUS, SECOND TRIMESTER, FETUS 5
O3103X4	PAPYRACEOUS FETUS, THIRD TRIMESTER, FETUS 4
O3103X5	PAPYRACEOUS FETUS, THIRD TRIMESTER, FETUS 5
O3102X9	PAPYRACEOUS FETUS, SECOND TRIMESTER, OTHER FETUS
O3103X0	PAPYRACEOUS FETUS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3103X9	PAPYRACEOUS FETUS, THIRD TRIMESTER, OTHER FETUS
O3103X2	PAPYRACEOUS FETUS, THIRD TRIMESTER, FETUS 2
O3103X3	PAPYRACEOUS FETUS, THIRD TRIMESTER, FETUS 3
O3102X2	PAPYRACEOUS FETUS, SECOND TRIMESTER, FETUS 2
O3102X3	PAPYRACEOUS FETUS, SECOND TRIMESTER, FETUS 3
O3102X5	PAPYRACEOUS FETUS, SECOND TRIMESTER, FETUS 5
O3101X5	PAPYRACEOUS FETUS, FIRST TRIMESTER, FETUS 5
O3101X9	PAPYRACEOUS FETUS, FIRST TRIMESTER, OTHER FETUS
O3103X1	PAPYRACEOUS FETUS, THIRD TRIMESTER, FETUS 1

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3102X0	PAPYRACEOUS FETUS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3102X1	PAPYRACEOUS FETUS, SECOND TRIMESTER, FETUS 1
O3101X0	PAPYRACEOUS FETUS, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3101X1	PAPYRACEOUS FETUS, FIRST TRIMESTER, FETUS 1
O3101X2	PAPYRACEOUS FETUS, FIRST TRIMESTER, FETUS 2
O3102X4	PAPYRACEOUS FETUS, SECOND TRIMESTER, FETUS 4
O3101X3	PAPYRACEOUS FETUS, FIRST TRIMESTER, FETUS 3
O3101X4	PAPYRACEOUS FETUS, FIRST TRIMESTER, FETUS 4
O1200	GESTATIONAL EDEMA, UNSPECIFIED TRIMESTER
O1220	GESTATIONAL EDEMA WITH PROTEINURIA, UNSPECIFIED TRIMESTER
O2600	EXCESSIVE WEIGHT GAIN IN PREGNANCY, UNSPECIFIED TRIMESTER
O1222	GESTATIONAL EDEMA WITH PROTEINURIA, SECOND TRIMESTER
O1201	GESTATIONAL EDEMA, FIRST TRIMESTER
O1203	GESTATIONAL EDEMA, THIRD TRIMESTER
O1221	GESTATIONAL EDEMA WITH PROTEINURIA, FIRST TRIMESTER
O1223	GESTATIONAL EDEMA WITH PROTEINURIA, THIRD TRIMESTER
O1202	GESTATIONAL EDEMA, SECOND TRIMESTER
O2601	EXCESSIVE WEIGHT GAIN IN PREGNANCY, FIRST TRIMESTER
O2602	EXCESSIVE WEIGHT GAIN IN PREGNANCY, SECOND TRIMESTER
O2603	EXCESSIVE WEIGHT GAIN IN PREGNANCY, THIRD TRIMESTER
O1201	GESTATIONAL EDEMA, FIRST TRIMESTER
O1203	GESTATIONAL EDEMA, THIRD TRIMESTER
O1202	GESTATIONAL EDEMA, SECOND TRIMESTER
O1222	GESTATIONAL EDEMA WITH PROTEINURIA, SECOND TRIMESTER
O1201	GESTATIONAL EDEMA, FIRST TRIMESTER
O1203	GESTATIONAL EDEMA, THIRD TRIMESTER
O1221	GESTATIONAL EDEMA WITH PROTEINURIA, FIRST TRIMESTER
O1223	GESTATIONAL EDEMA WITH PROTEINURIA, THIRD TRIMESTER
O1202	GESTATIONAL EDEMA, SECOND TRIMESTER
O2601	EXCESSIVE WEIGHT GAIN IN PREGNANCY, FIRST TRIMESTER
O2602	EXCESSIVE WEIGHT GAIN IN PREGNANCY, SECOND TRIMESTER
O2603	EXCESSIVE WEIGHT GAIN IN PREGNANCY, THIRD TRIMESTER
O1203	GESTATIONAL EDEMA, THIRD TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O1201	GESTATIONAL EDEMA, FIRST TRIMESTER
O1202	GESTATIONAL EDEMA, SECOND TRIMESTER
O1210	GESTATIONAL PROTEINURIA, UNSPECIFIED TRIMESTER
O1220	GESTATIONAL EDEMA WITH PROTEINURIA, UNSPECIFIED TRIMESTER
O26839	PREGNANCY RELATED RENAL DISEASE, UNSPECIFIED TRIMESTER
O1211	GESTATIONAL PROTEINURIA, FIRST TRIMESTER
O1212	GESTATIONAL PROTEINURIA, SECOND TRIMESTER
O1221	GESTATIONAL EDEMA WITH PROTEINURIA, FIRST TRIMESTER
O1213	GESTATIONAL PROTEINURIA, THIRD TRIMESTER
O26831	PREGNANCY RELATED RENAL DISEASE, FIRST TRIMESTER
O26833	PREGNANCY RELATED RENAL DISEASE, THIRD TRIMESTER
O26832	PREGNANCY RELATED RENAL DISEASE, SECOND TRIMESTER
O1223	GESTATIONAL EDEMA WITH PROTEINURIA, THIRD TRIMESTER
O1222	GESTATIONAL EDEMA WITH PROTEINURIA, SECOND TRIMESTER
O26831	PREGNANCY RELATED RENAL DISEASE, FIRST TRIMESTER
O26833	PREGNANCY RELATED RENAL DISEASE, THIRD TRIMESTER
O26832	PREGNANCY RELATED RENAL DISEASE, SECOND TRIMESTER
O1212	GESTATIONAL PROTEINURIA, SECOND TRIMESTER
O1213	GESTATIONAL PROTEINURIA, THIRD TRIMESTER
O1221	GESTATIONAL EDEMA WITH PROTEINURIA, FIRST TRIMESTER
O1222	GESTATIONAL EDEMA WITH PROTEINURIA, SECOND TRIMESTER
O1211	GESTATIONAL PROTEINURIA, FIRST TRIMESTER
O1223	GESTATIONAL EDEMA WITH PROTEINURIA, THIRD TRIMESTER
O26833	PREGNANCY RELATED RENAL DISEASE, THIRD TRIMESTER
O26831	PREGNANCY RELATED RENAL DISEASE, FIRST TRIMESTER
O26832	PREGNANCY RELATED RENAL DISEASE, SECOND TRIMESTER
O2620	PREGNANCY CARE FOR PATIENT WITH RECURRENT PREGNANCY LOSS, UNSPECIFIED TRIMESTER
O2622	PREGNANCY CARE FOR PATIENT WITH RECURRENT PREGNANCY LOSS, SECOND TRIMESTER
O2623	PREGNANCY CARE FOR PATIENT WITH RECURRENT PREGNANCY LOSS, THIRD TRIMESTER
O2621	PREGNANCY CARE FOR PATIENT WITH RECURRENT PREGNANCY LOSS, FIRST TRIMESTER
O2623	PREGNANCY CARE FOR PATIENT WITH RECURRENT PREGNANCY LOSS, THIRD TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O2622	PREGNANCY CARE FOR PATIENT WITH RECURRENT PREGNANCY LOSS, SECOND TRIMESTER
O2621	PREGNANCY CARE FOR PATIENT WITH RECURRENT PREGNANCY LOSS, FIRST TRIMESTER
O26829	PREGNANCY RELATED PERIPHERAL NEURITIS, UNSPECIFIED TRIMESTER
O26823	PREGNANCY RELATED PERIPHERAL NEURITIS, THIRD TRIMESTER
O26822	PREGNANCY RELATED PERIPHERAL NEURITIS, SECOND TRIMESTER
O26821	PREGNANCY RELATED PERIPHERAL NEURITIS, FIRST TRIMESTER
O26821	PREGNANCY RELATED PERIPHERAL NEURITIS, FIRST TRIMESTER
O26823	PREGNANCY RELATED PERIPHERAL NEURITIS, THIRD TRIMESTER
O26822	PREGNANCY RELATED PERIPHERAL NEURITIS, SECOND TRIMESTER
O26821	PREGNANCY RELATED PERIPHERAL NEURITIS, FIRST TRIMESTER
O26823	PREGNANCY RELATED PERIPHERAL NEURITIS, THIRD TRIMESTER
O26822	PREGNANCY RELATED PERIPHERAL NEURITIS, SECOND TRIMESTER
O9089	OTHER COMPLICATIONS OF THE PUERPERIUM, NOT ELSEWHERE CLASSIFIED
O23599	INFECTION OF OTHER PART OF GENITAL TRACT IN PREGNANCY, UNSPECIFIED TRIMESTER
O2310	INFECTIONS OF BLADDER IN PREGNANCY, UNSPECIFIED TRIMESTER
O2320	INFECTIONS OF URETHRA IN PREGNANCY, UNSPECIFIED TRIMESTER
O2300	INFECTIONS OF KIDNEY IN PREGNANCY, UNSPECIFIED TRIMESTER
O2330	INFECTIONS OF OTHER PARTS OF URINARY TRACT IN PREGNANCY, UNSPECIFIED TRIMESTER
O23519	INFECTIONS OF CERVIX IN PREGNANCY, UNSPECIFIED TRIMESTER
O2340	UNSPECIFIED INFECTION OF URINARY TRACT IN PREGNANCY, UNSPECIFIED TRIMESTER
O23529	SALPINGO-OOPHORITIS IN PREGNANCY, UNSPECIFIED TRIMESTER
O2390	UNSPECIFIED GENITOURINARY TRACT INFECTION IN PREGNANCY, UNSPECIFIED TRIMESTER
O2333	INFECTIONS OF OTHER PARTS OF URINARY TRACT IN PREGNANCY, THIRD TRIMESTER
O23522	SALPINGO-OOPHORITIS IN PREGNANCY, SECOND TRIMESTER
O23523	SALPINGO-OOPHORITIS IN PREGNANCY, THIRD TRIMESTER
O23592	INFECTION OF OTHER PART OF GENITAL TRACT IN PREGNANCY, SECOND TRIMESTER
O23511	INFECTIONS OF CERVIX IN PREGNANCY, FIRST TRIMESTER
O2392	UNSPECIFIED GENITOURINARY TRACT INFECTION IN PREGNANCY, SECOND TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O2393	UNSPECIFIED GENITOURINARY TRACT INFECTION IN PREGNANCY, THIRD TRIMESTER
O23521	SALPINGO-OOPHORITIS IN PREGNANCY, FIRST TRIMESTER
O23593	INFECTION OF OTHER PART OF GENITAL TRACT IN PREGNANCY, THIRD TRIMESTER
O2302	INFECTIONS OF KIDNEY IN PREGNANCY, SECOND TRIMESTER
O2323	INFECTIONS OF URETHRA IN PREGNANCY, THIRD TRIMESTER
O23513	INFECTIONS OF CERVIX IN PREGNANCY, THIRD TRIMESTER
O2341	UNSPECIFIED INFECTION OF URINARY TRACT IN PREGNANCY, FIRST TRIMESTER
O23591	INFECTION OF OTHER PART OF GENITAL TRACT IN PREGNANCY, FIRST TRIMESTER
O2322	INFECTIONS OF URETHRA IN PREGNANCY, SECOND TRIMESTER
O23512	INFECTIONS OF CERVIX IN PREGNANCY, SECOND TRIMESTER
O2391	UNSPECIFIED GENITOURINARY TRACT INFECTION IN PREGNANCY, FIRST TRIMESTER
O2321	INFECTIONS OF URETHRA IN PREGNANCY, FIRST TRIMESTER
O2303	INFECTIONS OF KIDNEY IN PREGNANCY, THIRD TRIMESTER
O2331	INFECTIONS OF OTHER PARTS OF URINARY TRACT IN PREGNANCY, FIRST TRIMESTER
O2332	INFECTIONS OF OTHER PARTS OF URINARY TRACT IN PREGNANCY, SECOND TRIMESTER
O2311	INFECTIONS OF BLADDER IN PREGNANCY, FIRST TRIMESTER
O2301	INFECTIONS OF KIDNEY IN PREGNANCY, FIRST TRIMESTER
O2312	INFECTIONS OF BLADDER IN PREGNANCY, SECOND TRIMESTER
O2313	INFECTIONS OF BLADDER IN PREGNANCY, THIRD TRIMESTER
O2342	UNSPECIFIED INFECTION OF URINARY TRACT IN PREGNANCY, SECOND TRIMESTER
O2343	UNSPECIFIED INFECTION OF URINARY TRACT IN PREGNANCY, THIRD TRIMESTER
O2391	UNSPECIFIED GENITOURINARY TRACT INFECTION IN PREGNANCY, FIRST TRIMESTER
O2393	UNSPECIFIED GENITOURINARY TRACT INFECTION IN PREGNANCY, THIRD TRIMESTER
O2392	UNSPECIFIED GENITOURINARY TRACT INFECTION IN PREGNANCY, SECOND TRIMESTER
O2321	INFECTIONS OF URETHRA IN PREGNANCY, FIRST TRIMESTER
O2302	INFECTIONS OF KIDNEY IN PREGNANCY, SECOND TRIMESTER
O2303	INFECTIONS OF KIDNEY IN PREGNANCY, THIRD TRIMESTER



<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O2331	INFECTIONS OF OTHER PARTS OF URINARY TRACT IN PREGNANCY, FIRST TRIMESTER
O2312	INFECTIONS OF BLADDER IN PREGNANCY, SECOND TRIMESTER
O2313	INFECTIONS OF BLADDER IN PREGNANCY, THIRD TRIMESTER
O2342	UNSPECIFIED INFECTION OF URINARY TRACT IN PREGNANCY, SECOND TRIMESTER
O2301	INFECTIONS OF KIDNEY IN PREGNANCY, FIRST TRIMESTER
O2323	INFECTIONS OF URETHRA IN PREGNANCY, THIRD TRIMESTER
O23513	INFECTIONS OF CERVIX IN PREGNANCY, THIRD TRIMESTER
O2332	INFECTIONS OF OTHER PARTS OF URINARY TRACT IN PREGNANCY, SECOND TRIMESTER
O2311	INFECTIONS OF BLADDER IN PREGNANCY, FIRST TRIMESTER
O2333	INFECTIONS OF OTHER PARTS OF URINARY TRACT IN PREGNANCY, THIRD TRIMESTER
O2341	UNSPECIFIED INFECTION OF URINARY TRACT IN PREGNANCY, FIRST TRIMESTER
O23591	INFECTION OF OTHER PART OF GENITAL TRACT IN PREGNANCY, FIRST TRIMESTER
O2322	INFECTIONS OF URETHRA IN PREGNANCY, SECOND TRIMESTER
O23511	INFECTIONS OF CERVIX IN PREGNANCY, FIRST TRIMESTER
O23512	INFECTIONS OF CERVIX IN PREGNANCY, SECOND TRIMESTER
O23522	SALPINGO-OOPHORITIS IN PREGNANCY, SECOND TRIMESTER
O23523	SALPINGO-OOPHORITIS IN PREGNANCY, THIRD TRIMESTER
O2393	UNSPECIFIED GENITOURINARY TRACT INFECTION IN PREGNANCY, THIRD TRIMESTER
O23592	INFECTION OF OTHER PART OF GENITAL TRACT IN PREGNANCY, SECOND TRIMESTER
O2343	UNSPECIFIED INFECTION OF URINARY TRACT IN PREGNANCY, THIRD TRIMESTER
O2391	UNSPECIFIED GENITOURINARY TRACT INFECTION IN PREGNANCY, FIRST TRIMESTER
O2392	UNSPECIFIED GENITOURINARY TRACT INFECTION IN PREGNANCY, SECOND TRIMESTER
O23521	SALPINGO-OOPHORITIS IN PREGNANCY, FIRST TRIMESTER
O23593	INFECTION OF OTHER PART OF GENITAL TRACT IN PREGNANCY, THIRD TRIMESTER
O8622	INFECTION OF BLADDER FOLLOWING DELIVERY
O8629	OTHER URINARY TRACT INFECTION FOLLOWING DELIVERY
O8611	CERVICITIS FOLLOWING DELIVERY

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O8613	VAGINITIS FOLLOWING DELIVERY
O8619	OTHER INFECTION OF GENITAL TRACT FOLLOWING DELIVERY
O8620	URINARY TRACT INFECTION FOLLOWING DELIVERY, UNSPECIFIED
O8621	INFECTION OF KIDNEY FOLLOWING DELIVERY
O26619	LIVER AND BILIARY TRACT DISORDERS IN PREGNANCY, UNSPECIFIED TRIMESTER
O26613	LIVER AND BILIARY TRACT DISORDERS IN PREGNANCY, THIRD TRIMESTER
O26612	LIVER AND BILIARY TRACT DISORDERS IN PREGNANCY, SECOND TRIMESTER
O26611	LIVER AND BILIARY TRACT DISORDERS IN PREGNANCY, FIRST TRIMESTER
O2662	LIVER AND BILIARY TRACT DISORDERS IN CHILDBIRTH
O26612	LIVER AND BILIARY TRACT DISORDERS IN PREGNANCY, SECOND TRIMESTER
O26613	LIVER AND BILIARY TRACT DISORDERS IN PREGNANCY, THIRD TRIMESTER
O26611	LIVER AND BILIARY TRACT DISORDERS IN PREGNANCY, FIRST TRIMESTER
O99350	DISEASES OF THE NERVOUS SYSTEM COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O298X9	OTHER COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O2990	UNSPECIFIED COMPLICATION OF ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O295X9	OTHER COMPLICATIONS OF SPINAL AND EPIDURAL ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O2960	FAILED OR DIFFICULT INTUBATION FOR ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O293X9	TOXIC REACTION TO LOCAL ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O2940	SPINAL AND EPIDURAL ANESTHESIA INDUCED HEADACHE DURING PREGNANCY, UNSPECIFIED TRIMESTER
O29299	OTHER CENTRAL NERVOUS SYSTEM COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O29129	CARDIAC FAILURE DUE TO ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O29199	OTHER CARDIAC COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O29119	CARDIAC ARREST DUE TO ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O29219	CEREBRAL ANOXIA DUE TO ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O29099	OTHER PULMONARY COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O29029	PRESSURE COLLAPSE OF LUNG DUE TO ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O26899	OTHER SPECIFIED PREGNANCY RELATED CONDITIONS, UNSPECIFIED TRIMESTER
O29019	ASPIRATION PNEUMONITIS DUE TO ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O26819	PREGNANCY RELATED EXHAUSTION AND FATIGUE, UNSPECIFIED TRIMESTER
O26719	SUBLUXATION OF SYMPHYSIS (PUBIS) IN PREGNANCY, UNSPECIFIED TRIMESTER
O2630	RETAINED INTRAUTERINE CONTRACEPTIVE DEVICE IN PREGNANCY, UNSPECIFIED TRIMESTER
O2640	HERPES GESTATIONIS, UNSPECIFIED TRIMESTER
O2610	LOW WEIGHT GAIN IN PREGNANCY, UNSPECIFIED TRIMESTER
O2613	LOW WEIGHT GAIN IN PREGNANCY, THIRD TRIMESTER
O2612	LOW WEIGHT GAIN IN PREGNANCY, SECOND TRIMESTER
O2642	HERPES GESTATIONIS, SECOND TRIMESTER
O2631	RETAINED INTRAUTERINE CONTRACEPTIVE DEVICE IN PREGNANCY, FIRST TRIMESTER
O2632	RETAINED INTRAUTERINE CONTRACEPTIVE DEVICE IN PREGNANCY, SECOND TRIMESTER
O2611	LOW WEIGHT GAIN IN PREGNANCY, FIRST TRIMESTER
O2633	RETAINED INTRAUTERINE CONTRACEPTIVE DEVICE IN PREGNANCY, THIRD TRIMESTER
O2672	SUBLUXATION OF SYMPHYSIS (PUBIS) IN CHILDBIRTH
O26811	PREGNANCY RELATED EXHAUSTION AND FATIGUE, FIRST TRIMESTER
O26711	SUBLUXATION OF SYMPHYSIS (PUBIS) IN PREGNANCY, FIRST TRIMESTER
O2641	HERPES GESTATIONIS, FIRST TRIMESTER
O26812	PREGNANCY RELATED EXHAUSTION AND FATIGUE, SECOND TRIMESTER
O26813	PREGNANCY RELATED EXHAUSTION AND FATIGUE, THIRD TRIMESTER
O26712	SUBLUXATION OF SYMPHYSIS (PUBIS) IN PREGNANCY, SECOND TRIMESTER
O26713	SUBLUXATION OF SYMPHYSIS (PUBIS) IN PREGNANCY, THIRD TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O2643	HERPES GESTATIONIS, THIRD TRIMESTER
O26892	OTHER SPECIFIED PREGNANCY RELATED CONDITIONS, SECOND TRIMESTER
O26893	OTHER SPECIFIED PREGNANCY RELATED CONDITIONS, THIRD TRIMESTER
O2686	PRURITIC URTICARIAL PAPULES AND PLAQUES OF PREGNANCY (PUPPP)
O2691	PREGNANCY RELATED CONDITIONS, UNSPECIFIED, FIRST TRIMESTER
O2692	PREGNANCY RELATED CONDITIONS, UNSPECIFIED, SECOND TRIMESTER
O2693	PREGNANCY RELATED CONDITIONS, UNSPECIFIED, THIRD TRIMESTER
O26891	OTHER SPECIFIED PREGNANCY RELATED CONDITIONS, FIRST TRIMESTER
O29011	ASPIRATION PNEUMONITIS DUE TO ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O29012	ASPIRATION PNEUMONITIS DUE TO ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O29013	ASPIRATION PNEUMONITIS DUE TO ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O29021	PRESSURE COLLAPSE OF LUNG DUE TO ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O29022	PRESSURE COLLAPSE OF LUNG DUE TO ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O29023	PRESSURE COLLAPSE OF LUNG DUE TO ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O29091	OTHER PULMONARY COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O29123	CARDIAC FAILURE DUE TO ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O29092	OTHER PULMONARY COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O29093	OTHER PULMONARY COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O29111	CARDIAC ARREST DUE TO ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O29193	OTHER CARDIAC COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O29112	CARDIAC ARREST DUE TO ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O29192	OTHER CARDIAC COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O293X1	TOXIC REACTION TO LOCAL ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O29113	CARDIAC ARREST DUE TO ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O29121	CARDIAC FAILURE DUE TO ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O29122	CARDIAC FAILURE DUE TO ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O29212	CEREBRAL ANOXIA DUE TO ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O29213	CEREBRAL ANOXIA DUE TO ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O2941	SPINAL AND EPIDURAL ANESTHESIA INDUCED HEADACHE DURING PREGNANCY, FIRST TRIMESTER
O29291	OTHER CENTRAL NERVOUS SYSTEM COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O29191	OTHER CARDIAC COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O29292	OTHER CENTRAL NERVOUS SYSTEM COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O29293	OTHER CENTRAL NERVOUS SYSTEM COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O293X2	TOXIC REACTION TO LOCAL ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O29211	CEREBRAL ANOXIA DUE TO ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O293X3	TOXIC REACTION TO LOCAL ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O2942	SPINAL AND EPIDURAL ANESTHESIA INDUCED HEADACHE DURING PREGNANCY, SECOND TRIMESTER
O2963	FAILED OR DIFFICULT INTUBATION FOR ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O2943	SPINAL AND EPIDURAL ANESTHESIA INDUCED HEADACHE DURING PREGNANCY, THIRD TRIMESTER
O295X1	OTHER COMPLICATIONS OF SPINAL AND EPIDURAL ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O295X2	OTHER COMPLICATIONS OF SPINAL AND EPIDURAL ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O295X3	OTHER COMPLICATIONS OF SPINAL AND EPIDURAL ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O298X3	OTHER COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O2991	UNSPECIFIED COMPLICATION OF ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O2961	FAILED OR DIFFICULT INTUBATION FOR ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O2962	FAILED OR DIFFICULT INTUBATION FOR ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O99353	DISEASES OF THE NERVOUS SYSTEM COMPLICATING PREGNANCY, THIRD TRIMESTER
O2992	UNSPECIFIED COMPLICATION OF ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O2993	UNSPECIFIED COMPLICATION OF ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O298X1	OTHER COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O298X2	OTHER COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O99354	DISEASES OF THE NERVOUS SYSTEM COMPLICATING CHILDBIRTH
O99351	DISEASES OF THE NERVOUS SYSTEM COMPLICATING PREGNANCY, FIRST TRIMESTER
O99352	DISEASES OF THE NERVOUS SYSTEM COMPLICATING PREGNANCY, SECOND TRIMESTER
O26892	OTHER SPECIFIED PREGNANCY RELATED CONDITIONS, SECOND TRIMESTER
O26893	OTHER SPECIFIED PREGNANCY RELATED CONDITIONS, THIRD TRIMESTER
O26891	OTHER SPECIFIED PREGNANCY RELATED CONDITIONS, FIRST TRIMESTER
O99355	DISEASES OF THE NERVOUS SYSTEM COMPLICATING THE PUERPERIUM
O298X1	OTHER COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O99353	DISEASES OF THE NERVOUS SYSTEM COMPLICATING PREGNANCY, THIRD TRIMESTER
O99351	DISEASES OF THE NERVOUS SYSTEM COMPLICATING PREGNANCY, FIRST TRIMESTER
O99352	DISEASES OF THE NERVOUS SYSTEM COMPLICATING PREGNANCY, SECOND TRIMESTER
O295X1	OTHER COMPLICATIONS OF SPINAL AND EPIDURAL ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O298X2	OTHER COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O298X3	OTHER COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O2961	FAILED OR DIFFICULT INTUBATION FOR ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O2992	UNSPECIFIED COMPLICATION OF ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O2991	UNSPECIFIED COMPLICATION OF ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O2993	UNSPECIFIED COMPLICATION OF ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O29211	CEREBRAL ANOXIA DUE TO ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O295X3	OTHER COMPLICATIONS OF SPINAL AND EPIDURAL ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O293X2	TOXIC REACTION TO LOCAL ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O293X3	TOXIC REACTION TO LOCAL ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O2962	FAILED OR DIFFICULT INTUBATION FOR ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O2941	SPINAL AND EPIDURAL ANESTHESIA INDUCED HEADACHE DURING PREGNANCY, FIRST TRIMESTER
O29291	OTHER CENTRAL NERVOUS SYSTEM COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O2963	FAILED OR DIFFICULT INTUBATION FOR ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O2942	SPINAL AND EPIDURAL ANESTHESIA INDUCED HEADACHE DURING PREGNANCY, SECOND TRIMESTER
O2943	SPINAL AND EPIDURAL ANESTHESIA INDUCED HEADACHE DURING PREGNANCY, THIRD TRIMESTER
O29212	CEREBRAL ANOXIA DUE TO ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O29213	CEREBRAL ANOXIA DUE TO ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O29123	CARDIAC FAILURE DUE TO ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O29191	OTHER CARDIAC COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O29292	OTHER CENTRAL NERVOUS SYSTEM COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O29293	OTHER CENTRAL NERVOUS SYSTEM COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O295X2	OTHER COMPLICATIONS OF SPINAL AND EPIDURAL ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O293X1	TOXIC REACTION TO LOCAL ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O29092	OTHER PULMONARY COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O29093	OTHER PULMONARY COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O29192	OTHER CARDIAC COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O29193	OTHER CARDIAC COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O29113	CARDIAC ARREST DUE TO ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O29121	CARDIAC FAILURE DUE TO ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O29012	ASPIRATION PNEUMONITIS DUE TO ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O29111	CARDIAC ARREST DUE TO ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O26893	OTHER SPECIFIED PREGNANCY RELATED CONDITIONS, THIRD TRIMESTER
O29112	CARDIAC ARREST DUE TO ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O29021	PRESSURE COLLAPSE OF LUNG DUE TO ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O29022	PRESSURE COLLAPSE OF LUNG DUE TO ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O29023	PRESSURE COLLAPSE OF LUNG DUE TO ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O29091	OTHER PULMONARY COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O29122	CARDIAC FAILURE DUE TO ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O26892	OTHER SPECIFIED PREGNANCY RELATED CONDITIONS, SECOND TRIMESTER
O29013	ASPIRATION PNEUMONITIS DUE TO ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O2686	PRURITIC URTICARIAL PAPULES AND PLAQUES OF PREGNANCY (PUPPP)
O2692	PREGNANCY RELATED CONDITIONS, UNSPECIFIED, SECOND TRIMESTER



<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O2691	PREGNANCY RELATED CONDITIONS, UNSPECIFIED, FIRST TRIMESTER
O2693	PREGNANCY RELATED CONDITIONS, UNSPECIFIED, THIRD TRIMESTER
O26891	OTHER SPECIFIED PREGNANCY RELATED CONDITIONS, FIRST TRIMESTER
O29011	ASPIRATION PNEUMONITIS DUE TO ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O26811	PREGNANCY RELATED EXHAUSTION AND FATIGUE, FIRST TRIMESTER
O2632	RETAINED INTRAUTERINE CONTRACEPTIVE DEVICE IN PREGNANCY, SECOND TRIMESTER
O26711	SUBLUXATION OF SYMPHYSIS (PUBIS) IN PREGNANCY, FIRST TRIMESTER
O26812	PREGNANCY RELATED EXHAUSTION AND FATIGUE, SECOND TRIMESTER
O26813	PREGNANCY RELATED EXHAUSTION AND FATIGUE, THIRD TRIMESTER
O26712	SUBLUXATION OF SYMPHYSIS (PUBIS) IN PREGNANCY, SECOND TRIMESTER
O26713	SUBLUXATION OF SYMPHYSIS (PUBIS) IN PREGNANCY, THIRD TRIMESTER
O2633	RETAINED INTRAUTERINE CONTRACEPTIVE DEVICE IN PREGNANCY, THIRD TRIMESTER
O2613	LOW WEIGHT GAIN IN PREGNANCY, THIRD TRIMESTER
O2611	LOW WEIGHT GAIN IN PREGNANCY, FIRST TRIMESTER
O2612	LOW WEIGHT GAIN IN PREGNANCY, SECOND TRIMESTER
O9989	OTHER SPECIFIED DISEASES AND CONDITIONS COMPLICATING PREGNANCY, CHILDBIRTH AND THE PUERPERIUM
O2641	HERPES GESTATIONIS, FIRST TRIMESTER
O2642	HERPES GESTATIONIS, SECOND TRIMESTER
O2643	HERPES GESTATIONIS, THIRD TRIMESTER
O2631	RETAINED INTRAUTERINE CONTRACEPTIVE DEVICE IN PREGNANCY, FIRST TRIMESTER
O2673	SUBLUXATION OF SYMPHYSIS (PUBIS) IN THE PUERPERIUM
O2663	LIVER AND BILIARY TRACT DISORDERS IN THE PUERPERIUM
O99355	DISEASES OF THE NERVOUS SYSTEM COMPLICATING THE PUERPERIUM
O9089	OTHER COMPLICATIONS OF THE PUERPERIUM, NOT ELSEWHERE CLASSIFIED
O2690	PREGNANCY RELATED CONDITIONS, UNSPECIFIED, UNSPECIFIED TRIMESTER
O9989	OTHER SPECIFIED DISEASES AND CONDITIONS COMPLICATING PREGNANCY, CHILDBIRTH AND THE PUERPERIUM

