

**Texas Prior Authorization Program  
Clinical Criteria**

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**Drug/Drug Class****Buprenorphine Agents****Clinical Criteria Information Included in this Document****Buprenorphine/Naloxone**

- **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)
- **References:** clinical publications and sources relevant to this clinical criteria

**Buprenorphine Oral/Sublingual**

- **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)
- **References:** clinical publications and sources relevant to this clinical criteria

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

## Revision Notes

Added GCN for morphine (58333) to the opioid supporting table



## Buprenorphine/Naloxone

### 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
BUPRENOR-NALOX 2-0.5 MG SL FILM	28958
BUPRENORP-NALOX 4-1 MG SL FILM	33741
BUPRENORP-NALOX 8-2 MG SL FILM	28959
BUPRENOR-NALOX 12-3 MG SL FILM	33744
BUPRENORPHN-NALOXON 2-0.5 MG SL	18973
BUPRENORPHN-NALOXON 8-2 MG SL	18974
SUBOXONE 12MG-3MG FILM	33744
SUBOXONE 2MG-0.5MG FILM	28958
SUBOXONE 4MG-1MG FILM	33741
SUBOXONE 8MG-2MG FILM	28959
ZUBSOLV 0.7-0.18 MG TABLET SL	42843
ZUBSOLV 1.4-0.36MG TABLET SL	34904
ZUBSOLV 11.4-2.9 MG TABLET SL	37824
ZUBSOLV 2.9-0.71 MG TABLET SL	39394
ZUBSOLV 5.7-1.4MG TABLET SL	34905
ZUBSOLV 8.6-2.1MG TABLE SL	37823



## Buprenorphine/Naloxone

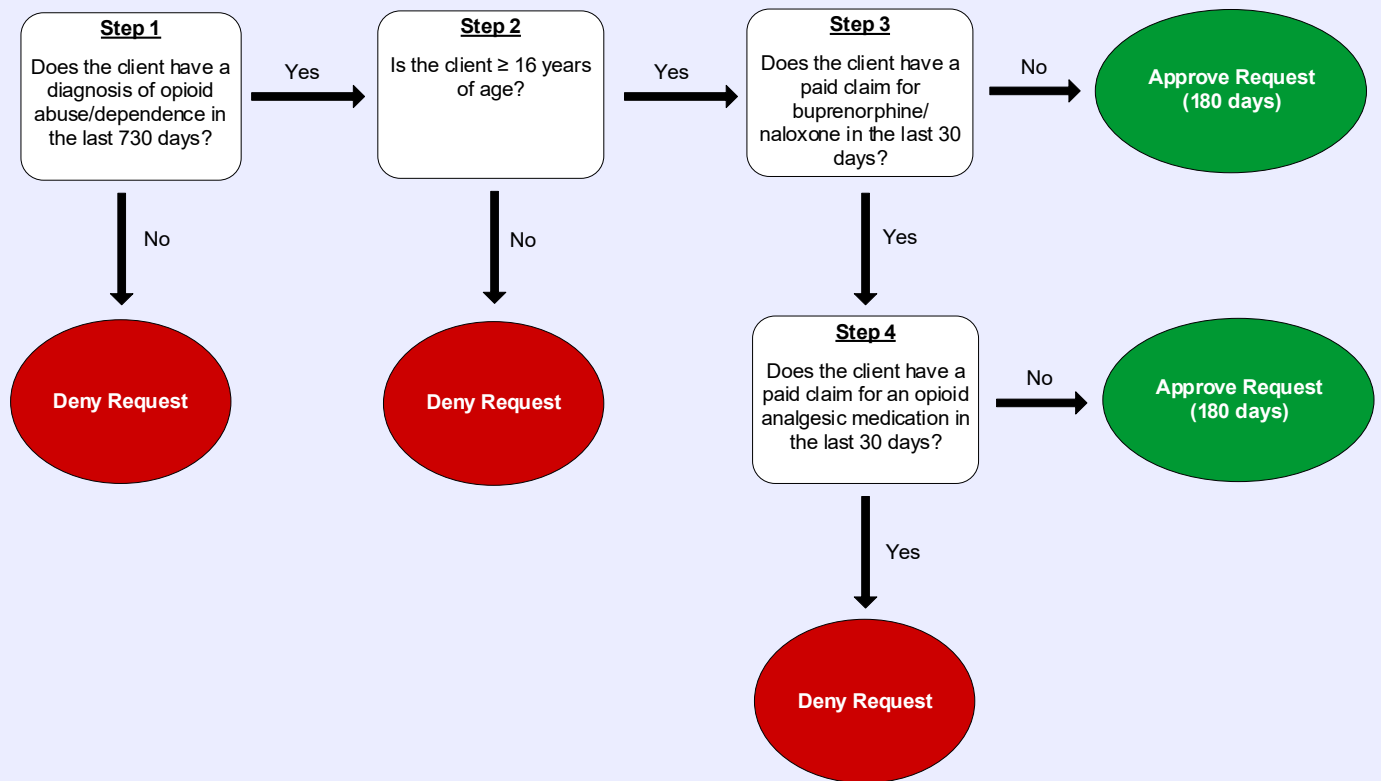
### Clinical Criteria Logic

1. Does the client have a **diagnosis of opioid abuse/dependence** in the last 730 days?  
 Yes (Go to #2)  
 No (Deny)
2. Is the client greater than or equal to ( $\geq$ ) 16 years of age?  
 Yes (Go to #3)  
 No (Deny)
3. Does the client have a paid claim for **buprenorphine/naloxone** in the last 30 days?  
 Yes (Go to #4)  
 No (Approve – 180 days)
4. Does the client have a paid claim for an **opioid analgesic medication** in the last 30 days?  
 Yes (Deny)  
 No (Approve – 180 days)



# Buprenorphine/Naloxone

## Clinical Criteria Logic Diagram





## Buprenorphine/Naloxone

### Supporting Tables

<b>Diagnosis of opioid abuse/dependence</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 730 days</b>	
ICD-10 Code	Description
F1110	OPIOID ABUSE UNCOMPLICATED
F1111	OPIOID ABUSE IN REMISSION
F11120	OPIOID ABUSE WITH INTOXICATION UNCOMPLICATED
F11121	OPIOID ABUSE WITH INTOXICATION DELIRIUM
F11122	OPIOID ABUSE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F11129	OPIOID ABUSE WITH INTOXICATION UNSPECIFIED
F1114	OPIOID ABUSE WITH OPIOID-INDUCED MOOD DISORDER
F11150	OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F11151	OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F11159	OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER UNSPECIFIED
F11181	OPIOID ABUSE WITH OPIOID-INDUCED SEXUAL DYSFUNCTION
F11182	OPIOID ABUSE WITH OPIOID-INDUCED SLEEP DISORDER
F11188	OPIOID ABUSE WITH OTHER OPIOID-INDUCED DISORDER
F1119	OPIOID ABUSE WITH UNSPECIFIED OPIOID-INDUCED DISORDER
F1120	OPIOID DEPENDENCE, UNCOMPLICATED
F1121	OPIOID DEPENDENCE, IN REMISSION
F11220	OPIOID DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F11221	OPIOID DEPENDENCE WITH INTOXICATION DELIRIUM
F11222	OPIOID DEPENDENCE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F11229	OPIOID DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F1123	OPIOID DEPENDENCE WITH WITHDRAWAL
F1124	OPIOID DEPENDENCE WITH OPIOID-INDUCED MOOD DISORDER
F11250	OPIOID DEPENDENCE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F11251	OPIOID DEPENDENCE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F11259	OPIOID DEPENDENCE WITH OPIOID-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F11281	OPIOID DEPENDENCE WITH OPIOID-INDUCED SEXUAL DYSFUNCTION

<b>Diagnosis of opioid abuse/dependence</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
F11282	OPIOID DEPENDENCE WITH OPIOID-INDUCED SLEEP DISORDER
F11288	OPIOID DEPENDENCE WITH OTHER OPIOID-INDUCED DISORDER
F1129	OPIOID DEPENDENCE WITH UNSPECIFIED OPIOID-INDUCED DISORDER

<b>History of buprenorphine/naloxone therapy</b>	
<b>Number of claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Description</b>	<b>GCN</b>
BUPRENORPHN-NALOXON 2-0.5 MG SL	18973
BUPRENORPHN-NALOXON 8-2 MG SL	18974
SUBOXONE 12MG-3MG FILM	33744
SUBOXONE 2MG-0.5MG FILM	28958
SUBOXONE 4MG-1MG FILM	33741
SUBOXONE 8MG-2MG FILM	28959
ZUBSOLV 0.7-0.18 MG TABLET SL	42843
ZUBSOLV 1.4-0.36MG TABLET SL	34904
ZUBSOLV 11.4-2.9 MG TABLET SL	37824
ZUBSOLV 2.9-0.71 MG TABLET SL	39394
ZUBSOLV 5.7-1.4MG TABLET SL	34905
ZUBSOLV 8.6-2.1MG TABLE SL	37823

<b>History of opioid analgesic therapy</b>	
<b>Number of claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Opioid Analgesic Therapies</b>	
<b>Description</b>	<b>GCN</b>
ACETAMIN-CAFF-DIHYDROCOD 320.5	37532
ACETAMINOPHEN-COD #2 TABLET	70131
ACETAMINOPHEN-COD #3 TABLET	70134
ACETAMINOPHEN-COD #4 TABLET	70136
ACETAMINOPHEN-CODEINE ELIXIR	55402
APADAZ 4.08-325 MG TABLET	45987
APADAZ 6.12-325 MG TABLET	44508
APADAZ 8.16-325 MG TABLET	45986
ASCOMP WITH CODEINE CAPSULE	69500

<b>History of opioid analgesic therapy</b>	
<b>Number of claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Opioid Analgesic Therapies</b>	
<b>Description</b>	<b>GCN</b>
BELBUCA 75 MCG FILM	39959
BELBUCA 150 MCG FILM	39965
BELBUCA 300 MCG FILM	39966
BELBUCA 450 MCG FILM	39967
BELBUCA 600 MCG FILM	39968
BELBUCA 750 MCG FILM	39969
BELBUCA 900 MCG FILM	39975
BELLADONNA-OPIUM 30-16.2MG SUPP	70741
BELLADONNA-OPIUM 60-16.2MG SUPP	70742
BUPRENORPHINE 10 MCG/HR PATCH	25309
BUPRENORPHINE 15 MCG/HR PATCH	35214
BUPRENORPHINE 20 MCG/HR PATCH	25312
BUPRENORPHINE 5 MCG/HR PATCH	25308
BUPRENORPHINE 7.5 MCG/HR PATCH	36946
BUTALB-CAFF-ACETAMINOPH-CODEIN	34988
BUTALB-CAFF-ACETAMINOPH-CODEIN	70140
BUTALBITAL COMP-CODEINE #3 CAP	69500
BUTORPHANOL 10 MG/ML SPRAY	20351
BUTRANS 10 MCG/HR PATCH	25309
BUTRANS 15 MCG/HR PATCH	35214
BUTRANS 20 MCG/HR PATCH	25312
BUTRANS 5 MCG/HR PATCH	25308
BUTRANS 7.5 MCG/HR PATCH	36946
CARISOPRODOL CPD-CODEINE TABLET	13995
CODEINE SULFATE 15 MG TABLET	16240
CODEINE SULFATE 30 MG TABLET	16241
CODEINE SULFATE 60 MG TABLET	16242
DEMEROL 100 MG/ML AMPUL	25626
DEMEROL 100 MG/ML VIAL	15960
DEMEROL 50 MG/ML AMPUL	25605
DEMEROL 50 MG/ML AMPUL	25608
DEMEROL 50 MG/ML VIAL	15962
DEMEROL 75 MG/1.5 ML AMPUL	25607
DIHYDROCODEIN-ACETAMINOPH-CAFF	37532



<b>History of opioid analgesic therapy</b>	
<b>Number of claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Opioid Analgesic Therapies</b>	
<b>Description</b>	<b>GCN</b>
DILAUDID 2 MG TABLET	16141
DILAUDID 4 MG TABLET	16143
DILAUDID 8 MG TABLET	16144
DILAUDID-5 1 MG/ML LIQUID	20251
ENDOCET 10-325 MG TABLET	14966
ENDOCET 2.5-325 MG TABLET	70492
ENDOCET 5-325 TABLET	70491
ENDOCET 7.5-325 MG TABLET	14965
FENTANYL 100 MCG/HR PATCH	19203
FENTANYL 12 MCG/HR PATCH	24635
FENTANYL 25 MCG/HR PATCH	19200
FENTANYL 37.5 MCG/HR PATCH	37952
FENTANYL 50 MCG/HR PATCH	19201
FENTANYL 62.5 MCG/HR PATCH	37947
FENTANYL 75 MCG/HR PATCH	19202
FENTANYL 87.5 MCG/HR PATCH	37948
FENTANYL CIT OTFC 1,200 MCG	19193
FENTANYL CIT OTFC 1,600 MCG	19194
FENTANYL CITRATE OTFC 200 MCG	19204
FENTANYL CITRATE OTFC 400 MCG	19206
FENTANYL CITRATE OTFC 600 MCG	19191
FENTANYL CITRATE OTFC 800 MCG	19192
FENTORA 100 MCG BUCCAL TABLET	97280
FENTORA 200 MCG BUCCAL TABLET	97281
FENTORA 400 MCG BUCCAL TABLET	97283
FENTORA 600 MCG BUCCAL TABLET	97284
FENTORA 800 MCG BUCCAL TABLET	97285
FIORINAL-COD 30-50-325-40 CAP	69500
HYDROCODON-ACETAMIN 10-325/15 ML	99967
HYDROCODON-ACETAMINOPH 2.5-325	70337
HYDROCODON-ACETAMINOPHEN 5-300	26470
HYDROCODON-ACETAMINOPHEN 5-325	12486
HYDROCODON-ACETAMINOPH 7.5-300	26709
HYDROCODON-ACETAMINOPH 7.5-325	12488

<b>History of opioid analgesic therapy</b>	
<b>Number of claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Opioid Analgesic Therapies</b>	
<b>Description</b>	<b>GCN</b>
HYDROCODON-ACETAMINOPHN 10-300	22929
HYDROCODON-ACETAMINOPHN 10-325	70330
HYDROCODONE-ACETAMINOPHEN SOLN	21146
HYDROCODONE BT-IBUPROFEN TAB	63101
HYDROCODONE-IBUPROFEN 10-200	99371
HYDROCODONE-IBUPROFEN 5-200	22678
HYDROCODONE ER 10 MG CAPSULE	38057
HYDROCODONE ER 15 MG CAPSULE	38058
HYDROCODONE ER 20 MG CAPSULE	38059
HYDROCODONE ER 30 MG CAPSULE	38061
HYDROCODONE ER 40 MG CAPSULE	38062
HYDROCODONE ER 50 MG CAPSULE	38063
HYDROCODONE ER 20 MG TABLET	37539
HYDROCODONE ER 30 MG TABLET	37541
HYDROCODONE ER 40 MG TABLET	37543
HYDROCODONE ER 60 MG TABLET	37544
HYDROCODONE ER 80 MG TABLET	37545
HYDROCODONE ER 100 MG TABLET	37546
HYDROCODONE ER 120 MG TABLET	37547
HYDROMORPHONE 1 MG/ML SOLUTION	20251
HYDROMORPHONE 10 MG/ML VIAL	20451
HYDROMORPHONE 2 MG TABLET	16141
HYDROMORPHONE 3 MG SUPPOS	16130
HYDROMORPHONE 4 MG TABLET	16143
HYDROMORPHONE 8 MG TABLET	16144
HYDROMORPHONE HCL ER 12 MG TAB	28427
HYDROMORPHONE HCL ER 16 MG TAB	33142
HYDROMORPHONE HCL ER 32 MG TAB	33088
HYDROMORPHONE HCL ER 8 MG TAB	33143
HYSINGLA ER 100MG TABLET	37546
HYSINGLA ER 120MG TABLET	37547
HYSINGLA ER 20MG TABLET	37539
HYSINGLA ER 30MG TABLET	37541
HYSINGLA ER 40MG TABLET	37543

<b>History of opioid analgesic therapy</b>	
<b>Number of claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Opioid Analgesic Therapies</b>	
<b>Description</b>	<b>GCN</b>
HYSINGLA ER 60MG TABLET	37544
HYSINGLA ER 80MG TABLET	37545
LEVORPHANOL 2MG TABLET	16350
LORCET 5-325 MG TABLET	12486
LORCET HD 10-325 MG TABLET	70330
LORCET PLUS 7.5-325 MG TABLET	12488
MEPERIDINE 100 MG TABLET	15990
MEPERIDINE 100 MG/ML VIAL	25627
MEPERIDINE 25 MG/ML VIAL	25613
MEPERIDINE 50 MG TABLET	15991
MEPERIDINE 50 MG/5 ML SOLUTION	15980
MEPERIDINE 50 MG/ML VIAL	25609
METHADONE 10 MG/5 ML SOLUTION	16410
METHADONE 10 MG/ML ORAL CONC	16415
METHADONE 40 MG TABLET DISPR	16423
METHADONE 5 MG/5 ML SOLUTION	16400
METHADONE HCL 10 MG TABLET	16420
METHADONE HCL 5 MG TABLET	16422
METHADOSE 10 MG/ML ORAL CONC	16415
METHADOSE 40 MG TABLET DISPR	16423
MORPHINE 5 MG/0.25ML ENFIT SYR	58333
MORPHINE 10 MG/ML CARPUJECT	33312
MORPHINE 15 MG/ML VIAL	16041
MORPHINE 2 MG/ML CARPUJECT	33308
MORPHINE 20 MG/ML ORAL SYRINGE	32719
MORPHINE 4 MG/ML CARPUJECT	33309
MORPHINE 8 MG/ML SYRINGE	33765
MORPHINE SULF 10 MG/5 ML SOLN	16060
MORPHINE SULF 100 MG/5 ML SOLN	16063
MORPHINE SULF 20 MG/5 ML SOLN	16062
MORPHINE SULF CR 15 MG TABLET	16643
MORPHINE SULF CR 30 MG TABLET	16640
MORPHINE SULF CR 60 MG TABLET	16641
MORPHINE SULF ER 100 MG TABLET	16642

<b>History of opioid analgesic therapy</b>	
<b>Number of claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Opioid Analgesic Therapies</b>	
<b>Description</b>	<b>GCN</b>
MORPHINE SULF ER 200 MG TABLET	16078
MORPHINE SULFATE 50 MG/ML VIAL	16271
MORPHINE SULFATE ER 100MG CAP	26494
MORPHINE SULFATE ER 10MG CAP	26490
MORPHINE SULFATE ER 120MG CAP	17189
MORPHINE SULFATE ER 20MG CAP	26492
MORPHINE SULFATE ER 30MG CAP	17193
MORPHINE SULFATE ER 30MG CAP	97534
MORPHINE SULFATE ER 40MG CAP	33158
MORPHINE SULFATE ER 45MG CAP	16212
MORPHINE SULFATE ER 50MG CAP	26493
MORPHINE SULFATE ER 60MG CAP	17192
MORPHINE SULFATE ER 60MG CAP	97535
MORPHINE SULFATE ER 75MG CAP	16213
MORPHINE SULFATE ER 80 MG CAP	97508
MORPHINE SULFATE ER 90MG CAP	17191
MORPHINE SULFATE IR 15 MG TAB	16070
MORPHINE SULFATE IR 30 MG TAB	16071
MS CONTIN 100 MG TABLET	16642
MS CONTIN 15 MG TABLET	16643
MS CONTIN 200 MG TABLET	16078
MS CONTIN 60 MG TABLET	16641
MS CONTIN CR 30 MG TABLET	16640
NALBUPHINE 10 MG/ML AMPUL	16360
NALBUPHINE 200 MG/10 ML VIAL	16371
NALOCET 2.5-300 MG TABLET	26953
NUCYNTA 100 MG TABLET	26165
NUCYNTA 50 MG TABLET	26163
NUCYNTA 75 MG TABLET	26164
NUCYNTA ER 100MG TABLET	29788
NUCYNTA ER 150MG TABLET	29789
NUCYNTA ER 200MG TABLET	29791
NUCYNTA ER 250MG TABLET	29792
NUCYNTA ER 50MG TABLET	29787

<b>History of opioid analgesic therapy</b>	
<b>Number of claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Opioid Analgesic Therapies</b>	
<b>Description</b>	<b>GCN</b>
OPIUM TINCTURE 10MG/ML	16471
OXYCODON-ACETAMINOPHEN 2.5-325	70492
OXYCODONE-ACETAMINOPHEN 5-325	70491
OXYCODONE-ACETAMINOPHEN 5-325/5	70470
OXYCODON-ACETAMINOPHEN 7.5-325	14965
OXYCODONE-ACETAMINOPHEN 10-325	14966
OXYCODONE CONC 20 MG/ML SOLN	16281
OXYCODONE HCL 10 MG TABLET	16291
OXYCODONE HCL 10 MG TABLET ER	37158
OXYCODONE HCL 15 MG TABLET	20091
OXYCODONE HCL 15 MG TABLET ER	37159
OXYCODONE HCL 20 MG TABLET	21194
OXYCODONE HCL 20 MG TABLET ER	37161
OXYCODONE HCL 30 MG TABLET	20092
OXYCODONE HCL 30 MG TABLET ER	37162
OXYCODONE HCL 40 MG TABLET ER	37163
OXYCODONE HCL 60 MG TABLET ER	37164
OXYCODONE HCL 5 MG CAPSULE	16285
OXYCODONE HCL 5 MG TABLET	16290
OXYCODONE HCL 5 MG/5 ML SOL	16280
OXYCODONE HCL ER 80 MG TABLET	37165
OXYCODONE-ASPIRIN 4.83-325 MG	26836
OXYCODONE-IBUPROFEN 5-400 TAB	23827
OXYCONTIN 10 MG TABLET	37158
OXYCONTIN 15 MG TABLET	37159
OXYCONTIN 20 MG TABLET	37161
OXYCONTIN 30 MG TABLET	37162
OXYCONTIN 40 MG TABLET	37163
OXYCONTIN 60 MG TABLET	37164
OXYCONTIN 80 MG TABLET	37165
OXYMORPHONE HCL 10 MG TABLET	27244
OXYMORPHONE HCL 5 MG TABLET	27243
OXYMORPHONE HCL ER 10 MG TAB	27248
OXYMORPHONE HCL ER 15 MG TAB	99493

