Appendix A

Revision History

Document Version Number	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 1.0	December 31, 1999	All	Updated edits and audits	Leanna Collisi and Brandy Ludlum
Version 2.2	June 30, 2001		Add Procedure Code 108 table	Charlene Schweikhart
Version 2.4	December 21, 2001		Add to Procedure Group 59 table	Susan Mariutto

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Section 1: Revenue Group

Table A-1.1 – Revenue Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	360	1/1/1990	12/31/2299	OPERATING ROOM SERVICES
2	361	1/1/1990	12/31/2299	OR/MINOR SURGERY
2	362	1/1/1990	12/31/2299	OR/ORGAN TRANSPLANT
2	367	1/1/1990	12/31/2299	OR/KIDNEY TRANSPLANT
2	369	1/1/1990	12/31/2299	OR/OTHER
2	490	1/1/1990	12/31/2299	AMBULATORY SURGICAL CARE
2	499	1/1/1990	12/31/2299	AMBULATORY SURGICAL CARE/OTHER
2	972	1/1/1990	12/31/2299	PROFESSIONAL FEES/RADIOLOGY/DIAGNOSTIC

Table A-1.2 – Revenue Group 3 Table

Group Number	Code	Effective Date	End Date	Code Description
3	450	1/1/1990	12/31/2299	EMERG ROOM
3	459	1/1/1990	12/31/2299	EMERGENCY ROOM/OTHER
3	510	1/1/1990	12/31/2299	CLINIC
3	511	1/1/1990	12/31/2299	CLINIC/CHRONIC PAIN
3	512	1/1/1990	12/31/2299	CLINIC/DENTAL
3	513	1/1/1990	12/31/2299	CLINIC/PSYCHIATRIC
3	514	1/1/1990	12/31/2299	CLINIC/OB-GYN
3	515	1/1/1990	12/31/2299	CLINIC/PEDIATRIC
3	519	1/1/1990	12/31/2299	CLINIC/OTHER
3	520	1/1/1990	12/31/2299	FREESTANDING CLINIC
3	521	1/1/1990	12/31/2299	CLINIC/RURAL HEALTH
3	522	1/1/1990	12/31/2299	RURAL HEALTH-HOME
3	523	1/1/1990	12/31/2299	FAMILY PRACTICE
3	529	1/1/1990	12/31/2299	FREESTANDING CLINIC/OTHER
3	634	1/1/1900	12/31/2299	EPO, LESS THAN 10,000 UNITS
3	700	1/1/1990	12/31/2299	CAST ROOM
3	709	1/1/1990	12/31/2299	CAST ROOM/OTHER
3	720	1/1/1990	12/31/2299	DELIVERY ROOM/LABOR ROOM
3	721	1/1/1990	12/31/2299	LABOR
3	722	1/1/1990	12/31/2299	DELIVERY ROOM
3	723	1/1/1990	12/31/2299	CIRCUMCISION
3	724	1/1/1990	12/31/2299	BIRTHING CENTER
3	729	1/1/1990	12/31/2299	DELIVERY ROOM/LABOR ROOM/OTHER
3	760	1/1/1990	12/31/2299	TREATMENT OR OBSERVATION ROOM
3	769	1/1/1990	12/31/2299	TREATMENT OR OBSERVATION ROOM/OTHER
3	972	1/1/1990	12/31/2299	PROFESSIONAL FEES/RADIOLOGY/DIAGNOSTIC

Table A-1.3 – Revenue Group 4 Table

Group Number	Code	Effective Date	End Date	Code Description
4	260	1/1/1990	12/31/2299	IV THERAPY
4	261	1/1/1990	12/31/2299	IV THER/INFUSION PUMP
4	269	1/1/1990	12/31/2299	IV THERAPY/OTHER
4	280	1/1/1990	12/31/2299	ONCOLOGY
4	289	1/1/1990	12/31/2299	ONCOLOGY/OTHER
4	300	1/1/1990	12/31/2299	LABORATORY
4	301	1/1/1990	12/31/2299	LAB CHEMISTRY
4	302	1/1/1990	12/31/2299	LAB/IMMUNOLOGY
4	303	1/1/1990	12/31/2299	LAB/RENTAL HOME
4	304	1/1/1990	12/31/2299	LAB/NONROUTINE DIALYSIS
4	305	1/1/1990	12/31/2299	HEMATOLOGY LAB
4	306	1/1/1990	12/31/2299	BACTERIOLOGY LAB
4	307	1/1/1900	12/31/2299	UROLOGY LAB
4	309	1/1/1990	12/31/2299	LAB/OTHER
4	310	1/1/1990	12/31/2299	PATHOLOGY LAB
4	311	1/1/1990	12/31/2299	PATHOLOGY/CYTOLOGY
4	312	1/1/1990	12/31/2299	PATHOLOGY/HYSTOLOGY
4	314	1/1/1990	12/31/2299	PATHOLOGY/BIOPSY
4	319	1/1/1990	12/31/2299	PATHOLOGY/OTHER
4	320	1/1/1990	12/31/2299	DIAGNOSTIC X RAY
4	321	1/1/1990	12/31/2299	DIAGNOSTIC X-RAY
4	322	1/1/1990	12/31/2299	DIAGNOSTIC X-RAY/ANGIOCARDIOGRAPHY
4	323	1/1/1990	12/31/2299	DIAGNOSTIC X-RAY/ARTERIOGRAPHY
4	324	1/1/1990	12/31/2299	DIAGNOSTIC X-RAY/CHEST
4	329	1/1/1990	12/31/2299	DIAGNOSTIC X-RAY/OTHER
4	330	1/1/1990	12/31/2299	THERAPEUTIC X-RAY
4	331	1/1/1990	12/31/2299	CHEMOTHERAPY/INJECTED
4	332	1/1/1990	12/31/2299	CHEMOTHERAPY/ORAL
4	333	1/1/1990	12/31/2299	RADIATION THERAPY
4	335	1/1/1990	12/31/2299	CHEMOTHERAPY/IV
4	339	1/1/1990	12/31/2299	THERAPEUTIC X-RAY/OTHER
4	340	1/1/1990	12/31/2299	NUCLEAR MEDICINE
4	341	1/1/1990	12/31/2299	NUC MED/DIAGNOSIS
4	342	1/1/1990	12/31/2299	NUC MED/THERAPEUTIC
4	349	1/1/1990	12/31/2299	NUC MED/OTHER

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Table A-1.3 – Revenue Group 4 Table

Group Number	Code	Effective Date	End Date	Code Description
4	350	1/1/1990	12/31/2299	CT SCAN
4	351	1/1/1990	12/31/2299	CT SCAN/HEAD
4	352	1/1/1990	12/31/2299	CT SCAN/BODY
4	359	1/1/1990	12/31/2299	CT SCAN/OTHER
4	400	1/1/1990	12/31/2299	IMAGE SERVICES
4	401	1/1/1990	12/31/2299	MAMMOGRAPHY
4	402	1/1/1990	12/31/2299	ULTRASOUND
4	409	1/1/1990	12/31/2299	OTHER IMAGING SERVICES
4	410	1/1/1990	12/31/2299	RESPIRATORY SVC
4	412	1/1/1990	12/31/2299	INHALATION SERVICES
4	413	1/1/1990	12/31/2299	HYPERBARIC OXYGEN THERAPY
4	419	1/1/1990	12/31/2299	OTHER REPIRATORY SERVICES
4	420	1/1/1990	12/31/2299	PHYSICAL THERAPY
4	421	1/1/1990	12/31/2299	PHYS THER/VISIT
4	422	1/1/1990	12/31/2299	PHYSICAL THERAPY/HOUR
4	423	1/1/1990	12/31/2299	PHYSICAL THERAPY/GROUP
4	424	1/1/1990	12/31/2299	PHYSICAL THERAPY/EVAL/RE-EVAL
4	429	1/1/1990	12/31/2299	PHYSICAL THERAPY/OTHER
4	430	1/1/1990	12/31/2299	OCCUPATIONAL THERAPY
4	431	1/1/1990	12/31/2299	OCCUPATIONAL THERAPY/VISIT
4	432	1/1/1990	12/31/2299	OCCUPATIONAL THERAPY/HOUR
4	433	1/1/1990	12/31/2299	OCCUPATIONAL THERAPY/GROUP
4	434	1/1/1990	12/31/2299	OCCUPATIONAL THERAPY/EVAL/RE-EVAL
4	439	1/1/1990	12/31/2299	OCCUPATIONAL THERAPY/OTHER
4	440	1/1/1990	12/31/2299	SPEECH PATHOLOGY
4	441	1/1/1990	12/31/2299	SPEECH PATHOLOGY/VISIT
4	442	1/1/1990	12/31/2299	SPEECH PATHOLOGY/HOUR
4	443	1/1/1990	12/31/2299	SPEECH PATHOLOGY/GROUP
4	444	1/1/1990	12/31/2299	SPEECH PATHOLOGY/EVAL/RE-EVAL
4	449	1/1/1990	12/31/2299	SPEECH PATHOLOGY/OTHER
4	460	1/1/1900	12/31/2299	PULMONARY FUNC
4	469	1/1/1900	12/31/2299	PULMONARY FUNCTION/OTHER
4	470	1/1/1900	12/31/2299	AUDIOLOGY
4	471	1/1/1900	12/31/2299	AUDIOLOGY/DIAGNOSTIC
4	472	1/1/1900	12/31/2299	AUDIOLOGY/TREATMENT
4	479	1/1/1900	12/31/2299	AUDIOLOGY/OTHER

(Continued)

Table A-1.3 – Revenue Group 4 Table

Group Number	Code	Effective Date	End Date	Code Description
4	480	1/1/1900	12/31/2299	CARDIOLOGY
4	481	1/1/1900	12/31/2299	CARDIAC CATH LAB
4	482	1/1/1900	12/31/2299	CARDIOLOGY
4	489	1/1/1900	12/31/2299	CARDIOLOGY/OTHER
4	610	1/1/1900	12/31/2299	MAGNETIC RESONANCE IMAGING
4	611	1/1/1900	12/31/2299	MRI/BRAIN
4	612	1/1/1900	12/31/2299	MRI/SPINE
4	619	1/1/1900	12/31/2299	MRI/OTHER
4	634	1/1/1900	12/31/2299	EPO, LESS THAN 10,000 UNITS
4	636	1/1/1900	12/31/2299	DRUGS REQUIRING DETAILED CODING
4	730	1/1/1900	12/31/2299	EKG ECG
4	731	1/1/1900	12/31/2299	HOLTER MONITOR
4	732	1/1/1900	12/31/2299	TELEMETRY
4	739	1/1/1900	12/31/2299	EKG/ECG/OTHER
4	740	1/1/1900	12/31/2299	EEG
4	749	1/1/1900	12/31/2299	EEG/OTHER
4	750	1/1/1900	12/31/2299	GASTRO-INTESTINAL SERVICES
4	759	1/1/1900	12/31/2299	GASTRO-INTESTINAL SERVICES/OTHER
4	790	1/1/1900	12/31/2299	LITHOTRIPSY
4	799	1/1/1900	12/31/2299	LITHOTRIPSY/OTHER
4	820	1/1/1990	12/31/2299	HEMO/OUTPATIENT OR HOME
4	821	1/1/1900	12/31/2299	HEMO/DIALYSIS/COMPOSITE RATE
4	822	1/1/1900	12/31/2299	HEMO/HOME SUPPLIES
4	823	1/1/1900	12/31/2299	HEMO/HOME EQUIPMENT
4	825	1/1/1900	12/31/2299	HEMO/SUPPORT SERVICES
4	829	1/1/1900	12/31/2299	HEMO/OTHER
4	830	1/1/1900	12/31/2299	OUTPATIENT OR HOME PERITONEAL DIALYSIS
4	831	1/1/1900	12/31/2299	PERITONEAL/DIALYSIS/COMPOSITE RATE
4	832	1/1/1900	12/31/2299	PERITONEAL/HOME SUPPLIES
4	833	1/1/1900	12/31/2299	PERITONEAL/HOME EQUIPMENT
4	841	1/1/1900	12/31/2299	CAPD/DIALYSIS/COMPOSITE RATE
4	851	1/1/1900	12/31/2299	CCPD/DIALYSIS/COMPOSITE RATE
4	890	1/1/1900	12/31/2299	DONOR BANK
4	920	1/1/1900	12/31/2299	OTHER DIAGNOSTIC SERVICES
4	921	1/1/1900	12/31/2299	PERIPHERAL VASCULAR LAB
4	922	1/1/1900	12/31/2299	ELECTROMYELGRAM

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Table A-1.3 – Revenue Group 4 Table

Group Number	Code	Effective Date	End Date	Code Description
4	923	1/1/1900	12/31/2299	PAP SMEAR
4	924	1/1/1900	12/31/2299	ALLERGY TEST
4	925	1/1/1900	12/31/2299	PREGNANCY TEST
4	940	1/1/1900	12/31/2299	OTHER THERAPEUTIC SERVICES
4	941	1/1/1900	12/31/2299	RECREATIONAL THERAPY
4	942	1/1/1900	12/31/2299	EDUCATIONAL TRAINING
4	943	1/1/1900	12/31/2299	CARDIAC REHABILITATION
4	944	1/1/1900	12/31/2299	DRUG REHABILITATION
4	945	1/1/1900	12/31/2299	ALCOHOL REHABILITATION
4	946	1/1/1900	12/31/2299	COMPLEX MEDICAL EQUIPMENT (SNF ONLY)
4	972	1/1/1990	12/31/2299	PROFESSIONAL FEES/RADIOLOGY/DIAGNOSTIC

Table A-1.4 – Revenue Group 13 Table

Group Number	Code	Effective Date	End Date	Code Description
13	220	1/1/1900	1/1/1900	SPECIAL CHARGES
13	250	1/1/1900	12/31/2299	PHARMACY
13	251	1/1/1900	12/31/2299	GENERIC DRUGS
13	252	1/1/1900	12/31/2299	NON-GENERIC DRUGS
13	253	1/1/1900	12/31/2299	DRUGS/TAKEHOME
13	254	1/1/1900	12/31/2299	DRUGS/INCIDENT TO OTHER DIAGNOSIS SERVICES
13	255	1/1/1900	12/31/2299	DRUGS/INCIDENT RADIOLOGY
13	256	1/1/1900	12/31/2299	DRUGS/EXPERIMENTAL
13	257	1/1/1900	12/31/2299	DRUGS/NONPRESCRIPTION
13	258	1/1/1900	12/31/2299	IV SOLUTIONS
13	259	1/1/1900	12/31/2299	DRUGS/OTHER
13	270	1/1/1900	12/31/2299	SUPPLIES (MED-SURG)
13	271	1/1/1900	12/31/2299	NON-STERILE SUPPLY
13	272	1/1/1900	12/31/2299	STERILE SUPPLY
13	273	1/1/1900	12/31/2299	TAKEHOME SUPPLY
13	274	1/1/1900	12/31/2299	PROSTHETIC/ORTHOTIC DEVICES
13	275	1/1/1900	12/31/2299	PACE MAKER
13	276	1/1/1900	12/31/2299	INTRAOCULAR LENS
13	277	1/1/1900	12/31/2299	OXYGEN/TAKEHOME
13	278	1/1/1900	12/31/2299	SUPPLY/IMPLANTS
13	279	1/1/1900	12/31/2299	SUPPLY/OTHER
13	290	1/1/1900	12/31/2299	MED EQUIP/DURABLE
13	291	1/1/1900	12/31/2299	MED EQUIP/RENTAL
13	292	1/1/1900	12/31/2299	MED EQUIP/NEW
13	293	1/1/1900	12/31/2299	MED EQUIP/USED
13	299	1/1/1900	12/31/2299	MED EQUIP/OTHER
13	370	1/1/1900	12/31/2299	ANESTHESIA
13	371	1/1/1900	12/31/2299	ANESTHESIA/INCIDENT TO RADIOLOGY
13	372	1/1/1900	12/31/2299	ANESTHESIA/INCIDENT TO OTHER DIAGNOSTIC SERVICES
13	374	1/1/1900	12/31/2299	ANESTHESIA/ACUPUNCTURE
13	379	1/1/1900	12/31/2299	ANESTHESIA/OTHER
13	380	1/1/1900	12/31/2299	BLOOD
13	381	1/1/1900	12/31/2299	BLOOD/PACKED RED CELLS
13	382	1/1/1900	12/31/2299	BLOOD/WHOLE
13	383	1/1/1900	12/31/2299	BLOOD/PLASMA

(Continued)

Table A-1.4 – Revenue Group 13 Table

Group Number	Code	Effective Date	End Date	Code Description
13	384	1/1/1900	12/31/2299	BLOOD/PLATELETS
13	385	1/1/1900	12/31/2299	BLOOD/LEUCOCYTES
13	386	1/1/1900	12/31/2299	BLOOD/OTHER COMPONENTS
13	387	1/1/1900	12/31/2299	BLOOD/OTHER DERIVATIVES
13	389	1/1/1900	12/31/2299	BLOOD/OTHER
13	390	1/1/1900	12/31/2299	BLOOD STORAGE AND PROCESSING
13	391	1/1/1900	12/31/2299	BLOOD/ADMINISTRATION
13	399	1/1/1900	12/31/2299	BLOOD/OTHER STORAGE AND PROCESSING
13	621	1/1/1900	12/31/2299	MEDICAL/SURGICAL SUPPLIES/INCIDENT TO RADIOLOGY
13	622	1/1/1900	12/31/2299	MED/SURG SUPPLIES/INCIDENT TO OTHER DIAG SERVICES
13	623	1/1/1900	12/31/2299	MEDICAL/ SURGICAL SUPPLIES

Table A-1.5 – Revenue Group 17 Table

Group Number	Code	Effective Date	End Date	Code Description
17	100	1/1/1900	12/31/2299	ALL INCL R&B/ANC
17	101	1/1/1900	12/31/2299	ALL INCL R&B
17	110	1/1/1900	12/31/2299	PRIVATE ROOM
17	111	1/1/1900	12/31/2299	MED-SUR-GYN/PVT
17	112	1/1/1900	12/31/2299	OB/PVT
17	113	1/1/1900	12/31/2299	PEDIATRIC/PVT
17	114	1/1/1900	12/31/2299	PSYCH/PVT
17	115	1/1/1900	12/31/2299	HOSPICE/PVT
17	116	1/1/1900	12/31/2299	DETOX/PVT
17	117	1/1/1900	12/31/2299	ONCOLOGY/PVT
17	118	1/1/1900	12/31/2299	REHAB/PVT
17	119	1/1/1900	12/31/2299	OTHER/PVT
17	120	1/1/1900	12/31/2299	SEMI-PRIVATE ROOM
17	121	1/1/1900	12/31/2299	MED-SURG-GYN/2BED
17	122	1/1/1900	12/31/2299	OB/2BED
17	123	1/1/1900	12/31/2299	PEDIATRIC/2BED
17	124	1/1/1900	12/31/2299	PSYCH/2 BED
17	125	1/1/1900	12/31/2299	HOSPICE/2BED
17	126	1/1/1900	12/31/2299	DETOX/2BED
17	127	1/1/1900	12/31/2299	ONCOLOGY/2BED
17	128	1/1/1900	12/31/2299	REHAB/2BED
17	129	1/1/1900	12/31/2299	OTHER/2BED
17	130	1/1/1900	12/31/2299	ROOM-BOARD/3&4 BED
17	131	1/1/1900	12/31/2299	MED-SURG-GYN/3&4 BED
17	132	1/1/1900	12/31/2299	OB/3&4BED
17	133	1/1/1900	12/31/2299	PEDIATRIC/3&4 BED
17	134	1/1/1900	12/31/2299	PSYCH/3&4 BED
17	135	1/1/1900	12/31/2299	HOSPICE/3&4 BED
17	136	1/1/1900	12/31/2299	DETOX/3&4 BED
17	137	1/1/1900	12/31/2299	ONCOLOGY/3&4 BED
17	138	1/1/1900	12/31/2299	REHAB/3&4 BED
17	139	1/1/1900	12/31/2299	OTHER/3&4 BED
17	140	1/1/1900	12/31/2299	ROOM-BOARD/PVT/DLX
17	141	1/1/1900	12/31/2299	MED-SURG-GYN/DLX
17	142	1/1/1900	12/31/2299	OB/DLX
17	143	1/1/1900	12/31/2299	PEDIATRIC/DLX

(Continued)

Table A-1.5 – Revenue Group 17 Table

Group Number	Code	Effective Date	End Date	Code Description
17	144	1/1/1900	12/31/2299	PSYCH/DLX
17	145	1/1/1900	12/31/2299	HOSPICE/DLX
17	146	1/1/1900	12/31/2299	DETOX/DLX
17	147	1/1/1900	12/31/2299	ONCOLOGY/DLX
17	148	1/1/1900	12/31/2299	REHAB/DLX
17	149	1/1/1900	12/31/2299	OTHER/DLX
17	150	1/1/1900	12/31/2299	ROOM-BOARD/WARD
17	151	1/1/1900	12/31/2299	MED-SURG-GYN/WARD
17	152	1/1/1900	12/31/2299	OB/WARD
17	153	1/1/1900	12/31/2299	PEDIATRIC/WARD
17	154	1/1/1900	12/31/2299	PSYCH/WARD
17	155	1/1/1900	12/31/2299	HOSPICE/WARD
17	156	1/1/1900	12/31/2299	DETOX/WARD
17	157	1/1/1900	12/31/2299	ONCOLOGY/WARD
17	158	1/1/1900	12/31/2299	REHAB/WARD
17	159	1/1/1900	12/31/2299	OTHER/WARD
17	160	1/1/1900	12/31/2299	ROOM-BOARD
17	164	1/1/1900	12/31/2299	R&B/STERILE
17	167	1/1/1900	12/31/2299	R&B/SELF CARE
17	169	1/1/1900	12/31/2299	R&B/OTHER
17	170	1/1/1900	12/31/2299	NURSERY
17	171	1/1/1900	12/31/2299	NURSERY/NEWBORN
17	172	1/1/1900	12/31/2299	NURSERY/PREMIE
17	175	1/1/1900	12/31/2299	NEONATAL INTENSIVE CARE
17	179	1/1/1900	12/31/2299	NURSERY/OTHER
17	180	1/1/1900	12/31/2299	LEAVE DAYS
17	181	1/1/1900	12/31/2299	PATIENT CONVENIENCE-NO CHARGES BILLED
17	182	1/1/1900	12/31/2299	PATIENT CONVENIENCE- CHARGES BILLED
17	183	1/1/1900	12/31/2299	FOR THERAPEUTIC PURPOSES
17	184	1/1/1900	12/31/2299	FROM ICF/MR FOR ANY PURPOSE
17	185	1/1/1900	12/31/2299	FROM NH FOR HOSPITALIZATION
17	189	1/1/1900	12/31/2299	OTHER LEAVE OF ABSENCE
17	200	1/1/1900	12/31/2299	INTENSIVE CARE(ICU)
17	201	1/1/1900	12/31/2299	ICU/SURGICAL
17	202	1/1/1900	12/31/2299	ICU/MEDICAL
17	203	1/1/1900	12/31/2299	ICU/PEDIATRIC

(Continued)

Table A-1.5 – Revenue Group 17 Table

Group Number	Code	Effective Date	End Date	Code Description
17	204	1/1/1900	12/31/2299	ICU/PSYCH
17	206	1/1/1900	12/31/2299	POST ICU
17	207	1/1/1900	12/31/2299	ICU/BURN CARE
17	208	1/1/1900	12/31/2299	ICU/TRAUMA
17	209	1/1/1900	12/31/2299	ICU/OTHER
17	210	1/1/1900	12/31/2299	CRITICAL CARE UNIT
17	211	1/1/1900	12/31/2299	CCU/MYOCARDIAL INFARCTION
17	212	1/1/1900	12/31/2299	CCU/PULMONARY
17	213	1/1/1900	12/31/2299	CCU/TRANSPLANT
17	214	1/1/1900	12/31/2299	TELEMETRY UNIT
17	219	1/1/1900	12/31/2299	CCU/OTHER

Table A-1.6 – Revenue Group 18 Table

Group Number	Code	Effective Date	End Date	Code Description
18	250	1/1/1900	1/1/1900	PHARMACY
18	510	1/1/1900	12/31/2299	CLINIC
18	511	1/1/1900	12/31/2299	CLINIC/CHRONIC PAIN
18	512	1/1/1900	12/31/2299	CLINIC/DENTAL
18	513	1/1/1900	12/31/2299	CLINIC/PSYCHIATRIC
18	514	1/1/1900	12/31/2299	CLINIC/OB-GYN
18	515	1/1/1900	12/31/2299	CLINIC/PEDIATRIC
18	519	1/1/1900	12/31/2299	CLINIC/OTHER
18	520	1/1/1900	12/31/2299	FREESTANDING CLINIC
18	521	1/1/1900	12/31/2299	CLINIC/RURAL HEALTH
18	522	1/1/1900	12/31/2299	RURAL HEALTH-HOME
18	523	1/1/1900	12/31/2299	FAMILY PRACTICE
18	529	1/1/1900	12/31/2299	FREESTANDING CLINIC/OTHER

Table A-1.7 – Revenue Group 19 Table

Group Number	Code	Effective Date	End Date	Code Description
19	250	1/1/1900	12/31/2299	PHARMACY
19	251	1/1/1900	12/31/2299	GENERIC DRUGS
19	252	1/1/1900	12/31/2299	NON-GENERIC DRUGS
19	253	1/1/1900	12/31/2299	DRUGS/TAKEHOME
19	254	1/1/1900	12/31/2299	DRUGS/INCIDENT TO OTHER DIAGNOSIS SERVICES
19	255	1/1/1900	12/31/2299	DRUGS/INCIDENT RADIOLOGY
19	256	1/1/1900	12/31/2299	DRUGS/EXPERIMENTAL
19	257	1/1/1900	12/31/2299	DRUGS/NONPRESCRIPTION
19	258	1/1/1900	12/31/2299	IV SOLUTIONS
19	259	1/1/1900	12/31/2299	DRUGS/OTHER
19	260	1/1/1900	12/31/2299	IV THERAPY
19	261	1/1/1900	12/31/2299	IV THER/INFUSION PUMP
19	269	1/1/1900	12/31/2299	IV THERAPY/OTHER
19	270	1/1/1900	12/31/2299	SUPPLIES (MED-SURG)
19	271	1/1/1900	12/31/2299	NON-STERILE SUPPLY
19	272	1/1/1900	12/31/2299	STERILE SUPPLY
19	273	1/1/1900	12/31/2299	TAKEHOME SUPPLY
19	274	1/1/1900	12/31/2299	PROSTHETIC/ORTHOTIC DEVICES
19	275	1/1/1900	12/31/2299	PACE MAKER
19	276	1/1/1900	12/31/2299	INTRAOCULAR LENS
19	277	1/1/1900	12/31/2299	OXYGEN/TAKEHOME
19	278	1/1/1900	12/31/2299	SUPPLY/IMPLANTS
19	279	1/1/1900	12/31/2299	SUPPLY/OTHER
19	280	1/1/1900	12/31/2299	ONCOLOGY
19	289	1/1/1900	12/31/2299	ONCOLOGY/OTHER
19	290	1/1/1900	12/31/2299	MED EQUIP/DURABLE
19	291	1/1/1900	12/31/2299	MED EQUIP/RENTAL
19	292	1/1/1900	12/31/2299	MED EQUIP/NEW
19	293	1/1/1900	12/31/2299	MED EQUIP/USED
19	299	1/1/1900	12/31/2299	MED EQUIP/OTHER
19	300	1/1/1900	12/31/2299	LABORATORY
19	301	1/1/1900	12/31/2299	LAB CHEMISTRY
19	302	1/1/1900	12/31/2299	LAB/IMMUNOLOGY
19	303	1/1/1900	12/31/2299	LAB/RENTAL HOME
19	304	1/1/1900	12/31/2299	LAB/NONROUTINE DIALYSIS

(Continued)

Table A-1.7 – Revenue Group 19 Table

Group Number	Code	Effective Date	End Date	Code Description
19	305	1/1/1900	12/31/2299	HEMATOLOGY LAB
19	306	1/1/1900	12/31/2299	BACTERIOLOGY LAB
19	307	1/1/1900	12/31/2299	UROLOGY LAB
19	309	1/1/1900	12/31/2299	LAB/OTHER
19	310	1/1/1900	12/31/2299	PATHOLOGY LAB
19	311	1/1/1900	12/31/2299	PATHOLOGY/CYTOLOGY
19	312	1/1/1900	12/31/2299	PATHOLOGY/HYSTOLOGY
19	314	1/1/1900	12/31/2299	PATHOLOGY/BIOPSY
19	319	1/1/1900	12/31/2299	PATHOLOGY/OTHER
19	320	1/1/1900	12/31/2299	DIAGNOSTIC X RAY
19	321	1/1/1900	12/31/2299	DIAGNOSTIC X-RAY
19	322	1/1/1900	12/31/2299	DIAGNOSTIC X-RAY/ANGIOCARDIOGRAPHY
19	323	1/1/1900	12/31/2299	DIAGNOSTIC X-RAY/ARTERIOGRAPHY
19	324	1/1/1900	12/31/2299	DIAGNOSTIC X-RAY/CHEST
19	329	1/1/1900	12/31/2299	DIAGNOSTIC X-RAY/OTHER
19	330	1/1/1900	12/31/2299	THERAPEUTIC X-RAY
19	331	1/1/1900	12/31/2299	CHEMOTHERAPY/INJECTED
19	332	1/1/1900	12/31/2299	CHEMOTHERAPY/ORAL
19	333	1/1/1900	12/31/2299	RADIATION THERAPY
19	335	1/1/1900	12/31/2299	CHEMOTHERAPY/IV
19	339	1/1/1900	12/31/2299	THERAPEUTIC X-RAY/OTHER
19	340	1/1/1900	12/31/2299	NUCLEAR MEDICINE
19	341	1/1/1900	12/31/2299	NUC MED/DIAGNOSIS
19	342	1/1/1900	12/31/2299	NUC MED/THERAPEUTIC
19	349	1/1/1900	12/31/2299	NUC MED/OTHER
19	350	1/1/1900	12/31/2299	CT SCAN
19	351	1/1/1900	12/31/2299	CT SCAN/HEAD
19	352	1/1/1900	12/31/2299	CT SCAN/BODY
19	359	1/1/1900	12/31/2299	CT SCAN/OTHER
19	360	1/1/1900	12/31/2299	OPERATING ROOM SERVICES
19	361	1/1/1900	12/31/2299	OR/MINOR SURGERY
19	362	1/1/1900	12/31/2299	OR/ORGAN TRANSPLANT
19	367	1/1/1900	12/31/2299	OR/KIDNEY TRANSPLANT
19	369	1/1/1900	12/31/2299	OR/OTHER
19	370	1/1/1900	12/31/2299	ANESTHESIA
19	371	1/1/1900	12/31/2299	ANESTHESIA/INCIDENT TO RADIOLOGY

(Continued)

Table A-1.7 – Revenue Group 19 Table

Group Number	Code	Effective Date	End Date	Code Description
19	372	1/1/1900	12/31/2299	ANESTHESIA/INCIDENT TO OTHER DIAGNOSTIC SERVICES
19	374	1/1/1900	12/31/2299	ANESTHESIA/ACUPUNCTURE
19	379	1/1/1900	12/31/2299	ANESTHESIA/OTHER
19	380	1/1/1900	12/31/2299	BLOOD
19	381	1/1/1900	12/31/2299	BLOOD/PACKED RED CELLS
19	382	1/1/1900	12/31/2299	BLOOD/WHOLE
19	383	1/1/1900	12/31/2299	BLOOD/PLASMA
19	384	1/1/1900	12/31/2299	BLOOD/PLATELETS
19	385	1/1/1900	12/31/2299	BLOOD/LEUCOCYTES
19	386	1/1/1900	12/31/2299	BLOOD/OTHER COMPONENTS
19	387	1/1/1900	12/31/2299	BLOOD/OTHER DERIVATIVES
19	389	1/1/1900	12/31/2299	BLOOD/OTHER
19	390	1/1/1900	12/31/2299	BLOOD STORAGE AND PROCESSING
19	391	1/1/1900	12/31/2299	BLOOD/ADMINISTRATION
19	399	1/1/1900	12/31/2299	BLOOD/OTHER STORAGE AND PROCESSING
19	400	1/1/1900	12/31/2299	IMAGE SERVICES
19	401	1/1/1900	12/31/2299	MAMMOGRAPHY
19	402	1/1/1900	12/31/2299	ULTRASOUND
19	403	1/1/1900	12/31/2299	SCREENING MAMMOGRAPHY
19	404	1/1/1900	12/31/2299	POSITRON EMISSION TOMOGRAPHY(PET)
19	409	1/1/1900	12/31/2299	OTHER IMAGING SERVICES
19	410	1/1/1900	12/31/2299	RESPIRATORY SVC
19	412	1/1/1900	12/31/2299	INHALATION SERVICES
19	413	1/1/1900	12/31/2299	HYPERBARIC OXYGEN THERAPY
19	419	1/1/1900	12/31/2299	OTHER REPIRATORY SERVICES
19	420	1/1/1900	12/31/2299	PHYSICAL THERAPY
19	421	1/1/1900	12/31/2299	PHYS THER/VISIT
19	422	1/1/1900	12/31/2299	PHYSICAL THERAPY/HOUR
19	423	1/1/1900	12/31/2299	PHYSICAL THERAPY/GROUP
19	424	1/1/1900	12/31/2299	PHYSICAL THERAPY/EVAL/RE-EVAL
19	429	1/1/1900	12/31/2299	PHYSICAL THERAPY/OTHER
19	430	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY
19	431	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY/VISIT
19	432	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY/HOUR
19	433	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY/GROUP
19	434	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY/EVAL/RE-EVAL

(Continued)

Table A-1.7 – Revenue Group 19 Table

Group Number	Code	Effective Date	End Date	Code Description
19	439	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY/OTHER
19	440	1/1/1900	12/31/2299	SPEECH PATHOLOGY
19	441	1/1/1900	12/31/2299	SPEECH PATHOLOGY/VISIT
19	442	1/1/1900	12/31/2299	SPEECH PATHOLOGY/HOUR
19	443	1/1/1900	12/31/2299	SPEECH PATHOLOGY/GROUP
19	444	1/1/1900	12/31/2299	SPEECH PATHOLOGY/EVAL/RE-EVAL
19	449	1/1/1900	12/31/2299	SPEECH PATHOLOGY/OTHER
19	450	1/1/1900	12/31/2299	EMERG ROOM
19	459	1/1/1900	12/31/2299	EMERGENCY ROOM/OTHER
19	460	1/1/1900	12/31/2299	PULMONARY FUNC
19	469	1/1/1900	12/31/2299	PULMONARY FUNCTION/OTHER
19	470	1/1/1900	12/31/2299	AUDIOLOGY
19	471	1/1/1900	12/31/2299	AUDIOLOGY/DIAGNOSTIC
19	472	1/1/1900	12/31/2299	AUDIOLOGY/TREATMENT
19	479	1/1/1900	12/31/2299	AUDIOLOGY/OTHER
19	480	1/1/1900	12/31/2299	CARDIOLOGY
19	481	1/1/1900	12/31/2299	CARDIAC CATH LAB
19	482	1/1/1900	12/31/2299	CARDIOLOGY
19	489	1/1/1900	12/31/2299	CARDIOLOGY/OTHER
19	490	1/1/1900	12/31/2299	AMBULATORY SURGICAL CARE
19	499	1/1/1900	12/31/2299	AMBULATORY SURGICAL CARE/OTHER
19	500	1/1/1900	12/31/2299	OUTPATIENT SERVICES
19	509	1/1/1900	12/31/2299	OUTPATIENT SERVICES/OTHER
19	530	1/1/1900	12/31/2299	OSTEOPATHIC SERVICES
19	531	1/1/1900	12/31/2299	OSTEOPATHIC THERAPY
19	539	1/1/1900	12/31/2299	OSTEOPATHIC SERVICES/OTHER
19	540	1/1/1900	12/31/2299	AMBULANCE
19	541	1/1/1900	12/31/2299	AMBULANCE/SUPPLY
19	542	1/1/1900	12/31/2299	AMBULANCE/MEDICAL TRANSPORT
19	543	1/1/1900	12/31/2299	AMBULANCE/HEART MOBILE
19	544	1/1/1900	12/31/2299	AMBULANCE/OXYGEN
19	545	1/1/1900	12/31/2299	AMBULANCE/AIR
19	546	1/1/1900	12/31/2299	AMBULANCE/NEONATAL
19	549	1/1/1900	12/31/2299	AMBULANCE/OTHER
19	550	1/1/1900	12/31/2299	SKILLED NURSING
19	551	1/1/1900	12/31/2299	SKILLED NURS/VISIT
19	552	1/1/1900	12/31/2299	RURAL HLTH-HOME

(Continued)

Table A-1.7 – Revenue Group 19 Table

Group Number	Code	Effective Date	End Date	Code Description
19	559	1/1/1900	12/31/2299	SKILLED NURSING/OTHER
19	560	1/1/1900	12/31/2299	MEDICAL SOCIAL SERVICES
19	561	1/1/1900	12/31/2299	MEDICAL SOCIAL SERVICES/VISIT
19	562	1/1/1900	12/31/2299	MEDICAL SOCIAL SERVICES/HOUR
19	569	1/1/1900	12/31/2299	MEDICAL SOCIAL SERVICES/OTHER
19	570	1/1/1900	12/31/2299	HOME HEALTH AIDE
19	571	1/1/1900	12/31/2299	AIDE/HM HLTH/VISIT
19	572	1/1/1900	12/31/2299	AIDE/HM HLTH/HOUR
19	579	1/1/1900	12/31/2299	HOME HEALTH AIDE/OTHER
19	580	1/1/1900	12/31/2299	VISIT/HOME HEALTH
19	581	1/1/1900	12/31/2299	VISIT/HOME HEALTH/VISIT
19	582	1/1/1900	12/31/2299	VISIT/HOME HEALTH/HOUR
19	589	1/1/1900	12/31/2299	VISIT/HOME HEALTH/OTHER
19	590	1/1/1900	12/31/2299	UNITS OF SERVICE/HOME HEALTH
19	599	1/1/1900	12/31/2299	UNITS OF SERVICE/HOME HEALTH/OTHER
19	600	1/1/1900	12/31/2299	OXYGEN/HOME HEALTH
19	601	1/1/1900	12/31/2299	OXYGEN/STATIONARY EQUIPMENT/SUPPLIES/CONTENTS
19	602	1/1/1900	12/31/2299	OXYGEN/STATIONARY EQUIP/SUPPLIES/UNDER 1LPM
19	603	1/1/1900	12/31/2299	OXYGEN/STATIONARY EQUIPMENT/OVER 4 LPM
19	604	1/1/1900	12/31/2299	OXYGEN/PORTABLE ADD-ON
19	610	1/1/1900	12/31/2299	MAGNETIC RESONANCE IMAGING
19	611	1/1/1900	12/31/2299	MRI/BRAIN
19	612	1/1/1900	12/31/2299	MRI/SPINE
19	619	1/1/1900	12/31/2299	MRI/OTHER
19	621	1/1/1900	12/31/2299	MEDICAL/SURGICAL SUPPLIES/INCIDENT TO RADIOLOGY
19	622	1/1/1900	12/31/2299	MED/SURG SUPPLIES/INCIDENT TO OTHER DIAG SERVICES
19	623	1/1/1900	12/31/2299	MEDICAL/ SURGICAL SUPPLIES
19	630	1/1/1900	12/31/2299	DRUGS REQUIRING SPECIFIC IDENTIFICATION
19	631	1/1/1900	12/31/2299	DRUGS/SINGLE SOURCE
19	632	1/1/1900	12/31/2299	DRUGS/MULTIPLE SOURCE
19	633	1/1/1900	12/31/2299	DRUGS/RESTRICTIVE PRESCRIPTION
19	634	1/1/1900	12/31/2299	EPO, LESS THAN 10,000 UNITS
19	635	1/1/1900	12/31/2299	EPO, 10,000 OR MORE UNITS