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O98119	SYPHILIS COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O98113	SYPHILIS COMPLICATING PREGNANCY, THIRD TRIMESTER
O9812	SYPHILIS COMPLICATING CHILDBIRTH
O98111	SYPHILIS COMPLICATING PREGNANCY, FIRST TRIMESTER
O98112	SYPHILIS COMPLICATING PREGNANCY, SECOND TRIMESTER
O9813	SYPHILIS COMPLICATING THE PUERPERIUM
O98112	SYPHILIS COMPLICATING PREGNANCY, SECOND TRIMESTER
O98111	SYPHILIS COMPLICATING PREGNANCY, FIRST TRIMESTER
O98113	SYPHILIS COMPLICATING PREGNANCY, THIRD TRIMESTER
O9813	SYPHILIS COMPLICATING THE PUERPERIUM
O98219	GONORRHEA COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O98212	GONORRHEA COMPLICATING PREGNANCY, SECOND TRIMESTER
O9822	GONORRHEA COMPLICATING CHILDBIRTH
O98211	GONORRHEA COMPLICATING PREGNANCY, FIRST TRIMESTER
O98213	GONORRHEA COMPLICATING PREGNANCY, THIRD TRIMESTER
O9823	GONORRHEA COMPLICATING THE PUERPERIUM
O98212	GONORRHEA COMPLICATING PREGNANCY, SECOND TRIMESTER
O98213	GONORRHEA COMPLICATING PREGNANCY, THIRD TRIMESTER
O98211	GONORRHEA COMPLICATING PREGNANCY, FIRST TRIMESTER
O9823	GONORRHEA COMPLICATING THE PUERPERIUM
O98319	OTHER INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O98313	OTHER INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION COMPLICATING PREGNANCY, THIRD TRIMESTER
O9832	OTHER INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION COMPLICATING CHILDBIRTH
O98312	OTHER INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION COMPLICATING PREGNANCY, SECOND TRIMESTER
O98311	OTHER INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION COMPLICATING PREGNANCY, FIRST TRIMESTER
O9833	OTHER INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION COMPLICATING THE PUERPERIUM
O98313	OTHER INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION COMPLICATING PREGNANCY, THIRD TRIMESTER
O98311	OTHER INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION COMPLICATING PREGNANCY, FIRST TRIMESTER
O98312	OTHER INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION COMPLICATING PREGNANCY, SECOND TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O9833	OTHER INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION COMPLICATING THE PUERPERIUM
O98019	TUBERCULOSIS COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9802	TUBERCULOSIS COMPLICATING CHILDBIRTH
O98011	TUBERCULOSIS COMPLICATING PREGNANCY, FIRST TRIMESTER
O98012	TUBERCULOSIS COMPLICATING PREGNANCY, SECOND TRIMESTER
O98013	TUBERCULOSIS COMPLICATING PREGNANCY, THIRD TRIMESTER
O9803	TUBERCULOSIS COMPLICATING THE PUERPERIUM
O98011	TUBERCULOSIS COMPLICATING PREGNANCY, FIRST TRIMESTER
O98012	TUBERCULOSIS COMPLICATING PREGNANCY, SECOND TRIMESTER
O98013	TUBERCULOSIS COMPLICATING PREGNANCY, THIRD TRIMESTER
O9803	TUBERCULOSIS COMPLICATING THE PUERPERIUM
O98619	PROTOZOAL DISEASES COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9862	PROTOZOAL DISEASES COMPLICATING CHILDBIRTH
O9863	PROTOZOAL DISEASES COMPLICATING THE PUERPERIUM
O98419	VIRAL HEPATITIS COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O98519	OTHER VIRAL DISEASES COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O98719	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O98712	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE COMPLICATING PREGNANCY, SECOND TRIMESTER
O9872	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE COMPLICATING CHILDBIRTH
O98512	OTHER VIRAL DISEASES COMPLICATING PREGNANCY, SECOND TRIMESTER
O98411	VIRAL HEPATITIS COMPLICATING PREGNANCY, FIRST TRIMESTER
O9842	VIRAL HEPATITIS COMPLICATING CHILDBIRTH
O98511	OTHER VIRAL DISEASES COMPLICATING PREGNANCY, FIRST TRIMESTER
O9852	OTHER VIRAL DISEASES COMPLICATING CHILDBIRTH
O98412	VIRAL HEPATITIS COMPLICATING PREGNANCY, SECOND TRIMESTER
O98513	OTHER VIRAL DISEASES COMPLICATING PREGNANCY, THIRD TRIMESTER
O98713	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE COMPLICATING PREGNANCY, THIRD TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O98413	VIRAL HEPATITIS COMPLICATING PREGNANCY, THIRD TRIMESTER
O98711	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE COMPLICATING PREGNANCY, FIRST TRIMESTER
O9843	VIRAL HEPATITIS COMPLICATING THE PUERPERIUM
O9853	OTHER VIRAL DISEASES COMPLICATING THE PUERPERIUM
O98413	VIRAL HEPATITIS COMPLICATING PREGNANCY, THIRD TRIMESTER
O98411	VIRAL HEPATITIS COMPLICATING PREGNANCY, FIRST TRIMESTER
O98512	OTHER VIRAL DISEASES COMPLICATING PREGNANCY, SECOND TRIMESTER
O98513	OTHER VIRAL DISEASES COMPLICATING PREGNANCY, THIRD TRIMESTER
O98412	VIRAL HEPATITIS COMPLICATING PREGNANCY, SECOND TRIMESTER
O98711	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE COMPLICATING PREGNANCY, FIRST TRIMESTER
O98712	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE COMPLICATING PREGNANCY, SECOND TRIMESTER
O98713	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE COMPLICATING PREGNANCY, THIRD TRIMESTER
O98511	OTHER VIRAL DISEASES COMPLICATING PREGNANCY, FIRST TRIMESTER
O9853	OTHER VIRAL DISEASES COMPLICATING THE PUERPERIUM
O9873	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE COMPLICATING THE PUERPERIUM
O9843	VIRAL HEPATITIS COMPLICATING THE PUERPERIUM
O98819	OTHER MATERNAL INFECTIOUS AND PARASITIC DISEASES COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O99834	OTHER INFECTION CARRIER STATE COMPLICATING CHILDBIRTH
O98612	PROTOZOAL DISEASES COMPLICATING PREGNANCY, SECOND TRIMESTER
O98613	PROTOZOAL DISEASES COMPLICATING PREGNANCY, THIRD TRIMESTER
O98813	OTHER MATERNAL INFECTIOUS AND PARASITIC DISEASES COMPLICATING PREGNANCY, THIRD TRIMESTER
O98611	PROTOZOAL DISEASES COMPLICATING PREGNANCY, FIRST TRIMESTER
O99830	OTHER INFECTION CARRIER STATE COMPLICATING PREGNANCY
O98811	OTHER MATERNAL INFECTIOUS AND PARASITIC DISEASES COMPLICATING PREGNANCY, FIRST TRIMESTER
O98812	OTHER MATERNAL INFECTIOUS AND PARASITIC DISEASES COMPLICATING PREGNANCY, SECOND TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O9882	OTHER MATERNAL INFECTIOUS AND PARASITIC DISEASES COMPLICATING CHILDBIRTH
O9883	OTHER MATERNAL INFECTIOUS AND PARASITIC DISEASES COMPLICATING THE PUERPERIUM
O98611	PROTOZOAL DISEASES COMPLICATING PREGNANCY, FIRST TRIMESTER
O98612	PROTOZOAL DISEASES COMPLICATING PREGNANCY, SECOND TRIMESTER
O98613	PROTOZOAL DISEASES COMPLICATING PREGNANCY, THIRD TRIMESTER
O98813	OTHER MATERNAL INFECTIOUS AND PARASITIC DISEASES COMPLICATING PREGNANCY, THIRD TRIMESTER
O99830	OTHER INFECTION CARRIER STATE COMPLICATING PREGNANCY
O98811	OTHER MATERNAL INFECTIOUS AND PARASITIC DISEASES COMPLICATING PREGNANCY, FIRST TRIMESTER
O98812	OTHER MATERNAL INFECTIOUS AND PARASITIC DISEASES COMPLICATING PREGNANCY, SECOND TRIMESTER
O99835	OTHER INFECTION CARRIER STATE COMPLICATING THE PUERPERIUM
O9883	OTHER MATERNAL INFECTIOUS AND PARASITIC DISEASES COMPLICATING THE PUERPERIUM
O98919	UNSPECIFIED MATERNAL INFECTIOUS AND PARASITIC DISEASE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O98912	UNSPECIFIED MATERNAL INFECTIOUS AND PARASITIC DISEASE COMPLICATING PREGNANCY, SECOND TRIMESTER
O98911	UNSPECIFIED MATERNAL INFECTIOUS AND PARASITIC DISEASE COMPLICATING PREGNANCY, FIRST TRIMESTER
O9892	UNSPECIFIED MATERNAL INFECTIOUS AND PARASITIC DISEASE COMPLICATING CHILDBIRTH
O98913	UNSPECIFIED MATERNAL INFECTIOUS AND PARASITIC DISEASE COMPLICATING PREGNANCY, THIRD TRIMESTER
O9893	UNSPECIFIED MATERNAL INFECTIOUS AND PARASITIC DISEASE COMPLICATING THE PUERPERIUM
O98911	UNSPECIFIED MATERNAL INFECTIOUS AND PARASITIC DISEASE COMPLICATING PREGNANCY, FIRST TRIMESTER
O98912	UNSPECIFIED MATERNAL INFECTIOUS AND PARASITIC DISEASE COMPLICATING PREGNANCY, SECOND TRIMESTER
O98913	UNSPECIFIED MATERNAL INFECTIOUS AND PARASITIC DISEASE COMPLICATING PREGNANCY, THIRD TRIMESTER
O9893	UNSPECIFIED MATERNAL INFECTIOUS AND PARASITIC DISEASE COMPLICATING THE PUERPERIUM
O24019	PRE-EXISTING DIABETES MELLITUS, TYPE 1, IN PREGNANCY, UNSPECIFIED TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O24119	PRE-EXISTING DIABETES MELLITUS, TYPE 2, IN PREGNANCY, UNSPECIFIED TRIMESTER
O24319	UNSPECIFIED PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, UNSPECIFIED TRIMESTER
O24919	UNSPECIFIED DIABETES MELLITUS IN PREGNANCY, UNSPECIFIED TRIMESTER
O24819	OTHER PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, UNSPECIFIED TRIMESTER
O2492	UNSPECIFIED DIABETES MELLITUS IN CHILDBIRTH
O2482	OTHER PRE-EXISTING DIABETES MELLITUS IN CHILDBIRTH
O24113	PRE-EXISTING DIABETES MELLITUS, TYPE 2, IN PREGNANCY, THIRD TRIMESTER
O24111	PRE-EXISTING DIABETES MELLITUS, TYPE 2, IN PREGNANCY, FIRST TRIMESTER
O24813	OTHER PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, THIRD TRIMESTER
O24312	UNSPECIFIED PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, SECOND TRIMESTER
O24313	UNSPECIFIED PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, THIRD TRIMESTER
O24911	UNSPECIFIED DIABETES MELLITUS IN PREGNANCY, FIRST TRIMESTER
O24912	UNSPECIFIED DIABETES MELLITUS IN PREGNANCY, SECOND TRIMESTER
O24913	UNSPECIFIED DIABETES MELLITUS IN PREGNANCY, THIRD TRIMESTER
O24811	OTHER PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, FIRST TRIMESTER
O24812	OTHER PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, SECOND TRIMESTER
O24011	PRE-EXISTING DIABETES MELLITUS, TYPE 1, IN PREGNANCY, FIRST TRIMESTER
O2402	PRE-EXISTING DIABETES MELLITUS, TYPE 1, IN CHILDBIRTH
O2412	PRE-EXISTING DIABETES MELLITUS, TYPE 2, IN CHILDBIRTH
O24311	UNSPECIFIED PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, FIRST TRIMESTER
O24012	PRE-EXISTING DIABETES MELLITUS, TYPE 1, IN PREGNANCY, SECOND TRIMESTER
O24013	PRE-EXISTING DIABETES MELLITUS, TYPE 1, IN PREGNANCY, THIRD TRIMESTER
O2432	UNSPECIFIED PRE-EXISTING DIABETES MELLITUS IN CHILDBIRTH
O24112	PRE-EXISTING DIABETES MELLITUS, TYPE 2, IN PREGNANCY, SECOND TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O2493	UNSPECIFIED DIABETES MELLITUS IN THE PUERPERIUM
O24011	PRE-EXISTING DIABETES MELLITUS, TYPE 1, IN PREGNANCY, FIRST TRIMESTER
O24012	PRE-EXISTING DIABETES MELLITUS, TYPE 1, IN PREGNANCY, SECOND TRIMESTER
O24013	PRE-EXISTING DIABETES MELLITUS, TYPE 1, IN PREGNANCY, THIRD TRIMESTER
O24111	PRE-EXISTING DIABETES MELLITUS, TYPE 2, IN PREGNANCY, FIRST TRIMESTER
O24112	PRE-EXISTING DIABETES MELLITUS, TYPE 2, IN PREGNANCY, SECOND TRIMESTER
O24113	PRE-EXISTING DIABETES MELLITUS, TYPE 2, IN PREGNANCY, THIRD TRIMESTER
O24812	OTHER PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, SECOND TRIMESTER
O24813	OTHER PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, THIRD TRIMESTER
O24311	UNSPECIFIED PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, FIRST TRIMESTER
O24312	UNSPECIFIED PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, SECOND TRIMESTER
O24912	UNSPECIFIED DIABETES MELLITUS IN PREGNANCY, SECOND TRIMESTER
O24913	UNSPECIFIED DIABETES MELLITUS IN PREGNANCY, THIRD TRIMESTER
O24811	OTHER PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, FIRST TRIMESTER
O24313	UNSPECIFIED PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, THIRD TRIMESTER
O24911	UNSPECIFIED DIABETES MELLITUS IN PREGNANCY, FIRST TRIMESTER
O2413	PRE-EXISTING DIABETES MELLITUS, TYPE 2, IN THE PUERPERIUM
O2433	UNSPECIFIED PRE-EXISTING DIABETES MELLITUS IN THE PUERPERIUM
O2483	OTHER PRE-EXISTING DIABETES MELLITUS IN THE PUERPERIUM
O2403	PRE-EXISTING DIABETES MELLITUS, TYPE 1, IN THE PUERPERIUM
O905	POSTPARTUM THYROIDITIS
O905	POSTPARTUM THYROIDITIS
O99019	ANEMIA COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O99013	ANEMIA COMPLICATING PREGNANCY, THIRD TRIMESTER
O9902	ANEMIA COMPLICATING CHILDBIRTH
O99011	ANEMIA COMPLICATING PREGNANCY, FIRST TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O99012	ANEMIA COMPLICATING PREGNANCY, SECOND TRIMESTER
O9903	ANEMIA COMPLICATING THE PUERPERIUM
O99012	ANEMIA COMPLICATING PREGNANCY, SECOND TRIMESTER
O99011	ANEMIA COMPLICATING PREGNANCY, FIRST TRIMESTER
O99013	ANEMIA COMPLICATING PREGNANCY, THIRD TRIMESTER
O9081	ANEMIA OF THE PUERPERIUM
O9903	ANEMIA COMPLICATING THE PUERPERIUM
O99320	DRUG USE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O99323	DRUG USE COMPLICATING PREGNANCY, THIRD TRIMESTER
O99324	DRUG USE COMPLICATING CHILDBIRTH
O99321	DRUG USE COMPLICATING PREGNANCY, FIRST TRIMESTER
O99322	DRUG USE COMPLICATING PREGNANCY, SECOND TRIMESTER
O99325	DRUG USE COMPLICATING THE PUERPERIUM
O99323	DRUG USE COMPLICATING PREGNANCY, THIRD TRIMESTER
O99321	DRUG USE COMPLICATING PREGNANCY, FIRST TRIMESTER
O99322	DRUG USE COMPLICATING PREGNANCY, SECOND TRIMESTER
O99325	DRUG USE COMPLICATING THE PUERPERIUM
O99310	ALCOHOL USE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O99340	OTHER MENTAL DISORDERS COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O99311	ALCOHOL USE COMPLICATING PREGNANCY, FIRST TRIMESTER
O99312	ALCOHOL USE COMPLICATING PREGNANCY, SECOND TRIMESTER
O99341	OTHER MENTAL DISORDERS COMPLICATING PREGNANCY, FIRST TRIMESTER
O99313	ALCOHOL USE COMPLICATING PREGNANCY, THIRD TRIMESTER
O99314	ALCOHOL USE COMPLICATING CHILDBIRTH
O99344	OTHER MENTAL DISORDERS COMPLICATING CHILDBIRTH
O99342	OTHER MENTAL DISORDERS COMPLICATING PREGNANCY, SECOND TRIMESTER
O99343	OTHER MENTAL DISORDERS COMPLICATING PREGNANCY, THIRD TRIMESTER
O906	POSTPARTUM MOOD DISTURBANCE
O99345	OTHER MENTAL DISORDERS COMPLICATING THE PUERPERIUM
O99311	ALCOHOL USE COMPLICATING PREGNANCY, FIRST TRIMESTER
O99312	ALCOHOL USE COMPLICATING PREGNANCY, SECOND TRIMESTER
O99313	ALCOHOL USE COMPLICATING PREGNANCY, THIRD TRIMESTER



<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O99343	OTHER MENTAL DISORDERS COMPLICATING PREGNANCY, THIRD TRIMESTER
O99341	OTHER MENTAL DISORDERS COMPLICATING PREGNANCY, FIRST TRIMESTER
O99342	OTHER MENTAL DISORDERS COMPLICATING PREGNANCY, SECOND TRIMESTER
O906	POSTPARTUM MOOD DISTURBANCE
O99315	ALCOHOL USE COMPLICATING THE PUERPERIUM
O99345	OTHER MENTAL DISORDERS COMPLICATING THE PUERPERIUM
O330	MATERNAL CARE FOR DISPROPORTION DUE TO DEFORMITY OF MATERNAL PELVIC BONES
O330	MATERNAL CARE FOR DISPROPORTION DUE TO DEFORMITY OF MATERNAL PELVIC BONES
O24420	GESTATIONAL DIABETES MELLITUS IN CHILDBIRTH, DIET CONTROLLED
O24424	GESTATIONAL DIABETES MELLITUS IN CHILDBIRTH, INSULIN CONTROLLED
O24429	GESTATIONAL DIABETES MELLITUS IN CHILDBIRTH, UNSPECIFIED CONTROL
O24410	GESTATIONAL DIABETES MELLITUS IN PREGNANCY, DIET CONTROLLED
O99814	ABNORMAL GLUCOSE COMPLICATING CHILDBIRTH
O99810	ABNORMAL GLUCOSE COMPLICATING PREGNANCY
O24414	GESTATIONAL DIABETES MELLITUS IN PREGNANCY, INSULIN CONTROLLED
O24419	GESTATIONAL DIABETES MELLITUS IN PREGNANCY, UNSPECIFIED CONTROL
O99815	ABNORMAL GLUCOSE COMPLICATING THE PUERPERIUM
O99810	ABNORMAL GLUCOSE COMPLICATING PREGNANCY
O24419	GESTATIONAL DIABETES MELLITUS IN PREGNANCY, UNSPECIFIED CONTROL
O24410	GESTATIONAL DIABETES MELLITUS IN PREGNANCY, DIET CONTROLLED
O24414	GESTATIONAL DIABETES MELLITUS IN PREGNANCY, INSULIN CONTROLLED
O99815	ABNORMAL GLUCOSE COMPLICATING THE PUERPERIUM
O24430	GESTATIONAL DIABETES MELLITUS IN THE PUERPERIUM, DIET CONTROLLED
O24434	GESTATIONAL DIABETES MELLITUS IN THE PUERPERIUM, INSULIN CONTROLLED
O24439	GESTATIONAL DIABETES MELLITUS IN THE PUERPERIUM, UNSPECIFIED CONTROL

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O99280	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O2510	MALNUTRITION IN PREGNANCY, UNSPECIFIED TRIMESTER
O9A519	PSYCHOLOGICAL ABUSE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9A419	SEXUAL ABUSE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9A319	PHYSICAL ABUSE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9A219	INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9A119	MALIGNANT NEOPLASM COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O99719	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O99619	DISEASES OF THE DIGESTIVE SYSTEM COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O99519	DISEASES OF THE RESPIRATORY SYSTEM COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9A52	PSYCHOLOGICAL ABUSE COMPLICATING CHILDBIRTH
O99281	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES COMPLICATING PREGNANCY, FIRST TRIMESTER
O99282	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES COMPLICATING PREGNANCY, SECOND TRIMESTER
O99283	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES COMPLICATING PREGNANCY, THIRD TRIMESTER
O99284	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES COMPLICATING CHILDBIRTH
O9A413	SEXUAL ABUSE COMPLICATING PREGNANCY, THIRD TRIMESTER
O9A42	SEXUAL ABUSE COMPLICATING CHILDBIRTH
O9A511	PSYCHOLOGICAL ABUSE COMPLICATING PREGNANCY, FIRST TRIMESTER
O9A512	PSYCHOLOGICAL ABUSE COMPLICATING PREGNANCY, SECOND TRIMESTER
O9A513	PSYCHOLOGICAL ABUSE COMPLICATING PREGNANCY, THIRD TRIMESTER
O2513	MALNUTRITION IN PREGNANCY, THIRD TRIMESTER
O252	MALNUTRITION IN CHILDBIRTH
O2511	MALNUTRITION IN PREGNANCY, FIRST TRIMESTER
O2512	MALNUTRITION IN PREGNANCY, SECOND TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O9A111	MALIGNANT NEOPLASM COMPLICATING PREGNANCY, FIRST TRIMESTER
O9A112	MALIGNANT NEOPLASM COMPLICATING PREGNANCY, SECOND TRIMESTER
O9A311	PHYSICAL ABUSE COMPLICATING PREGNANCY, FIRST TRIMESTER
O9A312	PHYSICAL ABUSE COMPLICATING PREGNANCY, SECOND TRIMESTER
O9A313	PHYSICAL ABUSE COMPLICATING PREGNANCY, THIRD TRIMESTER
O9A211	INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES COMPLICATING PREGNANCY, FIRST TRIMESTER
O9A32	PHYSICAL ABUSE COMPLICATING CHILDBIRTH
O9A411	SEXUAL ABUSE COMPLICATING PREGNANCY, FIRST TRIMESTER
O9A412	SEXUAL ABUSE COMPLICATING PREGNANCY, SECOND TRIMESTER
O99711	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE COMPLICATING PREGNANCY, FIRST TRIMESTER
O99712	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE COMPLICATING PREGNANCY, SECOND TRIMESTER
O99713	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE COMPLICATING PREGNANCY, THIRD TRIMESTER
O99824	STREPTOCOCCUS B CARRIER STATE COMPLICATING CHILDBIRTH
O9972	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE COMPLICATING CHILDBIRTH
O9A113	MALIGNANT NEOPLASM COMPLICATING PREGNANCY, THIRD TRIMESTER
O9A12	MALIGNANT NEOPLASM COMPLICATING CHILDBIRTH
O9A212	INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES COMPLICATING PREGNANCY, SECOND TRIMESTER
O9A213	INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES COMPLICATING PREGNANCY, THIRD TRIMESTER
O9A22	INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES COMPLICATING CHILDBIRTH
O99511	DISEASES OF THE RESPIRATORY SYSTEM COMPLICATING PREGNANCY, FIRST TRIMESTER
O99512	DISEASES OF THE RESPIRATORY SYSTEM COMPLICATING PREGNANCY, SECOND TRIMESTER
O99513	DISEASES OF THE RESPIRATORY SYSTEM COMPLICATING PREGNANCY, THIRD TRIMESTER
O9952	DISEASES OF THE RESPIRATORY SYSTEM COMPLICATING CHILDBIRTH
O99611	DISEASES OF THE DIGESTIVE SYSTEM COMPLICATING PREGNANCY, FIRST TRIMESTER
O99612	DISEASES OF THE DIGESTIVE SYSTEM COMPLICATING PREGNANCY, SECOND TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O99613	DISEASES OF THE DIGESTIVE SYSTEM COMPLICATING PREGNANCY, THIRD TRIMESTER
O9962	DISEASES OF THE DIGESTIVE SYSTEM COMPLICATING CHILDBIRTH
O99511	DISEASES OF THE RESPIRATORY SYSTEM COMPLICATING PREGNANCY, FIRST TRIMESTER
O99512	DISEASES OF THE RESPIRATORY SYSTEM COMPLICATING PREGNANCY, SECOND TRIMESTER
O99513	DISEASES OF THE RESPIRATORY SYSTEM COMPLICATING PREGNANCY, THIRD TRIMESTER
O99713	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE COMPLICATING PREGNANCY, THIRD TRIMESTER
O99611	DISEASES OF THE DIGESTIVE SYSTEM COMPLICATING PREGNANCY, FIRST TRIMESTER
O99612	DISEASES OF THE DIGESTIVE SYSTEM COMPLICATING PREGNANCY, SECOND TRIMESTER
O99613	DISEASES OF THE DIGESTIVE SYSTEM COMPLICATING PREGNANCY, THIRD TRIMESTER
O99820	STREPTOCOCCUS B CARRIER STATE COMPLICATING PREGNANCY
O99711	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE COMPLICATING PREGNANCY, FIRST TRIMESTER
O99712	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE COMPLICATING PREGNANCY, SECOND TRIMESTER
O9A112	MALIGNANT NEOPLASM COMPLICATING PREGNANCY, SECOND TRIMESTER
O9A113	MALIGNANT NEOPLASM COMPLICATING PREGNANCY, THIRD TRIMESTER
O9A212	INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES COMPLICATING PREGNANCY, SECOND TRIMESTER
O9A213	INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES COMPLICATING PREGNANCY, THIRD TRIMESTER
O9A111	MALIGNANT NEOPLASM COMPLICATING PREGNANCY, FIRST TRIMESTER
O9A311	PHYSICAL ABUSE COMPLICATING PREGNANCY, FIRST TRIMESTER
O9A312	PHYSICAL ABUSE COMPLICATING PREGNANCY, SECOND TRIMESTER
O9A313	PHYSICAL ABUSE COMPLICATING PREGNANCY, THIRD TRIMESTER
O9A211	INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES COMPLICATING PREGNANCY, FIRST TRIMESTER
O9A411	SEXUAL ABUSE COMPLICATING PREGNANCY, FIRST TRIMESTER
O9A412	SEXUAL ABUSE COMPLICATING PREGNANCY, SECOND TRIMESTER
O9A413	SEXUAL ABUSE COMPLICATING PREGNANCY, THIRD TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O9A511	PSYCHOLOGICAL ABUSE COMPLICATING PREGNANCY, FIRST TRIMESTER
O9A512	PSYCHOLOGICAL ABUSE COMPLICATING PREGNANCY, SECOND TRIMESTER
O9A513	PSYCHOLOGICAL ABUSE COMPLICATING PREGNANCY, THIRD TRIMESTER
O2512	MALNUTRITION IN PREGNANCY, SECOND TRIMESTER
O2513	MALNUTRITION IN PREGNANCY, THIRD TRIMESTER
O2511	MALNUTRITION IN PREGNANCY, FIRST TRIMESTER
O99281	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES COMPLICATING PREGNANCY, FIRST TRIMESTER
O99282	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES COMPLICATING PREGNANCY, SECOND TRIMESTER
O99283	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES COMPLICATING PREGNANCY, THIRD TRIMESTER
O253	MALNUTRITION IN THE PUERPERIUM
O99285	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES COMPLICATING THE PUERPERIUM
O9953	DISEASES OF THE RESPIRATORY SYSTEM COMPLICATING THE PUERPERIUM
O9973	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE COMPLICATING THE PUERPERIUM
O9963	DISEASES OF THE DIGESTIVE SYSTEM COMPLICATING THE PUERPERIUM
O99825	STREPTOCOCCUS B CARRIER STATE COMPLICATING THE PUERPERIUM
O9A13	MALIGNANT NEOPLASM COMPLICATING THE PUERPERIUM
O9A33	PHYSICAL ABUSE COMPLICATING THE PUERPERIUM
O9A23	INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES COMPLICATING THE PUERPERIUM
O9A53	PSYCHOLOGICAL ABUSE COMPLICATING THE PUERPERIUM
O9A43	SEXUAL ABUSE COMPLICATING THE PUERPERIUM
O99330	SMOKING (TOBACCO) COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O99334	SMOKING (TOBACCO) COMPLICATING CHILDBIRTH
O99333	SMOKING (TOBACCO) COMPLICATING PREGNANCY, THIRD TRIMESTER
O99332	SMOKING (TOBACCO) COMPLICATING PREGNANCY, SECOND TRIMESTER
O99331	SMOKING (TOBACCO) COMPLICATING PREGNANCY, FIRST TRIMESTER
O99335	SMOKING (TOBACCO) COMPLICATING THE PUERPERIUM

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O99333	SMOKING (TOBACCO) COMPLICATING PREGNANCY, THIRD TRIMESTER
O99331	SMOKING (TOBACCO) COMPLICATING PREGNANCY, FIRST TRIMESTER
O99332	SMOKING (TOBACCO) COMPLICATING PREGNANCY, SECOND TRIMESTER
O99335	SMOKING (TOBACCO) COMPLICATING THE PUERPERIUM
O99210	OBESITY COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O99211	OBESITY COMPLICATING PREGNANCY, FIRST TRIMESTER
O99212	OBESITY COMPLICATING PREGNANCY, SECOND TRIMESTER
O99213	OBESITY COMPLICATING PREGNANCY, THIRD TRIMESTER
O99214	OBESITY COMPLICATING CHILDBIRTH
O99215	OBESITY COMPLICATING THE PUERPERIUM
O99212	OBESITY COMPLICATING PREGNANCY, SECOND TRIMESTER
O99213	OBESITY COMPLICATING PREGNANCY, THIRD TRIMESTER
O99211	OBESITY COMPLICATING PREGNANCY, FIRST TRIMESTER
O99215	OBESITY COMPLICATING THE PUERPERIUM
O99840	BARIATRIC SURGERY STATUS COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O99844	BARIATRIC SURGERY STATUS COMPLICATING CHILDBIRTH
O99843	BARIATRIC SURGERY STATUS COMPLICATING PREGNANCY, THIRD TRIMESTER
O99842	BARIATRIC SURGERY STATUS COMPLICATING PREGNANCY, SECOND TRIMESTER
O99841	BARIATRIC SURGERY STATUS COMPLICATING PREGNANCY, FIRST TRIMESTER
O99845	BARIATRIC SURGERY STATUS COMPLICATING THE PUERPERIUM
O99843	BARIATRIC SURGERY STATUS COMPLICATING PREGNANCY, THIRD TRIMESTER
O99841	BARIATRIC SURGERY STATUS COMPLICATING PREGNANCY, FIRST TRIMESTER
O99842	BARIATRIC SURGERY STATUS COMPLICATING PREGNANCY, SECOND TRIMESTER
O99845	BARIATRIC SURGERY STATUS COMPLICATING THE PUERPERIUM
O99119	OTHER DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O99112	OTHER DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM COMPLICATING PREGNANCY, SECOND TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O99113	OTHER DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM COMPLICATING PREGNANCY, THIRD TRIMESTER
O9912	OTHER DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM COMPLICATING CHILDBIRTH
O99111	OTHER DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM COMPLICATING PREGNANCY, FIRST TRIMESTER
O99112	OTHER DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM COMPLICATING PREGNANCY, SECOND TRIMESTER
O99113	OTHER DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM COMPLICATING PREGNANCY, THIRD TRIMESTER
O99111	OTHER DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM COMPLICATING PREGNANCY, FIRST TRIMESTER
O9913	OTHER DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM COMPLICATING THE PUERPERIUM
O26859	SPOTTING COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O26852	SPOTTING COMPLICATING PREGNANCY, SECOND TRIMESTER
O26851	SPOTTING COMPLICATING PREGNANCY, FIRST TRIMESTER
O26853	SPOTTING COMPLICATING PREGNANCY, THIRD TRIMESTER
O26852	SPOTTING COMPLICATING PREGNANCY, SECOND TRIMESTER
O26851	SPOTTING COMPLICATING PREGNANCY, FIRST TRIMESTER
O26853	SPOTTING COMPLICATING PREGNANCY, THIRD TRIMESTER
O26849	UTERINE SIZE-DATE DISCREPANCY, UNSPECIFIED TRIMESTER
O26841	UTERINE SIZE-DATE DISCREPANCY, FIRST TRIMESTER
O26842	UTERINE SIZE-DATE DISCREPANCY, SECOND TRIMESTER
O26843	UTERINE SIZE-DATE DISCREPANCY, THIRD TRIMESTER
O26842	UTERINE SIZE-DATE DISCREPANCY, SECOND TRIMESTER
O26843	UTERINE SIZE-DATE DISCREPANCY, THIRD TRIMESTER
O26841	UTERINE SIZE-DATE DISCREPANCY, FIRST TRIMESTER
O26841	UTERINE SIZE-DATE DISCREPANCY, FIRST TRIMESTER
O26843	UTERINE SIZE-DATE DISCREPANCY, THIRD TRIMESTER
O26842	UTERINE SIZE-DATE DISCREPANCY, SECOND TRIMESTER
O26841	UTERINE SIZE-DATE DISCREPANCY, FIRST TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O26842	UTERINE SIZE-DATE DISCREPANCY, SECOND TRIMESTER
O26843	UTERINE SIZE-DATE DISCREPANCY, THIRD TRIMESTER
O26879	CERVICAL SHORTENING, UNSPECIFIED TRIMESTER
O26872	CERVICAL SHORTENING, SECOND TRIMESTER
O26873	CERVICAL SHORTENING, THIRD TRIMESTER
O26873	CERVICAL SHORTENING, THIRD TRIMESTER
O26872	CERVICAL SHORTENING, SECOND TRIMESTER
O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY
O30019	TWIN PREGNANCY, MONOCHORIONIC/MONOAMNIOTIC, UNSPECIFIED TRIMESTER
O30039	TWIN PREGNANCY, MONOCHORIONIC/DIAMNIOTIC, UNSPECIFIED TRIMESTER
O30009	TWIN PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER
O30049	TWIN PREGNANCY, DICHORIONIC/DIAMNIOTIC, UNSPECIFIED TRIMESTER
O30099	TWIN PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER
O30032	TWIN PREGNANCY, MONOCHORIONIC/DIAMNIOTIC, SECOND TRIMESTER
O30033	TWIN PREGNANCY, MONOCHORIONIC/DIAMNIOTIC, THIRD TRIMESTER
O30041	TWIN PREGNANCY, DICHORIONIC/DIAMNIOTIC, FIRST TRIMESTER
O30093	TWIN PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30042	TWIN PREGNANCY, DICHORIONIC/DIAMNIOTIC, SECOND TRIMESTER
O30043	TWIN PREGNANCY, DICHORIONIC/DIAMNIOTIC, THIRD TRIMESTER
O30013	TWIN PREGNANCY, MONOCHORIONIC/MONOAMNIOTIC, THIRD TRIMESTER
O30001	TWIN PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30002	TWIN PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30003	TWIN PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30011	TWIN PREGNANCY, MONOCHORIONIC/MONOAMNIOTIC, FIRST TRIMESTER
O30012	TWIN PREGNANCY, MONOCHORIONIC/MONOAMNIOTIC, SECOND TRIMESTER
O30091	TWIN PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER



<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O30092	TWIN PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30031	TWIN PREGNANCY, MONOCHORIONIC/DIAMNIOTIC, FIRST TRIMESTER
O30012	TWIN PREGNANCY, MONOCHORIONIC/MONOAMNIOTIC, SECOND TRIMESTER
O30001	TWIN PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30033	TWIN PREGNANCY, MONOCHORIONIC/DIAMNIOTIC, THIRD TRIMESTER
O30002	TWIN PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30003	TWIN PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30011	TWIN PREGNANCY, MONOCHORIONIC/MONOAMNIOTIC, FIRST TRIMESTER
O30013	TWIN PREGNANCY, MONOCHORIONIC/MONOAMNIOTIC, THIRD TRIMESTER
O30091	TWIN PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30031	TWIN PREGNANCY, MONOCHORIONIC/DIAMNIOTIC, FIRST TRIMESTER
O30032	TWIN PREGNANCY, MONOCHORIONIC/DIAMNIOTIC, SECOND TRIMESTER
O30092	TWIN PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30093	TWIN PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30041	TWIN PREGNANCY, DICHORIONIC/DIAMNIOTIC, FIRST TRIMESTER
O30042	TWIN PREGNANCY, DICHORIONIC/DIAMNIOTIC, SECOND TRIMESTER
O30043	TWIN PREGNANCY, DICHORIONIC/DIAMNIOTIC, THIRD TRIMESTER
O30109	TRIPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER
O30129	TRIPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, UNSPECIFIED TRIMESTER
O30109	TRIPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER
O30119	TRIPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, UNSPECIFIED TRIMESTER
O30199	TRIPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER
O30111	TRIPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, FIRST TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O30112	TRIPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, SECOND TRIMESTER
O30192	TRIPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30193	TRIPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30121	TRIPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, FIRST TRIMESTER
O30122	TRIPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, SECOND TRIMESTER
O30101	TRIPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30113	TRIPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, THIRD TRIMESTER
O30103	TRIPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30101	TRIPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30102	TRIPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30102	TRIPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30103	TRIPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30123	TRIPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, THIRD TRIMESTER
O30191	TRIPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30101	TRIPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30101	TRIPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30103	TRIPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30102	TRIPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30102	TRIPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30123	TRIPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, THIRD TRIMESTER
O30103	TRIPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O30191	TRIPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30111	TRIPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, FIRST TRIMESTER
O30112	TRIPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, SECOND TRIMESTER
O30113	TRIPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, THIRD TRIMESTER
O30192	TRIPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30193	TRIPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30121	TRIPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, FIRST TRIMESTER
O30122	TRIPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, SECOND TRIMESTER
O30209	QUADRUPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER
O30219	QUADRUPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, UNSPECIFIED TRIMESTER
O30229	QUADRUPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, UNSPECIFIED TRIMESTER
O30209	QUADRUPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER
O30299	QUADRUPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER
O30213	QUADRUPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, THIRD TRIMESTER
O30203	QUADRUPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30201	QUADRUPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30201	QUADRUPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30202	QUADRUPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30202	QUADRUPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30203	QUADRUPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30223	QUADRUPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, THIRD TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O30291	QUADRUPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30211	QUADRUPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, FIRST TRIMESTER
O30212	QUADRUPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, SECOND TRIMESTER
O30292	QUADRUPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30293	QUADRUPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30221	QUADRUPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, FIRST TRIMESTER
O30222	QUADRUPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, SECOND TRIMESTER
O30291	QUADRUPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30211	QUADRUPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, FIRST TRIMESTER
O30212	QUADRUPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, SECOND TRIMESTER
O30292	QUADRUPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30293	QUADRUPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30221	QUADRUPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, FIRST TRIMESTER
O30222	QUADRUPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, SECOND TRIMESTER
O30203	QUADRUPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30213	QUADRUPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, THIRD TRIMESTER
O30201	QUADRUPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30201	QUADRUPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30203	QUADRUPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30202	QUADRUPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30202	QUADRUPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O30223	QUADRUPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, THIRD TRIMESTER
O3110X0	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3110X1	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 1
O3110X2	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 2
O3120X2	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 2
O3120X0	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3120X1	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 1
O3111X0	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3111X1	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 1
O3111X2	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 2
O3113X1	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 1
O3112X2	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 2
O3112X0	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3112X1	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 1
O3113X2	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 2
O3113X0	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3122X1	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 1
O3122X2	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 2

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3121X0	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3121X1	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 1
O3121X2	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 2
O3123X2	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 2
O3123X0	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3123X1	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 1
O3122X0	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3122X2	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 2
O3113X2	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 2
O3113X0	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3122X0	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3122X1	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 1
O3121X2	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 2
O3121X1	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 1
O3123X1	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 1
O3123X2	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 2
O3123X0	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3111X0	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3111X1	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 1
O3112X1	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 1
O3112X2	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 2
O3112X0	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3111X2	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 2
O3121X0	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3113X1	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 1
O3120X2	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 2
O3120X3	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 3
O3120X4	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 4
O3120X5	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 5
O3110X9	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, OTHER FETUS
O3110X5	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 5
O3110X0	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3110X1	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 1
O3110X2	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 2
O3110X3	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 3
O3110X4	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 4
O3120X9	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, OTHER FETUS

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3120X0	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3120X1	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 1
O3111X4	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 4
O3111X5	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 5
O3111X0	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3111X1	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 1
O3113X0	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3112X2	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 2
O3112X3	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 3
O3111X9	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, OTHER FETUS
O3112X0	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3112X1	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 1
O3111X2	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 2
O3111X3	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 3
O3113X3	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 3
O3113X4	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 4
O3113X5	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 5
O3113X9	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, THIRD TRIMESTER, OTHER FETUS
O3113X1	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 1



<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3113X2	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 2
O3112X4	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 4
O3112X5	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 5
O3112X9	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, OTHER FETUS
O3121X0	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3121X1	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 1
O3121X2	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 2
O3122X3	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 3
O3122X4	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 4
O3121X9	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, FIRST TRIMESTER, OTHER FETUS
O3122X0	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3122X1	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 1
O3121X3	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 3
O3121X4	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 4
O3121X5	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 5
O3123X4	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 4
O3123X5	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 5
O3123X9	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, OTHER FETUS
O3123X2	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 2
O3123X3	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 3