<b>History of opioid analgesic therapy</b>	
<b>Number of claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Opioid Analgesic Therapies</b>	
<b>Description</b>	<b>GCN</b>
OXYMORPHONE HCL ER 20 MG TAB	27249
OXYMORPHONE HCL ER 30 MG TAB	99494
OXYMORPHONE HCL ER 40 MG TAB	27253
OXYMORPHONE HCL ER 5 MG TABLET	27247
OXYMORPHONE HCL ER 7.5 MG TAB	99492
PENTAZOCINE-NALOXONE TABLET	71060
PERCOCET 10-325 MG TABLET	14966
PERCOCET 2.5-325 MG TABLET	70492
PERCOCET 5-325 MG TABLET	70491
PERCOCET 7.5-325 MG TABLET	14965
ROXICODONE 15 MG TABLET	20091
ROXICODONE 30 MG TABLET	20092
ROXYBOND 5 MG TABLET	32047
ROXYBOND 10 MG TABLET	56315
ROXYBOND 15 MG TABLET	44877
ROXYBOND 30 MG TABLET	44878
TRAMADOL ER 100 MG TABLET	99151
TRAMADOL ER 200 MG TABLET	99152
TRAMADOL ER 300 MG TABLET	99153
TRAMADOL HCL 5 MG/ML SOLUTION	48598
TRAMADOL HCL 25 MG TABLET	55148
TRAMADOL HCL 50 MG TABLET	07221
TRAMADOL HCL 100 MG TABLET	92069
TRAMADOL HCL ER 100 MG CAPSULE	30382
TRAMADOL HCL ER 100 MG TABLET	26387
TRAMADOL HCL ER 200 MG CAPSULE	30383
TRAMADOL HCL ER 200 MG TABLET	50417
TRAMADOL HCL ER 300 MG CAPSULE	30384
TRAMADOL HCL ER 300 MG TABLET	50427
TRAMADOL HCL 75 MG TABLET	56518
TRAMADOL-ACETAMINOPHN 37.5-325	13909
TYLENOL WITH CODEINE #3 TABLET	70134
TYLENOL WITH CODEINE #4 TABLET	70136
VICODIN 5-300 TABLET	26470

<b>History of opioid analgesic therapy</b>	
<b>Number of claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Opioid Analgesic Therapies</b>	
<b>Description</b>	<b>GCN</b>
VICODIN ES 7.5-300 MG TABLET	26709
VICODIN HP 10-300 MG TABLET	70363
VICOPROFEN 200-7.5 MG TAB	63101
ULTRACET TABLET	13909
ULTRAM 50 MG TABLET	07221
XTAMPZA ER 9 MG CAPSULE	41272
XTAMPZA ER 13.5 MG CAPSULE	41273
XTAMPZA ER 18 MG CAPSULE	41274
XTAMPZA ER 27 MG CAPSULE	41275
XTAMPZA ER 36 MG CAPSULE	41276



## Buprenorphine

### 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
BUPRENORPHINE HCL 2MG TABLET SL	64672
BUPRENORPHINE HCL 8MG TABLET SL	64673





## Buprenorphine

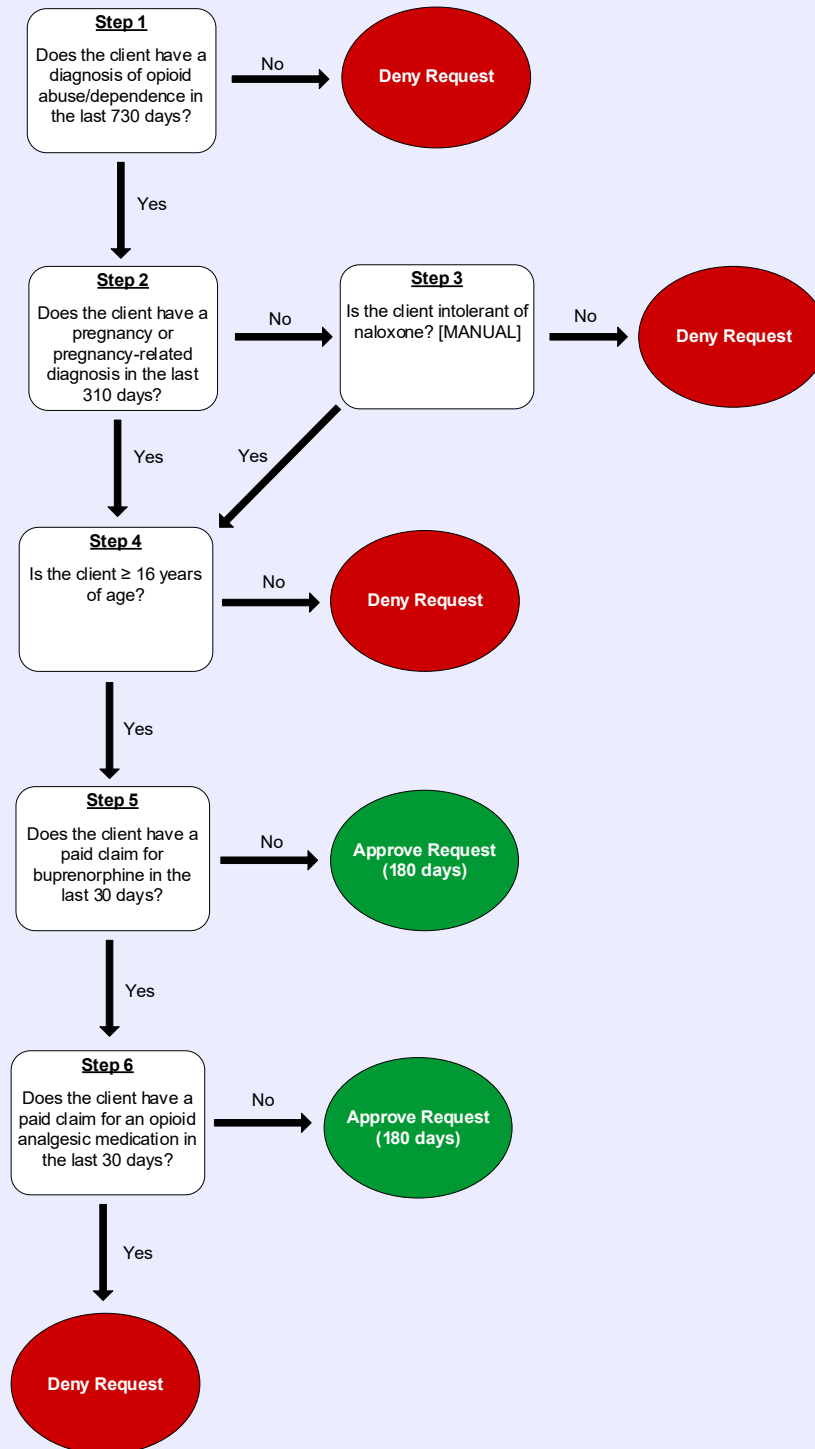
### Clinical Criteria Logic

1. Does the client have a **diagnosis of opioid abuse/dependence** in the last 730 days?  
 Yes (Go to #2)  
 No (Deny)
2. Does the client have a **pregnancy or pregnancy-related diagnosis** in the last 310 days?  
 Yes (Go to #4)  
 No (Go to #3)
3. Manual step – Is the client intolerant of naloxone?  
 Yes (Go to #4)  
 No (Deny)
4. Is the client greater than or equal to ( $\geq$ ) 16 years of age?  
 Yes (Go to #5)  
 No (Deny)
5. Does the client have a paid claim for **buprenorphine** in the last 30 days?  
 Yes (Go to #6)  
 No (Approve – 180 days)
6. Does the client have a paid claim for an **opioid analgesic medication** in the last 30 days?  
 Yes (Deny)  
 No (Approve – 180 days)



# Buprenorphine

## Clinical Criteria Logic Diagram





## Buprenorphine

### Clinical Criteria Supporting Tables

#### Diagnosis of opioid abuse/dependence

**Required Diagnosis: 1**

**Look back timeframe: 730 days**

For the list of opioid abuse/dependence diagnoses that pertain to this step, see the **Opioid Abuse/Dependence Diagnosis** table in the previous "Supporting Tables" section.

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

#### Diagnosis of pregnancy or pregnancy-related diagnosis

**Required diagnosis: 1**

**Look back timeframe: 310 days**

ICD-10 Code	Description
O0941	SUPERVISION OF PREGNANCY WITH GRAND MULTIPARITY, FIRST TRIMESTER
O0942	SUPERVISION OF PREGNANCY WITH GRAND MULTIPARITY, SECOND TRIMESTER
O0943	SUPERVISION OF PREGNANCY WITH GRAND MULTIPARITY, THIRD TRIMESTER
O09511	SUPERVISION OF ELDERLY PRIMIGRAVIDA, FIRST TRIMESTER
O09512	SUPERVISION OF ELDERLY PRIMIGRAVIDA, SECOND TRIMESTER
O09513	SUPERVISION OF ELDERLY PRIMIGRAVIDA, THIRD TRIMESTER
O09519	SUPERVISION OF ELDERLY PRIMIGRAVIDA, UNSPECIFIED TRIMESTER
O09521	SUPERVISION OF ELDERLY MULTIGRAVIDA, FIRST TRIMESTER
O09522	SUPERVISION OF ELDERLY MULTIGRAVIDA, SECOND TRIMESTER
O09523	SUPERVISION OF ELDERLY MULTIGRAVIDA, THIRD TRIMESTER
O09529	SUPERVISION OF ELDERLY MULTIGRAVIDA, UNSPECIFIED TRIMESTER
O10011	PRE-EXISTING ESSENTIAL HYPERTENSION COMPLICATING PREGNANCY, FIRST TRIMESTER
O10012	PRE-EXISTING ESSENTIAL HYPERTENSION COMPLICATING PREGNANCY, SECOND TRIMESTER
O10013	PRE-EXISTING ESSENTIAL HYPERTENSION COMPLICATING PREGNANCY, THIRD TRIMESTER
O10019	PRE-EXISTING ESSENTIAL HYPERTENSION COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O1002	PRE-EXISTING ESSENTIAL HYPERTENSION COMPLICATING CHILDBIRTH

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O1003	PRE-EXISTING ESSENTIAL HYPERTENSION COMPLICATING THE PUERPERIUM
O10111	PRE-EXISTING HYPERTENSIVE HEART DISEASE COMPLICATING PREGNANCY, FIRST TRIMESTER
O10112	PRE-EXISTING HYPERTENSIVE HEART DISEASE COMPLICATING PREGNANCY, SECOND TRIMESTER
O10113	PRE-EXISTING HYPERTENSIVE HEART DISEASE COMPLICATING PREGNANCY, THIRD TRIMESTER
O10119	PRE-EXISTING HYPERTENSIVE HEART DISEASE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O1012	PRE-EXISTING HYPERTENSIVE HEART DISEASE COMPLICATING CHILDBIRTH
O1013	PRE-EXISTING HYPERTENSIVE HEART DISEASE COMPLICATING THE PUERPERIUM
O10211	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, FIRST TRIMESTER
O10212	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, SECOND TRIMESTER
O10213	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, THIRD TRIMESTER
O10219	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O1022	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING CHILDBIRTH
O1023	PRE-EXISTING HYPERTENSIVE CHRONIC KIDNEY DISEASE COMPLICATING THE PUERPERIUM
O10311	PRE-EXISTING HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, FIRST TRIMESTER
O10312	PRE-EXISTING HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, SECOND TRIMESTER
O10313	PRE-EXISTING HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, THIRD TRIMESTER
O10319	PRE-EXISTING HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O1032	PRE-EXISTING HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE COMPLICATING CHILDBIRTH
O1033	PRE-EXISTING HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE COMPLICATING THE PUERPERIUM
O10411	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING PREGNANCY, FIRST TRIMESTER
O10412	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING PREGNANCY, SECOND TRIMESTER
O10413	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING PREGNANCY, THIRD TRIMESTER

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O10419	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O1042	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING CHILDBIRTH
O1043	PRE-EXISTING SECONDARY HYPERTENSION COMPLICATING THE PUERPERIUM
O10911	UNSPECIFIED PRE-EXISTING HYPERTENSION COMPLICATING PREGNANCY, FIRST TRIMESTER
O10912	UNSPECIFIED PRE-EXISTING HYPERTENSION COMPLICATING PREGNANCY, SECOND TRIMESTER
O10913	UNSPECIFIED PRE-EXISTING HYPERTENSION COMPLICATING PREGNANCY, THIRD TRIMESTER
O10919	UNSPECIFIED PRE-EXISTING HYPERTENSION COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O1092	UNSPECIFIED PRE-EXISTING HYPERTENSION COMPLICATING CHILDBIRTH
O1093	UNSPECIFIED PRE-EXISTING HYPERTENSION COMPLICATING THE PUERPERIUM
O111	PRE-EXISTING HYPERTENSION WITH PRE-ECLAMPSIA, FIRST TRIMESTER
O112	PRE-EXISTING HYPERTENSION WITH PRE-ECLAMPSIA, SECOND TRIMESTER
O113	PRE-EXISTING HYPERTENSION WITH PRE-ECLAMPSIA, THIRD TRIMESTER
O119	PRE-EXISTING HYPERTENSION WITH PRE-ECLAMPSIA, UNSPECIFIED TRIMESTER
O1200	GESTATIONAL EDEMA, UNSPECIFIED TRIMESTER
O1201	GESTATIONAL EDEMA, FIRST TRIMESTER
O1202	GESTATIONAL EDEMA, SECOND TRIMESTER
O1203	GESTATIONAL EDEMA, THIRD TRIMESTER
O1210	GESTATIONAL PROTEINURIA, UNSPECIFIED TRIMESTER
O1211	GESTATIONAL PROTEINURIA, FIRST TRIMESTER
O1212	GESTATIONAL PROTEINURIA, SECOND TRIMESTER
O1213	GESTATIONAL PROTEINURIA, THIRD TRIMESTER
O1220	GESTATIONAL EDEMA WITH PROTEINURIA, UNSPECIFIED TRIMESTER
O1221	GESTATIONAL EDEMA WITH PROTEINURIA, FIRST TRIMESTER
O1222	GESTATIONAL EDEMA WITH PROTEINURIA, SECOND TRIMESTER
O1223	GESTATIONAL EDEMA WITH PROTEINURIA, THIRD TRIMESTER
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>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O139	GESTATIONAL [PREGNANCY-INDUCED] HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA, UNSPECIFIED TRIMESTER
O1400	MILD TO MODERATE PRE-ECLAMPSIA, UNSPECIFIED TRIMESTER
O1402	MILD TO MODERATE PRE-ECLAMPSIA, SECOND TRIMESTER
O1403	MILD TO MODERATE PRE-ECLAMPSIA, THIRD TRIMESTER
O1410	SEVERE PRE-ECLAMPSIA, UNSPECIFIED TRIMESTER
O1412	SEVERE PRE-ECLAMPSIA, SECOND TRIMESTER
O1413	SEVERE PRE-ECLAMPSIA, THIRD TRIMESTER
O1420	HELLP SYNDROME (HELLP), UNSPECIFIED TRIMESTER
O1422	HELLP SYNDROME (HELLP), SECOND TRIMESTER
O1423	HELLP SYNDROME (HELLP), THIRD TRIMESTER
O1490	UNSPECIFIED PRE-ECLAMPSIA, UNSPECIFIED TRIMESTER
O1492	UNSPECIFIED PRE-ECLAMPSIA, SECOND TRIMESTER
O1493	UNSPECIFIED PRE-ECLAMPSIA, THIRD TRIMESTER
O1500	ECLAMPSIA IN PREGNANCY, UNSPECIFIED TRIMESTER
O1502	ECLAMPSIA IN PREGNANCY, SECOND TRIMESTER
O1503	ECLAMPSIA IN PREGNANCY, THIRD TRIMESTER
O151	ECLAMPSIA IN LABOR
O152	ECLAMPSIA IN THE PUERPERIUM
O159	ECLAMPSIA, UNSPECIFIED AS TO TIME PERIOD
O161	UNSPECIFIED MATERNAL HYPERTENSION, FIRST TRIMESTER
O162	UNSPECIFIED MATERNAL HYPERTENSION, SECOND TRIMESTER
O163	UNSPECIFIED MATERNAL HYPERTENSION, THIRD TRIMESTER
O169	UNSPECIFIED MATERNAL HYPERTENSION, UNSPECIFIED TRIMESTER
O200	THREATENED ABORTION
O208	OTHER HEMORRHAGE IN EARLY PREGNANCY
O209	HEMORRHAGE IN EARLY PREGNANCY, UNSPECIFIED
O210	MILD HYPEREMESIS GRAVIDARUM
O211	HYPEREMESIS GRAVIDARUM WITH METABOLIC DISTURBANCE
O212	LATE VOMITING OF PREGNANCY
O218	OTHER VOMITING COMPLICATING PREGNANCY
O219	VOMITING OF PREGNANCY, UNSPECIFIED
O2300	INFECTIONS OF KIDNEY IN PREGNANCY, UNSPECIFIED TRIMESTER
O2301	INFECTIONS OF KIDNEY IN PREGNANCY, FIRST TRIMESTER
O2302	INFECTIONS OF KIDNEY IN PREGNANCY, SECOND TRIMESTER
O2303	INFECTIONS OF KIDNEY IN PREGNANCY, THIRD TRIMESTER

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O2310	INFECTIONS OF BLADDER IN PREGNANCY, UNSPECIFIED TRIMESTER
O2311	INFECTIONS OF BLADDER IN PREGNANCY, FIRST TRIMESTER
O2312	INFECTIONS OF BLADDER IN PREGNANCY, SECOND TRIMESTER
O2313	INFECTIONS OF BLADDER IN PREGNANCY, THIRD TRIMESTER
O2320	INFECTIONS OF URETHRA IN PREGNANCY, UNSPECIFIED TRIMESTER
O2321	INFECTIONS OF URETHRA IN PREGNANCY, FIRST TRIMESTER
O2322	INFECTIONS OF URETHRA IN PREGNANCY, SECOND TRIMESTER
O2323	INFECTIONS OF URETHRA IN PREGNANCY, THIRD TRIMESTER
O2330	INFECTIONS OF OTHER PARTS OF URINARY TRACT IN PREGNANCY, UNSPECIFIED TRIMESTER
O2331	INFECTIONS OF OTHER PARTS OF URINARY TRACT IN PREGNANCY, FIRST TRIMESTER
O2332	INFECTIONS OF OTHER PARTS OF URINARY TRACT IN PREGNANCY, SECOND TRIMESTER
O2333	INFECTIONS OF OTHER PARTS OF URINARY TRACT IN PREGNANCY, THIRD TRIMESTER
O2340	UNSPECIFIED INFECTION OF URINARY TRACT IN PREGNANCY, UNSPECIFIED TRIMESTER
O2341	UNSPECIFIED INFECTION OF URINARY TRACT IN PREGNANCY, FIRST TRIMESTER
O2342	UNSPECIFIED INFECTION OF URINARY TRACT IN PREGNANCY, SECOND TRIMESTER
O2343	UNSPECIFIED INFECTION OF URINARY TRACT IN PREGNANCY, THIRD TRIMESTER
O23511	INFECTIONS OF CERVIX IN PREGNANCY, FIRST TRIMESTER
O23512	INFECTIONS OF CERVIX IN PREGNANCY, SECOND TRIMESTER
O23513	INFECTIONS OF CERVIX IN PREGNANCY, THIRD TRIMESTER
O23519	INFECTIONS OF CERVIX IN PREGNANCY, UNSPECIFIED TRIMESTER
O23521	SALPINGO-OOPHORITIS IN PREGNANCY, FIRST TRIMESTER
O23522	SALPINGO-OOPHORITIS IN PREGNANCY, SECOND TRIMESTER
O23523	SALPINGO-OOPHORITIS IN PREGNANCY, THIRD TRIMESTER
O23529	SALPINGO-OOPHORITIS IN PREGNANCY, UNSPECIFIED TRIMESTER
O23591	INFECTION OF OTHER PART OF GENITAL TRACT IN PREGNANCY, FIRST TRIMESTER
O23592	INFECTION OF OTHER PART OF GENITAL TRACT IN PREGNANCY, SECOND TRIMESTER
O23593	INFECTION OF OTHER PART OF GENITAL TRACT IN PREGNANCY, THIRD TRIMESTER
O23599	INFECTION OF OTHER PART OF GENITAL TRACT IN PREGNANCY, UNSPECIFIED TRIMESTER