(Continued)

Table A-1.7 – Revenue Group 19 Table

Group Number	Code	Effective Date	End Date	Code Description
19	636	1/1/1900	12/31/2299	DRUGS REQUIRING DETAILED CODING
19	640	1/1/1900	12/31/2299	HOME IV THERAPY SERVICES
19	641	1/1/1900	12/31/2299	NONROUTINE NURSING/CENTRAL LINE
19	642	1/1/1900	12/31/2299	IV SITE CARE/CENTRAL LINE
19	643	1/1/1900	12/31/2299	IV START/CHANGE/PERIPHERAL LINE
19	644	1/1/1900	12/31/2299	NONROUTINE NURSING/PERIPHERAL LINE
19	645	1/1/1900	12/31/2299	TRAINING PATIENT/CAREGIVER/CENTRAL LINE
19	646	1/1/1900	12/31/2299	TRAINING/DISABLE PATIENT/CENTRAL LINE
19	647	1/1/1900	12/31/2299	TRAINING/PATIENT/CAREGIVER/PERIPHERAL LINE
19	648	1/1/1900	12/31/2299	TRAINING/DISABLED PATIENT/PERIPHERAL LINE
19	649	1/1/1900	12/31/2299	HOME IV THERAPY SERVICES/OTHER
19	650	1/1/1900	12/31/2299	HOSPICE SERVICES
19	651	1/1/1900	12/31/2299	HOSPICE SERVICES/ROUTINE HOME CARE
19	652	1/1/1900	12/31/2299	HOSPICE SERVICES/CONTINUOUS HOME CARE
19	653	1/1/1900	12/31/2299	HOSPICE SERVICES/ROUTINE HOME CARE DELIVERED IN A NURSING FACILITY
19	654	1/1/1900	12/31/2299	HOSPICE SERVICES/CONTINUOUS HOME CARE DELIVERED IN A NURSING FACILITY
19	655	1/1/1900	12/31/2299	HOSPICE SERVICES/INPATIENT RESPITE CARE
19	656	1/1/1900	12/31/2299	HOSPICE SERVICES/GENERAL INPATIENT CARE
19	657	1/1/1900	12/31/2299	HOSPICE SERVICES/PHYSICIAN SERVICES
19	659	1/1/1900	12/31/2299	HOSPICE SERVICES/OTHER/DUAL ELIGIBILITY NF RECIPIENTS ONLY
19	660	1/1/1900	12/31/2299	RESPITE CARE
19	661	1/1/1900	12/31/2299	RESPITE CARE/SKILLED NURSE/HOURLY CHARGE
19	662	1/1/1900	12/31/2299	RESPITE CARE/HOME HLTH AIDE/HOMEMAKER/HOURLY
19	700	1/1/1900	12/31/2299	CAST ROOM
19	709	1/1/1900	12/31/2299	CAST ROOM/OTHER
19	710	1/1/1900	12/31/2299	RECOVERY ROOM
19	719	1/1/1900	12/31/2299	RECOVERY ROOM/OTHER
19	720	1/1/1900	12/31/2299	DELIVERY ROOM/LABOR ROOM

(Continued)

Table A-1.7 – Revenue Group 19 Table

Group Number	Code	Effective Date	End Date	Code Description
19	721	1/1/1900	12/31/2299	LABOR
19	722	1/1/1900	12/31/2299	DELIVERY ROOM
19	723	1/1/1900	12/31/2299	CIRCUMCISION
19	724	1/1/1900	12/31/2299	BIRTHING CENTER
19	729	1/1/1900	12/31/2299	DELIVERY ROOM/LABOR ROOM/OTHER
19	730	1/1/1900	12/31/2299	EKG ECG
19	731	1/1/1900	12/31/2299	HOLTER MONITOR
19	732	1/1/1900	12/31/2299	TELEMETRY
19	739	1/1/1900	12/31/2299	EKG/ECG/OTHER
19	740	1/1/1900	12/31/2299	EEG
19	749	1/1/1900	12/31/2299	EEG/OTHER
19	750	1/1/1900	12/31/2299	GASTRO-INTESTINAL SERVICES
19	759	1/1/1900	12/31/2299	GASTRO-INTESTINAL SERVICES/OTHER
19	760	1/1/1900	12/31/2299	TREATMENT OR OBSERVATION ROOM
19	769	1/1/1900	12/31/2299	TREATMENT OR OBSERVATION ROOM/OTHER
19	790	1/1/1900	12/31/2299	LITHOTRIPSY
19	799	1/1/1900	12/31/2299	LITHOTRIPSY/OTHER
19	800	1/1/1900	12/31/2299	INPATIENT RENAL DIALYSIS
19	801	1/1/1900	12/31/2299	INPATIENT HEMODIALYSIS
19	802	1/1/1900	12/31/2299	INPATIENT PERITONEAL (NONCAPD)
19	803	1/1/1900	12/31/2299	INPT CONTINUOUS AMBULATORY PERITONEAL DIALYSIS
19	804	1/1/1900	12/31/2299	INPATIENT CONTINUOUS CYCLING PERITONEAL DIALYSIS
19	809	1/1/1900	12/31/2299	INPATIENT RENAL DIALYSIS/OTHER
19	810	1/1/1900	12/31/2299	ORGAN ACQUISITION
19	811	1/1/1900	12/31/2299	KIDNEY/LIVING DONOR
19	812	1/1/1900	12/31/2299	KIDNEY/ CADAVER DONOR
19	813	1/1/1900	12/31/2299	KIDNEY/UNKNOWN DONOR
19	814	1/1/1900	12/31/2299	KIDNEY/OTHER
19	815	1/1/1900	12/31/2299	HEART/CADAVER
19	816	1/1/1900	12/31/2299	HEART/OTHER
19	817	1/1/1900	12/31/2299	LIVER/ACQUISITION
19	819	1/1/1900	12/31/2299	ORGAN ACQUISITION/OTHER
19	820	1/1/1900	12/31/2299	HEMO/OUTPATIENT OR HOME
19	821	1/1/1900	12/31/2299	HEMO/DIALYSIS/COMPOSITE RATE
19	822	1/1/1900	12/31/2299	HEMO/HOME SUPPLIES

(Continued)

Table A-1.7 – Revenue Group 19 Table

Group Number	Code	Effective Date	End Date	Code Description
19	823	1/1/1900	12/31/2299	HEMO/HOME EQUIPMENT
19	824	1/1/1900	12/31/2299	HEMODIALYSIS-MAINTENANCE 100%
19	825	1/1/1900	12/31/2299	HEMO/SUPPORT SERVICES
19	828	1/1/1900	12/31/2299	HEMO DIAL HOME/SUPSERV
19	829	1/1/1900	12/31/2299	HEMO/OTHER
19	830	1/1/1900	12/31/2299	OUTPATIENT OR HOME PERITONEAL DIALYSIS
19	831	1/1/1900	12/31/2299	PERITONEAL/DIALYSIS/COMPOSITE RATE
19	832	1/1/1900	12/31/2299	PERITONEAL/HOME SUPPLIES
19	833	1/1/1900	12/31/2299	PERITONEAL/HOME EQUIPM ENT
19	834	1/1/1900	12/31/2299	PERITONEAL DIALYSIS—MAINTENANCE 100%
19	835	1/1/1900	12/31/2299	PERITONEAL/SUPPORT SERVICES
19	839	1/1/1900	12/31/2299	PERITONEAL/OTHER
19	840	1/1/1900	12/31/2299	OUTPAT/HOME CONTINUOUS AMBL PERITONEAL DIALYSIS
19	841	1/1/1900	12/31/2299	CAPD/DIALYSIS/COMPOSITE RATE
19	842	1/1/1900	12/31/2299	CAPD/HOME SUPPLIES
19	843	1/1/1900	12/31/2299	CAPD/HOME EQUIPMENT
19	844	1/1/1900	12/31/2299	CAPD OP/HOME- MAINTENANCE 100%
19	845	1/1/1900	12/31/2299	CAPD/SUPPORT SERVICES
19	849	1/1/1900	12/31/2299	CAPD/OTHER
19	850	1/1/1900	12/31/2299	OUTPAT/HOME/CONT CYCLING PERITONEAL DIALYSIS
19	851	1/1/1900	12/31/2299	CCPD/DIALYSIS/COMPOSITE RATE
19	852	1/1/1900	12/31/2299	CCPD/HOME SUPPLIES
19	853	1/1/1900	12/31/2299	CCPD/HOME EQUIPMENT
19	854	1/1/1900	12/31/2299	CCPD OP/HOME- MAINTENANCE 100%
19	855	1/1/1900	12/31/2299	CCPD/SUPPORT SERVICES
19	859	1/1/1900	12/31/2299	CCPD/OTHER
19	880	1/1/1900	12/31/2299	MISCELLANEOUS DIALYSIS
19	881	1/1/1900	12/31/2299	ULTRAFILTRATION
19	882	1/1/1900	12/31/2299	HOME DIALYSIS AID VISIT
19	889	1/1/1900	12/31/2299	MISCELLANEOUS DIALYSIS/OTHER
19	890	1/1/1900	12/31/2299	DONOR BANK
19	891	1/1/1900	12/31/2299	DONOR BANK/BONE
19	892	1/1/1900	12/31/2299	DONOR BANK/ORGAN (OTHER THAN KIDNEY)
19	893	1/1/1900	12/31/2299	DONOR BANK/SKIN

(Continued)

Table A-1.7 – Revenue Group 19 Table

Group Number	Code	Effective Date	End Date	Code Description
19	899	1/1/1900	12/31/2299	DONOR BANK/OTHER
19	900	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL TREATMENT
19	901	1/1/1900	12/31/2299	ELECTROSHOCK TREATMENT
19	902	1/1/1900	12/31/2299	MILIEU THERAPY
19	903	1/1/1900	12/31/2299	PLAY THERAPY
19	909	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL TREATMENT/OTHER
19	910	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
19	911	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/REHABILITATION
19	912	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/DAYCARE
19	913	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/NIGHTCARE
19	914	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/INDIVIDUAL
19	915	1/1/1900	12/31/2299	PSYCH/GROUP RX
19	916	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/FAMILY
19	917	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/BIOFEEDBACK
19	918	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/TESTING
19	919	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/OTHER
19	920	1/1/1900	12/31/2299	OTHER DIAGNOSTIC SERVICES
19	921	1/1/1900	12/31/2299	PERIPHERAL VASCULAR LAB
19	922	1/1/1900	12/31/2299	ELECTROMYELGRAM
19	923	1/1/1900	12/31/2299	PAP SMEAR
19	924	1/1/1900	12/31/2299	ALLERGY TEST
19	925	1/1/1900	12/31/2299	PREGNANCY TEST
19	926	1/1/1900	12/31/2299	OTHER DIAGNOSTIC SERVICES
19	929	1/1/1900	12/31/2299	ADDITIONAL DIAGNOSTIC SERVICES
19	940	1/1/1900	12/31/2299	OTHER THERAPEUTIC SERVICES
19	941	1/1/1900	12/31/2299	RECREATIONAL THERAPY
19	942	1/1/1900	12/31/2299	EDUCATIONAL TRAINING
19	943	1/1/1900	12/31/2299	CARDIAC REHABILITATION
19	944	1/1/1900	12/31/2299	DRUG REHABILITATION
19	945	1/1/1900	12/31/2299	ALCOHOL REHABILITATION

(Continued)

Table A-1.7 – Revenue Group 19 Table

Group Number	Code	Effective Date	End Date	Code Description
19	946	1/1/1900	12/31/2299	COMPLEX MEDICAL EQUIPMENT (SNF ONLY)
19	949	1/1/1900	12/31/2299	ADDITIONAL THERAPEUTIC SERVICES
19	960	1/1/1900	12/31/2299	PROFESSIONAL FEES
19	961	1/1/1900	12/31/2299	PROFESSIONAL FEES/PSYCHIATRIC
19	962	1/1/1900	12/31/2299	PROFESSIONAL FEES/OPHTHALMOLOGIST
19	963	1/1/1900	12/31/2299	PROFESSIONAL FEES/ANESTHESIOLOGIST (MD)
19	964	1/1/1900	12/31/2299	PROFESSIONAL FEES/ANESTHETIST (CRNA)
19	969	1/1/1900	12/31/2299	PROFESSIONAL FEES/OTHER
19	971	1/1/1900	12/31/2299	PROFESSIONAL FEES/LABORATORY
19	972	1/1/1900	12/31/2299	PROFESSIONAL FEES/RADIOLOGY/DIAGNOSTIC
19	973	1/1/1900	12/31/2299	PROFESSIONAL FEES/RADIOLOGY/THERAPEUTIC
19	974	1/1/1900	12/31/2299	PROFESSIONAL FEES/RADIOLOGY/NUCLEAR MEDICINE
19	975	1/1/1900	12/31/2299	PROFESSIONAL FEES/OPERATING ROOM
19	976	1/1/1900	12/31/2299	PROFESSIONAL FEES/RESPIATORY THERAPY
19	977	1/1/1900	12/31/2299	PROFESSIONAL FEES/PHYSICAL THERAPY
19	978	1/1/1900	12/31/2299	PROFESSIONAL FEES/OCCUPATIONAL THERAPY
19	979	1/1/1900	12/31/2299	PROFESSIONAL FEES/SPEECH THERAPY
19	981	1/1/1900	12/31/2299	PROFESSIONAL FEES/EMERGENCY ROOM
19	982	1/1/1900	12/31/2299	PROFESSIONAL FEES/OUTPATIENT SERVICES
19	983	1/1/1900	12/31/2299	PROFESSIONAL FEES/CLINIC
19	984	1/1/1900	12/31/2299	PROFESSIONAL FEES/MEDICAL SOCIAL SERVICES
19	985	1/1/1900	12/31/2299	PROFESSIONAL FEE EKG
19	986	1/1/1900	12/31/2299	PROFESSIONAL FEES/EEG
19	987	1/1/1900	12/31/2299	PROFESSIONAL FEES/HOSPITAL VISIT
19	988	1/1/1900	12/31/2299	PROFESSIONAL FEES/CONSULTATION
19	989	1/1/1900	12/31/2299	PROFESSIONAL FEES/PRIVATE DUTY NURSE

Table A-1.8 – Revenue Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	250	1/1/1900	12/31/2299	PHARMACY
21	251	1/1/1900	12/31/2299	GENERIC DRUGS
21	252	1/1/1900	12/31/2299	NON-GENERIC DRUGS
21	253	1/1/1900	12/31/2299	DRUGS/TAKEHOME
21	254	1/1/1900	12/31/2299	DRUGS/INCIDENT TO OTHER DIAGNOSIS SERVICES
21	255	1/1/1900	12/31/2299	DRUGS/INCIDENT RADIOLOGY
21	256	1/1/1900	12/31/2299	DRUGS/EXPERIMENTAL
21	257	1/1/1900	12/31/2299	DRUGS/NONPRESCRIPTION
21	258	1/1/1900	12/31/2299	IV SOLUTIONS
21	259	1/1/1900	12/31/2299	DRUGS/OTHER
21	260	1/1/1900	12/31/2299	IV THERAPY
21	261	1/1/1900	12/31/2299	IV THER/INFUSION PUMP
21	269	1/1/1900	12/31/2299	IV THERAPY/OTHER
21	270	1/1/1900	12/31/2299	SUPPLIES (MED-SURG)
21	271	1/1/1900	12/31/2299	NON-STERILE SUPPLY
21	272	1/1/1900	12/31/2299	STERILE SUPPLY
21	273	1/1/1900	12/31/2299	TAKEHOME SUPPLY
21	274	1/1/1900	12/31/2299	PROSTHETIC/ORTHOTIC DEVICES
21	275	1/1/1900	12/31/2299	PACE MAKER
21	276	1/1/1900	12/31/2299	INTRAOCULAR LENS
21	277	1/1/1900	12/31/2299	OXYGEN/TAKEHOME
21	278	1/1/1900	12/31/2299	SUPPLY/IMPLANTS
21	279	1/1/1900	12/31/2299	SUPPLY/OTHER
21	280	1/1/1900	12/31/2299	ONCOLOGY
21	289	1/1/1900	12/31/2299	ONCOLOGY/OTHER
21	290	1/1/1900	12/31/2299	MED EQUIP/DURABLE
21	291	1/1/1900	12/31/2299	MED EQUIP/RENTAL
21	292	1/1/1900	12/31/2299	MED EQUIP/NEW
21	293	1/1/1900	12/31/2299	MED EQUIP/USED
21	299	1/1/1900	12/31/2299	MED EQUIP/OTHER
21	300	1/1/1900	12/31/2299	LABORATORY
21	301	1/1/1900	12/31/2299	LAB CHEMISTRY
21	302	1/1/1900	12/31/2299	LAB/IMMUNOLOGY
21	303	1/1/1900	12/31/2299	LAB/RENTAL HOME
21	304	1/1/1900	12/31/2299	LAB/NONROUTINE DIALYSIS

(Continued)

Table A-1.8 – Revenue Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	305	1/1/1900	12/31/2299	HEMATOLOGY LAB
21	306	1/1/1900	12/31/2299	BACTERIOLOGY LAB
21	307	1/1/1900	12/31/2299	UROLOGY LAB
21	309	1/1/1900	12/31/2299	LAB/OTHER
21	310	1/1/1900	12/31/2299	PATHOLOGY LAB
21	311	1/1/1900	12/31/2299	PATHOLOGY/CYTOLOGY
21	312	1/1/1900	12/31/2299	PATHOLOGY/HYSTOLOGY
21	314	1/1/1900	12/31/2299	PATHOLOGY/BIOPSY
21	319	1/1/1900	12/31/2299	PATHOLOGY/OTHER
21	320	1/1/1900	12/31/2299	DIAGNOSTIC X RAY
21	321	1/1/1900	12/31/2299	DIAGNOSTIC X-RAY
21	322	1/1/1900	12/31/2299	DIAGNOSTIC X-RAY/ANGIOCARDIOGRAPHY
21	323	1/1/1900	12/31/2299	DIAGNOSTIC X-RAY/ARTERIOGRAPHY
21	324	1/1/1900	12/31/2299	DIAGNOSTIC X-RAY/CHEST
21	329	1/1/1900	12/31/2299	DIAGNOSTIC X-RAY/OTHER
21	330	1/1/1900	12/31/2299	THERAPEUTIC X-RAY
21	331	1/1/1900	12/31/2299	CHEMOTHERAPY/INJECTED
21	332	1/1/1900	12/31/2299	CHEMOTHERAPY/ORAL
21	333	1/1/1900	12/31/2299	RADIATION THERAPY
21	335	1/1/1900	12/31/2299	CHEMOTHERAPY/IV
21	339	1/1/1900	12/31/2299	THERAPEUTIC X-RAY/OTHER
21	340	1/1/1900	12/31/2299	NUCLEAR MEDICINE
21	341	1/1/1900	12/31/2299	NUC MED/DIAGNOSIS
21	342	1/1/1900	12/31/2299	NUC MED/THERAPEUTIC
21	349	1/1/1900	12/31/2299	NUC MED/OTHER
21	350	1/1/1900	12/31/2299	CT SCAN
21	351	1/1/1900	12/31/2299	CT SCAN/HEAD
21	352	1/1/1900	12/31/2299	CT SCAN/BODY
21	359	1/1/1900	12/31/2299	CT SCAN/OTHER
21	360	1/1/1900	12/31/2299	OPERATING ROOM SERVICES
21	361	1/1/1900	12/31/2299	OR/MINOR SURGERY
21	362	1/1/1900	12/31/2299	OR/ORGAN TRANSPLANT
21	367	1/1/1900	12/31/2299	OR/KIDNEY TRANSPLANT
21	369	1/1/1900	12/31/2299	OR/OTHER
21	370	1/1/1900	12/31/2299	ANESTHESIA
21	371	1/1/1900	12/31/2299	ANESTHESIA/INCIDENT TO RADIOLOGY

(Continued)

Table A-1.8 – Revenue Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	372	1/1/1900	12/31/2299	ANESTHESIA/INCIDENT TO OTHER DIAGNOSTIC SERVICES
21	374	1/1/1900	12/31/2299	ANESTHESIA/ACUPUNCTURE
21	379	1/1/1900	12/31/2299	ANESTHESIA/OTHER
21	380	1/1/1900	12/31/2299	BLOOD
21	381	1/1/1900	12/31/2299	BLOOD/PACKED RED CELLS
21	382	1/1/1900	12/31/2299	BLOOD/WHOLE
21	383	1/1/1900	12/31/2299	BLOOD/PLASMA
21	384	1/1/1900	12/31/2299	BLOOD/PLATELETS
21	385	1/1/1900	12/31/2299	BLOOD/LEUCOCYTES
21	386	1/1/1900	12/31/2299	BLOOD/OTHER COMPONENTS
21	387	1/1/1900	12/31/2299	BLOOD/OTHER DERIVATIVES
21	389	1/1/1900	12/31/2299	BLOOD/OTHER
21	390	1/1/1900	12/31/2299	BLOOD STORAGE AND PROCESSING
21	391	1/1/1900	12/31/2299	BLOOD/ADMINISTRATION
21	399	1/1/1900	12/31/2299	BLOOD/OTHER STORAGE AND PROCESSING
21	400	1/1/1900	12/31/2299	IMAGE SERVICES
21	401	1/1/1900	12/31/2299	MAMMOGRAPHY
21	402	1/1/1900	12/31/2299	ULTRASOUND
21	403	1/1/1900	12/31/2299	SCREENING MAMMOGRAPHY
21	404	1/1/1900	12/31/2299	POSITRON EMISSION TOMOGRAPHY(PET)
21	409	1/1/1900	12/31/2299	OTHER IMAGING SERVICES
21	410	1/1/1900	12/31/2299	RESPIRATORY SVC
21	412	1/1/1900	12/31/2299	INHALATION SERVICES
21	413	1/1/1900	12/31/2299	HYPERBARIC OXYGEN THERAPY
21	419	1/1/1900	12/31/2299	OTHER REPIRATORY SERVICES
21	420	1/1/1900	12/31/2299	PHYSICAL THERAPY
21	421	1/1/1900	12/31/2299	PHYS THER/VISIT
21	422	1/1/1900	12/31/2299	PHYSICAL THERAPY/HOUR
21	423	1/1/1900	12/31/2299	PHYSICAL THERAPY/GROUP
21	424	1/1/1900	12/31/2299	PHYSICAL THERAPY/EVAL/RE-EVAL
21	429	1/1/1900	12/31/2299	PHYSICAL THERAPY/OTHER
21	430	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY
21	431	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY/VISIT
21	432	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY/HOUR
21	433	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY/GROUP
21	434	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY/EVAL/RE-EVAL

(Continued)

Table A-1.8 – Revenue Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	439	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY/OTHER
21	440	1/1/1900	12/31/2299	SPEECH PATHOLOGY
21	441	1/1/1900	12/31/2299	SPEECH PATHOLOGY/VISIT
21	442	1/1/1900	12/31/2299	SPEECH PATHOLOGY/HOUR
21	443	1/1/1900	12/31/2299	SPEECH PATHOLOGY/GROUP
21	444	1/1/1900	12/31/2299	SPEECH PATHOLOGY/EVAL/RE-EVAL
21	449	1/1/1900	12/31/2299	SPEECH PATHOLOGY/OTHER
21	450	1/1/1900	12/31/2299	EMERG ROOM
21	459	1/1/1900	12/31/2299	EMERGENCY ROOM/OTHER
21	460	1/1/1900	12/31/2299	PULMONARY FUNC
21	469	1/1/1900	12/31/2299	PULMONARY FUNCTION/OTHER
21	470	1/1/1900	12/31/2299	AUDIOLOGY
21	471	1/1/1900	12/31/2299	AUDIOLOGY/DIAGNOSTIC
21	472	1/1/1900	12/31/2299	AUDIOLOGY/TREATMENT
21	479	1/1/1900	12/31/2299	AUDIOLOGY/OTHER
21	480	1/1/1900	12/31/2299	CARDIOLOGY
21	481	1/1/1900	12/31/2299	CARDIAC CATH LAB
21	482	1/1/1900	12/31/2299	CARDIOLOGY
21	489	1/1/1900	12/31/2299	CARDIOLOGY/OTHER
21	490	1/1/1900	12/31/2299	AMBULATORY SURGICAL CARE
21	499	1/1/1900	12/31/2299	AMBULATORY SURGICAL CARE/OTHER
21	500	1/1/1900	12/31/2299	OUTPATIENT SERVICES
21	509	1/1/1900	12/31/2299	OUTPATIENT SERVICES/OTHER
21	530	1/1/1900	12/31/2299	OSTEOPATHIC SERVICES
21	531	1/1/1900	12/31/2299	OSTEOPATHIC THERAPY
21	539	1/1/1900	12/31/2299	OSTEOPATHIC SERVICES/OTHER
21	540	1/1/1900	12/31/2299	AMBULANCE
21	541	1/1/1900	12/31/2299	AMBULANCE/SUPPLY
21	542	1/1/1900	12/31/2299	AMBULANCE/MEDICAL TRANSPORT
21	543	1/1/1900	12/31/2299	AMBULANCE/HEART MOBILE
21	544	1/1/1900	12/31/2299	AMBULANCE/OXYGEN
21	545	1/1/1900	12/31/2299	AMBULANCE/AIR
21	546	1/1/1900	12/31/2299	AMBULANCE/NEONATAL
21	549	1/1/1900	12/31/2299	AMBULANCE/OTHER
21	610	1/1/1900	12/31/2299	MAGNETIC RESONANCE IMAGING
21	611	1/1/1900	12/31/2299	MRI/BRAIN
21	612	1/1/1900	12/31/2299	MRI/SPINE

(Continued)

Table A-1.8 – Revenue Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	619	1/1/1900	12/31/2299	MRI/OTHER
21	700	1/1/1900	12/31/2299	CAST ROOM
21	709	1/1/1900	12/31/2299	CAST ROOM/OTHER
21	710	1/1/1900	12/31/2299	RECOVERY ROOM
21	719	1/1/1900	12/31/2299	RECOVERY ROOM/OTHER
21	720	1/1/1900	12/31/2299	DELIVERY ROOM/LABOR ROOM
21	721	1/1/1900	12/31/2299	LABOR
21	722	1/1/1900	12/31/2299	DELIVERY ROOM
21	723	1/1/1900	12/31/2299	CIRCUMCISION
21	724	1/1/1900	12/31/2299	BIRTHING CENTER
21	729	1/1/1900	12/31/2299	DELIVERY ROOM/LABOR ROOM/OTHER
21	730	1/1/1900	12/31/2299	EKG ECG
21	731	1/1/1900	12/31/2299	HOLTER MONITOR
21	732	1/1/1900	12/31/2299	TELEMETRY
21	739	1/1/1900	12/31/2299	EKG/ECG/OTHER
21	740	1/1/1900	12/31/2299	EEG
21	749	1/1/1900	12/31/2299	EEG/OTHER
21	750	1/1/1900	12/31/2299	GASTRO-INTESTINAL SERVICES
21	759	1/1/1900	12/31/2299	GASTRO-INTESTINAL SERVICES/OTHER
21	760	1/1/1900	12/31/2299	TREATMENT OR OBSERVATION ROOM
21	769	1/1/1900	12/31/2299	TREATMENT OR OBSERVATION ROOM/OTHER
21	790	1/1/1900	12/31/2299	LITHOTRIPSY
21	799	1/1/1900	12/31/2299	LITHOTRIPSY/OTHER
21	800	1/1/1900	12/31/2299	INPATIENT RENAL DIALYSIS
21	801	1/1/1900	12/31/2299	INPATIENT HEMODIALYSIS
21	802	1/1/1900	12/31/2299	INPATIENT PERITONEAL (NONCAPD)
21	803	1/1/1900	12/31/2299	INPT CONTINUOUS AMBULATORY PERITONEAL DIALYSIS
21	804	1/1/1900	12/31/2299	INPATIENT CONTINUOUS CYCLING PERITONEAL DIALYSIS
21	809	1/1/1900	12/31/2299	INPATIENT RENAL DIALYSIS/OTHER
21	810	1/1/1900	12/31/2299	ORGAN ACQUISITION
21	811	1/1/1900	12/31/2299	KIDNEY/LIVING DONOR
21	812	1/1/1900	12/31/2299	KIDNEY/ CADAVER DONOR
21	813	1/1/1900	12/31/2299	KIDNEY/UNKNOWN DONOR
21	814	1/1/1900	12/31/2299	KIDNEY/OTHER
21	815	1/1/1900	12/31/2299	HEART/CADAVER

(Continued)

Table A-1.8 – Revenue Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	816	1/1/1900	12/31/2299	HEART/OTHER
21	817	1/1/1900	12/31/2299	LIVER/ACQUISITION
21	819	1/1/1900	12/31/2299	ORGAN ACQUISITION/OTHER
21	820	1/1/1900	12/31/2299	HEMO/OUTPATIENT OR HOME
21	821	1/1/1900	12/31/2299	HEMO/DIALYSIS/COMPOSITE RATE
21	822	1/1/1900	12/31/2299	HEMO/HOME SUPPLIES
21	823	1/1/1900	12/31/2299	HEMO/HOME EQUIPMENT
21	824	1/1/1900	12/31/2299	HEMODIALYSIS-MAINTENANCE 100%
21	825	1/1/1900	12/31/2299	HEMO/SUPPORT SERVICES
21	828	1/1/1900	12/31/2299	HEMO DIAL HOME/SUPSERV
21	829	1/1/1900	12/31/2299	HEMO/OTHER
21	830	1/1/1900	12/31/2299	OUTPATIENT OR HOME PERITONEAL DIALYSIS
21	831	1/1/1900	12/31/2299	PERITONEAL/DIALYSIS/COMPOSITE RATE
21	832	1/1/1900	12/31/2299	PERITONEAL/HOME SUPPLIES
21	833	1/1/1900	12/31/2299	PERITONEAL/HOME EQUIPMENT
21	834	1/1/1900	12/31/2299	PERITONEAL DIALYSIS--MAINTENANCE 100%
21	835	1/1/1900	12/31/2299	PERITONEAL/SUPPORT SERVICES
21	839	1/1/1900	12/31/2299	PERITONEAL/OTHER
21	840	1/1/1900	12/31/2299	OUTPAT/HOME CONTINUOUS AMBL PERITONEAL DIALYSIS
21	841	1/1/1900	12/31/2299	CAPD/DIALYSIS/COMPOSITE RATE
21	842	1/1/1900	12/31/2299	CAPD/HOME SUPPLIES
21	843	1/1/1900	12/31/2299	CAPD/HOME EQUIPMENT
21	844	1/1/1900	12/31/2299	CAPD OP/HOME- MAINTENANCE 100%
21	845	1/1/1900	12/31/2299	CAPD/SUPPORT SERVICES
21	849	1/1/1900	12/31/2299	CAPD/OTHER
21	850	1/1/1900	12/31/2299	OUTPAT/HOME/CONT CYCLING PERITONEAL DIALYSIS
21	851	1/1/1900	12/31/2299	CCPD/DIALYSIS/COMPOSITE RATE
21	852	1/1/1900	12/31/2299	CCPD/HOME SUPPLIES
21	853	1/1/1900	12/31/2299	CCPD/HOME EQUIPMENT
21	854	1/1/1900	12/31/2299	CCPD OP/HOME- MAINTENANCE 100%
21	855	1/1/1900	12/31/2299	CCPD/SUPPORT SERVICES
21	859	1/1/1900	12/31/2299	CCPD/OTHER
21	890	1/1/1900	12/31/2299	DONOR BANK
21	891	1/1/1900	12/31/2299	DONOR BANK/BONE

(Continued)

Table A-1.8 – Revenue Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	892	1/1/1900	12/31/2299	DONOR BANK/ORGAN (OTHER THAN KIDNEY)
21	893	1/1/1900	12/31/2299	DONOR BANK/SKIN
21	899	1/1/1900	12/31/2299	DONOR BANK/OTHER
21	900	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL TREATMENT
21	901	1/1/1900	12/31/2299	ELECTROSHOCK TREATMENT
21	902	1/1/1900	12/31/2299	MILIEU THERAPY
21	903	1/1/1900	12/31/2299	PLAY THERAPY
21	909	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL TREATMENT/OTHER
21	910	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
21	911	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/REHABILITATION
21	912	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/DAYCARE
21	913	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/NIGHTCARE
21	914	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/INDIVIDUAL
21	915	1/1/1900	12/31/2299	PSYCH/GROUP RX
21	916	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/FAMILY
21	917	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/BIOFEEDBACK
21	918	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/TESTING
21	919	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/OTHER
21	920	1/1/1900	12/31/2299	OTHER DIAGNOSTIC SERVICES
21	921	1/1/1900	12/31/2299	PERIPHERAL VASCULAR LAB
21	922	1/1/1900	12/31/2299	ELECTROMYELGRAM
21	923	1/1/1900	12/31/2299	PAP SMEAR
21	924	1/1/1900	12/31/2299	ALLERGY TEST
21	925	1/1/1900	12/31/2299	PREGNANCY TEST
21	926	1/1/1900	12/31/2299	OTHER DIAGNOSTIC SERVICES
21	929	1/1/1900	12/31/2299	ADDITIONAL DIAGNOSTIC SERVICES
21	940	1/1/1900	12/31/2299	OTHER THERAPEUTIC SERVICES
21	941	1/1/1900	12/31/2299	RECREATIONAL THERAPY
21	942	1/1/1900	12/31/2299	EDUCATIONAL TRAINING

(Continued)

Table A-1.8 – Revenue Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	943	1/1/1900	12/31/2299	CARDIAC REHABILITATION
21	944	1/1/1900	12/31/2299	DRUG REHABILITATION
21	945	1/1/1900	12/31/2299	ALCOHOL REHABILITATION
21	946	1/1/1900	12/31/2299	COMPLEX MEDICAL EQUIPMENT (SNF ONLY)
21	949	1/1/1900	12/31/2299	ADDITIONAL THERAPEUTIC SERVICES
21	960	1/1/1900	12/31/2299	PROFESSIONAL FEES
21	961	1/1/1900	12/31/2299	PROFESSIONAL FEES/PSYCHIATRIC
21	962	1/1/1900	12/31/2299	PROFESSIONAL FEES/OPHTHALMOLOGIST
21	963	1/1/1900	12/31/2299	PROFESSIONAL FEES/ANESTHESIOLOGIST (MD)
21	964	1/1/1900	12/31/2299	PROFESSIONAL FEES/ANESTHETIST (CRNA)
21	969	1/1/1900	12/31/2299	PROFESSIONAL FEES/OTHER
21	971	1/1/1900	12/31/2299	PROFESSIONAL FEES/LABORATORY
21	972	1/1/1900	12/31/2299	PROFESSIONAL FEES/RADIOLOGY/DIAGNOSTIC
21	973	1/1/1900	12/31/2299	PROFESSIONAL FEES/RADIOLOGY/THERAPEUTIC
21	974	1/1/1900	12/31/2299	PROFESSIONAL FEES/RADIOLOGY/NUCLEAR MEDICINE
21	975	1/1/1900	12/31/2299	PROFESSIONAL FEES/OPERATING ROOM
21	976	1/1/1900	12/31/2299	PROFESSIONAL FEES/RESPIATORY THERAPY
21	977	1/1/1900	12/31/2299	PROFESSIONAL FEES/PHYSICAL THERAPY
21	978	1/1/1900	12/31/2299	PROFESSIONAL FEES/OCCUPATIONAL THERAPY
21	979	1/1/1900	12/31/2299	PROFESSIONAL FEES/SPEECH THERAPY
21	981	1/1/1900	12/31/2299	PROFESSIONAL FEES/EMERGENCY ROOM
21	982	1/1/1900	12/31/2299	PROFESSIONAL FEES/OUTPATIENT SERVICES
21	983	1/1/1900	12/31/2299	PROFESSIONAL FEES/CLINIC
21	984	1/1/1900	12/31/2299	PROFESSIONAL FEES/MEDICAL SOCIAL SERVICES
21	985	1/1/1900	12/31/2299	PROFESSIONAL FEE EKG
21	986	1/1/1900	12/31/2299	PROFESSIONAL FEES/EEG
21	987	1/1/1900	12/31/2299	PROFESSIONAL FEES/HOSPITAL VISIT
21	988	1/1/1900	12/31/2299	PROFESSIONAL FEES/CONSULTATION
21	989	1/1/1900	12/31/2299	PROFESSIONAL FEES/PRIVATE DUTY NURSE

Table A-1.9 – Revenue Group 22 Table

Group Number	Code	Effective Date	End Date	Code Description
22	100	1/1/1900	12/31/2299	ALL INCL R&B/ANC
22	101	1/1/1900	12/31/2299	ALL INCL R&B
22	110	1/1/1900	12/31/2299	PRIVATE ROOM
22	111	1/1/1900	12/31/2299	MED-SUR-GYN/PVT
22	112	1/1/1900	12/31/2299	OB/PVT
22	113	1/1/1900	12/31/2299	PEDIATRIC/PVT
22	114	1/1/1900	12/31/2299	PSYCH/PVT
22	115	1/1/1900	12/31/2299	HOSPICE/PVT
22	116	1/1/1900	12/31/2299	DETOX/PVT
22	117	1/1/1900	12/31/2299	ONCOLOGY/PVT
22	118	1/1/1900	12/31/2299	REHAB/PVT
22	119	1/1/1900	12/31/2299	OTHER/PVT
22	120	1/1/1900	12/31/2299	SEMI-PRIVATE ROOM
22	121	1/1/1900	12/31/2299	MED-SURG-GYN/2BED
22	122	1/1/1900	12/31/2299	OB/2BED
22	123	1/1/1900	12/31/2299	PEDIATRIC/2BED
22	124	1/1/1900	12/31/2299	PSYCH/2 BED
22	125	1/1/1900	12/31/2299	HOSPICE/2BED
22	126	1/1/1900	12/31/2299	DETOX/2BED
22	127	1/1/1900	12/31/2299	ONCOLOGY/2BED
22	128	1/1/1900	12/31/2299	REHAB/2BED
22	129	1/1/1900	12/31/2299	OTHER/2BED
22	130	1/1/1900	12/31/2299	ROOM-BOARD/3&4 BED
22	131	1/1/1900	12/31/2299	MED-SURG-GYN/3&4 BED
22	132	1/1/1900	12/31/2299	OB/3&4BED
22	133	1/1/1900	12/31/2299	PEDIATRIC/3&4 BED
22	134	1/1/1900	12/31/2299	PSYCH/3&4 BED
22	135	1/1/1900	12/31/2299	HOSPICE/3&4 BED
22	136	1/1/1900	12/31/2299	DETOX/3&4 BED
22	137	1/1/1900	12/31/2299	ONCOLOGY/3&4 BED
22	138	1/1/1900	12/31/2299	REHAB/3&4 BED
22	139	1/1/1900	12/31/2299	OTHER/3&4 BED
22	150	1/1/1900	12/31/2299	ROOM-BOARD/WARD
22	151	1/1/1900	12/31/2299	MED-SURG-GYN/WARD
22	152	1/1/1900	12/31/2299	OB/WARD
22	153	1/1/1900	12/31/2299	PEDIATRIC/WARD