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3122X5	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 5
O3122X9	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, SECOND TRIMESTER, OTHER FETUS
O3123X0	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3123X1	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 1
O3122X2	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 2
O3123X4	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 4
O3123X5	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 5
O3123X9	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, OTHER FETUS
O3123X1	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 1
O3123X2	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 2
O3123X3	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 3
O3122X9	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, SECOND TRIMESTER, OTHER FETUS
O3123X0	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3122X1	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 1
O3122X2	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 2
O3122X3	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 3
O3122X4	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 4
O3122X5	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 5
O3122X0	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3121X2	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 2

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3121X3	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 3
O3121X4	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 4
O3121X5	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 5
O3121X9	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, FIRST TRIMESTER, OTHER FETUS
O3121X0	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3121X1	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 1
O3113X4	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 4
O3113X5	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 5
O3113X9	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, THIRD TRIMESTER, OTHER FETUS
O3113X0	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3113X1	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 1
O3113X2	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 2
O3113X3	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 3
O3112X5	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 5
O3112X9	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, OTHER FETUS
O3112X1	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 1
O3112X2	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 2
O3112X3	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 3
O3112X4	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 4
O3111X9	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, OTHER FETUS

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3112X0	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3111X1	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 1
O3111X2	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 2
O3111X3	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 3
O3111X4	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 4
O3111X5	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 5
O3111X0	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3130X3	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 3
O3130X0	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3130X1	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 1
O3130X2	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 2
O3130X4	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 4
O3130X5	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 5
O3130X9	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, OTHER FETUS
O3131X0	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3131X3	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 3
O3131X2	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 2
O3131X4	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 4
O3131X9	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, FIRST TRIMESTER, OTHER FETUS

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3132X0	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3132X1	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 1
O3131X1	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 1
O3132X3	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 3
O3132X4	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 4
O3133X9	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, THIRD TRIMESTER, OTHER FETUS
O3132X5	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 5
O3131X5	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 5
O3133X0	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3133X1	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 1
O3133X2	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 2
O3133X3	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 3
O3132X2	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 2
O3133X4	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 4
O3133X5	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 5
O3132X9	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, SECOND TRIMESTER, OTHER FETUS
O3133X3	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 3
O3133X4	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 4
O3133X5	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 5
O3133X9	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, THIRD TRIMESTER, OTHER FETUS

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3132X9	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, SECOND TRIMESTER, OTHER FETUS
O3132X3	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 3
O3132X5	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 5
O3131X4	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 4
O3131X5	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 5
O3133X0	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3133X1	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 1
O3133X2	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 2
O3132X2	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 2
O3131X1	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 1
O3131X2	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 2
O3132X4	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 4
O3131X3	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 3
O3131X9	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, FIRST TRIMESTER, OTHER FETUS
O3132X0	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3132X1	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 1
O3131X0	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O30829	OTHER SPECIFIED MULTIPLE GESTATION WITH TWO OR MORE MONOAMNIOTIC FETUSES, UNSPECIFIED TRIMESTER
O30809	OTHER SPECIFIED MULTIPLE GESTATION, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O30819	OTHER SPECIFIED MULTIPLE GESTATION WITH TWO OR MORE MONOCHORIONIC FETUSES, UNSPECIFIED TRIMESTER
O30899	OTHER SPECIFIED MULTIPLE GESTATION, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER
O30809	OTHER SPECIFIED MULTIPLE GESTATION, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER
O318X34	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, THIRD TRIMESTER, FETUS 4
O318X23	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, SECOND TRIMESTER, FETUS 3
O318X24	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, SECOND TRIMESTER, FETUS 4
O318X25	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, SECOND TRIMESTER, FETUS 5
O318X39	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, THIRD TRIMESTER, OTHER FETUS
O318X31	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, THIRD TRIMESTER, FETUS 1
O318X32	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, THIRD TRIMESTER, FETUS 2
O318X33	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, THIRD TRIMESTER, FETUS 3
O318X22	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, SECOND TRIMESTER, FETUS 2
O318X11	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, FIRST TRIMESTER, FETUS 1
O318X12	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, FIRST TRIMESTER, FETUS 2
O318X13	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, FIRST TRIMESTER, FETUS 3
O318X29	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, SECOND TRIMESTER, OTHER FETUS
O318X30	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O318X19	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, FIRST TRIMESTER, OTHER FETUS
O318X20	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O318X21	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, SECOND TRIMESTER, FETUS 1

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O318X35	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, THIRD TRIMESTER, FETUS 5
O30802	OTHER SPECIFIED MULTIPLE GESTATION, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30892	OTHER SPECIFIED MULTIPLE GESTATION, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30893	OTHER SPECIFIED MULTIPLE GESTATION, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30811	OTHER SPECIFIED MULTIPLE GESTATION WITH TWO OR MORE MONOCHORIONIC FETUSES, FIRST TRIMESTER
O30812	OTHER SPECIFIED MULTIPLE GESTATION WITH TWO OR MORE MONOCHORIONIC FETUSES, SECOND TRIMESTER
O318X14	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, FIRST TRIMESTER, FETUS 4
O318X15	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, FIRST TRIMESTER, FETUS 5
O318X10	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O30823	OTHER SPECIFIED MULTIPLE GESTATION WITH TWO OR MORE MONOAMNIOTIC FETUSES, THIRD TRIMESTER
O30803	OTHER SPECIFIED MULTIPLE GESTATION, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30801	OTHER SPECIFIED MULTIPLE GESTATION, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30801	OTHER SPECIFIED MULTIPLE GESTATION, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30803	OTHER SPECIFIED MULTIPLE GESTATION, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30891	OTHER SPECIFIED MULTIPLE GESTATION, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30813	OTHER SPECIFIED MULTIPLE GESTATION WITH TWO OR MORE MONOCHORIONIC FETUSES, THIRD TRIMESTER
O30821	OTHER SPECIFIED MULTIPLE GESTATION WITH TWO OR MORE MONOAMNIOTIC FETUSES, FIRST TRIMESTER
O30822	OTHER SPECIFIED MULTIPLE GESTATION WITH TWO OR MORE MONOAMNIOTIC FETUSES, SECOND TRIMESTER



<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O30802	OTHER SPECIFIED MULTIPLE GESTATION, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30803	OTHER SPECIFIED MULTIPLE GESTATION, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30802	OTHER SPECIFIED MULTIPLE GESTATION, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30803	OTHER SPECIFIED MULTIPLE GESTATION, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30813	OTHER SPECIFIED MULTIPLE GESTATION WITH TWO OR MORE MONOCHORIONIC FETUSES, THIRD TRIMESTER
O30801	OTHER SPECIFIED MULTIPLE GESTATION, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30812	OTHER SPECIFIED MULTIPLE GESTATION WITH TWO OR MORE MONOCHORIONIC FETUSES, SECOND TRIMESTER
O30821	OTHER SPECIFIED MULTIPLE GESTATION WITH TWO OR MORE MONOAMNIOTIC FETUSES, FIRST TRIMESTER
O30801	OTHER SPECIFIED MULTIPLE GESTATION, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30802	OTHER SPECIFIED MULTIPLE GESTATION, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30891	OTHER SPECIFIED MULTIPLE GESTATION, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30892	OTHER SPECIFIED MULTIPLE GESTATION, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30893	OTHER SPECIFIED MULTIPLE GESTATION, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30811	OTHER SPECIFIED MULTIPLE GESTATION WITH TWO OR MORE MONOCHORIONIC FETUSES, FIRST TRIMESTER
O318X14	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, FIRST TRIMESTER, FETUS 4
O318X13	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, FIRST TRIMESTER, FETUS 3
O30822	OTHER SPECIFIED MULTIPLE GESTATION WITH TWO OR MORE MONOAMNIOTIC FETUSES, SECOND TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O30823	OTHER SPECIFIED MULTIPLE GESTATION WITH TWO OR MORE MONOAMNIOTIC FETUSES, THIRD TRIMESTER
O318X21	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, SECOND TRIMESTER, FETUS 1
O318X10	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O318X11	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, FIRST TRIMESTER, FETUS 1
O318X12	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, FIRST TRIMESTER, FETUS 2
O318X25	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, SECOND TRIMESTER, FETUS 5
O318X29	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, SECOND TRIMESTER, OTHER FETUS
O318X15	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, FIRST TRIMESTER, FETUS 5
O318X19	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, FIRST TRIMESTER, OTHER FETUS
O318X20	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O318X33	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, THIRD TRIMESTER, FETUS 3
O318X34	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, THIRD TRIMESTER, FETUS 4
O318X22	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, SECOND TRIMESTER, FETUS 2
O318X23	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, SECOND TRIMESTER, FETUS 3
O318X24	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, SECOND TRIMESTER, FETUS 4
O318X35	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, THIRD TRIMESTER, FETUS 5
O318X39	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, THIRD TRIMESTER, OTHER FETUS
O318X30	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O318X31	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, THIRD TRIMESTER, FETUS 1
O318X32	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, THIRD TRIMESTER, FETUS 2
O318X90	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O318X91	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, UNSPECIFIED TRIMESTER, FETUS 1
O318X95	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, UNSPECIFIED TRIMESTER, FETUS 5
O318X99	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, UNSPECIFIED TRIMESTER, OTHER FETUS
O318X93	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, UNSPECIFIED TRIMESTER, FETUS 3
O318X94	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, UNSPECIFIED TRIMESTER, FETUS 4
O318X92	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, UNSPECIFIED TRIMESTER, FETUS 2
O3090	MULTIPLE GESTATION, UNSPECIFIED, UNSPECIFIED TRIMESTER
O3091	MULTIPLE GESTATION, UNSPECIFIED, FIRST TRIMESTER
O3093	MULTIPLE GESTATION, UNSPECIFIED, THIRD TRIMESTER
O3092	MULTIPLE GESTATION, UNSPECIFIED, SECOND TRIMESTER
O3091	MULTIPLE GESTATION, UNSPECIFIED, FIRST TRIMESTER
O3093	MULTIPLE GESTATION, UNSPECIFIED, THIRD TRIMESTER
O3092	MULTIPLE GESTATION, UNSPECIFIED, SECOND TRIMESTER
O320XX3	MATERNAL CARE FOR UNSTABLE LIE, FETUS 3
O320XX0	MATERNAL CARE FOR UNSTABLE LIE, NOT APPLICABLE OR UNSPECIFIED
O320XX1	MATERNAL CARE FOR UNSTABLE LIE, FETUS 1
O320XX9	MATERNAL CARE FOR UNSTABLE LIE, OTHER FETUS
O320XX4	MATERNAL CARE FOR UNSTABLE LIE, FETUS 4
O320XX5	MATERNAL CARE FOR UNSTABLE LIE, FETUS 5
O320XX2	MATERNAL CARE FOR UNSTABLE LIE, FETUS 2
O320XX2	MATERNAL CARE FOR UNSTABLE LIE, FETUS 2
O320XX9	MATERNAL CARE FOR UNSTABLE LIE, OTHER FETUS
O320XX0	MATERNAL CARE FOR UNSTABLE LIE, NOT APPLICABLE OR UNSPECIFIED
O320XX1	MATERNAL CARE FOR UNSTABLE LIE, FETUS 1
O320XX3	MATERNAL CARE FOR UNSTABLE LIE, FETUS 3
O320XX4	MATERNAL CARE FOR UNSTABLE LIE, FETUS 4
O320XX5	MATERNAL CARE FOR UNSTABLE LIE, FETUS 5
O321XX0	MATERNAL CARE FOR BREECH PRESENTATION, NOT APPLICABLE OR UNSPECIFIED
O321XX4	MATERNAL CARE FOR BREECH PRESENTATION, FETUS 4

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O321XX5	MATERNAL CARE FOR BREECH PRESENTATION, FETUS 5
O321XX9	MATERNAL CARE FOR BREECH PRESENTATION, OTHER FETUS
O321XX1	MATERNAL CARE FOR BREECH PRESENTATION, FETUS 1
O321XX2	MATERNAL CARE FOR BREECH PRESENTATION, FETUS 2
O321XX3	MATERNAL CARE FOR BREECH PRESENTATION, FETUS 3
O641XX3	OBSTRUCTED LABOR DUE TO BREECH PRESENTATION, FETUS 3
O641XX4	OBSTRUCTED LABOR DUE TO BREECH PRESENTATION, FETUS 4
O641XX5	OBSTRUCTED LABOR DUE TO BREECH PRESENTATION, FETUS 5
O641XX9	OBSTRUCTED LABOR DUE TO BREECH PRESENTATION, OTHER FETUS
O321XX5	MATERNAL CARE FOR BREECH PRESENTATION, FETUS 5
O321XX3	MATERNAL CARE FOR BREECH PRESENTATION, FETUS 3
O321XX0	MATERNAL CARE FOR BREECH PRESENTATION, NOT APPLICABLE OR UNSPECIFIED
O321XX2	MATERNAL CARE FOR BREECH PRESENTATION, FETUS 2
O321XX4	MATERNAL CARE FOR BREECH PRESENTATION, FETUS 4
O321XX9	MATERNAL CARE FOR BREECH PRESENTATION, OTHER FETUS
O321XX1	MATERNAL CARE FOR BREECH PRESENTATION, FETUS 1
O641XX0	OBSTRUCTED LABOR DUE TO BREECH PRESENTATION, NOT APPLICABLE OR UNSPECIFIED
O641XX1	OBSTRUCTED LABOR DUE TO BREECH PRESENTATION, FETUS 1
O641XX2	OBSTRUCTED LABOR DUE TO BREECH PRESENTATION, FETUS 2
O321XX3	MATERNAL CARE FOR BREECH PRESENTATION, FETUS 3
O321XX0	MATERNAL CARE FOR BREECH PRESENTATION, NOT APPLICABLE OR UNSPECIFIED
O321XX2	MATERNAL CARE FOR BREECH PRESENTATION, FETUS 2
O321XX4	MATERNAL CARE FOR BREECH PRESENTATION, FETUS 4
O321XX9	MATERNAL CARE FOR BREECH PRESENTATION, OTHER FETUS
O321XX1	MATERNAL CARE FOR BREECH PRESENTATION, FETUS 1
O321XX5	MATERNAL CARE FOR BREECH PRESENTATION, FETUS 5
O322XX2	MATERNAL CARE FOR TRANSVERSE AND OBLIQUE LIE, FETUS 2
O322XX3	MATERNAL CARE FOR TRANSVERSE AND OBLIQUE LIE, FETUS 3
O322XX4	MATERNAL CARE FOR TRANSVERSE AND OBLIQUE LIE, FETUS 4
O322XX5	MATERNAL CARE FOR TRANSVERSE AND OBLIQUE LIE, FETUS 5
O322XX9	MATERNAL CARE FOR TRANSVERSE AND OBLIQUE LIE, OTHER FETUS
O322XX0	MATERNAL CARE FOR TRANSVERSE AND OBLIQUE LIE, NOT APPLICABLE OR UNSPECIFIED

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O322XX1	MATERNAL CARE FOR TRANSVERSE AND OBLIQUE LIE, FETUS 1
O322XX0	MATERNAL CARE FOR TRANSVERSE AND OBLIQUE LIE, NOT APPLICABLE OR UNSPECIFIED
O322XX1	MATERNAL CARE FOR TRANSVERSE AND OBLIQUE LIE, FETUS 1
O322XX2	MATERNAL CARE FOR TRANSVERSE AND OBLIQUE LIE, FETUS 2
O322XX3	MATERNAL CARE FOR TRANSVERSE AND OBLIQUE LIE, FETUS 3
O322XX9	MATERNAL CARE FOR TRANSVERSE AND OBLIQUE LIE, OTHER FETUS
O322XX4	MATERNAL CARE FOR TRANSVERSE AND OBLIQUE LIE, FETUS 4
O322XX5	MATERNAL CARE FOR TRANSVERSE AND OBLIQUE LIE, FETUS 5
O323XX2	MATERNAL CARE FOR FACE, BROW AND CHIN PRESENTATION, FETUS 2
O323XX3	MATERNAL CARE FOR FACE, BROW AND CHIN PRESENTATION, FETUS 3
O323XX4	MATERNAL CARE FOR FACE, BROW AND CHIN PRESENTATION, FETUS 4
O323XX5	MATERNAL CARE FOR FACE, BROW AND CHIN PRESENTATION, FETUS 5
O323XX9	MATERNAL CARE FOR FACE, BROW AND CHIN PRESENTATION, OTHER FETUS
O323XX1	MATERNAL CARE FOR FACE, BROW AND CHIN PRESENTATION, FETUS 1
O642XX5	OBSTRUCTED LABOR DUE TO FACE PRESENTATION, FETUS 5
O642XX9	OBSTRUCTED LABOR DUE TO FACE PRESENTATION, OTHER FETUS
O643XX0	OBSTRUCTED LABOR DUE TO BROW PRESENTATION, NOT APPLICABLE OR UNSPECIFIED
O643XX1	OBSTRUCTED LABOR DUE TO BROW PRESENTATION, FETUS 1
O643XX2	OBSTRUCTED LABOR DUE TO BROW PRESENTATION, FETUS 2
O642XX0	OBSTRUCTED LABOR DUE TO FACE PRESENTATION, NOT APPLICABLE OR UNSPECIFIED
O323XX0	MATERNAL CARE FOR FACE, BROW AND CHIN PRESENTATION, NOT APPLICABLE OR UNSPECIFIED
O642XX2	OBSTRUCTED LABOR DUE TO FACE PRESENTATION, FETUS 2
O643XX3	OBSTRUCTED LABOR DUE TO BROW PRESENTATION, FETUS 3
O643XX4	OBSTRUCTED LABOR DUE TO BROW PRESENTATION, FETUS 4
O643XX5	OBSTRUCTED LABOR DUE TO BROW PRESENTATION, FETUS 5
O643XX9	OBSTRUCTED LABOR DUE TO BROW PRESENTATION, OTHER FETUS
O642XX1	OBSTRUCTED LABOR DUE TO FACE PRESENTATION, FETUS 1
O642XX3	OBSTRUCTED LABOR DUE TO FACE PRESENTATION, FETUS 3
O642XX4	OBSTRUCTED LABOR DUE TO FACE PRESENTATION, FETUS 4
O323XX1	MATERNAL CARE FOR FACE, BROW AND CHIN PRESENTATION, FETUS 1
O323XX2	MATERNAL CARE FOR FACE, BROW AND CHIN PRESENTATION, FETUS 2

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O323XX3	MATERNAL CARE FOR FACE, BROW AND CHIN PRESENTATION, FETUS 3
O323XX5	MATERNAL CARE FOR FACE, BROW AND CHIN PRESENTATION, FETUS 5
O323XX0	MATERNAL CARE FOR FACE, BROW AND CHIN PRESENTATION, NOT APPLICABLE OR UNSPECIFIED
O323XX4	MATERNAL CARE FOR FACE, BROW AND CHIN PRESENTATION, FETUS 4
O323XX9	MATERNAL CARE FOR FACE, BROW AND CHIN PRESENTATION, OTHER FETUS
O324XX3	MATERNAL CARE FOR HIGH HEAD AT TERM, FETUS 3
O324XX2	MATERNAL CARE FOR HIGH HEAD AT TERM, FETUS 2
O324XX4	MATERNAL CARE FOR HIGH HEAD AT TERM, FETUS 4
O324XX5	MATERNAL CARE FOR HIGH HEAD AT TERM, FETUS 5
O324XX9	MATERNAL CARE FOR HIGH HEAD AT TERM, OTHER FETUS
O324XX0	MATERNAL CARE FOR HIGH HEAD AT TERM, NOT APPLICABLE OR UNSPECIFIED
O324XX1	MATERNAL CARE FOR HIGH HEAD AT TERM, FETUS 1
O324XX0	MATERNAL CARE FOR HIGH HEAD AT TERM, NOT APPLICABLE OR UNSPECIFIED
O324XX2	MATERNAL CARE FOR HIGH HEAD AT TERM, FETUS 2
O324XX3	MATERNAL CARE FOR HIGH HEAD AT TERM, FETUS 3
O324XX9	MATERNAL CARE FOR HIGH HEAD AT TERM, OTHER FETUS
O324XX1	MATERNAL CARE FOR HIGH HEAD AT TERM, FETUS 1
O324XX4	MATERNAL CARE FOR HIGH HEAD AT TERM, FETUS 4
O324XX5	MATERNAL CARE FOR HIGH HEAD AT TERM, FETUS 5
O329XX9	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, OTHER FETUS
O666	OBSTRUCTED LABOR DUE TO OTHER MULTIPLE FETUSES
O329XX2	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, FETUS 2
O329XX3	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, FETUS 3
O329XX4	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, FETUS 4
O329XX5	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, FETUS 5
O329XX0	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, NOT APPLICABLE OR UNSPECIFIED
O329XX1	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, FETUS 1
O326XX9	MATERNAL CARE FOR COMPOUND PRESENTATION, OTHER FETUS

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O326XX0	MATERNAL CARE FOR COMPOUND PRESENTATION, NOT APPLICABLE OR UNSPECIFIED
O326XX1	MATERNAL CARE FOR COMPOUND PRESENTATION, FETUS 1
O328XX3	MATERNAL CARE FOR OTHER MALPRESENTATION OF FETUS, FETUS 3
O326XX2	MATERNAL CARE FOR COMPOUND PRESENTATION, FETUS 2
O326XX3	MATERNAL CARE FOR COMPOUND PRESENTATION, FETUS 3
O326XX5	MATERNAL CARE FOR COMPOUND PRESENTATION, FETUS 5
O328XX4	MATERNAL CARE FOR OTHER MALPRESENTATION OF FETUS, FETUS 4
O328XX5	MATERNAL CARE FOR OTHER MALPRESENTATION OF FETUS, FETUS 5
O328XX0	MATERNAL CARE FOR OTHER MALPRESENTATION OF FETUS, NOT APPLICABLE OR UNSPECIFIED
O328XX1	MATERNAL CARE FOR OTHER MALPRESENTATION OF FETUS, FETUS 1
O645XX9	OBSTRUCTED LABOR DUE TO COMPOUND PRESENTATION, OTHER FETUS
O648XX0	OBSTRUCTED LABOR DUE TO OTHER MALPOSITION AND MALPRESENTATION, NOT APPLICABLE OR UNSPECIFIED
O644XX0	OBSTRUCTED LABOR DUE TO SHOULDER PRESENTATION, NOT APPLICABLE OR UNSPECIFIED
O644XX1	OBSTRUCTED LABOR DUE TO SHOULDER PRESENTATION, FETUS 1
O644XX2	OBSTRUCTED LABOR DUE TO SHOULDER PRESENTATION, FETUS 2
O644XX3	OBSTRUCTED LABOR DUE TO SHOULDER PRESENTATION, FETUS 3
O644XX4	OBSTRUCTED LABOR DUE TO SHOULDER PRESENTATION, FETUS 4
O644XX5	OBSTRUCTED LABOR DUE TO SHOULDER PRESENTATION, FETUS 5
O328XX2	MATERNAL CARE FOR OTHER MALPRESENTATION OF FETUS, FETUS 2
O326XX4	MATERNAL CARE FOR COMPOUND PRESENTATION, FETUS 4
O644XX9	OBSTRUCTED LABOR DUE TO SHOULDER PRESENTATION, OTHER FETUS
O645XX0	OBSTRUCTED LABOR DUE TO COMPOUND PRESENTATION, NOT APPLICABLE OR UNSPECIFIED
O645XX1	OBSTRUCTED LABOR DUE TO COMPOUND PRESENTATION, FETUS 1
O645XX2	OBSTRUCTED LABOR DUE TO COMPOUND PRESENTATION, FETUS 2
O645XX3	OBSTRUCTED LABOR DUE TO COMPOUND PRESENTATION, FETUS 3
O645XX4	OBSTRUCTED LABOR DUE TO COMPOUND PRESENTATION, FETUS 4
O645XX5	OBSTRUCTED LABOR DUE TO COMPOUND PRESENTATION, FETUS 5
O328XX9	MATERNAL CARE FOR OTHER MALPRESENTATION OF FETUS, OTHER FETUS
O648XX1	OBSTRUCTED LABOR DUE TO OTHER MALPOSITION AND MALPRESENTATION, FETUS 1

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O648XX2	OBSTRUCTED LABOR DUE TO OTHER MALPOSITION AND MALPRESENTATION, FETUS 2
O648XX3	OBSTRUCTED LABOR DUE TO OTHER MALPOSITION AND MALPRESENTATION, FETUS 3
O648XX4	OBSTRUCTED LABOR DUE TO OTHER MALPOSITION AND MALPRESENTATION, FETUS 4
O648XX5	OBSTRUCTED LABOR DUE TO OTHER MALPOSITION AND MALPRESENTATION, FETUS 5
O648XX9	OBSTRUCTED LABOR DUE TO OTHER MALPOSITION AND MALPRESENTATION, OTHER FETUS
O326XX9	MATERNAL CARE FOR COMPOUND PRESENTATION, OTHER FETUS
O328XX0	MATERNAL CARE FOR OTHER MALPRESENTATION OF FETUS, NOT APPLICABLE OR UNSPECIFIED
O328XX1	MATERNAL CARE FOR OTHER MALPRESENTATION OF FETUS, FETUS 1
O326XX3	MATERNAL CARE FOR COMPOUND PRESENTATION, FETUS 3
O328XX5	MATERNAL CARE FOR OTHER MALPRESENTATION OF FETUS, FETUS 5
O328XX9	MATERNAL CARE FOR OTHER MALPRESENTATION OF FETUS, OTHER FETUS
O326XX5	MATERNAL CARE FOR COMPOUND PRESENTATION, FETUS 5
O326XX0	MATERNAL CARE FOR COMPOUND PRESENTATION, NOT APPLICABLE OR UNSPECIFIED
O328XX2	MATERNAL CARE FOR OTHER MALPRESENTATION OF FETUS, FETUS 2
O326XX1	MATERNAL CARE FOR COMPOUND PRESENTATION, FETUS 1
O326XX2	MATERNAL CARE FOR COMPOUND PRESENTATION, FETUS 2
O326XX4	MATERNAL CARE FOR COMPOUND PRESENTATION, FETUS 4
O328XX3	MATERNAL CARE FOR OTHER MALPRESENTATION OF FETUS, FETUS 3
O328XX4	MATERNAL CARE FOR OTHER MALPRESENTATION OF FETUS, FETUS 4
O329XX1	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, FETUS 1
O649XX0	OBSTRUCTED LABOR DUE TO MALPOSITION AND MALPRESENTATION, UNSPECIFIED, NOT APPLICABLE OR UNSPECIFIED
O649XX3	OBSTRUCTED LABOR DUE TO MALPOSITION AND MALPRESENTATION, UNSPECIFIED, FETUS 3
O329XX2	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, FETUS 2
O329XX3	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, FETUS 3
O329XX4	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, FETUS 4



<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O329XX0	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, NOT APPLICABLE OR UNSPECIFIED
O649XX4	OBSTRUCTED LABOR DUE TO MALPOSITION AND MALPRESENTATION, UNSPECIFIED, FETUS 4
O649XX5	OBSTRUCTED LABOR DUE TO MALPOSITION AND MALPRESENTATION, UNSPECIFIED, FETUS 5
O329XX5	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, FETUS 5
O329XX9	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, OTHER FETUS
O649XX9	OBSTRUCTED LABOR DUE TO MALPOSITION AND MALPRESENTATION, UNSPECIFIED, OTHER FETUS
O649XX1	OBSTRUCTED LABOR DUE TO MALPOSITION AND MALPRESENTATION, UNSPECIFIED, FETUS 1
O649XX2	OBSTRUCTED LABOR DUE TO MALPOSITION AND MALPRESENTATION, UNSPECIFIED, FETUS 2
O329XX2	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, FETUS 2
O329XX3	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, FETUS 3
O329XX4	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, FETUS 4
O329XX5	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, FETUS 5
O329XX0	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, NOT APPLICABLE OR UNSPECIFIED
O329XX9	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, OTHER FETUS
O329XX1	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, FETUS 1
O330	MATERNAL CARE FOR DISPROPORTION DUE TO DEFORMITY OF MATERNAL PELVIC BONES
O650	OBSTRUCTED LABOR DUE TO DEFORMED PELVIS
O651	OBSTRUCTED LABOR DUE TO GENERALLY CONTRACTED PELVIS
O331	MATERNAL CARE FOR DISPROPORTION DUE TO GENERALLY CONTRACTED PELVIS
O331	MATERNAL CARE FOR DISPROPORTION DUE TO GENERALLY CONTRACTED PELVIS
O652	OBSTRUCTED LABOR DUE TO PELVIC INLET CONTRACTION
O332	MATERNAL CARE FOR DISPROPORTION DUE TO INLET CONTRACTION OF PELVIS

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O332	MATERNAL CARE FOR DISPROPORTION DUE TO INLET CONTRACTION OF PELVIS
O333XX2	MATERNAL CARE FOR DISPROPORTION DUE TO OUTLET CONTRACTION OF PELVIS, FETUS 2
O333XX3	MATERNAL CARE FOR DISPROPORTION DUE TO OUTLET CONTRACTION OF PELVIS, FETUS 3
O653	OBSTRUCTED LABOR DUE TO PELVIC OUTLET AND MID-CAVITY CONTRACTION
O333XX4	MATERNAL CARE FOR DISPROPORTION DUE TO OUTLET CONTRACTION OF PELVIS, FETUS 4
O333XX5	MATERNAL CARE FOR DISPROPORTION DUE TO OUTLET CONTRACTION OF PELVIS, FETUS 5
O333XX9	MATERNAL CARE FOR DISPROPORTION DUE TO OUTLET CONTRACTION OF PELVIS, OTHER FETUS
O333XX0	MATERNAL CARE FOR DISPROPORTION DUE TO OUTLET CONTRACTION OF PELVIS, NOT APPLICABLE OR UNSPECIFIED
O333XX1	MATERNAL CARE FOR DISPROPORTION DUE TO OUTLET CONTRACTION OF PELVIS, FETUS 1
O333XX0	MATERNAL CARE FOR DISPROPORTION DUE TO OUTLET CONTRACTION OF PELVIS, NOT APPLICABLE OR UNSPECIFIED
O333XX1	MATERNAL CARE FOR DISPROPORTION DUE TO OUTLET CONTRACTION OF PELVIS, FETUS 1
O333XX3	MATERNAL CARE FOR DISPROPORTION DUE TO OUTLET CONTRACTION OF PELVIS, FETUS 3
O333XX2	MATERNAL CARE FOR DISPROPORTION DUE TO OUTLET CONTRACTION OF PELVIS, FETUS 2
O333XX4	MATERNAL CARE FOR DISPROPORTION DUE TO OUTLET CONTRACTION OF PELVIS, FETUS 4
O333XX5	MATERNAL CARE FOR DISPROPORTION DUE TO OUTLET CONTRACTION OF PELVIS, FETUS 5
O333XX9	MATERNAL CARE FOR DISPROPORTION DUE TO OUTLET CONTRACTION OF PELVIS, OTHER FETUS
O334XX4	MATERNAL CARE FOR DISPROPORTION OF MIXED MATERNAL AND FETAL ORIGIN, FETUS 4
O334XX1	MATERNAL CARE FOR DISPROPORTION OF MIXED MATERNAL AND FETAL ORIGIN, FETUS 1
O334XX5	MATERNAL CARE FOR DISPROPORTION OF MIXED MATERNAL AND FETAL ORIGIN, FETUS 5
O334XX0	MATERNAL CARE FOR DISPROPORTION OF MIXED MATERNAL AND FETAL ORIGIN, NOT APPLICABLE OR UNSPECIFIED
O654	OBSTRUCTED LABOR DUE TO FETOPELVIC DISPROPORTION, UNSPECIFIED

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O334XX9	MATERNAL CARE FOR DISPROPORTION OF MIXED MATERNAL AND FETAL ORIGIN, OTHER FETUS
O334XX2	MATERNAL CARE FOR DISPROPORTION OF MIXED MATERNAL AND FETAL ORIGIN, FETUS 2
O334XX3	MATERNAL CARE FOR DISPROPORTION OF MIXED MATERNAL AND FETAL ORIGIN, FETUS 3
O334XX3	MATERNAL CARE FOR DISPROPORTION OF MIXED MATERNAL AND FETAL ORIGIN, FETUS 3
O334XX4	MATERNAL CARE FOR DISPROPORTION OF MIXED MATERNAL AND FETAL ORIGIN, FETUS 4
O334XX5	MATERNAL CARE FOR DISPROPORTION OF MIXED MATERNAL AND FETAL ORIGIN, FETUS 5
O334XX0	MATERNAL CARE FOR DISPROPORTION OF MIXED MATERNAL AND FETAL ORIGIN, NOT APPLICABLE OR UNSPECIFIED
O334XX9	MATERNAL CARE FOR DISPROPORTION OF MIXED MATERNAL AND FETAL ORIGIN, OTHER FETUS
O334XX1	MATERNAL CARE FOR DISPROPORTION OF MIXED MATERNAL AND FETAL ORIGIN, FETUS 1
O334XX2	MATERNAL CARE FOR DISPROPORTION OF MIXED MATERNAL AND FETAL ORIGIN, FETUS 2
O335XX1	MATERNAL CARE FOR DISPROPORTION DUE TO UNUSUALLY LARGE FETUS, FETUS 1
O335XX2	MATERNAL CARE FOR DISPROPORTION DUE TO UNUSUALLY LARGE FETUS, FETUS 2
O335XX3	MATERNAL CARE FOR DISPROPORTION DUE TO UNUSUALLY LARGE FETUS, FETUS 3
O662	OBSTRUCTED LABOR DUE TO UNUSUALLY LARGE FETUS
O335XX4	MATERNAL CARE FOR DISPROPORTION DUE TO UNUSUALLY LARGE FETUS, FETUS 4
O335XX5	MATERNAL CARE FOR DISPROPORTION DUE TO UNUSUALLY LARGE FETUS, FETUS 5
O335XX9	MATERNAL CARE FOR DISPROPORTION DUE TO UNUSUALLY LARGE FETUS, OTHER FETUS
O335XX0	MATERNAL CARE FOR DISPROPORTION DUE TO UNUSUALLY LARGE FETUS, NOT APPLICABLE OR UNSPECIFIED
O335XX1	MATERNAL CARE FOR DISPROPORTION DUE TO UNUSUALLY LARGE FETUS, FETUS 1
O335XX2	MATERNAL CARE FOR DISPROPORTION DUE TO UNUSUALLY LARGE FETUS, FETUS 2
O335XX3	MATERNAL CARE FOR DISPROPORTION DUE TO UNUSUALLY LARGE FETUS, FETUS 3

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O335XX4	MATERNAL CARE FOR DISPROPORTION DUE TO UNUSUALLY LARGE FETUS, FETUS 4
O335XX5	MATERNAL CARE FOR DISPROPORTION DUE TO UNUSUALLY LARGE FETUS, FETUS 5
O335XX9	MATERNAL CARE FOR DISPROPORTION DUE TO UNUSUALLY LARGE FETUS, OTHER FETUS
O335XX0	MATERNAL CARE FOR DISPROPORTION DUE TO UNUSUALLY LARGE FETUS, NOT APPLICABLE OR UNSPECIFIED
O336XX0	MATERNAL CARE FOR DISPROPORTION DUE TO HYDROCEPHALIC FETUS, NOT APPLICABLE OR UNSPECIFIED
O336XX1	MATERNAL CARE FOR DISPROPORTION DUE TO HYDROCEPHALIC FETUS, FETUS 1
O336XX2	MATERNAL CARE FOR DISPROPORTION DUE TO HYDROCEPHALIC FETUS, FETUS 2
O336XX3	MATERNAL CARE FOR DISPROPORTION DUE TO HYDROCEPHALIC FETUS, FETUS 3
O336XX4	MATERNAL CARE FOR DISPROPORTION DUE TO HYDROCEPHALIC FETUS, FETUS 4
O336XX9	MATERNAL CARE FOR DISPROPORTION DUE TO HYDROCEPHALIC FETUS, OTHER FETUS
O336XX5	MATERNAL CARE FOR DISPROPORTION DUE TO HYDROCEPHALIC FETUS, FETUS 5
O336XX4	MATERNAL CARE FOR DISPROPORTION DUE TO HYDROCEPHALIC FETUS, FETUS 4
O336XX0	MATERNAL CARE FOR DISPROPORTION DUE TO HYDROCEPHALIC FETUS, NOT APPLICABLE OR UNSPECIFIED
O336XX1	MATERNAL CARE FOR DISPROPORTION DUE TO HYDROCEPHALIC FETUS, FETUS 1
O336XX2	MATERNAL CARE FOR DISPROPORTION DUE TO HYDROCEPHALIC FETUS, FETUS 2
O336XX3	MATERNAL CARE FOR DISPROPORTION DUE TO HYDROCEPHALIC FETUS, FETUS 3
O336XX5	MATERNAL CARE FOR DISPROPORTION DUE TO HYDROCEPHALIC FETUS, FETUS 5
O336XX9	MATERNAL CARE FOR DISPROPORTION DUE TO HYDROCEPHALIC FETUS, OTHER FETUS
O337	MATERNAL CARE FOR DISPROPORTION DUE TO OTHER FETAL DEFORMITIES
O337	MATERNAL CARE FOR DISPROPORTION DUE TO OTHER FETAL DEFORMITIES
O338	MATERNAL CARE FOR DISPROPORTION OF OTHER ORIGIN
O338	MATERNAL CARE FOR DISPROPORTION OF OTHER ORIGIN