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O2390	UNSPECIFIED GENITOURINARY TRACT INFECTION IN PREGNANCY, UNSPECIFIED TRIMESTER
O2391	UNSPECIFIED GENITOURINARY TRACT INFECTION IN PREGNANCY, FIRST TRIMESTER
O2392	UNSPECIFIED GENITOURINARY TRACT INFECTION IN PREGNANCY, SECOND TRIMESTER
O2393	UNSPECIFIED GENITOURINARY TRACT INFECTION IN PREGNANCY, THIRD TRIMESTER
O24011	PRE-EXISTING 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
O24019	PRE-EXISTING DIABETES MELLITUS, TYPE 1, IN PREGNANCY, UNSPECIFIED TRIMESTER
O2402	PRE-EXISTING DIABETES MELLITUS, TYPE 1, IN CHILDBIRTH
O2403	PRE-EXISTING DIABETES MELLITUS, TYPE 1, IN THE PUERPERIUM
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
O24119	PRE-EXISTING DIABETES MELLITUS, TYPE 2, IN PREGNANCY, UNSPECIFIED TRIMESTER
O2412	PRE-EXISTING DIABETES MELLITUS, TYPE 2, IN CHILDBIRTH
O2413	PRE-EXISTING DIABETES MELLITUS, TYPE 2, IN THE PUERPERIUM
O24311	UNSPECIFIED PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, FIRST TRIMESTER
O24312	UNSPECIFIED PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, SECOND TRIMESTER
O24313	UNSPECIFIED PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, THIRD TRIMESTER
O24319	UNSPECIFIED PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, UNSPECIFIED TRIMESTER
O2432	UNSPECIFIED PRE-EXISTING DIABETES MELLITUS IN CHILDBIRTH
O2433	UNSPECIFIED PRE-EXISTING DIABETES MELLITUS IN THE PUERPERIUM
O24410	GESTATIONAL DIABETES MELLITUS IN PREGNANCY, DIET CONTROLLED
O24414	GESTATIONAL DIABETES MELLITUS IN PREGNANCY, INSULIN CONTROLLED



<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O24419	GESTATIONAL DIABETES MELLITUS IN PREGNANCY, UNSPECIFIED CONTROL
O24420	GESTATIONAL DIABETES MELLITUS IN CHILDBIRTH, DIET CONTROLLED
O24424	GESTATIONAL DIABETES MELLITUS IN CHILDBIRTH, INSULIN CONTROLLED
O24429	GESTATIONAL DIABETES MELLITUS IN CHILDBIRTH, UNSPECIFIED CONTROL
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
O24811	OTHER PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, FIRST TRIMESTER
O24812	OTHER PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, SECOND TRIMESTER
O24813	OTHER PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, THIRD TRIMESTER
O24819	OTHER PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, UNSPECIFIED TRIMESTER
O2482	OTHER PRE-EXISTING DIABETES MELLITUS IN CHILDBIRTH
O2483	OTHER PRE-EXISTING DIABETES MELLITUS IN THE PUERPERIUM
O24911	UNSPECIFIED DIABETES MELLITUS IN PREGNANCY, FIRST TRIMESTER
O24912	UNSPECIFIED DIABETES MELLITUS IN PREGNANCY, SECOND TRIMESTER
O24913	UNSPECIFIED DIABETES MELLITUS IN PREGNANCY, THIRD TRIMESTER
O24919	UNSPECIFIED DIABETES MELLITUS IN PREGNANCY, UNSPECIFIED TRIMESTER
O2492	UNSPECIFIED DIABETES MELLITUS IN CHILDBIRTH
O2493	UNSPECIFIED DIABETES MELLITUS IN THE PUERPERIUM
O2510	MALNUTRITION IN PREGNANCY, UNSPECIFIED TRIMESTER
O2511	MALNUTRITION IN PREGNANCY, FIRST TRIMESTER
O2512	MALNUTRITION IN PREGNANCY, SECOND TRIMESTER
O2513	MALNUTRITION IN PREGNANCY, THIRD TRIMESTER
O252	MALNUTRITION IN CHILDBIRTH
O253	MALNUTRITION IN THE PUERPERIUM
O2600	EXCESSIVE WEIGHT GAIN IN PREGNANCY, UNSPECIFIED TRIMESTER
O2601	EXCESSIVE WEIGHT GAIN IN PREGNANCY, FIRST TRIMESTER
O2602	EXCESSIVE WEIGHT GAIN IN PREGNANCY, SECOND TRIMESTER
O2603	EXCESSIVE WEIGHT GAIN IN PREGNANCY, THIRD TRIMESTER

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O2610	LOW WEIGHT GAIN IN PREGNANCY, UNSPECIFIED TRIMESTER
O2611	LOW WEIGHT GAIN IN PREGNANCY, FIRST TRIMESTER
O2612	LOW WEIGHT GAIN IN PREGNANCY, SECOND TRIMESTER
O2613	LOW WEIGHT GAIN IN PREGNANCY, THIRD TRIMESTER
O2620	PREGNANCY CARE FOR PATIENT WITH RECURRENT PREGNANCY LOSS, UNSPECIFIED TRIMESTER
O2621	PREGNANCY CARE FOR PATIENT WITH RECURRENT PREGNANCY LOSS, FIRST TRIMESTER
O2622	PREGNANCY CARE FOR PATIENT WITH RECURRENT PREGNANCY LOSS, SECOND TRIMESTER
O2623	PREGNANCY CARE FOR PATIENT WITH RECURRENT PREGNANCY LOSS, THIRD TRIMESTER
O2630	RETAINED INTRAUTERINE CONTRACEPTIVE DEVICE IN PREGNANCY, UNSPECIFIED TRIMESTER
O2631	RETAINED INTRAUTERINE CONTRACEPTIVE DEVICE IN PREGNANCY, FIRST TRIMESTER
O2632	RETAINED INTRAUTERINE CONTRACEPTIVE DEVICE IN PREGNANCY, SECOND TRIMESTER
O2633	RETAINED INTRAUTERINE CONTRACEPTIVE DEVICE IN PREGNANCY, THIRD TRIMESTER
O2640	HERPES GESTATIONIS, UNSPECIFIED TRIMESTER
O2641	HERPES GESTATIONIS, FIRST TRIMESTER
O2642	HERPES GESTATIONIS, SECOND TRIMESTER
O2643	HERPES GESTATIONIS, THIRD TRIMESTER
O26611	LIVER AND BILIARY TRACT DISORDERS IN PREGNANCY, FIRST TRIMESTER
O26612	LIVER AND BILIARY TRACT DISORDERS IN PREGNANCY, SECOND TRIMESTER
O26613	LIVER AND BILIARY TRACT DISORDERS IN PREGNANCY, THIRD TRIMESTER
O26619	LIVER AND BILIARY TRACT DISORDERS IN PREGNANCY, UNSPECIFIED TRIMESTER
O2662	LIVER AND BILIARY TRACT DISORDERS IN CHILDBIRTH
O2663	LIVER AND BILIARY TRACT DISORDERS IN THE PUERPERIUM
O26711	SUBLUXATION OF SYMPHYSIS (PUBIS) IN PREGNANCY, FIRST TRIMESTER
O26712	SUBLUXATION OF SYMPHYSIS (PUBIS) IN PREGNANCY, SECOND TRIMESTER
O26713	SUBLUXATION OF SYMPHYSIS (PUBIS) IN PREGNANCY, THIRD TRIMESTER
O26719	SUBLUXATION OF SYMPHYSIS (PUBIS) IN PREGNANCY, UNSPECIFIED TRIMESTER
O2672	SUBLUXATION OF SYMPHYSIS (PUBIS) IN CHILDBIRTH

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O2673	SUBLUXATION OF SYMPHYSIS (PUBIS) IN THE PUERPERIUM
O26811	PREGNANCY RELATED EXHAUSTION AND FATIGUE, FIRST TRIMESTER
O26812	PREGNANCY RELATED EXHAUSTION AND FATIGUE, SECOND TRIMESTER
O26813	PREGNANCY RELATED EXHAUSTION AND FATIGUE, THIRD TRIMESTER
O26819	PREGNANCY RELATED EXHAUSTION AND FATIGUE, UNSPECIFIED TRIMESTER
O26821	PREGNANCY RELATED PERIPHERAL NEURITIS, FIRST TRIMESTER
O26822	PREGNANCY RELATED PERIPHERAL NEURITIS, SECOND TRIMESTER
O26823	PREGNANCY RELATED PERIPHERAL NEURITIS, THIRD TRIMESTER
O26829	PREGNANCY RELATED PERIPHERAL NEURITIS, UNSPECIFIED TRIMESTER
O26831	PREGNANCY RELATED RENAL DISEASE, FIRST TRIMESTER
O26832	PREGNANCY RELATED RENAL DISEASE, SECOND TRIMESTER
O26833	PREGNANCY RELATED RENAL DISEASE, THIRD TRIMESTER
O26839	PREGNANCY RELATED RENAL DISEASE, UNSPECIFIED TRIMESTER
O26841	UTERINE SIZE-DATE DISCREPANCY, FIRST TRIMESTER
O26842	UTERINE SIZE-DATE DISCREPANCY, SECOND TRIMESTER
O26843	UTERINE SIZE-DATE DISCREPANCY, THIRD TRIMESTER
O26849	UTERINE SIZE-DATE DISCREPANCY, UNSPECIFIED TRIMESTER
O26851	SPOTTING COMPLICATING PREGNANCY, FIRST TRIMESTER
O26852	SPOTTING COMPLICATING PREGNANCY, SECOND TRIMESTER
O26853	SPOTTING COMPLICATING PREGNANCY, THIRD TRIMESTER
O26859	SPOTTING COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O2686	PRURITIC URTICARIAL PAPULES AND PLAQUES OF PREGNANCY (PUPPP)
O26872	CERVICAL SHORTENING, SECOND TRIMESTER
O26873	CERVICAL SHORTENING, THIRD TRIMESTER
O26879	CERVICAL SHORTENING, UNSPECIFIED TRIMESTER
O26891	OTHER SPECIFIED PREGNANCY RELATED CONDITIONS, FIRST TRIMESTER
O26892	OTHER SPECIFIED PREGNANCY RELATED CONDITIONS, SECOND TRIMESTER
O26893	OTHER SPECIFIED PREGNANCY RELATED CONDITIONS, THIRD TRIMESTER
O26899	OTHER SPECIFIED PREGNANCY RELATED CONDITIONS, UNSPECIFIED TRIMESTER
O2690	PREGNANCY RELATED CONDITIONS, UNSPECIFIED, UNSPECIFIED TRIMESTER
O2691	PREGNANCY RELATED CONDITIONS, UNSPECIFIED, FIRST TRIMESTER
O2692	PREGNANCY RELATED CONDITIONS, UNSPECIFIED, SECOND TRIMESTER
O2693	PREGNANCY RELATED CONDITIONS, UNSPECIFIED, THIRD TRIMESTER

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O29011	ASPIRATION PNEUMONITIS DUE TO ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O29012	ASPIRATION PNEUMONITIS DUE TO ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O29013	ASPIRATION PNEUMONITIS DUE TO ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O29019	ASPIRATION PNEUMONITIS DUE TO ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O29021	PRESSURE COLLAPSE OF LUNG DUE TO ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O29022	PRESSURE COLLAPSE OF LUNG DUE TO ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O29023	PRESSURE COLLAPSE OF LUNG DUE TO ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O29029	PRESSURE COLLAPSE OF LUNG DUE TO ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O29091	OTHER PULMONARY COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O29092	OTHER PULMONARY COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O29093	OTHER PULMONARY COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O29099	OTHER PULMONARY COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O29111	CARDIAC ARREST DUE TO ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O29112	CARDIAC ARREST DUE TO ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O29113	CARDIAC ARREST DUE TO ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O29119	CARDIAC ARREST DUE TO ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O29121	CARDIAC FAILURE DUE TO ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O29122	CARDIAC FAILURE DUE TO ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O29123	CARDIAC FAILURE DUE TO ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O29129	CARDIAC FAILURE DUE TO ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O29191	OTHER CARDIAC COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O29192	OTHER CARDIAC COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O29193	OTHER CARDIAC COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O29199	OTHER CARDIAC COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O29211	CEREBRAL ANOXIA DUE TO ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O29212	CEREBRAL ANOXIA DUE TO ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O29213	CEREBRAL ANOXIA DUE TO ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O29219	CEREBRAL ANOXIA DUE TO ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O29291	OTHER CENTRAL NERVOUS SYSTEM COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O29292	OTHER CENTRAL NERVOUS SYSTEM COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O29293	OTHER CENTRAL NERVOUS SYSTEM COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O29299	OTHER CENTRAL NERVOUS SYSTEM COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O293X1	TOXIC REACTION TO LOCAL ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O293X2	TOXIC REACTION TO LOCAL ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O293X3	TOXIC REACTION TO LOCAL ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O293X9	TOXIC REACTION TO LOCAL ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O2940	SPINAL AND EPIDURAL ANESTHESIA INDUCED HEADACHE DURING PREGNANCY, UNSPECIFIED TRIMESTER
O2941	SPINAL AND EPIDURAL ANESTHESIA INDUCED HEADACHE DURING PREGNANCY, FIRST TRIMESTER
O2942	SPINAL AND EPIDURAL ANESTHESIA INDUCED HEADACHE DURING PREGNANCY, SECOND TRIMESTER
O2943	SPINAL AND EPIDURAL ANESTHESIA INDUCED HEADACHE DURING PREGNANCY, THIRD TRIMESTER
O295X1	OTHER COMPLICATIONS OF SPINAL AND EPIDURAL ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O295X2	OTHER COMPLICATIONS OF SPINAL AND EPIDURAL ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O295X3	OTHER COMPLICATIONS OF SPINAL AND EPIDURAL ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O295X9	OTHER COMPLICATIONS OF SPINAL AND EPIDURAL ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O2960	FAILED OR DIFFICULT INTUBATION FOR ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O2961	FAILED OR DIFFICULT INTUBATION FOR ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O2962	FAILED OR DIFFICULT INTUBATION FOR ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O2963	FAILED OR DIFFICULT INTUBATION FOR ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O298X1	OTHER COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O298X2	OTHER COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O298X3	OTHER COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O298X9	OTHER COMPLICATIONS OF ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O2990	UNSPECIFIED COMPLICATION OF ANESTHESIA DURING PREGNANCY, UNSPECIFIED TRIMESTER
O2991	UNSPECIFIED COMPLICATION OF ANESTHESIA DURING PREGNANCY, FIRST TRIMESTER
O2992	UNSPECIFIED COMPLICATION OF ANESTHESIA DURING PREGNANCY, SECOND TRIMESTER
O2993	UNSPECIFIED COMPLICATION OF ANESTHESIA DURING PREGNANCY, THIRD TRIMESTER
O30001	TWIN PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30002	TWIN PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30003	TWIN PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30009	TWIN PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER
O30011	TWIN PREGNANCY, MONOCHORIONIC/MONOAMNIOTIC, FIRST TRIMESTER
O30012	TWIN PREGNANCY, MONOCHORIONIC/MONOAMNIOTIC, SECOND TRIMESTER
O30013	TWIN PREGNANCY, MONOCHORIONIC/MONOAMNIOTIC, THIRD TRIMESTER
O30019	TWIN PREGNANCY, MONOCHORIONIC/MONOAMNIOTIC, UNSPECIFIED TRIMESTER
O30031	TWIN PREGNANCY, MONOCHORIONIC/DIAMNIOTIC, FIRST TRIMESTER
O30032	TWIN PREGNANCY, MONOCHORIONIC/DIAMNIOTIC, SECOND TRIMESTER
O30033	TWIN PREGNANCY, MONOCHORIONIC/DIAMNIOTIC, THIRD TRIMESTER



<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O30039	TWIN PREGNANCY, MONOCHORIONIC/DIAMNIOTIC, UNSPECIFIED TRIMESTER
O30041	TWIN PREGNANCY, DICHORIONIC/DIAMNIOTIC, FIRST TRIMESTER
O30042	TWIN PREGNANCY, DICHORIONIC/DIAMNIOTIC, SECOND TRIMESTER
O30043	TWIN PREGNANCY, DICHORIONIC/DIAMNIOTIC, THIRD TRIMESTER
O30049	TWIN PREGNANCY, DICHORIONIC/DIAMNIOTIC, UNSPECIFIED TRIMESTER
O30091	TWIN PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30092	TWIN PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30093	TWIN PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30099	TWIN PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER
O30101	TRIPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30102	TRIPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30103	TRIPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30109	TRIPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER
O30111	TRIPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, FIRST TRIMESTER
O30112	TRIPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, SECOND TRIMESTER
O30113	TRIPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, THIRD TRIMESTER
O30119	TRIPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, UNSPECIFIED TRIMESTER
O30121	TRIPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, FIRST TRIMESTER
O30122	TRIPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, SECOND TRIMESTER
O30123	TRIPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, THIRD TRIMESTER
O30129	TRIPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, UNSPECIFIED TRIMESTER
O30191	TRIPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30192	TRIPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O30193	TRIPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30199	TRIPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER
O30201	QUADRUPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30202	QUADRUPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30203	QUADRUPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30209	QUADRUPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER
O30211	QUADRUPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, FIRST TRIMESTER
O30212	QUADRUPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, SECOND TRIMESTER
O30213	QUADRUPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, THIRD TRIMESTER
O30219	QUADRUPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, UNSPECIFIED TRIMESTER
O30221	QUADRUPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, FIRST TRIMESTER
O30222	QUADRUPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, SECOND TRIMESTER
O30223	QUADRUPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, THIRD TRIMESTER
O30229	QUADRUPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, UNSPECIFIED TRIMESTER
O30291	QUADRUPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30292	QUADRUPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30293	QUADRUPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30299	QUADRUPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER
O30801	OTHER SPECIFIED MULTIPLE GESTATION, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30802	OTHER SPECIFIED MULTIPLE GESTATION, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER



<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O30803	OTHER SPECIFIED MULTIPLE GESTATION, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30809	OTHER SPECIFIED MULTIPLE GESTATION, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER
O30811	OTHER SPECIFIED MULTIPLE GESTATION WITH TWO OR MORE MONOCHORIONIC FETUSES, FIRST TRIMESTER
O30812	OTHER SPECIFIED MULTIPLE GESTATION WITH TWO OR MORE MONOCHORIONIC FETUSES, SECOND TRIMESTER
O30813	OTHER SPECIFIED MULTIPLE GESTATION WITH TWO OR MORE MONOCHORIONIC FETUSES, THIRD TRIMESTER
O30819	OTHER SPECIFIED MULTIPLE GESTATION WITH TWO OR MORE MONOCHORIONIC FETUSES, UNSPECIFIED TRIMESTER
O30821	OTHER SPECIFIED MULTIPLE GESTATION WITH TWO OR MORE MONOAMNIOTIC FETUSES, FIRST TRIMESTER
O30822	OTHER SPECIFIED MULTIPLE GESTATION WITH TWO OR MORE MONOAMNIOTIC FETUSES, SECOND TRIMESTER
O30823	OTHER SPECIFIED MULTIPLE GESTATION WITH TWO OR MORE MONOAMNIOTIC FETUSES, THIRD TRIMESTER
O30829	OTHER SPECIFIED MULTIPLE GESTATION WITH TWO OR MORE MONOAMNIOTIC FETUSES, UNSPECIFIED TRIMESTER
O30891	OTHER SPECIFIED MULTIPLE GESTATION, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER
O30892	OTHER SPECIFIED MULTIPLE GESTATION, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER
O30893	OTHER SPECIFIED MULTIPLE GESTATION, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER
O30899	OTHER SPECIFIED MULTIPLE GESTATION, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER
O3090	MULTIPLE GESTATION, UNSPECIFIED, UNSPECIFIED TRIMESTER
O3091	MULTIPLE GESTATION, UNSPECIFIED, FIRST TRIMESTER
O3092	MULTIPLE GESTATION, UNSPECIFIED, SECOND TRIMESTER
O3093	MULTIPLE GESTATION, UNSPECIFIED, THIRD TRIMESTER
O3100X0	PAPYRACEOUS FETUS, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3100X1	PAPYRACEOUS FETUS, UNSPECIFIED TRIMESTER, FETUS 1
O3100X2	PAPYRACEOUS FETUS, UNSPECIFIED TRIMESTER, FETUS 2
O3100X3	PAPYRACEOUS FETUS, UNSPECIFIED TRIMESTER, FETUS 3