(Continued)

Table A-1.9 – Revenue Group 22 Table

Group Number	Code	Effective Date	End Date	Code Description
22	154	1/1/1900	12/31/2299	PSYCH/WARD
22	155	1/1/1900	12/31/2299	HOSPICE/WARD
22	156	1/1/1900	12/31/2299	DETOX/WARD
22	157	1/1/1900	12/31/2299	ONCOLOGY/WARD
22	158	1/1/1900	12/31/2299	REHAB/WARD
22	159	1/1/1900	12/31/2299	OTHER/WARD
22	170	1/1/1900	12/31/2299	NURSERY
22	171	1/1/1900	12/31/2299	NURSERY/NEWBORN
22	172	1/1/1900	12/31/2299	NURSERY/PREMIE
22	175	1/1/1900	12/31/2299	NEONATAL INTENSIVE CARE
22	179	1/1/1900	12/31/2299	NURSERY/OTHER
22	181	1/1/1900	12/31/2299	PATIENT CONVENIENCE-NO CHARGES BILLED
22	182	1/1/1900	12/31/2299	PATIENT CONVENIENCE- CHARGES BILLED
22	183	1/1/1900	12/31/2299	FOR THERAPEUTIC PURPOSES
22	184	1/1/1900	12/31/2299	FROM ICF/MR FOR ANY PURPOSE
22	185	1/1/1900	12/31/2299	FROM NH FOR HOSPITALIZATION
22	189	1/1/1900	12/31/2299	OTHER LEAVE OF ABSENCE
22	200	1/1/1900	12/31/2299	INTENSIVE CARE(ICU)
22	201	1/1/1900	12/31/2299	ICU/SURGICAL
22	202	1/1/1900	12/31/2299	ICU/MEDICAL
22	203	1/1/1900	12/31/2299	ICU/PEDIATRIC
22	204	1/1/1900	12/31/2299	ICU/PSYCH
22	206	1/1/1900	12/31/2299	POST ICU
22	207	1/1/1900	12/31/2299	ICU/BURN CARE
22	208	1/1/1900	12/31/2299	ICU/TRAUMA
22	209	1/1/1900	12/31/2299	ICU/OTHER
22	210	1/1/1900	12/31/2299	CRITICAL CARE UNIT
22	211	1/1/1900	12/31/2299	CCU/MYOCARDIAL INFARCTION
22	212	1/1/1900	12/31/2299	CCU/PULMONARY
22	213	1/1/1900	12/31/2299	CCU/TRANSPLANT
22	214	1/1/1900	12/31/2299	TELEMETRY UNIT
22	219	1/1/1900	12/31/2299	CCU/OTHER

Table A-1.10 – Revenue Group 25 Table

Group Number	Code	Effective Date	End Date	Code Description
25	270	1/1/1900	12/31/2299	SUPPLIES (MED-SURG)
25	271	1/1/1900	12/31/2299	NON-STERILE SUPPLY
25	272	1/1/1900	12/31/2299	STERILE SUPPLY
25	273	1/1/1900	12/31/2299	TAKEHOME SUPPLY
25	274	1/1/1900	12/31/2299	PROSTHETIC/ORTHOTIC DEVICES
25	275	1/1/1900	12/31/2299	PACE MAKER
25	276	1/1/1900	12/31/2299	INTRAOCULAR LENS
25	277	1/1/1900	12/31/2299	OXYGEN/TAKEHOME
25	278	1/1/1900	12/31/2299	SUPPLY/IMPLANTS
25	279	1/1/1900	12/31/2299	SUPPLY/OTHER
25	470	1/1/1900	12/31/2299	AUDIOLOGY
25	559	1/1/1900	12/31/2299	SKILLED NURSING/OTHER
25	825	1/1/1900	12/31/2299	HEMO/SUPPORT SERVICES
25	835	1/1/1900	12/31/2299	PERITONEAL/SUPPORT SERVICES
25	845	1/1/1900	12/31/2299	CAPD/SUPPORT SERVICES
25	855	1/1/1900	12/31/2299	CCPD/SUPPORT SERVICES

Table A-1.11 – Revenue Group 29 Table

Group Number	Code	Effective Date	End Date	Code Description
29	156	1/1/1900	12/31/2299	DETOX/WARD
29	202	1/1/1900	12/31/2299	ICU/MEDICAL
29	204	1/1/1900	12/31/2299	ICU/PSYCH
29	206	1/1/1900	12/31/2299	POST ICU
29	208	1/1/1900	12/31/2299	ICU/TRAUMA
29	214	1/1/1900	12/31/2299	TELEMETRY UNIT
29	250	1/1/1900	12/31/2299	PHARMACY
29	251	1/1/1900	12/31/2299	GENERIC DRUGS
29	252	1/1/1900	12/31/2299	NON-GENERIC DRUGS
29	254	1/1/1900	12/31/2299	DRUGS/INCIDENT TO OTHER DIAGNOSIS SERVICES
29	255	1/1/1900	12/31/2299	DRUGS/INCIDENT RADIOLOGY
29	258	1/1/1900	12/31/2299	IV SOLUTIONS
29	259	1/1/1900	12/31/2299	DRUGS/OTHER
29	260	1/1/1900	12/31/2299	IV THERAPY
29	270	1/1/1900	12/31/2299	SUPPLIES (MED-SURG)
29	271	1/1/1900	12/31/2299	NON-STERILE SUPPLY
29	272	1/1/1900	12/31/2299	STERILE SUPPLY
29	273	1/1/1900	12/31/2299	TAKEHOME SUPPLY
29	274	1/1/1900	12/31/2299	PROSTHETIC/ORTHOTIC DEVICES
29	275	1/1/1900	12/31/2299	PACE MAKER
29	276	1/1/1900	12/31/2299	INTRAOCULAR LENS
29	277	1/1/1900	12/31/2299	OXYGEN/TAKEHOME
29	278	1/1/1900	12/31/2299	SUPPLY/IMPLANTS
29	279	1/1/1900	12/31/2299	SUPPLY/OTHER
29	280	1/1/1900	12/31/2299	ONCOLOGY
29	289	1/1/1900	12/31/2299	ONCOLOGY/OTHER
29	300	1/1/1900	12/31/2299	LABORATORY
29	301	1/1/1900	12/31/2299	LAB CHEMISTRY
29	302	1/1/1900	12/31/2299	LAB/IMMUNOLOGY
29	303	1/1/1900	12/31/2299	LAB/RENTAL HOME
29	304	1/1/1900	12/31/2299	LAB/NONROUTINE DIALYSIS
29	305	1/1/1900	12/31/2299	HEMATOLOGY LAB
29	306	1/1/1900	12/31/2299	BACTERIOLOGY LAB
29	307	1/1/1900	12/31/2299	UROLOGY LAB
29	309	1/1/1900	12/31/2299	LAB/OTHER

(Continued)

Table A-1.11 – Revenue Group 29 Table

Group Number	Code	Effective Date	End Date	Code Description
29	310	1/1/1900	12/31/2299	PATHOLOGY LAB
29	311	1/1/1900	12/31/2299	PATHOLOGY/CYTOLOGY
29	312	1/1/1900	12/31/2299	PATHOLOGY/HYSTOLOGY
29	314	1/1/1900	12/31/2299	PATHOLOGY/BIOPSY
29	319	1/1/1900	12/31/2299	PATHOLOGY/OTHER
29	320	1/1/1900	12/31/2299	DIAGNOSTIC X RAY
29	321	1/1/1900	12/31/2299	DIAGNOSTIC X-RAY
29	322	1/1/1900	12/31/2299	DIAGNOSTIC X-RAY/ANGIOCARDIOGRAPHY
29	323	1/1/1900	12/31/2299	DIAGNOSTIC X-RAY/ARTERIOGRAPHY
29	324	1/1/1900	12/31/2299	DIAGNOSTIC X-RAY/CHEST
29	329	1/1/1900	12/31/2299	DIAGNOSTIC X-RAY/OTHER
29	330	1/1/1900	12/31/2299	THERAPEUTIC X-RAY
29	331	1/1/1900	12/31/2299	CHEMOTHERAPY/INJECTED
29	332	1/1/1900	12/31/2299	CHEMOTHERAPY/ORAL
29	333	1/1/1900	12/31/2299	RADIATION THERAPY
29	339	1/1/1900	12/31/2299	THERAPEUTIC X-RAY/OTHER
29	340	1/1/1900	12/31/2299	NUCLEAR MEDICINE
29	341	1/1/1900	12/31/2299	NUC MED/DIAGNOSIS
29	342	1/1/1900	12/31/2299	NUC MED/THERAPEUTIC
29	349	1/1/1900	12/31/2299	NUC MED/OTHER
29	350	1/1/1900	12/31/2299	CT SCAN
29	351	1/1/1900	12/31/2299	CT SCAN/HEAD
29	359	1/1/1900	12/31/2299	CT SCAN/OTHER
29	360	1/1/1900	12/31/2299	OPERATING ROOM SERVICES
29	361	1/1/1900	12/31/2299	OR/MINOR SURGERY
29	369	1/1/1900	12/31/2299	OR/OTHER
29	370	1/1/1900	12/31/2299	ANESTHESIA
29	371	1/1/1900	12/31/2299	ANESTHESIA/INCIDENT TO RADIOLOGY
29	372	1/1/1900	12/31/2299	ANESTHESIA/INCIDENT TO OTHER DIAGNOSTIC SERVICES
29	379	1/1/1900	12/31/2299	ANESTHESIA/OTHER
29	380	1/1/1900	12/31/2299	BLOOD
29	381	1/1/1900	12/31/2299	BLOOD/PACKED RED CELLS
29	382	1/1/1900	12/31/2299	BLOOD/WHOLE
29	383	1/1/1900	12/31/2299	BLOOD/PLASMA
29	384	1/1/1900	12/31/2299	BLOOD/PLATELETS
29	385	1/1/1900	12/31/2299	BLOOD/LEUCOCYTES

(Continued)

Table A-1.11 – Revenue Group 29 Table

Group Number	Code	Effective Date	End Date	Code Description
29	386	1/1/1900	12/31/2299	BLOOD/OTHER COMPONENTS
29	387	1/1/1900	12/31/2299	BLOOD/OTHER DERIVATIVES
29	389	1/1/1900	12/31/2299	BLOOD/OTHER
29	390	1/1/1900	12/31/2299	BLOOD STORAGE AND PROCESSING
29	391	1/1/1900	12/31/2299	BLOOD/ADMINISTRATION
29	399	1/1/1900	12/31/2299	BLOOD/OTHER STORAGE AND PROCESSING
29	400	1/1/1900	12/31/2299	IMAGE SERVICES
29	401	1/1/1900	12/31/2299	MAMMOGRAPHY
29	402	1/1/1900	12/31/2299	ULTRASOUND
29	409	1/1/1900	12/31/2299	OTHER IMAGING SERVICES
29	410	1/1/1900	12/31/2299	RESPIRATORY SVC
29	412	1/1/1900	12/31/2299	INHALATION SERVICES
29	413	1/1/1900	12/31/2299	HYPERBARIC OXYGEN THERAPY
29	419	1/1/1900	12/31/2299	OTHER REPIRATORY SERVICES
29	420	1/1/1900	12/31/2299	PHYSICAL THERAPY
29	422	1/1/1900	12/31/2299	PHYSICAL THERAPY/HOUR
29	424	1/1/1900	12/31/2299	PHYSICAL THERAPY/EVAL/RE-EVAL
29	429	1/1/1900	12/31/2299	PHYSICAL THERAPY/OTHER
29	430	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY
29	431	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY/VISIT
29	432	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY/HOUR
29	434	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY/EVAL/RE-EVAL
29	439	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY/OTHER
29	440	1/1/1900	12/31/2299	SPEECH PATHOLOGY
29	441	1/1/1900	12/31/2299	SPEECH PATHOLOGY/VISIT
29	442	1/1/1900	12/31/2299	SPEECH PATHOLOGY/HOUR
29	444	1/1/1900	12/31/2299	SPEECH PATHOLOGY/EVAL/RE-EVAL
29	450	1/1/1900	12/31/2299	EMERG ROOM
29	459	1/1/1900	12/31/2299	EMERGENCY ROOM/OTHER
29	460	1/1/1900	12/31/2299	PULMONARY FUNC
29	469	1/1/1900	12/31/2299	PULMONARY FUNCTION/OTHER
29	470	1/1/1900	12/31/2299	AUDIOLOGY
29	471	1/1/1900	12/31/2299	AUDIOLOGY/DIAGNOSTIC
29	472	1/1/1900	12/31/2299	AUDIOLOGY/TREATMENT
29	479	1/1/1900	12/31/2299	AUDIOLOGY/OTHER
29	480	1/1/1900	12/31/2299	CARDIOLOGY

(Continued)

Table A-1.11 – Revenue Group 29 Table

Group Number	Code	Effective Date	End Date	Code Description
29	481	1/1/1900	12/31/2299	CARDIAC CATH LAB
29	482	1/1/1900	12/31/2299	CARDIOLOGY
29	489	1/1/1900	12/31/2299	CARDIOLOGY/OTHER
29	490	1/1/1900	12/31/2299	AMBULATORY SURGICAL CARE
29	499	1/1/1900	12/31/2299	AMBULATORY SURGICAL CARE/OTHER
29	510	1/1/1900	12/31/2299	CLINIC
29	519	1/1/1900	12/31/2299	CLINIC/OTHER
29	530	1/1/1900	12/31/2299	OSTEOPATHIC SERVICES
29	531	1/1/1900	12/31/2299	OSTEOPATHIC THERAPY
29	539	1/1/1900	12/31/2299	OSTEOPATHIC SERVICES/OTHER
29	540	1/1/1900	12/31/2299	AMBULANCE
29	541	1/1/1900	12/31/2299	AMBULANCE/SUPPLY
29	542	1/1/1900	12/31/2299	AMBULANCE/MEDICAL TRANSPORT
29	543	1/1/1900	12/31/2299	AMBULANCE/HEART MOBILE
29	544	1/1/1900	12/31/2299	AMBULANCE/OXYGEN
29	545	1/1/1900	12/31/2299	AMBULANCE/AIR
29	549	1/1/1900	12/31/2299	AMBULANCE/OTHER
29	610	1/1/1900	12/31/2299	MAGNETIC RESONANCE IMAGING
29	611	1/1/1900	12/31/2299	MRI/BRAIN
29	612	1/1/1900	12/31/2299	MRI/SPINE
29	619	1/1/1900	12/31/2299	MRI/OTHER
29	621	1/1/1900	12/31/2299	MEDICAL/SURGICAL SUPPLIES/INCIDENT TO RADIOLOGY
29	622	1/1/1900	12/31/2299	MED/SURG SUPPLIES/INCIDENT TO OTHER DIAG SERVICES
29	636	1/1/1900	12/31/2299	DRUGS REQUIRING DETAILED CODING
29	700	1/1/1900	12/31/2299	CAST ROOM
29	709	1/1/1900	12/31/2299	CAST ROOM/OTHER
29	710	1/1/1900	12/31/2299	RECOVERY ROOM
29	719	1/1/1900	12/31/2299	RECOVERY ROOM/OTHER
29	720	1/1/1900	12/31/2299	DELIVERY ROOM/LABOR ROOM
29	721	1/1/1900	12/31/2299	LABOR
29	724	1/1/1900	12/31/2299	BIRTHING CENTER
29	729	1/1/1900	12/31/2299	DELIVERY ROOM/LABOR ROOM/OTHER
29	730	1/1/1900	12/31/2299	EKG ECG
29	731	1/1/1900	12/31/2299	HOLTER MONITOR
29	732	1/1/1900	12/31/2299	TELEMETRY
29	740	1/1/1900	12/31/2299	EEG

(Continued)

Table A-1.11 – Revenue Group 29 Table

Group Number	Code	Effective Date	End Date	Code Description
29	749	1/1/1900	12/31/2299	EEG/OTHER
29	750	1/1/1900	12/31/2299	GASTRO-INTESTINAL SERVICES
29	760	1/1/1900	12/31/2299	TREATMENT OR OBSERVATION ROOM
29	769	1/1/1900	12/31/2299	TREATMENT OR OBSERVATION ROOM/OTHER
29	790	1/1/1900	12/31/2299	LITHOTRIPSY
29	820	1/1/1900	12/31/2299	HEMO/OUTPATIENT OR HOME
29	821	1/1/1900	12/31/2299	HEMO/DIALYSIS/COMPOSITE RATE
29	830	1/1/1900	12/31/2299	OUTPATIENT OR HOME PERITONEAL DIALYSIS
29	831	1/1/1900	12/31/2299	PERITONEAL/DIALYSIS/COMPOSITE RATE
29	840	1/1/1900	12/31/2299	OUTPAT/HOME CONTINUOUS AMBL PERITONEAL DIALYSIS
29	841	1/1/1900	12/31/2299	CAPD/DIALYSIS/COMPOSITE RATE
29	850	1/1/1900	12/31/2299	OUTPAT/HOME/CONT CYCLING PERITONEAL DIALYSIS
29	851	1/1/1900	12/31/2299	CCPD/DIALYSIS/COMPOSITE RATE
29	900	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL TREATMENT
29	901	1/1/1900	12/31/2299	ELECTROSHOCK TREATMENT
29	910	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
29	911	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/REHABILITATION
29	912	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/DAYCARE
29	914	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/INDIVIDUAL
29	915	1/1/1900	12/31/2299	PSYCH/GROUP RX
29	916	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/FAMILY
29	917	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/BIOFEEDBACK
29	920	1/1/1900	12/31/2299	OTHER DIAGNOSTIC SERVICES
29	921	1/1/1900	12/31/2299	PERIPHERAL VASCULAR LAB
29	922	1/1/1900	12/31/2299	ELECTROMYELGRAM
29	923	1/1/1900	12/31/2299	PAP SMEAR
29	924	1/1/1900	12/31/2299	ALLERGY TEST
29	929	1/1/1900	12/31/2299	ADDITIONAL DIAGNOSTIC SERVICES
29	940	1/1/1900	12/31/2299	OTHER THERAPEUTIC SERVICES
29	942	1/1/1900	12/31/2299	EDUCATIONAL TRAINING

(Continued)

Table A-1.11 – Revenue Group 29 Table

Group Number	Code	Effective Date	End Date	Code Description
29	943	1/1/1900	12/31/2299	CARDIAC REHABILITATION
29	944	1/1/1900	12/31/2299	DRUG REHABILITATION
29	945	1/1/1900	12/31/2299	ALCOHOL REHABILITATION
29	949	1/1/1900	12/31/2299	ADDITIONAL THERAPEUTIC SERVICES

Table A-1.12 – Revenue Group 30 Table

Group Number	Code	Effective Date	End Date	Code Description
30	100	1/1/1900	12/31/2299	ALL INCL R&B/ANC
30	110	1/1/1900	12/31/2299	PRIVATE ROOM
30	111	1/1/1900	12/31/2299	MED-SUR-GYN/PVT
30	112	1/1/1900	12/31/2299	OB/PVT
30	113	1/1/1900	12/31/2299	PEDIATRIC/PVT
30	114	1/1/1900	12/31/2299	PSYCH/PVT
30	115	1/1/1900	12/31/2299	HOSPICE/PVT
30	116	1/1/1900	12/31/2299	DETOX/PVT
30	117	1/1/1900	12/31/2299	ONCOLOGY/PVT
30	118	1/1/1900	12/31/2299	REHAB/PVT
30	119	1/1/1900	12/31/2299	OTHER/PVT
30	120	1/1/1900	12/31/2299	SEMI-PRIVATE ROOM
30	121	1/1/1900	12/31/2299	MED-SURG-GYN/2BED
30	122	1/1/1900	12/31/2299	OB/2BED
30	123	1/1/1900	12/31/2299	PEDIATRIC/2BED
30	124	1/1/1900	12/31/2299	PSYCH/2 BED
30	125	1/1/1900	12/31/2299	HOSPICE/2BED
30	126	1/1/1900	12/31/2299	DETOX/2BED
30	127	1/1/1900	12/31/2299	ONCOLOGY/2BED
30	128	1/1/1900	12/31/2299	REHAB/2BED
30	129	1/1/1900	12/31/2299	OTHER/2BED
30	130	1/1/1900	12/31/2299	ROOM-BOARD/3&4 BED
30	131	1/1/1900	12/31/2299	MED-SURG-GYN/3&4 BED
30	132	1/1/1900	12/31/2299	OB/3&4BED
30	133	1/1/1900	12/31/2299	PEDIATRIC/3&4 BED
30	134	1/1/1900	12/31/2299	PSYCH/3&4 BED
30	135	1/1/1900	12/31/2299	HOSPICE/3&4 BED
30	136	1/1/1900	12/31/2299	DETOX/3&4 BED
30	137	1/1/1900	12/31/2299	ONCOLOGY/3&4 BED
30	138	1/1/1900	12/31/2299	REHAB/3&4 BED
30	139	1/1/1900	12/31/2299	OTHER/3&4 BED
30	140	1/1/1900	12/31/2299	ROOM-BOARD/PVT/DLX
30	141	1/1/1900	12/31/2299	MED-SURG-GYN/DLX
30	142	1/1/1900	12/31/2299	OB/DLX
30	143	1/1/1900	12/31/2299	PEDIATRIC/DLX
30	144	1/1/1900	12/31/2299	PSYCH/DLX

(Continued)

Table A-1.12 – Revenue Group 30 Table

Group Number	Code	Effective Date	End Date	Code Description
30	146	1/1/1900	12/31/2299	DETOX/DLX
30	147	1/1/1900	12/31/2299	ONCOLOGY/DLX
30	148	1/1/1900	12/31/2299	REHAB/DLX
30	149	1/1/1900	12/31/2299	OTHER/DLX
30	150	1/1/1900	12/31/2299	ROOM-BOARD/WARD
30	151	1/1/1900	12/31/2299	MED-SURG-GYN/WARD
30	152	1/1/1900	12/31/2299	OB/WARD
30	153	1/1/1900	12/31/2299	PEDIATRIC/WARD
30	154	1/1/1900	12/31/2299	PSYCH/WARD
30	156	1/1/1900	12/31/2299	DETOX/WARD
30	157	1/1/1900	12/31/2299	ONCOLOGY/WARD
30	158	1/1/1900	12/31/2299	REHAB/WARD
30	159	1/1/1900	12/31/2299	OTHER/WARD
30	160	1/1/1900	12/31/2299	ROOM-BOARD
30	164	1/1/1900	12/31/2299	R&B/STERILE
30	167	1/1/1900	12/31/2299	R&B/SELF CARE
30	169	1/1/1900	12/31/2299	R&B/OTHER
30	200	1/1/1900	12/31/2299	INTENSIVE CARE(ICU)
30	201	1/1/1900	12/31/2299	ICU/SURGICAL
30	202	1/1/1900	12/31/2299	ICU/MEDICAL
30	203	1/1/1900	12/31/2299	ICU/PEDIATRIC
30	207	1/1/1900	12/31/2299	ICU/BURN CARE
30	208	1/1/1900	12/31/2299	ICU/TRAUMA
30	209	1/1/1900	12/31/2299	ICU/OTHER
30	210	1/1/1900	12/31/2299	CRITICAL CARE UNIT
30	211	1/1/1900	12/31/2299	CCU/MYOCARDIAL INFARCTION
30	212	1/1/1900	12/31/2299	CCU/PULMONARY
30	213	1/1/1900	12/31/2299	CCU/TRANSPLANT
30	219	1/1/1900	12/31/2299	CCU/OTHER
30	224	1/1/1900	12/31/2299	LATE DISCHARGE/MED NEC
30	230	1/1/1900	12/31/2299	NURSING INCREMENTAL
30	234	1/1/1900	12/31/2299	NUR INCR/CCU
30	250	1/1/1900	12/31/2299	PHARMACY
30	251	1/1/1900	12/31/2299	GENERIC DRUGS
30	252	1/1/1900	12/31/2299	NON-GENERIC DRUGS
30	254	1/1/1900	12/31/2299	DRUGS/INCIDENT TO OTHER DIAGNOSIS SERVICES

(Continued)

Table A-1.12 – Revenue Group 30 Table

Group Number	Code	Effective Date	End Date	Code Description
30	255	1/1/1900	12/31/2299	DRUGS/INCIDENT RADIOLOGY
30	257	1/1/1900	12/31/2299	DRUGS/NONPRESCRIPTION
30	258	1/1/1900	12/31/2299	IV SOLUTIONS
30	260	1/1/1900	12/31/2299	IV THERAPY
30	261	1/1/1900	12/31/2299	IV THER/INFUSION PUMP
30	269	1/1/1900	12/31/2299	IV THERAPY/OTHER
30	270	1/1/1900	12/31/2299	SUPPLIES (MED-SURG)
30	271	1/1/1900	12/31/2299	NON-STERILE SUPPLY
30	272	1/1/1900	12/31/2299	STERILE SUPPLY
30	273	1/1/1900	12/31/2299	TAKEHOME SUPPLY
30	274	1/1/1900	12/31/2299	PROSTHETIC/ORTHOTIC DEVICES
30	275	1/1/1900	12/31/2299	PACE MAKER
30	276	1/1/1900	12/31/2299	INTRAOCULAR LENS
30	277	1/1/1900	12/31/2299	OXYGEN/TAKEHOME
30	278	1/1/1900	12/31/2299	SUPPLY/IMPLANTS
30	279	1/1/1900	12/31/2299	SUPPLY/OTHER
30	280	1/1/1900	12/31/2299	ONCOLOGY
30	289	1/1/1900	12/31/2299	ONCOLOGY/OTHER
30	293	1/1/1900	12/31/2299	MED EQUIP/USED
30	299	1/1/1900	12/31/2299	MED EQUIP/OTHER
30	300	1/1/1900	12/31/2299	LABORATORY
30	301	1/1/1900	12/31/2299	LAB CHEMISTRY
30	302	1/1/1900	12/31/2299	LAB/IMMUNOLOGY
30	304	1/1/1900	12/31/2299	LAB/NONROUTINE DIALYSIS
30	305	1/1/1900	12/31/2299	HEMATOLOGY LAB
30	306	1/1/1900	12/31/2299	BACTERIOLOGY LAB
30	307	1/1/1900	12/31/2299	UROLOGY LAB
30	309	1/1/1900	12/31/2299	LAB/OTHER
30	310	1/1/1900	12/31/2299	PATHOLOGY LAB
30	311	1/1/1900	12/31/2299	PATHOLOGY/CYTOLOGY
30	312	1/1/1900	12/31/2299	PATHOLOGY/HYSTOLOGY
30	314	1/1/1900	12/31/2299	PATHOLOGY/BIOPSY
30	319	1/1/1900	12/31/2299	PATHOLOGY/OTHER
30	320	1/1/1900	12/31/2299	DIAGNOSTIC X RAY
30	321	1/1/1900	12/31/2299	DIAGNOSTIC X-RAY
30	322	1/1/1900	12/31/2299	DIAGNOSTIC X-RAY/ANGIOCARDIOGRAPHY

(Continued)

Table A-1.12 – Revenue Group 30 Table

Group Number	Code	Effective Date	End Date	Code Description
30	323	1/1/1900	12/31/2299	DIAGNOSTIC X-RAY/ARTERIOGRAPHY
30	324	1/1/1900	12/31/2299	DIAGNOSTIC X-RAY/CHEST
30	329	1/1/1900	12/31/2299	DIAGNOSTIC X-RAY/OTHER
30	330	1/1/1900	12/31/2299	THERAPEUTIC X-RAY
30	331	1/1/1900	12/31/2299	CHEMOTHERAPY/INJECTED
30	332	1/1/1900	12/31/2299	CHEMOTHERAPY/ORAL
30	333	1/1/1900	12/31/2299	RADIATION THERAPY
30	335	1/1/1900	12/31/2299	CHEMOTHERAPY/IV
30	339	1/1/1900	12/31/2299	THERAPEUTIC X-RAY/OTHER
30	340	1/1/1900	12/31/2299	NUCLEAR MEDICINE
30	341	1/1/1900	12/31/2299	NUC MED/DIAGNOSIS
30	342	1/1/1900	12/31/2299	NUC MED/THERAPEUTIC
30	349	1/1/1900	12/31/2299	NUC MED/OTHER
30	350	1/1/1900	12/31/2299	CT SCAN
30	351	1/1/1900	12/31/2299	CT SCAN/HEAD
30	352	1/1/1900	12/31/2299	CT SCAN/BODY
30	359	1/1/1900	12/31/2299	CT SCAN/OTHER
30	360	1/1/1900	12/31/2299	OPERATING ROOM SERVICES
30	361	1/1/1900	12/31/2299	OR/MINOR SURGERY
30	362	1/1/1900	12/31/2299	OR/ORGAN TRANSPLANT
30	367	1/1/1900	12/31/2299	OR/KIDNEY TRANSPLANT
30	369	1/1/1900	12/31/2299	OR/OTHER
30	370	1/1/1900	12/31/2299	ANESTHESIA
30	371	1/1/1900	12/31/2299	ANESTHESIA/INCIDENT TO RADIOLOGY
30	372	1/1/1900	12/31/2299	ANESTHESIA/INCIDENT TO OTHER DIAGNOSTIC SERVICES
30	379	1/1/1900	12/31/2299	ANESTHESIA/OTHER
30	380	1/1/1900	12/31/2299	BLOOD
30	381	1/1/1900	12/31/2299	BLOOD/PACKED RED CELLS
30	382	1/1/1900	12/31/2299	BLOOD/WHOLE
30	383	1/1/1900	12/31/2299	BLOOD/PLASMA
30	384	1/1/1900	12/31/2299	BLOOD/PLATELETS
30	385	1/1/1900	12/31/2299	BLOOD/LEUCOCYTES
30	386	1/1/1900	12/31/2299	BLOOD/OTHER COMPONENTS
30	387	1/1/1900	12/31/2299	BLOOD/OTHER DERIVATIVES
30	389	1/1/1900	12/31/2299	BLOOD/OTHER
30	390	1/1/1900	12/31/2299	BLOOD STORAGE AND PROCESSING

(Continued)

Table A-1.12 – Revenue Group 30 Table

Group Number	Code	Effective Date	End Date	Code Description
30	391	1/1/1900	12/31/2299	BLOOD/ADMINISTRATION
30	399	1/1/1900	12/31/2299	BLOOD/OTHER STORAGE AND PROCESSING
30	400	1/1/1900	12/31/2299	IMAGE SERVICES
30	401	1/1/1900	12/31/2299	MAMMOGRAPHY
30	402	1/1/1900	12/31/2299	ULTRASOUND
30	409	1/1/1900	12/31/2299	OTHER IMAGING SERVICES
30	410	1/1/1900	12/31/2299	RESPIRATORY SVC
30	412	1/1/1900	12/31/2299	INHALATION SERVICES
30	413	1/1/1900	12/31/2299	HYPERBARIC OXYGEN THERAPY
30	419	1/1/1900	12/31/2299	OTHER REPIRATORY SERVICES
30	420	1/1/1900	12/31/2299	PHYSICAL THERAPY
30	421	1/1/1900	12/31/2299	PHYS THER/VISIT
30	422	1/1/1900	12/31/2299	PHYSICAL THERAPY/HOUR
30	423	1/1/1900	12/31/2299	PHYSICAL THERAPY/GROUP
30	424	1/1/1900	12/31/2299	PHYSICAL THERAPY/EVAL/RE-EVAL
30	429	1/1/1900	12/31/2299	PHYSICAL THERAPY/OTHER
30	430	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY
30	431	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY/VISIT
30	432	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY/HOUR
30	433	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY/GROUP
30	434	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY/EVAL/RE-EVAL
30	439	1/1/1900	12/31/2299	OCCUPATIONAL THERAPY/OTHER
30	440	1/1/1900	12/31/2299	SPEECH PATHOLOGY
30	441	1/1/1900	12/31/2299	SPEECH PATHOLOGY/VISIT
30	442	1/1/1900	12/31/2299	SPEECH PATHOLOGY/HOUR
30	443	1/1/1900	12/31/2299	SPEECH PATHOLOGY/GROUP
30	444	1/1/1900	12/31/2299	SPEECH PATHOLOGY/EVAL/RE-EVAL
30	449	1/1/1900	12/31/2299	SPEECH PATHOLOGY/OTHER
30	450	1/1/1900	12/31/2299	EMERG ROOM
30	459	1/1/1900	12/31/2299	EMERGENCY ROOM/OTHER
30	460	1/1/1900	12/31/2299	PULMONARY FUNC
30	469	1/1/1900	12/31/2299	PULMONARY FUNCTION/OTHER
30	470	1/1/1900	12/31/2299	AUDIOLOGY
30	471	1/1/1900	12/31/2299	AUDIOLOGY/DIAGNOSTIC
30	472	1/1/1900	12/31/2299	AUDIOLOGY/TREATMENT
30	479	1/1/1900	12/31/2299	AUDIOLOGY/OTHER

(Continued)

Table A-1.12 – Revenue Group 30 Table

Group Number	Code	Effective Date	End Date	Code Description
30	480	1/1/1900	12/31/2299	CARDIOLOGY
30	481	1/1/1900	12/31/2299	CARDIAC CATH LAB
30	482	1/1/1900	12/31/2299	CARDIOLOGY
30	489	1/1/1900	12/31/2299	CARDIOLOGY/OTHER
30	490	1/1/1900	12/31/2299	AMBULATORY SURGICAL CARE
30	499	1/1/1900	12/31/2299	AMBULATORY SURGICAL CARE/OTHER
30	510	1/1/1900	12/31/2299	CLINIC
30	511	1/1/1900	12/31/2299	CLINIC/CHRONIC PAIN
30	512	1/1/1900	12/31/2299	CLINIC/DENTAL
30	513	1/1/1900	12/31/2299	CLINIC/PSYCHIATRIC
30	514	1/1/1900	12/31/2299	CLINIC/OB-GYN
30	515	1/1/1900	12/31/2299	CLINIC/PEDIATRIC
30	519	1/1/1900	12/31/2299	CLINIC/OTHER
30	530	1/1/1900	12/31/2299	OSTEOPATHIC SERVICES
30	531	1/1/1900	12/31/2299	OSTEOPATHIC THERAPY
30	539	1/1/1900	12/31/2299	OSTEOPATHIC SERVICES/OTHER
30	610	1/1/1900	12/31/2299	MAGNETIC RESONANCE IMAGING
30	611	1/1/1900	12/31/2299	MRI/BRAIN
30	612	1/1/1900	12/31/2299	MRI/SPINE
30	619	1/1/1900	12/31/2299	MRI/OTHER
30	621	1/1/1900	12/31/2299	MEDICAL/SURGICAL SUPPLIES/INCIDENT TO RADIOLOGY
30	622	1/1/1900	12/31/2299	MED/SURG SUPPLIES/INCIDENT TO OTHER DIAG SERVICES
30	636	1/1/1900	12/31/2299	DRUGS REQUIRING DETAILED CODING
30	700	1/1/1900	12/31/2299	CAST ROOM
30	709	1/1/1900	12/31/2299	CAST ROOM/OTHER
30	710	1/1/1900	12/31/2299	RECOVERY ROOM
30	719	1/1/1900	12/31/2299	RECOVERY ROOM/OTHER
30	720	1/1/1900	12/31/2299	DELIVERY ROOM/LABOR ROOM
30	721	1/1/1900	12/31/2299	LABOR
30	722	1/1/1900	12/31/2299	DELIVERY ROOM
30	724	1/1/1900	12/31/2299	BIRTHING CENTER
30	729	1/1/1900	12/31/2299	DELIVERY ROOM/LABOR ROOM/OTHER
30	730	1/1/1900	12/31/2299	EKG ECG
30	731	1/1/1900	12/31/2299	HOLTER MONITOR
30	732	1/1/1900	12/31/2299	TELEMETRY
30	739	1/1/1900	12/31/2299	EKG/ECG/OTHER

(Continued)

Table A-1.12 – Revenue Group 30 Table

Group Number	Code	Effective Date	End Date	Code Description
30	740	1/1/1900	12/31/2299	EEG
30	749	1/1/1900	12/31/2299	EEG/OTHER
30	750	1/1/1900	12/31/2299	GASTRO-INTESTINAL SERVICES
30	759	1/1/1900	12/31/2299	GASTRO-INTESTINAL SERVICES/OTHER
30	760	1/1/1900	12/31/2299	TREATMENT OR OBSERVATION ROOM
30	769	1/1/1900	12/31/2299	TREATMENT OR OBSERVATION ROOM/OTHER
30	790	1/1/1900	12/31/2299	LITHOTRIPSY
30	800	1/1/1900	12/31/2299	INPATIENT RENAL DIALYSIS
30	801	1/1/1900	12/31/2299	INPATIENT HEMODIALYSIS
30	802	1/1/1900	12/31/2299	INPATIENT PERITONEAL (NONCAPD)
30	803	1/1/1900	12/31/2299	INPT CONTINUOUS AMBULATORY PERITONEAL DIALYSIS
30	804	1/1/1900	12/31/2299	INPATIENT CONTINUOUS CYCLING PERITONEAL DIALYSIS
30	809	1/1/1900	12/31/2299	INPATIENT RENAL DIALYSIS/OTHER
30	810	1/1/1900	12/31/2299	ORGAN ACQUISITION
30	811	1/1/1900	12/31/2299	KIDNEY/LIVING DONOR
30	812	1/1/1900	12/31/2299	KIDNEY/ CADAVER DONOR
30	813	1/1/1900	12/31/2299	KIDNEY/UNKNOWN DONOR
30	814	1/1/1900	12/31/2299	KIDNEY/OTHER
30	815	1/1/1900	12/31/2299	HEART/CADAVER
30	816	1/1/1900	12/31/2299	HEART/OTHER
30	817	1/1/1900	12/31/2299	LIVER/ACQUISITION
30	819	1/1/1900	12/31/2299	ORGAN ACQUISITION/OTHER
30	851	1/1/1900	12/31/2299	CCPD/DIALYSIS/COMPOSITE RATE
30	880	1/1/1900	12/31/2299	MISCELLANEOUS DIALYSIS
30	881	1/1/1900	12/31/2299	ULTRAFILT RATION
30	890	1/1/1900	12/31/2299	DONOR BANK
30	891	1/1/1900	12/31/2299	DONOR BANK/BONE
30	892	1/1/1900	12/31/2299	DONOR BANK/ORGAN (OTHER THAN KIDNEY)
30	893	1/1/1900	12/31/2299	DONOR BANK/SKIN
30	899	1/1/1900	12/31/2299	DONOR BANK/OTHER
30	900	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL TREATMENT
30	901	1/1/1900	12/31/2299	ELECTROSHOCK TREATMENT
30	902	1/1/1900	12/31/2299	MILIEU THERAPY
30	903	1/1/1900	12/31/2299	PLAY THERAPY