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O339	MATERNAL CARE FOR DISPROPORTION, UNSPECIFIED
O339	MATERNAL CARE FOR DISPROPORTION, UNSPECIFIED
O3400	MATERNAL CARE FOR UNSPECIFIED CONGENITAL MALFORMATION OF UTERUS, UNSPECIFIED TRIMESTER
O3403	MATERNAL CARE FOR UNSPECIFIED CONGENITAL MALFORMATION OF UTERUS, THIRD TRIMESTER
O3401	MATERNAL CARE FOR UNSPECIFIED CONGENITAL MALFORMATION OF UTERUS, FIRST TRIMESTER
O3402	MATERNAL CARE FOR UNSPECIFIED CONGENITAL MALFORMATION OF UTERUS, SECOND TRIMESTER
O3401	MATERNAL CARE FOR UNSPECIFIED CONGENITAL MALFORMATION OF UTERUS, FIRST TRIMESTER
O3403	MATERNAL CARE FOR UNSPECIFIED CONGENITAL MALFORMATION OF UTERUS, THIRD TRIMESTER
O3402	MATERNAL CARE FOR UNSPECIFIED CONGENITAL MALFORMATION OF UTERUS, SECOND TRIMESTER
O3403	MATERNAL CARE FOR UNSPECIFIED CONGENITAL MALFORMATION OF UTERUS, THIRD TRIMESTER
O3401	MATERNAL CARE FOR UNSPECIFIED CONGENITAL MALFORMATION OF UTERUS, FIRST TRIMESTER
O3402	MATERNAL CARE FOR UNSPECIFIED CONGENITAL MALFORMATION OF UTERUS, SECOND TRIMESTER
O3401	MATERNAL CARE FOR UNSPECIFIED CONGENITAL MALFORMATION OF UTERUS, FIRST TRIMESTER
O3402	MATERNAL CARE FOR UNSPECIFIED CONGENITAL MALFORMATION OF UTERUS, SECOND TRIMESTER
O3403	MATERNAL CARE FOR UNSPECIFIED CONGENITAL MALFORMATION OF UTERUS, THIRD TRIMESTER
O3410	MATERNAL CARE FOR BENIGN TUMOR OF CORPUS UTERI, UNSPECIFIED TRIMESTER
O3413	MATERNAL CARE FOR BENIGN TUMOR OF CORPUS UTERI, THIRD TRIMESTER
O3412	MATERNAL CARE FOR BENIGN TUMOR OF CORPUS UTERI, SECOND TRIMESTER
O3411	MATERNAL CARE FOR BENIGN TUMOR OF CORPUS UTERI, FIRST TRIMESTER
O3413	MATERNAL CARE FOR BENIGN TUMOR OF CORPUS UTERI, THIRD TRIMESTER
O3411	MATERNAL CARE FOR BENIGN TUMOR OF CORPUS UTERI, FIRST TRIMESTER
O3412	MATERNAL CARE FOR BENIGN TUMOR OF CORPUS UTERI, SECOND TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3413	MATERNAL CARE FOR BENIGN TUMOR OF CORPUS UTERI, THIRD TRIMESTER
O3411	MATERNAL CARE FOR BENIGN TUMOR OF CORPUS UTERI, FIRST TRIMESTER
O3412	MATERNAL CARE FOR BENIGN TUMOR OF CORPUS UTERI, SECOND TRIMESTER
O3412	MATERNAL CARE FOR BENIGN TUMOR OF CORPUS UTERI, SECOND TRIMESTER
O3413	MATERNAL CARE FOR BENIGN TUMOR OF CORPUS UTERI, THIRD TRIMESTER
O3411	MATERNAL CARE FOR BENIGN TUMOR OF CORPUS UTERI, FIRST TRIMESTER
O3421	MATERNAL CARE FOR SCAR FROM PREVIOUS CESAREAN DELIVERY
O3421	MATERNAL CARE FOR SCAR FROM PREVIOUS CESAREAN DELIVERY
O34539	MATERNAL CARE FOR RETROVERSION OF GRAVID UTERUS, UNSPECIFIED TRIMESTER
O34519	MATERNAL CARE FOR INCARCERATION OF GRAVID UTERUS, UNSPECIFIED TRIMESTER
O34511	MATERNAL CARE FOR INCARCERATION OF GRAVID UTERUS, FIRST TRIMESTER
O34513	MATERNAL CARE FOR INCARCERATION OF GRAVID UTERUS, THIRD TRIMESTER
O34512	MATERNAL CARE FOR INCARCERATION OF GRAVID UTERUS, SECOND TRIMESTER
O34531	MATERNAL CARE FOR RETROVERSION OF GRAVID UTERUS, FIRST TRIMESTER
O34533	MATERNAL CARE FOR RETROVERSION OF GRAVID UTERUS, THIRD TRIMESTER
O34532	MATERNAL CARE FOR RETROVERSION OF GRAVID UTERUS, SECOND TRIMESTER
O34532	MATERNAL CARE FOR RETROVERSION OF GRAVID UTERUS, SECOND TRIMESTER
O34533	MATERNAL CARE FOR RETROVERSION OF GRAVID UTERUS, THIRD TRIMESTER
O34511	MATERNAL CARE FOR INCARCERATION OF GRAVID UTERUS, FIRST TRIMESTER
O34513	MATERNAL CARE FOR INCARCERATION OF GRAVID UTERUS, THIRD TRIMESTER
O34512	MATERNAL CARE FOR INCARCERATION OF GRAVID UTERUS, SECOND TRIMESTER
O34531	MATERNAL CARE FOR RETROVERSION OF GRAVID UTERUS, FIRST TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O34513	MATERNAL CARE FOR INCARCERATION OF GRAVID UTERUS, THIRD TRIMESTER
O34511	MATERNAL CARE FOR INCARCERATION OF GRAVID UTERUS, FIRST TRIMESTER
O34532	MATERNAL CARE FOR RETROVERSION OF GRAVID UTERUS, SECOND TRIMESTER
O34533	MATERNAL CARE FOR RETROVERSION OF GRAVID UTERUS, THIRD TRIMESTER
O34512	MATERNAL CARE FOR INCARCERATION OF GRAVID UTERUS, SECOND TRIMESTER
O34531	MATERNAL CARE FOR RETROVERSION OF GRAVID UTERUS, FIRST TRIMESTER
O34511	MATERNAL CARE FOR INCARCERATION OF GRAVID UTERUS, FIRST TRIMESTER
O34512	MATERNAL CARE FOR INCARCERATION OF GRAVID UTERUS, SECOND TRIMESTER
O34513	MATERNAL CARE FOR INCARCERATION OF GRAVID UTERUS, THIRD TRIMESTER
O34531	MATERNAL CARE FOR RETROVERSION OF GRAVID UTERUS, FIRST TRIMESTER
O34532	MATERNAL CARE FOR RETROVERSION OF GRAVID UTERUS, SECOND TRIMESTER
O34533	MATERNAL CARE FOR RETROVERSION OF GRAVID UTERUS, THIRD TRIMESTER
O34599	MATERNAL CARE FOR OTHER ABNORMALITIES OF GRAVID UTERUS, UNSPECIFIED TRIMESTER
O34529	MATERNAL CARE FOR PROLAPSE OF GRAVID UTERUS, UNSPECIFIED TRIMESTER
O34521	MATERNAL CARE FOR PROLAPSE OF GRAVID UTERUS, FIRST TRIMESTER
O34591	MATERNAL CARE FOR OTHER ABNORMALITIES OF GRAVID UTERUS, FIRST TRIMESTER
O34593	MATERNAL CARE FOR OTHER ABNORMALITIES OF GRAVID UTERUS, THIRD TRIMESTER
O34522	MATERNAL CARE FOR PROLAPSE OF GRAVID UTERUS, SECOND TRIMESTER
O34523	MATERNAL CARE FOR PROLAPSE OF GRAVID UTERUS, THIRD TRIMESTER
O34592	MATERNAL CARE FOR OTHER ABNORMALITIES OF GRAVID UTERUS, SECOND TRIMESTER
O34591	MATERNAL CARE FOR OTHER ABNORMALITIES OF GRAVID UTERUS, FIRST TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O34593	MATERNAL CARE FOR OTHER ABNORMALITIES OF GRAVID UTERUS, THIRD TRIMESTER
O34592	MATERNAL CARE FOR OTHER ABNORMALITIES OF GRAVID UTERUS, SECOND TRIMESTER
O34593	MATERNAL CARE FOR OTHER ABNORMALITIES OF GRAVID UTERUS, THIRD TRIMESTER
O34523	MATERNAL CARE FOR PROLAPSE OF GRAVID UTERUS, THIRD TRIMESTER
O34591	MATERNAL CARE FOR OTHER ABNORMALITIES OF GRAVID UTERUS, FIRST TRIMESTER
O34521	MATERNAL CARE FOR PROLAPSE OF GRAVID UTERUS, FIRST TRIMESTER
O34522	MATERNAL CARE FOR PROLAPSE OF GRAVID UTERUS, SECOND TRIMESTER
O34592	MATERNAL CARE FOR OTHER ABNORMALITIES OF GRAVID UTERUS, SECOND TRIMESTER
O34593	MATERNAL CARE FOR OTHER ABNORMALITIES OF GRAVID UTERUS, THIRD TRIMESTER
O34592	MATERNAL CARE FOR OTHER ABNORMALITIES OF GRAVID UTERUS, SECOND TRIMESTER
O34591	MATERNAL CARE FOR OTHER ABNORMALITIES OF GRAVID UTERUS, FIRST TRIMESTER
O3430	MATERNAL CARE FOR CERVICAL INCOMPETENCE, UNSPECIFIED TRIMESTER
O3432	MATERNAL CARE FOR CERVICAL INCOMPETENCE, SECOND TRIMESTER
O3433	MATERNAL CARE FOR CERVICAL INCOMPETENCE, THIRD TRIMESTER
O3431	MATERNAL CARE FOR CERVICAL INCOMPETENCE, FIRST TRIMESTER
O3432	MATERNAL CARE FOR CERVICAL INCOMPETENCE, SECOND TRIMESTER
O3431	MATERNAL CARE FOR CERVICAL INCOMPETENCE, FIRST TRIMESTER
O3433	MATERNAL CARE FOR CERVICAL INCOMPETENCE, THIRD TRIMESTER
O3432	MATERNAL CARE FOR CERVICAL INCOMPETENCE, SECOND TRIMESTER
O3431	MATERNAL CARE FOR CERVICAL INCOMPETENCE, FIRST TRIMESTER
O3433	MATERNAL CARE FOR CERVICAL INCOMPETENCE, THIRD TRIMESTER
O3432	MATERNAL CARE FOR CERVICAL INCOMPETENCE, SECOND TRIMESTER
O3433	MATERNAL CARE FOR CERVICAL INCOMPETENCE, THIRD TRIMESTER
O3431	MATERNAL CARE FOR CERVICAL INCOMPETENCE, FIRST TRIMESTER
O3440	MATERNAL CARE FOR OTHER ABNORMALITIES OF CERVIX, UNSPECIFIED TRIMESTER
O3443	MATERNAL CARE FOR OTHER ABNORMALITIES OF CERVIX, THIRD TRIMESTER



<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3442	MATERNAL CARE FOR OTHER ABNORMALITIES OF CERVIX, SECOND TRIMESTER
O3441	MATERNAL CARE FOR OTHER ABNORMALITIES OF CERVIX, FIRST TRIMESTER
O3443	MATERNAL CARE FOR OTHER ABNORMALITIES OF CERVIX, THIRD TRIMESTER
O3442	MATERNAL CARE FOR OTHER ABNORMALITIES OF CERVIX, SECOND TRIMESTER
O3441	MATERNAL CARE FOR OTHER ABNORMALITIES OF CERVIX, FIRST TRIMESTER
O3443	MATERNAL CARE FOR OTHER ABNORMALITIES OF CERVIX, THIRD TRIMESTER
O3442	MATERNAL CARE FOR OTHER ABNORMALITIES OF CERVIX, SECOND TRIMESTER
O3441	MATERNAL CARE FOR OTHER ABNORMALITIES OF CERVIX, FIRST TRIMESTER
O3443	MATERNAL CARE FOR OTHER ABNORMALITIES OF CERVIX, THIRD TRIMESTER
O3441	MATERNAL CARE FOR OTHER ABNORMALITIES OF CERVIX, FIRST TRIMESTER
O3442	MATERNAL CARE FOR OTHER ABNORMALITIES OF CERVIX, SECOND TRIMESTER
O3460	MATERNAL CARE FOR ABNORMALITY OF VAGINA, UNSPECIFIED TRIMESTER
O3462	MATERNAL CARE FOR ABNORMALITY OF VAGINA, SECOND TRIMESTER
O3461	MATERNAL CARE FOR ABNORMALITY OF VAGINA, FIRST TRIMESTER
O3463	MATERNAL CARE FOR ABNORMALITY OF VAGINA, THIRD TRIMESTER
O3463	MATERNAL CARE FOR ABNORMALITY OF VAGINA, THIRD TRIMESTER
O3462	MATERNAL CARE FOR ABNORMALITY OF VAGINA, SECOND TRIMESTER
O3461	MATERNAL CARE FOR ABNORMALITY OF VAGINA, FIRST TRIMESTER
O3461	MATERNAL CARE FOR ABNORMALITY OF VAGINA, FIRST TRIMESTER
O3462	MATERNAL CARE FOR ABNORMALITY OF VAGINA, SECOND TRIMESTER
O3463	MATERNAL CARE FOR ABNORMALITY OF VAGINA, THIRD TRIMESTER
O3462	MATERNAL CARE FOR ABNORMALITY OF VAGINA, SECOND TRIMESTER
O3463	MATERNAL CARE FOR ABNORMALITY OF VAGINA, THIRD TRIMESTER
O3461	MATERNAL CARE FOR ABNORMALITY OF VAGINA, FIRST TRIMESTER
O3470	MATERNAL CARE FOR ABNORMALITY OF VULVA AND PERINEUM, UNSPECIFIED TRIMESTER
O3472	MATERNAL CARE FOR ABNORMALITY OF VULVA AND PERINEUM, SECOND TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3473	MATERNAL CARE FOR ABNORMALITY OF VULVA AND PERINEUM, THIRD TRIMESTER
O3471	MATERNAL CARE FOR ABNORMALITY OF VULVA AND PERINEUM, FIRST TRIMESTER
O3471	MATERNAL CARE FOR ABNORMALITY OF VULVA AND PERINEUM, FIRST TRIMESTER
O3473	MATERNAL CARE FOR ABNORMALITY OF VULVA AND PERINEUM, THIRD TRIMESTER
O3472	MATERNAL CARE FOR ABNORMALITY OF VULVA AND PERINEUM, SECOND TRIMESTER
O3472	MATERNAL CARE FOR ABNORMALITY OF VULVA AND PERINEUM, SECOND TRIMESTER
O3471	MATERNAL CARE FOR ABNORMALITY OF VULVA AND PERINEUM, FIRST TRIMESTER
O3473	MATERNAL CARE FOR ABNORMALITY OF VULVA AND PERINEUM, THIRD TRIMESTER
O3473	MATERNAL CARE FOR ABNORMALITY OF VULVA AND PERINEUM, THIRD TRIMESTER
O3471	MATERNAL CARE FOR ABNORMALITY OF VULVA AND PERINEUM, FIRST TRIMESTER
O3472	MATERNAL CARE FOR ABNORMALITY OF VULVA AND PERINEUM, SECOND TRIMESTER
O3490	MATERNAL CARE FOR ABNORMALITY OF PELVIC ORGAN, UNSPECIFIED, UNSPECIFIED TRIMESTER
O3480	MATERNAL CARE FOR OTHER ABNORMALITIES OF PELVIC ORGANS, UNSPECIFIED TRIMESTER
O3481	MATERNAL CARE FOR OTHER ABNORMALITIES OF PELVIC ORGANS, FIRST TRIMESTER
O3493	MATERNAL CARE FOR ABNORMALITY OF PELVIC ORGAN, UNSPECIFIED, THIRD TRIMESTER
O3483	MATERNAL CARE FOR OTHER ABNORMALITIES OF PELVIC ORGANS, THIRD TRIMESTER
O3491	MATERNAL CARE FOR ABNORMALITY OF PELVIC ORGAN, UNSPECIFIED, FIRST TRIMESTER
O3492	MATERNAL CARE FOR ABNORMALITY OF PELVIC ORGAN, UNSPECIFIED, SECOND TRIMESTER
O3429	MATERNAL CARE DUE TO UTERINE SCAR FROM OTHER PREVIOUS SURGERY
O658	OBSTRUCTED LABOR DUE TO OTHER MATERNAL PELVIC ABNORMALITIES
O659	OBSTRUCTED LABOR DUE TO MATERNAL PELVIC ABNORMALITY, UNSPECIFIED

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3482	MATERNAL CARE FOR OTHER ABNORMALITIES OF PELVIC ORGANS, SECOND TRIMESTER
O3483	MATERNAL CARE FOR OTHER ABNORMALITIES OF PELVIC ORGANS, THIRD TRIMESTER
O3481	MATERNAL CARE FOR OTHER ABNORMALITIES OF PELVIC ORGANS, FIRST TRIMESTER
O3492	MATERNAL CARE FOR ABNORMALITY OF PELVIC ORGAN, UNSPECIFIED, SECOND TRIMESTER
O3493	MATERNAL CARE FOR ABNORMALITY OF PELVIC ORGAN, UNSPECIFIED, THIRD TRIMESTER
O3491	MATERNAL CARE FOR ABNORMALITY OF PELVIC ORGAN, UNSPECIFIED, FIRST TRIMESTER
O3482	MATERNAL CARE FOR OTHER ABNORMALITIES OF PELVIC ORGANS, SECOND TRIMESTER
O3483	MATERNAL CARE FOR OTHER ABNORMALITIES OF PELVIC ORGANS, THIRD TRIMESTER
O3492	MATERNAL CARE FOR ABNORMALITY OF PELVIC ORGAN, UNSPECIFIED, SECOND TRIMESTER
O3493	MATERNAL CARE FOR ABNORMALITY OF PELVIC ORGAN, UNSPECIFIED, THIRD TRIMESTER
O3482	MATERNAL CARE FOR OTHER ABNORMALITIES OF PELVIC ORGANS, SECOND TRIMESTER
O3491	MATERNAL CARE FOR ABNORMALITY OF PELVIC ORGAN, UNSPECIFIED, FIRST TRIMESTER
O3429	MATERNAL CARE DUE TO UTERINE SCAR FROM OTHER PREVIOUS SURGERY
O3481	MATERNAL CARE FOR OTHER ABNORMALITIES OF PELVIC ORGANS, FIRST TRIMESTER
O3483	MATERNAL CARE FOR OTHER ABNORMALITIES OF PELVIC ORGANS, THIRD TRIMESTER
O3492	MATERNAL CARE FOR ABNORMALITY OF PELVIC ORGAN, UNSPECIFIED, SECOND TRIMESTER
O3493	MATERNAL CARE FOR ABNORMALITY OF PELVIC ORGAN, UNSPECIFIED, THIRD TRIMESTER
O3482	MATERNAL CARE FOR OTHER ABNORMALITIES OF PELVIC ORGANS, SECOND TRIMESTER
O3491	MATERNAL CARE FOR ABNORMALITY OF PELVIC ORGAN, UNSPECIFIED, FIRST TRIMESTER
O3481	MATERNAL CARE FOR OTHER ABNORMALITIES OF PELVIC ORGANS, FIRST TRIMESTER
O350XX0	MATERNAL CARE FOR (SUSPECTED) CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS, NOT APPLICABLE OR UNSPECIFIED

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O350XX9	MATERNAL CARE FOR (SUSPECTED) CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS, OTHER FETUS
O350XX1	MATERNAL CARE FOR (SUSPECTED) CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS, FETUS 1
O350XX2	MATERNAL CARE FOR (SUSPECTED) CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS, FETUS 2
O350XX3	MATERNAL CARE FOR (SUSPECTED) CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS, FETUS 3
O350XX4	MATERNAL CARE FOR (SUSPECTED) CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS, FETUS 4
O350XX5	MATERNAL CARE FOR (SUSPECTED) CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS, FETUS 5
O350XX9	MATERNAL CARE FOR (SUSPECTED) CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS, OTHER FETUS
O350XX1	MATERNAL CARE FOR (SUSPECTED) CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS, FETUS 1
O350XX5	MATERNAL CARE FOR (SUSPECTED) CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS, FETUS 5
O350XX0	MATERNAL CARE FOR (SUSPECTED) CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS, NOT APPLICABLE OR UNSPECIFIED
O350XX2	MATERNAL CARE FOR (SUSPECTED) CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS, FETUS 2
O350XX3	MATERNAL CARE FOR (SUSPECTED) CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS, FETUS 3
O350XX4	MATERNAL CARE FOR (SUSPECTED) CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS, FETUS 4
O351XX9	MATERNAL CARE FOR (SUSPECTED) CHROMOSOMAL ABNORMALITY IN FETUS, OTHER FETUS
O351XX3	MATERNAL CARE FOR (SUSPECTED) CHROMOSOMAL ABNORMALITY IN FETUS, FETUS 3
O351XX0	MATERNAL CARE FOR (SUSPECTED) CHROMOSOMAL ABNORMALITY IN FETUS, NOT APPLICABLE OR UNSPECIFIED
O351XX1	MATERNAL CARE FOR (SUSPECTED) CHROMOSOMAL ABNORMALITY IN FETUS, FETUS 1
O351XX2	MATERNAL CARE FOR (SUSPECTED) CHROMOSOMAL ABNORMALITY IN FETUS, FETUS 2
O351XX4	MATERNAL CARE FOR (SUSPECTED) CHROMOSOMAL ABNORMALITY IN FETUS, FETUS 4
O351XX5	MATERNAL CARE FOR (SUSPECTED) CHROMOSOMAL ABNORMALITY IN FETUS, FETUS 5
O351XX5	MATERNAL CARE FOR (SUSPECTED) CHROMOSOMAL ABNORMALITY IN FETUS, FETUS 5

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O351XX9	MATERNAL CARE FOR (SUSPECTED) CHROMOSOMAL ABNORMALITY IN FETUS, OTHER FETUS
O351XX2	MATERNAL CARE FOR (SUSPECTED) CHROMOSOMAL ABNORMALITY IN FETUS, FETUS 2
O351XX0	MATERNAL CARE FOR (SUSPECTED) CHROMOSOMAL ABNORMALITY IN FETUS, NOT APPLICABLE OR UNSPECIFIED
O351XX1	MATERNAL CARE FOR (SUSPECTED) CHROMOSOMAL ABNORMALITY IN FETUS, FETUS 1
O351XX3	MATERNAL CARE FOR (SUSPECTED) CHROMOSOMAL ABNORMALITY IN FETUS, FETUS 3
O351XX4	MATERNAL CARE FOR (SUSPECTED) CHROMOSOMAL ABNORMALITY IN FETUS, FETUS 4
O352XX1	MATERNAL CARE FOR (SUSPECTED) HEREDITARY DISEASE IN FETUS, FETUS 1
O352XX2	MATERNAL CARE FOR (SUSPECTED) HEREDITARY DISEASE IN FETUS, FETUS 2
O352XX3	MATERNAL CARE FOR (SUSPECTED) HEREDITARY DISEASE IN FETUS, FETUS 3
O352XX5	MATERNAL CARE FOR (SUSPECTED) HEREDITARY DISEASE IN FETUS, FETUS 5
O352XX9	MATERNAL CARE FOR (SUSPECTED) HEREDITARY DISEASE IN FETUS, OTHER FETUS
O352XX9	MATERNAL CARE FOR (SUSPECTED) HEREDITARY DISEASE IN FETUS, OTHER FETUS
O352XX0	MATERNAL CARE FOR (SUSPECTED) HEREDITARY DISEASE IN FETUS, NOT APPLICABLE OR UNSPECIFIED
O352XX4	MATERNAL CARE FOR (SUSPECTED) HEREDITARY DISEASE IN FETUS, FETUS 4
O352XX1	MATERNAL CARE FOR (SUSPECTED) HEREDITARY DISEASE IN FETUS, FETUS 1
O352XX2	MATERNAL CARE FOR (SUSPECTED) HEREDITARY DISEASE IN FETUS, FETUS 2
O352XX3	MATERNAL CARE FOR (SUSPECTED) HEREDITARY DISEASE IN FETUS, FETUS 3
O352XX5	MATERNAL CARE FOR (SUSPECTED) HEREDITARY DISEASE IN FETUS, FETUS 5
O353XX9	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM VIRAL DISEASE IN MOTHER, OTHER FETUS
O353XX2	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM VIRAL DISEASE IN MOTHER, FETUS 2
O353XX0	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM VIRAL DISEASE IN MOTHER, NOT APPLICABLE OR UNSPECIFIED

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O353XX1	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM VIRAL DISEASE IN MOTHER, FETUS 1
O353XX3	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM VIRAL DISEASE IN MOTHER, FETUS 3
O353XX4	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM VIRAL DISEASE IN MOTHER, FETUS 4
O353XX5	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM VIRAL DISEASE IN MOTHER, FETUS 5
O353XX5	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM VIRAL DISEASE IN MOTHER, FETUS 5
O353XX1	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM VIRAL DISEASE IN MOTHER, FETUS 1
O353XX9	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM VIRAL DISEASE IN MOTHER, OTHER FETUS
O353XX0	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM VIRAL DISEASE IN MOTHER, NOT APPLICABLE OR UNSPECIFIED
O353XX2	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM VIRAL DISEASE IN MOTHER, FETUS 2
O353XX3	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM VIRAL DISEASE IN MOTHER, FETUS 3
O353XX4	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM VIRAL DISEASE IN MOTHER, FETUS 4
O354XX3	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM ALCOHOL, FETUS 3
O354XX4	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM ALCOHOL, FETUS 4
O354XX5	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM ALCOHOL, FETUS 5
O354XX5	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM ALCOHOL, FETUS 5
O354XX9	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM ALCOHOL, OTHER FETUS
O354XX3	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM ALCOHOL, FETUS 3
O354XX0	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM ALCOHOL, NOT APPLICABLE OR UNSPECIFIED
O354XX1	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM ALCOHOL, FETUS 1
O354XX2	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM ALCOHOL, FETUS 2
O354XX4	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM ALCOHOL, FETUS 4

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O355XX9	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY DRUGS, OTHER FETUS
O355XX1	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY DRUGS, FETUS 1
O355XX0	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY DRUGS, NOT APPLICABLE OR UNSPECIFIED
O355XX2	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY DRUGS, FETUS 2
O355XX3	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY DRUGS, FETUS 3
O355XX4	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY DRUGS, FETUS 4
O355XX5	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY DRUGS, FETUS 5
O355XX5	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY DRUGS, FETUS 5
O355XX9	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY DRUGS, OTHER FETUS
O355XX0	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY DRUGS, NOT APPLICABLE OR UNSPECIFIED
O355XX1	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY DRUGS, FETUS 1
O355XX2	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY DRUGS, FETUS 2
O355XX3	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY DRUGS, FETUS 3
O355XX4	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY DRUGS, FETUS 4
O368122	DECREASED FETAL MOVEMENTS, SECOND TRIMESTER, FETUS 2
O368125	DECREASED FETAL MOVEMENTS, SECOND TRIMESTER, FETUS 5
O368129	DECREASED FETAL MOVEMENTS, SECOND TRIMESTER, OTHER FETUS
O368130	DECREASED FETAL MOVEMENTS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O368120	DECREASED FETAL MOVEMENTS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O368121	DECREASED FETAL MOVEMENTS, SECOND TRIMESTER, FETUS 1
O368132	DECREASED FETAL MOVEMENTS, THIRD TRIMESTER, FETUS 2
O368133	DECREASED FETAL MOVEMENTS, THIRD TRIMESTER, FETUS 3
O368134	DECREASED FETAL MOVEMENTS, THIRD TRIMESTER, FETUS 4
O368123	DECREASED FETAL MOVEMENTS, SECOND TRIMESTER, FETUS 3
O368124	DECREASED FETAL MOVEMENTS, SECOND TRIMESTER, FETUS 4

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O368131	DECREASED FETAL MOVEMENTS, THIRD TRIMESTER, FETUS 1
O368135	DECREASED FETAL MOVEMENTS, THIRD TRIMESTER, FETUS 5
O368139	DECREASED FETAL MOVEMENTS, THIRD TRIMESTER, OTHER FETUS
O368194	DECREASED FETAL MOVEMENTS, UNSPECIFIED TRIMESTER, FETUS 4
O368195	DECREASED FETAL MOVEMENTS, UNSPECIFIED TRIMESTER, FETUS 5
O368199	DECREASED FETAL MOVEMENTS, UNSPECIFIED TRIMESTER, OTHER FETUS
O368134	DECREASED FETAL MOVEMENTS, THIRD TRIMESTER, FETUS 4
O368135	DECREASED FETAL MOVEMENTS, THIRD TRIMESTER, FETUS 5
O368124	DECREASED FETAL MOVEMENTS, SECOND TRIMESTER, FETUS 4
O368139	DECREASED FETAL MOVEMENTS, THIRD TRIMESTER, OTHER FETUS
O368190	DECREASED FETAL MOVEMENTS, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O368191	DECREASED FETAL MOVEMENTS, UNSPECIFIED TRIMESTER, FETUS 1
O368192	DECREASED FETAL MOVEMENTS, UNSPECIFIED TRIMESTER, FETUS 2
O368193	DECREASED FETAL MOVEMENTS, UNSPECIFIED TRIMESTER, FETUS 3
O368130	DECREASED FETAL MOVEMENTS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O368131	DECREASED FETAL MOVEMENTS, THIRD TRIMESTER, FETUS 1
O368122	DECREASED FETAL MOVEMENTS, SECOND TRIMESTER, FETUS 2
O368125	DECREASED FETAL MOVEMENTS, SECOND TRIMESTER, FETUS 5
O368129	DECREASED FETAL MOVEMENTS, SECOND TRIMESTER, OTHER FETUS
O368120	DECREASED FETAL MOVEMENTS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O368121	DECREASED FETAL MOVEMENTS, SECOND TRIMESTER, FETUS 1
O368132	DECREASED FETAL MOVEMENTS, THIRD TRIMESTER, FETUS 2
O368133	DECREASED FETAL MOVEMENTS, THIRD TRIMESTER, FETUS 3
O368123	DECREASED FETAL MOVEMENTS, SECOND TRIMESTER, FETUS 3
O358XX0	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, NOT APPLICABLE OR UNSPECIFIED
O358XX2	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, FETUS 2
O358XX1	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, FETUS 1
O358XX3	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, FETUS 3
O358XX4	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, FETUS 4



<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O358XX5	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, FETUS 5
O358XX9	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, OTHER FETUS
O358XX0	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, NOT APPLICABLE OR UNSPECIFIED
O358XX9	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, OTHER FETUS
O358XX2	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, FETUS 2
O358XX1	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, FETUS 1
O358XX3	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, FETUS 3
O358XX4	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, FETUS 4
O358XX5	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, FETUS 5
O359XX4	MATERNAL CARE FOR (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, UNSPECIFIED, FETUS 4
O359XX5	MATERNAL CARE FOR (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, UNSPECIFIED, FETUS 5
O359XX0	MATERNAL CARE FOR (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, UNSPECIFIED, NOT APPLICABLE OR UNSPECIFIED
O359XX1	MATERNAL CARE FOR (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, UNSPECIFIED, FETUS 1
O359XX9	MATERNAL CARE FOR (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, UNSPECIFIED, OTHER FETUS
O359XX3	MATERNAL CARE FOR (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, UNSPECIFIED, FETUS 3
O359XX2	MATERNAL CARE FOR (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, UNSPECIFIED, FETUS 2
O359XX2	MATERNAL CARE FOR (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, UNSPECIFIED, FETUS 2
O359XX3	MATERNAL CARE FOR (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, UNSPECIFIED, FETUS 3
O359XX4	MATERNAL CARE FOR (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, UNSPECIFIED, FETUS 4
O359XX5	MATERNAL CARE FOR (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, UNSPECIFIED, FETUS 5
O359XX0	MATERNAL CARE FOR (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, UNSPECIFIED, NOT APPLICABLE OR UNSPECIFIED

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O359XX1	MATERNAL CARE FOR (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, UNSPECIFIED, FETUS 1
O359XX9	MATERNAL CARE FOR (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, UNSPECIFIED, OTHER FETUS
O43019	FETOMATERNAL PLACENTAL TRANSFUSION SYNDROME, UNSPECIFIED TRIMESTER
O43011	FETOMATERNAL PLACENTAL TRANSFUSION SYNDROME, FIRST TRIMESTER
O43012	FETOMATERNAL PLACENTAL TRANSFUSION SYNDROME, SECOND TRIMESTER
O43013	FETOMATERNAL PLACENTAL TRANSFUSION SYNDROME, THIRD TRIMESTER
O43011	FETOMATERNAL PLACENTAL TRANSFUSION SYNDROME, FIRST TRIMESTER
O43013	FETOMATERNAL PLACENTAL TRANSFUSION SYNDROME, THIRD TRIMESTER
O43012	FETOMATERNAL PLACENTAL TRANSFUSION SYNDROME, SECOND TRIMESTER
O360194	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, UNSPECIFIED TRIMESTER, FETUS 4
O360195	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, UNSPECIFIED TRIMESTER, FETUS 5
O360199	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, UNSPECIFIED TRIMESTER, OTHER FETUS
O360190	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O360191	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, UNSPECIFIED TRIMESTER, FETUS 1
O360990	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O360991	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, FETUS 1
O360992	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, FETUS 2
O360993	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, FETUS 3
O360994	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, FETUS 4
O360995	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, FETUS 5
O360999	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, OTHER FETUS

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O360192	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, UNSPECIFIED TRIMESTER, FETUS 2
O360193	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, UNSPECIFIED TRIMESTER, FETUS 3
O360934	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 4
O360939	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, THIRD TRIMESTER, OTHER FETUS
O360932	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 2
O360933	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 3
O360922	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 2
O360935	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 5
O360924	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 4
O360925	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 5
O360929	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, SECOND TRIMESTER, OTHER FETUS
O360914	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 4
O360930	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O360931	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 1
O360920	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O360921	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 1
O360923	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 3
O360912	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 2
O360913	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 3
O360915	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 5
O360919	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, FIRST TRIMESTER, OTHER FETUS

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O360131	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, THIRD TRIMESTER, FETUS 1
O360910	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O360911	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 1
O360133	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, THIRD TRIMESTER, FETUS 3
O360134	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, THIRD TRIMESTER, FETUS 4
O360135	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, THIRD TRIMESTER, FETUS 5
O360139	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, THIRD TRIMESTER, OTHER FETUS
O360129	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, SECOND TRIMESTER, OTHER FETUS
O360130	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O360119	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, FIRST TRIMESTER, OTHER FETUS
O360132	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, THIRD TRIMESTER, FETUS 2
O360121	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, SECOND TRIMESTER, FETUS 1
O360122	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, SECOND TRIMESTER, FETUS 2
O360123	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, SECOND TRIMESTER, FETUS 3
O360112	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, FIRST TRIMESTER, FETUS 2
O360124	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, SECOND TRIMESTER, FETUS 4
O360125	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, SECOND TRIMESTER, FETUS 5
O360114	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, FIRST TRIMESTER, FETUS 4
O360115	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, FIRST TRIMESTER, FETUS 5
O360113	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, FIRST TRIMESTER, FETUS 3
O360120	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O360110	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O360111	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, FIRST TRIMESTER, FETUS 1
O360114	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, FIRST TRIMESTER, FETUS 4
O360115	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, FIRST TRIMESTER, FETUS 5
O360119	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, FIRST TRIMESTER, OTHER FETUS
O360120	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O360110	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O360111	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, FIRST TRIMESTER, FETUS 1
O360129	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, SECOND TRIMESTER, OTHER FETUS
O360130	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O360131	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, THIRD TRIMESTER, FETUS 1
O360132	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, THIRD TRIMESTER, FETUS 2
O360121	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, SECOND TRIMESTER, FETUS 1
O360122	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, SECOND TRIMESTER, FETUS 2
O360112	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, FIRST TRIMESTER, FETUS 2
O360124	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, SECOND TRIMESTER, FETUS 4
O360113	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, FIRST TRIMESTER, FETUS 3
O360135	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, THIRD TRIMESTER, FETUS 5
O360915	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 5
O360910	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O360911	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 1