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3100X4	PAPYRACEOUS FETUS, UNSPECIFIED TRIMESTER, FETUS 4
O3100X5	PAPYRACEOUS FETUS, UNSPECIFIED TRIMESTER, FETUS 5
O3100X9	PAPYRACEOUS FETUS, UNSPECIFIED TRIMESTER, OTHER FETUS
O3101X0	PAPYRACEOUS FETUS, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3101X1	PAPYRACEOUS FETUS, FIRST TRIMESTER, FETUS 1
O3101X2	PAPYRACEOUS FETUS, FIRST TRIMESTER, FETUS 2
O3101X3	PAPYRACEOUS FETUS, FIRST TRIMESTER, FETUS 3
O3101X4	PAPYRACEOUS FETUS, FIRST TRIMESTER, FETUS 4
O3101X5	PAPYRACEOUS FETUS, FIRST TRIMESTER, FETUS 5
O3101X9	PAPYRACEOUS FETUS, FIRST TRIMESTER, OTHER FETUS
O3102X0	PAPYRACEOUS FETUS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3102X1	PAPYRACEOUS FETUS, SECOND TRIMESTER, FETUS 1
O3102X2	PAPYRACEOUS FETUS, SECOND TRIMESTER, FETUS 2
O3102X3	PAPYRACEOUS FETUS, SECOND TRIMESTER, FETUS 3
O3102X4	PAPYRACEOUS FETUS, SECOND TRIMESTER, FETUS 4
O3102X5	PAPYRACEOUS FETUS, SECOND TRIMESTER, FETUS 5
O3102X9	PAPYRACEOUS FETUS, SECOND TRIMESTER, OTHER FETUS
O3103X0	PAPYRACEOUS FETUS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3103X1	PAPYRACEOUS FETUS, THIRD TRIMESTER, FETUS 1
O3103X2	PAPYRACEOUS FETUS, THIRD TRIMESTER, FETUS 2
O3103X3	PAPYRACEOUS FETUS, THIRD TRIMESTER, FETUS 3
O3103X4	PAPYRACEOUS FETUS, THIRD TRIMESTER, FETUS 4
O3103X5	PAPYRACEOUS FETUS, THIRD TRIMESTER, FETUS 5
O3103X9	PAPYRACEOUS FETUS, THIRD TRIMESTER, OTHER FETUS
O3110X0	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3110X1	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 1
O3110X2	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 2
O3110X3	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 3
O3110X4	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 4

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3110X5	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 5
O3110X9	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, OTHER FETUS
O3111X0	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3111X1	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 1
O3111X2	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 2
O3111X3	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 3
O3111X4	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 4
O3111X5	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 5
O3111X9	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, FIRST TRIMESTER, OTHER FETUS
O3112X0	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3112X1	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 1
O3112X2	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 2
O3112X3	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 3
O3112X4	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 4
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
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
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

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3113X9	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION OF ONE FETUS OR MORE, THIRD TRIMESTER, OTHER FETUS
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
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
O3120X9	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, UNSPECIFIED 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
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
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
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
O3122X9	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, SECOND TRIMESTER, OTHER FETUS

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
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
O3123X2	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 2
O3123X3	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 3
O3123X4	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 4
O3123X5	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 5
O3123X9	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, THIRD TRIMESTER, OTHER FETUS
O3130X0	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3130X1	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 1
O3130X2	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 2
O3130X3	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 3
O3130X4	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 4
O3130X5	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, FETUS 5
O3130X9	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, UNSPECIFIED TRIMESTER, OTHER FETUS
O3131X0	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3131X1	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 1
O3131X2	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 2
O3131X3	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 3
O3131X4	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 4
O3131X5	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, FIRST TRIMESTER, FETUS 5
O3131X9	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, FIRST TRIMESTER, OTHER FETUS

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</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
O3132X2	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 2
O3132X3	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 3
O3132X4	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 4
O3132X5	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 5
O3132X9	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, SECOND TRIMESTER, OTHER FETUS
O3133X0	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3133X1	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 1
O3133X2	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 2
O3133X3	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 3
O3133X4	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 4
O3133X5	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, THIRD TRIMESTER, FETUS 5
O3133X9	CONTINUING PREGNANCY AFTER ELECTIVE FETAL REDUCTION OF ONE FETUS OR MORE, THIRD TRIMESTER, OTHER FETUS
O318X10	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O318X11	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, FIRST TRIMESTER, FETUS 1
O318X12	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, FIRST TRIMESTER, FETUS 2
O318X13	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, FIRST TRIMESTER, FETUS 3
O318X14	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, FIRST TRIMESTER, FETUS 4
O318X15	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, FIRST TRIMESTER, FETUS 5
O318X19	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, FIRST TRIMESTER, OTHER FETUS
O318X20	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED



<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O318X21	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, SECOND TRIMESTER, FETUS 1
O318X22	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, SECOND TRIMESTER, FETUS 2
O318X23	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, SECOND TRIMESTER, FETUS 3
O318X24	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, SECOND TRIMESTER, FETUS 4
O318X25	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, SECOND TRIMESTER, FETUS 5
O318X29	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, SECOND TRIMESTER, OTHER FETUS
O318X30	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O318X31	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, THIRD TRIMESTER, FETUS 1
O318X32	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, THIRD TRIMESTER, FETUS 2
O318X33	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, THIRD TRIMESTER, FETUS 3
O318X34	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, THIRD TRIMESTER, FETUS 4
O318X35	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, THIRD TRIMESTER, FETUS 5
O318X39	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, THIRD TRIMESTER, OTHER FETUS
O318X90	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O318X91	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, UNSPECIFIED TRIMESTER, FETUS 1
O318X92	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, UNSPECIFIED TRIMESTER, FETUS 2
O318X93	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, UNSPECIFIED TRIMESTER, FETUS 3
O318X94	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, UNSPECIFIED TRIMESTER, FETUS 4
O318X95	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, UNSPECIFIED TRIMESTER, FETUS 5
O318X99	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, UNSPECIFIED TRIMESTER, OTHER FETUS
O320XX0	MATERNAL CARE FOR UNSTABLE LIE, NOT APPLICABLE OR UNSPECIFIED
O320XX1	MATERNAL CARE FOR UNSTABLE LIE, FETUS 1
O320XX2	MATERNAL CARE FOR UNSTABLE LIE, FETUS 2

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O320XX3	MATERNAL CARE FOR UNSTABLE LIE, FETUS 3
O320XX4	MATERNAL CARE FOR UNSTABLE LIE, FETUS 4
O320XX5	MATERNAL CARE FOR UNSTABLE LIE, FETUS 5
O320XX9	MATERNAL CARE FOR UNSTABLE LIE, OTHER FETUS
O321XX0	MATERNAL CARE FOR BREECH PRESENTATION, NOT APPLICABLE OR UNSPECIFIED
O321XX1	MATERNAL CARE FOR BREECH PRESENTATION, FETUS 1
O321XX2	MATERNAL CARE FOR BREECH PRESENTATION, FETUS 2
O321XX3	MATERNAL CARE FOR BREECH PRESENTATION, FETUS 3
O321XX4	MATERNAL CARE FOR BREECH PRESENTATION, FETUS 4
O321XX5	MATERNAL CARE FOR BREECH PRESENTATION, FETUS 5
O321XX9	MATERNAL CARE FOR BREECH PRESENTATION, OTHER FETUS
O322XX0	MATERNAL CARE FOR TRANSVERSE AND OBLIQUE LIE, NOT APPLICABLE OR UNSPECIFIED
O322XX1	MATERNAL CARE FOR TRANSVERSE AND OBLIQUE LIE, FETUS 1
O322XX2	MATERNAL CARE FOR TRANSVERSE AND OBLIQUE LIE, FETUS 2
O322XX3	MATERNAL CARE FOR TRANSVERSE AND OBLIQUE LIE, FETUS 3
O322XX4	MATERNAL CARE FOR TRANSVERSE AND OBLIQUE LIE, FETUS 4
O322XX5	MATERNAL CARE FOR TRANSVERSE AND OBLIQUE LIE, FETUS 5
O322XX9	MATERNAL CARE FOR TRANSVERSE AND OBLIQUE LIE, OTHER FETUS
O323XX0	MATERNAL CARE FOR FACE, BROW AND CHIN PRESENTATION, NOT APPLICABLE OR UNSPECIFIED
O323XX1	MATERNAL CARE FOR FACE, BROW AND CHIN PRESENTATION, FETUS 1
O323XX2	MATERNAL CARE FOR FACE, BROW AND CHIN PRESENTATION, FETUS 2
O323XX3	MATERNAL CARE FOR FACE, BROW AND CHIN PRESENTATION, FETUS 3
O323XX4	MATERNAL CARE FOR FACE, BROW AND CHIN PRESENTATION, FETUS 4
O323XX5	MATERNAL CARE FOR FACE, BROW AND CHIN PRESENTATION, FETUS 5
O323XX9	MATERNAL CARE FOR FACE, BROW AND CHIN PRESENTATION, OTHER FETUS
O324XX0	MATERNAL CARE FOR HIGH HEAD AT TERM, NOT APPLICABLE OR UNSPECIFIED
O324XX1	MATERNAL CARE FOR HIGH HEAD AT TERM, FETUS 1
O324XX2	MATERNAL CARE FOR HIGH HEAD AT TERM, FETUS 2
O324XX3	MATERNAL CARE FOR HIGH HEAD AT TERM, FETUS 3
O324XX4	MATERNAL CARE FOR HIGH HEAD AT TERM, FETUS 4
O324XX5	MATERNAL CARE FOR HIGH HEAD AT TERM, FETUS 5
O324XX9	MATERNAL CARE FOR HIGH HEAD AT TERM, OTHER FETUS



<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</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
O326XX2	MATERNAL CARE FOR COMPOUND PRESENTATION, FETUS 2
O326XX3	MATERNAL CARE FOR COMPOUND PRESENTATION, FETUS 3
O326XX4	MATERNAL CARE FOR COMPOUND PRESENTATION, FETUS 4
O326XX5	MATERNAL CARE FOR COMPOUND PRESENTATION, FETUS 5
O326XX9	MATERNAL CARE FOR COMPOUND PRESENTATION, OTHER FETUS
O328XX0	MATERNAL CARE FOR OTHER MALPRESENTATION OF FETUS, NOT APPLICABLE OR UNSPECIFIED
O328XX1	MATERNAL CARE FOR OTHER MALPRESENTATION OF FETUS, FETUS 1
O328XX2	MATERNAL CARE FOR OTHER MALPRESENTATION OF FETUS, FETUS 2
O328XX3	MATERNAL CARE FOR OTHER MALPRESENTATION OF FETUS, FETUS 3
O328XX4	MATERNAL CARE FOR OTHER MALPRESENTATION OF FETUS, FETUS 4
O328XX5	MATERNAL CARE FOR OTHER MALPRESENTATION OF FETUS, FETUS 5
O328XX9	MATERNAL CARE FOR OTHER MALPRESENTATION OF FETUS, OTHER FETUS
O329XX0	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, NOT APPLICABLE OR UNSPECIFIED
O329XX1	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, FETUS 1
O329XX2	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, FETUS 2
O329XX3	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, FETUS 3
O329XX4	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, FETUS 4
O329XX5	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, FETUS 5
O329XX9	MATERNAL CARE FOR MALPRESENTATION OF FETUS, UNSPECIFIED, OTHER FETUS
O330	MATERNAL CARE FOR DISPROPORTION DUE TO DEFORMITY OF MATERNAL PELVIC BONES
O331	MATERNAL CARE FOR DISPROPORTION DUE TO GENERALLY CONTRACTED PELVIS
O332	MATERNAL CARE FOR DISPROPORTION DUE TO INLET CONTRACTION OF PELVIS
O333XX0	MATERNAL CARE FOR DISPROPORTION DUE TO OUTLET CONTRACTION OF PELVIS, NOT APPLICABLE OR UNSPECIFIED
O333XX1	MATERNAL CARE FOR DISPROPORTION DUE TO OUTLET CONTRACTION OF PELVIS, FETUS 1

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O333XX2	MATERNAL CARE FOR DISPROPORTION DUE TO OUTLET CONTRACTION OF PELVIS, FETUS 2
O333XX3	MATERNAL CARE FOR DISPROPORTION DUE TO OUTLET CONTRACTION OF PELVIS, FETUS 3
O333XX4	MATERNAL CARE FOR DISPROPORTION DUE TO OUTLET CONTRACTION OF PELVIS, FETUS 4
O333XX5	MATERNAL CARE FOR DISPROPORTION DUE TO OUTLET CONTRACTION OF PELVIS, FETUS 5
O333XX9	MATERNAL CARE FOR DISPROPORTION DUE TO OUTLET CONTRACTION OF PELVIS, OTHER FETUS
O334XX0	MATERNAL CARE FOR DISPROPORTION OF MIXED MATERNAL AND FETAL ORIGIN, NOT APPLICABLE OR UNSPECIFIED
O334XX1	MATERNAL CARE FOR DISPROPORTION OF MIXED MATERNAL AND FETAL ORIGIN, FETUS 1
O334XX2	MATERNAL CARE FOR DISPROPORTION OF MIXED MATERNAL AND FETAL ORIGIN, FETUS 2
O334XX3	MATERNAL CARE FOR DISPROPORTION OF MIXED MATERNAL AND FETAL ORIGIN, FETUS 3
O334XX4	MATERNAL CARE FOR DISPROPORTION OF MIXED MATERNAL AND FETAL ORIGIN, FETUS 4
O334XX5	MATERNAL CARE FOR DISPROPORTION OF MIXED MATERNAL AND FETAL ORIGIN, FETUS 5
O334XX9	MATERNAL CARE FOR DISPROPORTION OF MIXED MATERNAL AND FETAL ORIGIN, OTHER FETUS
O335XX0	MATERNAL CARE FOR DISPROPORTION DUE TO UNUSUALLY LARGE FETUS, NOT APPLICABLE OR UNSPECIFIED
O335XX1	MATERNAL CARE FOR DISPROPORTION DUE TO UNUSUALLY LARGE FETUS, FETUS 1
O335XX2	MATERNAL CARE FOR DISPROPORTION DUE TO UNUSUALLY LARGE FETUS, FETUS 2
O335XX3	MATERNAL CARE FOR DISPROPORTION DUE TO UNUSUALLY LARGE FETUS, FETUS 3
O335XX4	MATERNAL CARE FOR DISPROPORTION DUE TO UNUSUALLY LARGE FETUS, FETUS 4
O335XX5	MATERNAL CARE FOR DISPROPORTION DUE TO UNUSUALLY LARGE FETUS, FETUS 5
O335XX9	MATERNAL CARE FOR DISPROPORTION DUE TO UNUSUALLY LARGE FETUS, OTHER FETUS
O336XX0	MATERNAL CARE FOR DISPROPORTION DUE TO HYDROCEPHALIC FETUS, NOT APPLICABLE OR UNSPECIFIED
O336XX1	MATERNAL CARE FOR DISPROPORTION DUE TO HYDROCEPHALIC FETUS, FETUS 1
O336XX2	MATERNAL CARE FOR DISPROPORTION DUE TO HYDROCEPHALIC FETUS, FETUS 2

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O336XX3	MATERNAL CARE FOR DISPROPORTION DUE TO HYDROCEPHALIC FETUS, FETUS 3
O336XX4	MATERNAL CARE FOR DISPROPORTION DUE TO HYDROCEPHALIC FETUS, FETUS 4
O336XX5	MATERNAL CARE FOR DISPROPORTION DUE TO HYDROCEPHALIC FETUS, FETUS 5
O336XX9	MATERNAL CARE FOR DISPROPORTION DUE TO HYDROCEPHALIC FETUS, OTHER FETUS
O337	MATERNAL CARE FOR DISPROPORTION DUE TO OTHER FETAL DEFORMITIES
O338	MATERNAL CARE FOR DISPROPORTION OF OTHER ORIGIN
O339	MATERNAL CARE FOR DISPROPORTION, UNSPECIFIED
O3400	MATERNAL CARE FOR UNSPECIFIED CONGENITAL MALFORMATION OF UTERUS, UNSPECIFIED TRIMESTER
O3401	MATERNAL CARE FOR UNSPECIFIED CONGENITAL MALFORMATION OF UTERUS, FIRST TRIMESTER
O3402	MATERNAL CARE FOR UNSPECIFIED CONGENITAL MALFORMATION OF UTERUS, SECOND TRIMESTER
O3403	MATERNAL CARE FOR UNSPECIFIED CONGENITAL MALFORMATION OF UTERUS, THIRD TRIMESTER
O3410	MATERNAL CARE FOR BENIGN TUMOR OF CORPUS UTERI, UNSPECIFIED TRIMESTER
O3411	MATERNAL CARE FOR BENIGN TUMOR OF CORPUS UTERI, FIRST TRIMESTER
O3412	MATERNAL CARE FOR BENIGN TUMOR OF CORPUS UTERI, SECOND TRIMESTER
O3413	MATERNAL CARE FOR BENIGN TUMOR OF CORPUS UTERI, THIRD TRIMESTER
O3421	MATERNAL CARE FOR SCAR FROM PREVIOUS CESAREAN DELIVERY
O3429	MATERNAL CARE DUE TO UTERINE SCAR FROM OTHER PREVIOUS SURGERY
O3430	MATERNAL CARE FOR CERVICAL INCOMPETENCE, UNSPECIFIED TRIMESTER
O3431	MATERNAL CARE FOR CERVICAL INCOMPETENCE, FIRST TRIMESTER
O3432	MATERNAL CARE FOR CERVICAL INCOMPETENCE, SECOND TRIMESTER
O3433	MATERNAL CARE FOR CERVICAL INCOMPETENCE, THIRD TRIMESTER
O3440	MATERNAL CARE FOR OTHER ABNORMALITIES OF CERVIX, UNSPECIFIED TRIMESTER
O3441	MATERNAL CARE FOR OTHER ABNORMALITIES OF CERVIX, FIRST TRIMESTER
O3442	MATERNAL CARE FOR OTHER ABNORMALITIES OF CERVIX, SECOND TRIMESTER

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3443	MATERNAL CARE FOR OTHER ABNORMALITIES OF CERVIX, THIRD TRIMESTER
O34511	MATERNAL CARE FOR INCARCERATION OF GRAVID UTERUS, FIRST TRIMESTER
O34512	MATERNAL CARE FOR INCARCERATION OF GRAVID UTERUS, SECOND TRIMESTER
O34513	MATERNAL CARE FOR INCARCERATION OF GRAVID UTERUS, THIRD TRIMESTER
O34519	MATERNAL CARE FOR INCARCERATION OF GRAVID UTERUS, UNSPECIFIED TRIMESTER
O34521	MATERNAL CARE FOR PROLAPSE OF GRAVID UTERUS, FIRST TRIMESTER
O34522	MATERNAL CARE FOR PROLAPSE OF GRAVID UTERUS, SECOND TRIMESTER
O34523	MATERNAL CARE FOR PROLAPSE OF GRAVID UTERUS, THIRD TRIMESTER
O34529	MATERNAL CARE FOR PROLAPSE OF GRAVID UTERUS, UNSPECIFIED TRIMESTER
O34531	MATERNAL CARE FOR RETROVERSION OF GRAVID UTERUS, FIRST TRIMESTER
O34532	MATERNAL CARE FOR RETROVERSION OF GRAVID UTERUS, SECOND TRIMESTER
O34533	MATERNAL CARE FOR RETROVERSION OF GRAVID UTERUS, THIRD TRIMESTER
O34539	MATERNAL CARE FOR RETROVERSION OF GRAVID UTERUS, UNSPECIFIED TRIMESTER
O34591	MATERNAL CARE FOR OTHER ABNORMALITIES OF GRAVID UTERUS, FIRST TRIMESTER
O34592	MATERNAL CARE FOR OTHER ABNORMALITIES OF GRAVID UTERUS, SECOND TRIMESTER
O34593	MATERNAL CARE FOR OTHER ABNORMALITIES OF GRAVID UTERUS, THIRD TRIMESTER
O34599	MATERNAL CARE FOR OTHER ABNORMALITIES OF GRAVID UTERUS, UNSPECIFIED TRIMESTER
O3460	MATERNAL CARE FOR ABNORMALITY OF VAGINA, UNSPECIFIED TRIMESTER
O3461	MATERNAL CARE FOR ABNORMALITY OF VAGINA, FIRST TRIMESTER
O3462	MATERNAL CARE FOR ABNORMALITY OF VAGINA, SECOND TRIMESTER
O3463	MATERNAL CARE FOR ABNORMALITY OF VAGINA, THIRD TRIMESTER
O3470	MATERNAL CARE FOR ABNORMALITY OF VULVA AND PERINEUM, UNSPECIFIED TRIMESTER
O3471	MATERNAL CARE FOR ABNORMALITY OF VULVA AND PERINEUM, FIRST TRIMESTER
O3472	MATERNAL CARE FOR ABNORMALITY OF VULVA AND PERINEUM, SECOND TRIMESTER