(Continued)

Table A-1.12 – Revenue Group 30 Table

Group Number	Code	Effective Date	End Date	Code Description
30	909	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL TREATMENT/OTHER
30	910	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
30	911	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/REHABILITATION
30	912	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/DAYCARE
30	913	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/NIGHTCARE
30	914	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/INDIVIDUAL
30	915	1/1/1900	12/31/2299	PSYCH/GROUP RX
30	916	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/FAMILY
30	917	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/BIOFEEDBACK
30	918	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/TESTING
30	919	1/1/1900	12/31/2299	PSYCHIATRIC/PSYCHOLOGICAL SERVICES/OTHER
30	920	1/1/1900	12/31/2299	OTHER DIAGNOSTIC SERVICES
30	921	1/1/1900	12/31/2299	PERIPHERAL VASCULAR LAB
30	922	1/1/1900	12/31/2299	ELECTROMYELGRAM
30	923	1/1/1900	12/31/2299	PAP SMEAR
30	924	1/1/1900	12/31/2299	ALLERGY TEST
30	925	1/1/1900	12/31/2299	PREGNANCY TEST
30	929	1/1/1900	12/31/2299	ADDITIONAL DIAGNOSTIC SERVICES
30	940	1/1/1900	12/31/2299	OTHER THERAPEUTIC SERVICES
30	942	1/1/1900	12/31/2299	EDUCATIONAL TRAINING
30	943	1/1/1900	12/31/2299	CARDIAC REHABILITATION
30	944	1/1/1900	12/31/2299	DRUG REHABILITATION
30	945	1/1/1900	12/31/2299	ALCOHOL REHABILITATION
30	946	1/1/1900	12/31/2299	COMPLEX MEDICAL EQUIPMENT (SNF ONLY)
30	949	1/1/1900	12/31/2299	ADDITIONAL THERAPEUTIC SERVICES
30	960	1/1/1900	12/31/2299	PROFESSIONAL FEES
30	961	1/1/1900	12/31/2299	PROFESSIONAL FEES/PSYCHIATRIC
30	962	1/1/1900	12/31/2299	PROFESSIONAL FEES/OPHTHALMOLOGIST
30	963	1/1/1900	12/31/2299	PROFESSIONAL FEES/ANESTHESIOLOGIST (MD)

(Continued)

Table A-1.12 – Revenue Group 30 Table

Group Number	Code	Effective Date	End Date	Code Description
30	964	1/1/1900	12/31/2299	PROFESSIONAL FEES/ANESTHETIST (CRNA)
30	969	1/1/1900	12/31/2299	PROFESSIONAL FEES/OTHER
30	971	1/1/1900	12/31/2299	PROFESSIONAL FEES/LABORATORY
30	972	1/1/1900	12/31/2299	PROFESSIONAL FEES/RADIOLOGY/DIAGNOSTIC
30	973	1/1/1900	12/31/2299	PROFESSIONAL FEES/RADIOLOGY/THERAPEUTIC
30	974	1/1/1900	12/31/2299	PROFESSIONAL FEES/RADIOLOGY/NUCLEAR MEDICINE
30	975	1/1/1900	12/31/2299	PROFESSIONAL FEES/OPERATING ROOM
30	976	1/1/1900	12/31/2299	PROFESSIONAL FEES/RESPIATORY THERAPY
30	977	1/1/1900	12/31/2299	PROFESSIONAL FEES/PHYSICAL THERAPY
30	978	1/1/1900	12/31/2299	PROFESSIONAL FEES/OCCUPATIONAL THERAPY
30	979	1/1/1900	12/31/2299	PROFESSIONAL FEES/SPEECH THERAPY
30	981	1/1/1900	12/31/2299	PROFESSIONAL FEES/EMERGENCY ROOM
30	982	1/1/1900	12/31/2299	PROFESSIONAL FEES/OUTPATIENT SERVICES
30	983	1/1/1900	12/31/2299	PROFESSIONAL FEES/CLINIC
30	984	1/1/1900	12/31/2299	PROFESSIONAL FEES/MEDICAL SOCIAL SERVICES
30	985	1/1/1900	12/31/2299	PROFESSIONAL FEE EKG
30	986	1/1/1900	12/31/2299	PROFESSIONAL FEES/EEG
30	988	1/1/1900	12/31/2299	PROFESSIONAL FEES/CONSULTATION

Table A-1.13 – Revenue Group 31 Table

Group Number	Code	Effective Date	End Date	Code Description
31	420	1/1/1990	12/31/2299	PHYSICAL THERAPY
31	421	1/1/1990	12/31/2299	PHYS THER/VISIT
31	422	1/1/1990	12/31/2299	PHYSICAL THERAPY/HOUR
31	423	1/1/1990	12/31/2299	PHYSICAL THERAPY/GROUP
31	424	1/1/1990	12/31/2299	PHYSICAL THERAPY/EVAL/RE-EVAL
31	429	1/1/1990	12/31/2299	PHYSICAL THERAPY/OTHER
31	430	1/1/1990	12/31/2299	OCCUPATIONAL THERAPY
31	431	1/1/1990	12/31/2299	OCCUPATIONAL THERAPY/VISIT
31	432	1/1/1990	12/31/2299	OCCUPATIONAL THERAPY/HOUR
31	433	1/1/1990	12/31/2299	OCCUPATIONAL THERAPY/GROUP
31	434	1/1/1990	12/31/2299	OCCUPATIONAL THERAPY/EVAL/RE-EVAL
31	439	1/1/1990	12/31/2299	OCCUPATIONAL THERAPY/OTHER
31	440	1/1/1990	12/31/2299	SPEECH PATHOLOGY
31	441	1/1/1990	12/31/2299	SPEECH PATHOLOGY/VISIT
31	442	1/1/1990	12/31/2299	SPEECH PATHOLOGY/HOUR
31	443	1/1/1990	12/31/2299	SPEECH PATHOLOGY/GROUP
31	444	1/1/1990	12/31/2299	SPEECH PATHOLOGY/EVAL/RE-EVAL
31	449	1/1/1990	12/31/2299	SPEECH PATHOLOGY/OTHER
31	551	1/1/1990	12/31/2299	SKILLED NURS/VISIT
31	552	1/1/1990	12/31/2299	RURAL HLTH-HOME
31	560	1/1/1990	12/31/2299	MEDICAL SOCIAL SERVICES
31	571	1/1/1990	12/31/2299	AIDE/HM HLTH/VISIT
31	572	1/1/1990	12/31/2299	AIDE/HM HLTH/HOUR

Table A-1.14 – Revenue Group 43 Table

Group Number	Code	Effective Date	End Date	Code Description
43	183	19970701	22991231	Hospice Rev Codes
43	185	19970701	22991231	Hospice Rev Codes
43	651	19970701	22991231	Hospice Rev Codes
43	653	19970701	22991231	Hospice Rev Codes
43	655	19970701	22991231	Hospice Rev Codes
43	656	19970701	22991231	Hospice Rev Codes
43	657	19970701	22991231	Hospice Rev Codes
43	659	19970701	22991231	Hospice Rev Codes

Table A-1.15 – Revenue Group 53 Table

Group Number	Code	Effective Date	End Date	Code Description
53	185	19900101	22991231	Hospital Leave Days

Table A-1.16 – Revenue Group 54 Table

Group Number	Code	Effective Date	End Date	Code Description
54	180	19900101	22991231	Therapeutic Leave Days
54	183	19900101	22991231	Therapeutic Leave Days

Table A-1.17 – Revenue Group 55 Table

Group Number	Code	Effective Date	End Date	Code Description
55	181	19900101	22991231	Non-covered Psych Leave Days
55	182	19900101	22991231	Non-covered Psych Leave Days
55	184	19900101	22991231	Non-covered Psych Leave Days
55	189	19900101	22991231	Non-covered Psych Leave Days

Section 2: Procedure Group

Table A-2.1 – Procedure Group 1 Table

Group Number	Code	Effective Date	End Date	Code Description
1	A0020	1/1/1900	12/31/2299	AMBULANCE SERVICE, (BLS)
1	A0021	1/1/1900	12/31/2299	AMBULANCE SERVICE, OUTSID
1	A0221	1/1/1900	12/31/2299	AMBULANCE SERVICE, (ALS)
1	A0380	1/1/1995	12/31/2299	BLS MILEAGE (PER MILE)
1	A0390	1/1/1995	12/31/2299	ALS MILEAGE (PER MILE)
1	Y9005	1/1/1900	12/31/2299	AMBULANCE MILEAGE THROUGH
1	Y9008	1/1/1900	12/31/2299	MILEAGE, UP THROUGH 99 MI

Table A-2.2 – Procedure Group 3 Table

Group Number	Code	Effective Date	End Date	Code Description
3	A0020	1/1/1900	12/31/2299	AMBULANCE SERVICE, (BLS)
3	A0021	1/1/1900	12/31/2299	AMBULANCE SERVICE, OUTSID
3	A0060	1/1/1900	12/31/2299	AMBULANCE SERVICE, WAITIN
3	A0070	1/1/1900	12/31/2299	AMBULANCE SERVICE, OXYGEN
3	A0221	1/1/1900	12/31/2299	AMBULANCE SERVICE, (ALS)
3	A0380	1/1/1995	12/31/2299	BLS MILEAGE (PER MILE)
3	A0390	1/1/1995	12/31/2299	ALS MILEAGE (PER MILE)
3	A0420	1/1/1995	12/31/2299	AMBU WAITING TIME(ALS OR
3	A0422	1/1/1995	12/31/2299	AMBU (ALS/BLS) OXY SUPPLI
3	X3030	1/1/1900	12/31/2299	COMMERCIAL AMBULATORY SER
3	X3034	1/1/1900	12/31/2299	TAXI, RATES NON-REGULATED
3	X3036	1/1/1900	12/31/2299	TAXI, RATES NON-REGULATED
3	X3038	1/1/1900	12/31/2299	NON-REGULATED TAXI; ACCOM
3	X3039	1/1/1900	12/31/2299	WHEELCHAIR/NON-AMBULATORY
3	Y9003	1/1/1900	12/31/2299	AMBULANCE SERVICE WAITING
3	Y9005	1/1/1900	12/31/2299	AMBULANCE MILEAGE THROUGH
3	Y9008	1/1/1900	12/31/2299	MILEAGE, UP THROUGH 99 MI
3	Y9009	1/1/1900	12/31/2299	WAITING TIME, ONE HALF Õ1
3	Y9014	1/1/1900	12/31/2299	RETURN MILEAGE FOR PATIEN
3	Y9103	1/1/1900	12/31/2299	AMBULANCE MILEAGE TO FREE
3	Y9105	1/1/1900	12/31/2299	AMBULANCE MILEAGE FROM FR
3	Y9805	1/1/1900	12/31/2299	AMBULANCE MILEAGE OVER 99
3	Y9806	1/1/1900	12/31/2299	MILEAGE, REMAINING OVER 9

Table A-2.3 – HCPCS Procedure Group 4 Table

Group Number	Code	Effective Date	End Date	Code Description
4	A0020	1/1/1900	12/31/2299	AMBULANCE SERVICE, (BLS)
4	A0021	1/1/1900	12/31/2299	AMBULANCE SERVICE, OUTSID
4	A0221	1/1/1900	12/31/2299	AMBULANCE SERVICE, (ALS)
4	A0380	1/1/1995	12/31/2299	BLS MILEAGE (PER MILE)
4	A0390	1/1/1995	12/31/2299	ALS MILEAGE (PER MILE)
4	Y9005	1/1/1900	12/31/2299	AMBULANCE MILEAGE THROUGH
4	Y9008	1/1/1900	12/31/2299	MILEAGE, UP THROUGH 99 MI
4	Y9805	1/1/1900	12/31/2299	AMBULANCE MILEAGE OVER 99
4	Y9806	1/1/1900	12/31/2299	MILEAGE, REMAINING OVER 9

Table A-2.4 – ICD-9 Procedure Group 4 Table

Group Number	Code	Effective Date	End Date	Code Description
4	6901	19900101	22991231	DIALAT/CURETT 4 TERMIN PREG
4	695	19900101	22991231	ASPIRATION CURETTAGE OF UTERUS
4	6951	19900101	22991231	ASPIR CURETT UTER 4 TERM PREG
4	6952	19900101	22991231	ASPIR CURETT FOLLOW DELIV
4	6959	19900101	22991231	ASPIR CURETT UTERUS NEC
4	6993	19900101	22991231	INSERTION OF LAMINARIA
4	749	19000101	19990913	CESAREAN SECTION NOS
4	7491	19900101	22991231	HYSTEROTOMY TO TERMINATE PREGNANCY THERAPEUTIC ABORTION BY HYSTEROTOMY
4	750	19900101	22991231	INTRA-AMNIOTIC INJECT 4 ABORT
4	9649	19900101	22991231	DIAGNOSTIC SERVICES

Table A-2.5 – Procedure Group 6 Table

Group Number	Code	Effective Date	End Date	Code Description
6	A0010	1/1/1900	12/31/2299	AMBULANCE SERVICE, BASIC
6	A0030	1/1/1900	12/31/2299	AMBULANCE SERVICE, CONVEN
6	A0040	1/1/1900	12/31/2299	AMBULANCE SERVICE, AIR, H
6	A0050	1/1/1900	12/31/2299	AMBULANCE SERVICE, EMERGE
6	A0100	1/1/1900	12/31/2299	NON-EMERGENCY TRANSPORTAT
6	A0110	1/1/1900	12/31/2299	NON-EMERGENCY TRANSPORTAT
6	A0120	1/1/1900	12/31/2299	NON EMERGENCY TRANS: MINI
6	A0130	1/1/1900	12/31/2299	NON-EMERGENCY TRANSPORTAT
6	A0140	1/1/1900	12/31/2299	NON-EMERGENCY TRANSPORTAT
6	A0150	1/1/1900	12/31/2299	NON-EMERGENCY TRANSPORTAT
6	A0220	1/1/1900	12/31/2299	AMBULANCE SERVICE, ADVANC
6	A0222	1/1/1900	12/31/2299	AMBULANCE SERVICE, RETURN
6	A0223	1/1/1900	12/31/2299	AMBULANCE SERVICE, ADVANC
6	A0225	1/1/1900	12/31/2299	AMBULANCE SERVICE, NEONAT
6	A0324	1/1/1995	12/31/2299	AMBU SERV ALS NON-EMER TR
6	A0326	1/1/1995	12/31/2299	AMBU SERV ALS, NON-EMER T
6	A0328	1/1/1995	12/31/2299	AMBU SERV, ALS, EMER TRAN
6	A0330	1/1/1995	12/31/2299	AMBU SERV, ALS, EMER TRAN
6	A0360	1/1/1995	12/31/2299	AMBU SERV, BLS, NON-EMER
6	A0362	1/1/1995	12/31/2299	AMBU SERV, BLS, EMER TRAN
6	A0999	1/1/1900	12/31/2299	UNLISTED AMBULANCE SERVIC
6	X3028	1/1/1900	12/31/2299	COMMERCIAL AMBULATORY SER
6	X3029	1/1/1900	12/31/2299	COMMERCIAL AMBULATORY SER
6	X3031	1/1/1900	12/31/2299	TAXI, RATES NON-REGULATED
6	X3032	1/1/1900	12/31/2299	TAXI, RATES NON-REGULATED
6	X3033	1/1/1900	12/31/2299	TAXI, RATES NON-REGULATED
6	X3035	1/1/1900	12/31/2299	TAXI, RATES NON-REGULATED
6	X3037	1/1/1900	12/31/2299	TAXI, RATES NON-REGULATED
6	Y9000	1/1/1900	12/31/2299	AMBULANCE SERVICE; LOADIN
6	Y9001	1/1/1900	12/31/2299	WHEELCHAIR/NON-AMBULATORY
6	Y9010	1/1/1900	12/31/2299	NON EMERGENCY TRANSPORTAT
6	Y9011	1/1/1900	12/31/2299	INTRA-STATE BUS TRANSPORT
6	Y9013	1/1/1900	12/31/2299	INTER-STATE BUS TRANSPORT
6	Y9043	1/1/1900	12/31/2299	ADVANCED LIFE SUPPORT (AL
6	Y9045	1/1/1900	12/31/2299	ALS TRIP PLUS MILEAGE OUT
6	Y9102	1/1/1900	12/31/2299	AMBULANCE SERVICE TO FREE

(Continued)

Table A-2.5 – Procedure Group 6 Table

Group Number	Code	Effective Date	End Date	Code Description
6	Y9104	1/1/1900	12/31/2299	AMBULANCE SERVICE FROM FR
6	Y9201	1/1/1900	12/31/2299	WHEELCHAIR/NON-AMBULATORY
6	Y9210	1/1/1900	12/31/2299	NON-REGULATED TAXI, MULTI

Table A-2.6 – Procedure Group 7 Table

Group Number	Code	Effective Date	End Date	Code Description
7	X3029	1/1/1900	12/31/2299	COMMERCIAL AMBULATORY SER
7	X3035	1/1/1900	12/31/2299	TAXI, RATES NON-REGULATED
7	X3037	1/1/1900	12/31/2299	TAXI, RATES NON-REGULATED
7	Y9201	1/1/1900	12/31/2299	WHEELCHAIR/NON-AMBULATORY
7	Y9210	1/1/1900	12/31/2299	NON-REGULATED TAXI, MULTI

Table A-2.7 – Procedure Group 9 Table

Group Number	Code	Effective Date	End Date	Code Description
9	A0060	1/1/1900	12/31/2299	AMBULANCE SERVICE, WAITIN
9	A0420	1/1/1995	12/31/2299	AMBU WAITING TIME(ALS OR
9	Y9009	1/1/1900	12/31/2299	WAITING TIME, ONE HALF Õ1

Table A-2.8 – Procedure Group 12 Table

Group Number	Code	Effective Date	End Date	Code Description
12	A0010	1/1/1900	12/31/2299	AMBULANCE SERVICE, BASIC
12	A0020	1/1/1900	12/31/2299	AMBULANCE SERVICE, (BLS)
12	A0021	1/1/1900	12/31/2299	AMBULANCE SERVICE, OUTSID
12	A0060	1/1/1900	12/31/2299	AMBULANCE SERVICE, WAITIN
12	A0070	1/1/1900	12/31/2299	AMBULANCE SERVICE, OXYGEN
12	A0100	1/1/1900	12/31/2299	NON-EMERGENCY TRANSPORTAT
12	A0110	1/1/1900	12/31/2299	NON-EMERGENCY TRANSPORTAT
12	A0120	1/1/1900	12/31/2299	NON EMERGENCY TRANS: MINI
12	A0130	1/1/1900	12/31/2299	NON-EMERGENCY TRANSPORTAT
12	A0150	1/1/1900	12/31/2299	NON-EMERGENCY TRANSPORTAT
12	A0220	1/1/1900	12/31/2299	AMBULANCE SERVICE, ADVANC
12	A0221	1/1/1900	12/31/2299	AMBULANCE SERVICE, (ALS)
12	A0222	1/1/1900	12/31/2299	AMBULANCE SERVICE, RETURN
12	A0223	1/1/1900	12/31/2299	AMBULANCE SERVICE, ADVANC
12	A0225	1/1/1900	12/31/2299	AMBULANCE SERVICE, NEONAT
12	A0324	1/1/1995	12/31/2299	AMBU SERV ALS NON-EMER TR
12	A0326	1/1/1995	12/31/2299	AMBU SERV ALS, NON-EMER T
12	A0328	1/1/1995	12/31/2299	AMBU SERV, ALS, EMER TRAN
12	A0330	1/1/1995	12/31/2299	AMBU SERV, ALS, EMER TRAN
12	A0380	1/1/1995	12/31/2299	BLS MILEAGE (PER MILE)
12	A0390	1/1/1995	12/31/2299	ALS MILEAGE (PER MILE)
12	A0420	1/1/1995	12/31/2299	AMBU WAITING TIME(ALS OR
12	A0422	1/1/1995	12/31/2299	AMBU (ALS/BLS) OXY SUPPLI
12	A0999	1/1/1900	12/31/2299	UNLISTED AMBULANCE SERVIC
12	X3028	1/1/1900	12/31/2299	COMMERCIAL AMBULATORY SER
12	X3029	1/1/1900	12/31/2299	COMMERCIAL AMBULATORY SER
12	X3030	1/1/1900	12/31/2299	COMMERCIAL AMBULATORY SER
12	X3038	1/1/1900	12/31/2299	NON-REGULATED TAXI; ACCOM
12	X3039	1/1/1900	12/31/2299	WHEELCHAIR/NON-AMBULATORY
12	Y9000	1/1/1900	12/31/2299	AMBULANCE SERVICE; LOADIN
12	Y9001	1/1/1900	12/31/2299	WHEELCHAIR/NON-AMBULATORY
12	Y9003	1/1/1900	12/31/2299	AMBULANCE SERVICE WAITING
12	Y9005	1/1/1900	12/31/2299	AMBULANCE MILEAGE THROUGH
12	Y9008	1/1/1900	12/31/2299	MILEAGE, UP THROUGH 99 MI
12	Y9009	1/1/1900	12/31/2299	WAITING TIME, ONE HALF Õ1
12	Y9010	1/1/1900	12/31/2299	NON EMERGENCY TRANSPORTAT

(Continued)

Table A-2.8 – Procedure Group 12 Table

Group Number	Code	Effective Date	End Date	Code Description
12	Y9045	1/1/1900	12/31/2299	ALS TRIP PLUS MILEAGE OUT
12	Y9201	1/1/1900	12/31/2299	WHEELCHAIR/NON-AMBULATORY
12	Y9210	1/1/1900	12/31/2299	NON-REGULATED TAXI, MULTI
12	Y9805	1/1/1900	12/31/2299	AMBULANCE MILEAGE OVER 99
12	Y9806	1/1/1900	12/31/2299	MILEAGE, REMAINING OVER 9

Table A-2.9 – Procedure Group 43 Table

Group Number	Code	Effective Date	End Date	Code Description
43	Z5615	1/1/1900	12/31/2299	AGED/DISABLED WAIVER-RESP
43	Z5616	1/1/1900	12/31/2299	AGED/DISABLED WAIVER-RESP

Table A-2.10 – Procedure Group 47 Table

Group Number	Code	Effective Date	End Date	Code Description
47	Z5490	1/1/1990	12/31/2299	CARE COORDINATION-TRANSPO
47	Z5590	1/1/1990	12/31/2299	CARE COORDINATION-TRANSPO
47	Z5690	1/1/1990	12/31/2299	CARE COORDINATION-TRANSPO
47	Z5900	1/1/1990	12/31/2299	CARE COORDINATION-INITIAL
47	Z5901	1/1/1990	12/31/2299	CARE COORDINATION-REASSES

Table A-2.11 – Procedure Group 50 Table

Group Number	Code	Effective Date	End Date	Code Description
50	W9082	1/1/1900	12/31/2299	GROUP TRAINING IN ADL
50	X3040	1/1/1900	12/31/2299	OUTPATIENT DIAGNOSTIC ASS
50	X3041	1/1/1900	12/31/2299	OUTPATIENT PREHOSPITALIZA
50	X3042	1/1/1900	12/31/2299	INDIVIDUAL COUNSELING PSY
50	X3043	1/1/1900	12/31/2299	CONJOINT COUNSELING/PSYCH
50	X3044	1/1/1900	12/31/2299	FAMILY COUNSELING/PSYCHOT
50	X3045	1/1/1900	12/31/2299	GROUP-COUNSELING/PSYCHOTH
50	X3046	1/1/1900	12/31/2299	CRISIS INTERVENTION
50	X3047	1/1/1900	12/31/2299	MEDICATION/SOMATIC TREATM
50	X3048	1/1/1900	12/31/2299	TRAINING IN ACTIVITIES OF
50	X3049	1/1/1900	12/31/2299	PARTIAL HOSPITALIZATION S
50	X3050	1/1/1900	12/31/2299	CASE MANAGEMENT SERVICES

Table A-2.12 – Procedure Group 57 Table

Group Number	Code	Effective Date	End Date	Code Description
57	59100	1/1/1900	7/20/1999	HYSTEROTOMY, ABDOMINAL (E
57	59200	1/1/1900	12/31/2299	INSERTION OF HYGROSCOPIC
57	59812	1/1/1900	7/20/1999	TREATMENT OF SPONTANEOUS
57	59820	1/1/1900	1/1/1900	TREATMENT OF MISSED ABORT
57	59830	1/1/1900	7/20/1999	TREATMENT OF SEPTIC ABORT
57	59840	1/1/1900	12/31/2299	INDUCED ABORTION, BY DILA
57	59841	1/1/1900	12/31/2299	INDUCED ABORTION, BY DILA
57	59850	7/20/1999	12/31/2299	INDUCED ABORTION, BY MORE
57	59851	1/1/1900	12/31/2299	INDUCED ABORTION, BY ONE
57	59852	7/20/1999	12/31/2299	INDUCED AB., BY ONE OR MO
57	59855	7/20/1999	12/31/2299	ABORTION
57	59856	7/20/1999	12/31/2299	ABORTION
57	59857	7/20/1999	12/31/2299	ABORTION

Table A-2.13 – Procedure Group 58 Table

Group Number	Code	Effective Date	End Date	Code Description
58	56308	1/1/1900	12/31/2299	LAPAROSCOPY, SURGICAL WIT
58	58150	1/2/1900	12/31/2299	TOTAL HYSTERECTOMY(CORPUS
58	58152	1/1/1900	12/31/2299	TOTAL HYST. (CORPUS AND C
58	58180	1/1/1900	12/31/2299	SUPRACERVICAL HYSTERECTOM
58	58200	1/1/1900	12/31/2299	TOTAL HYSTERECTOMY, INCLU
58	58210	1/1/1900	12/31/2299	RADICAL HYSTERECTOMY, WIT
58	58240	1/1/1900	12/31/2299	PELVIC EXENTERATION FOR G
58	58260	1/1/1900	12/31/2299	VAGINAL HYSTERECTOMY;
58	58262	1/1/1900	12/31/2299	VAGINAL HYSTERECTOMY
58	58263	1/1/1900	12/31/2299	VAGINAL HYSTERECTOMY
58	58267	1/1/1900	12/31/2299	VAGINAL HYSTERECTOMY; WIT
58	58270	1/1/1900	12/31/2299	VAGINAL HYSTERECTOMY; WIT
58	58275	1/1/1900	12/31/2299	VAGINAL HYSTERECTOMY, WIT
58	58280	1/1/1900	12/31/2299	VAGINAL HYSTERECTOMY, WIT
58	58285	1/1/1900	12/31/2299	VAGINAL HYSTERECTOMY, RAD
58	58951	1/1/1900	12/31/2299	RESECTION OF OVARIAN MAL.
58	59525	1/1/1900	12/31/2299	SUBTOTAL OR TOTAL HYSTERE

Table A-2.14 – Procedure Group 59 Table

Group Number	Code	Effective Date	End Date	Code Description
59	55250	1/1/1900	12/31/2299	VASECTOMY, UNILATERAL OR
59	55450	1/1/1900	12/31/2299	LIGATION (PERCUTANEOUS) O
59	56301	1/1/1900	12/31/2299	LAPARSCOPY, SURGICAL WITH
59	56302	1/1/1900	12/31/2299	LAPAROSCOPY, SURGICAL WIT
59	58550	1/1/2000	12/31/2299	LAPARO-ASST VAG HYSTERECT
59	58600	1/1/1900	12/31/2299	LIGATION OR TRANSECTION O
59	58605	1/1/1900	12/31/2299	LIGATION OR TRANSECTION O
59	58611	1/1/1900	12/31/2299	LIGATION OR TRANSECTION O
59	58615	1/1/1900	12/31/2299	OCCLUSION OF FALLOPIAN TU
59	58661	1/1/2000	12/31/2299	LAPAROSCOPY, REMOVE ADNEX
59	58670	1/1/2000	12/31/2299	LAPAROSCOPY, TUBAL CAUTER
59	58671	1/1/2000	12/31/2299	LAPAROSCOPY, TUBAL BLOCK
59	58982	1/1/1900	12/31/2299	LAPAROSCOPY FOR VISUALIZA
59	58983	1/1/1900	12/31/2299	LAPAROSCOPY, SURGICAL; WI

Table A-2.15 – Procedure Group 60 Table

Group Number	Code	Effective Date	End Date	Code Description
60	36415	1/1/1900	12/31/2299	ROUTINE VEINPUNCTURE FOR

Table A-2.16 – Procedure Group 61 Table

Group Number	Code	Effective Date	End Date	Code Description
61	86580	1/1/1900	12/31/2299	SKIN TEST; TUBERCULOSIS,
61	86585	1/1/1900	12/31/2299	SKIN TEST; TUBERCULOSIS,

Table A-2.17 – Procedure Group 62 Table

Group Number	Code	Effective Date	End Date	Code Description
62	99381	1/1/1900	12/31/2299	INITIAL EVALUATION/MANAGE
62	99382	1/1/1900	12/31/2299	INITIAL EVALUATION/MANAGE
62	99383	1/1/1900	12/31/2299	INITIAL EVALUATION/MANAGE
62	99384	1/1/1900	12/31/2299	INITIAL EVALUATION/MANAGE
62	99385	1/1/1900	12/31/2299	INITIAL EVALUATION/MANAGE

Table A-2.18 – Procedure Group 63 Table

Group Number	Code	Effective Date	End Date	Code Description
63	99391	1/1/1900	12/31/2299	PERIODIC REVALUATION/MANA
63	99392	1/1/1900	12/31/2299	PERIODIC REVALUATION/MANA
63	99393	1/1/1900	12/31/2299	PERIODIC REVALUATION/MANA
63	99394	1/1/1900	12/31/2299	PERIODIC REVALUATION/MANA
63	99395	1/1/1900	12/31/2299	PERIODIC REVALUATION/MANA

Table A-2.19 – Procedure Group 64 Table

Group Number	Code	Effective Date	End Date	Code Description
64	86592	1/1/1900	12/31/2299	SYPHILIS TEST; QUALITATIV
64	87076	1/1/1900	12/31/2299	DEFINITIVE IDENTIFICATION
64	88150	1/1/1900	12/31/2299	CYTOPATHOLOGY, SMEARS, CE

Table A-2.20 – Procedure Group 66 Table

Group Number	Code	Effective Date	End Date	Code Description
66	72010	9/4/1992	12/31/2299	RADIOLOGIC EXAMINATION, S
66	72020	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, S
66	72040	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, S
66	72050	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, S
66	72052	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION,SP
66	72069	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, S
66	72070	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, S
66	72072	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION,SP
66	72074	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, S
66	72080	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, S
66	72090	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, S
66	72100	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, S
66	72110	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, S
66	72114	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, S
66	72120	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, S
66	72170	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, P
66	72190	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, P
66	72200	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, S
66	72202	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, S
66	72220	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, S
66	73000	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION; C
66	73010	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION; S
66	73030	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, S
66	73040	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, S
66	73050	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION,
66	73060	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION; H
66	73070	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, E
66	73080	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, E
66	73085	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, E
66	73090	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION; F
66	73100	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, W
66	73110	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, W
66	73115	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, W
66	73120	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, H
66	73130	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, H
66	73140	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, F

(Continued)

Table A-2.20 – Procedure Group 66 Table

Group Number	Code	Effective Date	End Date	Code Description
66	73500	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, H
66	73510	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, H
66	73520	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION,HI
66	73530	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, H
66	73540	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, P
66	73550	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, F
66	73560	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, K
66	73562	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, K
66	73564	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION,KN
66	73565	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, K
66	73580	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, K
66	73590	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION; T
66	73592	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION; L
66	73600	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, A
66	73610	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, A
66	73615	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, A
66	73620	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, F
66	73630	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION, F
66	73650	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION; C
66	73660	1/1/1900	12/31/2299	RADIOLOGIC EXAMINATION; T
66	76066	1/1/1900	12/31/2299	JOINT SURVEY, SINGLE VIEW

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	36415	1/1/1900	12/31/2299	ROUTINE VEINPUNCTURE FOR
67	80002	1/1/1900	12/31/2299	AUTOMATED MULTICHANNEL TE
67	80003	1/1/1900	12/31/2299	3 CLINICAL CHEMISTRY TEST
67	80004	1/1/1900	12/31/2299	4 CLINICAL CHEMISTRY TEST
67	80005	1/1/1900	12/31/2299	5 CLINICAL CHEMISTRY TEST
67	80006	1/1/1900	12/31/2299	6 CLINICAL CHEMISTRY TEST
67	80007	1/1/1900	12/31/2299	7 CLINICAL CHEMISTRY TEST
67	80008	1/1/1900	12/31/2299	8 CLINICAL CHEMISTRY TEST
67	80009	1/1/1900	12/31/2299	9 CLINICAL CHEMISTRY TEST
67	80010	1/10/1900	12/31/2299	TEN CLINICAL CHEMSITRY TE
67	80011	1/1/1900	12/31/2299	ELEVEN CLINICAL CHEMISTRY
67	80012	1/1/1900	12/31/2299	12 CLINICAL CHEMISTRY TES
67	80016	1/1/1900	12/31/2299	13-16 CLINICAL CHEMISTRY
67	80018	1/1/1900	12/31/2299	17-18 CLINICAL CHEMISTRY
67	80019	1/1/1900	12/31/2299	19 OR MORE CLINICAL CHEMI
67	80050	1/1/1900	12/31/2299	GENERAL HEALTH SCREEN PAN
67	80055	1/1/1900	12/31/2299	OBSTETRIC PROFILE
67	80058	1/1/1900	12/31/2299	HEPATIC FUNCTION PANEL
67	80059	1/1/1900	12/31/2299	HEPATITIS PANEL
67	80061	1/1/1900	12/31/2299	LIPID PROFILE
67	80072	1/1/1900	12/31/2299	ARTHRITIS PANEL
67	80090	1/1/1900	12/31/2299	ANTIBODY PANEL (EG, TORCH
67	80091	1/1/1900	12/31/2299	THYROID PANEL;
67	80092	1/1/1900	12/31/2299	THYROID PANEL; WITH THYRO
67	80100	1/1/1900	12/31/2299	DRUG SCREEN; MULTIPLE DRU
67	80101	1/1/1900	12/31/2299	SINGLE DRUG CLASS, EACH P
67	80102	1/1/1900	12/31/2299	DRUG, CONFIRMATION, EACH
67	80103	1/1/1900	12/31/2299	TISSUE PREPARATION FOR DR
67	80150	1/1/1900	12/31/2299	AMIKACIN
67	80152	1/1/1900	12/31/2299	AMITRIPTYLINE
67	80154	1/1/1900	12/31/2299	BENZODIAZEPINES
67	80156	1/1/1900	12/31/2299	CARBAMAZEPINE
67	80158	1/1/1900	12/31/2299	CYCLOSPORINE
67	80160	1/1/1900	12/31/2299	DESIPRAMINE
67	80162	1/1/1900	12/31/2299	DIGOXIN
67	80164	1/1/1900	12/31/2299	DIRCPYLACETIC ACID

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	80166	1/1/1900	12/31/2299	DOXIPIN
67	80168	1/1/1900	12/31/2299	ETHOSUXIMIDE
67	80170	1/1/1900	12/31/2299	GEDTAMICIN
67	80172	1/1/1900	12/31/2299	GOLD
67	80174	1/1/1900	12/31/2299	IMIPRAMINE
67	80176	1/1/1900	12/31/2299	LIDOCAINE
67	80178	1/1/1900	12/31/2299	LITHIUM
67	80182	1/1/1900	12/31/2299	NORTRIPTYLINE
67	80184	1/1/1900	12/31/2299	PHENOBARBITAL
67	80185	1/1/1900	12/31/2299	PHENYTOID TOTAL
67	80186	1/1/1900	12/31/2299	PHENYTOIN;FREE
67	80188	1/1/1900	12/31/2299	PRIMIDOVE
67	80190	1/1/1900	12/31/2299	PROCAINAMIDE
67	80192	1/1/1900	12/31/2299	WITH METABOLITES
67	80194	1/1/1900	12/31/2299	QUNINIDINE
67	80196	1/1/1900	12/31/2299	SALICYLATE
67	80198	1/1/1900	12/31/2299	THEOPHYLLINE
67	80200	1/1/1900	12/31/2299	TOBRAMTCIN
67	80299	1/1/1900	12/31/2299	QUANTITATION OF DRUG NOC
67	80400	1/1/1900	12/31/2299	ACTH STIMULATION PANEL; F
67	80402	1/1/1900	12/31/2299	ACTH STIMULATION PANEL; F
67	80406	1/1/1900	12/31/2299	ACTH STIMULATION PANEL; F
67	80408	1/1/1900	12/31/2299	ALDOSTERONE SUPPRESSION E
67	80412	1/1/1900	12/31/2299	CORTICOTROPIC RELEASING H
67	80418	1/1/1900	12/31/2299	COMBINED RAPID ANTERIOR P
67	80420	1/1/1900	12/31/2299	DEXAMETHASOME SUPPRESSION
67	80422	1/1/1900	12/31/2299	GLUCAGON TOLERANCE PANEL;
67	80426	1/1/1900	12/31/2299	GONADOTROPIN RELEASING HO
67	80430	1/1/1900	12/31/2299	GROWTH HORMONE SUPPRESSIO
67	80432	1/1/1900	12/31/2299	INSULIN-INDUCED C-PEPTIDE
67	80434	1/1/1900	12/31/2299	INSULIN TOLERANCE PANEL;
67	80435	1/1/1900	12/31/2299	INSULIN TOLERANCE PANEL;
67	80500	1/1/1900	12/31/2299	CLINICAL PATHOLOGY CONSUL
67	80502	1/1/1900	12/31/2299	CLINICAL PATHOLOGY CONSUL
67	81000	1/1/1900	12/31/2299	URINALYSIS (PH, SPECIFIC
67	81001	1/1/1996	12/31/2299	URINALYSIS AUTO W/SCOPE
67	81002	1/1/1900	12/31/2299	URINALYSIS (PH, SPECIFIC