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O360133	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, THIRD TRIMESTER, FETUS 3
O360134	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, THIRD TRIMESTER, FETUS 4
O360123	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, SECOND TRIMESTER, FETUS 3
O360139	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, THIRD TRIMESTER, OTHER FETUS
O360125	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, SECOND TRIMESTER, FETUS 5
O360914	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 4
O360930	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O360919	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, FIRST TRIMESTER, OTHER FETUS
O360920	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O360921	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 1
O360922	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 2
O360923	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 3
O360912	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 2
O360913	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 3
O360939	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, THIRD TRIMESTER, OTHER FETUS
O360929	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, SECOND TRIMESTER, OTHER FETUS
O360931	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 1
O360932	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 2
O360933	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 3
O360934	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 4
O360935	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 5

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O360924	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 4
O360925	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 5
O361995	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, FETUS 5
O361999	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, OTHER FETUS
O361990	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O361991	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, FETUS 1
O361992	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, FETUS 2
O361190	MATERNAL CARE FOR ANTI-A SENSITIZATION, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O361195	MATERNAL CARE FOR ANTI-A SENSITIZATION, UNSPECIFIED TRIMESTER, FETUS 5
O361199	MATERNAL CARE FOR ANTI-A SENSITIZATION, UNSPECIFIED TRIMESTER, OTHER FETUS
O361192	MATERNAL CARE FOR ANTI-A SENSITIZATION, UNSPECIFIED TRIMESTER, FETUS 2
O361193	MATERNAL CARE FOR ANTI-A SENSITIZATION, UNSPECIFIED TRIMESTER, FETUS 3
O361194	MATERNAL CARE FOR ANTI-A SENSITIZATION, UNSPECIFIED TRIMESTER, FETUS 4
O361191	MATERNAL CARE FOR ANTI-A SENSITIZATION, UNSPECIFIED TRIMESTER, FETUS 1
O361993	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, FETUS 3
O361994	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, FETUS 4
O361931	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 1
O361914	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 4
O361915	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 5
O361919	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, FIRST TRIMESTER, OTHER FETUS
O361932	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 2

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O361921	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 1
O361922	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 2
O361923	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 3
O361929	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, SECOND TRIMESTER, OTHER FETUS
O361930	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O361920	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O361910	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O361911	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 1
O361924	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 4
O361925	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 5
O361130	MATERNAL CARE FOR ANTI-A SENSITIZATION, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O361131	MATERNAL CARE FOR ANTI-A SENSITIZATION, THIRD TRIMESTER, FETUS 1
O361132	MATERNAL CARE FOR ANTI-A SENSITIZATION, THIRD TRIMESTER, FETUS 2
O361912	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 2
O361913	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 3
O361135	MATERNAL CARE FOR ANTI-A SENSITIZATION, THIRD TRIMESTER, FETUS 5
O361139	MATERNAL CARE FOR ANTI-A SENSITIZATION, THIRD TRIMESTER, OTHER FETUS
O361115	MATERNAL CARE FOR ANTI-A SENSITIZATION, FIRST TRIMESTER, FETUS 5
O361119	MATERNAL CARE FOR ANTI-A SENSITIZATION, FIRST TRIMESTER, OTHER FETUS
O361120	MATERNAL CARE FOR ANTI-A SENSITIZATION, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O361133	MATERNAL CARE FOR ANTI-A SENSITIZATION, THIRD TRIMESTER, FETUS 3



<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O361134	MATERNAL CARE FOR ANTI-A SENSITIZATION, THIRD TRIMESTER, FETUS 4
O361123	MATERNAL CARE FOR ANTI-A SENSITIZATION, SECOND TRIMESTER, FETUS 3
O361124	MATERNAL CARE FOR ANTI-A SENSITIZATION, SECOND TRIMESTER, FETUS 4
O361125	MATERNAL CARE FOR ANTI-A SENSITIZATION, SECOND TRIMESTER, FETUS 5
O361110	MATERNAL CARE FOR ANTI-A SENSITIZATION, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O361114	MATERNAL CARE FOR ANTI-A SENSITIZATION, FIRST TRIMESTER, FETUS 4
O361121	MATERNAL CARE FOR ANTI-A SENSITIZATION, SECOND TRIMESTER, FETUS 1
O361122	MATERNAL CARE FOR ANTI-A SENSITIZATION, SECOND TRIMESTER, FETUS 2
O361111	MATERNAL CARE FOR ANTI-A SENSITIZATION, FIRST TRIMESTER, FETUS 1
O361112	MATERNAL CARE FOR ANTI-A SENSITIZATION, FIRST TRIMESTER, FETUS 2
O361113	MATERNAL CARE FOR ANTI-A SENSITIZATION, FIRST TRIMESTER, FETUS 3
O361129	MATERNAL CARE FOR ANTI-A SENSITIZATION, SECOND TRIMESTER, OTHER FETUS
O361933	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 3
O361934	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 4
O361935	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 5
O361939	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, THIRD TRIMESTER, OTHER FETUS
O361933	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 3
O361934	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 4
O361935	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 5
O361939	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, THIRD TRIMESTER, OTHER FETUS
O361113	MATERNAL CARE FOR ANTI-A SENSITIZATION, FIRST TRIMESTER, FETUS 3

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O361114	MATERNAL CARE FOR ANTI-A SENSITIZATION, FIRST TRIMESTER, FETUS 4
O361121	MATERNAL CARE FOR ANTI-A SENSITIZATION, SECOND TRIMESTER, FETUS 1
O361110	MATERNAL CARE FOR ANTI-A SENSITIZATION, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O361111	MATERNAL CARE FOR ANTI-A SENSITIZATION, FIRST TRIMESTER, FETUS 1
O361112	MATERNAL CARE FOR ANTI-A SENSITIZATION, FIRST TRIMESTER, FETUS 2
O361125	MATERNAL CARE FOR ANTI-A SENSITIZATION, SECOND TRIMESTER, FETUS 5
O361129	MATERNAL CARE FOR ANTI-A SENSITIZATION, SECOND TRIMESTER, OTHER FETUS
O361115	MATERNAL CARE FOR ANTI-A SENSITIZATION, FIRST TRIMESTER, FETUS 5
O361119	MATERNAL CARE FOR ANTI-A SENSITIZATION, FIRST TRIMESTER, OTHER FETUS
O361120	MATERNAL CARE FOR ANTI-A SENSITIZATION, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O361133	MATERNAL CARE FOR ANTI-A SENSITIZATION, THIRD TRIMESTER, FETUS 3
O361122	MATERNAL CARE FOR ANTI-A SENSITIZATION, SECOND TRIMESTER, FETUS 2
O361123	MATERNAL CARE FOR ANTI-A SENSITIZATION, SECOND TRIMESTER, FETUS 3
O361124	MATERNAL CARE FOR ANTI-A SENSITIZATION, SECOND TRIMESTER, FETUS 4
O361130	MATERNAL CARE FOR ANTI-A SENSITIZATION, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O361131	MATERNAL CARE FOR ANTI-A SENSITIZATION, THIRD TRIMESTER, FETUS 1
O361132	MATERNAL CARE FOR ANTI-A SENSITIZATION, THIRD TRIMESTER, FETUS 2
O361912	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 2
O361134	MATERNAL CARE FOR ANTI-A SENSITIZATION, THIRD TRIMESTER, FETUS 4
O361135	MATERNAL CARE FOR ANTI-A SENSITIZATION, THIRD TRIMESTER, FETUS 5
O361139	MATERNAL CARE FOR ANTI-A SENSITIZATION, THIRD TRIMESTER, OTHER FETUS

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O361919	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, FIRST TRIMESTER, OTHER FETUS
O361920	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O361910	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O361911	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 1
O361924	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 4
O361913	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 3
O361914	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 4
O361915	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 5
O361931	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 1
O361932	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 2
O361921	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 1
O361922	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 2
O361923	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 3
O361925	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 5
O361929	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, SECOND TRIMESTER, OTHER FETUS
O361930	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O68	LABOR AND DELIVERY COMPLICATED BY ABNORMALITY OF FETAL ACID-BASE BALANCE
O364XX3	MATERNAL CARE FOR INTRAUTERINE DEATH, FETUS 3
O364XX4	MATERNAL CARE FOR INTRAUTERINE DEATH, FETUS 4
O364XX2	MATERNAL CARE FOR INTRAUTERINE DEATH, FETUS 2
O364XX5	MATERNAL CARE FOR INTRAUTERINE DEATH, FETUS 5
O364XX9	MATERNAL CARE FOR INTRAUTERINE DEATH, OTHER FETUS
O364XX0	MATERNAL CARE FOR INTRAUTERINE DEATH, NOT APPLICABLE OR UNSPECIFIED

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O364XX1	MATERNAL CARE FOR INTRAUTERINE DEATH, FETUS 1
O364XX1	MATERNAL CARE FOR INTRAUTERINE DEATH, FETUS 1
O364XX3	MATERNAL CARE FOR INTRAUTERINE DEATH, FETUS 3
O364XX4	MATERNAL CARE FOR INTRAUTERINE DEATH, FETUS 4
O364XX2	MATERNAL CARE FOR INTRAUTERINE DEATH, FETUS 2
O364XX5	MATERNAL CARE FOR INTRAUTERINE DEATH, FETUS 5
O364XX9	MATERNAL CARE FOR INTRAUTERINE DEATH, OTHER FETUS
O364XX0	MATERNAL CARE FOR INTRAUTERINE DEATH, NOT APPLICABLE OR UNSPECIFIED
O365191	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, UNSPECIFIED TRIMESTER, FETUS 1
O365192	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, UNSPECIFIED TRIMESTER, FETUS 2
O365193	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, UNSPECIFIED TRIMESTER, FETUS 3
O365194	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, UNSPECIFIED TRIMESTER, FETUS 4
O365190	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O365991	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 1
O365992	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 2
O365993	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 3
O365994	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 4
O365990	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O365995	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 5
O365999	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, UNSPECIFIED TRIMESTER, OTHER FETUS
O365195	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, UNSPECIFIED TRIMESTER, FETUS 5
O365199	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, UNSPECIFIED TRIMESTER, OTHER FETUS
O365125	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, FETUS 5

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O365110	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O365113	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, FETUS 3
O365114	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, FETUS 4
O365115	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, FETUS 5
O365120	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O365124	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, FETUS 4
O365129	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, OTHER FETUS
O365130	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O365119	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, OTHER FETUS
O365132	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, FETUS 2
O365121	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, FETUS 1
O365122	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, FETUS 2
O365111	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, FETUS 1
O365112	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, FETUS 2
O365913	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, FETUS 3
O365135	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, FETUS 5
O365139	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, OTHER FETUS
O365919	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, OTHER FETUS
O365131	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, FETUS 1
O365911	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, FETUS 1
O365133	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, FETUS 3

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O365134	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, FETUS 4
O365123	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, FETUS 3
O365925	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, FETUS 5
O365914	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, FETUS 4
O365915	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, FETUS 5
O365931	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, FETUS 1
O365920	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O365910	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O365923	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, FETUS 3
O365912	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, FETUS 2
O365934	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, FETUS 4
O365939	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, OTHER FETUS
O365929	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, OTHER FETUS
O365930	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O365932	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, FETUS 2
O365933	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, FETUS 3
O365921	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, FETUS 1
O365922	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, FETUS 2
O365935	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, FETUS 5
O365924	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, FETUS 4
O365933	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, FETUS 3

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O365934	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, FETUS 4
O365939	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, OTHER FETUS
O365929	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, OTHER FETUS
O365931	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, FETUS 1
O365932	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, FETUS 2
O365921	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, FETUS 1
O365922	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, FETUS 2
O365935	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, FETUS 5
O365924	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, FETUS 4
O365925	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, FETUS 5
O365913	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, FETUS 3
O365914	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, FETUS 4
O365930	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O365919	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, OTHER FETUS
O365920	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O365910	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O365923	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, FETUS 3
O365912	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, FETUS 2
O365135	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, FETUS 5
O365915	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, FETUS 5
O365130	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED

<b>Step 3 (diagnosis of pregnancy)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O365131	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, FETUS 1
O365911	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, FETUS 1
O365133	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, FETUS 3
O365134	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, FETUS 4
O365123	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, FETUS 3
O365139	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, OTHER FETUS
O365125	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, FETUS 5
O365129	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, OTHER FETUS
O365115	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, FETUS 5
O365119	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, OTHER FETUS
O365132	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, FETUS 2
O365121	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, FETUS 1
O365122	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, FETUS 2
O365110	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O365111	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, FETUS 1
O365124	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, FETUS 4
O365112	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, FETUS 2
O365113	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, FETUS 3
O365114	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, FETUS 4
O365120	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3660X4	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 4



<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3660X0	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3660X1	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 1
O3660X2	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 2
O3660X3	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 3
O3660X5	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 5
O3660X9	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, UNSPECIFIED TRIMESTER, OTHER FETUS
O3662X1	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, SECOND TRIMESTER, FETUS 1
O3663X3	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, THIRD TRIMESTER, FETUS 3
O3663X4	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, THIRD TRIMESTER, FETUS 4
O3663X5	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, THIRD TRIMESTER, FETUS 5
O3663X9	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, THIRD TRIMESTER, OTHER FETUS
O3662X5	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, SECOND TRIMESTER, FETUS 5
O3662X9	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, SECOND TRIMESTER, OTHER FETUS
O3663X0	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3663X1	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, THIRD TRIMESTER, FETUS 1
O3663X2	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, THIRD TRIMESTER, FETUS 2
O3662X2	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, SECOND TRIMESTER, FETUS 2
O3662X3	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, SECOND TRIMESTER, FETUS 3
O3662X4	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, SECOND TRIMESTER, FETUS 4
O3661X3	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, FIRST TRIMESTER, FETUS 3
O3661X4	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, FIRST TRIMESTER, FETUS 4

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3661X5	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, FIRST TRIMESTER, FETUS 5
O3661X9	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, FIRST TRIMESTER, OTHER FETUS
O3662X0	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3661X0	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3661X1	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, FIRST TRIMESTER, FETUS 1
O3661X2	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, FIRST TRIMESTER, FETUS 2
O3663X2	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, THIRD TRIMESTER, FETUS 2
O3663X3	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, THIRD TRIMESTER, FETUS 3
O3663X4	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, THIRD TRIMESTER, FETUS 4
O3663X5	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, THIRD TRIMESTER, FETUS 5
O3663X9	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, THIRD TRIMESTER, OTHER FETUS
O3662X5	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, SECOND TRIMESTER, FETUS 5
O3662X9	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, SECOND TRIMESTER, OTHER FETUS
O3663X0	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3663X1	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, THIRD TRIMESTER, FETUS 1
O3662X0	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3662X1	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, SECOND TRIMESTER, FETUS 1
O3662X2	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, SECOND TRIMESTER, FETUS 2
O3662X3	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, SECOND TRIMESTER, FETUS 3
O3662X4	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, SECOND TRIMESTER, FETUS 4
O3661X3	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, FIRST TRIMESTER, FETUS 3

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3661X4	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, FIRST TRIMESTER, FETUS 4
O3661X5	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, FIRST TRIMESTER, FETUS 5
O3661X9	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, FIRST TRIMESTER, OTHER FETUS
O3661X0	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3661X1	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, FIRST TRIMESTER, FETUS 1
O3661X2	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, FIRST TRIMESTER, FETUS 2
O43109	MALFORMATION OF PLACENTA, UNSPECIFIED, UNSPECIFIED TRIMESTER
O43119	CIRCUMVALLATE PLACENTA, UNSPECIFIED TRIMESTER
O43029	FETUS-TO-FETUS PLACENTAL TRANSFUSION SYNDROME, UNSPECIFIED TRIMESTER
O43199	OTHER MALFORMATION OF PLACENTA, UNSPECIFIED TRIMESTER
O43819	PLACENTAL INFARCTION, UNSPECIFIED TRIMESTER
O4390	UNSPECIFIED PLACENTAL DISORDER, UNSPECIFIED TRIMESTER
O43811	PLACENTAL INFARCTION, FIRST TRIMESTER
O4392	UNSPECIFIED PLACENTAL DISORDER, SECOND TRIMESTER
O4393	UNSPECIFIED PLACENTAL DISORDER, THIRD TRIMESTER
O43812	PLACENTAL INFARCTION, SECOND TRIMESTER
O43111	CIRCUMVALLATE PLACENTA, FIRST TRIMESTER
O4391	UNSPECIFIED PLACENTAL DISORDER, FIRST TRIMESTER
O43813	PLACENTAL INFARCTION, THIRD TRIMESTER
O43192	OTHER MALFORMATION OF PLACENTA, SECOND TRIMESTER
O43193	OTHER MALFORMATION OF PLACENTA, THIRD TRIMESTER
O43101	MALFORMATION OF PLACENTA, UNSPECIFIED, FIRST TRIMESTER
O43102	MALFORMATION OF PLACENTA, UNSPECIFIED, SECOND TRIMESTER
O43103	MALFORMATION OF PLACENTA, UNSPECIFIED, THIRD TRIMESTER
O43021	FETUS-TO-FETUS PLACENTAL TRANSFUSION SYNDROME, FIRST TRIMESTER
O43022	FETUS-TO-FETUS PLACENTAL TRANSFUSION SYNDROME, SECOND TRIMESTER
O43112	CIRCUMVALLATE PLACENTA, SECOND TRIMESTER
O43113	CIRCUMVALLATE PLACENTA, THIRD TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O43191	OTHER MALFORMATION OF PLACENTA, FIRST TRIMESTER
O43023	FETUS-TO-FETUS PLACENTAL TRANSFUSION SYNDROME, THIRD TRIMESTER
O43022	FETUS-TO-FETUS PLACENTAL TRANSFUSION SYNDROME, SECOND TRIMESTER
O43101	MALFORMATION OF PLACENTA, UNSPECIFIED, FIRST TRIMESTER
O43102	MALFORMATION OF PLACENTA, UNSPECIFIED, SECOND TRIMESTER
O43811	PLACENTAL INFARCTION, FIRST TRIMESTER
O43103	MALFORMATION OF PLACENTA, UNSPECIFIED, THIRD TRIMESTER
O43021	FETUS-TO-FETUS PLACENTAL TRANSFUSION SYNDROME, FIRST TRIMESTER
O43112	CIRCUMVALLATE PLACENTA, SECOND TRIMESTER
O43113	CIRCUMVALLATE PLACENTA, THIRD TRIMESTER
O43023	FETUS-TO-FETUS PLACENTAL TRANSFUSION SYNDROME, THIRD TRIMESTER
O43193	OTHER MALFORMATION OF PLACENTA, THIRD TRIMESTER
O4391	UNSPECIFIED PLACENTAL DISORDER, FIRST TRIMESTER
O4392	UNSPECIFIED PLACENTAL DISORDER, SECOND TRIMESTER
O43812	PLACENTAL INFARCTION, SECOND TRIMESTER
O43111	CIRCUMVALLATE PLACENTA, FIRST TRIMESTER
O4393	UNSPECIFIED PLACENTAL DISORDER, THIRD TRIMESTER
O43813	PLACENTAL INFARCTION, THIRD TRIMESTER
O43191	OTHER MALFORMATION OF PLACENTA, FIRST TRIMESTER
O43192	OTHER MALFORMATION OF PLACENTA, SECOND TRIMESTER
O3620X3	MATERNAL CARE FOR HYDROPS FETALIS, UNSPECIFIED TRIMESTER, FETUS 3
O3620X4	MATERNAL CARE FOR HYDROPS FETALIS, UNSPECIFIED TRIMESTER, FETUS 4
O3620X5	MATERNAL CARE FOR HYDROPS FETALIS, UNSPECIFIED TRIMESTER, FETUS 5
O3620X9	MATERNAL CARE FOR HYDROPS FETALIS, UNSPECIFIED TRIMESTER, OTHER FETUS
O3670X2	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, UNSPECIFIED TRIMESTER, FETUS 2
O3670X3	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, UNSPECIFIED TRIMESTER, FETUS 3
O3670X4	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, UNSPECIFIED TRIMESTER, FETUS 4

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3670X5	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, UNSPECIFIED TRIMESTER, FETUS 5
O3670X9	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, UNSPECIFIED TRIMESTER, OTHER FETUS
O3670X0	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3620X0	MATERNAL CARE FOR HYDROPS FETALIS, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3620X1	MATERNAL CARE FOR HYDROPS FETALIS, UNSPECIFIED TRIMESTER, FETUS 1
O3620X2	MATERNAL CARE FOR HYDROPS FETALIS, UNSPECIFIED TRIMESTER, FETUS 2
O43899	OTHER PLACENTAL DISORDERS, UNSPECIFIED TRIMESTER
O368994	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, UNSPECIFIED TRIMESTER, FETUS 4
O368990	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O368991	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, UNSPECIFIED TRIMESTER, FETUS 1
O368992	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, UNSPECIFIED TRIMESTER, FETUS 2
O368993	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, UNSPECIFIED TRIMESTER, FETUS 3
O368995	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, UNSPECIFIED TRIMESTER, FETUS 5
O368999	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, UNSPECIFIED TRIMESTER, OTHER FETUS
O3670X1	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, UNSPECIFIED TRIMESTER, FETUS 1
O778	LABOR AND DELIVERY COMPLICATED BY OTHER EVIDENCE OF FETAL STRESS
O779	LABOR AND DELIVERY COMPLICATED BY FETAL STRESS, UNSPECIFIED
O770	LABOR AND DELIVERY COMPLICATED BY MECONIUM IN AMNIOTIC FLUID
O771	FETAL STRESS IN LABOR OR DELIVERY DUE TO DRUG ADMINISTRATION
O68	LABOR AND DELIVERY COMPLICATED BY ABNORMALITY OF FETAL ACID-BASE BALANCE
O43893	OTHER PLACENTAL DISORDERS, THIRD TRIMESTER
O43891	OTHER PLACENTAL DISORDERS, FIRST TRIMESTER
O43892	OTHER PLACENTAL DISORDERS, SECOND TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O368930	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O368932	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, THIRD TRIMESTER, FETUS 2
O368933	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, THIRD TRIMESTER, FETUS 3
O368934	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, THIRD TRIMESTER, FETUS 4
O368923	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, SECOND TRIMESTER, FETUS 3
O368935	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, THIRD TRIMESTER, FETUS 5
O368939	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, THIRD TRIMESTER, OTHER FETUS
O368925	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, SECOND TRIMESTER, FETUS 5
O368929	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, SECOND TRIMESTER, OTHER FETUS
O368919	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, FIRST TRIMESTER, OTHER FETUS
O368931	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, THIRD TRIMESTER, FETUS 1
O368922	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, SECOND TRIMESTER, FETUS 2
O368911	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, FIRST TRIMESTER, FETUS 1
O368912	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, FIRST TRIMESTER, FETUS 2
O368924	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, SECOND TRIMESTER, FETUS 4
O368914	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, FIRST TRIMESTER, FETUS 4
O368915	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, FIRST TRIMESTER, FETUS 5
O368910	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O368920	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O368921	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, SECOND TRIMESTER, FETUS 1
O3673X2	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, FETUS 2

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3673X3	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, FETUS 3
O3673X4	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, FETUS 4
O368913	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, FIRST TRIMESTER, FETUS 3
O3672X4	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, FETUS 4
O3672X5	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, FETUS 5
O3672X9	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, OTHER FETUS
O3673X9	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, OTHER FETUS
O3673X1	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, FETUS 1
O3672X0	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3672X1	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, FETUS 1
O3672X2	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, FETUS 2
O3673X5	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, FETUS 5
O3671X2	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, FETUS 2
O3671X3	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, FETUS 3
O3671X4	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, FETUS 4
O3673X0	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3671X9	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, OTHER FETUS
O3671X0	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3672X3	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, FETUS 3
O3623X9	MATERNAL CARE FOR HYDROPS FETALIS, THIRD TRIMESTER, OTHER FETUS
O3623X1	MATERNAL CARE FOR HYDROPS FETALIS, THIRD TRIMESTER, FETUS 1
O3623X2	MATERNAL CARE FOR HYDROPS FETALIS, THIRD TRIMESTER, FETUS 2

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3671X5	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, FETUS 5
O3623X4	MATERNAL CARE FOR HYDROPS FETALIS, THIRD TRIMESTER, FETUS 4
O3623X5	MATERNAL CARE FOR HYDROPS FETALIS, THIRD TRIMESTER, FETUS 5
O3622X4	MATERNAL CARE FOR HYDROPS FETALIS, SECOND TRIMESTER, FETUS 4
O3671X1	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, FETUS 1
O3623X0	MATERNAL CARE FOR HYDROPS FETALIS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3621X9	MATERNAL CARE FOR HYDROPS FETALIS, FIRST TRIMESTER, OTHER FETUS
O3622X0	MATERNAL CARE FOR HYDROPS FETALIS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3623X3	MATERNAL CARE FOR HYDROPS FETALIS, THIRD TRIMESTER, FETUS 3
O3622X2	MATERNAL CARE FOR HYDROPS FETALIS, SECOND TRIMESTER, FETUS 2
O3622X3	MATERNAL CARE FOR HYDROPS FETALIS, SECOND TRIMESTER, FETUS 3
O3621X2	MATERNAL CARE FOR HYDROPS FETALIS, FIRST TRIMESTER, FETUS 2
O3622X5	MATERNAL CARE FOR HYDROPS FETALIS, SECOND TRIMESTER, FETUS 5
O3622X9	MATERNAL CARE FOR HYDROPS FETALIS, SECOND TRIMESTER, OTHER FETUS
O3621X5	MATERNAL CARE FOR HYDROPS FETALIS, FIRST TRIMESTER, FETUS 5
O3622X1	MATERNAL CARE FOR HYDROPS FETALIS, SECOND TRIMESTER, FETUS 1
O3621X0	MATERNAL CARE FOR HYDROPS FETALIS, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3621X1	MATERNAL CARE FOR HYDROPS FETALIS, FIRST TRIMESTER, FETUS 1
O3621X3	MATERNAL CARE FOR HYDROPS FETALIS, FIRST TRIMESTER, FETUS 3
O3621X4	MATERNAL CARE FOR HYDROPS FETALIS, FIRST TRIMESTER, FETUS 4
O3621X0	MATERNAL CARE FOR HYDROPS FETALIS, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3621X3	MATERNAL CARE FOR HYDROPS FETALIS, FIRST TRIMESTER, FETUS 3
O3623X3	MATERNAL CARE FOR HYDROPS FETALIS, THIRD TRIMESTER, FETUS 3
O3622X2	MATERNAL CARE FOR HYDROPS FETALIS, SECOND TRIMESTER, FETUS 2
O3621X1	MATERNAL CARE FOR HYDROPS FETALIS, FIRST TRIMESTER, FETUS 1
O3621X2	MATERNAL CARE FOR HYDROPS FETALIS, FIRST TRIMESTER, FETUS 2



<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3622X5	MATERNAL CARE FOR HYDROPS FETALIS, SECOND TRIMESTER, FETUS 5
O3621X4	MATERNAL CARE FOR HYDROPS FETALIS, FIRST TRIMESTER, FETUS 4
O3621X5	MATERNAL CARE FOR HYDROPS FETALIS, FIRST TRIMESTER, FETUS 5
O3622X0	MATERNAL CARE FOR HYDROPS FETALIS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3622X1	MATERNAL CARE FOR HYDROPS FETALIS, SECOND TRIMESTER, FETUS 1
O3623X2	MATERNAL CARE FOR HYDROPS FETALIS, THIRD TRIMESTER, FETUS 2
O3671X5	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, FETUS 5
O3623X4	MATERNAL CARE FOR HYDROPS FETALIS, THIRD TRIMESTER, FETUS 4
O3622X3	MATERNAL CARE FOR HYDROPS FETALIS, SECOND TRIMESTER, FETUS 3
O3622X4	MATERNAL CARE FOR HYDROPS FETALIS, SECOND TRIMESTER, FETUS 4
O3671X0	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3622X9	MATERNAL CARE FOR HYDROPS FETALIS, SECOND TRIMESTER, OTHER FETUS
O3623X0	MATERNAL CARE FOR HYDROPS FETALIS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3621X9	MATERNAL CARE FOR HYDROPS FETALIS, FIRST TRIMESTER, OTHER FETUS
O3671X2	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, FETUS 2
O3671X3	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, FETUS 3
O3671X4	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, FETUS 4
O3673X0	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3672X2	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, FETUS 2
O3671X1	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, FETUS 1
O3623X5	MATERNAL CARE FOR HYDROPS FETALIS, THIRD TRIMESTER, FETUS 5
O3623X9	MATERNAL CARE FOR HYDROPS FETALIS, THIRD TRIMESTER, OTHER FETUS
O3623X1	MATERNAL CARE FOR HYDROPS FETALIS, THIRD TRIMESTER, FETUS 1

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3672X4	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, FETUS 4
O3672X5	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, FETUS 5
O3672X9	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, OTHER FETUS
O3673X9	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, OTHER FETUS
O3671X9	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, OTHER FETUS
O3672X0	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3672X1	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, FETUS 1
O3673X4	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, FETUS 4
O3673X5	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, FETUS 5
O3672X3	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, FETUS 3
O368914	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, FIRST TRIMESTER, FETUS 4
O368910	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O368920	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3673X1	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, FETUS 1
O3673X2	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, FETUS 2
O3673X3	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, FETUS 3
O368912	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, FIRST TRIMESTER, FETUS 2
O368913	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, FIRST TRIMESTER, FETUS 3
O368929	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, SECOND TRIMESTER, OTHER FETUS
O368915	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, FIRST TRIMESTER, FETUS 5
O368919	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, FIRST TRIMESTER, OTHER FETUS

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O368930	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O368931	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, THIRD TRIMESTER, FETUS 1
O368921	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, SECOND TRIMESTER, FETUS 1
O368922	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, SECOND TRIMESTER, FETUS 2
O368911	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, FIRST TRIMESTER, FETUS 1
O368924	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, SECOND TRIMESTER, FETUS 4
O43893	OTHER PLACENTAL DISORDERS, THIRD TRIMESTER
O43891	OTHER PLACENTAL DISORDERS, FIRST TRIMESTER
O43892	OTHER PLACENTAL DISORDERS, SECOND TRIMESTER
O368934	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, THIRD TRIMESTER, FETUS 4
O368939	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, THIRD TRIMESTER, OTHER FETUS
O368932	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, THIRD TRIMESTER, FETUS 2
O368933	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, THIRD TRIMESTER, FETUS 3
O368923	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, SECOND TRIMESTER, FETUS 3
O368935	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, THIRD TRIMESTER, FETUS 5
O368925	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, SECOND TRIMESTER, FETUS 5
O3690X0	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3690X1	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 1
O3690X2	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 2
O3690X3	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 3
O3690X4	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 4
O3690X5	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 5

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3690X9	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, UNSPECIFIED TRIMESTER, OTHER FETUS
O3693X4	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, THIRD TRIMESTER, FETUS 4
O3693X2	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, THIRD TRIMESTER, FETUS 2
O3693X3	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, THIRD TRIMESTER, FETUS 3
O3693X1	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, THIRD TRIMESTER, FETUS 1
O3691X9	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, FIRST TRIMESTER, OTHER FETUS
O3692X0	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3692X1	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, SECOND TRIMESTER, FETUS 1
O3692X2	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, SECOND TRIMESTER, FETUS 2
O3693X5	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, THIRD TRIMESTER, FETUS 5
O3692X4	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, SECOND TRIMESTER, FETUS 4
O3692X5	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, SECOND TRIMESTER, FETUS 5
O3692X9	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, SECOND TRIMESTER, OTHER FETUS
O3693X9	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, THIRD TRIMESTER, OTHER FETUS
O3691X1	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, FIRST TRIMESTER, FETUS 1
O3691X5	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, FIRST TRIMESTER, FETUS 5
O3691X0	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3692X3	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, SECOND TRIMESTER, FETUS 3
O3691X2	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, FIRST TRIMESTER, FETUS 2
O3691X3	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, FIRST TRIMESTER, FETUS 3
O3691X4	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, FIRST TRIMESTER, FETUS 4

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3693X0	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3691X1	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, FIRST TRIMESTER, FETUS 1
O3691X5	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, FIRST TRIMESTER, FETUS 5
O3691X0	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3692X2	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, SECOND TRIMESTER, FETUS 2
O3692X3	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, SECOND TRIMESTER, FETUS 3
O3691X2	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, FIRST TRIMESTER, FETUS 2
O3691X3	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, FIRST TRIMESTER, FETUS 3
O3691X4	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, FIRST TRIMESTER, FETUS 4
O3693X0	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3691X9	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, FIRST TRIMESTER, OTHER FETUS
O3692X0	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3692X1	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, SECOND TRIMESTER, FETUS 1
O3693X4	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, THIRD TRIMESTER, FETUS 4
O3693X5	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, THIRD TRIMESTER, FETUS 5
O3692X4	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, SECOND TRIMESTER, FETUS 4
O3692X5	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, SECOND TRIMESTER, FETUS 5
O3693X9	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, THIRD TRIMESTER, OTHER FETUS
O3692X9	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, SECOND TRIMESTER, OTHER FETUS
O3693X1	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, THIRD TRIMESTER, FETUS 1
O3693X2	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, THIRD TRIMESTER, FETUS 2

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3693X3	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, THIRD TRIMESTER, FETUS 3
O409XX0	POLYHYDRAMNIOS, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O409XX1	POLYHYDRAMNIOS, UNSPECIFIED TRIMESTER, FETUS 1
O409XX2	POLYHYDRAMNIOS, UNSPECIFIED TRIMESTER, FETUS 2
O409XX3	POLYHYDRAMNIOS, UNSPECIFIED TRIMESTER, FETUS 3
O409XX5	POLYHYDRAMNIOS, UNSPECIFIED TRIMESTER, FETUS 5
O409XX9	POLYHYDRAMNIOS, UNSPECIFIED TRIMESTER, OTHER FETUS
O409XX4	POLYHYDRAMNIOS, UNSPECIFIED TRIMESTER, FETUS 4
O403XX5	POLYHYDRAMNIOS, THIRD TRIMESTER, FETUS 5
O403XX9	POLYHYDRAMNIOS, THIRD TRIMESTER, OTHER FETUS
O402XX4	POLYHYDRAMNIOS, SECOND TRIMESTER, FETUS 4
O402XX5	POLYHYDRAMNIOS, SECOND TRIMESTER, FETUS 5
O402XX9	POLYHYDRAMNIOS, SECOND TRIMESTER, OTHER FETUS
O403XX0	POLYHYDRAMNIOS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O401XX9	POLYHYDRAMNIOS, FIRST TRIMESTER, OTHER FETUS
O403XX1	POLYHYDRAMNIOS, THIRD TRIMESTER, FETUS 1
O403XX2	POLYHYDRAMNIOS, THIRD TRIMESTER, FETUS 2
O403XX3	POLYHYDRAMNIOS, THIRD TRIMESTER, FETUS 3
O403XX4	POLYHYDRAMNIOS, THIRD TRIMESTER, FETUS 4
O402XX3	POLYHYDRAMNIOS, SECOND TRIMESTER, FETUS 3
O401XX0	POLYHYDRAMNIOS, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O401XX1	POLYHYDRAMNIOS, FIRST TRIMESTER, FETUS 1
O401XX2	POLYHYDRAMNIOS, FIRST TRIMESTER, FETUS 2
O401XX3	POLYHYDRAMNIOS, FIRST TRIMESTER, FETUS 3
O401XX4	POLYHYDRAMNIOS, FIRST TRIMESTER, FETUS 4
O401XX5	POLYHYDRAMNIOS, FIRST TRIMESTER, FETUS 5
O402XX0	POLYHYDRAMNIOS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O402XX1	POLYHYDRAMNIOS, SECOND TRIMESTER, FETUS 1
O402XX2	POLYHYDRAMNIOS, SECOND TRIMESTER, FETUS 2
O401XX0	POLYHYDRAMNIOS, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O401XX2	POLYHYDRAMNIOS, FIRST TRIMESTER, FETUS 2