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3473	MATERNAL CARE FOR ABNORMALITY OF VULVA AND PERINEUM, THIRD TRIMESTER
O3480	MATERNAL CARE FOR OTHER ABNORMALITIES OF PELVIC ORGANS, UNSPECIFIED TRIMESTER
O3481	MATERNAL CARE FOR OTHER ABNORMALITIES OF PELVIC ORGANS, FIRST TRIMESTER
O3482	MATERNAL CARE FOR OTHER ABNORMALITIES OF PELVIC ORGANS, SECOND TRIMESTER
O3483	MATERNAL CARE FOR OTHER ABNORMALITIES OF PELVIC ORGANS, THIRD TRIMESTER
O3490	MATERNAL CARE FOR ABNORMALITY OF PELVIC ORGAN, UNSPECIFIED, UNSPECIFIED TRIMESTER
O3491	MATERNAL CARE FOR ABNORMALITY OF PELVIC ORGAN, UNSPECIFIED, FIRST TRIMESTER
O3492	MATERNAL CARE FOR ABNORMALITY OF PELVIC ORGAN, UNSPECIFIED, SECOND TRIMESTER
O3493	MATERNAL CARE FOR ABNORMALITY OF PELVIC ORGAN, UNSPECIFIED, THIRD TRIMESTER
O350XX0	MATERNAL CARE FOR (SUSPECTED) CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS, NOT APPLICABLE OR UNSPECIFIED
O350XX1	MATERNAL CARE FOR (SUSPECTED) CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS, FETUS 1
O350XX2	MATERNAL CARE FOR (SUSPECTED) CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS, FETUS 2
O350XX3	MATERNAL CARE FOR (SUSPECTED) CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS, FETUS 3
O350XX4	MATERNAL CARE FOR (SUSPECTED) CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS, FETUS 4
O350XX5	MATERNAL CARE FOR (SUSPECTED) CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS, FETUS 5
O350XX9	MATERNAL CARE FOR (SUSPECTED) CENTRAL NERVOUS SYSTEM MALFORMATION IN FETUS, OTHER FETUS
O351XX0	MATERNAL CARE FOR (SUSPECTED) CHROMOSOMAL ABNORMALITY IN FETUS, NOT APPLICABLE OR UNSPECIFIED
O351XX1	MATERNAL CARE FOR (SUSPECTED) CHROMOSOMAL ABNORMALITY IN FETUS, FETUS 1
O351XX2	MATERNAL CARE FOR (SUSPECTED) CHROMOSOMAL ABNORMALITY IN FETUS, FETUS 2
O351XX3	MATERNAL CARE FOR (SUSPECTED) CHROMOSOMAL ABNORMALITY IN FETUS, FETUS 3
O351XX4	MATERNAL CARE FOR (SUSPECTED) CHROMOSOMAL ABNORMALITY IN FETUS, FETUS 4
O351XX5	MATERNAL CARE FOR (SUSPECTED) CHROMOSOMAL ABNORMALITY IN FETUS, FETUS 5

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O351XX9	MATERNAL CARE FOR (SUSPECTED) CHROMOSOMAL ABNORMALITY IN FETUS, OTHER FETUS
O352XX0	MATERNAL CARE FOR (SUSPECTED) HEREDITARY DISEASE IN FETUS, NOT APPLICABLE OR UNSPECIFIED
O352XX1	MATERNAL CARE FOR (SUSPECTED) HEREDITARY DISEASE IN FETUS, FETUS 1
O352XX2	MATERNAL CARE FOR (SUSPECTED) HEREDITARY DISEASE IN FETUS, FETUS 2
O352XX3	MATERNAL CARE FOR (SUSPECTED) HEREDITARY DISEASE IN FETUS, FETUS 3
O352XX4	MATERNAL CARE FOR (SUSPECTED) HEREDITARY DISEASE IN FETUS, FETUS 4
O352XX5	MATERNAL CARE FOR (SUSPECTED) HEREDITARY DISEASE IN FETUS, FETUS 5
O352XX9	MATERNAL CARE FOR (SUSPECTED) HEREDITARY DISEASE IN FETUS, OTHER FETUS
O353XX0	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM VIRAL DISEASE IN MOTHER, NOT APPLICABLE OR UNSPECIFIED
O353XX1	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM VIRAL DISEASE IN MOTHER, FETUS 1
O353XX2	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM VIRAL DISEASE IN MOTHER, FETUS 2
O353XX3	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM VIRAL DISEASE IN MOTHER, FETUS 3
O353XX4	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM VIRAL DISEASE IN MOTHER, FETUS 4
O353XX5	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM VIRAL DISEASE IN MOTHER, FETUS 5
O353XX9	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM VIRAL DISEASE IN MOTHER, OTHER FETUS
O354XX0	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM ALCOHOL, NOT APPLICABLE OR UNSPECIFIED
O354XX1	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM ALCOHOL, FETUS 1
O354XX2	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM ALCOHOL, FETUS 2
O354XX3	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM ALCOHOL, FETUS 3
O354XX4	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM ALCOHOL, FETUS 4
O354XX5	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM ALCOHOL, FETUS 5
O354XX9	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS FROM ALCOHOL, OTHER FETUS

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O355XX0	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY DRUGS, NOT APPLICABLE OR UNSPECIFIED
O355XX1	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY DRUGS, FETUS 1
O355XX2	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY DRUGS, FETUS 2
O355XX3	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY DRUGS, FETUS 3
O355XX4	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY DRUGS, FETUS 4
O355XX5	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY DRUGS, FETUS 5
O355XX9	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY DRUGS, OTHER FETUS
O357XX0	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, NOT APPLICABLE OR UNSPECIFIED
O357XX1	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 1
O357XX2	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 2
O357XX3	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 3
O357XX4	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 4
O357XX5	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, FETUS 5
O357XX9	MATERNAL CARE FOR (SUSPECTED) DAMAGE TO FETUS BY OTHER MEDICAL PROCEDURES, OTHER FETUS
O358XX0	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, NOT APPLICABLE OR UNSPECIFIED
O358XX1	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, FETUS 1
O358XX2	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, FETUS 2
O358XX3	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, FETUS 3
O358XX4	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, FETUS 4
O358XX5	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, FETUS 5
O358XX9	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, OTHER FETUS
O359XX0	MATERNAL CARE FOR (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, UNSPECIFIED, NOT APPLICABLE OR UNSPECIFIED



<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O359XX1	MATERNAL CARE FOR (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, UNSPECIFIED, FETUS 1
O359XX2	MATERNAL CARE FOR (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, UNSPECIFIED, FETUS 2
O359XX3	MATERNAL CARE FOR (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, UNSPECIFIED, FETUS 3
O359XX4	MATERNAL CARE FOR (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, UNSPECIFIED, FETUS 4
O359XX5	MATERNAL CARE FOR (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, UNSPECIFIED, FETUS 5
O359XX9	MATERNAL CARE FOR (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, UNSPECIFIED, OTHER FETUS
O360110	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O360111	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, FIRST TRIMESTER, FETUS 1
O360112	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, FIRST TRIMESTER, FETUS 2
O360113	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, FIRST TRIMESTER, FETUS 3
O360114	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, FIRST TRIMESTER, FETUS 4
O360115	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, FIRST TRIMESTER, FETUS 5
O360119	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, FIRST TRIMESTER, OTHER FETUS
O360120	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O360121	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, SECOND TRIMESTER, FETUS 1
O360122	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, SECOND TRIMESTER, FETUS 2
O360123	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, SECOND TRIMESTER, FETUS 3
O360124	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, SECOND TRIMESTER, FETUS 4
O360125	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, SECOND TRIMESTER, FETUS 5
O360129	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, SECOND TRIMESTER, OTHER FETUS
O360130	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O360131	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, THIRD TRIMESTER, FETUS 1



<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O360132	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, THIRD TRIMESTER, FETUS 2
O360133	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, THIRD TRIMESTER, FETUS 3
O360134	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, THIRD TRIMESTER, FETUS 4
O360135	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, THIRD TRIMESTER, FETUS 5
O360139	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, THIRD TRIMESTER, OTHER FETUS
O360190	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O360191	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, UNSPECIFIED TRIMESTER, FETUS 1
O360192	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, UNSPECIFIED TRIMESTER, FETUS 2
O360193	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, UNSPECIFIED TRIMESTER, FETUS 3
O360194	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, UNSPECIFIED TRIMESTER, FETUS 4
O360195	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, UNSPECIFIED TRIMESTER, FETUS 5
O360199	MATERNAL CARE FOR ANTI-D [RH] ANTIBODIES, UNSPECIFIED TRIMESTER, OTHER FETUS
O360910	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O360911	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 1
O360912	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 2
O360913	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 3
O360914	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 4
O360915	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 5
O360919	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, FIRST TRIMESTER, OTHER FETUS
O360920	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O360921	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 1
O360922	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 2

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O360923	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 3
O360924	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 4
O360925	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 5
O360929	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, SECOND TRIMESTER, OTHER FETUS
O360930	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O360931	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 1
O360932	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 2
O360933	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 3
O360934	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 4
O360935	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 5
O360939	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, THIRD TRIMESTER, OTHER FETUS
O360990	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O360991	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, FETUS 1
O360992	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, FETUS 2
O360993	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, FETUS 3
O360994	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, FETUS 4
O360995	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, FETUS 5
O360999	MATERNAL CARE FOR OTHER RHESUS ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, OTHER FETUS
O361110	MATERNAL CARE FOR ANTI-A SENSITIZATION, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O361111	MATERNAL CARE FOR ANTI-A SENSITIZATION, FIRST TRIMESTER, FETUS 1
O361112	MATERNAL CARE FOR ANTI-A SENSITIZATION, FIRST TRIMESTER, FETUS 2
O361113	MATERNAL CARE FOR ANTI-A SENSITIZATION, FIRST TRIMESTER, FETUS 3

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O361114	MATERNAL CARE FOR ANTI-A SENSITIZATION, FIRST TRIMESTER, FETUS 4
O361115	MATERNAL CARE FOR ANTI-A SENSITIZATION, FIRST TRIMESTER, FETUS 5
O361119	MATERNAL CARE FOR ANTI-A SENSITIZATION, FIRST TRIMESTER, OTHER FETUS
O361120	MATERNAL CARE FOR ANTI-A SENSITIZATION, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O361121	MATERNAL CARE FOR ANTI-A SENSITIZATION, SECOND TRIMESTER, FETUS 1
O361122	MATERNAL CARE FOR ANTI-A SENSITIZATION, SECOND TRIMESTER, FETUS 2
O361123	MATERNAL CARE FOR ANTI-A SENSITIZATION, SECOND TRIMESTER, FETUS 3
O361124	MATERNAL CARE FOR ANTI-A SENSITIZATION, SECOND TRIMESTER, FETUS 4
O361125	MATERNAL CARE FOR ANTI-A SENSITIZATION, SECOND TRIMESTER, FETUS 5
O361129	MATERNAL CARE FOR ANTI-A SENSITIZATION, SECOND TRIMESTER, OTHER FETUS
O361130	MATERNAL CARE FOR ANTI-A SENSITIZATION, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O361131	MATERNAL CARE FOR ANTI-A SENSITIZATION, THIRD TRIMESTER, FETUS 1
O361132	MATERNAL CARE FOR ANTI-A SENSITIZATION, THIRD TRIMESTER, FETUS 2
O361133	MATERNAL CARE FOR ANTI-A SENSITIZATION, THIRD TRIMESTER, FETUS 3
O361134	MATERNAL CARE FOR ANTI-A SENSITIZATION, THIRD TRIMESTER, FETUS 4
O361135	MATERNAL CARE FOR ANTI-A SENSITIZATION, THIRD TRIMESTER, FETUS 5
O361139	MATERNAL CARE FOR ANTI-A SENSITIZATION, THIRD TRIMESTER, OTHER FETUS
O361190	MATERNAL CARE FOR ANTI-A SENSITIZATION, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O361191	MATERNAL CARE FOR ANTI-A SENSITIZATION, UNSPECIFIED TRIMESTER, FETUS 1
O361192	MATERNAL CARE FOR ANTI-A SENSITIZATION, UNSPECIFIED TRIMESTER, FETUS 2
O361193	MATERNAL CARE FOR ANTI-A SENSITIZATION, UNSPECIFIED TRIMESTER, FETUS 3
O361194	MATERNAL CARE FOR ANTI-A SENSITIZATION, UNSPECIFIED TRIMESTER, FETUS 4

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O361195	MATERNAL CARE FOR ANTI-A SENSITIZATION, UNSPECIFIED TRIMESTER, FETUS 5
O361199	MATERNAL CARE FOR ANTI-A SENSITIZATION, UNSPECIFIED TRIMESTER, OTHER FETUS
O361910	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O361911	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 1
O361912	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 2
O361913	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 3
O361914	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 4
O361915	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, FIRST TRIMESTER, FETUS 5
O361919	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, FIRST TRIMESTER, OTHER FETUS
O361920	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O361921	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 1
O361922	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 2
O361923	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 3
O361924	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 4
O361925	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, SECOND TRIMESTER, FETUS 5
O361929	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, SECOND TRIMESTER, OTHER FETUS
O361930	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O361931	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 1
O361932	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 2
O361933	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 3
O361934	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 4
O361935	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, THIRD TRIMESTER, FETUS 5

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O361939	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, THIRD TRIMESTER, OTHER FETUS
O361990	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O361991	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, FETUS 1
O361992	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, FETUS 2
O361993	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, FETUS 3
O361994	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, FETUS 4
O361995	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, FETUS 5
O361999	MATERNAL CARE FOR OTHER ISOIMMUNIZATION, UNSPECIFIED TRIMESTER, OTHER FETUS
O3620X0	MATERNAL CARE FOR HYDROPS FETALIS, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3620X1	MATERNAL CARE FOR HYDROPS FETALIS, UNSPECIFIED TRIMESTER, FETUS 1
O3620X2	MATERNAL CARE FOR HYDROPS FETALIS, UNSPECIFIED TRIMESTER, FETUS 2
O3620X3	MATERNAL CARE FOR HYDROPS FETALIS, UNSPECIFIED TRIMESTER, FETUS 3
O3620X4	MATERNAL CARE FOR HYDROPS FETALIS, UNSPECIFIED TRIMESTER, FETUS 4
O3620X5	MATERNAL CARE FOR HYDROPS FETALIS, UNSPECIFIED TRIMESTER, FETUS 5
O3620X9	MATERNAL CARE FOR HYDROPS FETALIS, UNSPECIFIED TRIMESTER, OTHER FETUS
O3621X0	MATERNAL CARE FOR HYDROPS FETALIS, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3621X1	MATERNAL CARE FOR HYDROPS FETALIS, FIRST TRIMESTER, FETUS 1
O3621X2	MATERNAL CARE FOR HYDROPS FETALIS, FIRST TRIMESTER, FETUS 2
O3621X3	MATERNAL CARE FOR HYDROPS FETALIS, FIRST TRIMESTER, FETUS 3
O3621X4	MATERNAL CARE FOR HYDROPS FETALIS, FIRST TRIMESTER, FETUS 4
O3621X5	MATERNAL CARE FOR HYDROPS FETALIS, FIRST TRIMESTER, FETUS 5
O3621X9	MATERNAL CARE FOR HYDROPS FETALIS, FIRST TRIMESTER, OTHER FETUS
O3622X0	MATERNAL CARE FOR HYDROPS FETALIS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3622X1	MATERNAL CARE FOR HYDROPS FETALIS, SECOND TRIMESTER, FETUS 1

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3622X2	MATERNAL CARE FOR HYDROPS FETALIS, SECOND TRIMESTER, FETUS 2
O3622X3	MATERNAL CARE FOR HYDROPS FETALIS, SECOND TRIMESTER, FETUS 3
O3622X4	MATERNAL CARE FOR HYDROPS FETALIS, SECOND TRIMESTER, FETUS 4
O3622X5	MATERNAL CARE FOR HYDROPS FETALIS, SECOND TRIMESTER, FETUS 5
O3622X9	MATERNAL CARE FOR HYDROPS FETALIS, SECOND TRIMESTER, OTHER FETUS
O3623X0	MATERNAL CARE FOR HYDROPS FETALIS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3623X1	MATERNAL CARE FOR HYDROPS FETALIS, THIRD TRIMESTER, FETUS 1
O3623X2	MATERNAL CARE FOR HYDROPS FETALIS, THIRD TRIMESTER, FETUS 2
O3623X3	MATERNAL CARE FOR HYDROPS FETALIS, THIRD TRIMESTER, FETUS 3
O3623X4	MATERNAL CARE FOR HYDROPS FETALIS, THIRD TRIMESTER, FETUS 4
O3623X5	MATERNAL CARE FOR HYDROPS FETALIS, THIRD TRIMESTER, FETUS 5
O3623X9	MATERNAL CARE FOR HYDROPS FETALIS, THIRD TRIMESTER, OTHER FETUS
O364XX0	MATERNAL CARE FOR INTRAUTERINE DEATH, NOT APPLICABLE OR UNSPECIFIED
O364XX1	MATERNAL CARE FOR INTRAUTERINE DEATH, FETUS 1
O364XX2	MATERNAL CARE FOR INTRAUTERINE DEATH, FETUS 2
O364XX3	MATERNAL CARE FOR INTRAUTERINE DEATH, FETUS 3
O364XX4	MATERNAL CARE FOR INTRAUTERINE DEATH, FETUS 4
O364XX5	MATERNAL CARE FOR INTRAUTERINE DEATH, FETUS 5
O364XX9	MATERNAL CARE FOR INTRAUTERINE DEATH, OTHER FETUS
O365110	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O365111	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, FETUS 1
O365112	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, FETUS 2
O365113	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, FETUS 3
O365114	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, FETUS 4
O365115	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, FETUS 5
O365119	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, FIRST TRIMESTER, OTHER FETUS
O365120	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O365121	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, FETUS 1

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O365122	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, FETUS 2
O365123	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, FETUS 3
O365124	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, FETUS 4
O365125	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, FETUS 5
O365129	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, SECOND TRIMESTER, OTHER FETUS
O365130	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O365131	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, FETUS 1
O365132	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, FETUS 2
O365133	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, FETUS 3
O365134	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, FETUS 4
O365135	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, FETUS 5
O365139	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, THIRD TRIMESTER, OTHER FETUS
O365190	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O365191	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, UNSPECIFIED TRIMESTER, FETUS 1
O365192	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, UNSPECIFIED TRIMESTER, FETUS 2
O365193	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, UNSPECIFIED TRIMESTER, FETUS 3
O365194	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, UNSPECIFIED TRIMESTER, FETUS 4
O365195	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, UNSPECIFIED TRIMESTER, FETUS 5
O365199	MATERNAL CARE FOR KNOWN OR SUSPECTED PLACENTAL INSUFFICIENCY, UNSPECIFIED TRIMESTER, OTHER FETUS
O365910	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O365911	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, FETUS 1



<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O365912	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, FETUS 2
O365913	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, FETUS 3
O365914	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, FETUS 4
O365915	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, FETUS 5
O365919	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, FIRST TRIMESTER, OTHER FETUS
O365920	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O365921	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, FETUS 1
O365922	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, FETUS 2
O365923	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, FETUS 3
O365924	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, FETUS 4
O365925	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, FETUS 5
O365929	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, SECOND TRIMESTER, OTHER FETUS
O365930	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O365931	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, FETUS 1
O365932	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, FETUS 2
O365933	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, FETUS 3
O365934	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, FETUS 4
O365935	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, FETUS 5
O365939	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, THIRD TRIMESTER, OTHER FETUS
O365990	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O365991	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 1
O365992	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 2



<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O365993	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 3
O365994	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 4
O365995	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 5
O365999	MATERNAL CARE FOR OTHER KNOWN OR SUSPECTED POOR FETAL GROWTH, UNSPECIFIED TRIMESTER, OTHER FETUS
O3660X0	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3660X1	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 1
O3660X2	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 2
O3660X3	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 3
O3660X4	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 4
O3660X5	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, UNSPECIFIED TRIMESTER, FETUS 5
O3660X9	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, UNSPECIFIED TRIMESTER, OTHER FETUS
O3661X0	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3661X1	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, FIRST TRIMESTER, FETUS 1
O3661X2	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, FIRST TRIMESTER, FETUS 2
O3661X3	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, FIRST TRIMESTER, FETUS 3
O3661X4	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, FIRST TRIMESTER, FETUS 4
O3661X5	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, FIRST TRIMESTER, FETUS 5
O3661X9	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, FIRST TRIMESTER, OTHER FETUS
O3662X0	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3662X1	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, SECOND TRIMESTER, FETUS 1
O3662X2	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, SECOND TRIMESTER, FETUS 2
O3662X3	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, SECOND TRIMESTER, FETUS 3

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3662X4	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, SECOND TRIMESTER, FETUS 4
O3662X5	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, SECOND TRIMESTER, FETUS 5
O3662X9	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, SECOND TRIMESTER, OTHER FETUS
O3663X0	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3663X1	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, THIRD TRIMESTER, FETUS 1
O3663X2	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, THIRD TRIMESTER, FETUS 2
O3663X3	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, THIRD TRIMESTER, FETUS 3
O3663X4	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, THIRD TRIMESTER, FETUS 4
O3663X5	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, THIRD TRIMESTER, FETUS 5
O3663X9	MATERNAL CARE FOR EXCESSIVE FETAL GROWTH, THIRD TRIMESTER, OTHER FETUS
O3670X0	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3670X1	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, UNSPECIFIED TRIMESTER, FETUS 1
O3670X2	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, UNSPECIFIED TRIMESTER, FETUS 2
O3670X3	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, UNSPECIFIED TRIMESTER, FETUS 3
O3670X4	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, UNSPECIFIED TRIMESTER, FETUS 4
O3670X5	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, UNSPECIFIED TRIMESTER, FETUS 5
O3670X9	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, UNSPECIFIED TRIMESTER, OTHER FETUS
O3671X0	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3671X1	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, FETUS 1
O3671X2	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, FETUS 2
O3671X3	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, FETUS 3
O3671X4	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, FETUS 4