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	81003	1/1/1900	12/31/2299	URINALYSIS WITHOUT MICROS
67	81005	1/1/1900	12/31/2299	URINALYSIS; CHEMICAL, QUA
67	81007	1/1/1900	12/31/2299	URINALYSIS; BACTERIURIA S
67	81015	1/1/1900	12/31/2299	URINALYSIS; MICROSCOPIC O
67	81025	1/1/1900	12/31/2299	URINE PREGNANCY TEST, BY
67	81050	1/1/1900	12/31/2299	VOLUME MEASUREMENT FOR TI
67	81099	1/1/1900	12/31/2299	UNLISTED URINALYSIS PROCE
67	82000	1/1/1900	12/31/2299	ACETALDEHYDE, BLOOD
67	82003	1/1/1900	12/31/2299	ACETAMINOPHEN, URINE
67	82010	1/1/1900	12/31/2299	ACETONE; QUANTITATIVE
67	82013	1/1/1900	12/31/2299	ACETYLCHOLINESTERASE
67	82015	1/1/1900	12/31/2299	ACIDITY, TITRATABLE, URIN
67	82024	1/1/1900	12/31/2299	ADRENOCORTICOTROPHIC HORM
67	82030	1/1/1900	12/31/2299	ADENOSINE; 5'-DIPHOSPHATE
67	82040	1/1/1900	12/31/2299	ALBUMIN; SERUM
67	82042	1/1/1900	12/31/2299	ALBUMIN; URINE, QUANTITAT
67	82043	1/1/1900	12/31/2299	URINE, MICROALBUMIN, QUAN
67	82044	1/1/1900	12/31/2299	URINE, MICROALBUMIN, SEMI
67	82055	1/1/1900	12/31/2299	ALCOHOL (ETHANOL), BLOOD;
67	82075	1/1/1900	12/31/2299	ALCOHOL (ETHANOL), BREATH
67	82085	1/1/1900	12/31/2299	ALDOLASE, BLOOD; KINETIC
67	82088	1/1/1900	12/31/2299	ALDOSTERONE; RIA BLOOD
67	82091	1/1/1900	12/31/2299	ALDOSTERONE; SALINE INFUS
67	82101	1/1/1900	12/31/2299	ALKALOIDS, URINE; QUANTIT
67	82103	1/1/1900	12/31/2299	ALPHA-1-ANTITRYPSIN; TOTA
67	82104	1/1/1900	12/31/2299	ALPHA-1-ANTITRYPSIN; PHEN
67	82105	1/1/1900	12/31/2299	APLPH-FETOPROTEIN; SERUM
67	82106	1/1/1900	12/31/2299	AMNIOTIC FLUID
67	82108	1/1/1900	12/31/2299	ALUMINUM, BLOOD (SERUM)
67	82128	1/1/1900	12/31/2299	AMINO ACIDS, QUALITATIVE
67	82130	1/1/1900	12/31/2299	AMINO ACIDS, URINE OR PLA
67	82131	1/1/1900	12/31/2299	AMNIO ACIDS, FRACTIONATIO
67	82135	1/1/1900	12/31/2299	AMINOLEVULINIC ACID, DELT
67	82140	1/1/1900	12/31/2299	AMMONIA; BLOOD
67	82143	1/1/1900	12/31/2299	AMNIOTIC FLUID SCAN (SPEC
67	82145	1/1/1900	12/31/2299	AMPHETAM INE OR METHAMPHET
67	82150	1/1/1900	12/31/2299	AMYLASE, SERUM;

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	82154	1/1/1900	12/31/2299	ANDROSTANEDIOL GLUCURONID
67	82157	1/1/1900	12/31/2299	ANDROSTENEDIONE RIA
67	82160	1/1/1900	12/31/2299	ANDROSTERONE; RIA
67	82163	1/1/1900	12/31/2299	ANGIOTENSIN II, RIA
67	82164	1/1/1900	12/31/2299	ANGIOTENSIN-CONVERTING EN
67	82172	1/1/1900	12/31/2299	APOLIPOPROTEIN, IMMUNOASS
67	82173	1/1/1900	12/31/2299	ARGININE TOLERANCE TEST
67	82175	1/1/1900	12/31/2299	ARSENIC, BLOOD, URINE, GA
67	82180	1/1/1900	12/31/2299	ASCORBIC ACID (VITAMIN C)
67	82190	1/1/1900	12/31/2299	ATOMIC ABSORPTION SPECTRO
67	82205	1/1/1900	12/31/2299	BARBITURATES; QUANTITATIV
67	82232	1/1/1900	12/31/2299	BETA-2 MICROGLOBULIN, RIA
67	82239	1/1/1900	12/31/2299	BILE ACIDS; TOTAL
67	82240	1/1/1900	12/31/2299	BILE ACIDS, BLOOD, FRACTI
67	82250	1/1/1900	12/31/2299	BILIRUBIN; BLOOD, TOTAL O
67	82251	1/1/1900	12/31/2299	BILIRUBIN; BLOOD, TOTAL A
67	82252	1/1/1900	12/31/2299	BILIRUBIN; FECES, QUALITA
67	82270	1/1/1900	12/31/2299	BLOOD; OCCULT, FECES, SCR
67	82273	1/1/1900	12/31/2299	BLOOD; DUODENAL, GASTRIC
67	82286	1/1/1900	12/31/2299	BRADYKININ
67	82300	1/1/1900	12/31/2299	CADMIUM, URINE
67	82306	1/1/1900	12/31/2299	CALCIFEDIOL (25-OH VITAMI
67	82307	1/1/1900	12/31/2299	CALCIFEROL (VITAMIN D), R
67	82308	1/1/1900	12/31/2299	CALCITONIN, RIA
67	82310	1/1/1900	12/31/2299	CALCIUM, BLOOD; CHEMICAL
67	82330	1/1/1900	12/31/2299	CALCIUM, BLOOD; FRACTIONA
67	82331	1/1/1900	12/31/2299	CALCIUM, BLOOD; AFTER CAL
67	82340	1/1/1900	12/31/2299	CALCIUM, URINE; QUANTITAT
67	82355	1/1/1900	12/31/2299	CALCULUS (STONE), QUALITA
67	82360	1/1/1900	12/31/2299	CALCULUS (STONE), QUANTIT
67	82365	1/1/1900	12/31/2299	CALCULUS (STONE), QUANTIT
67	82370	1/1/1900	12/31/2299	CALCULUS (STONE), QUANTIT
67	82374	1/1/1900	12/31/2299	CARBON DIOXIDE, COMBINING
67	82375	1/1/1900	12/31/2299	CARBON MONOXIDE, (CARBOXY
67	82376	1/1/1900	12/31/2299	CARBON MONOXIDE, (CARBOXY
67	82378	1/1/1900	12/31/2299	CARCINOEMBRYONIC ANTIGEN
67	82380	1/1/1900	12/31/2299	CAROTENE, BLOOD

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	82382	1/1/1900	12/31/2299	CATECHOLAMINES (DOPAMINE,
67	82383	1/1/1900	12/31/2299	CATECHOLAMINES (DOPAMINE,
67	82384	1/1/1900	12/31/2299	CATECHOLAMINES (DOPAMINE,
67	82387	1/1/1900	12/31/2299	CATHEPSIN-D
67	82390	1/1/1900	12/31/2299	CERULOPLASMIN CHEMICAL (C
67	82397	1/1/1900	12/31/2299	CHEMILUMINESCENT ASSAY
67	82415	1/1/1900	12/31/2299	CHLORAMPHENICOL, BLOOD
67	82435	1/1/1900	12/31/2299	CHLORIDES; BLOOD (SPECIFY
67	82436	1/1/1900	12/31/2299	CHLORIDES; URINE (SPECIFY
67	82438	1/1/1900	12/31/2299	CHLORIDES; SPINAL FLUID
67	82441	1/1/1900	12/31/2299	CHLORINATED HYDROCARBONS,
67	82465	1/1/1900	12/31/2299	CHOLESTEROL, SERUM; TOTAL
67	82480	1/1/1900	12/31/2299	CHOLINESTERASE; SERUM
67	82482	1/1/1900	12/31/2299	CHOLINESTERASE; RBC
67	82485	1/1/1900	12/31/2299	CHONDROITIN B SULFATE, QU
67	82486	1/1/1900	12/31/2299	CHROMATOGRAPHY; GAS-LIQUI
67	82487	1/1/1900	12/31/2299	CHROMATOGRAPHY; PAPER, 1-
67	82488	1/1/1900	12/31/2299	CHROMATOGRAPHY; PAPER, 2-
67	82489	1/1/1900	12/31/2299	CHROMATOGRAPHY; THIN LAYE
67	82491	1/1/1900	12/31/2299	CHROMOTOGRAPHY, QUANTITAT
67	82495	1/1/1900	12/31/2299	CHROMIUM; URINE
67	82507	1/1/1900	12/31/2299	CITRIC
67	82520	1/1/1900	12/31/2299	COCAINE, QUANTITATIVE
67	82525	1/1/1900	12/31/2299	COPPER; BLOOD
67	82528	1/1/1900	12/31/2299	CORTICOSTERONE, RIA
67	82530	1/1/1900	12/31/2299	CORTISOL; FREE
67	82533	1/1/1900	12/31/2299	CORTISOL; RIA, PLASMA
67	82550	1/1/1900	12/31/2299	CREATINE PHOSPHOKINASE (C
67	82552	1/1/1900	12/31/2299	CREATINE PHOSPHOKINASE (C
67	82553	1/1/1900	12/31/2299	MB FRACTION ONLY
67	82554	1/1/1900	12/31/2299	ISOFORMS
67	82565	1/1/1900	12/31/2299	CREATININE; BLOOD
67	82570	1/1/1900	12/31/2299	CREATININE; URINE
67	82575	1/1/1900	12/31/2299	CREATININE; CLEARANCE
67	82585	1/1/1900	12/31/2299	CRYOFIBRINOGEN, BLOOD
67	82595	1/1/1900	12/31/2299	CRYOGLOBULIN, BLOOD
67	82600	1/1/1900	12/31/2299	CYANIDE; BLOOD

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	82601	1/1/1900	12/31/2299	CYANIDE; TISSUE
67	82606	1/1/1900	12/31/2299	CYANOCOBALAMIN (VITAMIN B
67	82607	1/1/1900	12/31/2299	CYANOCOBALAMIN (VITAMIN B
67	82608	1/1/1900	12/31/2299	CYANOCOBALAMIN; UNSATURAT
67	82615	1/1/1900	12/31/2299	CYSTINE AND HOMOCYSTINE,
67	82626	1/1/1900	12/31/2299	DEHYDROEPIANDROSTERONE, (
67	82627	1/1/1900	12/31/2299	DEHYDROEPIANDROSTERONE-SU
67	82633	1/1/1900	12/31/2299	DESOXYCORTICOSTERONE, 11-
67	82634	1/1/1900	12/31/2299	DESOXYCORTISOL, 11-(COMPO
67	82638	1/1/1900	12/31/2299	DIBUCAINE NUMBER
67	82646	1/1/1900	12/31/2299	DIHYDROCODINONE
67	82649	1/1/1900	12/31/2299	DIHYDROMORPHINONE, QUANTI
67	82651	1/1/1900	12/31/2299	DIHYDROTESTOSTERONE (DHT)
67	82652	1/1/1900	12/31/2299	DIHYDROXYVITAMIN D, 1, 25
67	82654	1/1/1900	12/31/2299	DIMETHADIONE
67	82664	1/1/1900	12/31/2299	ELECTROPHORETIC TECHNIQUE
67	82666	1/1/1900	12/31/2299	EPIANDROSTERONE
67	82668	1/1/1900	12/31/2299	ERYTHROPOIETIN, BIOASSAY
67	82670	1/1/1900	12/31/2299	ESTRADIOL, RIA (PLACENTAL
67	82671	1/1/1900	12/31/2299	ESTROGENS; FRACTIONATED
67	82672	1/1/1900	12/31/2299	ESTROGENS; TOTAL
67	82677	1/1/1900	12/31/2299	ESTRIOL, NONPREGNANCY; RI
67	82679	1/1/1900	12/31/2299	ESTRONE; RIA
67	82690	1/1/1900	12/31/2299	ETHCHLORVYNOL; BLOOD
67	82693	1/1/1900	12/31/2299	ETHYLENE GLYCOL
67	82696	1/1/1900	12/31/2299	ETIOCHOLANOLONE, RIA
67	82705	1/1/1900	12/31/2299	FAT OR LIPIDS, FECES; SCR
67	82710	1/1/1900	12/31/2299	FAT OR LIPIDS, FECES; QUA
67	82715	1/1/1900	12/31/2299	FAT DIFFERENTIAL, FECES,
67	82725	1/1/1900	12/31/2299	FATTY ACIDS, BLOOD; NONES
67	82728	1/1/1900	12/31/2299	FERRITIN, SPECIFY METHOD
67	82735	1/1/1900	12/31/2299	FLUORIDE; BLOOD
67	82742	1/1/1900	12/31/2299	FLURAZEPAM
67	82746	1/1/1900	12/31/2299	FOLIC ACID (FOLATE), BLOO
67	82747	1/1/1900	12/31/2299	FOLIC ACID; RBC
67	82757	1/1/1900	12/31/2299	FRUCTOSE, SEMEN
67	82759	1/1/1900	12/31/2299	GALACTOKINASE, RBC

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	82760	1/1/1900	12/31/2299	GALACTOSE; BLOOD
67	82775	1/1/1900	12/31/2299	GALACTOSE-1-PHOSPHATE URI
67	82776	1/1/1900	12/31/2299	GALACTOSE-1-PHOSPHATE URI
67	82784	1/1/1900	12/31/2299	GAMMAGLOBULIN, A, D, G, M
67	82785	1/1/1900	12/31/2299	GAMMAGLOBULIN, E, (EG, EI
67	82787	1/1/1900	12/31/2299	IMMUNOGLOBULIN SUBCLASSES
67	82792	1/1/1900	12/31/2299	GASES, BLOOD, OXYGEN SATU
67	82800	1/1/1900	12/31/2299	GASES, BLOOD; PH ONLY
67	82803	1/1/1900	12/31/2299	GASES, BLOOD; PH, PCO2, P
67	82812	1/1/1900	12/31/2299	GASES, BLOOD; PO2 BY MANO
67	82817	1/1/1900	12/31/2299	GASES, BLOOD; PH, PCO2 BY
67	82820	1/1/1900	12/31/2299	HEMOGLOBIN-OXYGEN AFFINIT
67	82926	1/1/1900	12/31/2299	GASTRIC ACID, FREE AND TO
67	82927	1/1/1900	12/31/2299	GASTRIC ACID, FREE AND TO
67	82928	1/1/1900	12/31/2299	GASTRIC ACID, FREE OR TOT
67	82932	1/1/1900	12/31/2299	GASTRIC ACID, PH TITRATIO
67	82938	1/1/1900	12/31/2299	GASTRIN (SERUM) AFTER SEC
67	82941	1/1/1900	12/31/2299	GASTRIN, RIA
67	82943	1/1/1900	12/31/2299	GLUCAGON, RIA
67	82946	1/1/1900	12/31/2299	GLUCAGON TOLERANCE TEST
67	82947	1/1/1900	12/31/2299	GLUCOSE; EXCEPT URINE (EG
67	82948	1/1/1900	12/31/2299	GLUCOSE; BLOOD, STICK TES
67	82950	1/1/1900	12/31/2299	GLUCOSE; POST GLUCOSE DOS
67	82951	1/1/1900	12/31/2299	GLUCOSE; TOLERANCE TEST (
67	82952	1/1/1900	12/31/2299	GLUCOSE; TOLERANCE TEST,
67	82953	1/1/1900	12/31/2299	GLUCOSE; TOLBUTAMIDE TOLE
67	82955	1/1/1900	12/31/2299	GLUCOSE-6-PHOSPHATE DEHYD
67	82960	1/1/1900	12/31/2299	GLUCOSE-6-PHOSPHATE DEHYD
67	82963	1/1/1900	12/31/2299	GLUCOSIDASE, BETA
67	82965	1/1/1900	12/31/2299	GLUTAMATE DEHYDROGENASE,
67	82975	1/1/1900	12/31/2299	GLUTAMINE (GLUTAMIC ACID
67	82977	1/1/1900	12/31/2299	GLUTAMYL TRANSPEPTIDASE,
67	82978	1/1/1900	12/31/2299	GLUTATHIONE
67	82979	1/1/1900	12/31/2299	GLUTATHIONE REDUCTASE, RB
67	82980	1/1/1900	12/31/2299	GLUTETHIMIDE
67	82985	1/1/1900	12/31/2299	GLYCOPROTEIN, ELECTROPHOR
67	83001	1/1/1900	12/31/2299	GONADOTROPIN, PIT UITARY F

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	83003	1/1/1900	12/31/2299	GROWTH HORMONE (HGH), (SO
67	83008	1/1/1900	12/31/2299	GUANOSINE MONOPHOSPHATE,
67	83010	1/1/1900	12/31/2299	HAPTOGLOBIN; CHEMICAL
67	83012	1/1/1900	12/31/2299	HAPTOGLOBIN; PHENOTYPES,
67	83015	1/1/1900	12/31/2299	HEAVY METAL SCREEN (ARSEN
67	83018	1/1/1900	12/31/2299	HEAVY METAL SCREEN (ARSEN
67	83020	1/1/1900	12/31/2299	HEMOGLOBIN; ELECTROPHORES
67	83026	1/1/1900	12/31/2299	HEMOGLOBIN; BY COPPER SUL
67	83030	1/1/1900	12/31/2299	HEMOGLOBIN; F(FETAL), CHE
67	83033	1/1/1900	12/31/2299	HEMOGLOBIN; F(FETAL), QUA
67	83036	1/1/1900	12/31/2299	HEMOGLOBIN; GLYCOSYLATED
67	83045	1/1/1900	12/31/2299	HEMOGLOBIN; METHEMOGLOBIN
67	83050	1/1/1900	12/31/2299	HEMOGLOBIN; METHEMOGLOBIN
67	83051	1/1/1900	12/31/2299	HEMOGLOBIN; PLASMA
67	83055	1/1/1900	12/31/2299	HEMOGLOBIN; SULFHEMOGLOBI
67	83060	1/1/1900	12/31/2299	HEMOGLOBIN; SULFHEMOGLOBI
67	83065	1/1/1900	12/31/2299	HEMOGLOBIN; THERMOLABILE
67	83068	1/1/1900	12/31/2299	HEMOGLOBIN; UNSTABLE, SCR
67	83069	1/1/1900	12/31/2299	HEMOGLOBIN; URINE
67	83070	1/1/1900	12/31/2299	HEMOSIDERIN, URINE
67	83071	1/1/1900	12/31/2299	HEMOSIDERIN, RIA
67	83088	1/1/1900	12/31/2299	HISTAMINE
67	83150	1/1/1900	12/31/2299	HOMOVANILLIC ACID (HVA),
67	83491	1/1/1900	12/31/2299	HYDROXYCORTICOSTEROIDS, 1
67	83497	1/1/1900	12/31/2299	HYDROXYINDOLACETIC ACID,
67	83498	1/1/1900	12/31/2299	HYDROXYPROGESTERONE, 17-D
67	83499	1/1/1900	12/31/2299	HYDROXYPROGESTERONE, 20-
67	83500	1/1/1900	12/31/2299	HYDROXYPROLINE, URINE; FR
67	83505	1/1/1900	12/31/2299	HYDROXYPROLINE, URINE; TO
67	83518	1/1/1900	12/31/2299	IMMUNOASSAY, FOR ANALYTE
67	83519	1/1/1900	12/31/2299	IMMUNOASSAY, ANALYTE; BY
67	83520	1/1/1900	12/31/2299	IMMUNOASSAY, ANALYTE; NOS
67	83525	1/1/1900	12/31/2299	INSULIN, RIA
67	83527	1/1/1900	12/31/2299	INSULIN; FREE
67	83528	1/1/1900	12/31/2299	INTRINSIC FACTOR LEVEL
67	83540	1/1/1900	12/31/2299	IRON, SERUM; CHEMICAL
67	83550	1/1/1900	12/31/2299	IRON BINDING CAPACITY, SE

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	83570	1/1/1900	12/31/2299	ISOCITRIC DEHYDROGENASE (
67	83582	1/1/1900	12/31/2299	KETOGENIC STEROIDS, URINE
67	83586	1/1/1900	12/31/2299	KETOSTEROIDS, 17-(17-KS),
67	83593	1/1/1900	12/31/2299	KETOSTEROIDS, 17-(17-KS),
67	83600	1/1/1900	12/31/2299	KYNURENIC ACID
67	83605	1/1/1900	12/31/2299	LACTATE (LACTIC ACID)
67	83615	1/1/1900	12/31/2299	LACTIC DEHYDROGENASE (LDH
67	83625	1/1/1900	12/31/2299	LACTIC DEHYDROGENASE (LDH
67	83632	1/1/1900	12/31/2299	LACTOGEN, HUMAN PLACENTAL
67	83633	1/1/1900	12/31/2299	LACTOSE, URINE; QUALITATI
67	83634	1/1/1900	12/31/2299	LACTOSE, URINE; QUANTITAT
67	83655	1/1/1900	12/31/2299	LEAD, QUANTITATIVE; BLOOD
67	83661	1/1/1900	12/31/2299	LECITHIN-SPHINGOMYELIN RA
67	83662	1/1/1900	12/31/2299	LECITHIN-SPHINGOMYELIN RA
67	83670	1/1/1900	12/31/2299	LEUCINE AMINOPEPTIDASE (L
67	83681	1/1/1900	12/31/2299	LEUCINE TOLERANCE TEST
67	83690	1/1/1900	12/31/2299	LIPASE, BLOOD
67	83715	1/1/1900	12/31/2299	LIPOPROTEIN, BLOOD; ELECT
67	83717	1/1/1900	12/31/2299	LIPOPROTEIN, BLOOD; ULTRA
67	83718	1/1/1900	12/31/2299	LIPOPROTEIN, BLOOD; PRECI
67	83719	1/1/1900	12/31/2299	LIPOPROTEIN VERY LOW DENS
67	83721	1/1/1900	12/31/2299	LIPOPROTEIN, DIRECT MEASU
67	83727	1/1/1900	12/31/2299	LUTEINIZING RELEASING FAC
67	83775	1/1/1900	12/31/2299	MALATE DEHYDROGENASE, KIN
67	83785	1/1/1900	12/31/2299	MANGANESE, BLOOD OR URINE
67	83790	1/1/1900	12/31/2299	MANNITOL CLEARANCE
67	83805	1/1/1900	12/31/2299	MEPROBAMATE, BLOOD OR URI
67	83825	1/1/1900	12/31/2299	MERCURY, QUANTITATIVE; BL
67	83830	1/1/1900	12/31/2299	MERCURY, QUANTITATIVE; UR
67	83835	1/1/1900	12/31/2299	METANEPHRINES, URINE
67	83840	1/1/1900	12/31/2299	METHADONE
67	83857	1/1/1900	12/31/2299	METHEMALBUMIN
67	83858	1/1/1900	12/31/2299	METHSUXIMIDE, SERUM
67	83864	1/1/1900	12/31/2299	MUCOPOLYSACCHARIDES, ACID
67	83866	1/1/1900	12/31/2299	MUCOPOLYSACCHARIDES, ACID
67	83872	1/1/1900	12/31/2299	MUCIN, SYNOVIAL FLUID (RO
67	83873	1/1/1900	12/31/2299	MYELIN BASIC PROTEIN, CSF

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	83874	1/1/1900	12/31/2299	MYOGLOBIN, ELECTROPHORESI
67	83883	1/1/1900	12/31/2299	NEPHELOMETRY, EACH ANALYT
67	83885	1/1/1900	12/31/2299	NICKEL, URINE
67	83887	1/1/1900	12/31/2299	NICOTINE
67	83890	1/1/1900	12/31/2299	NUCLEAR MOLECULAR DIAGNOS
67	83892	1/1/1900	12/31/2299	NUCLEAR MOLECULAR DIAGNOS
67	83894	1/1/1900	12/31/2299	NUCLEAR MOLECULAR DIAGNOS
67	83896	1/1/1900	12/31/2299	NUCLEAR MOLECULAR DIAGNOS
67	83898	1/1/1900	12/31/2299	NUCLEIC ACID PROBE WITH A
67	83912	1/1/1900	12/31/2299	NUCLEIC ACID PROBE, WITH
67	83915	1/1/1900	12/31/2299	NUCLEOTIDASE 5'
67	83916	1/1/1900	12/31/2299	OLIGOCLONAL IMMUNE GLOBUL
67	83918	1/1/1900	12/31/2299	ORGANIC ACIDS; QUANTITATI
67	83925	1/1/1900	12/31/2299	OPIATES (EG, MORPHINE, ME
67	83930	1/1/1900	12/31/2299	OSMOLALITY; BLOOD
67	83935	1/1/1900	12/31/2299	OSMOLALITY; URINE
67	83945	1/1/1900	12/31/2299	OXALATE, URINE
67	83970	1/1/1900	12/31/2299	PARATHORMONE (PARATHYROID
67	83986	1/1/1900	12/31/2299	PH, BODY FLUID, EXCEPT BL
67	83992	1/1/1900	12/31/2299	PHENCYCLIDINE (PCP)
67	84022	1/1/1900	12/31/2299	PHENOTHIAZINE, URINE; QUA
67	84030	1/1/1900	12/31/2299	PHENYLALANINE (PKU), BLOO
67	84035	1/1/1900	12/31/2299	PHENYLKETONES; BLOOD, QUA
67	84045	1/1/1900	12/31/2299	PHENYTOIN
67	84060	1/1/1900	12/31/2299	PHOSPHATASE, ACID; BLOOD
67	84061	1/1/1900	12/31/2299	PHOSPHATASE, ACID; FORENS
67	84066	1/1/1900	12/31/2299	PHOSPHATASE, ACID; PROSTA
67	84075	1/1/1900	12/31/2299	PHOSPHATASE, ALKALINE, BL
67	84078	1/1/1900	12/31/2299	PHOSPHATASE, ALKALINE, BL
67	84080	1/1/1900	12/31/2299	PHOSPHATASE, ALKALINE, BL
67	84081	1/1/1900	12/31/2299	PHOSPHATYDYLGLYCEROL
67	84085	1/1/1900	12/31/2299	PHOSPHOGLUCONATE, 6-, DEH
67	84087	1/1/1900	12/31/2299	PHOSPHOHEXOSE ISOMERASE
67	84100	1/1/1900	12/31/2299	PHOSPHORUS (PHOSPHATE); B
67	84105	1/1/1900	12/31/2299	PHOSPHORUS (PHOSPHATE); U
67	84106	1/1/1900	12/31/2299	PORPHOBILINOGEN, URINE; Q
67	84110	1/1/1900	12/31/2299	PORPHOBILINOGEN, URINE; Q

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	84119	1/1/1900	12/31/2299	PORPHYRINS, COPRO-, URINE
67	84120	1/1/1900	12/31/2299	PORPHYRINS; COPRO- AND UR
67	84126	1/1/1900	12/31/2299	PORPHYRINS, FECES, QUANTI
67	84127	1/1/1900	12/31/2299	PORPHYRINS, FECES; QUALIT
67	84132	1/1/1900	12/31/2299	POTASSIUM; BLOOD
67	84133	1/1/1900	12/31/2299	POTASSIUM; URINE
67	84135	1/1/1900	12/31/2299	PREGNANEDIOL; RIA
67	84138	1/1/1900	12/31/2299	PREGNANETRIOL; RIA
67	84140	1/1/1900	12/31/2299	PREGNENOLONE
67	84143	1/1/1900	12/31/2299	17-HYDROXYPREGNENOLONE
67	84144	1/1/1900	12/31/2299	PROGESTERONE, ANY METHOD
67	84146	1/1/1900	12/31/2299	PROLACTIN (MAMMOTROPIN),
67	84150	1/1/1900	12/31/2299	PROSTAGLANDIN, ANY ONE, R
67	84153	1/1/1900	12/31/2299	PROSTATE SPECIFIC ANTIGEN
67	84155	1/1/1900	12/31/2299	PROTEIN, TOTAL, SERUM; CH
67	84160	1/1/1900	12/31/2299	PROTEIN, TOTAL, SERUM; RE
67	84165	1/1/1900	12/31/2299	PROTEIN, TOTAL, SERUM; EL
67	84181	1/1/1900	12/31/2299	WESTERN BLOT, WITH IINTER
67	84182	1/1/1900	12/31/2299	WESTERN BLOT FLUID, IMMUN
67	84202	1/1/1900	12/31/2299	PROTOPORPHYRIN, RBC; QUAN
67	84203	1/1/1900	12/31/2299	PROTOPORPHYRIN, RBC; SCRE
67	84206	1/1/1900	12/31/2299	PROINSULIN, RIA
67	84207	1/1/1900	12/31/2299	PYRIDOXINE (VITAMIN B-6)
67	84210	1/1/1900	12/31/2299	PYRUVATE, BLOOD
67	84220	1/1/1900	12/31/2299	PYRUVIC KINASE, RBC
67	84228	1/1/1900	12/31/2299	QUININE
67	84238	1/1/1900	12/31/2299	NON-ENDOCRINE SPECIFY REC
67	84244	1/1/1900	12/31/2299	RENIN; (RIA)
67	84252	1/1/1900	12/31/2299	RIBOFLAVIN (VITAMIN B-2)
67	84255	1/1/1900	12/31/2299	SELENIUM, BLOOD, URINE OR
67	84260	1/1/1900	12/31/2299	SEROTONIN, BLOOD
67	84270	1/1/1900	12/31/2299	SEX HORMONE BINDING GLOBU
67	84275	1/1/1900	12/31/2299	SIALIC ACID, BLOOD
67	84285	1/1/1900	12/31/2299	SILICA, BLOOD, URINE OR T
67	84295	1/1/1900	12/31/2299	SODIUM; BLOOD
67	84300	1/1/1900	12/31/2299	SODIUM; URINE
67	84305	1/1/1900	12/31/2299	SOMATOMEDIN

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	84307	1/1/1900	12/31/2299	SOMATOSTATIN
67	84311	1/1/1900	12/31/2299	SPECTROPHOTOMETRY, ANALYT
67	84315	1/1/1900	12/31/2299	SPECIFIC GRAVITY (EXCEPT
67	84375	1/1/1990	12/31/2299	SUGARS, CHROMATOGRAPHIC,
67	84392	1/1/1900	12/31/2299	SULFATE, URINE
67	84395	1/1/1900	12/31/2299	SULFONAMIDE; BLOOD, CHEMI
67	84402	1/1/1900	12/31/2299	TESTOSTERONE; FREE
67	84403	1/1/1900	12/31/2299	TESTOSTERONE, BLOOD; RIA
67	84425	1/1/1900	12/31/2299	THIAMINE (VITAMIN B-1)
67	84430	1/1/1900	12/31/2299	THIOCYANATE, BLOOD
67	84439	1/1/1900	12/31/2299	THYROXINE, FREE (FT-4), R
67	84442	1/1/1900	12/31/2299	THYROXINE BINDING GLOBULI
67	84443	1/1/1900	12/31/2299	THYROID STIMULATING HORMO
67	84445	1/1/1900	12/31/2299	THYROTROPIN RELEASING FAC
67	84446	1/1/1900	12/31/2299	TOCOPHEROL ALPHA (VITAMIN
67	84450	1/1/1900	12/31/2299	TRANSAMINASE, GLUTAMIC OX
67	84460	1/1/1900	12/31/2299	TRANSAMINASE, GLUTAMIC PY
67	84466	1/1/1900	12/31/2299	TRANSFERRIN
67	84478	1/1/1900	12/31/2299	TRIGLYCERIDES, BLOOD
67	84479	1/1/1900	12/31/2299	TRIIODOTHYRONINE (T-3), R
67	84480	1/1/1900	12/31/2299	TRIIODOTHYRONINE (TRUE T-
67	84481	1/1/1900	12/31/2299	TRIIODOTHYRONINE, FREE (F
67	84482	1/1/1900	12/31/2299	TRIDOTHYRONINE (T-3); REV
67	84485	1/1/1900	12/31/2299	TRYPSIN, DUODENAL FLUID
67	84488	1/1/1900	12/31/2299	TRYPSIN, FECES; QUALITATI
67	84490	1/1/1900	12/31/2299	TRYPSIN, FECES; QUANTITAT
67	84510	1/1/1900	12/31/2299	TYROSINE, BLOOD
67	84520	1/1/1900	12/31/2299	UREA NITROGEN, BLOOD (BUN
67	84525	1/1/1900	12/31/2299	UREA NITROGEN, BLOOD (BUN
67	84540	1/1/1900	12/31/2299	UREA NITROGEN, URINE
67	84545	1/1/1900	12/31/2299	UREA NITROGEN, CLEARANCE
67	84550	1/1/1900	12/31/2299	URIC ACID; BLOOD, CHEMICA
67	84555	1/1/1900	12/31/2299	URIC ACID; URICASE, ULTRA
67	84560	1/1/1900	12/31/2299	URIC ACID, URINE
67	84577	1/1/1900	12/31/2299	UROBILINOGEN, FECES, QUAN
67	84578	1/1/1900	12/31/2299	UROBILINOGEN, URINE; QUAL
67	84580	1/1/1900	12/31/2299	UROBILINOGEN, URINE; QUAN

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	84583	1/1/1900	12/31/2299	UROBILINOGEN, URINE; SEMI
67	84585	1/1/1900	12/31/2299	VANILLYMANDELIC ACID (VMA
67	84586	1/1/1900	12/31/2299	VASOACTIVE INTESTINAL PEP
67	84588	1/1/1900	12/31/2299	VASOPRESSIN (ANTIDIURETIC
67	84590	1/1/1900	12/31/2299	VITAMIN A, BLOOD;
67	84597	1/1/1900	12/31/2299	VITAMIN K
67	84600	1/1/1900	12/31/2299	VOLATILES (ACETIC ANHYDRI
67	84620	1/1/1900	12/31/2299	XYLOSE ABSORPTION TEST, B
67	84630	1/1/1900	12/31/2299	ZINC, QUANTITATIVE; BLOOD
67	84681	1/1/1900	12/31/2299	C-PEPTIDE, ANY METHOD
67	84702	1/1/1900	12/31/2299	GONADOTROPIN, CHORIONIC;
67	84703	1/1/1900	12/31/2299	QUALITATIVE
67	84999	1/1/1900	12/31/2299	UNLISTED CHEMISTRY OR TOX
67	85002	1/1/1900	12/31/2299	IVY OR TEM PLATE
67	85007	1/1/1900	12/31/2299	BLOOD COUNT; DIFFERENTIAL
67	85008	1/1/1900	12/31/2299	BLOOD COUNT; MANUAL BLOOD
67	85009	1/1/1900	12/31/2299	BLOOD COUNT; DIFFERENTIAL
67	85013	1/1/1900	12/31/2299	BLOOD COUNT; SPUN MICROHE
67	85014	1/1/1900	12/31/2299	BLOOD COUNT; HEMATOCRIT
67	85018	1/1/1900	12/31/2299	BLOOD COUNT; HEM OGLOBIN,
67	85021	1/1/1900	12/31/2299	BLOOD COUNT; HEMOGRAM, AU
67	85022	1/1/1900	12/31/2299	BLOOD COUNT; HEMOGRAM, AU
67	85023	1/1/1900	12/31/2299	HEMOGRAM AND PLATELET COU
67	85024	1/1/1900	12/31/2299	HEMOGRAM AND PLATELET COU
67	85025	1/1/1900	12/31/2299	HEMOGRAM AND PLATELET COU
67	85027	1/1/1900	12/31/2299	BLOOD COUNT; HEMOGRAM, AU
67	85029	1/1/1900	12/31/2299	ADDITIONAL AUTOMATED HEMO
67	85030	1/1/1900	12/31/2299	FOUR OR MORE INDICES
67	85031	1/1/1900	12/31/2299	BLOOD COUNT; HEMOGRAM, MA
67	85041	1/1/1900	12/31/2299	BLOOD COUNT; RED BLOOD CE
67	85044	1/1/1900	12/31/2299	BLOOD COUNT; RETICULOCYTE
67	85045	1/1/1900	12/31/2299	BLOOD COUNT; RETICULOCYTE
67	85048	1/1/1900	12/31/2299	BLOOD COUNT; WHITE BLOOD
67	85060	1/1/1900	12/31/2299	BLOOD SMEAR, PERIPHERAL,
67	85095	1/1/1900	12/31/2299	BONE MARROW SMEAR AND/OR
67	85097	1/1/1900	12/31/2299	BONE MARROW SMEAR AND/OR
67	85100	1/1/1900	12/31/2299	BONE MARROW; ASPIRATION,

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	85102	1/1/1900	12/31/2299	BONE MARROW BIOPSY, NEEDL
67	85130	1/1/1900	12/31/2299	CHROMOGENIC SUBSTRATE ASS
67	85170	1/1/1900	12/31/2299	CLOT RETRACTION; SCREEN
67	85175	1/1/1900	12/31/2299	CLOT LYSIS TIME, WHOLE BL
67	85210	1/1/1900	12/31/2299	CLOTTING; FACTOR II, PROT
67	85220	1/1/1900	12/31/2299	CLOTTING; FACTOR V (ACG O
67	85230	1/1/1900	12/31/2299	CLOTTING; FACTOR VII (PRO
67	85240	1/1/1900	12/31/2299	CLOTTING; FACTOR VIII (AH
67	85244	1/1/1900	12/31/2299	FACTOR VIII RELATED ANTIG
67	85245	1/1/1900	12/31/2299	CLOTTING FACTOR VIII, VW
67	85246	1/1/1900	12/31/2299	CLOTTING FACTOR VIII, VW
67	85247	1/1/1900	12/31/2299	CLOTTING FACTOR VIII, VON
67	85250	1/1/1900	12/31/2299	CLOTTING; FACTOR IX (PTC
67	85260	1/1/1900	12/31/2299	CLOTTING; FACTOR X (STUAR
67	85270	1/1/1900	12/31/2299	CLOTTING; FACTOR XI (PTA)
67	85280	1/1/1900	12/31/2299	CLOTTING; FACTOR XII (HAG
67	85290	1/1/1900	12/31/2299	CLOTTING; FACTOR XIII (FI
67	85291	1/1/1900	12/31/2299	CLOTTING; FACTOR XIII (FI
67	85292	1/1/1900	12/31/2299	PREKALLIKREIN ASSAY (FLET
67	85293	1/1/1900	12/31/2299	HIGH MOLECULAR WEIGHT KIN
67	85300	1/1/1900	12/31/2299	CLOTTING INHIBITORS OR AN
67	85301	1/1/1900	12/31/2299	ANTITHROMBIN III, ANTIGEN
67	85302	1/1/1900	12/31/2299	PROTEIN C ASSAY
67	85303	1/1/1900	12/31/2299	CLOTTING INHIBITORS OR AN
67	85305	1/1/1900	12/31/2299	CLOTTING INHIBITORS OR AN
67	85306	1/1/1900	12/31/2299	PROTEIN S, FREE
67	85310	1/1/1900	12/31/2299	CLOTTING INHIBITORS OR AN
67	85335	1/1/1900	12/31/2299	FACTOR INHIBITOR TEST
67	85337	1/1/1900	12/31/2299	THROMBOMODULIN
67	85345	1/1/1900	12/31/2299	COAGULATION TIME; LEE AND
67	85347	1/1/1900	12/31/2299	COAGULATION TIME; ACTIVAT
67	85348	1/1/1900	12/31/2299	COAGULATION TIME; OTHER M
67	85360	1/1/1900	12/31/2299	EUGLOBULIN LYSIS
67	85362	1/1/1900	12/31/2299	FIBRIN DEGRADATION (SPLIT
67	85366	1/1/1900	12/31/2299	FIBRIN(OGEN) DEGRADATION
67	85370	1/1/1900	12/31/2299	FIBRIN(OGEN) DEGRADATION
67	85378	1/1/1900	12/31/2299	FIBRIB(OGEN) DEGRADATION