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O401XX3	POLYHYDRAMNIOS, FIRST TRIMESTER, FETUS 3
O401XX4	POLYHYDRAMNIOS, FIRST TRIMESTER, FETUS 4
O401XX9	POLYHYDRAMNIOS, FIRST TRIMESTER, OTHER FETUS
O402XX0	POLYHYDRAMNIOS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O402XX1	POLYHYDRAMNIOS, SECOND TRIMESTER, FETUS 1
O402XX2	POLYHYDRAMNIOS, SECOND TRIMESTER, FETUS 2
O401XX1	POLYHYDRAMNIOS, FIRST TRIMESTER, FETUS 1
O402XX3	POLYHYDRAMNIOS, SECOND TRIMESTER, FETUS 3
O402XX4	POLYHYDRAMNIOS, SECOND TRIMESTER, FETUS 4
O402XX5	POLYHYDRAMNIOS, SECOND TRIMESTER, FETUS 5
O402XX9	POLYHYDRAMNIOS, SECOND TRIMESTER, OTHER FETUS
O401XX5	POLYHYDRAMNIOS, FIRST TRIMESTER, FETUS 5
O403XX0	POLYHYDRAMNIOS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O403XX1	POLYHYDRAMNIOS, THIRD TRIMESTER, FETUS 1
O403XX2	POLYHYDRAMNIOS, THIRD TRIMESTER, FETUS 2
O403XX3	POLYHYDRAMNIOS, THIRD TRIMESTER, FETUS 3
O403XX5	POLYHYDRAMNIOS, THIRD TRIMESTER, FETUS 5
O403XX9	POLYHYDRAMNIOS, THIRD TRIMESTER, OTHER FETUS
O403XX4	POLYHYDRAMNIOS, THIRD TRIMESTER, FETUS 4
O4100X3	OLIGOHYDRAMNIOS, UNSPECIFIED TRIMESTER, FETUS 3
O4100X4	OLIGOHYDRAMNIOS, UNSPECIFIED TRIMESTER, FETUS 4
O4100X5	OLIGOHYDRAMNIOS, UNSPECIFIED TRIMESTER, FETUS 5
O4100X0	OLIGOHYDRAMNIOS, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O4100X1	OLIGOHYDRAMNIOS, UNSPECIFIED TRIMESTER, FETUS 1
O4100X2	OLIGOHYDRAMNIOS, UNSPECIFIED TRIMESTER, FETUS 2
O4100X9	OLIGOHYDRAMNIOS, UNSPECIFIED TRIMESTER, OTHER FETUS
O4101X0	OLIGOHYDRAMNIOS, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O4101X1	OLIGOHYDRAMNIOS, FIRST TRIMESTER, FETUS 1
O4101X3	OLIGOHYDRAMNIOS, FIRST TRIMESTER, FETUS 3
O4101X4	OLIGOHYDRAMNIOS, FIRST TRIMESTER, FETUS 4
O4101X5	OLIGOHYDRAMNIOS, FIRST TRIMESTER, FETUS 5
O4102X2	OLIGOHYDRAMNIOS, SECOND TRIMESTER, FETUS 2

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O4102X3	OLIGOHYDRAMNIOS, SECOND TRIMESTER, FETUS 3
O4101X2	OLIGOHYDRAMNIOS, FIRST TRIMESTER, FETUS 2
O4102X9	OLIGOHYDRAMNIOS, SECOND TRIMESTER, OTHER FETUS
O4103X0	OLIGOHYDRAMNIOS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O4101X9	OLIGOHYDRAMNIOS, FIRST TRIMESTER, OTHER FETUS
O4102X0	OLIGOHYDRAMNIOS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O4103X2	OLIGOHYDRAMNIOS, THIRD TRIMESTER, FETUS 2
O4102X1	OLIGOHYDRAMNIOS, SECOND TRIMESTER, FETUS 1
O4103X3	OLIGOHYDRAMNIOS, THIRD TRIMESTER, FETUS 3
O4103X4	OLIGOHYDRAMNIOS, THIRD TRIMESTER, FETUS 4
O4102X4	OLIGOHYDRAMNIOS, SECOND TRIMESTER, FETUS 4
O4103X5	OLIGOHYDRAMNIOS, THIRD TRIMESTER, FETUS 5
O4103X9	OLIGOHYDRAMNIOS, THIRD TRIMESTER, OTHER FETUS
O4102X5	OLIGOHYDRAMNIOS, SECOND TRIMESTER, FETUS 5
O4103X1	OLIGOHYDRAMNIOS, THIRD TRIMESTER, FETUS 1
O4103X2	OLIGOHYDRAMNIOS, THIRD TRIMESTER, FETUS 2
O4103X5	OLIGOHYDRAMNIOS, THIRD TRIMESTER, FETUS 5
O4103X9	OLIGOHYDRAMNIOS, THIRD TRIMESTER, OTHER FETUS
O4102X5	OLIGOHYDRAMNIOS, SECOND TRIMESTER, FETUS 5
O4103X1	OLIGOHYDRAMNIOS, THIRD TRIMESTER, FETUS 1
O4101X2	OLIGOHYDRAMNIOS, FIRST TRIMESTER, FETUS 2
O4102X9	OLIGOHYDRAMNIOS, SECOND TRIMESTER, OTHER FETUS
O4103X0	OLIGOHYDRAMNIOS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O4101X9	OLIGOHYDRAMNIOS, FIRST TRIMESTER, OTHER FETUS
O4103X3	OLIGOHYDRAMNIOS, THIRD TRIMESTER, FETUS 3
O4103X4	OLIGOHYDRAMNIOS, THIRD TRIMESTER, FETUS 4
O4102X3	OLIGOHYDRAMNIOS, SECOND TRIMESTER, FETUS 3
O4102X4	OLIGOHYDRAMNIOS, SECOND TRIMESTER, FETUS 4
O4101X0	OLIGOHYDRAMNIOS, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O4101X3	OLIGOHYDRAMNIOS, FIRST TRIMESTER, FETUS 3
O4101X4	OLIGOHYDRAMNIOS, FIRST TRIMESTER, FETUS 4
O4101X5	OLIGOHYDRAMNIOS, FIRST TRIMESTER, FETUS 5



<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O4102X0	OLIGOHYDRAMNIOS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O4102X1	OLIGOHYDRAMNIOS, SECOND TRIMESTER, FETUS 1
O4102X2	OLIGOHYDRAMNIOS, SECOND TRIMESTER, FETUS 2
O4101X1	OLIGOHYDRAMNIOS, FIRST TRIMESTER, FETUS 1
O42019	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR WITHIN 24 HOURS OF RUPTURE, UNSPECIFIED TRIMESTER
O4200	PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR WITHIN 24 HOURS OF RUPTURE, UNSPECIFIED WEEKS OF GESTATION
O42919	PRETERM PREMATURE RUPTURE OF MEMBRANES, UNSPECIFIED AS TO LENGTH OF TIME BETWEEN RUPTURE AND ONSET OF LABOR, UNSPECIFIED TRIMESTER
O4290	PREMATURE RUPTURE OF MEMBRANES, UNSPECIFIED AS TO LENGTH OF TIME BETWEEN RUPTURE AND ONSET OF LABOR, UNSPECIFIED WEEKS OF GESTATION
O42913	PRETERM PREMATURE RUPTURE OF MEMBRANES, UNSPECIFIED AS TO LENGTH OF TIME BETWEEN RUPTURE AND ONSET OF LABOR, THIRD TRIMESTER
O4202	FULL-TERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR WITHIN 24 HOURS OF RUPTURE
O42011	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR WITHIN 24 HOURS OF RUPTURE, FIRST TRIMESTER
O42012	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR WITHIN 24 HOURS OF RUPTURE, SECOND TRIMESTER
O42013	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR WITHIN 24 HOURS OF RUPTURE, THIRD TRIMESTER
O4292	FULL-TERM PREMATURE RUPTURE OF MEMBRANES, UNSPECIFIED AS TO LENGTH OF TIME BETWEEN RUPTURE AND ONSET OF LABOR
O42911	PRETERM PREMATURE RUPTURE OF MEMBRANES, UNSPECIFIED AS TO LENGTH OF TIME BETWEEN RUPTURE AND ONSET OF LABOR, FIRST TRIMESTER
O42912	PRETERM PREMATURE RUPTURE OF MEMBRANES, UNSPECIFIED AS TO LENGTH OF TIME BETWEEN RUPTURE AND ONSET OF LABOR, SECOND TRIMESTER
O42012	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR WITHIN 24 HOURS OF RUPTURE, SECOND TRIMESTER
O42013	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR WITHIN 24 HOURS OF RUPTURE, THIRD TRIMESTER
O42913	PRETERM PREMATURE RUPTURE OF MEMBRANES, UNSPECIFIED AS TO LENGTH OF TIME BETWEEN RUPTURE AND ONSET OF LABOR, THIRD TRIMESTER
O42011	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR WITHIN 24 HOURS OF RUPTURE, FIRST TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O42911	PRETERM PREMATURE RUPTURE OF MEMBRANES, UNSPECIFIED AS TO LENGTH OF TIME BETWEEN RUPTURE AND ONSET OF LABOR, FIRST TRIMESTER
O42912	PRETERM PREMATURE RUPTURE OF MEMBRANES, UNSPECIFIED AS TO LENGTH OF TIME BETWEEN RUPTURE AND ONSET OF LABOR, SECOND TRIMESTER
O42119	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR MORE THAN 24 HOURS FOLLOWING RUPTURE, UNSPECIFIED TRIMESTER
O4210	PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR MORE THAN 24 HOURS FOLLOWING RUPTURE, UNSPECIFIED WEEKS OF GESTATION
O4212	FULL-TERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR MORE THAN 24 HOURS FOLLOWING RUPTURE
O42111	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR MORE THAN 24 HOURS FOLLOWING RUPTURE, FIRST TRIMESTER
O42113	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR MORE THAN 24 HOURS FOLLOWING RUPTURE, THIRD TRIMESTER
O42112	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR MORE THAN 24 HOURS FOLLOWING RUPTURE, SECOND TRIMESTER
O42113	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR MORE THAN 24 HOURS FOLLOWING RUPTURE, THIRD TRIMESTER
O42112	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR MORE THAN 24 HOURS FOLLOWING RUPTURE, SECOND TRIMESTER
O42111	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR MORE THAN 24 HOURS FOLLOWING RUPTURE, FIRST TRIMESTER
O755	DELAYED DELIVERY AFTER ARTIFICIAL RUPTURE OF MEMBRANES
O411094	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 4
O411095	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 5
O411099	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, OTHER FETUS
O411299	CHORIOAMNIONITIS, UNSPECIFIED TRIMESTER, OTHER FETUS
O411291	CHORIOAMNIONITIS, UNSPECIFIED TRIMESTER, FETUS 1
O411292	CHORIOAMNIONITIS, UNSPECIFIED TRIMESTER, FETUS 2
O411293	CHORIOAMNIONITIS, UNSPECIFIED TRIMESTER, FETUS 3
O411294	CHORIOAMNIONITIS, UNSPECIFIED TRIMESTER, FETUS 4
O411093	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 3
O411090	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O411091	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 1
O411092	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 2
O411499	PLACENTITIS, UNSPECIFIED TRIMESTER, OTHER FETUS
O411492	PLACENTITIS, UNSPECIFIED TRIMESTER, FETUS 2
O411493	PLACENTITIS, UNSPECIFIED TRIMESTER, FETUS 3
O411494	PLACENTITIS, UNSPECIFIED TRIMESTER, FETUS 4
O411495	PLACENTITIS, UNSPECIFIED TRIMESTER, FETUS 5
O411490	PLACENTITIS, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411491	PLACENTITIS, UNSPECIFIED TRIMESTER, FETUS 1
O411290	CHORIOAMNIONITIS, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411295	CHORIOAMNIONITIS, UNSPECIFIED TRIMESTER, FETUS 5
O411431	PLACENTITIS, THIRD TRIMESTER, FETUS 1
O411434	PLACENTITIS, THIRD TRIMESTER, FETUS 4
O411435	PLACENTITIS, THIRD TRIMESTER, FETUS 5
O411439	PLACENTITIS, THIRD TRIMESTER, OTHER FETUS
O411429	PLACENTITIS, SECOND TRIMESTER, OTHER FETUS
O411430	PLACENTITIS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411419	PLACENTITIS, FIRST TRIMESTER, OTHER FETUS
O411432	PLACENTITIS, THIRD TRIMESTER, FETUS 2
O411433	PLACENTITIS, THIRD TRIMESTER, FETUS 3
O411422	PLACENTITIS, SECOND TRIMESTER, FETUS 2
O411423	PLACENTITIS, SECOND TRIMESTER, FETUS 3
O411424	PLACENTITIS, SECOND TRIMESTER, FETUS 4
O411425	PLACENTITIS, SECOND TRIMESTER, FETUS 5
O411414	PLACENTITIS, FIRST TRIMESTER, FETUS 4
O411415	PLACENTITIS, FIRST TRIMESTER, FETUS 5
O411420	PLACENTITIS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411421	PLACENTITIS, SECOND TRIMESTER, FETUS 1
O411410	PLACENTITIS, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411411	PLACENTITIS, FIRST TRIMESTER, FETUS 1
O411412	PLACENTITIS, FIRST TRIMESTER, FETUS 2
O411413	PLACENTITIS, FIRST TRIMESTER, FETUS 3

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O411235	CHORIOAMNIONITIS, THIRD TRIMESTER, FETUS 5
O411239	CHORIOAMNIONITIS, THIRD TRIMESTER, OTHER FETUS
O411225	CHORIOAMNIONITIS, SECOND TRIMESTER, FETUS 5
O411231	CHORIOAMNIONITIS, THIRD TRIMESTER, FETUS 1
O411232	CHORIOAMNIONITIS, THIRD TRIMESTER, FETUS 2
O411233	CHORIOAMNIONITIS, THIRD TRIMESTER, FETUS 3
O411234	CHORIOAMNIONITIS, THIRD TRIMESTER, FETUS 4
O411223	CHORIOAMNIONITIS, SECOND TRIMESTER, FETUS 3
O411224	CHORIOAMNIONITIS, SECOND TRIMESTER, FETUS 4
O411213	CHORIOAMNIONITIS, FIRST TRIMESTER, FETUS 3
O411230	CHORIOAMNIONITIS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411219	CHORIOAMNIONITIS, FIRST TRIMESTER, OTHER FETUS
O411220	CHORIOAMNIONITIS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411221	CHORIOAMNIONITIS, SECOND TRIMESTER, FETUS 1
O411222	CHORIOAMNIONITIS, SECOND TRIMESTER, FETUS 2
O411211	CHORIOAMNIONITIS, FIRST TRIMESTER, FETUS 1
O411212	CHORIOAMNIONITIS, FIRST TRIMESTER, FETUS 2
O411214	CHORIOAMNIONITIS, FIRST TRIMESTER, FETUS 4
O411215	CHORIOAMNIONITIS, FIRST TRIMESTER, FETUS 5
O411210	CHORIOAMNIONITIS, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411033	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 3
O411034	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 4
O411022	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 2
O411035	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 5
O411039	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, OTHER FETUS
O411025	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 5
O411029	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, OTHER FETUS
O411030	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O411031	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 1
O411032	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 2
O411020	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411021	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 1
O411010	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411023	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 3
O411024	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 4
O411013	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 3
O411014	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 4
O411015	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 5
O411019	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, OTHER FETUS
O411011	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 1
O411012	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 2
O411022	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 2
O411023	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 3
O411012	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 2
O411013	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 3
O411015	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 5
O411019	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, OTHER FETUS
O411010	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411011	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 1

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O411034	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 4
O411035	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 5
O411039	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, OTHER FETUS
O411024	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 4
O411025	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 5
O411014	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 4
O411030	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411031	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 1
O411020	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411021	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 1
O411222	CHORIOAMNIONITIS, SECOND TRIMESTER, FETUS 2
O411211	CHORIOAMNIONITIS, FIRST TRIMESTER, FETUS 1
O411212	CHORIOAMNIONITIS, FIRST TRIMESTER, FETUS 2
O411213	CHORIOAMNIONITIS, FIRST TRIMESTER, FETUS 3
O411214	CHORIOAMNIONITIS, FIRST TRIMESTER, FETUS 4
O411029	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, OTHER FETUS
O411210	CHORIOAMNIONITIS, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411032	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 2
O411033	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 3
O411234	CHORIOAMNIONITIS, THIRD TRIMESTER, FETUS 4
O411223	CHORIOAMNIONITIS, SECOND TRIMESTER, FETUS 3
O411224	CHORIOAMNIONITIS, SECOND TRIMESTER, FETUS 4
O411225	CHORIOAMNIONITIS, SECOND TRIMESTER, FETUS 5
O411229	CHORIOAMNIONITIS, SECOND TRIMESTER, OTHER FETUS
O411215	CHORIOAMNIONITIS, FIRST TRIMESTER, FETUS 5
O411219	CHORIOAMNIONITIS, FIRST TRIMESTER, OTHER FETUS

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O411221	CHORIOAMNIONITIS, SECOND TRIMESTER, FETUS 1
O411232	CHORIOAMNIONITIS, THIRD TRIMESTER, FETUS 2
O411411	PLACENTITIS, FIRST TRIMESTER, FETUS 1
O411412	PLACENTITIS, FIRST TRIMESTER, FETUS 2
O411413	PLACENTITIS, FIRST TRIMESTER, FETUS 3
O411235	CHORIOAMNIONITIS, THIRD TRIMESTER, FETUS 5
O411239	CHORIOAMNIONITIS, THIRD TRIMESTER, OTHER FETUS
O411230	CHORIOAMNIONITIS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411231	CHORIOAMNIONITIS, THIRD TRIMESTER, FETUS 1
O411220	CHORIOAMNIONITIS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411233	CHORIOAMNIONITIS, THIRD TRIMESTER, FETUS 3
O411421	PLACENTITIS, SECOND TRIMESTER, FETUS 1
O411422	PLACENTITIS, SECOND TRIMESTER, FETUS 2
O411424	PLACENTITIS, SECOND TRIMESTER, FETUS 4
O411425	PLACENTITIS, SECOND TRIMESTER, FETUS 5
O411414	PLACENTITIS, FIRST TRIMESTER, FETUS 4
O411415	PLACENTITIS, FIRST TRIMESTER, FETUS 5
O411419	PLACENTITIS, FIRST TRIMESTER, OTHER FETUS
O411420	PLACENTITIS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411410	PLACENTITIS, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411435	PLACENTITIS, THIRD TRIMESTER, FETUS 5
O411433	PLACENTITIS, THIRD TRIMESTER, FETUS 3
O411434	PLACENTITIS, THIRD TRIMESTER, FETUS 4
O411423	PLACENTITIS, SECOND TRIMESTER, FETUS 3
O411439	PLACENTITIS, THIRD TRIMESTER, OTHER FETUS
O411429	PLACENTITIS, SECOND TRIMESTER, OTHER FETUS
O411430	PLACENTITIS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411431	PLACENTITIS, THIRD TRIMESTER, FETUS 1
O411432	PLACENTITIS, THIRD TRIMESTER, FETUS 2
O418X95	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED TRIMESTER, FETUS 5
O418X99	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED TRIMESTER, OTHER FETUS

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O418X92	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED TRIMESTER, FETUS 2
O418X90	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O418X91	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED TRIMESTER, FETUS 1
O418X93	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED TRIMESTER, FETUS 3
O418X94	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED TRIMESTER, FETUS 4
O418X11	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, FIRST TRIMESTER, FETUS 1
O418X12	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, FIRST TRIMESTER, FETUS 2
O418X13	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, FIRST TRIMESTER, FETUS 3
O418X15	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, FIRST TRIMESTER, FETUS 5
O418X19	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, FIRST TRIMESTER, OTHER FETUS
O418X10	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O418X31	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, THIRD TRIMESTER, FETUS 1
O418X20	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O418X21	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, SECOND TRIMESTER, FETUS 1
O418X22	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, SECOND TRIMESTER, FETUS 2
O418X23	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, SECOND TRIMESTER, FETUS 3
O418X24	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, SECOND TRIMESTER, FETUS 4
O418X25	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, SECOND TRIMESTER, FETUS 5
O418X14	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, FIRST TRIMESTER, FETUS 4
O418X30	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O418X32	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, THIRD TRIMESTER, FETUS 2



<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O418X33	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, THIRD TRIMESTER, FETUS 3
O418X34	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, THIRD TRIMESTER, FETUS 4
O418X35	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, THIRD TRIMESTER, FETUS 5
O418X39	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, THIRD TRIMESTER, OTHER FETUS
O418X29	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, SECOND TRIMESTER, OTHER FETUS
O418X35	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, THIRD TRIMESTER, FETUS 5
O418X39	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, THIRD TRIMESTER, OTHER FETUS
O418X29	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, SECOND TRIMESTER, OTHER FETUS
O418X23	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, SECOND TRIMESTER, FETUS 3
O418X24	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, SECOND TRIMESTER, FETUS 4
O418X25	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, SECOND TRIMESTER, FETUS 5
O418X30	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O418X32	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, THIRD TRIMESTER, FETUS 2
O418X33	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, THIRD TRIMESTER, FETUS 3
O418X21	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, SECOND TRIMESTER, FETUS 1
O418X34	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, THIRD TRIMESTER, FETUS 4
O418X10	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O418X11	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, FIRST TRIMESTER, FETUS 1
O418X12	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, FIRST TRIMESTER, FETUS 2
O418X13	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, FIRST TRIMESTER, FETUS 3
O418X14	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, FIRST TRIMESTER, FETUS 4

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O418X15	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, FIRST TRIMESTER, FETUS 5
O418X31	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, THIRD TRIMESTER, FETUS 1
O418X19	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, FIRST TRIMESTER, OTHER FETUS
O418X20	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O418X22	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, SECOND TRIMESTER, FETUS 2
O4190X0	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O4190X1	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 1
O4190X2	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 2
O4190X3	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 3
O4190X4	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 4
O4190X9	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, OTHER FETUS
O4190X5	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 5
O4191X0	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O4191X1	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 1
O4191X4	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 4
O4191X5	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 5
O4192X2	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 2
O4192X3	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 3
O4191X2	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 2
O4191X3	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 3
O4192X9	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, OTHER FETUS

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O4193X0	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O4191X9	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, OTHER FETUS
O4192X0	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O4193X4	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 4
O4193X5	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 5
O4192X4	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 4
O4192X5	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 5
O4193X3	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 3
O4193X9	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, OTHER FETUS
O4193X1	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 1
O4193X2	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 2
O4192X1	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 1
O4192X5	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 5
O4193X1	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 1
O4193X2	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 2
O4193X0	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O4191X9	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, OTHER FETUS
O4192X0	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O4193X3	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 3
O4193X4	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 4
O4192X3	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 3

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O4192X4	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 4
O4193X5	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 5
O4193X9	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, OTHER FETUS
O4191X0	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O4191X4	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 4
O4191X5	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 5
O4192X1	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 1
O4192X2	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 2
O4191X1	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 1
O4191X2	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 2
O4191X3	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 3
O4192X9	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, OTHER FETUS
O611	FAILED INSTRUMENTAL INDUCTION OF LABOR
O619	FAILED INDUCTION OF LABOR, UNSPECIFIED
O610	FAILED MEDICAL INDUCTION OF LABOR
O618	OTHER FAILED INDUCTION OF LABOR
O752	PYREXIA DURING LABOR, NOT ELSEWHERE CLASSIFIED
O753	OTHER INFECTION DURING LABOR
O0943	SUPERVISION OF PREGNANCY WITH GRAND MULTIPARITY, THIRD TRIMESTER
O0942	SUPERVISION OF PREGNANCY WITH GRAND MULTIPARITY, SECOND TRIMESTER
O0941	SUPERVISION OF PREGNANCY WITH GRAND MULTIPARITY, FIRST TRIMESTER
O0943	SUPERVISION OF PREGNANCY WITH GRAND MULTIPARITY, THIRD TRIMESTER
O0942	SUPERVISION OF PREGNANCY WITH GRAND MULTIPARITY, SECOND TRIMESTER

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O0941	SUPERVISION OF PREGNANCY WITH GRAND MULTIPARITY, FIRST TRIMESTER
O09519	SUPERVISION OF ELDERLY PRIMIGRAVIDA, UNSPECIFIED TRIMESTER
O09513	SUPERVISION OF ELDERLY PRIMIGRAVIDA, THIRD TRIMESTER
O09511	SUPERVISION OF ELDERLY PRIMIGRAVIDA, FIRST TRIMESTER
O09512	SUPERVISION OF ELDERLY PRIMIGRAVIDA, SECOND TRIMESTER
O09511	SUPERVISION OF ELDERLY PRIMIGRAVIDA, FIRST TRIMESTER
O09512	SUPERVISION OF ELDERLY PRIMIGRAVIDA, SECOND TRIMESTER
O09513	SUPERVISION OF ELDERLY PRIMIGRAVIDA, THIRD TRIMESTER
O09529	SUPERVISION OF ELDERLY MULTIGRAVIDA, UNSPECIFIED TRIMESTER
O09521	SUPERVISION OF ELDERLY MULTIGRAVIDA, FIRST TRIMESTER
O09523	SUPERVISION OF ELDERLY MULTIGRAVIDA, THIRD TRIMESTER
O09522	SUPERVISION OF ELDERLY MULTIGRAVIDA, SECOND TRIMESTER
O09521	SUPERVISION OF ELDERLY MULTIGRAVIDA, FIRST TRIMESTER
O09523	SUPERVISION OF ELDERLY MULTIGRAVIDA, THIRD TRIMESTER
O09522	SUPERVISION OF ELDERLY MULTIGRAVIDA, SECOND TRIMESTER
O76	ABNORMALITY IN FETAL HEART RATE AND RHYTHM COMPLICATING LABOR AND DELIVERY
O7589	OTHER SPECIFIED COMPLICATIONS OF LABOR AND DELIVERY
O759	COMPLICATION OF LABOR AND DELIVERY, UNSPECIFIED
O26893	OTHER SPECIFIED PREGNANCY RELATED CONDITIONS, THIRD TRIMESTER
O9089	OTHER COMPLICATIONS OF THE PUERPERIUM, NOT ELSEWHERE CLASSIFIED
O357XX1	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 1
O357XX2	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 2
O357XX0	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, NOT APPLICABLE OR UNSPECIFIED
O357XX3	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 3
O357XX4	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 4
O357XX5	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 5
O357XX9	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, OTHER FETUS

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O357XX0	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, NOT APPLICABLE OR UNSPECIFIED
O357XX1	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 1
O357XX2	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 2
O357XX3	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 3
O357XX5	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 5
O357XX9	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, OTHER FETUS
O357XX4	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 4
O357XX0	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, NOT APPLICABLE OR UNSPECIFIED
O357XX1	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 1
O357XX2	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 2
O357XX3	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 3
O357XX5	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 5
O357XX9	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, OTHER FETUS
O357XX4	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 4
O357XX0	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, NOT APPLICABLE OR UNSPECIFIED
O357XX1	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 1
O357XX2	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 2
O357XX3	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 3
O357XX4	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 4
O357XX5	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 5
O357XX9	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, OTHER FETUS

<b>Step 3 (diagnosis of pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>Pregnancy Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O357XX1	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 1
O357XX2	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 2
O357XX3	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 3
O357XX0	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, NOT APPLICABLE OR UNSPECIFIED
O357XX4	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 4
O357XX5	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 5
O357XX9	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, OTHER FETUS

<b>Step 4 (negating diagnosis for pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Codes</b>	<b>Description</b>
10-O00	ECTOPIC PREGNANCY
10-O000	ABDOMINAL PREGNANCY
10-O001	TUBAL PREGNANCY
10-O002	OVARIAN PREGNANCY
10-O008	OTHER ECTOPIC PREGNANCY
10-O009	ECTOPIC PREGNANCY, UNSPECIFIED
10-O01	HYDATIDIFORM MOLE
10-O010	CLASSICAL HYDATIDIFORM MOLE
10-O011	INCOMPLETE AND PARTIAL HYDATIDIFORM MOLE
10-O019	HYDATIDIFORM MOLE, UNSPECIFIED
10-O02	OTHER ABNORMAL PRODUCTS OF CONCEPTION
10-O020	BLIGHTED OVUM AND NONHYDATIDIFORM MOLE
10-O021	MISSED ABORTION
10-O028	OTHER SPECIFIED ABNORMAL PRODUCTS OF CONCEPTION
10-O0281	INAPPROP CHG QUANTITAV HCG IN EARLY PREGNANCY
10-O0289	OTHER ABNORMAL PRODUCTS OF CONCEPTION
10-O029	ABNORMAL PRODUCT OF CONCEPTION, UNSPECIFIED
10-O03	SPONTANEOUS ABORTION
10-O030	GENITL TRCT AND PELV INFC FOL INCMPL SPON ABORT

<b>Step 4 (negating diagnosis for pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Codes</b>	<b>Description</b>
10-O031	DELAYED OR EXCESS HEMOR FOL INCMPL SPON ABORTION
10-O032	EMBOLISM FOLLOWING INCOMPLETE SPN ABORTION
10-O033	OTH AND UNSP COMP FOL INCOMPLETE SPN ABORTION
10-O0330	UNSP COMPL FOLLOWING INCOMPLETE SPN ABORTION
10-O0331	SHOCK FOLLOWING INCOMPLETE SPONTANEOUS ABORTION
10-O0332	RENAL FAILURE FOLLOWING INCOMPLETE SPN ABORTION
10-O0333	METABOLIC DISORDER FOL INCOMPLETE SPN ABORTION
10-O0334	DAMAG TO PELVIC ORGANS FOL INCOMPLETE SPON ABORT
10-O0335	OTH VENOUS COMP FOL INCOMPLETE SPN ABORTION
10-O0336	CARDIAC ARREST FOLLOWING INCOMPLETE SPN ABORTION
10-O0337	SEPSIS FOLLOWING INCOMPLETE SPONTANEOUS ABORTION
10-O0338	URINARY TRACT INFC FOL INCOMPLETE SPON ABORTION
10-O0339	INCOMPLETE SPONTANEOUS ABORTION WITH OTHER COMP
10-O034	INCOMPLETE SPONTANEOUS ABORTION WITHOUT COMPL
10-O035	GENITL TRCT&PELV INF FOL COM OR UNSP SPON ABORT
10-O036	DLY OR EXCESS HEMOR FOL COM OR UNSP SPON ABORT
10-O037	EMBOLISM FOLLOWING COMPLETE OR UNSP SPN ABORTION
10-O038	OTH AND UNSP COMP FOL COM OR UNSP SPON ABORT
10-O0380	UNSP COMP FOL COMPLETE OR UNSP SPN ABORTION
10-O0381	SHOCK FOLLOWING COMPLETE OR USP SPN ABORTION
10-O0382	RENAL FAILURE FOL COMPLETE OR UNSP SPON ABORTION
10-O0383	METAB DISORDER FOL COMPLETE OR UNSP SPON ABORT
10-O0384	DAMAG TO PELVIC ORG FOL COM OR UNSP SPON ABORT
10-O0385	OTH VENOUS COMP FOL COMPLETE OR UNSP SPON ABORT
10-O0386	CARDIAC ARREST FOL COMPLETE OR UNSP SPON ABORT
10-O0387	SEPSIS FOLLOWING COMPLETE OR UNSP SPN ABORTION
10-O0388	URINARY TRACT INFC FOL COM OR UNSP SPON ABORT
10-O0389	COMPLETE OR UNSP SPN ABORTION WITH OTH COMP
10-O039	COMPLETE OR UNSP SPN ABORTION WITHOUT COMPL
10-O04	COMPLICATIONS FOLLOWING TERMINATION OF PREGNANCY
10-O045	GENITL TRCT AND PELVIC INFCT FOL TERM OF PRG
10-O046	DELAYED OR EXCESS HEMOR FOL TERM OF PREGNANCY
10-O047	EMBOLISM FOLLOWING TERMINATION OF PREGNANCY
10-O048	TERMINATION OF PREGNANCY W OTH AND UNSP COMP
10-O0480	TERMINATION OF PREGNANCY WITH UNSP COMPLICATIONS
10-O0481	SHOCK FOLLOWING TERMINATION OF PREGNANCY
10-O0482	RENAL FAILURE FOLLOWING TERMINATION OF PREGNANCY
10-O0483	METABOLIC DISORDER FOLLOWING TERM OF PREGNANCY



<b>Step 4 (negating diagnosis for pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Codes</b>	<b>Description</b>
10-O0484	DAMAGE TO PELVIC ORGANS FOL TERM OF PREGNANCY
10-O0485	OTH VENOUS COMP FOLLOWING TERM OF PREGNANCY
10-O0486	CARDIAC ARREST FOLLOWING TERM OF PREGNANCY
10-O0487	SEPSIS FOLLOWING TERMINATION OF PREGNANCY
10-O0488	URINARY TRACT INFECTION FOL TERM OF PREGNANCY
10-O0489	TERMINATION OF PREGNANCY WITH OTHER COMP
10-O07	FAILED ATTEMPTED TERMINATION OF PREGNANCY
10-O070	GENITL TRCT&PELV INF FOL FAIL ATTEMPT TRM OF PRG
10-O071	DLY OR EXCESS HEMOR FOL FAIL ATTEMPT TERM OF PRG
10-O072	EMBOLISM FOL FAILED ATTEMPT TERM OF PREGNANCY
10-O073	FAILED ATTEMPT TERM OF PRG W OTH AND UNSP COMP
10-O0730	FAILED ATTEMPTED TERM OF PREGNANCY W UNSP COMP
10-O0731	SHOCK FOLLOWING FAILED ATTEMPT TERM OF PREGNANCY
10-O0732	RENAL FAILURE FOL FAILED ATTEMPT TERM OF PRG
10-O0733	METAB DISORDER FOL FAILED ATTEMPT TERM OF PRG
10-O0734	DAMAG TO PELVIC ORG FOL FAIL ATTEMPT TERM OF PRG
10-O0735	OTH VENOUS COMP FOL FAILED ATTEMPT TERM OF PRG
10-O0736	CARDIAC ARREST FOL FAILED ATTEMPT TERM OF PRG
10-O0737	SEPSIS FOL FAILED ATTEMPT TERM OF PREGNANCY
10-O0738	URINRY TRACT INFC FOL FAILED ATTEMPT TERM OF PRG
10-O0739	FAILED ATTEMPTED TERM OF PREGNANCY W OTH COMP
10-O074	FAILED ATTEMPTED TERM OF PREGNANCY W/O COMPL
10-O08	COMP FOLLOWING ECTOPIC AND MOLAR PREGNANCY
10-O080	GENITL TRCT AND PELV INFCT FOL ECT AND MOLAR PRG
10-O081	DLY OR EXCESS HEMOR FOL ECTOPIC AND MOLAR PRG
10-O082	EMBOLISM FOLLOWING ECTOPIC AND MOLAR PREGNANCY
10-O083	SHOCK FOLLOWING ECTOPIC AND MOLAR PREGNANCY
10-O084	RENAL FAILURE FOL ECTOPIC AND MOLAR PREGNANCY
10-O085	METAB DISORD FOL AN ECTOPIC AND MOLAR PREGNANCY
10-O086	DAMAG TO PELV ORG & TISS FOL AN ECT & MOLAR PREG
10-O087	OTH VENOUS COMP FOL AN ECTOPIC AND MOLAR PRG
10-O088	OTHER COMP FOL AN ECTOPIC AND MOLAR PREGNANCY
10-O0881	CARDIAC ARREST FOL AN ECTOPIC AND MOLAR PRG
10-O0882	SEPSIS FOLLOWING ECTOPIC AND MOLAR PREGNANCY
10-O0883	URINARY TRACT INFC FOL AN ECTOPIC AND MOLAR PRG
10-O0889	OTHER COMP FOL AN ECTOPIC AND MOLAR PREGNANCY
10-O089	UNSP COMPL FOL AN ECTOPIC AND MOLAR PREGNANCY
10-O1002	PRE-EXIST ESSENTIAL HYPERTENSION COMP CHLDBRTH