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3671X5	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, FETUS 5
O3671X9	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, FIRST TRIMESTER, OTHER FETUS
O3672X0	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3672X1	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, FETUS 1
O3672X2	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, FETUS 2
O3672X3	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, FETUS 3
O3672X4	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, FETUS 4
O3672X5	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, FETUS 5
O3672X9	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, SECOND TRIMESTER, OTHER FETUS
O3673X0	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3673X1	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, FETUS 1
O3673X2	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, FETUS 2
O3673X3	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, FETUS 3
O3673X4	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, FETUS 4
O3673X5	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, FETUS 5
O3673X9	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, OTHER FETUS
O368120	DECREASED FETAL MOVEMENTS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O368121	DECREASED FETAL MOVEMENTS, SECOND TRIMESTER, FETUS 1
O368122	DECREASED FETAL MOVEMENTS, SECOND TRIMESTER, FETUS 2
O368123	DECREASED FETAL MOVEMENTS, SECOND TRIMESTER, FETUS 3
O368124	DECREASED FETAL MOVEMENTS, SECOND TRIMESTER, FETUS 4
O368125	DECREASED FETAL MOVEMENTS, SECOND TRIMESTER, FETUS 5
O368129	DECREASED FETAL MOVEMENTS, SECOND TRIMESTER, OTHER FETUS
O368130	DECREASED FETAL MOVEMENTS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O368131	DECREASED FETAL MOVEMENTS, THIRD TRIMESTER, FETUS 1
O368132	DECREASED FETAL MOVEMENTS, THIRD TRIMESTER, FETUS 2
O368133	DECREASED FETAL MOVEMENTS, THIRD TRIMESTER, FETUS 3
O368134	DECREASED FETAL MOVEMENTS, THIRD TRIMESTER, FETUS 4
O368135	DECREASED FETAL MOVEMENTS, THIRD TRIMESTER, FETUS 5
O368139	DECREASED FETAL MOVEMENTS, THIRD TRIMESTER, OTHER FETUS
O368190	DECREASED FETAL MOVEMENTS, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O368191	DECREASED FETAL MOVEMENTS, UNSPECIFIED TRIMESTER, FETUS 1
O368192	DECREASED FETAL MOVEMENTS, UNSPECIFIED TRIMESTER, FETUS 2
O368193	DECREASED FETAL MOVEMENTS, UNSPECIFIED TRIMESTER, FETUS 3
O368194	DECREASED FETAL MOVEMENTS, UNSPECIFIED TRIMESTER, FETUS 4
O368195	DECREASED FETAL MOVEMENTS, UNSPECIFIED TRIMESTER, FETUS 5
O368199	DECREASED FETAL MOVEMENTS, UNSPECIFIED TRIMESTER, OTHER FETUS
O368910	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O368911	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, FIRST TRIMESTER, FETUS 1
O368912	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, FIRST TRIMESTER, FETUS 2
O368913	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, FIRST TRIMESTER, FETUS 3
O368914	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, FIRST TRIMESTER, FETUS 4
O368915	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, FIRST TRIMESTER, FETUS 5
O368919	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, FIRST TRIMESTER, OTHER FETUS
O368920	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O368921	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, SECOND TRIMESTER, FETUS 1
O368922	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, SECOND TRIMESTER, FETUS 2
O368923	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, SECOND TRIMESTER, FETUS 3
O368924	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, SECOND TRIMESTER, FETUS 4
O368925	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, SECOND TRIMESTER, FETUS 5

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O368929	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, SECOND TRIMESTER, OTHER FETUS
O368930	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O368931	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, THIRD TRIMESTER, FETUS 1
O368932	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, THIRD TRIMESTER, FETUS 2
O368933	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, THIRD TRIMESTER, FETUS 3
O368934	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, THIRD TRIMESTER, FETUS 4
O368935	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, THIRD TRIMESTER, FETUS 5
O368939	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, THIRD TRIMESTER, OTHER FETUS
O368990	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O368991	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, UNSPECIFIED TRIMESTER, FETUS 1
O368992	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, UNSPECIFIED TRIMESTER, FETUS 2
O368993	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, UNSPECIFIED TRIMESTER, FETUS 3
O368994	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, UNSPECIFIED TRIMESTER, FETUS 4
O368995	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, UNSPECIFIED TRIMESTER, FETUS 5
O368999	MATERNAL CARE FOR OTHER SPECIFIED FETAL PROBLEMS, UNSPECIFIED TRIMESTER, OTHER FETUS
O3690X0	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3690X1	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 1
O3690X2	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 2
O3690X3	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 3
O3690X4	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 4
O3690X5	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 5
O3690X9	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, UNSPECIFIED TRIMESTER, OTHER FETUS

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O3691X0	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3691X1	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, FIRST TRIMESTER, FETUS 1
O3691X2	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, FIRST TRIMESTER, FETUS 2
O3691X3	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, FIRST TRIMESTER, FETUS 3
O3691X4	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, FIRST TRIMESTER, FETUS 4
O3691X5	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, FIRST TRIMESTER, FETUS 5
O3691X9	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, FIRST TRIMESTER, OTHER FETUS
O3692X0	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3692X1	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, SECOND TRIMESTER, FETUS 1
O3692X2	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, SECOND TRIMESTER, FETUS 2
O3692X3	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, SECOND TRIMESTER, FETUS 3
O3692X4	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, SECOND TRIMESTER, FETUS 4
O3692X5	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, SECOND TRIMESTER, FETUS 5
O3692X9	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, SECOND TRIMESTER, OTHER FETUS
O3693X0	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O3693X1	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, THIRD TRIMESTER, FETUS 1
O3693X2	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, THIRD TRIMESTER, FETUS 2
O3693X3	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, THIRD TRIMESTER, FETUS 3
O3693X4	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, THIRD TRIMESTER, FETUS 4
O3693X5	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, THIRD TRIMESTER, FETUS 5
O3693X9	MATERNAL CARE FOR FETAL PROBLEM, UNSPECIFIED, THIRD TRIMESTER, OTHER FETUS
O401XX0	POLYHYDRAMNIOS, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O401XX1	POLYHYDRAMNIOS, FIRST TRIMESTER, FETUS 1



<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O401XX2	POLYHYDRAMNIOS, FIRST TRIMESTER, FETUS 2
O401XX3	POLYHYDRAMNIOS, FIRST TRIMESTER, FETUS 3
O401XX4	POLYHYDRAMNIOS, FIRST TRIMESTER, FETUS 4
O401XX5	POLYHYDRAMNIOS, FIRST TRIMESTER, FETUS 5
O401XX9	POLYHYDRAMNIOS, FIRST TRIMESTER, OTHER FETUS
O402XX0	POLYHYDRAMNIOS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O402XX1	POLYHYDRAMNIOS, SECOND TRIMESTER, FETUS 1
O402XX2	POLYHYDRAMNIOS, SECOND TRIMESTER, FETUS 2
O402XX3	POLYHYDRAMNIOS, SECOND TRIMESTER, FETUS 3
O402XX4	POLYHYDRAMNIOS, SECOND TRIMESTER, FETUS 4
O402XX5	POLYHYDRAMNIOS, SECOND TRIMESTER, FETUS 5
O402XX9	POLYHYDRAMNIOS, SECOND TRIMESTER, OTHER FETUS
O403XX0	POLYHYDRAMNIOS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O403XX1	POLYHYDRAMNIOS, THIRD TRIMESTER, FETUS 1
O403XX2	POLYHYDRAMNIOS, THIRD TRIMESTER, FETUS 2
O403XX3	POLYHYDRAMNIOS, THIRD TRIMESTER, FETUS 3
O403XX4	POLYHYDRAMNIOS, THIRD TRIMESTER, FETUS 4
O403XX5	POLYHYDRAMNIOS, THIRD TRIMESTER, FETUS 5
O403XX9	POLYHYDRAMNIOS, THIRD TRIMESTER, OTHER FETUS
O409XX0	POLYHYDRAMNIOS, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O409XX1	POLYHYDRAMNIOS, UNSPECIFIED TRIMESTER, FETUS 1
O409XX2	POLYHYDRAMNIOS, UNSPECIFIED TRIMESTER, FETUS 2
O409XX3	POLYHYDRAMNIOS, UNSPECIFIED TRIMESTER, FETUS 3
O409XX4	POLYHYDRAMNIOS, UNSPECIFIED TRIMESTER, FETUS 4
O409XX5	POLYHYDRAMNIOS, UNSPECIFIED TRIMESTER, FETUS 5
O409XX9	POLYHYDRAMNIOS, UNSPECIFIED TRIMESTER, OTHER FETUS
O4100X0	OLIGOHYDRAMNIOS, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O4100X1	OLIGOHYDRAMNIOS, UNSPECIFIED TRIMESTER, FETUS 1
O4100X2	OLIGOHYDRAMNIOS, UNSPECIFIED TRIMESTER, FETUS 2
O4100X3	OLIGOHYDRAMNIOS, UNSPECIFIED TRIMESTER, FETUS 3
O4100X4	OLIGOHYDRAMNIOS, UNSPECIFIED TRIMESTER, FETUS 4
O4100X5	OLIGOHYDRAMNIOS, UNSPECIFIED TRIMESTER, FETUS 5
O4100X9	OLIGOHYDRAMNIOS, UNSPECIFIED TRIMESTER, OTHER FETUS

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O4101X0	OLIGOHYDRAMNIOS, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O4101X1	OLIGOHYDRAMNIOS, FIRST TRIMESTER, FETUS 1
O4101X2	OLIGOHYDRAMNIOS, FIRST TRIMESTER, FETUS 2
O4101X3	OLIGOHYDRAMNIOS, FIRST TRIMESTER, FETUS 3
O4101X4	OLIGOHYDRAMNIOS, FIRST TRIMESTER, FETUS 4
O4101X5	OLIGOHYDRAMNIOS, FIRST TRIMESTER, FETUS 5
O4101X9	OLIGOHYDRAMNIOS, FIRST TRIMESTER, OTHER FETUS
O4102X0	OLIGOHYDRAMNIOS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O4102X1	OLIGOHYDRAMNIOS, SECOND TRIMESTER, FETUS 1
O4102X2	OLIGOHYDRAMNIOS, SECOND TRIMESTER, FETUS 2
O4102X3	OLIGOHYDRAMNIOS, SECOND TRIMESTER, FETUS 3
O4102X4	OLIGOHYDRAMNIOS, SECOND TRIMESTER, FETUS 4
O4102X5	OLIGOHYDRAMNIOS, SECOND TRIMESTER, FETUS 5
O4102X9	OLIGOHYDRAMNIOS, SECOND TRIMESTER, OTHER FETUS
O4103X0	OLIGOHYDRAMNIOS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O4103X1	OLIGOHYDRAMNIOS, THIRD TRIMESTER, FETUS 1
O4103X2	OLIGOHYDRAMNIOS, THIRD TRIMESTER, FETUS 2
O4103X3	OLIGOHYDRAMNIOS, THIRD TRIMESTER, FETUS 3
O4103X4	OLIGOHYDRAMNIOS, THIRD TRIMESTER, FETUS 4
O4103X5	OLIGOHYDRAMNIOS, THIRD TRIMESTER, FETUS 5
O4103X9	OLIGOHYDRAMNIOS, THIRD TRIMESTER, OTHER FETUS
O411010	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411011	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 1
O411012	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 2
O411013	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 3
O411014	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 4
O411015	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 5
O411019	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, OTHER FETUS
O411020	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED



<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O411021	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 1
O411022	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 2
O411023	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 3
O411024	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 4
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
O411031	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 1
O411032	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 2
O411033	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 3
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
O411090	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411091	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 1
O411092	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 2
O411093	INFECTION OF AMNIOTIC SAC AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 3
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
O411210	CHORIOAMNIONITIS, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411211	CHORIOAMNIONITIS, FIRST TRIMESTER, FETUS 1
O411212	CHORIOAMNIONITIS, FIRST TRIMESTER, FETUS 2

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O411213	CHORIOAMNIONITIS, FIRST TRIMESTER, FETUS 3
O411214	CHORIOAMNIONITIS, FIRST TRIMESTER, FETUS 4
O411215	CHORIOAMNIONITIS, FIRST TRIMESTER, FETUS 5
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
O411223	CHORIOAMNIONITIS, SECOND TRIMESTER, FETUS 3
O411224	CHORIOAMNIONITIS, SECOND TRIMESTER, FETUS 4
O411225	CHORIOAMNIONITIS, SECOND TRIMESTER, FETUS 5
O411229	CHORIOAMNIONITIS, SECOND TRIMESTER, OTHER FETUS
O411230	CHORIOAMNIONITIS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411231	CHORIOAMNIONITIS, THIRD TRIMESTER, FETUS 1
O411232	CHORIOAMNIONITIS, THIRD TRIMESTER, FETUS 2
O411233	CHORIOAMNIONITIS, THIRD TRIMESTER, FETUS 3
O411234	CHORIOAMNIONITIS, THIRD TRIMESTER, FETUS 4
O411235	CHORIOAMNIONITIS, THIRD TRIMESTER, FETUS 5
O411239	CHORIOAMNIONITIS, THIRD TRIMESTER, OTHER FETUS
O411290	CHORIOAMNIONITIS, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411291	CHORIOAMNIONITIS, UNSPECIFIED TRIMESTER, FETUS 1
O411292	CHORIOAMNIONITIS, UNSPECIFIED TRIMESTER, FETUS 2
O411293	CHORIOAMNIONITIS, UNSPECIFIED TRIMESTER, FETUS 3
O411294	CHORIOAMNIONITIS, UNSPECIFIED TRIMESTER, FETUS 4
O411295	CHORIOAMNIONITIS, UNSPECIFIED TRIMESTER, FETUS 5
O411299	CHORIOAMNIONITIS, UNSPECIFIED TRIMESTER, OTHER FETUS
O411410	PLACENTITIS, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411411	PLACENTITIS, FIRST TRIMESTER, FETUS 1
O411412	PLACENTITIS, FIRST TRIMESTER, FETUS 2
O411413	PLACENTITIS, FIRST TRIMESTER, FETUS 3
O411414	PLACENTITIS, FIRST TRIMESTER, FETUS 4
O411415	PLACENTITIS, FIRST TRIMESTER, FETUS 5
O411419	PLACENTITIS, FIRST TRIMESTER, OTHER FETUS
O411420	PLACENTITIS, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411421	PLACENTITIS, SECOND TRIMESTER, FETUS 1

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O411422	PLACENTITIS, SECOND TRIMESTER, FETUS 2
O411423	PLACENTITIS, SECOND TRIMESTER, FETUS 3
O411424	PLACENTITIS, SECOND TRIMESTER, FETUS 4
O411425	PLACENTITIS, SECOND TRIMESTER, FETUS 5
O411429	PLACENTITIS, SECOND TRIMESTER, OTHER FETUS
O411430	PLACENTITIS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411431	PLACENTITIS, THIRD TRIMESTER, FETUS 1
O411432	PLACENTITIS, THIRD TRIMESTER, FETUS 2
O411433	PLACENTITIS, THIRD TRIMESTER, FETUS 3
O411434	PLACENTITIS, THIRD TRIMESTER, FETUS 4
O411435	PLACENTITIS, THIRD TRIMESTER, FETUS 5
O411439	PLACENTITIS, THIRD TRIMESTER, OTHER FETUS
O411490	PLACENTITIS, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O411491	PLACENTITIS, UNSPECIFIED TRIMESTER, FETUS 1
O411492	PLACENTITIS, UNSPECIFIED TRIMESTER, FETUS 2
O411493	PLACENTITIS, UNSPECIFIED TRIMESTER, FETUS 3
O411494	PLACENTITIS, UNSPECIFIED TRIMESTER, FETUS 4
O411495	PLACENTITIS, UNSPECIFIED TRIMESTER, FETUS 5
O411499	PLACENTITIS, UNSPECIFIED TRIMESTER, OTHER FETUS
O418X10	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O418X11	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, FIRST TRIMESTER, FETUS 1
O418X12	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, FIRST TRIMESTER, FETUS 2
O418X13	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, FIRST TRIMESTER, FETUS 3
O418X14	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, FIRST TRIMESTER, FETUS 4
O418X15	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, FIRST TRIMESTER, FETUS 5
O418X19	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, FIRST TRIMESTER, OTHER FETUS
O418X20	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O418X21	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, SECOND TRIMESTER, FETUS 1
O418X22	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, SECOND TRIMESTER, FETUS 2

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O418X23	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, SECOND TRIMESTER, FETUS 3
O418X24	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, SECOND TRIMESTER, FETUS 4
O418X25	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, SECOND TRIMESTER, FETUS 5
O418X29	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, SECOND TRIMESTER, OTHER FETUS
O418X30	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O418X31	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, THIRD TRIMESTER, FETUS 1
O418X32	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, THIRD TRIMESTER, FETUS 2
O418X33	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, THIRD TRIMESTER, FETUS 3
O418X34	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, THIRD TRIMESTER, FETUS 4
O418X35	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, THIRD TRIMESTER, FETUS 5
O418X39	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, THIRD TRIMESTER, OTHER FETUS
O418X90	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O418X91	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED TRIMESTER, FETUS 1
O418X92	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED TRIMESTER, FETUS 2
O418X93	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED TRIMESTER, FETUS 3
O418X94	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED TRIMESTER, FETUS 4
O418X95	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED TRIMESTER, FETUS 5
O418X99	OTHER SPECIFIED DISORDERS OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED TRIMESTER, OTHER FETUS
O4190X0	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O4190X1	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 1
O4190X2	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 2
O4190X3	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 3

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O4190X4	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 4
O4190X5	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, FETUS 5
O4190X9	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, UNSPECIFIED TRIMESTER, OTHER FETUS
O4191X0	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O4191X1	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 1
O4191X2	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 2
O4191X3	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 3
O4191X4	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 4
O4191X5	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, FETUS 5
O4191X9	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, FIRST TRIMESTER, OTHER FETUS
O4192X0	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O4192X1	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 1
O4192X2	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 2
O4192X3	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 3
O4192X4	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 4
O4192X5	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, FETUS 5
O4192X9	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, SECOND TRIMESTER, OTHER FETUS
O4193X0	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O4193X1	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 1
O4193X2	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 2
O4193X3	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 3
O4193X4	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 4

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O4193X5	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, FETUS 5
O4193X9	DISORDER OF AMNIOTIC FLUID AND MEMBRANES, UNSPECIFIED, THIRD TRIMESTER, OTHER FETUS
O4200	PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR WITHIN 24 HOURS OF RUPTURE, UNSPECIFIED WEEKS OF GESTATION
O42011	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR WITHIN 24 HOURS OF RUPTURE, FIRST TRIMESTER
O42012	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR WITHIN 24 HOURS OF RUPTURE, SECOND TRIMESTER
O42013	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR WITHIN 24 HOURS OF RUPTURE, THIRD TRIMESTER
O42019	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR WITHIN 24 HOURS OF RUPTURE, UNSPECIFIED TRIMESTER
O4202	FULL-TERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR WITHIN 24 HOURS OF RUPTURE
O4210	PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR MORE THAN 24 HOURS FOLLOWING RUPTURE, UNSPECIFIED WEEKS OF GESTATION
O42111	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR MORE THAN 24 HOURS FOLLOWING RUPTURE, FIRST TRIMESTER
O42112	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR MORE THAN 24 HOURS FOLLOWING RUPTURE, SECOND TRIMESTER
O42113	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR MORE THAN 24 HOURS FOLLOWING RUPTURE, THIRD TRIMESTER
O42119	PRETERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR MORE THAN 24 HOURS FOLLOWING RUPTURE, UNSPECIFIED TRIMESTER
O4212	FULL-TERM PREMATURE RUPTURE OF MEMBRANES, ONSET OF LABOR MORE THAN 24 HOURS FOLLOWING RUPTURE
O4290	PREMATURE RUPTURE OF MEMBRANES, UNSPECIFIED AS TO LENGTH OF TIME BETWEEN RUPTURE AND ONSET OF LABOR, UNSPECIFIED WEEKS OF GESTATION
O42911	PRETERM PREMATURE RUPTURE OF MEMBRANES, UNSPECIFIED AS TO LENGTH OF TIME BETWEEN RUPTURE AND ONSET OF LABOR, FIRST TRIMESTER
O42912	PRETERM PREMATURE RUPTURE OF MEMBRANES, UNSPECIFIED AS TO LENGTH OF TIME BETWEEN RUPTURE AND ONSET OF LABOR, SECOND TRIMESTER
O42913	PRETERM PREMATURE RUPTURE OF MEMBRANES, UNSPECIFIED AS TO LENGTH OF TIME BETWEEN RUPTURE AND ONSET OF LABOR, THIRD TRIMESTER
O42919	PRETERM PREMATURE RUPTURE OF MEMBRANES, UNSPECIFIED AS TO LENGTH OF TIME BETWEEN RUPTURE AND ONSET OF LABOR, UNSPECIFIED TRIMESTER
O4292	FULL-TERM PREMATURE RUPTURE OF MEMBRANES, UNSPECIFIED AS TO LENGTH OF TIME BETWEEN RUPTURE AND ONSET OF LABOR