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	85379	1/1/1900	12/31/2299	FIBRIN DEGRADATION PRODUC
67	85384	1/1/1900	12/31/2299	FIBRINOGEN; ACTIVITY
67	85385	1/1/1900	12/31/2299	FIBRINOGEN; ANTIGEN
67	85390	1/1/1900	12/31/2299	FIBRINOLYSINS; SCREENING
67	85400	1/1/1900	12/31/2299	FIBRINOLYTIC MECHANISMS;
67	85410	1/1/1900	12/31/2299	FIBRINOLYTIC MECHANISMS;
67	85415	1/1/1900	12/31/2299	FIBRINOLYTIC FACTORS AND
67	85420	1/1/1900	12/31/2299	PLASMINOGEN, EXCEPT ANTIG
67	85421	1/1/1900	12/31/2299	PLASMINOGEN, ANTIGENIC AS
67	85441	1/1/1900	12/31/2299	HEINZ BODIES; DIRECT
67	85445	1/1/1900	12/31/2299	HEINZ BODIES; INDUCED, AC
67	85460	1/1/1900	12/31/2299	HEMOGLOBIN, FETAL, DIFFER
67	85475	1/1/1900	12/31/2299	HEMOLYSIN, ACID
67	85520	1/1/1900	12/31/2299	HEPARIN ASSAY
67	85525	1/1/1900	12/31/2299	HEPARIN NEUTRALIZATION
67	85530	1/1/1900	12/31/2299	HEPARIN-PROTAMINE TOLERAN
67	85535	1/1/1900	12/31/2299	IRON STAIN (RBC OR BONE M
67	85540	1/1/1900	12/31/2299	LEUKOCYTE ALKALINE PHOSPH
67	85547	1/1/1900	12/31/2299	MECHANICAL FRAGILITY, RBC
67	85549	1/1/1900	12/31/2299	MURAMIDASE, SERUM
67	85555	1/1/1900	12/31/2299	OSMOTIC FRAGILITY, RBC;
67	85557	1/1/1900	12/31/2299	OSMOTIC FRAGILITY, RBC; I
67	85575	1/1/1900	12/31/2299	PLATELET; ADHESIVENESS (I
67	85576	1/1/1900	12/31/2299	AGGREGATION (IN VITRO), A
67	85585	1/1/1900	12/31/2299	PLATELET; ESTIMATION ON S
67	85590	1/1/1900	12/31/2299	PLATELET; PHASE MICROSCOP
67	85595	1/1/1900	12/31/2299	PLATELET; ELECTRONIC TECH
67	85597	1/1/1900	12/31/2299	PLATELET NEUTRALIZATION
67	85610	1/1/1900	12/31/2299	PROTHROMBIN TIME;
67	85611	1/1/1900	12/31/2299	PROTHROMBIN TIME; SUBSTIT
67	85612	1/1/1900	12/31/2299	PROTHROMBIN TIME; RUSSELL
67	85635	1/1/1900	12/31/2299	REPTILASE TEST
67	85651	1/1/1900	12/31/2299	SEDIMENTATION RATE (ESR);
67	85652	1/1/1996	12/31/2299	RBC SED RATE AUTO
67	85660	1/1/1900	12/31/2299	SICKLING OF RBC, REDUCTIO
67	85670	1/1/1900	12/31/2299	THROMBIN TIME; PLASMA
67	85675	1/1/1900	12/31/2299	THROMBIN TIME; TITER

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	85705	1/1/1900	12/31/2299	THROMBOPLASTIN INHIBITION
67	85720	1/1/1900	12/31/2299	THROMBOPLASTIN GENERATION
67	85730	1/1/1900	12/31/2299	THROMBOPLASTIN TIME, PART
67	85732	1/1/1900	12/31/2299	THROMBOPLASTIN TIME, PART
67	85810	1/1/1900	12/31/2299	VISCOSITY; BLOOD
67	85820	1/1/1900	12/31/2299	VISCOSITY; SERUM OR PLASM
67	85999	1/1/1900	12/31/2299	UNLISTED HEMATOLOGY PROCE
67	86000	1/1/1900	12/31/2299	AGGLUTININS; FEBRILE, EAC
67	86003	1/1/1900	12/31/2299	ALLERGEN SPECIFIC IGE; QU
67	86005	1/1/1900	12/31/2299	ALLERGEN SPECIFIC IGE; QU
67	86021	1/1/1900	12/31/2299	ANTIBODY IDENTIFICATION;
67	86022	1/1/1900	12/31/2299	ANTIBODY IDENTIFICATION;
67	86023	1/1/1900	12/31/2299	PLATELET ASSOCIATED IMMUN
67	86038	1/1/1900	12/31/2299	ANTINUCLEAR ANTIBODIES (A
67	86039	1/1/1900	12/31/2299	ANTINUCLEAR ANTIBODIES (A
67	86060	1/1/1900	12/31/2299	ANTISTREPTOLYSIN 0; TITER
67	86063	1/1/1900	12/31/2299	ANTISTREPTOLYSIN 0; SCREE
67	86077	1/1/1900	12/31/2299	BLOOD BANK PHYSICIAN SERV
67	86078	1/1/1900	12/31/2299	BLOOD BANK PHY. SERVICES;
67	86079	1/1/1900	12/31/2299	BLOOD BANK PHY. SERVICES;
67	86140	1/1/1900	12/31/2299	C-REACTIVE PROTEIN
67	86147	1/1/1900	12/31/2299	CARDIOLIPIN (PHOSPHOLIPID
67	86155	1/1/1900	12/31/2299	CHEMOTAXIS ASSAY, SPECIFY
67	86156	1/1/1900	12/31/2299	COLD AGGLUTININ; SCREEN
67	86157	1/1/1900	12/31/2299	COLD AGGLUTININ; TITER
67	86160	1/1/1900	12/31/2299	COMPLEMENT; ANTIGEN, EACH
67	86161	1/1/1900	12/31/2299	COMPLEMENT; FUNCTIONAL AC
67	86162	1/1/1900	12/31/2299	COMPLEMENT; TOTAL (CH 50)
67	86171	1/1/1900	12/31/2299	COMPLEMENT FIXATION TESTS
67	86185	1/1/1900	12/31/2299	COUNTERELECTROPHORESIS, E
67	86215	1/1/1900	12/31/2299	DEOXYRIBONUCLEASE, ANTIBO
67	86225	1/1/1900	12/31/2299	DEOXYRIBONUCLEIC ACID (DN
67	86226	1/1/1900	12/31/2299	DEOXYRIBONUCLEIC ACID (DN
67	86235	1/1/1900	12/31/2299	EXTRACTABLE NUCLEAR ANTIG
67	86243	1/1/1900	12/31/2299	FC RECEPTOR ASSAY, SPECIF
67	86255	1/1/1900	12/31/2299	FLUORESCENT ANTIBODY; SCR
67	86256	1/1/1900	12/31/2299	FLUORESCENT ANTIBODY; TIT

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	86277	1/1/1900	12/31/2299	GROWTH HORMONE, HUMAN (HG
67	86280	1/1/1900	12/31/2299	HEMAGGLUTINATION INHIBITI
67	86287	1/1/1900	12/31/2299	HEPATITIS B SURFACE ANTIG
67	86289	1/1/1900	12/31/2299	HEPATITIS B CORE ANTIBODY
67	86290	1/1/1900	12/31/2299	IGM ANTIBODY (EG, RIA, EI
67	86291	1/1/1900	12/31/2299	HEPATITIS B SURFACE ANTIB
67	86293	1/1/1900	12/31/2299	HEPATITIS BE ANTIGEN (HBE
67	86295	1/1/1900	12/31/2299	HEPATITIS BE ANTIBODY (HB
67	86296	1/1/1900	12/31/2299	HEPATITIS A ANTIBODY (HAA
67	86299	1/1/1900	12/31/2299	IGM ANTIBODY
67	86302	1/1/1900	12/31/2299	HEPATITIS C ANTIBODY
67	86306	1/1/1900	12/31/2299	HEPATITIS DELTA AGENT
67	86308	1/1/1900	12/31/2299	HETEROPHILE ANTIBODIES; S
67	86309	1/1/1900	12/31/2299	HETEROPHILE ANTIBODIES; T
67	86310	1/1/1900	12/31/2299	HETEROPHILE ANTIBODIES; P
67	86311	1/1/1900	12/31/2299	HIV ANTIGEN TEST
67	86316	1/1/1900	12/31/2299	IMMUNOASSAY FOR TUMOR ANT
67	86317	1/1/1900	12/31/2299	IMMUNOASSAY FOR INFECTIOU
67	86318	1/1/1900	12/31/2299	IMMUNOASSAY FOR CHEMICAL
67	86320	1/1/1900	12/31/2299	IMMUNOELECTROPHORESIS; SE
67	86325	1/1/1900	12/31/2299	IMMUNOELECTROPHORESIS; OT
67	86327	1/1/1900	12/31/2299	CROSSED (2 DIMENSIONAL AS
67	86329	1/1/1900	12/31/2299	IMMUNODIFFUSION;QUANTITAT
67	86331	1/1/1900	12/31/2299	GEL DIFFUSION, QUALITATIV
67	86332	1/1/1900	12/31/2299	IMMUNE COMPLEX ASSAY; C/Q
67	86334	1/1/1900	12/31/2299	IMMUNOFIXATION ELECTROPHO
67	86337	1/1/1900	12/31/2299	INSULIN ANTIBODIES, RIA
67	86340	1/1/1900	12/31/2299	INTRINSIC FACTOR ANTIBODI
67	86341	1/1/1900	12/31/2299	ISLET CELL ANTIBODY
67	86343	1/1/1900	12/31/2299	LEUKOCYTE HISTAMINE RELEA
67	86344	1/1/1900	12/31/2299	LEUKOCYTE PHAGOCYTOSIS
67	86353	1/1/1900	12/31/2299	LYMPHOCYTE TRANSFORMATION
67	86359	1/1/1900	12/31/2299	T CELLS; TOTAL COUNT
67	86360	1/1/1900	12/31/2299	T CELLS; T4 AND T8, INCLU
67	86376	1/1/1900	12/31/2299	MICROSOMAL ANTIBODIES
67	86378	1/1/1900	12/31/2299	MIGRATION INHIBITORY FACT
67	86382	1/1/1900	12/31/2299	NEUTRALIZATION TEST, VIRA

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	86384	1/1/1900	12/31/2299	NITROBLUE TETRAZOLIUM DYE
67	86403	1/1/1900	12/31/2299	PARTICLE AGGLUTINATION, R
67	86421	1/1/1900	12/31/2299	RADIOALLERGOSORBENT TEST,
67	86422	1/1/1900	12/31/2299	RADIOALLERGOSORBENT TEST,
67	86430	1/1/1900	12/31/2299	RHEUMATOID FACTOR, LATEX
67	86431	1/1/1900	12/31/2299	RHEUMATOID FACTOR; QUANTI
67	86485	1/1/1900	12/31/2299	
67	86490	1/1/1900	12/31/2299	SKIN TEST; COCCIDIOIDOMYC
67	86510	1/1/1900	12/31/2299	SKIN TEST; HISTOPLASMOSIS
67	86580	1/1/1900	12/31/2299	SKIN TEST; TUBERCULOSIS,
67	86585	1/1/1900	12/31/2299	SKIN TEST; TUBERCULOSIS,
67	86586	1/1/1900	12/31/2299	SKIN TEST; UNLISTED ANTIG
67	86588	1/1/1900	12/31/2299	STREPTOCOCCUS, SCREEN, DI
67	86590	1/1/1900	12/31/2299	STREPTOKINASE, ANTIBODY
67	86592	1/1/1900	12/31/2299	SYPHILIS TEST; QUALITATIV
67	86593	1/1/1900	12/31/2299	QUANTITATIVE
67	86600	1/1/1900	12/31/2299	TOXOPLASMOSIS, DYE TEST
67	86602	1/1/1900	12/31/2299	ANTIBODY; ACTINOMYCES
67	86603	1/1/1900	12/31/2299	ANTIBODY; ADENOVIRUS
67	86606	1/1/1900	12/31/2299	ANTIBODY; ASPIRIGILLUS
67	86609	1/1/1900	12/31/2299	ANTIBODY; BACTERIUM, NOS
67	86612	1/1/1900	12/31/2299	ANTIBODY; BLASTOMYCES
67	86615	1/1/1900	12/31/2299	ANTIBODY; BORDETELLA
67	86618	1/1/1900	12/31/2299	ANTIBODIES; BORELLIA BUFG
67	86619	1/1/1900	12/31/2299	ANTIBY; BORELIA (RELAPSIN
67	86622	1/1/1900	12/31/2299	ANTIBODIES; BRUCELLA
67	86625	1/1/1900	12/31/2299	ANTIBODY;CAMPYLOBACTER
67	86628	1/1/1900	12/31/2299	ANTIBODIES; CANDIDA
67	86631	1/1/1900	12/31/2299	ANTIBODIES; CHLAMYDIA
67	86632	1/1/1900	12/31/2299	ANTIBODIES; CHLAMYDIA 1 G
67	86635	1/1/1900	12/31/2299	ANTIBODIES; COCCIDOIDES
67	86638	1/1/1900	12/31/2299	ANTIBODIES; COXIELLA BRUN
67	86641	1/1/1900	12/31/2299	ANTIBODIES; CRYPTOCOCCUS
67	86644	1/1/1900	12/31/2299	ANTIBODIES; CYTOMEGALOVIR
67	86645	1/1/1900	12/31/2299	ANTIBODIES; CYTOMEGALOVIR
67	86648	1/1/1900	12/31/2299	ANTIBODIES; DIPTHERIA
67	86651	1/1/1900	12/31/2299	ANTIBODIES; ENCEPHALITIS,

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	86652	1/1/1900	12/31/2299	ANTIBODIES; ENCEPHALITIS,
67	86653	1/1/1900	12/31/2299	ANTIBODIES; ENCEPHALITIS,
67	86654	1/1/1900	12/31/2299	ANTIBODIES; ENCEPHALITIS,
67	86658	1/1/1900	12/31/2299	ANTIBODIES; ENTEROVIRUS (
67	86663	1/1/1900	12/31/2299	ANTIBODIES; EPSTEIN-BARR
67	86664	1/1/1900	12/31/2299	ANTIBODIES; EPSTEIN-BARR
67	86665	1/1/1900	12/31/2299	ANTIBODIES; EPSTEIN-BARR
67	86668	1/1/1900	12/31/2299	ANTIBODIES; FRANCISELLA T
67	86671	1/1/1900	12/31/2299	ANTIBODIES; FUNGUS NOS
67	86674	1/1/1900	12/31/2299	ANTIBODIES; GIARDIA LAMBL
67	86677	1/1/1900	12/31/2299	ANTIBODIES; HELICOBACTER
67	86682	1/1/1900	12/31/2299	ANTIBODIES; HELMINTH, NOS
67	86684	1/1/1900	12/31/2299	ANTIBODIES; HEMOPHILUS IN
67	86687	1/1/1900	12/31/2299	HTLV I, ANTIBODY DETECTIO
67	86688	1/1/1900	12/31/2299	ANTIBODIES; HTLV-II
67	86689	1/1/1900	12/31/2299	HTLVI, ANTIBODY DETECTION
67	86692	1/1/1900	12/31/2299	ANTIBODIES; HEPATITIS, DE
67	86694	1/1/1900	12/31/2299	ANTIBODIES; HERPES SIMPLE
67	86695	1/1/1900	12/31/2299	ANTIBODIES; HERPES SIMPLE
67	86698	1/1/1900	12/31/2299	ANTIBODIES; HISTOPLASM
67	86701	1/1/1900	12/31/2299	ANTIBODIES; HIV-1
67	86702	1/1/1900	12/31/2299	ANTIBODIES; HIV-2
67	86703	1/1/1900	12/31/2299	ANTIBODIES; HIV-1 AND HIV
67	86710	1/1/1900	12/31/2299	ANTIBODIES; INFLUENZA VIR
67	86713	1/1/1900	12/31/2299	ANTIBODIES; LEGIONELLA
67	86717	1/1/1900	12/31/2299	ANTIBODIES; LEISHMANIA
67	86720	1/1/1900	12/31/2299	ANTIBODIES; LEPTOSPIRA
67	86723	1/1/1900	12/31/2299	ANTIBODIES; LISTERIA MONO
67	86727	1/1/1900	12/31/2299	ANTIBODIES; LYMPHOCYTIC C
67	86729	1/1/1900	12/31/2299	ANTIBODIES; LUMPHOGRANULO
67	86732	1/1/1900	12/31/2299	ANTIBODIES; MUCORMYCOSIS
67	86735	1/1/1900	12/31/2299	ANTIBODIES; MUMPS
67	86738	1/1/1900	12/31/2299	ANTIBODIES; MYCOPLASMA
67	86741	1/1/1900	12/31/2299	ANTIBODIES; NEISSERIA MEN
67	86744	1/1/1900	12/31/2299	ANTIBODIES; NOCARDIA
67	86747	1/1/1900	12/31/2299	ANTIBODIES; PARVOVIRUS
67	86750	1/1/1900	12/31/2299	ANTIBODIES; PLASMODIUM (M

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	86753	1/1/1900	12/31/2299	ANTIBODIES; PROTOZOA NOS
67	86756	1/1/1900	12/31/2299	ANTIBODIES; RESPIRATORY S
67	86759	1/1/1900	12/31/2299	ANTIBODIES; ROTANVIRUS
67	86762	1/1/1900	12/31/2299	ANTIBODIES; RUBELLA
67	86765	1/1/1900	12/31/2299	ANTIBODIES; RUBEOLA
67	86768	1/1/1900	12/31/2299	ANTIBODIES; SALMONELLA
67	86771	1/1/1900	12/31/2299	ANTIBODIES; SHIGELLA
67	86774	1/1/1900	12/31/2299	ANTIBODIES; TETANUS
67	86777	1/1/1900	12/31/2299	ANTIBODIES; TOXOPLASMA
67	86778	1/1/1900	12/31/2299	ANTIBODIES; TOXOPLASMA 1
67	86781	1/1/1900	12/31/2299	ANTIBODIES; TREPONEMA PAL
67	86784	1/1/1900	12/31/2299	ANTIBODIES; TRICHINELLA
67	86787	1/1/1900	12/31/2299	ANTIBODIES; VARICELLA-ZOS
67	86790	1/1/1900	12/31/2299	ANTIBODIES; VIRUS NOS
67	86793	1/1/1900	12/31/2299	ANTIBODIES; YERSINIA
67	86800	1/1/1900	12/31/2299	THYROGLOBULIN ANTIBODY, R
67	86805	1/1/1900	12/31/2299	LYMPHOCYTOTOXICITY ASSAY,
67	86806	1/1/1900	12/31/2299	LYMPHOCYTOTOXICITY ASSAY,
67	86807	1/1/1900	12/31/2299	SERUM SCREENING FOR CYTOT
67	86808	1/1/1900	12/31/2299	SERUM SCREENING FOR CYTOT
67	86812	1/1/1900	12/31/2299	TISSUE TYPING; HLA TYPING
67	86813	1/1/1900	12/31/2299	TISSUE TYPING; HLA TYPING
67	86816	1/1/1900	12/31/2299	TISSUE TYPING; HLA TYPING
67	86817	1/1/1900	12/31/2299	TISSUE TYPING; HLA TYPING
67	86821	1/1/1900	12/31/2299	LYMPHOCYTE CULTURE, MIXED
67	86822	1/1/1900	12/31/2299	LYMPHOCYTE CULTURE, PRIME
67	86849	1/1/1900	12/31/2299	UNLISTED IMMUNOLOGY PROCE
67	86850	1/1/1900	12/31/2299	ANTIBODY SCREEN, RBC, EAC
67	86860	1/1/1900	12/31/2299	ANTIBODY ELUTION (RBC), E
67	86870	1/1/1900	12/31/2299	ANTIBODY IDENTIFICATION,
67	86880	1/1/1900	12/31/2299	ANTIHUMAN GLOBULIN TEST (
67	86885	1/1/1900	12/31/2299	ANTIHUMAN GLOBULIN TEST (
67	86886	1/1/1900	12/31/2299	ANTIHUMAN GLOBULIN TEST;
67	86890	1/1/1900	12/31/2299	AUTOLOGOUS BLOOD OR COMPO
67	86891	1/1/1900	12/31/2299	AUTOLOGOUS BLOOD OR COMPO
67	86900	1/1/1900	12/31/2299	BLOOD TYPING; ABO
67	86901	1/1/1900	12/31/2299	BLOOD TYPING; RH(D)

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	86903	1/1/1900	12/31/2299	BLOOD TYPING; ANTIGEN SCR
67	86904	1/1/1900	12/31/2299	BLOOD TYPING; ANTIGEN SCR
67	86905	1/1/1900	12/31/2299	BLOOD TYPING; RBC ANTIGEN
67	86906	1/1/1900	12/31/2299	BLOOD TYPING, RH PHENOTYP
67	86910	1/1/1900	12/31/2299	BLOOD TYPING; FOR PATERNI
67	86911	1/1/1900	12/31/2299	BLOOD TYPING; ABO, EACH A
67	86915	1/1/1900	12/31/2299	BONE MARROW, MODIFICATION
67	86920	1/1/1900	12/31/2299	COMPATIBILITY TEST EACH U
67	86921	1/1/1900	12/31/2299	COMPATIBILITY TEST EACH U
67	86922	1/1/1900	12/31/2299	COMPATIBILITY TEST EACH U
67	86927	1/1/1900	12/31/2299	FRESH FROZEN PLASMA, THAW
67	86930	1/1/1900	12/31/2299	FROZEN BLOOD, PREPARATION
67	86931	1/1/1900	12/31/2299	FROZEN BLOOD, PREPARATION
67	86932	1/1/1900	12/31/2299	FROZEN BLOOD, PREPARATION
67	86940	1/1/1900	12/31/2299	HEMOLYSINS AND AGGLUTININ
67	86941	1/1/1900	12/31/2299	HEMOLYSINS AND AGGLUTININ
67	86945	1/1/1900	12/31/2299	IRRADIATION OF BLOOD PROD
67	86950	1/1/1900	12/31/2299	LEUKOCYTE TRANSFUSION
67	86965	1/1/1900	12/31/2299	POOLING OF PLATELETS OR O
67	86970	1/1/1900	12/31/2299	PRETREATMENT OF RBC'S FOR
67	86971	1/1/1900	12/31/2299	INCUBATION WITH ENZY
67	86972	1/1/1900	12/31/2299	BY DENSITY GRADIE
67	86975	1/1/1900	12/30/2299	PRETREATMENT OF SERUM FOR
67	86976	1/1/1900	12/31/2299	PRETREATMENT OF SERUM FOR
67	86977	1/1/1900	12/31/2299	PRETREATMENT OF SERUM FOR
67	86978	1/1/1900	12/31/2299	PRETREATMENT OF SERUM FOR
67	86985	1/1/1900	12/31/2299	SPLITTING OF BLOOD PRODUC
67	86999	1/1/1900	12/31/2299	UNLISTED IMMUNOLOGY PROCE
67	87001	1/1/1900	12/31/2299	ANIMAL INOCULATION, SMALL
67	87003	1/1/1900	12/31/2299	ANIMAL INOCULATION, SMALL
67	87015	1/1/1900	12/31/2299	CONCENTRATION (ANY TYPE),
67	87040	1/1/1900	12/31/2299	CULTURE, BACTERIAL, DEFIN
67	87045	1/1/1900	12/31/2299	CULTURE, BACTERIAL, DEFIN
67	87060	1/1/1900	12/31/2299	CULTURE, BACTERIAL, DEFIN
67	87070	1/1/1900	12/31/2299	CULTURE, BACTERIAL, DEFIN
67	87072	1/1/1900	12/31/2299	CULTURE OR DIRECT BACT ERI
67	87075	1/1/1900	12/31/2299	CULTURE, BACTERIAL, ANY S

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	87076	1/1/1900	12/31/2299	DEFINITIVE IDENTIFICATION
67	87081	1/1/1900	12/31/2299	CULTURE, BACTERIAL, SCREE
67	87082	1/1/1900	12/31/2299	CULTURE,PRESUMPTIVE,PATHO
67	87083	1/1/1900	12/31/2299	CULTURE,PRESUMPTIVE,PATHO
67	87084	1/1/1900	12/31/2299	WITH COLONY ESTIMATION FR
67	87085	1/1/1900	12/31/2299	CULTURE,PRESUMPTIVE,PATHO
67	87086	1/1/1900	12/31/2299	CULTURE, BACTERIAL, URINE
67	87087	1/1/1900	12/31/2299	CULTURE, BACT ERIAL, URINE
67	87088	1/1/1900	12/31/2299	CULTURE, BACTERIAL, URINE
67	87101	1/1/1900	12/31/2299	CULTURE, FUNGI, ISOLATION
67	87102	1/1/1900	12/31/2299	OTHER SOURCE (EXCEPT BLOO
67	87103	1/1/1900	12/31/2299	CULTURE, FUNGI, ISOLATION
67	87106	1/1/1900	12/31/2299	CULTURE, FUNGI, DEFINITIV
67	87109	1/1/1900	12/31/2299	CULTURE, MYCOPLASMA, ANY
67	87110	1/1/1900	12/31/2299	CULTURE, CHLAMYDIA
67	87116	1/1/1900	12/31/2299	CULTURE, TUBERCLE OR OTHE
67	87117	1/1/1900	12/31/2299	CULTURE, TUBERCLE OR OTHE
67	87118	1/1/1900	12/31/2299	CULTURE, MYCOBACTERIA, DE
67	87140	1/1/1900	12/31/2299	CULTURE, TYPING; FLUORESC
67	87143	1/1/1900	12/31/2299	CULTURE, TYPING; GAS LIQU
67	87145	1/1/1900	12/31/2299	CULTURE, TYPING; PHAGE ME
67	87147	1/1/1900	12/31/2299	CULTURE, TYPING; SEROLOGI
67	87151	1/1/1900	12/31/2299	CULTURE, TYPING; SEROLOGI
67	87155	1/1/1900	12/31/2299	CULTURE, TYPING; PRECIPIT
67	87158	1/1/1900	12/31/2299	CULTURE, TYPING; OTHER ME
67	87163	1/1/1900	12/31/2299	CULTURE, ANY SOURCE, ADDI
67	87164	1/1/1900	12/31/2299	DARK FIELD EXAMINATION,AN
67	87166	1/1/1900	12/31/2299	DARK FIELD EXAMINATION, A
67	87174	1/1/1900	12/31/2299	ENDOTOXIN, BACTERIAL (PYR
67	87175	1/1/1900	12/31/2299	ENDOTOXIN, BACTERIAL (PYR
67	87176	1/1/1900	12/31/2299	ENDOTOXIN, BACTERIAL (PYR
67	87177	1/1/1900	12/31/2299	OVA AND PARASITES, DIRECT
67	87178	1/1/1900	12/31/2299	MICROBIAL IDENTIFICATION,
67	87179	1/1/1900	12/31/2299	MICROBIAL IDENTIFICATION,
67	87181	1/1/1900	12/31/2299	SENSITIVITY STUDIES, ANTI
67	87184	1/1/1900	12/31/2299	SENSITIVITY STUDIES, ANTI
67	87186	1/1/1900	12/31/2299	MICROTITER, MINIMUM INHIB

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	87187	1/1/1900	12/31/2299	SENSITIVITY STUDIES, ANTI
67	87188	1/1/1900	12/31/2299	MACROTUBE DILUTION METHOD
67	87190	1/1/1900	12/31/2299	SENSITIVITY STUDIES, ANTI
67	87192	1/1/1900	12/31/2299	SENSITIVITY STUDIES, ANTI
67	87197	1/1/1900	12/31/2299	SERUM BACTERICIDAL TITER
67	87205	1/1/1900	12/31/2299	SMEAR, PRIMARY SOURCE, WI
67	87206	1/1/1900	12/31/2299	SMEAR,PRIMARY SOURCE,WITH
67	87207	1/1/1900	12/31/2299	SMEAR,PRIMARY SOURCE,WITH
67	87208	1/1/1900	12/31/2299	SMEAR, PRIMARY SOURCE, WI
67	87210	1/1/1900	12/31/2299	SMEAR,PRIMARY SOURCE,WITH
67	87211	1/1/1900	12/31/2299	SMEAR,PRIMARY SOURCE,WITH
67	87220	1/1/1900	12/31/2299	TISSUE EXAMINATION FOR FU
67	87230	1/1/1900	12/31/2299	TOXIN OR ANTITOXIN ASSAY,
67	87250	1/1/1900	12/31/2299	VIRUS IDENTIFICATION; INO
67	87252	1/1/1900	12/31/2299	VIRUS IDENTIFICATION TISS
67	87253	1/1/1900	12/31/2299	VIRUS IDENTIFICATION TISS
67	87999	1/1/1900	12/31/2299	UNLISTED MICROBIOLOGY PRO
67	88000	1/1/1900	12/31/2299	NECROPSY (AUTOPSY) GROSS
67	88005	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), GROSS
67	88007	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), GROSS
67	88012	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), GROSS
67	88014	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), GROSS
67	88016	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), GROSS
67	88020	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), GROSS
67	88025	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), GROSS
67	88027	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), GROSS
67	88028	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), GROSS
67	88029	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), GROSS
67	88036	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), LIMIT
67	88037	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), LIMIT
67	88040	1/1/1900	12/31/2299	NECROPSY (AUTOPSY); FOREN
67	88045	1/1/1900	12/31/2299	NECROPSY (AUTOPSY); CORON
67	88099	1/1/1900	12/31/2299	UNLISTED NECROPSY (AUTOPS
67	88104	1/1/1900	12/31/2299	CYTOPATHOLOGY,FLUIDS,WASH
67	88106	1/1/1900	12/31/2299	CYTOPATHOLOGY,FLUIDS,WASH
67	88107	1/1/1900	12/31/2299	CYTOPATHOLOGY,FLUIDS,WASH
67	88108	1/1/1900	12/31/2299	CYTOP., FLUIDS, WASHINGS

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	88125	1/1/1900	12/31/2299	CYTOPATHOLOGY, FORENSIC (
67	88130	1/1/1900	12/31/2299	SEX CHROMATIN IDENTIFICAT
67	88140	1/1/1900	12/31/2299	SEX CHROMATIN IDENTIFICAT
67	88150	1/1/1900	12/31/2299	CYTOPATHOLOGY, SMEARS, CE
67	88151	1/1/1900	12/31/2299	CYTOPATHOLOGY, SMEARS, CE
67	88156	1/1/1900	12/31/2299	CYTOPATHOLOGY SMEARS
67	88157	1/1/1900	12/31/2299	CYTOPATHOLOGY SMEARS, CER
67	88160	1/1/1900	12/31/2299	CYTOP., ANY OTHER SOURCE;
67	88161	1/1/1900	12/31/2299	CYTOP., ANY OTHER SOURCE;
67	88162	1/1/1900	12/31/2299	CYTOPA., ANY OTHER SOURCE
67	88170	1/1/1900	12/31/2299	FINE NEEDLE ASPIRATION WI
67	88171	1/1/1900	12/31/2299	FINE NEEDLE ASPIRATION W/
67	88172	1/1/1900	12/31/2299	EVALUATION OF FINE NEEDLE
67	88173	1/1/1900	12/31/2299	EVALUATION OF FINE NEEDLE
67	88180	1/1/1900	12/31/2299	FLOW CYTOMETRY; EACH CELL
67	88182	1/1/1900	12/31/2299	FLOW CYTOMETRY; CELL CYCL
67	88199	1/1/1900	12/31/2299	UNLISTED CYTOPATHOLOGY PR
67	88230	1/1/1900	12/31/2299	TISSUE CULTURE FOR CHROMO
67	88233	1/1/1900	12/31/2299	TISSUE CULTURE FOR CHROMO
67	88235	1/1/1900	12/31/2299	TISSUE CULTURE FOR CHROMO
67	88237	1/1/1900	12/31/2299	TISSUE CULTURE FOR CHROMO
67	88239	1/1/1900	12/31/2299	TISSUE CULTURE FOR CHROMO
67	88245	1/1/1900	12/31/2299	CHROMOSOME ANAL FOR BRKG
67	88248	1/1/1900	12/31/2299	CHROM ANAL FOR BRKG SYN S
67	88250	1/1/1900	12/31/2299	CHROM ANAL FOR FRAG X ASS
67	88260	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS; COUN
67	88261	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS; COUN
67	88262	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS; COUN
67	88263	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS COUNT
67	88267	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS, AMNI
67	88269	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS, IN S
67	88280	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS; ADDI
67	88283	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS ADDIT
67	88285	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS; ADDI
67	88289	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS ADDIT
67	88299	1/1/1900	12/31/2299	UNLISTED CYTOGENETIC STUD
67	88300	1/1/1900	12/31/2299	SURGICAL PATHOLOGY, GROSS

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	88302	1/1/1900	12/31/2299	SURGICAL PATHOLOGY, GROSS
67	88304	1/1/1900	12/31/2299	UNCOMPLICATED SPECIMEN
67	88305	1/1/1900	12/31/2299	SINGLE COMPLICATED OR MUL
67	88307	1/1/1900	12/31/2299	SINGLE COMPLICATED SPECIM
67	88309	1/1/1900	12/31/2299	COMPLEX DIAGNOSTIC PROBLE
67	88311	1/1/1900	12/31/2299	DECALCIFICATION PROCEDURE
67	88312	1/1/1900	12/31/2299	SPECIAL STAINS (LISTED SE
67	88313	1/1/1900	12/31/2299	GROUP II, ALL OTHER EXCEP
67	88314	1/1/1900	12/31/2299	HISTOCHEMICAL STAINING WI
67	88318	1/1/1900	12/31/2299	DETERMINATIVE HISTOCHEMIS
67	88319	1/1/1900	12/31/2299	DETERMINATIVE HISTOCHEMIS
67	88321	1/1/1900	12/31/2299	CONSULTATION AND REPORT O
67	88323	1/1/1900	12/31/2299	CONSULTATION AND REPORT O
67	88325	1/1/1900	12/31/2299	CONSULTATION, COMPREHENSI
67	88329	1/1/1900	12/31/2299	CONSULTATION DURING SURGE
67	88331	1/1/1900	12/31/2299	CONSULTATION DURING SURGE
67	88332	1/1/1900	12/31/2299	CONSULTATION DURING SURGE
67	88342	1/1/1900	12/31/2299	IMMUNOCYTOCHEMISTRY (INCL
67	88346	1/1/1900	12/31/2299	IMMUNOFLUORESCENT STUDY,
67	88347	1/1/1900	12/31/2299	IMMUNOFLUORESCENT STUDY,
67	88348	1/1/1900	12/31/2299	ELECTRON MICROSCOPY; DIAG
67	88349	1/1/1900	12/31/2299	ELECTRON MICROSCOPY; SCAN
67	88355	1/1/1900	12/31/2299	MORPHOMETRIC ANALYSIS; SK
67	88356	1/1/1900	12/31/2299	MORPHOMETRIC ANALYSIS; NE
67	88358	1/1/1900	12/31/2299	MORPHOMETRIC ANALYSIS TUM
67	88362	1/1/1900	12/31/2299	NERVE TEASING PREPARATION
67	88365	1/1/1900	11/23/2299	TISSUE IN SITU HYBRIDIZAT
67	88371	1/1/1900	12/31/2299	PROTEIN ANALYSIS OF TISSU
67	88372	1/1/1900	12/31/2299	PROTEIN ANALYSIS OF TISSU
67	88399	1/1/1900	12/31/2299	UNLISTED SURGICAL PATHOLO
67	89050	1/1/1900	12/31/2299	CELL COUNT, MISCELLANEOUS
67	89051	1/1/1900	12/31/2299	WITH DIFFERENTIAL COUNT
67	89060	1/1/1900	12/31/2299	CRYSTAL IDENTIFICATION BY
67	89100	1/1/1900	12/31/2299	DUODENAL INTUBATION AND A
67	89105	1/1/1900	12/31/2299	COLLECTION OF MULTIPLE FR
67	89125	1/1/1900	12/31/2299	FAT STAIN, FECES, URINE,
67	89130	1/1/1900	12/31/2299	GASTRIC INTUBATION AND AS

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	89132	1/1/1900	12/31/2299	GASTRIC INTUBATION AND AS
67	89135	1/1/1900	12/31/2299	GASTRIC INTUBATION, ASPIR
67	89136	1/1/1900	12/31/2299	GASTRIC INTUBATION, ASPIR
67	89140	1/1/1900	12/31/2299	GASTRIC INTUBATION,ASPIRA
67	89141	1/1/1900	12/31/2299	GASTRIC INTUBATION, ASPIR
67	89160	1/1/1900	12/31/2299	MEAT FIBERS, FECES
67	89190	1/1/1900	12/31/2299	NASAL SMEAR FOR EOSINOPHI
67	89205	1/1/1900	12/31/2299	OCCULT BLOOD, ANY SOURCE
67	89300	1/1/1900	12/31/2299	SEMEN ANALYSIS; PRESENCE
67	89310	1/1/1900	12/31/2299	SEMEN ANALYSIS; MOTILITY
67	89320	1/1/1900	12/31/2299	SEMEN ANALYSIS; COMPLETE
67	89325	1/1/1900	12/31/2299	SPERM AGGLUTINATION, WITH
67	89329	1/1/1900	12/31/2299	SPERM EVALUATION; HAMSTER
67	89330	1/1/1900	12/31/2299	CERVICAL MUCUS PENETRATIO
67	89350	1/1/1900	12/31/2299	SPUTUM, OBTAINING SPECIME
67	89355	1/1/1900	12/31/2299	STARCH GRANULES, FECES
67	89360	1/1/1900	12/31/2299	SWEAT COLLECTION BY IONTO
67	89365	1/1/1900	12/31/2299	WATER LOAD TEST
67	89399	1/1/1900	12/31/2299	UNLISTED MISCELLANEOUS PA
67	91010	1/1/1900	12/31/2299	ESOPHAGEAL MOTILITY STUDY
67	91011	1/1/1900	12/31/2299	ESOPHAGEAL MOTILITY STUDY
67	91012	1/1/1900	12/31/2299	ESOPHAGEAL MOTILITY STUDY
67	91020	1/1/1900	12/31/2299	ESOPHAGOGASTRIC MANOMETRI
67	91030	1/1/1900	12/31/2299	ESOPHAGUS, ACID PERFUSION
67	91032	1/1/1900	12/31/2299	ESOPHAGUS,ACID REFLUX TES
67	91033	1/1/1900	12/31/2299	ESOPHAGUS,ACID REFLUX TES
67	91052	1/1/1900	12/31/2299	GASTRIC ANALYSIS TEST WIT
67	91055	1/1/1900	12/31/2299	GASTRIC INTUBATION, WASHI
67	91060	1/1/1900	12/31/2299	GASTRIC SALINE LOAD TEST
67	91065	1/1/1900	12/31/2299	BREATH HYDROGEN TEST (EG,
67	91122	1/1/1900	12/31/2299	ANORECTAL MANOMETRY
67	91299	1/1/1900	12/31/2299	UNLISTED DIAGNOSTIC GASTR
67	92265	1/1/1900	12/31/2299	OCULOELECTROMYOGRAPHY,ONE
67	92270	1/1/1900	12/31/2299	ELECTRO-OCULOGRAPHY, WITH
67	92275	1/1/1900	12/31/2299	ELECTRORETINOGRAPHY, WITH
67	92280	1/1/1900	12/31/2299	VISUALLY EVOKED POTENTIAL
67	92512	1/1/1900	12/31/2299	NASAL FUNCTION STUDIES, E