<b>Step 4 (negating diagnosis for pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Codes</b>	<b>Description</b>
10-O1003	PRE-EXIST ESSENTIAL HYPERTENSION COMP THE PUERP
10-O1012	PRE-EXISTING HYP HEART DISEASE COMP CHILDBIRTH
10-O1013	PRE-EXISTING HYP HEART DISEASE COMP THE PUERP
10-O1022	PRE-EXIST HYP CHR KIDNEY DISEASE COMP CHLDBRTH
10-O1023	PRE-EXIST HYP CHR KIDNEY DISEASE COMP THE PUERP
10-O1032	PRE-EXIST HYP HEART&CHR KIDNEY DIS COMP CHLDBRTH
10-O1033	PRE-EXIST HYP HEART&CHR KDN DIS COMP THE PUERP
10-O1042	PRE-EXISTING SEC HYPERTENSION COMP CHLDBRTH
10-O1043	PRE-EXISTING SEC HYPERTENSION COMP THE PUERP
10-O1092	UNSP PRE-EXISTING HYPERTENSION COMP CHILDBIRTH
10-O1093	UNSP PRE-EXISTING HYPERTENSION COMP THE PUERP
10-O151	ECLAMPSIA IN LABOR
10-O152	ECLAMPSIA IN THE PUERPERIUM
10-O2402	PRE-EXISTING DIAB MEL TYPE 1 IN CHILDBIRTH
10-O2403	PRE-EXISTING DIAB MEL TYPE 1 IN THE PUERPERIUM
10-O2412	PRE-EXISTING DIAB MEL TYPE 2 IN CHILDBIRTH
10-O2413	PRE-EXISTING DIAB MEL TYPE 2 IN THE PUERPERIUM
10-O2432	UNSPECIFIED PRE-EXISTING DIAB MEL IN CHILDBIRTH
10-O2433	USP PRE-EXISTING DIAB MEL IN THE PUERPERIUM
10-O2482	OTHER PRE-EXISTING DIAB MEL IN CHILDBIRTH
10-O2483	OTHER PRE-EXISTING DIAB MEL IN THE PUERPERIUM
10-O2492	UNSPECIFIED DIABETES MELLITUS IN CHILDBIRTH
10-O2493	UNSPECIFIED DIABETES MELLITUS IN THE PUERPERIUM
10-O252	MALNUTRITION IN CHILDBIRTH
10-O253	MALNUTRITION IN THE PUERPERIUM
10-O2662	LIVER AND BILIARY TRACT DISORDERS IN CHILDBIRTH
10-O2663	LIVER AND BILIARY TRACT DISORDERS IN THE PUERP
10-O2672	SUBLUXATION OF SYMPHYSIS (PUBIS) IN CHILDBIRTH
10-O2673	SUBLUXATION OF SYMPHYSIS IN THE PUERPERIUM
10-O420	PREM ROM ONSET OF LABOR WITHIN 24 HOURS OF RUP
10-O4200	PREM ROM ONST LAB W/N 24 HR RUP USP WK GEST
10-O4201	PRETERM PREM ROM ONSET LABOR WITHIN 24 HR OF RUP
10-O42011	PRETRM PREM ROM ONST LAB W/N 24 HR RUP 1ST TRI
10-O42012	PRETRM PREM ROM ONST LAB W/N 24 HR RUP 2ND TRI
10-O42013	PRETRM PREM ROM ONST LAB W/N 24 HR RUP 3RD TRI
10-O42019	PRETRM PREM ROM ONST LAB W/N 24 HR RUP USP TRI
10-O4202	FULL-TERM PREM ROM ONSET LAB WITHIN 24 HR OF RUP
10-O421	PREMATURE ROM ONSET LABOR > 24 HOURS FOL RUPTURE

<b>Step 4 (negating diagnosis for pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Codes</b>	<b>Description</b>
10-O4210	PREM ROM ONST LAB>24 HR FOL RUPT UNSP WK OF GEST
10-O4211	PRETERM PREM ROM ONSET LABOR>24 HOURS FOL RUP
10-O42111	PRETRM PREM ROM ONSET LAB>24 HR FOL RUPT 1ST TRI
10-O42112	PRETRM PREM ROM ONSET LAB>24 HR FOL RUPT 2ND TRI
10-O42113	PRETRM PREM ROM ONST LAB>24 HR FOL RUPT 3RD TRI
10-O42119	PRETRM PREM ROM ONST LAB>24 HR FOL RUPT UNSP TRI
10-O4212	FULL-TERM PREM ROM ONSET LABOR>24 HOURS FOL RUP
10-O429	PREM ROM UNSP TIME BETW RUP AND ONSET OF LABOR
10-O4290	PREM ROM 7TH0 BETW RUPT&ONST LABR USP WK OF GEST
10-O4291	PRETERM PREM ROM UNSP TIME BETW RUP AND ONST LAB
10-O42911	PRETRM PREM ROM USP TIME BT RUP&ONST LAB 1ST TRI
10-O42912	PRETRM PREM ROM USP TIME BT RUP&ONST LAB 2ND TRI
10-O42913	PRETRM PREM ROM USP TIME BT RUP&ONST LAB 3RD TRI
10-O42919	PRETRM PREM ROM USP TIME BT RUP&ONST LAB USP TRI
10-O4292	FULL-TRM PREM ROM UNSP TIME BETW RUP & ONST LAB
10-O60	PRETERM LABOR
10-O600	PRETERM LABOR WITHOUT DELIVERY
10-O6000	PRETERM LABOR WITHOUT DELIVERY USP TRIMESTER
10-O6002	PRETERM LABOR WITHOUT DELIVERY, SECOND TRIMESTER
10-O6003	PRETERM LABOR WITHOUT DELIVERY, THIRD TRIMESTER
10-O601	PRETERM LABOR WITH PRETERM DELIVERY
10-O6010	PRETERM LABOR WITH PRETERM DELIVERY USP TRI
10-O6010X0	PRETERM LABOR W PRETERM DELIVERY UNSP TRI UNSP
10-O6010X1	PRETERM LABOR WITH PRETERM DEL UNSP TRI FETUS 1
10-O6010X2	PRETERM LABOR WITH PRETERM DEL UNSP TRI FETUS 2
10-O6010X3	PRETERM LABOR WITH PRETERM DEL UNSP TRI FETUS 3
10-O6010X4	PRETERM LABOR WITH PRETERM DEL UNSP TRI FETUS 4
10-O6010X5	PRETERM LABOR WITH PRETERM DEL UNSP TRI FETUS 5
10-O6010X9	PRETERM LABOR W PRETERM DEL UNSP TRI OTH FETUS
10-O6012	PRETERM LABOR 2ND TRI W PRETERM DEL 2ND TRI
10-O6012X0	PRETERM LABOR 2ND TRI W PRETERM DEL 2ND TRI UNSP
10-O6012X1	PRETERM LABOR 2ND TRI W PRETERM DEL 2ND TRI FTS1
10-O6012X2	PRETERM LABOR 2ND TRI W PRETERM DEL 2ND TRI FTS2
10-O6012X3	PRETERM LABOR 2ND TRI W PRETERM DEL 2ND TRI FTS3
10-O6012X4	PRETERM LABOR 2ND TRI W PRETERM DEL 2ND TRI FTS4
10-O6012X5	PRETERM LAB 2ND TRI W PRETERM DEL 2ND TRI FTS 5
10-O6012X9	PRETERM LABOR 2ND TRI W PRETERM DEL 2ND TRI OTH
10-O6013	PRETERM LABOR SECOND TRI W PRETERM DEL THIRD TRI

<b>Step 4 (negating diagnosis for pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Codes</b>	<b>Description</b>
10-O6013X0	PRETERM LAB 2ND TRI W PRETERM DEL THIRD TRI UNSP
10-O6013X1	PRETERM LAB 2ND TRI W PRETERM DEL THIRD TRI FTS1
10-O6013X2	PRETERM LAB 2ND TRI W PRETERM DEL THIRD TRI FTS2
10-O6013X3	PRETERM LAB 2ND TRI W PRETERM DEL THIRD TRI FTS3
10-O6013X4	PRETERM LAB 2ND TRI W PRETERM DEL THIRD TRI FTS4
10-O6013X5	PRETERM LAB 2ND TRI W PRETERM DEL 3RD TRI FTS 5
10-O6013X9	PRETERM LAB 2ND TRI W PRETERM DEL THIRD TRI OTH
10-O6014	PRETERM LABOR THIRD TRI W PRETERM DEL THIRD TRI
10-O6014X0	PRETERM LAB 3RD TRI W PRETERM DEL 3RD TRI UNSP
10-O6014X1	PRETERM LAB 3RD TRI W PRETERM DEL 3RD TRI FTS1
10-O6014X2	PRETERM LAB 3RD TRI W PRETERM DEL 3RD TRI FTS2
10-O6014X3	PRETERM LAB 3RD TRI W PRETERM DEL 3RD TRI FTS3
10-O6014X4	PRETERM LAB 3RD TRI W PRETERM DEL 3RD TRI FTS4
10-O6014X5	PRETERM LAB 3RD TRI W PRETERM DEL 3RD TRI FTS 5
10-O6014X9	PRETERM LAB 3RD TRI W PRETERM DEL 3RD TRI OTH
10-O602	TERM DELIVERY WITH PRETERM LABOR
10-O6020	TERM DELIVERY WITH PRETERM LABOR USP TRIMESTER
10-O6020X0	TERM DELIVERY W PRETERM LABOR UNSP TRI UNSP
10-O6020X1	TERM DEL WITH PRETERM LABOR UNSP TRI FETUS 1
10-O6020X2	TERM DEL WITH PRETERM LABOR UNSP TRI FETUS 2
10-O6020X3	TERM DEL WITH PRETERM LABOR UNSP TRI FETUS 3
10-O6020X4	TERM DEL WITH PRETERM LABOR UNSP TRI FETUS 4
10-O6020X5	TERM DEL WITH PRETERM LABOR UNSP TRI FETUS 5
10-O6020X9	TERM DEL WITH PRETERM LABOR UNSP TRI OTH FETUS
10-O6022	TERM DELIVERY WITH PRETERM LABOR SECOND TRI
10-O6022X0	TERM DELIVERY W PRETERM LABOR SECOND TRI UNSP
10-O6022X1	TERM DEL WITH PRETERM LABOR SECOND TRI FETUS 1
10-O6022X2	TERM DEL WITH PRETERM LABOR SECOND TRI FETUS 2
10-O6022X3	TERM DEL WITH PRETERM LABOR SECOND TRI FETUS 3
10-O6022X4	TERM DEL WITH PRETERM LABOR SECOND TRI FETUS 4
10-O6022X5	TERM DEL WITH PRETERM LABOR SECOND TRI FETUS 5
10-O6022X9	TERM DEL W PRETERM LABOR SECOND TRI OTH FETUS
10-O6023	TERM DELIVERY WITH PRETERM LABOR THIRD TRIMESTER
10-O6023X0	TERM DELIVERY W PRETERM LABOR THIRD TRI UNSP
10-O6023X1	TERM DEL WITH PRETERM LABOR THIRD TRI FETUS 1
10-O6023X2	TERM DEL WITH PRETERM LABOR THIRD TRI FETUS 2
10-O6023X3	TERM DEL WITH PRETERM LABOR THIRD TRI FETUS 3
10-O6023X4	TERM DEL WITH PRETERM LABOR THIRD TRI FETUS 4

<b>Step 4 (negating diagnosis for pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Codes</b>	<b>Description</b>
10-O6023X5	TERM DEL WITH PRETERM LABOR THIRD TRI FETUS 5
10-O6023X9	TERM DEL WITH PRETERM LABOR THIRD TRI OTH FETUS
10-O61	FAILED INDUCTION OF LABOR
10-O610	FAILED MEDICAL INDUCTION OF LABOR
10-O611	FAILED INSTRUMENTAL INDUCTION OF LABOR
10-O618	OTHER FAILED INDUCTION OF LABOR
10-O619	FAILED INDUCTION OF LABOR, UNSPECIFIED
10-O62	ABNORMALITIES OF FORCES OF LABOR
10-O620	PRIMARY INADEQUATE CONTRACTIONS
10-O621	SECONDARY UTERINE INERTIA
10-O622	OTHER UTERINE INERTIA
10-O623	PRECIPITATE LABOR
10-O624	HYPERTONIC INCOORDINATE&PROLNG UTERINE CONTRACT
10-O628	OTHER ABNORMALITIES OF FORCES OF LABOR
10-O629	ABNORMALITY OF FORCES OF LABOR, UNSPECIFIED
10-O63	LONG LABOR
10-O630	PROLONGED FIRST STAGE (OF LABOR)
10-O631	PROLONGED SECOND STAGE (OF LABOR)
10-O632	DELAYED DELIVERY OF SECOND TWIN, TRIPLET, ETC.
10-O639	LONG LABOR, UNSPECIFIED
10-O64	OBST LABOR DUE TO MALPOS AND MALPRESENT OF FETUS
10-O640	OBST LABOR D/T INCOMPLETE ROTATION OF FETAL HEAD
10-O640XX0	OBST LABOR D/T INCMPL ROTATION OF FTL HEAD UNSP
10-O640XX1	OBST LABOR D/T INCMPL ROTATION OF FTL HEAD FTS 1
10-O640XX2	OBST LABOR D/T INCMPL ROTATION OF FTL HEAD FTS 2
10-O640XX3	OBST LABOR D/T INCMPL ROTATION OF FTL HEAD FTS 3
10-O640XX4	OBST LABOR D/T INCMPL ROTATION OF FTL HEAD FTS 4
10-O640XX5	OBST LABOR D/T INCMPL ROTATION OF FTL HEAD FTS 5
10-O640XX9	OBST LABOR D/T INCMPL ROTATION OF FETAL HEAD OTH
10-O641	OBSTRUCTED LABOR DUE TO BREECH PRESENTATION
10-O641XX0	OBSTRUCTED LABOR DUE TO BREECH PRESENTATION UNSP
10-O641XX1	OBST LABOR DUE TO BREECH PRESENTATION FETUS 1
10-O641XX2	OBST LABOR DUE TO BREECH PRESENTATION FETUS 2
10-O641XX3	OBST LABOR DUE TO BREECH PRESENTATION FETUS 3
10-O641XX4	OBST LABOR DUE TO BREECH PRESENTATION FETUS 4
10-O641XX5	OBST LABOR DUE TO BREECH PRESENTATION FETUS 5
10-O641XX9	OBST LABOR D/T BREECH PRESENTATION OTHER FETUS
10-O642	OBSTRUCTED LABOR DUE TO FACE PRESENTATION

<b>Step 4 (negating diagnosis for pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Codes</b>	<b>Description</b>
10-O642XX0	OBSTRUCTED LABOR DUE TO FACE PRESENTATION, UNSP
10-O642XX1	OBST LABOR DUE TO FACE PRESENTATION FETUS 1
10-O642XX2	OBST LABOR DUE TO FACE PRESENTATION FETUS 2
10-O642XX3	OBST LABOR DUE TO FACE PRESENTATION FETUS 3
10-O642XX4	OBST LABOR DUE TO FACE PRESENTATION FETUS 4
10-O642XX5	OBST LABOR DUE TO FACE PRESENTATION FETUS 5
10-O642XX9	OBST LABOR DUE TO FACE PRESENTATION OTHER FETUS
10-O643	OBSTRUCTED LABOR DUE TO BROW PRESENTATION
10-O643XX0	OBSTRUCTED LABOR DUE TO BROW PRESENTATION, UNSP
10-O643XX1	OBST LABOR DUE TO BROW PRESENTATION FETUS 1
10-O643XX2	OBST LABOR DUE TO BROW PRESENTATION FETUS 2
10-O643XX3	OBST LABOR DUE TO BROW PRESENTATION FETUS 3
10-O643XX4	OBST LABOR DUE TO BROW PRESENTATION FETUS 4
10-O643XX5	OBST LABOR DUE TO BROW PRESENTATION FETUS 5
10-O643XX9	OBST LABOR DUE TO BROW PRESENTATION OTHER FETUS
10-O644	OBSTRUCTED LABOR DUE TO SHOULDER PRESENTATION
10-O644XX0	OBST LABOR DUE TO SHOULDER PRESENTATION UNSP
10-O644XX1	OBST LABOR DUE TO SHOULDER PRESENTATION FETUS 1
10-O644XX2	OBST LABOR DUE TO SHOULDER PRESENTATION FETUS 2
10-O644XX3	OBST LABOR DUE TO SHOULDER PRESENTATION FETUS 3
10-O644XX4	OBST LABOR DUE TO SHOULDER PRESENTATION FETUS 4
10-O644XX5	OBST LABOR DUE TO SHOULDER PRESENTATION FETUS 5
10-O644XX9	OBST LABOR DUE TO SHLD PRESENTATION OTHER FETUS
10-O645	OBSTRUCTED LABOR DUE TO COMPOUND PRESENTATION
10-O645XX0	OBST LABOR DUE TO COMPOUND PRESENTATION UNSP
10-O645XX1	OBST LABOR DUE TO COMPOUND PRESENTATION FETUS 1
10-O645XX2	OBST LABOR DUE TO COMPOUND PRESENTATION FETUS 2
10-O645XX3	OBST LABOR DUE TO COMPOUND PRESENTATION FETUS 3
10-O645XX4	OBST LABOR DUE TO COMPOUND PRESENTATION FETUS 4
10-O645XX5	OBST LABOR DUE TO COMPOUND PRESENTATION FETUS 5
10-O645XX9	OBST LABOR D/T COMPOUND PRESENTATION OTHER FETUS
10-O648	OBST LABOR DUE TO OTH MALPOS AND MALPRESENT
10-O648XX0	OBST LABOR DUE TO OTH MALPOS AND MALPRESENT UNSP
10-O648XX1	OBST LABOR D/T OTH MALPOS AND MALPRESENT FETUS 1
10-O648XX2	OBST LABOR D/T OTH MALPOS AND MALPRESENT FETUS 2
10-O648XX3	OBST LABOR D/T OTH MALPOS AND MALPRESENT FETUS 3
10-O648XX4	OBST LABOR D/T OTH MALPOS AND MALPRESENT FETUS 4
10-O648XX5	OBST LABOR D/T OTH MALPOS AND MALPRESENT FETUS 5

<b>Step 4 (negating diagnosis for pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Codes</b>	<b>Description</b>
10-O648XX9	OBST LABOR DUE TO OTH MALPOS AND MALPRESENT OTH
10-O649	OBST LABOR DUE TO MALPOS AND MALPRESENT UNSP
10-O649XX0	OBST LABOR D/T MALPOS AND MALPRESENT UNSP UNSP
10-O649XX1	OBST LABOR D/T MALPOS AND MALPRESENT UNSP FTS 1
10-O649XX2	OBST LABOR D/T MALPOS AND MALPRESENT UNSP FTS 2
10-O649XX3	OBST LABOR D/T MALPOS AND MALPRESENT UNSP FTS 3
10-O649XX4	OBST LABOR D/T MALPOS AND MALPRESENT UNSP FTS 4
10-O649XX5	OBST LABOR D/T MALPOS AND MALPRESENT UNSP FTS 5
10-O649XX9	OBST LABOR DUE TO MALPOS AND MALPRESENT UNSP OTH
10-O65	OBST LABOR DUE TO MATERNAL PELVIC ABNORMALITY
10-O650	OBSTRUCTED LABOR DUE TO DEFORMED PELVIS
10-O651	OBST LABOR DUE TO GENERALLY CONTRACTED PELVIS
10-O652	OBSTRUCTED LABOR DUE TO PELVIC INLET CONTRACTION
10-O653	OBST LABOR D/T PELV OUTLET AND MID-CAV CONTRCTN
10-O654	OBSTRUCTED LABOR DUE TO FETOPELVIC DSPRP UNSP
10-O655	OBST LABOR DUE TO ABNLT OF MATERN PELVIC ORGANS
10-O658	OBST LABOR D/T OTHER MATERN PELVIC ABNORMALITY
10-O659	OBST LABOR DUE TO MATERN PELVIC ABNORMALITY UNSP
10-O66	OTHER OBSTRUCTED LABOR
10-O660	OBSTRUCTED LABOR DUE TO SHOULDER DYSTOCIA
10-O661	OBSTRUCTED LABOR DUE TO LOCKED TWINS
10-O662	OBSTRUCTED LABOR DUE TO UNUSUALLY LARGE FETUS
10-O663	OBST LABOR DUE TO OTHER ABNORMALITY OF FETUS
10-O664	FAILED TRIAL OF LABOR
10-O6640	FAILED TRIAL OF LABOR, UNSPECIFIED
10-O6641	FAILED ATTEMPT VAG BIRTH AFTER PREV CESAREAN DEL
10-O665	ATTEMPT APPLICATION OF VACUUM EXTRACTOR&FORCEPS
10-O666	OBSTRUCTED LABOR DUE TO OTHER MULTIPLE FETUSES
10-O668	OTHER SPECIFIED OBSTRUCTED LABOR
10-O669	OBSTRUCTED LABOR, UNSPECIFIED
10-O67	L&D COMP BY INTRAPARTUM HEMORRHAGE NEC
10-O670	INTRAPARTUM HEMORRHAGE WITH COAGULATION DEFECT
10-O678	OTHER INTRAPARTUM HEMORRHAGE
10-O679	INTRAPARTUM HEMORRHAGE, UNSPECIFIED
10-O68	L&D COMP BY ABNLT OF FETAL ACID-BASE BALANCE
10-O69	L&D COMPLICATED BY UMBILICAL CORD COMP
10-O690	L&D COMPLICATED BY PROLAPSE OF CORD
10-O690XX0	L&D COMPLICATED BY PROLAPSE OF CORD UNSP

<b>Step 4 (negating diagnosis for pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Codes</b>	<b>Description</b>
10-O690XX1	L&D COMPLICATED BY PROLAPSE OF CORD FETUS 1
10-O690XX2	L&D COMPLICATED BY PROLAPSE OF CORD FETUS 2
10-O690XX3	L&D COMPLICATED BY PROLAPSE OF CORD FETUS 3
10-O690XX4	L&D COMPLICATED BY PROLAPSE OF CORD FETUS 4
10-O690XX5	L&D COMPLICATED BY PROLAPSE OF CORD FETUS 5
10-O690XX9	L&D COMPLICATED BY PROLAPSE OF CORD OTH
10-O691	L&D COMP BY CORD AROUND NECK W COMPRESSION
10-O691XX0	L&D COMP BY CORD AROUND NECK W COMPRSN UNSP
10-O691XX1	LAB & DEL COMP BY CORD AROUND NK W COMPRSN FTS1
10-O691XX2	LAB & DEL COMP BY CORD AROUND NK W COMPRSN FTS2
10-O691XX3	LAB & DEL COMP BY CORD AROUND NK W COMPRSN FTS3
10-O691XX4	LAB & DEL COMP BY CORD AROUND NK W COMPRSN FTS4
10-O691XX5	LAB & DEL COMP BY CORD AROUND NK W COMPRSN FTS 5
10-O691XX9	L&D COMP BY CORD AROUND NECK W COMPRSN OTH
10-O692	L&D COMP BY OTH CORD ENTANGLE W COMPRESSION
10-O692XX0	LAB&DEL COMP BY OTH CORD ENTANGLE W COMPRSN UNSP
10-O692XX1	LAB&DEL COMP BY OTH CORD ENTANGLE W COMPRSN FTS1
10-O692XX2	LAB&DEL COMP BY OTH CORD ENTANGLE W COMPRSN FTS2
10-O692XX3	LAB&DEL COMP BY OTH CORD ENTANGLE W COMPRSN FTS3
10-O692XX4	LAB&DEL COMP BY OTH CORD ENTANGLE W COMPRSN FTS4
10-O692XX5	LAB&DEL COMP BY OT CORD ENTANGLE W COMPRSN FTS 5
10-O692XX9	L&D COMP BY OTH CORD ENTANGLE W COMPRSN OTH
10-O693	LABOR AND DELIVERY COMPLICATED BY SHORT CORD
10-O693XX0	L&D COMPLICATED BY SHORT CORD UNSP
10-O693XX1	L&D COMPLICATED BY SHORT CORD FETUS 1
10-O693XX2	L&D COMPLICATED BY SHORT CORD FETUS 2
10-O693XX3	L&D COMPLICATED BY SHORT CORD FETUS 3
10-O693XX4	L&D COMPLICATED BY SHORT CORD FETUS 4
10-O693XX5	L&D COMPLICATED BY SHORT CORD FETUS 5
10-O693XX9	L&D COMPLICATED BY SHORT CORD OTHER FETUS
10-O694	LABOR AND DELIVERY COMPLICATED BY VASA PREVIA
10-O694XX0	L&D COMPLICATED BY VASA PREVIA UNSP
10-O694XX1	L&D COMPLICATED BY VASA PREVIA FETUS 1
10-O694XX2	L&D COMPLICATED BY VASA PREVIA FETUS 2
10-O694XX3	L&D COMPLICATED BY VASA PREVIA FETUS 3
10-O694XX4	L&D COMPLICATED BY VASA PREVIA FETUS 4
10-O694XX5	L&D COMPLICATED BY VASA PREVIA FETUS 5
10-O694XX9	L&D COMPLICATED BY VASA PREVIA OTHER FETUS



<b>Step 4 (negating diagnosis for pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Codes</b>	<b>Description</b>
10-O695	L&D COMPLICATED BY VASCULAR LESION OF CORD
10-O695XX0	L&D COMP BY VASCULAR LESION OF CORD UNSP
10-O695XX1	L&D COMP BY VASCULAR LESION OF CORD FETUS 1
10-O695XX2	L&D COMP BY VASCULAR LESION OF CORD FETUS 2
10-O695XX3	L&D COMP BY VASCULAR LESION OF CORD FETUS 3
10-O695XX4	L&D COMP BY VASCULAR LESION OF CORD FETUS 4
10-O695XX5	L&D COMP BY VASCULAR LESION OF CORD FETUS 5
10-O695XX9	L&D COMP BY VASCULAR LESION OF CORD OTH
10-O698	L&D COMPLICATED BY OTHER CORD COMPLICATIONS
10-O6981	L&D COMP BY CORD AROUND NECK W/O COMPRESSION
10-O6981X0	LAB&DEL COMP BY CORD AROUND NK W/O COMPRSN UNSP
10-O6981X1	LAB&DEL COMP BY CORD AROUND NK W/O COMPRSN FTS1
10-O6981X2	LAB&DEL COMP BY CORD AROUND NK W/O COMPRSN FTS2
10-O6981X3	LAB&DEL COMP BY CORD AROUND NK W/O COMPRSN FTS3
10-O6981X4	LAB&DEL COMP BY CORD AROUND NK W/O COMPRSN FTS4
10-O6981X5	LAB&DEL COMP BY CORD AROUND NK W/O COMPRSN FTS 5
10-O6981X9	LAB & DEL COMP BY CORD AROUND NK W/O COMPRSN OTH
10-O6982	L&D COMP BY OTH CORD ENTANGLE W/O COMPRSN
10-O6982X0	LAB&DEL COMP BY OT CORD ENTANGLE W/O COMPRSN USP
10-O6982X1	L&D COMP BY OT CORD ENTANGLE W/O COMPRSN FTS1
10-O6982X2	L&D COMP BY OT CORD ENTANGLE W/O COMPRSN FTS2
10-O6982X3	L&D COMP BY OT CORD ENTANGLE W/O COMPRSN FTS3
10-O6982X4	L&D COMP BY OT CORD ENTANGLE W/O COMPRSN FTS4
10-O6982X5	L&D COMP BY OT CORD ENTANGLE W/O COMPRSN FTS5
10-O6982X9	LAB&DEL COMP BY OT CORD ENTANGLE W/O COMPRSN OT
10-O6989	L&D COMPLICATED BY OTHER CORD COMPLICATIONS
10-O6989X0	L&D COMPLICATED BY OTH CORD COMP UNSP
10-O6989X1	L&D COMPLICATED BY OTH CORD COMP FETUS 1
10-O6989X2	L&D COMPLICATED BY OTH CORD COMP FETUS 2
10-O6989X3	L&D COMPLICATED BY OTH CORD COMP FETUS 3
10-O6989X4	L&D COMPLICATED BY OTH CORD COMP FETUS 4
10-O6989X5	L&D COMPLICATED BY OTH CORD COMP FETUS 5
10-O6989X9	L&D COMPLICATED BY OTH CORD COMP OTH
10-O699	L&D COMPLICATED BY CORD COMPLICATION UNSP
10-O699XX0	L&D COMPLICATED BY CORD COMP UNSP UNSP
10-O699XX1	L&D COMPLICATED BY CORD COMP UNSP FETUS 1
10-O699XX2	L&D COMPLICATED BY CORD COMP UNSP FETUS 2
10-O699XX3	L&D COMPLICATED BY CORD COMP UNSP FETUS 3

<b>Step 4 (negating diagnosis for pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Codes</b>	<b>Description</b>
10-O699XX4	L&D COMPLICATED BY CORD COMP UNSP FETUS 4
10-O699XX5	L&D COMPLICATED BY CORD COMP UNSP FETUS 5
10-O699XX9	L&D COMPLICATED BY CORD COMP UNSP OTH
10-O70	PERINEAL LACERATION DURING DELIVERY
10-O700	FIRST DEGREE PERINEAL LACERATION DURING DELIVERY
10-O701	SECOND DEGREE PERINEAL LACERAT DURING DELIVERY
10-O702	THIRD DEGREE PERINEAL LACERATION DURING DELIVERY
10-O703	FOURTH DEGREE PERINEAL LACERAT DURING DELIVERY
10-O704	ANL SPHNCTR TEAR COMP DEL NOT ASSOC W 3RD DG LAC
10-O709	PERINEAL LACERATION DURING DELIVERY, UNSPECIFIED
10-O71	OTHER OBSTETRIC TRAUMA
10-O710	RUPTURE OF UTERUS BEFORE ONSET OF LABOR
10-O7100	RUPTURE OF UTERUS BEFORE ONSET OF LABOR UNSP TRI
10-O7102	RUP OF UTERUS BEFORE ONSET OF LABOR SECOND TRI
10-O7103	RUP OF UTERUS BEFORE ONSET OF LABOR THIRD TRI
10-O711	RUPTURE OF UTERUS DURING LABOR
10-O712	POSTPARTUM INVERSION OF UTERUS
10-O713	OBSTETRIC LACERATION OF CERVIX
10-O714	OBSTETRIC HIGH VAGINAL LACERATION ALONE
10-O715	OTHER OBSTETRIC INJURY TO PELVIC ORGANS
10-O716	OBSTETRIC DAMAGE TO PELVIC JOINTS AND LIGAMENTS
10-O717	OBSTETRIC HEMATOMA OF PELVIS
10-O718	OTHER SPECIFIED OBSTETRIC TRAUMA
10-O7181	LACERATION OF UTERUS, NOT ELSEWHERE CLASSIFIED
10-O7182	OTHER SPECIFIED TRAUMA TO PERINEUM AND VULVA
10-O7189	OTHER SPECIFIED OBSTETRIC TRAUMA
10-O719	OBSTETRIC TRAUMA, UNSPECIFIED
10-O72	POSTPARTUM HEMORRHAGE
10-O720	THIRD-STAGE HEMORRHAGE
10-O721	OTHER IMMEDIATE POSTPARTUM HEMORRHAGE
10-O722	DELAYED AND SECONDARY POSTPARTUM HEMORRHAGE
10-O723	POSTPARTUM COAGULATION DEFECTS
10-O73	RETAINED PLACENTA AND MEMBRANES WITHOUT HEMOR
10-O730	RETAINED PLACENTA WITHOUT HEMORRHAGE
10-O731	RETAIN PORTIONS OF PLCNTA AND MEMBRNS W/O HEMOR
10-O74	COMPLICATIONS OF ANESTHESIA DURING L&D
10-O740	ASPIRAT PNEUMONITIS DUE TO ANESTH DURING L&D
10-O741	OTH PULMONARY COMP OF ANESTHESIA DURING L&D

<b>Step 4 (negating diagnosis for pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Codes</b>	<b>Description</b>
10-O742	CARDIAC COMP OF ANESTHESIA DURING L&D
10-O743	CNSL COMPLICATIONS OF ANESTHESIA DURING L&D
10-O744	TOXIC REACTION TO LOCAL ANESTHESIA DURING L&D
10-O745	SPINAL&EPIDUR ANESTH-INDUC HDACHE DUR LABR&DEL
10-O746	OTH COMP OF SPINAL & EPIDUR ANESTH DUR LAB & DEL
10-O747	FAIL OR DIFFICULT INTUBATION FOR ANESTH DUR L&D
10-O748	OTHER COMPLICATIONS OF ANESTHESIA DURING L&D
10-O749	COMPLICATION OF ANESTHESIA DURING L&D UNSP
10-O75	OTH COMPLICATIONS OF LABOR AND DELIVERY, NEC
10-O750	MATERNAL DISTRESS DURING LABOR AND DELIVERY
10-O751	SHOCK DURING OR FOLLOWING LABOR AND DELIVERY
10-O752	PYREXIA DURING LABOR, NOT ELSEWHERE CLASSIFIED
10-O753	OTHER INFECTION DURING LABOR
10-O754	OTHER COMP OF OBSTETRIC SURGERY AND PROCEDURES
10-O755	DELAYED DELIVERY AFTER ARTIF RUPTURE OF MEMBRNS
10-O758	OTHER SPECIFIED COMPLICATIONS OF L&D
10-O7581	MATERNAL EXHAUSTION COMPLICATING L&D
10-O7582	ONSET LAB 37-39 WEEKS W DEL BY CESAREAN SECTION
10-O7589	OTHER SPECIFIED COMPLICATIONS OF L&D
10-O759	COMPLICATION OF LABOR AND DELIVERY, UNSPECIFIED
10-O76	ABNLT IN FETAL HEART RATE AND RHYTHM COMP L&D
10-O77	OTHER FETAL STRESS COMPLICATING L&D
10-O770	L&D COMPLICATED BY MECONIUM IN AMNIOTIC FLUID
10-O771	FETAL STRESS IN LABOR OR DEL DUE TO DRUG ADMIN
10-O778	L&D COMP BY OTH EVIDENCE OF FETAL STRESS
10-O779	L&D COMPLICATED BY FETAL STRESS UNSPECIFIED
10-O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY
10-O82	ECTR FOR CESAREAN DELIVERY WITHOUT INDICATION
10-O85	PUERPERAL SEPSIS
10-O860	INFECTION OF OBSTETRIC SURGICAL WOUND
10-O861	OTHER INFECTION GENITAL TRACT FOLLOWING DELIVERY
10-O8611	CERVICITIS FOLLOWING DELIVERY
10-O8612	ENDOMETRITIS FOLLOWING DELIVERY
10-O8613	VAGINITIS FOLLOWING DELIVERY
10-O8619	OTHER INFECTION GENITAL TRACT FOLLOWING DELIVERY
10-O862	URINARY TRACT INFECTION FOLLOWING DELIVERY
10-O8620	URINARY TRACT INFECTION FOLLOWING DELIVERY USP
10-O8621	INFECTION OF KIDNEY FOLLOWING DELIVERY

<b>Step 4 (negating diagnosis for pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Codes</b>	<b>Description</b>
10-O8622	INFECTION OF BLADDER FOLLOWING DELIVERY
10-O8629	OTHER URINARY TRACT INFECTION FOLLOWING DELIVERY
10-O864	PYREXIA OF UNKNOWN ORIGIN FOLLOWING DELIVERY
10-O868	OTHER SPECIFIED PUERPERAL INFECTIONS
10-O8681	PUERPERAL SEPTIC THROMBOPHLEBITIS
10-O8689	OTHER SPECIFIED PUERPERAL INFECTIONS
10-O870	SUPERFICIAL THROMBOPHLEBITIS IN THE PUERPERIUM
10-O871	DEEP PHLEBOTHROMBOSIS IN THE PUERPERIUM
10-O872	HEMORRHOIDS IN THE PUERPERIUM
10-O873	CEREBRAL VENOUS THROMBOSIS IN THE PUERPERIUM
10-O874	VARICOSE VEINS OF LOWER EXTREMITY IN THE PUERP
10-O878	OTHER VENOUS COMPLICATIONS IN THE PUERPERIUM
10-O879	VENOUS COMPL IN THE PUERPERIUM UNSPECIFIED
10-O8802	AIR EMBOLISM IN CHILDBIRTH
10-O8803	AIR EMBOLISM IN THE PUERPERIUM
10-O8811	AMNIOTIC FLUID EMBOLISM IN PREGNANCY
10-O8812	AMNIOTIC FLUID EMBOLISM IN CHILDBIRTH
10-O8813	AMNIOTIC FLUID EMBOLISM IN THE PUERPERIUM
10-O8822	THROMBOEMBOLISM IN CHILDBIRTH
10-O8823	THROMBOEMBOLISM IN THE PUERPERIUM
10-O8832	PYEMIC AND SEPTIC EMBOLISM IN CHILDBIRTH
10-O8833	PYEMIC AND SEPTIC EMBOLISM IN THE PUERPERIUM
10-O8882	OTHER EMBOLISM IN CHILDBIRTH
10-O8883	OTHER EMBOLISM IN THE PUERPERIUM
10-O890	PULMONARY COMP OF ANESTH DURING THE PUERPERIUM
10-O8901	ASPIRAT PNEUMONITIS D/T ANESTH DURING THE PUERP
10-O8909	OTH PULMONARY COMP OF ANESTH DURING THE PUERP
10-O891	CARDIAC COMP OF ANESTHESIA DURING THE PUERPERIUM
10-O892	CNSL COMP OF ANESTHESIA DURING THE PUERPERIUM
10-O893	TOXIC REACTION TO LOCAL ANESTH DURING THE PUERP
10-O894	SPINAL&EPIDUR ANESTH-INDUC HDACHE DUR THE PUERP
10-O895	OTH COMP OF SPINAL & EPIDUR ANESTH DUR THE PUERP
10-O896	FAIL OR DIFFC INTUBA FOR ANESTH DUR THE PUERP
10-O898	OTHER COMP OF ANESTHESIA DURING THE PUERPERIUM
10-O899	COMPL OF ANESTHESIA DURING THE PUERPERIUM UNSP
10-O90	COMP OF THE PUERPERIUM NOT ELSEWHERE CLASSIFIED
10-O900	DISRUPTION OF CESAREAN DELIVERY WOUND
10-O901	DISRUPTION OF PERINEAL OBSTETRIC WOUND