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O43011	FETOMATERNAL PLACENTAL TRANSFUSION SYNDROME, FIRST TRIMESTER
O43012	FETOMATERNAL PLACENTAL TRANSFUSION SYNDROME, SECOND TRIMESTER
O43013	FETOMATERNAL PLACENTAL TRANSFUSION SYNDROME, THIRD TRIMESTER
O43019	FETOMATERNAL PLACENTAL TRANSFUSION SYNDROME, UNSPECIFIED TRIMESTER
O43021	FETUS-TO-FETUS PLACENTAL TRANSFUSION SYNDROME, FIRST TRIMESTER
O43022	FETUS-TO-FETUS PLACENTAL TRANSFUSION SYNDROME, SECOND TRIMESTER
O43023	FETUS-TO-FETUS PLACENTAL TRANSFUSION SYNDROME, THIRD TRIMESTER
O43029	FETUS-TO-FETUS PLACENTAL TRANSFUSION SYNDROME, UNSPECIFIED TRIMESTER
O43101	MALFORMATION OF PLACENTA, UNSPECIFIED, FIRST TRIMESTER
O43102	MALFORMATION OF PLACENTA, UNSPECIFIED, SECOND TRIMESTER
O43103	MALFORMATION OF PLACENTA, UNSPECIFIED, THIRD TRIMESTER
O43109	MALFORMATION OF PLACENTA, UNSPECIFIED, UNSPECIFIED TRIMESTER
O43111	CIRCUMVALLATE PLACENTA, FIRST TRIMESTER
O43112	CIRCUMVALLATE PLACENTA, SECOND TRIMESTER
O43113	CIRCUMVALLATE PLACENTA, THIRD TRIMESTER
O43119	CIRCUMVALLATE PLACENTA, UNSPECIFIED TRIMESTER
O43191	OTHER MALFORMATION OF PLACENTA, FIRST TRIMESTER
O43192	OTHER MALFORMATION OF PLACENTA, SECOND TRIMESTER
O43193	OTHER MALFORMATION OF PLACENTA, THIRD TRIMESTER
O43199	OTHER MALFORMATION OF PLACENTA, UNSPECIFIED TRIMESTER
O43811	PLACENTAL INFARCTION, FIRST TRIMESTER
O43812	PLACENTAL INFARCTION, SECOND TRIMESTER
O43813	PLACENTAL INFARCTION, THIRD TRIMESTER
O43819	PLACENTAL INFARCTION, UNSPECIFIED TRIMESTER
O43891	OTHER PLACENTAL DISORDERS, FIRST TRIMESTER
O43892	OTHER PLACENTAL DISORDERS, SECOND TRIMESTER
O43893	OTHER PLACENTAL DISORDERS, THIRD TRIMESTER
O43899	OTHER PLACENTAL DISORDERS, UNSPECIFIED TRIMESTER
O4390	UNSPECIFIED PLACENTAL DISORDER, UNSPECIFIED TRIMESTER
O4391	UNSPECIFIED PLACENTAL DISORDER, FIRST TRIMESTER
O4392	UNSPECIFIED PLACENTAL DISORDER, SECOND TRIMESTER



<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O4393	UNSPECIFIED PLACENTAL DISORDER, THIRD TRIMESTER
O4400	PLACENTA PREVIA SPECIFIED AS WITHOUT HEMORRHAGE, UNSPECIFIED TRIMESTER
O4401	PLACENTA PREVIA SPECIFIED AS WITHOUT HEMORRHAGE, FIRST TRIMESTER
O4402	PLACENTA PREVIA SPECIFIED AS WITHOUT HEMORRHAGE, SECOND TRIMESTER
O4403	PLACENTA PREVIA SPECIFIED AS WITHOUT HEMORRHAGE, THIRD TRIMESTER
O4410	PLACENTA PREVIA WITH HEMORRHAGE, UNSPECIFIED TRIMESTER
O4411	PLACENTA PREVIA WITH HEMORRHAGE, FIRST TRIMESTER
O4412	PLACENTA PREVIA WITH HEMORRHAGE, SECOND TRIMESTER
O4413	PLACENTA PREVIA WITH HEMORRHAGE, THIRD TRIMESTER
O45001	PREMATURE SEPARATION OF PLACENTA WITH COAGULATION DEFECT, UNSPECIFIED, FIRST TRIMESTER
O45002	PREMATURE SEPARATION OF PLACENTA WITH COAGULATION DEFECT, UNSPECIFIED, SECOND TRIMESTER
O45003	PREMATURE SEPARATION OF PLACENTA WITH COAGULATION DEFECT, UNSPECIFIED, THIRD TRIMESTER
O45009	PREMATURE SEPARATION OF PLACENTA WITH COAGULATION DEFECT, UNSPECIFIED, UNSPECIFIED TRIMESTER
O45011	PREMATURE SEPARATION OF PLACENTA WITH AFIBRINOGENEMIA, FIRST TRIMESTER
O45012	PREMATURE SEPARATION OF PLACENTA WITH AFIBRINOGENEMIA, SECOND TRIMESTER
O45013	PREMATURE SEPARATION OF PLACENTA WITH AFIBRINOGENEMIA, THIRD TRIMESTER
O45019	PREMATURE SEPARATION OF PLACENTA WITH AFIBRINOGENEMIA, UNSPECIFIED TRIMESTER
O45021	PREMATURE SEPARATION OF PLACENTA WITH DISSEMINATED INTRAVASCULAR COAGULATION, FIRST TRIMESTER
O45022	PREMATURE SEPARATION OF PLACENTA WITH DISSEMINATED INTRAVASCULAR COAGULATION, SECOND TRIMESTER
O45023	PREMATURE SEPARATION OF PLACENTA WITH DISSEMINATED INTRAVASCULAR COAGULATION, THIRD TRIMESTER
O45029	PREMATURE SEPARATION OF PLACENTA WITH DISSEMINATED INTRAVASCULAR COAGULATION, UNSPECIFIED TRIMESTER
O45091	PREMATURE SEPARATION OF PLACENTA WITH OTHER COAGULATION DEFECT, FIRST TRIMESTER
O45092	PREMATURE SEPARATION OF PLACENTA WITH OTHER COAGULATION DEFECT, SECOND TRIMESTER
O45093	PREMATURE SEPARATION OF PLACENTA WITH OTHER COAGULATION DEFECT, THIRD TRIMESTER



<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O45099	PREMATURE SEPARATION OF PLACENTA WITH OTHER COAGULATION DEFECT, UNSPECIFIED TRIMESTER
O458X1	OTHER PREMATURE SEPARATION OF PLACENTA, FIRST TRIMESTER
O458X2	OTHER PREMATURE SEPARATION OF PLACENTA, SECOND TRIMESTER
O458X3	OTHER PREMATURE SEPARATION OF PLACENTA, THIRD TRIMESTER
O458X9	OTHER PREMATURE SEPARATION OF PLACENTA, UNSPECIFIED TRIMESTER
O4590	PREMATURE SEPARATION OF PLACENTA, UNSPECIFIED, UNSPECIFIED TRIMESTER
O4591	PREMATURE SEPARATION OF PLACENTA, UNSPECIFIED, FIRST TRIMESTER
O4592	PREMATURE SEPARATION OF PLACENTA, UNSPECIFIED, SECOND TRIMESTER
O4593	PREMATURE SEPARATION OF PLACENTA, UNSPECIFIED, THIRD TRIMESTER
O46001	ANTEPARTUM HEMORRHAGE WITH COAGULATION DEFECT, UNSPECIFIED, FIRST TRIMESTER
O46002	ANTEPARTUM HEMORRHAGE WITH COAGULATION DEFECT, UNSPECIFIED, SECOND TRIMESTER
O46003	ANTEPARTUM HEMORRHAGE WITH COAGULATION DEFECT, UNSPECIFIED, THIRD TRIMESTER
O46009	ANTEPARTUM HEMORRHAGE WITH COAGULATION DEFECT, UNSPECIFIED, UNSPECIFIED TRIMESTER
O46011	ANTEPARTUM HEMORRHAGE WITH AFIBRINOGENEMIA, FIRST TRIMESTER
O46012	ANTEPARTUM HEMORRHAGE WITH AFIBRINOGENEMIA, SECOND TRIMESTER
O46013	ANTEPARTUM HEMORRHAGE WITH AFIBRINOGENEMIA, THIRD TRIMESTER
O46019	ANTEPARTUM HEMORRHAGE WITH AFIBRINOGENEMIA, UNSPECIFIED TRIMESTER
O46021	ANTEPARTUM HEMORRHAGE WITH DISSEMINATED INTRAVASCULAR COAGULATION, FIRST TRIMESTER
O46022	ANTEPARTUM HEMORRHAGE WITH DISSEMINATED INTRAVASCULAR COAGULATION, SECOND TRIMESTER
O46023	ANTEPARTUM HEMORRHAGE WITH DISSEMINATED INTRAVASCULAR COAGULATION, THIRD TRIMESTER
O46029	ANTEPARTUM HEMORRHAGE WITH DISSEMINATED INTRAVASCULAR COAGULATION, UNSPECIFIED TRIMESTER
O46091	ANTEPARTUM HEMORRHAGE WITH OTHER COAGULATION DEFECT, FIRST TRIMESTER
O46092	ANTEPARTUM HEMORRHAGE WITH OTHER COAGULATION DEFECT, SECOND TRIMESTER
O46093	ANTEPARTUM HEMORRHAGE WITH OTHER COAGULATION DEFECT, THIRD TRIMESTER

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O46099	ANTEPARTUM HEMORRHAGE WITH OTHER COAGULATION DEFECT, UNSPECIFIED TRIMESTER
O468X1	OTHER ANTEPARTUM HEMORRHAGE, FIRST TRIMESTER
O468X2	OTHER ANTEPARTUM HEMORRHAGE, SECOND TRIMESTER
O468X3	OTHER ANTEPARTUM HEMORRHAGE, THIRD TRIMESTER
O468X9	OTHER ANTEPARTUM HEMORRHAGE, UNSPECIFIED TRIMESTER
O4690	ANTEPARTUM HEMORRHAGE, UNSPECIFIED, UNSPECIFIED TRIMESTER
O4691	ANTEPARTUM HEMORRHAGE, UNSPECIFIED, FIRST TRIMESTER
O4692	ANTEPARTUM HEMORRHAGE, UNSPECIFIED, SECOND TRIMESTER
O4693	ANTEPARTUM HEMORRHAGE, UNSPECIFIED, THIRD TRIMESTER
O4700	FALSE LABOR BEFORE 37 COMPLETED WEEKS OF GESTATION, UNSPECIFIED TRIMESTER
O4702	FALSE LABOR BEFORE 37 COMPLETED WEEKS OF GESTATION, SECOND TRIMESTER
O4703	FALSE LABOR BEFORE 37 COMPLETED WEEKS OF GESTATION, THIRD TRIMESTER
O471	FALSE LABOR AT OR AFTER 37 COMPLETED WEEKS OF GESTATION
O479	FALSE LABOR, UNSPECIFIED
O480	POST-TERM PREGNANCY
O481	PROLONGED PREGNANCY
O6000	PRETERM LABOR WITHOUT DELIVERY, UNSPECIFIED TRIMESTER
O6002	PRETERM LABOR WITHOUT DELIVERY, SECOND TRIMESTER
O6003	PRETERM LABOR WITHOUT DELIVERY, THIRD TRIMESTER
O6010X0	PRETERM LABOR WITH PRETERM DELIVERY, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O6010X1	PRETERM LABOR WITH PRETERM DELIVERY, UNSPECIFIED TRIMESTER, FETUS 1
O6010X2	PRETERM LABOR WITH PRETERM DELIVERY, UNSPECIFIED TRIMESTER, FETUS 2
O6010X3	PRETERM LABOR WITH PRETERM DELIVERY, UNSPECIFIED TRIMESTER, FETUS 3
O6010X4	PRETERM LABOR WITH PRETERM DELIVERY, UNSPECIFIED TRIMESTER, FETUS 4
O6010X5	PRETERM LABOR WITH PRETERM DELIVERY, UNSPECIFIED TRIMESTER, FETUS 5
O6010X9	PRETERM LABOR WITH PRETERM DELIVERY, UNSPECIFIED TRIMESTER, OTHER FETUS
O6012X0	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O6012X1	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY SECOND TRIMESTER, FETUS 1

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O6012X2	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY SECOND TRIMESTER, FETUS 2
O6012X3	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY SECOND TRIMESTER, FETUS 3
O6012X4	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY SECOND TRIMESTER, FETUS 4
O6012X5	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY SECOND TRIMESTER, FETUS 5
O6012X9	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY SECOND TRIMESTER, OTHER FETUS
O6013X0	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O6013X1	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, FETUS 1
O6013X2	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, FETUS 2
O6013X3	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, FETUS 3
O6013X4	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, FETUS 4
O6013X5	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, FETUS 5
O6013X9	PRETERM LABOR SECOND TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, OTHER FETUS
O6014X0	PRETERM LABOR THIRD TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O6014X1	PRETERM LABOR THIRD TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, FETUS 1
O6014X2	PRETERM LABOR THIRD TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, FETUS 2
O6014X3	PRETERM LABOR THIRD TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, FETUS 3
O6014X4	PRETERM LABOR THIRD TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, FETUS 4
O6014X5	PRETERM LABOR THIRD TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, FETUS 5
O6014X9	PRETERM LABOR THIRD TRIMESTER WITH PRETERM DELIVERY THIRD TRIMESTER, OTHER FETUS
O6020X0	TERM DELIVERY WITH PRETERM LABOR, UNSPECIFIED TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O6020X1	TERM DELIVERY WITH PRETERM LABOR, UNSPECIFIED TRIMESTER, FETUS 1
O6020X2	TERM DELIVERY WITH PRETERM LABOR, UNSPECIFIED TRIMESTER, FETUS 2

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O6020X3	TERM DELIVERY WITH PRETERM LABOR, UNSPECIFIED TRIMESTER, FETUS 3
O6020X4	TERM DELIVERY WITH PRETERM LABOR, UNSPECIFIED TRIMESTER, FETUS 4
O6020X5	TERM DELIVERY WITH PRETERM LABOR, UNSPECIFIED TRIMESTER, FETUS 5
O6020X9	TERM DELIVERY WITH PRETERM LABOR, UNSPECIFIED TRIMESTER, OTHER FETUS
O6022X0	TERM DELIVERY WITH PRETERM LABOR, SECOND TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O6022X1	TERM DELIVERY WITH PRETERM LABOR, SECOND TRIMESTER, FETUS 1
O6022X2	TERM DELIVERY WITH PRETERM LABOR, SECOND TRIMESTER, FETUS 2
O6022X3	TERM DELIVERY WITH PRETERM LABOR, SECOND TRIMESTER, FETUS 3
O6022X4	TERM DELIVERY WITH PRETERM LABOR, SECOND TRIMESTER, FETUS 4
O6022X5	TERM DELIVERY WITH PRETERM LABOR, SECOND TRIMESTER, FETUS 5
O6022X9	TERM DELIVERY WITH PRETERM LABOR, SECOND TRIMESTER, OTHER FETUS
O6023X0	TERM DELIVERY WITH PRETERM LABOR, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED
O6023X1	TERM DELIVERY WITH PRETERM LABOR, THIRD TRIMESTER, FETUS 1
O6023X2	TERM DELIVERY WITH PRETERM LABOR, THIRD TRIMESTER, FETUS 2
O6023X3	TERM DELIVERY WITH PRETERM LABOR, THIRD TRIMESTER, FETUS 3
O6023X4	TERM DELIVERY WITH PRETERM LABOR, THIRD TRIMESTER, FETUS 4
O6023X5	TERM DELIVERY WITH PRETERM LABOR, THIRD TRIMESTER, FETUS 5
O6023X9	TERM DELIVERY WITH PRETERM LABOR, THIRD TRIMESTER, OTHER FETUS
O610	FAILED MEDICAL INDUCTION OF LABOR
O611	FAILED INSTRUMENTAL INDUCTION OF LABOR
O618	OTHER FAILED INDUCTION OF LABOR
O619	FAILED INDUCTION OF LABOR, UNSPECIFIED
O641XX0	OBSTRUCTED LABOR DUE TO BREECH PRESENTATION, NOT APPLICABLE OR UNSPECIFIED
O641XX1	OBSTRUCTED LABOR DUE TO BREECH PRESENTATION, FETUS 1
O641XX2	OBSTRUCTED LABOR DUE TO BREECH PRESENTATION, FETUS 2
O641XX3	OBSTRUCTED LABOR DUE TO BREECH PRESENTATION, FETUS 3
O641XX4	OBSTRUCTED LABOR DUE TO BREECH PRESENTATION, FETUS 4
O641XX5	OBSTRUCTED LABOR DUE TO BREECH PRESENTATION, FETUS 5
O641XX9	OBSTRUCTED LABOR DUE TO BREECH PRESENTATION, OTHER FETUS
O642XX0	OBSTRUCTED LABOR DUE TO FACE PRESENTATION, NOT APPLICABLE OR UNSPECIFIED

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O642XX1	OBSTRUCTED LABOR DUE TO FACE PRESENTATION, FETUS 1
O642XX2	OBSTRUCTED LABOR DUE TO FACE PRESENTATION, FETUS 2
O642XX3	OBSTRUCTED LABOR DUE TO FACE PRESENTATION, FETUS 3
O642XX4	OBSTRUCTED LABOR DUE TO FACE PRESENTATION, FETUS 4
O642XX5	OBSTRUCTED LABOR DUE TO FACE PRESENTATION, FETUS 5
O642XX9	OBSTRUCTED LABOR DUE TO FACE PRESENTATION, OTHER FETUS
O643XX0	OBSTRUCTED LABOR DUE TO BROW PRESENTATION, NOT APPLICABLE OR UNSPECIFIED
O643XX1	OBSTRUCTED LABOR DUE TO BROW PRESENTATION, FETUS 1
O643XX2	OBSTRUCTED LABOR DUE TO BROW PRESENTATION, FETUS 2
O643XX3	OBSTRUCTED LABOR DUE TO BROW PRESENTATION, FETUS 3
O643XX4	OBSTRUCTED LABOR DUE TO BROW PRESENTATION, FETUS 4
O643XX5	OBSTRUCTED LABOR DUE TO BROW PRESENTATION, FETUS 5
O643XX9	OBSTRUCTED LABOR DUE TO BROW PRESENTATION, OTHER FETUS
O644XX0	OBSTRUCTED LABOR DUE TO SHOULDER PRESENTATION, NOT APPLICABLE OR UNSPECIFIED
O644XX1	OBSTRUCTED LABOR DUE TO SHOULDER PRESENTATION, FETUS 1
O644XX2	OBSTRUCTED LABOR DUE TO SHOULDER PRESENTATION, FETUS 2
O644XX3	OBSTRUCTED LABOR DUE TO SHOULDER PRESENTATION, FETUS 3
O644XX4	OBSTRUCTED LABOR DUE TO SHOULDER PRESENTATION, FETUS 4
O644XX5	OBSTRUCTED LABOR DUE TO SHOULDER PRESENTATION, FETUS 5
O644XX9	OBSTRUCTED LABOR DUE TO SHOULDER PRESENTATION, OTHER FETUS
O645XX0	OBSTRUCTED LABOR DUE TO COMPOUND PRESENTATION, NOT APPLICABLE OR UNSPECIFIED
O645XX1	OBSTRUCTED LABOR DUE TO COMPOUND PRESENTATION, FETUS 1
O645XX2	OBSTRUCTED LABOR DUE TO COMPOUND PRESENTATION, FETUS 2
O645XX3	OBSTRUCTED LABOR DUE TO COMPOUND PRESENTATION, FETUS 3
O645XX4	OBSTRUCTED LABOR DUE TO COMPOUND PRESENTATION, FETUS 4
O645XX5	OBSTRUCTED LABOR DUE TO COMPOUND PRESENTATION, FETUS 5
O645XX9	OBSTRUCTED LABOR DUE TO COMPOUND PRESENTATION, OTHER FETUS
O648XX0	OBSTRUCTED LABOR DUE TO OTHER MALPOSITION AND MALPRESENTATION, NOT APPLICABLE OR UNSPECIFIED
O648XX1	OBSTRUCTED LABOR DUE TO OTHER MALPOSITION AND MALPRESENTATION, FETUS 1
O648XX2	OBSTRUCTED LABOR DUE TO OTHER MALPOSITION AND MALPRESENTATION, FETUS 2
O648XX3	OBSTRUCTED LABOR DUE TO OTHER MALPOSITION AND MALPRESENTATION, FETUS 3

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O648XX4	OBSTRUCTED LABOR DUE TO OTHER MALPOSITION AND MALPRESENTATION, FETUS 4
O648XX5	OBSTRUCTED LABOR DUE TO OTHER MALPOSITION AND MALPRESENTATION, FETUS 5
O648XX9	OBSTRUCTED LABOR DUE TO OTHER MALPOSITION AND MALPRESENTATION, OTHER FETUS
O649XX0	OBSTRUCTED LABOR DUE TO MALPOSITION AND MALPRESENTATION, UNSPECIFIED, NOT APPLICABLE OR UNSPECIFIED
O649XX1	OBSTRUCTED LABOR DUE TO MALPOSITION AND MALPRESENTATION, UNSPECIFIED, FETUS 1
O649XX2	OBSTRUCTED LABOR DUE TO MALPOSITION AND MALPRESENTATION, UNSPECIFIED, FETUS 2
O649XX3	OBSTRUCTED LABOR DUE TO MALPOSITION AND MALPRESENTATION, UNSPECIFIED, FETUS 3
O649XX4	OBSTRUCTED LABOR DUE TO MALPOSITION AND MALPRESENTATION, UNSPECIFIED, FETUS 4
O649XX5	OBSTRUCTED LABOR DUE TO MALPOSITION AND MALPRESENTATION, UNSPECIFIED, FETUS 5
O649XX9	OBSTRUCTED LABOR DUE TO MALPOSITION AND MALPRESENTATION, UNSPECIFIED, OTHER FETUS
O650	OBSTRUCTED LABOR DUE TO DEFORMED PELVIS
O651	OBSTRUCTED LABOR DUE TO GENERALLY CONTRACTED PELVIS
O652	OBSTRUCTED LABOR DUE TO PELVIC INLET CONTRACTION
O653	OBSTRUCTED LABOR DUE TO PELVIC OUTLET AND MID-CAVITY CONTRACTION
O654	OBSTRUCTED LABOR DUE TO FETOPELVIC DISPROPORTION, UNSPECIFIED
O658	OBSTRUCTED LABOR DUE TO OTHER MATERNAL PELVIC ABNORMALITIES
O659	OBSTRUCTED LABOR DUE TO MATERNAL PELVIC ABNORMALITY, UNSPECIFIED
O662	OBSTRUCTED LABOR DUE TO UNUSUALLY LARGE FETUS
O666	OBSTRUCTED LABOR DUE TO OTHER MULTIPLE FETUSES
O670	INTRAPARTUM HEMORRHAGE WITH COAGULATION DEFECT
O678	OTHER INTRAPARTUM HEMORRHAGE
O679	INTRAPARTUM HEMORRHAGE, UNSPECIFIED
O68	LABOR AND DELIVERY COMPLICATED BY ABNORMALITY OF FETAL ACID-BASE BALANCE
O752	PYREXIA DURING LABOR, NOT ELSEWHERE CLASSIFIED
O753	OTHER INFECTION DURING LABOR
O755	DELAYED DELIVERY AFTER ARTIFICIAL RUPTURE OF MEMBRANES
O7589	OTHER SPECIFIED COMPLICATIONS OF LABOR AND DELIVERY