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	92516	1/1/1900	12/31/2299	FACIAL NERVE FUNCTION STU
67	92520	1/1/1900	12/31/2299	LARYNGEAL FUNCTION STUDIE
67	92531	1/1/1900	12/31/2299	SPONTANEOUS NYSTAGMUS, IN
67	92532	1/1/1900	12/31/2299	POSITIONAL NYSTAGMUS
67	92533	1/1/1900	12/31/2299	CALORIC VESTIBULAR TEST,
67	92534	1/1/1900	12/31/2299	OPTOKINETIC NYSTAGMUS
67	92541	1/1/1900	12/31/2299	SPONTANEOUS NYSTAGMUS TES
67	92542	1/1/1900	12/31/2299	POSITIONAL NYSTAGMUS TEST
67	92543	1/1/1900	12/31/2299	CALORIC VESTIBULAR TEST,
67	92544	1/1/1900	12/31/2299	OPTOKINETIC NYSTAGMUS TES
67	92545	1/1/1900	12/31/2299	OSCILLATING TRACKING TEST
67	92546	1/1/1900	12/31/2299	TORSION SWING TEST, WITH
67	92547	1/1/1900	12/31/2299	USE OF VERTICAL ELECTRODE
67	92551	1/1/1900	12/31/2299	SCREENING TEST, PURE TONE
67	92552	1/1/1900	12/31/2299	PURE TONE AUDIOMETRY (THR
67	92553	1/1/1900	12/31/2299	PURE TONE AUDIOMETRY (THR
67	92555	1/1/1900	12/31/2299	SPEECH AUDIOMETRY; THRESH
67	92556	1/1/1900	12/31/2299	SPEECH AUDIOMETRY; THRESH
67	92557	1/1/1900	12/31/2299	BASIC COMPREHENSIVE AUDIO
67	92559	1/1/1900	12/31/2299	AUDIOMETRIC TESTING OF GR
67	92560	1/1/1900	12/31/2299	BEKESY AUDIOMETRY; SCREEN
67	92561	1/1/1900	12/31/2299	BEKESY AUDIOMETRY; DIAGNO
67	92562	1/1/1900	12/31/2299	LOUDNESS BALANCE TEST, AL
67	92563	1/1/1900	12/31/2299	TONE DECAY TEST
67	92564	1/1/1900	12/31/2299	SHORT INCREMENT SENSITIVI
67	92565	1/1/1900	12/31/2299	STENGER TEST, PURE TONE
67	92566	1/1/1900	12/31/2299	IMPEDANCE TESTING
67	92567	1/1/1900	12/31/2299	TYMPANOMETRY
67	92568	1/1/1900	12/31/2299	ACOUSTIC REFLEX TESTING
67	92569	1/1/1900	12/31/2299	ACOUSTIC REFLEX DECAY TES
67	92571	1/1/1900	12/31/2299	FILTERED SPEECH TEST
67	92572	1/1/1900	12/31/2299	STAGGERED SPONDAIC WORD T
67	92573	1/1/1900	12/31/2299	LOMBARD TEST
67	92574	1/1/1900	12/31/2299	SWINGING STORY TEST
67	92575	1/1/1900	12/31/2299	SENSORINEURAL ACUITY LEVE
67	92576	1/1/1900	12/31/2299	SYNTHETIC SENTENCE IDENTI
67	92577	1/1/1900	12/31/2299	STENGER TEST, SPEECH

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	92578	1/1/1900	12/31/2299	DELAYED AUDITORY FEEDBACK
67	92580	1/1/1900	12/31/2299	ELECTRODERMAL AUDIOMETRY
67	92581	1/1/1900	12/31/2299	EVOKED RESPONSE (EEG) AUD
67	92582	1/1/1900	12/31/2299	CONDITIONING PLAY AUDIOME
67	92583	1/1/1900	12/31/2299	SELECT PICTURE AUDIOMETRY
67	92584	1/1/1900	12/31/2299	ELECTROCOCHLEOGRAPHY
67	92585	1/1/1900	12/31/2299	BRAINSTEM EVOKED RESPONSE
67	92589	1/1/1900	12/31/2299	CENTRAL AUDITORY FUNCTION
67	92590	1/1/1900	12/31/2299	HEARING AID EXAMINATION A
67	92591	1/1/1900	12/31/2299	HEARING AID EXAMINATION A
67	92592	1/1/1900	12/31/2299	HEARING AID CHECK; MONAUR
67	92593	1/1/1900	12/31/2299	HEARING AID CHECK; BINAUR
67	92594	1/1/1900	12/31/2299	ELECTROACOUSTIC EVALUATIO
67	92595	1/1/1900	12/31/2299	ELECTROACOUSTIC EVALUTATI
67	92596	1/1/1900	12/31/2299	EAR PROTECTOR ATTENUATION
67	92599	1/1/1900	12/31/2299	UNLISTED OTORHINOLARYNGOL
67	93000	1/1/1900	12/31/2299	ELECTROCARDIOGRAM, ROUTIN
67	93005	1/1/1900	12/31/2299	ELECTROCARDIOGRAM, ROUTIN
67	93010	1/1/1900	12/31/2299	ELECTROCARDIOGRAM, ROUTIN
67	93012	1/1/1900	12/31/2299	TELEPHONIC OR TELEMETRIC
67	93014	1/1/1900	12/31/2299	TELEPHONIC OR TELEMETRIC
67	93015	1/1/1900	12/31/2299	CARDIOVASCULAR STRESS TES
67	93017	1/1/1900	12/31/2299	CARDIOVASCULAR STRESS TES
67	93018	1/1/1900	12/31/2299	CARDIOVASCULAR STRESS TES
67	93040	1/1/1900	12/31/2299	RHYTHM ECG, ONE TO THREE
67	93041	1/1/1900	12/31/2299	RHYTHM ECG, ONE TO THREE
67	93042	1/1/1900	12/31/2299	RHYTHM ECG, ONE TO THREE
67	93045	1/1/1900	12/31/2299	RHYTHM ECG, ONE TO THREE
67	93201	1/1/1900	12/31/2299	PHONOCARDIOGRAM WITH OR W
67	93202	1/1/1900	12/31/2299	PHONOCARDIOGRAM WITH ECG
67	93204	1/1/1900	12/31/2299	PHONOCARDIOGRAM WITH ECG
67	93205	1/1/1900	12/31/2299	PHONOCARDIOGRAM WITH ECG
67	93208	1/1/1900	12/31/2299	PHONOCARDIOGRAM WITH ECG
67	93209	1/1/1900	12/31/2299	PHONOCARDIOGRAM WITH ECG
67	93210	1/1/1900	12/31/2299	PHONOCARDIOGRAM, INTRACAR
67	93220	1/1/1900	12/31/2299	VECTORCARDIOGRAM (VCG), W
67	93221	1/1/1900	12/31/2299	VECTORCARDIOGRAM (VCG), W

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	93222	1/1/1900	12/31/2299	VECTORCARDIOGRAM (VCG), W
67	93224	1/1/1900	12/31/2299	EKG MON. FOR 24 HRS. BY C
67	93225	1/1/1900	12/31/2299	EKG MON. FOR 24 HRS. BY C
67	93226	1/1/1900	12/31/2299	EKG MON. FOR 24 HRS. BY C
67	93227	1/1/1900	12/31/2299	EKG MON. FOR 24 HRS. BY C
67	93230	1/1/1900	12/31/2299	EKG MON. FOR 24 HRS. BY C
67	93231	1/1/1900	12/31/2299	EKG MON. FOR 24 HRS. BY C
67	93232	1/1/1900	12/31/2299	EKG MON. FOR 24 HRS. BY C
67	93233	1/1/1900	12/31/2299	EKG MON. FOR 24 HRS. BY C
67	93235	1/1/1900	12/31/2299	EKG MON. FOR 24 HRS. BY C
67	93236	1/1/1900	12/31/2299	EKG MON. FOR 24 HRS. BY C
67	93237	1/1/1900	12/31/2299	EKG MON. FOR 24 HRS. BY C
67	93255	1/1/1900	12/31/2299	APEXCARDIOGRAPHY
67	93268	1/1/1900	12/31/2299	PATIENT DEMAND SINGLE OR
67	93278	1/1/1900	12/31/2299	SIGNAL-AVERAGED ELECTROCA
67	93312	1/1/1900	12/31/2299	ECHOCARDIOGRAPHY, REAL TI
67	93313	1/1/1900	12/31/2299	ECHOCARDIOGRAPHY REAL TIM
67	93314	1/1/1900	12/31/2299	ECHOCARDIOGRAPHY REAL TIM
67	93320	1/1/1900	12/31/2299	DOPPLER ECHOCARDIOGRAPHY,
67	93321	1/1/1900	12/31/2299	DOPPLER ECHOCARDIOGRAPHY,
67	93325	1/1/1900	12/31/2299	DOPPLER COLOR FLOW VELOCI
67	93350	1/1/1900	12/31/2299	ECG, REAL-TIME W/IMAGE DO
67	93615	1/1/1900	12/31/2299	ESOPHAGEAL RECORDING OF A
67	93616	1/1/1900	12/31/2299	ESOPHAGEAL RECORDING OF A
67	93620	1/1/1900	12/31/2299	COMPRE. ELECTROPH. EVAL.
67	93621	1/1/1900	12/31/2299	COMPRE. ELECTROPH. EVAL.
67	93622	1/1/1900	12/31/2299	COMPRE. ELECTROPH. EVAL.
67	93624	1/1/1900	12/31/2299	ELECTROPHYSIOLOGIC FOLLOW
67	93640	1/1/1900	12/31/2299	ELECTROPHYSIOLOGIC EVALUA
67	93770	1/1/1900	12/31/2299	DETERMINATION OF VENOUS P
67	93784	1/1/1900	12/31/2299	AMBULATORY BLOOD PRESSURE
67	93786	1/1/1900	12/31/2299	AMBULATORY BLOOD PRESSURE
67	93788	1/1/1900	12/31/2299	AMBULATORY BLOOD PRESSURE
67	93790	1/1/1900	12/31/2299	AMBULATORY BLOOD PRESSURE
67	93886	1/1/1900	12/31/2299	TRANSCRANIAL DOPPLER STUD
67	93888	1/1/1900	12/31/2299	TRANSCRANIAL DOPPLER STUD
67	93971	1/1/1900	12/31/2299	DUPLEX SCAN OF EXTREMITY

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	94010	1/1/1900	12/31/2299	SPIROMETRY,INCLUDING GRAP
67	94060	1/1/1900	12/31/2299	BRONCHOSPASM EVALUATION:
67	94070	1/1/1900	12/31/2299	PROLONGED POSTEXPOSURE EV
67	94150	1/1/1900	12/31/2299	VITAL CAPACITY, TOTAL (SE
67	94160	1/1/1900	12/31/2299	VITAL CAPACITY SCREENING
67	94200	1/1/1900	12/31/2299	MAXIMUM BREATHING CAPACIT
67	94240	1/1/1900	12/31/2299	FUNCTIONAL RESIDUAL CAPAC
67	94250	1/1/1900	12/31/2299	EXPIRED GAS COLLECTION, Q
67	94260	1/1/1900	12/31/2299	THORACIC GAS VOLUME
67	94350	1/1/1900	12/31/2299	DETERMINATION OF MALDISTR
67	94370	1/1/1900	12/31/2299	DETERMINATION OF AIRWAY C
67	94375	1/1/1900	12/31/2299	RESPIRATORY FLOW VOLUME L
67	94400	1/1/1900	12/31/2299	BREATHING RESPONSE TO CO2
67	94450	1/1/1900	12/31/2299	BREATHING RESPONSE TO HYP
67	94620	1/1/1900	12/31/2299	PULMONARY STRESS TESTING,
67	94640	1/1/1900	12/31/2299	NONPRESSURED INHALATION T
67	94680	1/1/1900	12/31/2299	OXYGEN UPTAKE, EXPIRED GA
67	94681	1/1/1900	12/31/2299	OXYGEN UPTAKE, EXPIRED GA
67	94690	1/1/1900	12/31/2299	OXYGEN UPTAKE, EXPIRED GA
67	94720	1/1/1900	12/31/2299	CARBON MONOXIDE DIFFUSING
67	94725	1/1/1900	12/31/2299	MEMBRANE DIFFUSION CAPACI
67	94750	1/1/1900	12/31/2299	PULMONARY COMPLIANCE STUD
67	94760	1/1/1900	12/31/2299	NONINVASIVE EAR OR PULSE
67	94761	1/1/1900	12/31/2299	NONINVASIVE EAR OR PULSE
67	94762	1/1/1900	12/31/2299	NONINVASIVE EAR OR PULSE
67	94770	1/1/1900	12/31/2299	CARBON DIOXIDE, EXPIRED G
67	94772	1/1/1900	12/31/2299	CIRCADIAN RESPIRATORY PAT
67	94799	1/1/1900	12/31/2299	UNLISTED PULMONARY SERVIC
67	95004	1/1/1900	12/31/2299	PERCUTANEOUS TESTS WITH A
67	95010	1/1/1900	12/31/2299	PERCUTANEOUS TEST SEQUENT
67	95015	1/1/1900	12/31/2299	INTRACUTANEOUS TEST SEQUE
67	95024	1/1/1900	12/31/2299	INTRACUTANEOUS TEST WITH
67	95027	1/1/1900	12/31/2299	SKIN END POINT TITRATION
67	95028	1/1/1900	12/31/2299	INTRACUTANEOUS TESTS WITH
67	95040	1/1/1900	12/31/2299	PATCH OR APPLICATION TEST
67	95041	1/1/1900	12/31/2299	PATCH OR APPLICATION TEST
67	95042	1/1/1900	12/31/2299	PATCH OR APPLICATION TEST

(Continued)

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	95043	1/1/1900	12/31/2299	PATCH OR APPLICATION TEST
67	95050	1/1/1900	12/31/2299	PHOTO PATCH TESTS; UP TO
67	95051	1/1/1900	12/31/2299	PHOTO PATCH TESTS; MORE T
67	95056	1/1/1900	12/31/2299	PHOTO TESTS
67	95060	1/1/1900	12/31/2299	OPHTHALMIC MUCOUS MEMBRAN
67	95065	1/1/1900	12/31/2299	DIRECT NASAL MUCOUS MEMBR
67	95070	1/1/1900	12/31/2299	INHAL. BRON. CHAL. TEST.
67	95071	1/1/1900	12/31/2299	INHAL. BRON. CHAL. TEST.
67	95078	1/1/1900	12/31/2299	PROVOCATIVE TESTING
67	95199	1/1/1900	12/31/2299	UNLISTED ALLERGY/CLINICAL
67	95805	1/1/1900	12/31/2299	MULTIPLE SLEEP LATENCY TE
67	95816	1/1/1900	12/31/2299	ELECTROENCEPHALOGRAM (EEG
67	95817	1/1/1900	12/31/2299	ELECTROENCEPHALOGRAM (EEG
67	95819	1/1/1900	12/31/2299	ELECTROENCEPHALOGRAM(EEG)
67	95821	1/1/1900	12/31/2299	ELECTROENCEPHALOGRAM(EEG)
67	95822	1/1/1900	12/31/2299	ELECTROENCEPHALOGRAM (EEG
67	95823	1/1/1900	12/31/2299	ELECTROENCEPHALOGRAM (EEG
67	95824	1/1/1900	12/31/2299	ELECTROENCEPHALOGRAM (EEG
67	95826	1/1/1900	12/31/2299	ELECTROENCEPHALOGRAM (EEG
67	95827	1/1/1900	12/31/2299	ELECTROENCEPHALOGRAM (EEG
67	95829	1/1/1900	12/31/2299	ELECTROCORTICOGRAM AT SUR
67	95830	1/1/1900	12/31/2299	INSERTION BY PHYSICIAN OF
67	95880	1/1/1900	12/31/2299	ASSESSMENT OF HIGHER CERE
67	95881	1/1/1900	12/31/2299	ASSESSMENT OF HIGHER CERE
67	95882	1/1/1900	12/31/2299	ASSESSMENT OF HIGHER CERE
67	95883	1/1/1900	12/31/2299	NEUOPHYCHOLOGICAL TESTING
67	95920	1/1/1900	12/31/2299	INTRAOPERATIVE NEUROPHYSI
67	95950	1/1/1900	12/31/2299	MON. FOR LOC. OF CER. SEI
67	95951	1/1/1900	12/31/2299	MON. FOR LOC. OF CER. SEI
67	95953	1/1/1900	12/31/2299	MONITORING FOR LOCALIZATI
67	95954	1/1/1900	12/31/2299	PHARMACOLOGICAL ACTIVATIO
67	95955	1/1/1900	12/31/2299	ELECTROENCEPHALOGRAM (EEG
67	95956	1/1/1900	12/31/2299	MONITORING FOR LOCALIZATI
67	95957	1/1/1995	1/1/1995	DIGITAL ANALYSIS OF ELECT
67	95958	1/1/1900	12/31/2299	WADA ACTIVATION TEST FOR
67	95961	1/1/1900	12/31/2299	FUNCTIONAL CORTICAL MAPPI
67	95962	1/1/1900	12/31/2299	FUNCTIONAL CORTICAL MAPPI
67	95999	1/1/1900	12/31/2299	UNLISTED NEUROLOGICAL/NEU

Table A-2.21 – Procedure Group 67 Table

Group Number	Code	Effective Date	End Date	Code Description
67	P2028	1/1/1900	12/31/2299	CEPHALIN FLOCULATION, BLO
67	P2031	1/1/1900	12/31/2299	HAIR ANALYSIS (EXCLUDING
67	P2033	1/1/1900	12/31/2299	THYMOL TURBIDITY, BLOOD
67	P2038	1/1/1900	12/31/2299	MUCOPROTEIN, BLOOD (SEROM
67	P3000	1/1/1900	12/31/2299	SCREENING PAPANICOLAOR SM
67	P3001	1/1/1900	12/31/2299	SCREENING PAPAMICOLAOR SM
67	P9010	1/1/1900	12/31/2299	BLOOD (WHOLE), FOR TRANSF
67	P9011	1/1/1900	12/31/2299	BLOOD (SPLIT UNIT), SPECI
67	P9012	1/1/1900	12/31/2299	CRYOPRECIPITATE, EACH UNI
67	P9013	1/1/1900	12/31/2299	FIBRINOGEN UNIT
67	P9014	1/1/1900	12/31/2299	GLOBULIN, GAMMA, 1ML
67	P9015	1/1/1900	12/31/2299	GLOBULIN, RH IMMUNE, 1ML
67	P9016	1/1/1900	12/31/2299	LEUKOCYTE POOR BLOOD, EAC
67	P9017	1/1/1900	12/31/2299	PLASMA, SINGLE DONOR, FRE
67	P9018	1/1/1900	12/31/2299	PLASMA PROTEIN FRACTION,
67	P9019	1/1/1900	12/31/2299	PLATELET CONCENTRATE, EAC
67	P9020	1/1/1900	12/31/2299	PLATELET RICH PLASMA, EAC
67	P9021	1/1/1900	12/31/2299	RED BLOOD CELLS, EACH UNI
67	P9022	1/1/1900	12/31/2299	WASHED RED BLOOD CELLS, E
67	P9603	1/1/1900	12/31/2299	TRAVEL ALLOWANCE ONE WAY
67	P9604	1/1/1900	12/31/2299	TRAVEL ALLOWANCE ONE WAY
67	P9605	1/1/1900	12/31/2299	ROUTINE VENIPUNCTURE FOR
67	P9610	1/1/1900	12/31/2299	CATHERIZATION FOR COLLECT
67	P9615	1/1/1900	12/31/2299	CATHERIZATION FOR COLLECT
67	Q0091	1/1/1900	12/31/2299	SCREENING PAPINICOLAOU SM
67	W0010	1/1/1900	12/31/2299	LONG-TERM (24 HOUR) AMBUL
67	W0770	1/1/1900	12/31/2299	ELECTOLYTE PANEL/PROFILE,
67	W0774	1/1/1900	12/31/2299	NORPACE LEVEL (DISOPYRAMI
67	Y0158	1/1/1900	12/31/2299	GRAPHIC STRESS TELETHERMO
67	Y0160	1/1/1900	12/31/2299	NON-INVASIVE MEASUREMENT
67	Z4501	1/1/1900	12/31/2299	DIAPHANOGRAPHY
67	Z9001	1/1/1900	12/31/2299	HBP CODES FOR PATHOLOGY,

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	80002	1/1/1900	12/31/2299	AUTOMATED MULTICHANNEL TE
70	80003	1/1/1900	12/31/2299	3 CLINICAL CHEMISTRY TEST
70	80004	1/1/1900	12/31/2299	4 CLINICAL CHEMISTRY TEST
70	80005	1/1/1900	12/31/2299	5 CLINICAL CHEMISTRY TEST
70	80006	1/1/1900	12/31/2299	6 CLINICAL CHEMISTRY TEST
70	80007	1/1/1900	12/31/2299	7 CLINICAL CHEMISTRY TEST
70	80008	1/1/1900	12/31/2299	8 CLINICAL CHEMISTRY TEST
70	80009	1/1/1900	12/31/2299	9 CLINICAL CHEMISTRY TEST
70	81000	1/1/1900	12/31/2299	URINALYSIS (PH, SPECIFIC
70	81001	1/1/1996	12/31/2299	URINALYSIS AUTO W/SCOPE
70	81002	1/1/1900	12/31/2299	URINALYSIS (PH, SPECIFIC
70	81003	1/1/1900	12/31/2299	URINALYSIS WITHOUT MICROS
70	81004	1/1/1900	12/31/2299	URINALYSIS; COMPONENTS, S
70	81005	1/1/1900	12/31/2299	URINALYSIS; CHEMICAL, QUA
70	81007	1/1/1900	12/31/2299	URINALYSIS; BACTERIURIA S
70	81010	1/1/1900	12/31/2299	URINALYSIS; CONCENTRATION
70	81011	1/1/1900	12/31/2299	URINALYSIS; WATER DEPRIVA
70	81012	1/1/1900	12/31/2299	URINALYSIS; WATER DEPRIVA
70	81015	1/1/1900	12/31/2299	URINALYSIS; MICROSCOPIC O
70	81020	1/1/1900	12/31/2299	URINALYSIS; TWO OR THREE
70	81025	1/1/1900	12/31/2299	URINE PREGNANCY TEST, BY
70	81030	1/1/1900	12/31/2299	QUANTITATIVE SEDIMENT ANA
70	81050	1/1/1900	12/31/2299	VOLUME MEASUREMENT FOR TI
70	81099	1/1/1900	12/31/2299	UNLISTED URINALYSIS PROCE
70	82000	1/1/1900	12/31/2299	ACETALDEHYDE, BLOOD
70	82003	1/1/1900	12/31/2299	ACETAMINOPHEN, URINE
70	82005	1/1/1900	12/31/2299	ACETOACETIC ACID
70	82009	1/1/1900	12/31/2299	ACETONE; QUALITATIVE
70	82010	1/1/1900	12/31/2299	ACETONE; QUANTITATIVE
70	82011	1/1/1900	12/31/2299	ACETYLSALICYLIC ACID; QUA
70	82012	1/1/1900	12/31/2299	ACETYLSALICYLIC ACID; QUA
70	82013	1/1/1900	12/31/2299	ACETYLCHOLINESTERASE
70	82015	1/1/1900	12/31/2299	ACIDITY, TITRATABLE, URIN
70	82024	1/1/1900	12/31/2299	ADRENOCORTICOTROPHIC HORM
70	82030	1/1/1900	12/31/2299	ADENOSINE; 5'-DIPHOSPHATE
70	82035	1/1/1900	12/31/2299	ADENOSINE; 5'-TRIPHOSPHAT

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	82040	1/1/1900	12/31/2299	ALBUMIN; SERUM
70	82042	1/1/1900	12/31/2299	ALBUMIN; URINE, QUANTITAT
70	82043	1/1/1900	12/31/2299	URINE, MICROALBUMIN, QUAN
70	82044	1/1/1900	12/31/2299	URINE, MICROALBUMIN, SEMI
70	82055	1/1/1900	12/31/2299	ALCOHOL (ETHANOL), BLOOD;
70	82060	1/1/1900	12/31/2299	ALCOHOL (ETHANOL), BLOOD;
70	82065	1/1/1900	12/31/2299	ALCOHOL (ETHANOL), URINE;
70	82070	1/1/1900	12/31/2299	ALCOHOL (ETHANOL), URINE;
70	82072	1/1/1900	12/31/2299	ALCOHOL (ETHANOL) GELATIO
70	82075	1/1/1900	12/31/2299	ALCOHOL (ETHANOL), BREATH
70	82076	1/1/1900	12/31/2299	ALCOHOL; ISOPROPYL
70	82078	1/1/1900	12/31/2299	ALCOHOL; METHYL
70	82085	1/1/1900	12/31/2299	ALDOLASE, BLOOD; KINETIC
70	82086	1/1/1900	12/31/2299	ALDOLASE, BLOOD; COLORIME
70	82087	1/1/1900	12/31/2299	ALDOSTERONE; DOUBLE ISOTO
70	82088	1/1/1900	12/31/2299	ALDOSTERONE; RIA BLOOD
70	82089	1/1/1900	12/31/2299	ALDOSTERONE; RIA URINE
70	82091	1/1/1900	12/31/2299	ALDOSTERONE; SALINE INFUS
70	82095	1/1/1900	12/31/2299	ALKALOIDS TISSUE; SCREENI
70	82096	1/1/1900	12/31/2299	ALKALOIDS TISSUE; QUANTIT
70	82100	1/1/1900	12/31/2299	ALKALOIDS, URINE; SCREENI
70	82101	1/1/1900	12/31/2299	ALKALOIDS, URINE; QUANTIT
70	82103	1/1/1900	12/31/2299	ALPHA-1-ANTITRYPSIN; TOTA
70	82104	1/1/1900	12/31/2299	ALPHA-1-ANTITRYPSIN; PHEN
70	82105	1/1/1900	12/31/2299	APLPH-FETOPROTEIN; SERUM
70	82106	1/1/1900	12/31/2299	AMNIOTIC FLUID
70	82108	1/1/1900	12/31/2299	ALUMINUM, BLOOD (SERUM)
70	82112	1/1/1900	12/31/2299	AMIKACIN
70	82126	1/1/1900	12/31/2299	AMINO ACID NITROGEN, ALPH
70	82128	1/1/1900	12/31/2299	AMINO ACIDS, QUALITATIVE
70	82130	1/1/1900	12/31/2299	AMINO ACIDS, URINE OR PLA
70	82131	1/1/1900	12/31/2299	AMNIO ACIDS, FRACTIONATIO
70	82134	1/1/1900	12/31/2299	AMINOHIPPURATE, PARA (PAH
70	82135	1/1/1900	12/31/2299	AMINOLEVULINIC ACID, DELT
70	82137	1/1/1900	12/31/2299	AMINOPHYLLINE
70	82138	1/1/1900	12/31/2299	AMITRIPTYLINE
70	82140	1/1/1900	12/31/2299	AMMONIA; BLOOD

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	82141	1/1/1900	12/31/2299	AMMONIA; URINE
70	82142	1/1/1900	12/31/2299	AMMONIUM CHLORIDE LOADING
70	82143	1/1/1900	12/31/2299	AMNIOTIC FLUID SCAN (SPEC
70	82145	1/1/1900	12/31/2299	AMPHETAMINE OR METHAMPHET
70	82150	1/1/1900	12/31/2299	AMYLASE, SERUM;
70	82154	1/1/1900	12/31/2299	ANDROSTANEDIOL GLUCURONID
70	82156	1/1/1900	12/31/2299	AMYLASE, URINE (DIASTASE)
70	82157	1/1/1900	12/31/2299	ANDROSTENEDIONE RIA
70	82159	1/1/1900	12/31/2299	ANDROSTERONE
70	82160	1/1/1900	12/31/2299	ANDROSTERONE; RIA
70	82163	1/1/1900	12/31/2299	ANGIOTENSIN II, RIA
70	82164	1/1/1900	12/31/2299	ANGIOTENSIN-CONVERTING EN
70	82165	1/1/1900	12/31/2299	ANILINE
70	82168	1/1/1900	12/31/2299	ANTIHISTAMINES
70	82170	1/1/1900	12/31/2299	ANTIMONY, URINE
70	82172	1/1/1900	12/31/2299	APOLIPOPROTEIN, IMMUNOASS
70	82173	1/1/1900	12/31/2299	ARGININE TOLERANCE TEST
70	82175	1/1/1900	12/31/2299	ARSENIC, BLOOD, URINE, GA
70	82180	1/1/1900	12/31/2299	ASCORBIC ACID (VITAMIN C)
70	82190	1/1/1900	12/31/2299	ATOMIC ABSORPTION SPECTRO
70	82205	1/1/1900	12/31/2299	BARBITURATES; QUANTITATIV
70	82210	1/1/1900	12/31/2299	BARBITURATES; QUANTITATIV
70	82225	1/1/1900	12/31/2299	BARIUM
70	82230	1/1/1900	12/31/2299	BERYLLIUM, URINE
70	82231	1/1/1900	12/31/2299	BETA-2 MICROGLOBULIN, RIA
70	82232	1/1/1900	12/31/2299	BETA-2 MICROGLOBULIN, RIA
70	82235	1/1/1900	12/31/2299	BICARBONATE EXCRETION, UR
70	82236	1/1/1900	12/31/2299	BICARBONATE LOADING TEST
70	82239	1/1/1900	12/31/2299	BILE ACIDS; TOTAL
70	82240	1/1/1900	12/31/2299	BILE ACIDS, BLOOD, FRACTI
70	82245	1/1/1900	12/31/2299	BILE PIGMENTS, URINE
70	82250	1/1/1900	12/31/2299	BILIRUBIN; BLOOD, TOTAL O
70	82251	1/1/1900	12/31/2299	BILIRUBIN; BLOOD, TOTAL A
70	82252	1/1/1900	12/31/2299	BILIRUBIN; FECES, QUALITA
70	82260	1/1/1900	12/31/2299	BILIRUBIN; URINE, QUANTIT
70	82265	1/1/1900	12/31/2299	BILIRUBIN; AMNIOTIC FLUID
70	82268	1/1/1900	12/31/2299	BISMUTH

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	82270	1/1/1900	12/31/2299	BLOOD; OCCULT, FECES, SCR
70	82273	1/1/1900	12/31/2299	BLOOD; DUODENAL, GASTRIC
70	82280	1/1/1900	12/31/2299	BORIC ACID; BLOOD
70	82285	1/1/1900	12/31/2299	BORIC ACID; URINE
70	82286	1/1/1900	12/31/2299	BRADYKININ
70	82290	1/1/1900	12/31/2299	BROMIDES; BLOOD
70	82291	1/1/1900	12/31/2299	BROMIDES; URINE
70	82300	1/1/1900	12/31/2299	CADMIUM, URINE
70	82305	1/1/1900	12/31/2299	CAFFEINE
70	82306	1/1/1900	12/31/2299	CALCIFEDIOL (25-OH VITAMI
70	82307	1/1/1900	12/31/2299	CALCIFEROL (VITAMIN D), R
70	82308	1/1/1900	12/31/2299	CALCITONIN, RIA
70	82310	1/1/1900	12/31/2299	CALCIUM, BLOOD; CHEMICAL
70	82315	1/1/1900	12/31/2299	CALCIUM, BLOOD; FLUOROMET
70	82320	1/1/1900	12/31/2299	CALCIUM, BLOOD; EMISSION
70	82325	1/1/1900	12/31/2299	CALCIUM, BLOOD; ATOMIC AB
70	82330	1/1/1900	12/31/2299	CALCIUM, BLOOD; FRACTIONA
70	82331	1/1/1900	12/31/2299	CALCIUM, BLOOD; AFTER CAL
70	82335	1/1/1900	12/31/2299	CALCIUM, URINE; QUALITATI
70	82340	1/1/1900	12/31/2299	CALCIUM , URINE; QUANTITAT
70	82355	1/1/1900	12/31/2299	CALCULUS (STONE), QUALITA
70	82360	1/1/1900	12/31/2299	CALCULUS (STONE), QUANTIT
70	82365	1/1/1900	12/31/2299	CALCULUS (STONE), QUANTIT
70	82370	1/1/1900	12/31/2299	CALCULUS (STONE), QUANTIT
70	82372	1/1/1900	12/31/2299	CARBAMAZEPINE, SERUM
70	82374	1/1/1900	12/31/2299	CARBON DIOXIDE, COMBINING
70	82375	1/1/1900	12/31/2299	CARBON MONOXIDE, (CARBOXY
70	82376	1/1/1900	12/31/2299	CARBON MONOXIDE, (CARBOXY
70	82378	1/1/1900	12/31/2299	CARCINOEMBRYONIC ANTIGEN
70	82380	1/1/1900	12/31/2299	CAROTENE, BLOOD
70	82382	1/1/1900	12/31/2299	CATECHOLAMINES (DOPAMINE,
70	82383	1/1/1900	12/31/2299	CATECHOLAMINES (DOPAMINE,
70	82384	1/1/1900	12/31/2299	CATECHOLAMINES (DOPAMINE,
70	82387	1/1/1900	12/31/2299	CATHEPSIN-D
70	82390	1/1/1900	12/31/2299	CERULOPLASMIN CHEMICAL (C
70	82397	1/1/1900	12/31/2299	CHEMILUMINESCENT ASSAY
70	82400	1/1/1900	12/31/2299	CHLORAL HYDRATE; BLOOD

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	82405	1/1/1900	12/31/2299	CHLORAL HYDRATE; URINE
70	82415	1/1/1900	12/31/2299	CHLORAMPHENICOL, BLOOD
70	82418	1/1/1900	12/31/2299	CHLORAZEPATE DIPOTASSIUM
70	82420	1/1/1900	12/31/2299	CHLORDIAZEPOXIDE; BLOOD
70	82425	1/1/1900	12/31/2299	CHLORDIAZEPOXIDE; URINE
70	82435	1/1/1900	12/31/2299	CHLORIDES; BLOOD (SPECIFY
70	82436	1/1/1900	12/31/2299	CHLORIDES; URINE (SPECIFY
70	82437	1/1/1900	12/31/2299	CHLORIDES; SWEAT (WITHOUT
70	82438	1/1/1900	12/31/2299	CHLORIDES; SPINAL FLUID
70	82441	1/1/1900	12/31/2299	CHLORINATED HYDROCARBONS,
70	82443	1/1/1900	12/31/2299	CHLOROTHIAZIDE-HYDROCHLOR
70	82465	1/1/1900	12/31/2299	CHOLESTEROL, SERUM; TOTAL
70	82470	1/1/1900	12/31/2299	CHOLESTEROL, SERUM; TOTAL
70	82480	1/1/1900	12/31/2299	CHOLINESTERASE; SERUM
70	82482	1/1/1900	12/31/2299	CHOLINESTERASE; RBC
70	82484	1/1/1900	12/31/2299	CHOLINESTERASE; SERUM AND
70	82485	1/1/1900	12/31/2299	CHONDROITIN B SULFATE, QU
70	82486	1/1/1900	12/31/2299	CHROMATOGRAPHY; GAS-LIQUI
70	82487	1/1/1900	12/31/2299	CHROMATOGRAPHY; PAPER, 1-
70	82488	1/1/1900	12/31/2299	CHROMATOGRAPHY; PAPER, 2-
70	82489	1/1/1900	12/31/2299	CHROMATOGRAPHY; THIN LAYE
70	82491	1/1/1900	12/31/2299	CHROMOTOGRAPHY, QUANTITAT
70	82495	1/1/1900	12/31/2299	CHROMIUM; URINE
70	82507	1/1/1900	12/31/2299	CITRIC
70	82512	1/1/1900	12/31/2299	CLONAZEPAM
70	82520	1/1/1900	12/31/2299	COCAINE, QUANTITATIVE
70	82525	1/1/1900	12/31/2299	COPPER; BLOOD
70	82526	1/1/1900	12/31/2299	COPPER; URINE
70	82528	1/1/1900	12/31/2299	CORTICOSTERONE, RIA
70	82529	1/1/1900	12/31/2299	CORTISOL; FLUOROMETRIC, P
70	82530	1/1/1900	12/31/2299	CORTISOL; FREE
70	82531	1/1/1900	12/31/2299	CORTISOL; CPB, PLASMA
70	82532	1/1/1900	12/31/2299	CORTISOL; CPB, URINE
70	82533	1/1/1900	12/31/2299	CORTISOL; RIA, PLASMA
70	82534	1/1/1900	12/31/2299	CORTISOL; RIA, URINE
70	82536	1/1/1900	12/31/2299	CORTISOL; AFTER ADRENOCOR
70	82537	1/1/1900	12/31/2299	48 HOURS AFTER CONTINUOUS

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	82538	1/1/1900	12/31/2299	CORTISOL; AFTER METYRAPON
70	82539	1/1/1900	12/31/2299	CORTISOL; DEXAMETHASONE S
70	82540	1/1/1900	12/31/2299	CREATINE; BLOOD
70	82545	1/1/1900	12/31/2299	CREATINE; URINE
70	82546	1/1/1900	12/31/2299	CREATINE AND CREATININE
70	82550	1/1/1900	12/31/2299	CREATINE PHOSPHOKINASE (C
70	82552	1/1/1900	12/31/2299	CREATINE PHOSPHOKINASE (C
70	82553	1/1/1900	12/31/2299	MB FRACTION ONLY
70	82554	1/1/1900	12/31/2299	ISOFORMS
70	82555	1/1/1900	12/31/2299	CREATINE PHOSPHOKINASE (C
70	82565	1/1/1900	12/31/2299	CREATININE; BLOOD
70	82570	1/1/1900	12/31/2299	CREATININE; URINE
70	82575	1/1/1900	12/31/2299	CREATININE; CLEARANCE
70	82585	1/1/1900	12/31/2299	CRYOFIBRINOGEN, BLOOD
70	82595	1/1/1900	12/31/2299	CRYOGLOBULIN, BLOOD
70	82600	1/1/1900	12/31/2299	CYANIDE; BLOOD
70	82601	1/1/1900	12/31/2299	CYANIDE; TISSUE
70	82606	1/1/1900	12/31/2299	CYANOCOBALAMIN (VITAMIN B
70	82607	1/1/1900	12/31/2299	CYANOCOBALAMIN (VITAMIN B
70	82608	1/1/1900	12/31/2299	CYANOCOBALAMIN; UNSATURAT
70	82614	1/1/1900	12/31/2299	CYSTINE, BLOOD, QUALITATI
70	82615	1/1/1900	12/31/2299	CYSTINE AND HOMOCYSTINE,
70	82620	1/1/1900	12/31/2299	CYSTINE AND HOMOCYSTINE,
70	82624	1/1/1900	12/31/2299	CYSTINE AMINOPEPTIDASE
70	82626	1/1/1900	12/31/2299	DEHYDROEPIANDROSTERONE, (
70	82627	1/1/1900	12/31/2299	DEHYDROEPIANDROSTERONE-SU
70	82628	1/1/1900	12/31/2299	DESIPRAMINE
70	82633	1/1/1900	12/31/2299	DESOXYCORTICOSTERONE, 11-
70	82634	1/1/1900	12/31/2299	DESOXYCORTISOL, 11-(COMPO
70	82635	1/1/1900	12/31/2299	DIACETIC ACID
70	82636	1/1/1900	12/31/2299	DIAZEPAM
70	82638	1/1/1900	12/31/2299	DIBUCAINE NUMBER
70	82639	1/1/1900	12/31/2299	DICUMAROL
70	82640	1/1/1900	12/31/2299	DIGITOXIN (DIGITALIS); BL
70	82641	1/1/1900	12/31/2299	DIGITOXIN (DIGITALIS); UR
70	82643	1/1/1900	12/31/2299	DIGOXIN, RIA
70	82646	1/1/1900	12/31/2299	DIHYDROCODINONE