<b>Step 4 (negating diagnosis for pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Codes</b>	<b>Description</b>
10-O902	HEMATOMA OF OBSTETRIC WOUND
10-O903	PERIPARTUM CARDIOMYOPATHY
10-O904	POSTPARTUM ACUTE KIDNEY FAILURE
10-O905	POSTPARTUM THYROIDITIS
10-O906	POSTPARTUM MOOD DISTURBANCE
10-O908	OTH COMPLICATIONS OF THE PUERPERIUM, NEC
10-O9081	ANEMIA OF THE PUERPERIUM
10-O9089	OTH COMPLICATIONS OF THE PUERPERIUM, NEC
10-O909	COMPLICATION OF THE PUERPERIUM, UNSPECIFIED
10-O9102	INFECTION NIPPLE ASSOCIATED WITH THE PUERPERIUM
10-O9103	INFECTION OF NIPPLE ASSOCIATED WITH LACTATION
10-O9112	ABSCESS OF BREAST ASSOCIATED WITH THE PUERPERIUM
10-O9113	ABSCESS OF BREAST ASSOCIATED WITH LACTATION
10-O9122	NONPURULENT MASTITIS ASSOC WITH THE PUERPERIUM
10-O9123	NONPURULENT MASTITIS ASSOCIATED WITH LACTATION
10-O9202	RETRACTED NIPPLE ASSOCIATED WITH THE PUERPERIUM
10-O9203	RETRACTED NIPPLE ASSOCIATED WITH LACTATION
10-O9212	CRACKED NIPPLE ASSOCIATED WITH THE PUERPERIUM
10-O9213	CRACKED NIPPLE ASSOCIATED WITH LACTATION
10-O9802	TUBERCULOSIS COMPLICATING CHILDBIRTH
10-O9812	SYPHILIS COMPLICATING CHILDBIRTH
10-O9822	GONORRHEA COMPLICATING CHILDBIRTH
10-O9832	OTH INF W SEXL MODE OF TRANSMISS COMP CHLDBRTH
10-O9842	VIRAL HEPATITIS COMPLICATING CHILDBIRTH
10-O9852	OTHER VIRAL DISEASES COMPLICATING CHILDBIRTH
10-O9862	PROTOZOAL DISEASES COMPLICATING CHILDBIRTH
10-O9872	HUMAN IMMUNODEF VIRUS DISEASE COMP CHILDBIRTH
10-O9882	OTH MATERNAL INFEC/PARASTC DIS COMP CHLDBRTH
10-O9892	UNSP MATERN INFEC/PARASTC DISEASE COMP CHLDBRTH
10-O9902	ANEMIA COMPLICATING CHILDBIRTH
10-O9912	OT DIS BLD/BLD-FORM ORG/IMM MECH COMP CHLDBRTH
10-O99214	OBESITY COMPLICATING CHILDBIRTH
10-O99284	ENDO NUTRITIONAL AND METAB DIS COMP CHLDBRTH
10-O99314	ALCOHOL USE COMPLICATING CHILDBIRTH
10-O99324	DRUG USE COMPLICATING CHILDBIRTH
10-O99334	SMOKING (TOBACCO) COMPLICATING CHILDBIRTH
10-O99344	OTHER MENTAL DISORDERS COMPLICATING CHILDBIRTH
10-O99354	DISEASES OF THE NERVOUS SYSTEM COMP CHILDBIRTH

<b>Step 4 (negating diagnosis for pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Codes</b>	<b>Description</b>
10-O9942	DISEASES OF THE CIRC SYSTEM COMP CHILDBIRTH
10-O9952	DISEASES OF THE RESP SYSTEM COMP CHILDBIRTH
10-O9962	DISEASES OF THE DIGESTIVE SYSTEM COMP CHILDBIRTH
10-O9972	DISEASES OF THE SKIN SUBCU COMP CHILDBIRTH
10-O99814	ABNORMAL GLUCOSE COMPLICATING CHILDBIRTH
10-O99824	STREPTOCOCCUS B CARRIER STATE COMP CHILDBIRTH
10-O99834	OTHER INFECTION CARRIER STATE COMP CHILDBIRTH
10-O99844	BARIATRIC SURGERY STATUS COMPLICATING CHILDBIRTH
10-O9A12	MALIGNANT NEOPLASM COMPLICATING CHILDBIRTH
10-O9A22	INJ/POISN/OTH CONSEQ OF EXT CAUSES COMP CHILDBIRTH
10-O9A32	PHYSICAL ABUSE COMPLICATING CHILDBIRTH
10-O9A42	SEXUAL ABUSE COMPLICATING CHILDBIRTH
10-O9A52	PSYCHOLOGICAL ABUSE COMPLICATING CHILDBIRTH
10-Z37	OUTCOME OF DELIVERY
10-Z370	SINGLE LIVE BIRTH
10-Z371	SINGLE STILLBIRTH
10-Z372	TWINS, BOTH LIVEBORN
10-Z373	TWINS, ONE LIVEBORN AND ONE STILLBORN
10-Z374	TWINS, BOTH STILLBORN
10-Z375	OTHER MULTIPLE BIRTHS, ALL LIVEBORN
10-Z3750	MULTIPLE BIRTHS, UNSPECIFIED, ALL LIVEBORN
10-Z3751	TRIPLETS, ALL LIVEBORN
10-Z3752	QUADRUPLETS, ALL LIVEBORN
10-Z3753	QUINTUPLETS, ALL LIVEBORN
10-Z3754	SEXTUPLETS, ALL LIVEBORN
10-Z3759	OTHER MULTIPLE BIRTHS, ALL LIVEBORN
10-Z376	OTHER MULTIPLE BIRTHS, SOME LIVEBORN
10-Z3760	MULTIPLE BIRTHS, UNSPECIFIED, SOME LIVEBORN
10-Z3761	TRIPLETS, SOME LIVEBORN
10-Z3762	QUADRUPLETS, SOME LIVEBORN
10-Z3763	QUINTUPLETS, SOME LIVEBORN
10-Z3764	SEXTUPLETS, SOME LIVEBORN
10-Z3769	OTHER MULTIPLE BIRTHS, SOME LIVEBORN
10-Z377	OTHER MULTIPLE BIRTHS, ALL STILLBORN
10-Z379	OUTCOME OF DELIVERY, UNSPECIFIED
10-Z38	LIVEBORN INFANTS ACCORDING TO PLC BRTH&TP DEL
10-Z380	SINGLE LIVEBORN INFANT, BORN IN HOSPITAL
10-Z3800	SINGLE LIVEBORN INFANT, DELIVERED VAGINALLY

<b>Step 4 (negating diagnosis for pregnancy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Codes</b>	<b>Description</b>
10-Z3801	SINGLE LIVEBORN INFANT, DELIVERED BY CESAREAN
10-Z381	SINGLE LIVEBORN INFANT, BORN OUTSIDE HOSPITAL
10-Z382	SINGLE LIVEBORN INFANT USP AS TO PLACE OF BIRTH
10-Z383	TWIN LIVEBORN INFANT, BORN IN HOSPITAL
10-Z3830	TWIN LIVEBORN INFANT, DELIVERED VAGINALLY
10-Z3831	TWIN LIVEBORN INFANT, DELIVERED BY CESAREAN
10-Z384	TWIN LIVEBORN INFANT, BORN OUTSIDE HOSPITAL
10-Z385	TWIN LIVEBORN INFANT USP AS TO PLACE OF BIRTH
10-Z386	OTHER MULTIPLE LIVEBORN INFANT, BORN IN HOSPITAL
10-Z3861	TRIPLET LIVEBORN INFANT, DELIVERED VAGINALLY
10-Z3862	TRIPLET LIVEBORN INFANT, DELIVERED BY CESAREAN
10-Z3863	QUADRUPLET LIVEBORN INFANT, DELIVERED VAGINALLY
10-Z3864	QUADRUPLET LIVEBORN INFANT DELIVERED BY CESAREAN
10-Z3865	QUINTUPLET LIVEBORN INFANT, DELIVERED VAGINALLY
10-Z3866	QUINTUPLET LIVEBORN INFANT DELIVERED BY CESAREAN
10-Z3868	OTHER MLT LIVEBORN INFANT DELIVERED VAGINALLY
10-Z3869	OTHER MLT LIVEBORN INFANT DELIVERED BY CESAREAN
10-Z387	OTHER MLT LIVEBORN INFANT BORN OUTSIDE HOSPITAL
10-Z388	OTH MLT LIVEBORN INFANT UNSP AS TO PLC OF BIRTH

<b>Step 5 (diagnosis of renal artery stenosis)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Renal Artery Stenosis Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
I701	ATHEROSCLEROSIS OF RENAL ARTERY

<b>Step 6 (history of cyclosporine or itraconazole agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Cyclosporine and Itraconazole Agents</b>	
<b>Label Name</b>	<b>GCN</b>
CYCLOSPORINE 100 MG CAPSULE	13910
CYCLOSPORINE 100 MG/ML SOLN	13917
CYCLOSPORINE 25 MG CAPSULE	13911
CYCLOSPORINE MODIFIED 25 MG	13918

<b>Step 6 (history of cyclosporine or itraconazole agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Cyclosporine and Itraconazole Agents</b>	
<b>Label Name</b>	<b>GCN</b>
CYCLOSPORINE MODIFIED 50 MG	13916
CYCLOSPORINE MODIFIED 100 MG	13919
GENGRAF 25 MG CAPSULE	13918
GENGRAF 100 MG CAPSULE	13919
GENGRAF 100 MG/ML SOLUTION	13917
ITRACONAZOLE 100 MG CAPSULE	49101
NEORAL 25 MG GELATIN CAPSULE	13918
NEORAL 100 MG GELATN CAPSULE	13919
NEORAL 100 MG/ML SOLUTION	13917
SANDIMMUNE 100MG CAPSULE	13910
SANDIMMUNE 100MG/ML SOLN	08220
SANDIMMUNE 25MG CAPSULE	13911
SPORANOX 10 MG/ML SOLUTION	49100
SPORANOX 10 MG/ML SOLUTION	49100
SPORANOX 100 MG CAPSULE	49101

<b>Step 7 (diagnosis of diabetes mellitus)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Diabetes Mellitus Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
E139	OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS
E119	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS
E109	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS
E1310	OTHER SPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA
E1010	TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA
E1100	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC)
E1101	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITH COMA
E1300	OTHER SPECIFIED DIABETES MELLITUS WITH HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC)
E1301	OTHER SPECIFIED DIABETES MELLITUS WITH HYPEROSMOLARITY WITH COMA



<b>Step 7 (diagnosis of diabetes mellitus)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Diabetes Mellitus Diagnoses</b>	
E13641	OTHER SPECIFIED DIABETES MELLITUS WITH HYPOGLYCEMIA WITH COMA
E11641	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITH COMA
E1311	OTHER SPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS WITH COMA
E10641	TYPE 1 DIABETES MELLITUS WITH HYPOGLYCEMIA WITH COMA
E1011	TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITH COMA
E1321	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E1322	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E1329	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E1121	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E1122	TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E1129	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E1029	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E1022	TYPE 1 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E1021	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E1339	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E13331	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13339	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13341	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13359	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E1336	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC CATARACT
E13329	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13349	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13351	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13311	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA

<b>Step 7 (diagnosis of diabetes mellitus)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Diabetes Mellitus Diagnoses</b>	
E13319	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11359	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E1136	TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT
E1139	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E13321	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11311	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11319	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11331	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11339	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11341	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11321	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11329	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11349	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11351	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E10321	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E10329	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E10331	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E10351	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E10359	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E1036	TYPE 1 DIABETES MELLITUS WITH DIABETIC CATARACT
E1039	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E10339	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA

<b>Step 7 (diagnosis of diabetes mellitus)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Diabetes Mellitus Diagnoses</b>	
E10341	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E10349	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E10311	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E10319	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E1140	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1142	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1143	TYPE 2 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1149	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1149	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1140	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1141	TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E11610	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E1144	TYPE 2 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1340	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1342	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1349	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1340	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1341	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E13610	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E1343	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1344	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1349	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1044	TYPE 1 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1049	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION

<b>Step 7 (diagnosis of diabetes mellitus)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Diabetes Mellitus Diagnoses</b>	
E1040	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E10610	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E1041	TYPE 1 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1042	TYPE 1 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1043	TYPE 1 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1040	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1049	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1151	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE
E1152	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE
E1159	TYPE 2 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS
E1351	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE
E1352	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE
E1359	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS
E1059	TYPE 1 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS
E1052	TYPE 1 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE
E1051	TYPE 1 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE
E1369	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION
E13622	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SKIN ULCER
E13628	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS
E13630	OTHER SPECIFIED DIABETES MELLITUS WITH PERIODONTAL DISEASE
E13638	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E13649	OTHER SPECIFIED DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA
E1365	OTHER SPECIFIED DIABETES MELLITUS WITH HYPERGLYCEMIA
E13621	OTHER SPECIFIED DIABETES MELLITUS WITH FOOT ULCER

<b>Step 7 (diagnosis of diabetes mellitus)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Diabetes Mellitus Diagnoses</b>	
E13618	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E13620	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC DERMATITIS
E1165	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA
E1169	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION
E11620	TYPE 2 DIABETES MELLITUS WITH DIABETIC DERMATITIS
E11628	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS
E11630	TYPE 2 DIABETES MELLITUS WITH PERIODONTAL DISEASE
E11638	TYPE 2 DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E11621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER
E11622	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER
E11649	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA
E11618	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E1069	TYPE 1 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION
E10621	TYPE 1 DIABETES MELLITUS WITH FOOT ULCER
E10618	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E10620	TYPE 1 DIABETES MELLITUS WITH DIABETIC DERMATITIS
E10622	TYPE 1 DIABETES MELLITUS WITH OTHER SKIN ULCER
E10628	TYPE 1 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS
E10630	TYPE 1 DIABETES MELLITUS WITH PERIODONTAL DISEASE
E10638	TYPE 1 DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E10649	TYPE 1 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA
E1065	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA
E118	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
E138	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
E108	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS

<b>Step 8 (history of ACEI or ARB agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>ACEI and ARB Agents</b>	
<b>Label Name</b>	<b>GCN</b>
ACCUPRIL 10 MG TABLET	27570
ACCUPRIL 20 MG TABLET	27571
ACCUPRIL 40 MG TABLET	27573

<b>Step 8 (history of ACEI or ARB agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>ACEI and ARB Agents</b>	
<b>Label Name</b>	<b>GCN</b>
ACCUPRIL 5 MG TABLET	27572
ACCURETIC 10-12.5 MG TABLET	54160
ACCURETIC 20-12.5 MG TABLET	54161
ACCURETIC 20-25 MG TABLET	94490
ALTACE 1.25 MG CAPSULE	48541
ALTACE 10 MG CAPSULE	48544
ALTACE 2.5 MG CAPSULE	48542
ALTACE 5 MG CAPSULE	48543
AMLODIPINE-BENAZEPRIL 10-20 MG	17604
AMLODIPINE-BENAZEPRIL 10-40 MG	26950
AMLODIPINE-BENAZEPRIL 2.5-10	33093
AMLODIPINE-BENAZEPRIL 5-10 MG	33092
AMLODIPINE-BENAZEPRIL 5-20 MG	33090
AMLODIPINE-BENAZEPRIL 5-40 MG	26949
AMLODIPINE-VALSARTAN 10-160MG TABLET	97963
AMLODIPINE-VALSARTAN 10-320MG TABLET	98580
AMLODIPINE-VALSARTAN 5-160MG TABLET	97962
AMLODIPINE-VALSARTAN 5-320MG TABLET	98579
AMLOD-VALSA-HCTZ 10-160-12.5MG TABLET	22631
AMLOD-VALSA-HCTZ 10-160-25MG TABLET	22649
AMLOD-VALSA-HCTZ 10-320-25MG TABLET	22705
AMLOD-VALSA-HCTZ 5-160-12.5MG TABLET	22625
AMLOD-VALSA-HCTZ 5-160-25MG TABLET	22648
ATACAND 16 MG TABLET	73544
ATACAND 32 MG TABLET	73545
ATACAND 4 MG TABLET	73542
ATACAND 8 MG TABLET	73543
ATACAND HCT 16-12.5 MG TAB	21559
ATACAND HCT 32-12.5 MG TAB	21569
AVALIDE 150-12.5 MG TABLET	11042
AVALIDE 300-12.5 MG TABLET	11295
AVAPRO 150 MG TABLET	04749
AVAPRO 300 MG TABLET	04750
AVAPRO 75 MG TABLET	04752
AZOR 10-20 MG TABLET	98937

<b>Step 8 (history of ACEI or ARB agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>ACEI and ARB Agents</b>	
<b>Label Name</b>	<b>GCN</b>
AZOR 10-40 MG TABLET	98939
AZOR 5-20 MG TABLET	98936
AZOR 5-40 MG TABLET	98938
BENAZEPRIL HCL 10 MG TABLET	48612
BENAZEPRIL HCL 20 MG TABLET	48613
BENAZEPRIL HCL 40 MG TABLET	48614
BENAZEPRIL HCL 5 MG TABLET	48611
BENAZEPRIL-HCTZ 10-12.5 MG TAB	33192
BENAZEPRIL-HCTZ 20-12.5 MG TAB	33193
BENAZEPRIL-HCTZ 20-25 MG TAB	33194
BENAZEPRIL-HCTZ 5-6.25 MG TAB	33191
BENICAR 20 MG TABLET	17285
BENICAR 40 MG TABLET	17286
BENICAR 5 MG TABLET	17284
BENICAR HCT 20-12.5 MG TABLET	20074
BENICAR HCT 40-12.5 MG TABLET	20075
BENICAR HCT 40-25 MG TABLET	20076
CANDESARTAN CILEXETIL 16MG TABLET	73544
CANDESARTAN CILEXETIL 32MG TABLET	73545
CANDESARTAN CILEXETIL 4MG TABLET	73542
CANDESARTAN CILEXETIL 8MG TABLET	73543
CANDESARTAN-HCTZ 16-12.5MG TABLET	21559
CANDESARTAN-HCTZ 32-12.5MG TABLET	21569
CANDESARTAN-HCTZ 32-25MG TABLET	13258
CAPTOPRIL 100 MG TABLET	01480
CAPTOPRIL 12.5 MG TABLET	01483
CAPTOPRIL 25 MG TABLET	01481
CAPTOPRIL 50 MG TABLET	01482
CAPTOPRIL-HCTZ 25-15 MG TABLET	54940
CAPTOPRIL-HCTZ 25-25 MG TABLET	54941
CAPTOPRIL-HCTZ 50-15 MG TABLET	54942
CAPTOPRIL-HCTZ 50-25 MG TABLET	54943
COZAAR 100 MG TABLET	14853
COZAAR 25 MG TABLET	14850
COZAAR 50 MG TABLET	14851

<b>Step 8 (history of ACEI or ARB agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>ACEI and ARB Agents</b>	
<b>Label Name</b>	<b>GCN</b>
DIOVAN 160 MG TABLET	13844
DIOVAN 320 MG TABLET	13838
DIOVAN 40 MG TABLET	18092
DIOVAN 80 MG TABLET	13846
DIOVAN HCT 160-12.5 MG TAB	09760
DIOVAN HCT 160-25 MG TABLET	17245
DIOVAN HCT 320-12.5 MG TAB	27015
DIOVAN HCT 320-25 MG TABLET	27014
DIOVAN HCT 80-12.5 MG TABLET	07833
EDARBI 40 MG TABLET	29595
EDARBI 80 MG TABLET	29597
EDARBYCLOR 40-12.5 MG TABLET	31163
ENALAPRIL MALEATE 10 MG TAB	00961
ENALAPRIL MALEATE 2.5 MG TAB	00963
ENALAPRIL MALEATE 20 MG TAB	00962
ENALAPRIL MALEATE 5 MG TABLET	00960
ENALAPRIL-HCTZ 10-25 MG TABLET	54860
ENALAPRIL-HCTZ 5-12.5 MG TAB	54862
ENTRESTO 24-26 MG TABLET	39046
ENTRESTO 24-26MG TABLET	39046
ENTRESTO 49-51 MG TABLET	39047
ENTRESTO 49-51MG TABLET	39047
ENTRESTO 97-103 MG TABLET	39048
ENTRESTO 97-103MG TABLET	39048
EPANED 1 MG/ML SOLUTION	35096
EPROSARTAN MESYLATE 600MG TABLET	93456
EXFORGE 10-160 MG TABLET	97963
EXFORGE 10-320 MG TABLET	98580
EXFORGE 5-160 MG TABLET	97962
EXFORGE 5-320 MG TABLET	98579
EXFORGE HCT 10-160-12.5 MG TAB	22631
EXFORGE HCT 10-160-25 MG TAB	22649
EXFORGE HCT 10-320-25 MG TAB	22705
EXFORGE HCT 5-160-12.5 MG TAB	22625



<b>Step 8 (history of ACEI or ARB agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>ACEI and ARB Agents</b>	
<b>Label Name</b>	<b>GCN</b>
EXFORGE HCT 5-160-25 MG TAB	22648
FOSINOPRIL SODIUM 10 MG TAB	48581
FOSINOPRIL SODIUM 20 MG TAB	48582
FOSINOPRIL SODIUM 40 MG TAB	48580
FOSINOPRIL-HCTZ 10-12.5 MG TAB	15621
FOSINOPRIL-HCTZ 20-12.5 MG TAB	10455
HYZAAR 100-12.5 TABLET	25851
HYZAAR 100-25 TABLET	14854
HYZAAR 50-12.5 TABLET	14852
IRBESARTAN 150MG TABLET	04749
IRBESARTAN 300MG TABLET	04750
IRBESARTAN 75MG TABLET	04752
IRBESARTAN-HCTZ 150-12.5MG TABLET	11042
IRBESARTAN-HCTZ 300-12.5MG TABLET	11295
LISINOPRIL 10 MG TABLET	47261
LISINOPRIL 2.5 MG TABLET	47264
LISINOPRIL 20 MG TABLET	47262
LISINOPRIL 30 MG TABLET	47265
LISINOPRIL 40 MG TABLET	47263
LISINOPRIL 5 MG TABLET	47260
LISINOPRIL-HCTZ 10-12.5 MG TAB	88002
LISINOPRIL-HCTZ 20-12.5 MG TAB	88000
LISINOPRIL-HCTZ 20-25 MG TAB	88001
LOSARTAN POTASSIUM 100 MG TAB	14853
LOSARTAN POTASSIUM 25 MG TAB	14850
LOSARTAN POTASSIUM 50 MG TAB	14851
LOSARTAN-HCTZ 100-12.5 MG TAB	25851
LOSARTAN-HCTZ 100-25 MG TAB	14854
LOSARTAN-HCTZ 50-12.5MG TABLET	14852
LOTREL 10-20 MG CAPSULE	17604
LOTREL 10-40 MG CAPSULE	26950
LOTREL 2.5-10 MG CAPSULE	33093
LOTREL 5-10 MG CAPSULE	33092
LOTREL 5-20 MG CAPSULE	33090

<b>Step 8 (history of ACEI or ARB agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>ACEI and ARB Agents</b>	
<b>Label Name</b>	<b>GCN</b>
LOTREL 5-40 MG CAPSULE	26949
MAVIK 1 MG TABLET	32191
MAVIK 2 MG TABLET	32192
MAVIK 4 MG TABLET	32193
MICARDIS 20 MG TABLET	23833
MICARDIS 40 MG TABLET	23831
MICARDIS 80 MG TABLET	23832
MICARDIS HCT 40-12.5 MG TABLET	12257
MICARDIS HCT 80-12.5 MG TABLET	12259
MICARDIS HCT 80-25 MG TABLET	22866
MOEXIPRIL HCL 15 MG TABLET	48562
MOEXIPRIL HCL 7.5 MG TABLET	48561
MOEXIPRIL-HCTZ 15-12.5 MG TAB	15777
MOEXIPRIL-HCTZ 15-25 MG TABLET	67721
MOEXIPRIL-HCTZ 7.5-12.5 MG TAB	67722
PERINDOPRIL ERBUMINE 2 MG TAB	13758
PERINDOPRIL ERBUMINE 4 MG TAB	13759
PERINDOPRIL ERBUMINE 8 MG TAB	93207
PRINIVIL 10 MG TABLET	47261
QUINAPRIL 10 MG TABLET	27570
QUINAPRIL 20 MG TABLET	27571
QUINAPRIL 40 MG TABLET	27573
QUINAPRIL 5 MG TABLET	27572
QUINAPRIL-HCTZ 10-12.5 MG TAB	54160
QUINAPRIL-HCTZ 20-12.5 MG TAB	54161
QUINAPRIL-HCTZ 20-25 MG TAB	94490
RAMIPRIL 1.25 MG CAPSULE	48541
RAMIPRIL 10 MG CAPSULE	48544
RAMIPRIL 2.5 MG CAPSULE	48542
RAMIPRIL 5 MG CAPSULE	48543
TARKA ER 1-240 MG TABLET	32112
TARKA ER 2-180 MG TABLET	32111
TARKA ER 2-240 MG TABLET	32113
TARKA ER 4-240 MG TABLET	32114

<b>Step 8 (history of ACEI or ARB agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>ACEI and ARB Agents</b>	
<b>Label Name</b>	<b>GCN</b>
TELMISARTAN 20MG TABLET	23833
TELMISARTAN 40MG TABLET	23831
TELMISARTAN 80MG TABLET	23832
TELMISARTAN-AMLODIPINE 40-10MG TABLET	27784
TELMISARTAN-AMLODIPINE 40-5MG TABLET	27783
TELMISARTAN-AMLODIPINE 80-10MG TABLET	27786
TELMISARTAN-AMLODIPINE 80-5MG TABLET	27785
TELMISARTAN-HCTZ 40-12.5MG TABLET	12257
TELMISARTAN-HCTZ 80-12.5MG TABLET	12259
TELMISARTAN-HCTZ 80-25MG TABLET	22866
TRANDOLAPRIL 1 MG TABLET	32191
TRANDOLAPRIL 2 MG TABLET	32192
TRANDOLAPRIL 4 MG TABLET	32193
TRANDOLAPR-VERAPAM ER 1-240 MG	32112
TRANDOLAPR-VERAPAM ER 2-180 MG	32111
TRANDOLAPR-VERAPAM ER 2-240 MG	32113
TRANDOLAPR-VERAPAM ER 4-240 MG	32114
TRIBENZOR 20-5-12.5 MG TABLET	28837
TRIBENZOR 40-10-12.5 MG TABLET	28854
TRIBENZOR 40-10-25 MG TABLET	28855
TRIBENZOR 40-5-12.5 MG TABLET	28838
TRIBENZOR 40-5-25 MG TABLET	28839
TWYNSTA 40-10 MG TABLET	27784
TWYNSTA 40-5 MG TABLET	27783
TWYNSTA 80-10 MG TABLET	27786
TWYNSTA 80-5 MG TABLET	27785
UNIVASC 7.5 MG TABLET	48561
VALSARTAN 160MG TABLET	13844
VALSARTAN 320MG TABLET	13838
VALSARTAN 40MG TABLET	18092
VALSARTAN 80MG TABLET	13846
VALSARTAN-HCTZ 160-12.5MG TABLET	09760
VALSARTAN-HCTZ 160-25MG TABLET	17245
VALSARTAN-HCTZ 320-12.5MG TABLET	27015
VALSARTAN-HCTZ 320-25MG TABLET	27014

<b>Step 8 (history of ACEI or ARB agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>ACEI and ARB Agents</b>	
<b>Label Name</b>	<b>GCN</b>
VALSARTAN-HCTZ 80-12.5MG TABLET	07833
VASERETIC 10-25 MG TABLET	54860
VASOTEC 2.5 MG TABLET	00963
ZESTORETIC 20-12.5 MG TABLET	88000
ZESTORETIC 20-25 MG TABLET	88001



## 300mg Aliskiren-Containing Agents (Except Valturna)

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
TEKTURNA 300 MG TABLET	98076
TEKTURNA HCT 300-12.5 MG TAB	99312
TEKTURNA HCT 300-25 MG TABLET	99313



## 300mg Aliskiren-Containing Agents (Except Valturna)

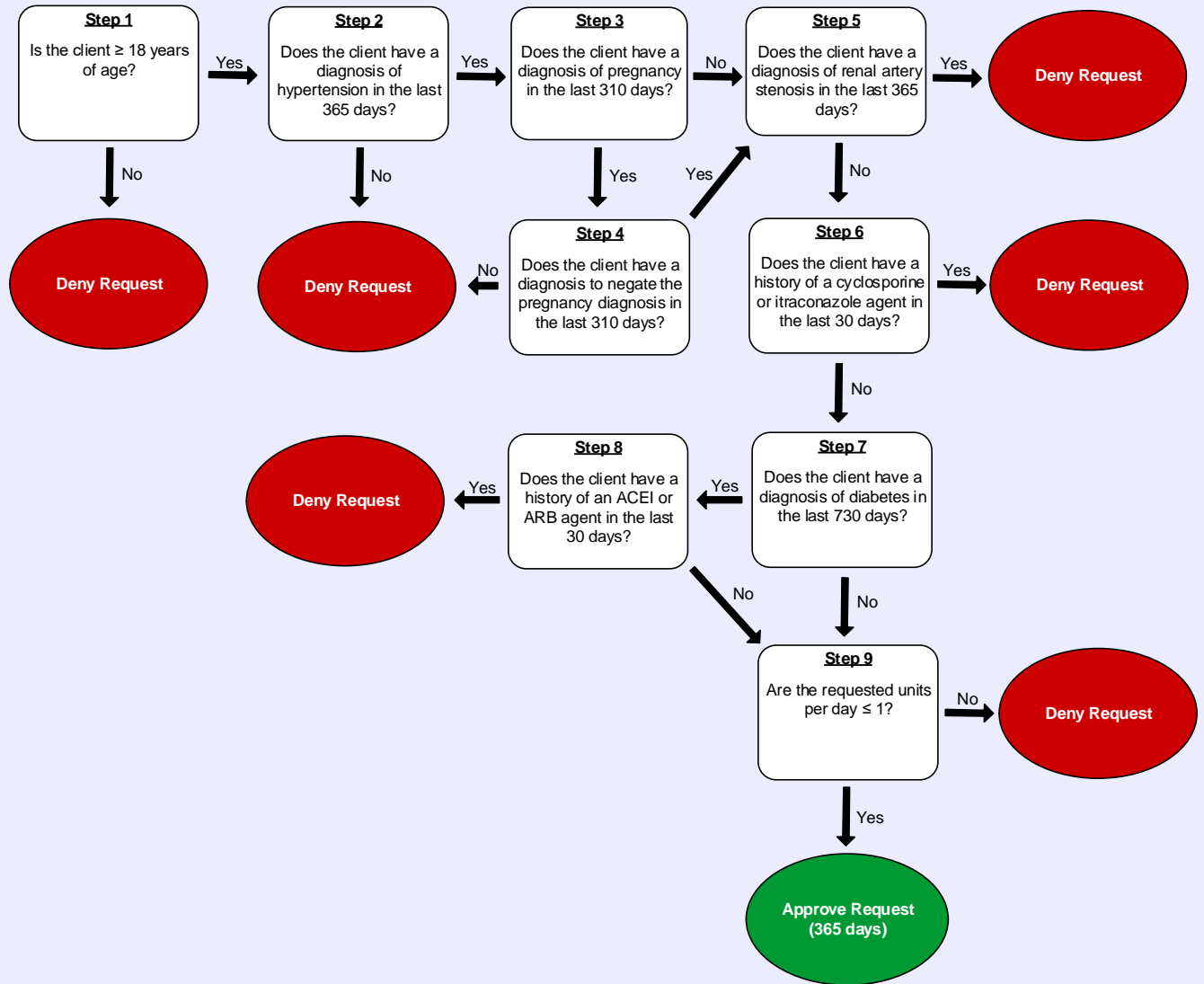
### Clinical Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
 Yes (Go to #2)  
 No (Deny)
2. Does the client have a diagnosis of hypertension in the last 365 days?  
 Yes (Go to #3)  
 No (Deny)
3. Does the client have a diagnosis of pregnancy in the last 310 days?  
 Yes (Go to #4)  
 No (Go to #5)
4. Does the client have a diagnosis to negate the pregnancy diagnosis in the last 310 days?  
 Yes (Go to #5)  
 No (Deny)
5. Does the client have a diagnosis of renal artery stenosis in the last 365 days?  
 Yes (Deny)  
 No (Go to #6)
6. Does the client have a history of a cyclosporine or itraconazole agent in the last 30 days?  
 Yes (Deny)  
 No (Go to #7)
7. Does the client have a diagnosis of diabetes mellitus in the last 730 days?  
 Yes (Go to #8)  
 No (Go to #9)
8. Does the client have a history of an ACEI or ARB agent in the last 30 days?  
 Yes (Deny)  
 No (Go to #9)
9. Are the requested units per day less than or equal to ( $\leq$ ) 1?  
 Yes (Approve – 365 Days)  
 No (Deny)



# 300mg Aliskiren-Containing Agents (Except Valturna)

## Clinical Criteria Logic Diagram





## 300mg Aliskiren-Containing Agents (Except Valtorna)

### Clinical Criteria Supporting Tables

#### Step 2 (diagnosis of hypertension)

**Required quantity:** 1

**Look back timeframe:** 365 days

For the list of diagnoses that pertain to this step, see the [Hypertension Diagnoses](#) table in the previous "Supporting Tables" section.

**Note:** Click the hyperlink to navigate directly to the table.

#### Step 3 (diagnosis of pregnancy)

**Required quantity:** 1

**Look back timeframe:** 310 days

For the list of diagnoses that pertain to this step, see the [Pregnancy Diagnoses](#) table in the previous "Supporting Tables" section.

**Note:** Click the hyperlink to navigate directly to the table.

#### Step 4 (diagnosis to negate pregnancy)

**Required quantity:** 1

**Look back timeframe:** 310 days

For the list of diagnoses that pertain to this step, see the [Pregnancy Negating Diagnoses](#) table in the previous "Supporting Tables" section.

**Note:** Click the hyperlink to navigate directly to the table.

#### Step 5 (diagnosis of renal artery stenosis)

**Required quantity:** 1

**Look back timeframe:** 365 days

For the list of diagnoses that pertain to this step, see the [Renal Artery Stenosis Diagnoses](#) table in the previous "Supporting Tables" section.

**Note:** Click the hyperlink to navigate directly to the table.



**Step 6 (history of cyclosporine or itraconazole agent)****Required quantity: 1****Look back timeframe: 30 days**

For the list of drug names and GCNs that pertain to this step, see the **Cyclosporine and Itraconazole Agents** table in the previous "Supporting Tables" section.

**Note:** Click the hyperlink to navigate directly to the table.

**Step 7 (diagnosis of diabetes mellitus)****Required quantity: 1****Look back timeframe: 730 days**

For the list of diagnoses that pertain to this step, see the **Diabetes Mellitus Diagnoses** table in the previous "Supporting Tables" section.

**Note:** Click the hyperlink to navigate directly to the table.

**Step 8 (history of an ACEI or ARB agent)****Required quantity: 1****Look back timeframe: 30 days**

For the list of drug names and GCNs that pertain to this step, see the **ACEI and ARB Agents** table in the previous "Supporting Tables" section.

**Note:** Click the hyperlink to navigate directly to the table.



## Aliskiren-Containing Agents (Except Valturna)

### Clinical Criteria References

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## Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
06/18/2012	Initial publication and posting to website
04/03/2015	Updated to include ICD-10 codes
05/31/2016	<ul style="list-style-type: none"> <li>Added question 4 to Clinical Edit Logic</li> <li>Added step 4 to Clinical Edit Diagram</li> <li>Added table 4</li> <li>Reviewed and updated table 8</li> <li>Added question 4 to Clinical Edit Logic</li> <li>Added step 4 to Clinical Edit Diagram</li> <li>Added table 4</li> <li>Updated references</li> </ul>
03/21/2019	<ul style="list-style-type: none"> <li>Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a>.) on each 'Drug Requiring PA' table</li> </ul>
09/03/2024	<ul style="list-style-type: none"> <li>Removed GCN for Amturnide (29395) and Tekamlo (28974, 28975) – products discontinued</li> </ul>