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O759	COMPLICATION OF LABOR AND DELIVERY, UNSPECIFIED
O76	ABNORMALITY IN FETAL HEART RATE AND RHYTHM COMPLICATING LABOR AND DELIVERY
O770	LABOR AND DELIVERY COMPLICATED BY MECONIUM IN AMNIOTIC FLUID
O771	FETAL STRESS IN LABOR OR DELIVERY DUE TO DRUG ADMINISTRATION
O778	LABOR AND DELIVERY COMPLICATED BY OTHER EVIDENCE OF FETAL STRESS
O779	LABOR AND DELIVERY COMPLICATED BY FETAL STRESS, UNSPECIFIED
O80	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY
O8611	CERVICITIS FOLLOWING DELIVERY
O8613	VAGINITIS FOLLOWING DELIVERY
O8619	OTHER INFECTION OF GENITAL TRACT FOLLOWING DELIVERY
O8620	URINARY TRACT INFECTION FOLLOWING DELIVERY, UNSPECIFIED
O8621	INFECTION OF KIDNEY FOLLOWING DELIVERY
O8622	INFECTION OF BLADDER FOLLOWING DELIVERY
O8629	OTHER URINARY TRACT INFECTION FOLLOWING DELIVERY
O905	POSTPARTUM THYROIDITIS
O906	POSTPARTUM MOOD DISTURBANCE
O9081	ANEMIA OF THE PUERPERIUM
O9089	OTHER COMPLICATIONS OF THE PUERPERIUM, NOT ELSEWHERE CLASSIFIED
O98011	TUBERCULOSIS COMPLICATING PREGNANCY, FIRST TRIMESTER
O98012	TUBERCULOSIS COMPLICATING PREGNANCY, SECOND TRIMESTER
O98013	TUBERCULOSIS COMPLICATING PREGNANCY, THIRD TRIMESTER
O98019	TUBERCULOSIS COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9802	TUBERCULOSIS COMPLICATING CHILDBIRTH
O9803	TUBERCULOSIS COMPLICATING THE PUERPERIUM
O98111	SYPHILIS COMPLICATING PREGNANCY, FIRST TRIMESTER
O98112	SYPHILIS COMPLICATING PREGNANCY, SECOND TRIMESTER
O98113	SYPHILIS COMPLICATING PREGNANCY, THIRD TRIMESTER
O98119	SYPHILIS COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9812	SYPHILIS COMPLICATING CHILDBIRTH
O9813	SYPHILIS COMPLICATING THE PUERPERIUM
O98211	GONORRHEA COMPLICATING PREGNANCY, FIRST TRIMESTER
O98212	GONORRHEA COMPLICATING PREGNANCY, SECOND TRIMESTER
O98213	GONORRHEA COMPLICATING PREGNANCY, THIRD TRIMESTER
O98219	GONORRHEA COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER



<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O9822	GONORRHEA COMPLICATING CHILDBIRTH
O9823	GONORRHEA COMPLICATING THE PUERPERIUM
O98311	OTHER INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION COMPLICATING PREGNANCY, FIRST TRIMESTER
O98312	OTHER INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION COMPLICATING PREGNANCY, SECOND TRIMESTER
O98313	OTHER INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION COMPLICATING PREGNANCY, THIRD TRIMESTER
O98319	OTHER INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9832	OTHER INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION COMPLICATING CHILDBIRTH
O9833	OTHER INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION COMPLICATING THE PUERPERIUM
O98411	VIRAL HEPATITIS COMPLICATING PREGNANCY, FIRST TRIMESTER
O98412	VIRAL HEPATITIS COMPLICATING PREGNANCY, SECOND TRIMESTER
O98413	VIRAL HEPATITIS COMPLICATING PREGNANCY, THIRD TRIMESTER
O98419	VIRAL HEPATITIS COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9842	VIRAL HEPATITIS COMPLICATING CHILDBIRTH
O9843	VIRAL HEPATITIS COMPLICATING THE PUERPERIUM
O98511	OTHER VIRAL DISEASES COMPLICATING PREGNANCY, FIRST TRIMESTER
O98512	OTHER VIRAL DISEASES COMPLICATING PREGNANCY, SECOND TRIMESTER
O98513	OTHER VIRAL DISEASES COMPLICATING PREGNANCY, THIRD TRIMESTER
O98519	OTHER VIRAL DISEASES COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9852	OTHER VIRAL DISEASES COMPLICATING CHILDBIRTH
O9853	OTHER VIRAL 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
O98619	PROTOZOAL DISEASES COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9862	PROTOZOAL DISEASES COMPLICATING CHILDBIRTH
O9863	PROTOZOAL DISEASES COMPLICATING THE PUERPERIUM
O98711	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE COMPLICATING PREGNANCY, FIRST TRIMESTER
O98712	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE COMPLICATING PREGNANCY, SECOND TRIMESTER

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O98713	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE COMPLICATING PREGNANCY, THIRD TRIMESTER
O98719	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9872	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE COMPLICATING CHILDBIRTH
O9873	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE COMPLICATING THE PUERPERIUM
O98811	OTHER MATERNAL INFECTIOUS AND PARASITIC DISEASES COMPLICATING PREGNANCY, FIRST TRIMESTER
O98812	OTHER MATERNAL INFECTIOUS AND PARASITIC DISEASES COMPLICATING PREGNANCY, SECOND TRIMESTER
O98813	OTHER MATERNAL INFECTIOUS AND PARASITIC DISEASES COMPLICATING PREGNANCY, THIRD TRIMESTER
O98819	OTHER MATERNAL INFECTIOUS AND PARASITIC DISEASES COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9882	OTHER MATERNAL INFECTIOUS AND PARASITIC DISEASES COMPLICATING CHILDBIRTH
O9883	OTHER MATERNAL INFECTIOUS AND PARASITIC DISEASES COMPLICATING THE PUERPERIUM
O98911	UNSPECIFIED MATERNAL INFECTIOUS AND PARASITIC DISEASE COMPLICATING PREGNANCY, FIRST TRIMESTER
O98912	UNSPECIFIED MATERNAL INFECTIOUS AND PARASITIC DISEASE COMPLICATING PREGNANCY, SECOND TRIMESTER
O98913	UNSPECIFIED MATERNAL INFECTIOUS AND PARASITIC DISEASE COMPLICATING PREGNANCY, THIRD TRIMESTER
O98919	UNSPECIFIED MATERNAL INFECTIOUS AND PARASITIC DISEASE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9892	UNSPECIFIED MATERNAL INFECTIOUS AND PARASITIC DISEASE COMPLICATING CHILDBIRTH
O9893	UNSPECIFIED MATERNAL INFECTIOUS AND PARASITIC DISEASE COMPLICATING THE PUERPERIUM
O99011	ANEMIA COMPLICATING PREGNANCY, FIRST TRIMESTER
O99012	ANEMIA COMPLICATING PREGNANCY, SECOND TRIMESTER
O99013	ANEMIA COMPLICATING PREGNANCY, THIRD TRIMESTER
O99019	ANEMIA COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9902	ANEMIA COMPLICATING CHILDBIRTH
O9903	ANEMIA COMPLICATING THE PUERPERIUM
O99111	OTHER DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM COMPLICATING PREGNANCY, FIRST TRIMESTER

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O99112	OTHER DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM COMPLICATING PREGNANCY, SECOND TRIMESTER
O99113	OTHER DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM COMPLICATING PREGNANCY, THIRD TRIMESTER
O99119	OTHER DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9912	OTHER DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM COMPLICATING CHILDBIRTH
O9913	OTHER DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM COMPLICATING THE PUERPERIUM
O99210	OBESITY COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O99211	OBESITY COMPLICATING PREGNANCY, FIRST TRIMESTER
O99212	OBESITY COMPLICATING PREGNANCY, SECOND TRIMESTER
O99213	OBESITY COMPLICATING PREGNANCY, THIRD TRIMESTER
O99214	OBESITY COMPLICATING CHILDBIRTH
O99215	OBESITY COMPLICATING THE PUERPERIUM
O99280	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O99281	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES COMPLICATING PREGNANCY, FIRST TRIMESTER
O99282	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES COMPLICATING PREGNANCY, SECOND TRIMESTER
O99283	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES COMPLICATING PREGNANCY, THIRD TRIMESTER
O99284	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES COMPLICATING CHILDBIRTH
O99285	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES COMPLICATING THE PUERPERIUM
O99310	ALCOHOL USE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O99311	ALCOHOL USE COMPLICATING PREGNANCY, FIRST TRIMESTER
O99312	ALCOHOL USE COMPLICATING PREGNANCY, SECOND TRIMESTER
O99313	ALCOHOL USE COMPLICATING PREGNANCY, THIRD TRIMESTER
O99314	ALCOHOL USE COMPLICATING CHILDBIRTH
O99315	ALCOHOL USE COMPLICATING THE PUERPERIUM
O99320	DRUG USE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O99321	DRUG USE COMPLICATING PREGNANCY, FIRST TRIMESTER

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O99322	DRUG USE COMPLICATING PREGNANCY, SECOND TRIMESTER
O99323	DRUG USE COMPLICATING PREGNANCY, THIRD TRIMESTER
O99324	DRUG USE COMPLICATING CHILDBIRTH
O99325	DRUG USE COMPLICATING THE PUERPERIUM
O99330	SMOKING (TOBACCO) COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O99331	SMOKING (TOBACCO) COMPLICATING PREGNANCY, FIRST TRIMESTER
O99332	SMOKING (TOBACCO) COMPLICATING PREGNANCY, SECOND TRIMESTER
O99333	SMOKING (TOBACCO) COMPLICATING PREGNANCY, THIRD TRIMESTER
O99334	SMOKING (TOBACCO) COMPLICATING CHILDBIRTH
O99335	SMOKING (TOBACCO) COMPLICATING THE PUERPERIUM
O99340	OTHER MENTAL DISORDERS COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O99341	OTHER MENTAL DISORDERS COMPLICATING PREGNANCY, FIRST TRIMESTER
O99342	OTHER MENTAL DISORDERS COMPLICATING PREGNANCY, SECOND TRIMESTER
O99343	OTHER MENTAL DISORDERS COMPLICATING PREGNANCY, THIRD TRIMESTER
O99344	OTHER MENTAL DISORDERS COMPLICATING CHILDBIRTH
O99345	OTHER MENTAL DISORDERS COMPLICATING THE PUERPERIUM
O99350	DISEASES OF THE NERVOUS SYSTEM COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O99351	DISEASES OF THE NERVOUS SYSTEM COMPLICATING PREGNANCY, FIRST TRIMESTER
O99352	DISEASES OF THE NERVOUS SYSTEM COMPLICATING PREGNANCY, SECOND TRIMESTER
O99353	DISEASES OF THE NERVOUS SYSTEM COMPLICATING PREGNANCY, THIRD TRIMESTER
O99354	DISEASES OF THE NERVOUS SYSTEM COMPLICATING CHILDBIRTH
O99355	DISEASES OF THE NERVOUS SYSTEM COMPLICATING THE PUERPERIUM
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
O99519	DISEASES OF THE RESPIRATORY SYSTEM COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9952	DISEASES OF THE RESPIRATORY SYSTEM COMPLICATING CHILDBIRTH

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O9953	DISEASES OF THE RESPIRATORY SYSTEM COMPLICATING THE PUERPERIUM
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
O99619	DISEASES OF THE DIGESTIVE SYSTEM COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9962	DISEASES OF THE DIGESTIVE SYSTEM COMPLICATING CHILDBIRTH
O9963	DISEASES OF THE DIGESTIVE SYSTEM COMPLICATING THE PUERPERIUM
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
O99719	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9972	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE COMPLICATING CHILDBIRTH
O9973	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE COMPLICATING THE PUERPERIUM
O99810	ABNORMAL GLUCOSE COMPLICATING PREGNANCY
O99814	ABNORMAL GLUCOSE COMPLICATING CHILDBIRTH
O99815	ABNORMAL GLUCOSE COMPLICATING THE PUERPERIUM
O99820	STREPTOCOCCUS B CARRIER STATE COMPLICATING PREGNANCY
O99824	STREPTOCOCCUS B CARRIER STATE COMPLICATING CHILDBIRTH
O99825	STREPTOCOCCUS B CARRIER STATE COMPLICATING THE PUERPERIUM
O99830	OTHER INFECTION CARRIER STATE COMPLICATING PREGNANCY
O99834	OTHER INFECTION CARRIER STATE COMPLICATING CHILDBIRTH
O99835	OTHER INFECTION CARRIER STATE COMPLICATING THE PUERPERIUM
O99840	BARIATRIC SURGERY STATUS COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O99841	BARIATRIC SURGERY STATUS COMPLICATING PREGNANCY, FIRST TRIMESTER
O99842	BARIATRIC SURGERY STATUS COMPLICATING PREGNANCY, SECOND TRIMESTER
O99843	BARIATRIC SURGERY STATUS COMPLICATING PREGNANCY, THIRD TRIMESTER

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O99844	BARIATRIC SURGERY STATUS COMPLICATING CHILDBIRTH
O99845	BARIATRIC SURGERY STATUS COMPLICATING THE PUERPERIUM
O9989	OTHER SPECIFIED DISEASES AND CONDITIONS COMPLICATING PREGNANCY, CHILDBIRTH AND THE PUERPERIUM
O9A111	MALIGNANT NEOPLASM COMPLICATING PREGNANCY, FIRST TRIMESTER
O9A112	MALIGNANT NEOPLASM COMPLICATING PREGNANCY, SECOND TRIMESTER
O9A113	MALIGNANT NEOPLASM COMPLICATING PREGNANCY, THIRD TRIMESTER
O9A119	MALIGNANT NEOPLASM COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9A12	MALIGNANT NEOPLASM COMPLICATING CHILDBIRTH
O9A13	MALIGNANT NEOPLASM COMPLICATING THE PUERPERIUM
O9A211	INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES COMPLICATING PREGNANCY, FIRST 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
O9A219	INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9A22	INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES COMPLICATING CHILDBIRTH
O9A23	INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES COMPLICATING THE PUERPERIUM
O9A311	PHYSICAL ABUSE COMPLICATING PREGNANCY, FIRST TRIMESTER
O9A312	PHYSICAL ABUSE COMPLICATING PREGNANCY, SECOND TRIMESTER
O9A313	PHYSICAL ABUSE COMPLICATING PREGNANCY, THIRD TRIMESTER
O9A319	PHYSICAL ABUSE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9A32	PHYSICAL ABUSE COMPLICATING CHILDBIRTH
O9A33	PHYSICAL ABUSE COMPLICATING THE PUERPERIUM
O9A411	SEXUAL ABUSE COMPLICATING PREGNANCY, FIRST TRIMESTER
O9A412	SEXUAL ABUSE COMPLICATING PREGNANCY, SECOND TRIMESTER
O9A413	SEXUAL ABUSE COMPLICATING PREGNANCY, THIRD TRIMESTER
O9A419	SEXUAL ABUSE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9A42	SEXUAL ABUSE COMPLICATING CHILDBIRTH
O9A43	SEXUAL ABUSE COMPLICATING THE PUERPERIUM
O9A511	PSYCHOLOGICAL ABUSE COMPLICATING PREGNANCY, FIRST TRIMESTER
O9A512	PSYCHOLOGICAL ABUSE COMPLICATING PREGNANCY, SECOND TRIMESTER
O9A513	PSYCHOLOGICAL ABUSE COMPLICATING PREGNANCY, THIRD TRIMESTER

<b>Diagnosis of pregnancy or pregnancy-related diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 310 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
O9A519	PSYCHOLOGICAL ABUSE COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER
O9A52	PSYCHOLOGICAL ABUSE COMPLICATING CHILDBIRTH
O9A53	PSYCHOLOGICAL ABUSE COMPLICATING THE PUERPERIUM

<b>History of buprenorphine therapy</b>	
<b>Number of claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Description</b>	<b>GCN</b>
BUPRENORPHINE HCL 2MG TABLET SL	64672
BUPRENORPHINE HCL 8MG TABLET SL	64673

<b>History of opioid analgesic therapy</b>
<b>Number of claims: 1</b>
<b>Look back timeframe: 30 days</b>

For the list of opioid analgesic medications that pertain to this step, see the **Opioid Analgesic Therapies** table in the previous "Supporting Tables" section.

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





## Buprenorphine

### 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
03/27/2013	Initial publication and posting to website
10/17/2014	Removed Subutex GCNs from buprenorphine edit Updated Clinical Edit Criteria References
03/20/2015	Added Zubsolv GCNs to 'Drugs Requiring Prior Authorization' and to supporting table, 'Step 4' Added Embeda, Hysingla and Trezix GCNs to supporting table, 'Step 5'
04/03/2015	Updated to include ICD-10s
09/02/2015	Updated to include Bunavail GCNs
06/02/2016	Added GCNs for fentanyl transdermal patches and Kadian ER capsules to Table 5
07/22/2016	Updated Table 3 Updated Table 5 Added GCNs for Belbuca film to 'Drugs Requiring Prior Authorization', page 18 and to Table 5
11/18/2016	Updated approval duration to 90 days on Step 4 and 5 of Criteria Logic Updated approval duration on Logic Diagram Updated approval duration to 90 days on Step 5 and 6 of Criteria Logic Updated approval duration on Logic Diagram
12/12/2016	Added Xtampza GCNs to Table 5
03/26/2018	Annual review by staff Removed ICD-9 code Updated Table 4 Added Belbuca GCNs to Table 5 Removed Bunavail GCNs from Table 5 Removed Belbuca GCNs from 'Drugs Requiring PA' Removed Belbuca GCNs from Table 5 Updated References
03/18/2019	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 Removed check for prior therapy with a benzodiazepine from criteria logic Updated references
06/12/2019	Added ICD-10 codes for opioid abuse to Table 1

Publication Date	Notes
	Updated Table 5 Added question #1 (diagnosis of opioid abuse/dependence) to criteria logic and logic diagram
11/07/2019	Added GCNs for buprenorphine-naloxone film to drug table
04/30/2021	Annual review by staff Added GCN for carisoprodol cpd with codeine (13995); Levorphanol (16350); tramadol (07221); tramadol ER (99151, 99152, 99153, 30382, 26387, 30383, 50417, 30384); Ultracet (13909); Ultram (07221) to Table 5 Updated references
07/19/2021	Added GCN for Dsuvia (45928) to step table 5
02/28/2023	Added GCNs for Apadaz (45987, 44508, 45986), codeine sulfate (16240), oxycodone-acetaminophen (70470), oxycodone (37159), and tramadol (92069, 50427, 13909)  Removed GCNs for Exalgo ER (28427, 33142, 33088, 33143), Lazanda (27648, 41539), Morphabond ER (39856, 39853, 39854, 39855), and Opana (27244, 27243)
12/08/2023	Annual review by staff Updated approval duration to 180 days Removed GCNs for Bunavail (36677, 36678, 36679) from Drugs Requiring PA table and Table 4 Removed GCNs for Actiq (19193, 19194, 19204, 19206, 19191, 19192), Dsuvia (45928), Duragesic (19203, 24635, 19200, 19201, 19202), Embeda (37692, 37685, 37686, 37687, 37688, 37689), Ibudone (22678, 99371), Kadian (26490, 26494, 26492, 98135, 37534, 33158, 26493, 97535, 97508), Norco (70330) Updated references
06/10/2024	Added GCN for morphine sulfate (32719) to opioid supporting table
09/13/2024	Added GCNs for hydrocodone ER (38057, 38058, 38062) and hydrocodone/apap 10-325/15 (99967) to opioid supporting table
09/18/2024	Annual review by staff Added GCN for tramadol (55148) to opioid supporting table Updated references
12/02/2024	Added GCN for tramadol (56518) to opioid analgesic table
03/12/2025	Added GCNs for Roxybond (32047, 44877, 44878, 56315), hydrocodone ER (38059, 38061, 38063), and tramadol (48598) to supporting tables
10/01/2025	Added GCN for morphine (58333) to the opioid supporting table