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	82649	1/1/1900	12/31/2299	DIHYDROMORPHINONE, QUANTI
70	82651	1/1/1900	12/31/2299	DIHYDROTESTOSTERONE (DHT)
70	82652	1/1/1900	12/31/2299	DIHYDROXYVITAMIN D, 1, 25
70	82654	1/1/1900	12/31/2299	DIMETHADIONE
70	82656	1/1/1900	12/31/2299	DOXEPIN
70	82660	1/1/1900	12/31/2299	DRUG SCREEN (AMPHETAMINES
70	82662	1/1/1900	12/31/2299	IMMUNOASSAY TECHNIQUE FOR
70	82664	1/1/1900	12/31/2299	ELECTROPHORETIC TECHNIQUE
70	82666	1/1/1900	12/31/2299	EPIANDROSTERONE
70	82668	1/1/1900	12/31/2299	ERYTHROPOIETIN, BIOASSAY
70	82670	1/1/1900	12/31/2299	ESTRADIOL, RIA (PLACENTAL
70	82671	1/1/1900	12/31/2299	ESTROGENS; FRACTIONATED
70	82672	1/1/1900	12/31/2299	ESTROGENS; TOTAL
70	82673	1/1/1900	12/31/2299	ESTRIOL, PLACENTAL; FLUOR
70	82674	1/1/1900	12/31/2299	ESTRIOL, PLACENTAL; GLC
70	82676	1/1/1900	12/31/2299	ESTRIOL, NONPREGNANCY; CH
70	82677	1/1/1900	12/31/2299	ESTRIOL, NONPREGNANCY; RI
70	82678	1/1/1900	12/31/2299	ESTRONE; CHEMICAL
70	82679	1/1/1900	12/31/2299	ESTRONE; RIA
70	82690	1/1/1900	12/31/2299	ETHCHLORVYNOL; BLOOD
70	82691	1/1/1900	12/31/2299	ETHCHLORVYNOL; URINE
70	82692	1/1/1900	12/31/2299	ETHOSUXIMIDE
70	82693	1/1/1900	12/31/2299	ETHYLENE GLYCOL
70	82694	1/1/1900	12/31/2299	ETIOCHOLANOLONE
70	82696	1/1/1900	12/31/2299	ETIOCHOLANOLONE, RIA
70	82705	1/1/1900	12/31/2299	FAT OR LIPIDS, FECES; SCR
70	82710	1/1/1900	12/31/2299	FAT OR LIPIDS, FECES; QUA
70	82715	1/1/1900	12/31/2299	FAT DIFFERENTIAL, FECES,
70	82720	1/1/1900	12/31/2299	FATTY ACIDS, BLOOD; ESTER
70	82725	1/1/1900	12/31/2299	FATTY ACIDS, BLOOD; NONES
70	82727	1/1/1900	12/31/2299	FERRIC CHLORIDE, URINE
70	82728	1/1/1900	12/31/2299	FERRITIN, SPECIFY METHOD
70	82730	1/1/1900	12/31/2299	FIBRINOGEN, QUANTITATIVE
70	82735	1/1/1900	12/31/2299	FLUORIDE; BLOOD
70	82740	1/1/1900	12/31/2299	FLUORIDE; URINE
70	82741	1/1/1900	12/31/2299	FLUCYTOSINE (5-FLUOROCYTO
70	82742	1/1/1900	12/31/2299	FLURAZEPAM

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	82745	1/1/1900	12/31/2299	FOLIC ACID (FOLATE), BLOO
70	82746	1/1/1900	12/31/2299	FOLIC ACID (FOLATE), BLOO
70	82747	1/1/1900	12/31/2299	FOLIC ACID; RBC
70	82750	1/1/1900	12/31/2299	FORMIMINOGLUTAMIC ACID (F
70	82755	1/1/1900	12/31/2299	FREE RADICAL ASSAY TECHNI
70	82756	1/1/1900	12/31/2299	FREE THYROXINE INDEX (T -7
70	82757	1/1/1900	12/31/2299	FRUCTOSE, SEMEN
70	82759	1/1/1900	12/31/2299	GALACTOKINASE, RBC
70	82760	1/1/1900	12/31/2299	GALACTOSE; BLOOD
70	82763	1/1/1900	12/31/2299	GALACTOSE; TOLERANCE TEST
70	82765	1/1/1900	12/31/2299	GALACTOSE; URINE
70	82775	1/1/1900	12/31/2299	GALACTOSE-1-PHOSPHATE URI
70	82776	1/1/1900	12/31/2299	GALACTOSE-1-PHOSPHATE URI
70	82780	1/1/1900	12/31/2299	GALLIUM
70	82784	1/1/1900	12/31/2299	GAMMAGLOBULIN, A, D, G, M
70	82785	1/1/1900	12/31/2299	GAMMAGLOBULIN, E, (EG, EI
70	82786	1/1/1900	12/31/2299	GAMMAGLOBULIN, SALT PRECI
70	82787	1/1/1900	12/31/2299	IMMUNOGLOBULIN SUBCLASSES
70	82790	1/1/1900	12/31/2299	GASES, BLOOD, OXYGEN SATU
70	82791	1/1/1900	12/31/2299	GASES, BLOOD, OXYGEN SATU
70	82792	1/1/1900	12/31/2299	GASES, BLOOD, OXYGEN SATU
70	82793	1/1/1900	12/31/2299	GASES, BLOOD, OXYGEN SATU
70	82795	1/1/1900	12/31/2299	GASES, BLOOD, OXYGEN SATU
70	82800	1/1/1900	12/31/2299	GASES, BLOOD; PH ONLY
70	82801	1/1/1900	12/31/2299	GASES, BLOOD; PCO2
70	82802	1/1/1900	12/31/2299	GASES, BLOOD; PH, PCO2 BY
70	82803	1/1/1900	12/31/2299	GASES, BLOOD; PH, PCO2, P
70	82804	1/1/1900	12/31/2299	GASES, BLOOD; PO2 BY ELEC
70	82812	1/1/1900	12/31/2299	GASES, BLOOD; PO2 BY MANO
70	82817	1/1/1900	12/31/2299	GASES, BLOOD; PH, PCO2 BY
70	82820	1/1/1900	12/31/2299	HEMOGLOBIN-OXYGEN AFFINIT
70	82926	1/1/1900	12/31/2299	GASTRIC ACID, FREE AND TO
70	82927	1/1/1900	12/31/2299	GASTRIC ACID, FREE AND TO
70	82928	1/1/1900	12/31/2299	GASTRIC ACID, FREE OR TOT
70	82929	1/1/1900	12/31/2299	GASTRIC ACID, FREE OR TOT
70	82931	1/1/1900	12/31/2299	GASTRIC ACID, PH TITRATIO
70	82932	1/1/1900	12/31/2299	GASTRIC ACID, PH TITRATIO

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	82938	1/1/1900	12/31/2299	GASTRIN (SERUM) AFTER SEC
70	82941	1/1/1900	12/31/2299	GASTRIN, RIA
70	82942	1/1/1900	12/31/2299	GLOBULIN, SERUM
70	82943	1/1/1900	12/31/2299	GLUCAGON, RIA
70	82944	1/1/1900	12/31/2299	GLUCOSAMINE
70	82946	1/1/1900	12/31/2299	GLUCAGON TOLERANCE TEST
70	82947	1/1/1900	12/31/2299	GLUCOSE; EXCEPT URINE (EG
70	82948	1/1/1900	12/31/2299	GLUCOSE; BLOOD, STICK TES
70	82949	1/1/1900	12/31/2299	GLUCOSE; FERMENTATION
70	82950	1/1/1900	12/31/2299	GLUCOSE; POST GLUCOSE DOS
70	82951	1/1/1900	12/31/2299	GLUCOSE; TOLERANCE TEST (
70	82952	1/1/1900	12/31/2299	GLUCOSE; TOLERANCE TEST,
70	82953	1/1/1900	12/31/2299	GLUCOSE; TOLBUTAMIDE TOLE
70	82954	1/1/1900	12/31/2299	GLUCOSE; URINE
70	82955	1/1/1900	12/31/2299	GLUCOSE-6-PHOSPHATE DEHYD
70	82960	1/1/1900	12/31/2299	GLUCOSE-6-PHOSPHATE DEHYD
70	82961	1/1/1900	12/31/2299	GLUCOSE TOLERANCE TEST, I
70	82962	1/1/1900	12/31/2299	GLUCOSE BLOOD, BY GLUCOSE
70	82963	1/1/1900	12/31/2299	GLUCOSIDASE, BETA
70	82965	1/1/1900	12/31/2299	GLUTAMATE DEHYDROGENASE,
70	82975	1/1/1900	12/31/2299	GLUTAMINE (GLUTAMIC ACID
70	82977	1/1/1900	12/31/2299	GLUTAMYL TRANSPEPTIDASE,
70	82978	1/1/1900	12/31/2299	GLUTATHIONE
70	82979	1/1/1900	12/31/2299	GLUTATHIONE REDUCTASE, RB
70	82980	1/1/1900	12/31/2299	GLUTETHIMIDE
70	82985	1/1/1900	12/31/2299	GLYCOPROTEIN, ELECTROPHOR
70	82995	1/1/1900	12/31/2299	GOLD, BLOOD
70	83000	1/1/1900	12/31/2299	GONADOTROPIN, PITUITARY F
70	83001	1/1/1900	12/31/2299	GONADOTROPIN, PIT UITARY F
70	83002	1/1/1900	12/31/2299	GONADOTROPIN, PITUITARY L
70	83003	1/1/1900	12/31/2299	GROWTH HORMONE (HGH), (SO
70	83004	1/1/1900	12/31/2299	GROWTH HORMONE (HGH), (SO
70	83008	1/1/1900	12/31/2299	GUANOSINE MONOPHOSPHATE,
70	83010	1/1/1900	12/31/2299	HAPTOGLOBIN; CHEMICAL
70	83011	1/1/1900	12/31/2299	HAPTOGLOBIN; QUANTITATIVE
70	83012	1/1/1900	12/31/2299	HAPTOGLOBIN; PHENOTYPES,
70	83015	1/1/1900	12/31/2299	HEAVY METAL SCREEN (ARSEN

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	83018	1/1/1900	12/31/2299	HEAVY METAL SCREEN (ARSEN
70	83020	1/1/1900	12/31/2299	HEMOGLOBIN; ELECTROPHORES
70	83026	1/1/1900	12/31/2299	HEMOGLOBIN; BY COPPER SUL
70	83030	1/1/1900	12/31/2299	HEMOGLOBIN; F(FETAL), CHE
70	83033	1/1/1900	12/31/2299	HEMOGLOBIN; F(FETAL), QUA
70	83036	1/1/1900	12/31/2299	HEMOGLOBIN; GLYCOSYLATED
70	83040	1/1/1900	12/31/2299	HEMOGLOBIN; METHEMOGLOBIN
70	83045	1/1/1900	12/31/2299	HEMOGLOBIN; METHEMOGLOBIN
70	83050	1/1/1900	12/31/2299	HEMOGLOBIN; METHEMOGLOBIN
70	83051	1/1/1900	12/31/2299	HEMOGLOBIN; PLASMA
70	83052	1/1/1900	12/31/2299	HEMOGLOBIN; SICKLE, TURBI
70	83053	1/1/1900	12/31/2299	HEMOGLOBIN; SOLUBILITY, S
70	83055	1/1/1900	12/31/2299	HEMOGLOBIN; SULFHEMOGLOBI
70	83060	1/1/1900	12/31/2299	HEMOGLOBIN; SULFHEMOGLOBI
70	83065	1/1/1900	12/31/2299	HEMOGLOBIN; THERMOLABILE
70	83068	1/1/1900	12/31/2299	HEMOGLOBIN; UNSTABLE, SCR
70	83069	1/1/1900	12/31/2299	HEMOGLOBIN; URINE
70	83070	1/1/1900	12/31/2299	HEMOSIDERIN, URINE
70	83071	1/1/1900	12/31/2299	HEMOSIDERIN, RIA
70	83086	1/1/1900	12/31/2299	HISTIDINE; BLOOD, QUALITA
70	83087	1/1/1900	12/31/2299	HISTIDINE; URINE, QUALITA
70	83088	1/1/1900	12/31/2299	HISTAMINE
70	83093	1/1/1900	12/31/2299	HOMOGENTISIC ACID; BLOOD,
70	83094	1/1/1900	12/31/2299	HOMOGENTISIC ACID; URINE,
70	83095	1/1/1900	12/31/2299	HOMOGENTISIC ACID; URINE,
70	83150	1/1/1900	12/31/2299	HOMOVANILLIC ACID (HVA),
70	83485	1/1/1900	12/31/2299	HYDROXYBUTYRIC DEHYDROGEN
70	83486	1/1/1900	12/31/2299	HYDROXYBUTYRIC DEHYDROGEN
70	83491	1/1/1900	12/31/2299	HYDROXYCORTICOSTEROIDS, 1
70	83492	1/1/1900	12/31/2299	HYDROXYCORTICOSTEROIDS, 1
70	83493	1/1/1900	12/31/2299	HYDROXYCORTICOSTEROIDS, 1
70	83494	1/1/1900	12/31/2299	HYDROXYCORTICOSTEROIDS, 1
70	83495	1/1/1900	12/31/2299	HYDROXYCORTICOSTEROIDS, 1
70	83496	1/1/1900	12/31/2299	HYDROXYCORTICOSTEROIDS, 1
70	83497	1/1/1900	12/31/2299	HYDROXYINDOLACETIC ACID,
70	83498	1/1/1900	12/31/2299	HYDROXYPROGESTERONE, 17-D
70	83499	1/1/1900	12/31/2299	HYDROXYPROGESTERONE, 20-

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	83500	1/1/1900	12/31/2299	HYDROXYPROLINE, URINE; FR
70	83505	1/1/1900	12/31/2299	HYDROXYPROLINE, URINE; TO
70	83510	1/1/1900	12/31/2299	HYDROXYPROLINE, URINE; FR
70	83518	1/1/1900	12/31/2299	IMMUNOASSAY, FOR ANALYTE
70	83519	1/1/1900	12/31/2299	IMMUNOASSAY, ANALYTE; BY
70	83520	1/1/1900	12/31/2299	IMMUNOASSAY, ANALYTE; NOS
70	83523	1/1/1900	12/31/2299	IMIPRAMINE
70	83524	1/1/1900	12/31/2299	INDICAN, URINE
70	83525	1/1/1900	12/31/2299	INSULIN, RIA
70	83526	1/1/1900	12/31/2299	INSULIN TOLERANCE TEST
70	83527	1/1/1900	12/31/2299	INSULIN; FREE
70	83528	1/1/1900	12/31/2299	INTRINSIC FACTOR LEVEL
70	83530	1/1/1900	12/31/2299	INULIN CLEARANCE
70	83540	1/1/1900	12/31/2299	IRON, SERUM; CHEMICAL
70	83545	1/1/1900	12/31/2299	IRON, SERUM; AUTOMATED
70	83546	1/1/1900	12/31/2299	IRON, SERUM; RADIOACTIVE
70	83550	1/1/1900	12/31/2299	IRON BINDING CAPACITY, SE
70	83555	1/1/1900	12/31/2299	IRON BINDING CAPACITY, SE
70	83565	1/1/1900	12/31/2299	IRON BINDING CAPACITY, SE
70	83570	1/1/1900	12/31/2299	ISOCITRIC DEHYDROGENASE (
70	83571	1/1/1900	12/31/2299	ISOCITRIC DEHYDROGENASE (
70	83576	1/1/1900	12/31/2299	ISONICOTINIC ACID HYDRAZI
70	83578	1/1/1900	12/31/2299	KANAMYCIN
70	83582	1/1/1900	12/31/2299	KETOGENIC STEROIDS, URINE
70	83583	1/1/1900	12/31/2299	KETOGENIC STEROIDS, URINE
70	83584	1/1/1900	12/31/2299	KETOGLUTARATE, ALPHA
70	83586	1/1/1900	12/31/2299	KETOSTEROIDS, 17-(17-KS),
70	83587	1/1/1900	12/31/2299	KETOSTEROIDS, 17-(17-KS),
70	83588	1/1/1900	12/31/2299	KETOSTEROIDS, 17-(17-KS),
70	83589	1/1/1900	12/31/2299	KETOSTEROIDS, 17-(17-KS),
70	83590	1/1/1900	12/31/2299	KETOSTEROIDS, 17-(17-KS),
70	83593	1/1/1900	12/31/2299	KETOSTEROIDS, 17-(17-KS),
70	83597	1/1/1900	12/31/2299	KETOSTEROIDS, 17- (17-KS)
70	83599	1/1/1900	12/31/2299	KETOSTEROIDS, 17-OH, RIA
70	83600	1/1/1900	12/31/2299	KYNURENIC ACID
70	83605	1/1/1900	12/31/2299	LACTATE (LACTIC ACID)
70	83610	1/1/1900	12/31/2299	LACTIC DEHYDROGENASE (LDH

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	83615	1/1/1900	12/31/2299	LACTIC DEHYDROGENASE (LDH
70	83620	1/1/1900	12/31/2299	LACTIC DEHYDROGENASE (LDH
70	83624	1/1/1900	12/31/2299	LACTIC DEHYDROGENASE (LDH
70	83625	1/1/1900	12/31/2299	LACTIC DEHYDROGENASE (LDH
70	83626	1/1/1900	12/31/2299	LACTIC DEHYDROGENASE (LDH
70	83628	1/1/1900	12/31/2299	LACTIC DEHYDROGENASE, LIV
70	83629	1/1/1900	12/31/2299	LACTIC DEHYDROGENASE (LDH
70	83631	1/1/1900	12/31/2299	LACTIC DEHYDROGENASE (LDH
70	83632	1/1/1900	12/31/2299	LACTOGEN, HUMAN PLACENTAL
70	83633	1/1/1900	12/31/2299	LACTOSE, URINE; QUALITATI
70	83634	1/1/1900	12/31/2299	LACTOSE, URINE; QUANTITAT
70	83645	1/1/1900	12/31/2299	LEAD, SCREENING; BLOOD
70	83650	1/1/1900	12/31/2299	LEAD, SCREENING; URINE
70	83655	1/1/1900	12/31/2299	LEAD, QUANTITATIVE; BLOOD
70	83660	1/1/1900	12/31/2299	LEAD, QUANTITATIVE; URINE
70	83661	1/1/1900	12/31/2299	LECITHIN-SPHINGOMYELIN RA
70	83662	1/1/1900	12/31/2299	LECITHIN-SPHINGOMYELIN RA
70	83670	1/1/1900	12/31/2299	LEUCINE AMINOPEPTIDASE (L
70	83675	1/1/1900	12/31/2299	LEUCINE AMINOPEPTIDASE (L
70	83680	1/1/1900	12/31/2299	LEUCINE AMINOPEPTIDASE (L
70	83681	1/1/1900	12/31/2299	LEUCINE TOLERANCE TEST
70	83685	1/1/1900	12/31/2299	LIDOCAINE
70	83690	1/1/1900	12/31/2299	LIPASE, BLOOD
70	83700	1/1/1900	12/31/2299	LIPIDS, BLOOD; TOTAL
70	83705	1/1/1900	12/31/2299	LIPIDS, BLOOD; FRACTIONAT
70	83715	1/1/1900	12/31/2299	LIPOPROTEIN, BLOOD; ELECT
70	83717	1/1/1900	12/31/2299	LIPOPROTEIN, BLOOD; ULTRA
70	83718	1/1/1900	12/31/2299	LIPOPROTEIN, BLOOD; PRECI
70	83719	1/1/1900	12/31/2299	LIPOPROTEIN VERY LOW DENS
70	83720	1/1/1900	12/31/2299	LIPOPROTEIN CHOLESTEROL F
70	83721	1/1/1900	12/31/2299	LIPOPROTEIN, DIRECT MEASU
70	83725	1/1/1900	12/31/2299	LITHIUM, BLOOD, QUANTITAT
70	83727	1/1/1900	12/31/2299	LUTEINIZING RELEASING FAC
70	83728	1/1/1900	12/31/2299	LYSERGIC ACID DIETHYLAMID
70	83730	1/1/1900	12/31/2299	MACROGLOBULINS (SIA TEST)
70	83735	1/1/1900	12/31/2299	MAGNESIUM, BLOOD; CHEMICA
70	83740	1/1/1900	12/31/2299	MAGNESIUM, BLOOD; FLUOROM

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	83750	1/1/1900	12/31/2299	MAGNESIUM, BLOOD; ATOMIC
70	83755	1/1/1900	12/31/2299	MAGNESIUM, URINE; CHEMICA
70	83760	1/1/1900	12/31/2299	MAGNESIUM, URINE; FLUOROM
70	83765	1/1/1900	12/31/2299	MAGNESIUM, URINE; ATOMIC
70	83775	1/1/1900	12/31/2299	MALATE DEHYDROGENASE, KIN
70	83785	1/1/1900	12/31/2299	MANGANESE, BLOOD OR URINE
70	83790	1/1/1900	12/31/2299	MANNITOL CLEARANCE
70	83795	1/1/1900	12/31/2299	MELANIN, URINE, QUALITATI
70	83799	1/1/1900	12/31/2299	MEPERIDINE, QUANTITATIVE
70	83805	1/1/1900	12/31/2299	MEPROBAMATE, BLOOD OR URI
70	83825	1/1/1900	12/31/2299	MERCURY, QUANTITATIVE; BL
70	83830	1/1/1900	12/31/2299	MERCURY, QUANTITATIVE; UR
70	83835	1/1/1900	12/31/2299	METANEPHRINES, URINE
70	83840	1/1/1900	12/31/2299	METHADONE
70	83842	1/1/1900	12/31/2299	METHAPYRILENE
70	83845	1/1/1900	12/31/2299	METHAQUALONE
70	83857	1/1/1900	12/31/2299	METHEMALBUMIN
70	83858	1/1/1900	12/31/2299	METHSUXIMIDE, SERUM
70	83859	1/1/1900	12/31/2299	METHYPRYLON
70	83860	1/1/1900	12/31/2299	MORPHINE; SCREENING
70	83861	1/1/1900	12/31/2299	MORPHINE; QUANTITATIVE
70	83862	1/1/1900	12/31/2299	MORPHINE; RIA
70	83864	1/1/1900	12/31/2299	MUCOPOLYSACCHARIDES, ACID
70	83865	1/1/1900	12/31/2299	MUCOPOLYSACCHARIDES, ACID
70	83866	1/1/1900	12/31/2299	MUCOPOLYSACCHARIDES, ACID
70	83872	1/1/1900	12/31/2299	MUCIN, SYNOVIAL FLUID (RO
70	83873	1/1/1900	12/31/2299	MYELIN BASIC PROTEIN, CSF
70	83874	1/1/1900	12/31/2299	MYOGLOBIN, ELECTROPHORESI
70	83875	1/1/1900	12/31/2299	MYOGLOBIN, URINE
70	83880	1/1/1900	12/31/2299	NALORPHINE
70	83883	1/1/1900	12/31/2299	NEPHELOMETRY, EACH ANALYT
70	83885	1/1/1900	12/31/2299	NICKEL, URINE
70	83887	1/1/1900	12/31/2299	NICOTINE
70	83890	1/1/1900	12/31/2299	NUCLEAR MOLECULAR DIAGNOS
70	83892	1/1/1900	12/31/2299	NUCLEAR MOLECULAR DIAGNOS
70	83894	1/1/1900	12/31/2299	NUCLEAR MOLECULAR DIAGNOS
70	83895	1/1/1900	12/31/2299	NITROGEN, TOTAL; URINE, 2

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	83896	1/1/1900	12/31/2299	NUCLEAR MOLECULAR DIAGNOS
70	83898	1/1/1900	12/31/2299	NUCLEIC ACID PROBE WITH A
70	83900	1/1/1900	12/31/2299	NITROGEN, TOTAL; FECES, 2
70	83910	1/1/1900	12/31/2299	NONPROTEIN NITROGEN (NPN)
70	83912	1/1/1900	12/31/2299	NUCLEIC ACID PROBE, WITH
70	83913	1/1/1900	12/31/2299	NUCLEIC ACID PROBE, WITH
70	83915	1/1/1900	12/31/2299	NUCLEOTIDASE 5'
70	83916	1/1/1900	12/31/2299	OLIGOCLONAL IMMUNE GLOBUL
70	83917	1/1/1900	12/31/2299	ORGANIC ACIDS; SCREEN, QU
70	83918	1/1/1900	12/31/2299	ORGANIC ACIDS; QUANTITATI
70	83920	1/1/1900	12/31/2299	ORNITHINE CARBAMYL TRANSF
70	83925	1/1/1900	12/31/2299	OPIATES (EG, MORPHINE, ME
70	83930	1/1/1900	12/31/2299	OSMOLALITY; BLOOD
70	83935	1/1/1900	12/31/2299	OSMOLALITY; URINE
70	83938	1/1/1900	12/31/2299	OUABAIN
70	83945	1/1/1900	12/31/2299	OXALATE, URINE
70	83946	1/1/1900	12/31/2299	OXAZEPAM
70	83947	1/1/1900	12/31/2299	OXYBUTYRIC ACID, BETA
70	83948	1/1/1900	12/31/2299	OXYCODINONE
70	83949	1/1/1900	12/31/2299	OXYTOCINASE, RIA
70	83965	1/1/1900	12/31/2299	PARALDEHYDE, BLOOD, QUANT
70	83970	1/1/1900	12/31/2299	PARATHORMONE (PARATHYROID
70	83971	1/1/1900	12/31/2299	PENICILLIN, URINE
70	83972	1/1/1900	12/31/2299	PENTAZOCINE
70	83973	1/1/1900	12/31/2299	PENTOSE, URINE, QUALITATI
70	83975	1/1/1900	12/31/2299	PEPSINOGEN, BLOOD
70	83985	1/1/1900	12/31/2299	PESTICIDE OTHER THAN CHLO
70	83986	1/1/1900	12/31/2299	PH, BODY FLUID, EXCEPT BL
70	83992	1/1/1900	12/31/2299	PHENCYCLIDINE (PCP)
70	83995	1/1/1900	12/31/2299	PHENOL, BLOOD OR URINE
70	84005	1/1/1900	12/31/2299	PHENOLSULFONPHTHALEIN (PS
70	84021	1/1/1900	12/31/2299	PHENOTHIAZINE, URINE; QUA
70	84022	1/1/1900	12/31/2299	PHENOTHIAZINE, URINE; QUA
70	84030	1/1/1900	12/31/2299	PHENYLALANINE (PKU), BLOO
70	84031	1/1/1900	12/31/2299	PHENYLALANINE (PKU), BLOO
70	84033	1/1/1900	12/31/2299	PHENYLBUTAZONE
70	84035	1/1/1900	12/31/2299	PHENYLKETONES; BLOOD, QUA

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	84037	1/1/1900	12/31/2299	PHENYLKETONES; URINE, QUA
70	84038	1/1/1900	12/31/2299	PHENYLPROPANOLAMINE
70	84039	1/1/1900	12/31/2299	PHENYLPYRUVIC ACID; BLOOD
70	84040	1/1/1900	12/31/2299	PHENYLPYRUVIC ACID; URINE
70	84045	1/1/1900	12/31/2299	PHENYTOIN
70	84060	1/1/1900	12/31/2299	PHOSPHATASE, ACID; BLOOD
70	84061	1/1/1900	12/31/2299	PHOSPHATASE, ACID; FORENS
70	84065	1/1/1900	12/31/2299	PHOSPHATASE, ACID; PROSTA
70	84066	1/1/1900	12/31/2299	PHOSPHATASE, ACID; PROSTA
70	84075	1/1/1900	12/31/2299	PHOSPHATASE, ALKALINE, BL
70	84078	1/1/1900	12/31/2299	PHOSPHATASE, ALKALINE, BL
70	84080	1/1/1900	12/31/2299	PHOSPHATASE, ALKALINE, BL
70	84081	1/1/1900	12/31/2299	PHOSPHATYDYLGLYCEROL
70	84082	1/1/1900	12/31/2299	PHOSPHATES, TUBULAR REABS
70	84083	1/1/1900	12/31/2299	PHOSPHOGLUCOMUTASE, ISOEN
70	84085	1/1/1900	12/31/2299	PHOSPHOGLUCONATE, 6-, DEH
70	84087	1/1/1900	12/31/2299	PHOSPHOHEXOSE ISOMERASE
70	84090	1/1/1900	12/31/2299	PHOSPHOLIPIDS, BLOOD
70	84100	1/1/1900	12/31/2299	PHOSPHORUS (PHOSPHATE); B
70	84105	1/1/1900	12/31/2299	PHOSPHORUS (PHOSPHATE); U
70	84106	1/1/1900	12/31/2299	PORPHOBILINOGEN, URINE; Q
70	84110	1/1/1900	12/31/2299	PORPHOBILINOGEN, URINE; Q
70	84118	1/1/1900	12/31/2299	PORPHYRINS, COPRO-, URINE
70	84119	1/1/1900	12/31/2299	PORPHYRINS, COPRO-, URINE
70	84120	1/1/1900	12/31/2299	PORPHYRINS; COPRO- AND UR
70	84121	1/1/1900	12/31/2299	PORPHYRINS; URO-, COPRO-
70	84126	1/1/1900	12/31/2299	PORPHYRINS, FECES, QUANTI
70	84127	1/1/1900	12/31/2299	PORPHYRINS, FECES; QUALIT
70	84128	1/1/1900	12/31/2299	PORPHYRINS, PLASMA
70	84132	1/1/1900	12/31/2299	POTASSIUM; BLOOD
70	84133	1/1/1900	12/31/2299	POTASSIUM; URINE
70	84135	1/1/1900	12/31/2299	PREGNANEDIOL; RIA
70	84136	1/1/1900	12/31/2299	PREGNANEDIOL
70	84138	1/1/1900	12/31/2299	PREGNANETRIOL; RIA
70	84139	1/1/1900	12/31/2299	PREGNANTRIOL
70	84140	1/1/1900	12/31/2299	PREGNENOLONE
70	84141	1/1/1900	12/31/2299	PRIMIDONE

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	84142	1/1/1900	12/31/2299	PROCAINAMIDE
70	84143	1/1/1900	12/31/2299	17-HYDROXYPREGNENOLONE
70	84144	1/1/1900	12/31/2299	PROGESTERONE, ANY METHOD
70	84146	1/1/1900	12/31/2299	PROLACTIN (M AMMOTROPIN),
70	84147	1/1/1900	12/31/2299	PROPOXYPHENE
70	84149	1/1/1900	12/31/2299	PROPRANOLOL
70	84150	1/1/1900	12/31/2299	PROSTAGLANDIN, ANY ONE, R
70	84153	1/1/1900	12/31/2299	PROSTATE SPECIFIC ANTIGEN
70	84154	1/1/1900	12/31/2299	PROSTATE SPECIFIC ANTIGEN
70	84155	1/1/1900	12/31/2299	PROTEIN, TOTAL, SERUM; CH
70	84160	1/1/1900	12/31/2299	PROTEIN, TOTAL, SERUM; RE
70	84165	1/1/1900	12/31/2299	PROTEIN, TOTAL, SERUM; EL
70	84170	1/1/1900	12/31/2299	PROTEIN, TOTAL, AND ALBUM
70	84175	1/1/1900	12/31/2299	PROTEIN, OTHER SOURCES, Q
70	84176	1/1/1900	12/31/2299	PROTEIN, SPECIAL STUDIES
70	84180	1/1/1900	12/31/2299	PROTEIN, URINE; QUANTITAT
70	84181	1/1/1900	12/31/2299	WESTERN BLOT, WITH IINTER
70	84182	1/1/1900	12/31/2299	WESTERN BLOT FLUID, IMMUN
70	84185	1/1/1900	12/31/2299	PROTEIN, URINE; BENCE-JON
70	84190	1/1/1900	12/31/2299	PROTEIN, URINE; ELECTROPH
70	84195	1/1/1900	12/31/2299	PROTEIN, SPINAL FLUID; SE
70	84200	1/1/1900	12/31/2299	PROTEIN, SPINAL FLUID; EL
70	84201	1/1/1900	12/31/2299	PROTIRELIN, THYROTROPIN R
70	84202	1/1/1900	12/31/2299	PROTOPORPHYRIN, RBC; QUAN
70	84203	1/1/1900	12/31/2299	PROTOPORPHYRIN, RBC; SCRE
70	84205	1/1/1900	12/31/2299	PROTRIPTYLENE
70	84206	1/1/1900	12/31/2299	PROINSULIN, RIA
70	84207	1/1/1900	12/31/2299	PYRIDOXINE (VITAMIN B-6)
70	84208	1/1/1900	12/31/2299	PYROPHOSPHATE VS URATE, C
70	84210	1/1/1900	12/31/2299	PYRUVATE, BLOOD
70	84220	1/1/1900	12/31/2299	PYRUVIC KINASE, RBC
70	84228	1/1/1900	12/31/2299	QUININE
70	84230	1/1/1900	12/31/2299	QUINIDINE, BLOOD
70	84231	1/1/1900	12/31/2299	RADIOIMMUNOASSAY (RIA) NO
70	84232	1/1/1900	12/31/2299	RELEASING FACTOR
70	84233	1/1/1900	12/31/2299	RECEPTOR ASSAY; ESTROGEN
70	84234	1/1/1900	12/31/2299	RECEPTOR ASSAY; PROGESTRO

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	84235	1/1/1900	12/31/2299	RECEPTOR ASSAY; ENDOCRINE
70	84236	1/1/1900	12/31/2299	RECEPTOR ASSAY; PROGESTER
70	84238	1/1/1900	12/31/2299	NON-ENDOCRINE SPECIFY REC
70	84244	1/1/1900	12/31/2299	RENIN; (RIA)
70	84246	1/1/1900	12/31/2299	RENIN; FUROSEMIDE TEST
70	84252	1/1/1900	12/31/2299	RIBOFLAVIN (VITAMIN B-2)
70	84255	1/1/1900	12/31/2299	SELENIUM, BLOOD, URINE OR
70	84260	1/1/1900	12/31/2299	SEROTONIN, BLOOD
70	84270	1/1/1900	12/31/2299	SEX HORMONE BINDING GLOBU
70	84275	1/1/1900	12/31/2299	SIALIC ACID, BLOOD
70	84285	1/1/1900	12/31/2299	SILICA, BLOOD, URINE OR T
70	84295	1/1/1900	12/31/2299	SODIUM; BLOOD
70	84300	1/1/1900	12/31/2299	SODIUM; URINE
70	84305	1/1/1900	12/31/2299	SOMATOMEDIN
70	84307	1/1/1900	12/31/2299	SOMATOSTATIN
70	84310	1/1/1900	12/31/2299	SORBITOL DEHYDROGENASE, S
70	84311	1/1/1900	12/31/2299	SPECTROPHOTOMETRY, ANALYT
70	84315	1/1/1900	12/31/2299	SPECIFIC GRAVITY (EXCEPT
70	84318	1/1/1900	12/31/2299	STERCOBILIN, QUALITATIVE,
70	84324	1/1/1900	12/31/2299	STRYCHNINE
70	84375	1/1/1900	12/31/2299	SUGARS, CHROMATOGRAPHIC,
70	84383	1/1/1900	12/31/2299	OVULATION TESTS, BY VISUA
70	84392	1/1/1900	12/31/2299	SULFATE, URINE
70	84395	1/1/1900	12/31/2299	SULFONAMIDE; BLOOD, CHEMI
70	84402	1/1/1900	12/31/2299	TESTOSTERONE; FREE
70	84403	1/1/1900	12/31/2299	TESTOSTERONE, BLOOD; RIA
70	84405	1/1/1900	12/31/2299	TESTOSTERONE, URINE; RIA
70	84406	1/1/1900	12/31/2299	TESTOSTERONE, BINDING PRO
70	84407	1/1/1900	12/31/2299	TETRACAINE
70	84408	1/1/1900	12/31/2299	TETRAHYDROCANNABINOL THC
70	84409	1/1/1900	12/31/2299	TETRAHYDROCORTISONE OR TE
70	84410	1/1/1900	12/31/2299	THALLIUM, BLOOD OR URINE
70	84420	1/1/1900	12/31/2299	THEOPHYLLINE, BLOOD OR SA
70	84425	1/1/1900	12/31/2299	THIAMINE (VITAMIN B-1)
70	84430	1/1/1900	12/31/2299	THIOCYANATE, BLOOD
70	84434	1/1/1900	12/31/2299	THIORIDAZINE
70	84435	1/1/1900	12/31/2299	THYROXINE, (T4), CPB OR R

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	84436	1/1/1900	12/31/2299	THYROXINE, TRUE (TT4), RI
70	84437	1/1/1900	12/31/2299	THYROXINE (T-4), NEONATAL
70	84439	1/1/1900	12/31/2299	THYROXINE, FREE (FT-4), R
70	84442	1/1/1900	12/31/2299	THYROXINE BINDING GLOBULI
70	84443	1/1/1900	12/31/2299	THYROID STIMULATING HORMO
70	84444	1/1/1900	12/31/2299	THYROTROPIN RELEASING FAC
70	84445	1/1/1900	12/31/2299	THYROTROPIN RELEASING FAC
70	84446	1/1/1900	12/31/2299	TOCOPHEROL ALPHA (VITAMIN
70	84447	1/1/1900	12/31/2299	TOXICOLOGY, SCREEN; GENER
70	84448	1/1/1900	12/31/2299	TOXICOLOGY, SCREEN; SEDAT
70	84449	1/1/1900	12/31/2299	TRANSCORTIN (CORTISOL BIN
70	84450	1/1/1900	12/31/2299	TRANSAMINASE, GLUTAMIC OX
70	84455	1/1/1900	12/31/2299	TRANSAMINASE, GLUTAMIC OX
70	84460	1/1/1900	12/31/2299	TRANSAMINASE, GLUTAMIC PY
70	84465	1/1/1900	12/31/2299	TRANSAMINASE, GLUTAMIC PY
70	84466	1/1/1900	12/31/2299	TRANSFERRIN
70	84472	1/1/1900	12/31/2299	TRICHLOROETHANOL
70	84474	1/1/1900	12/31/2299	TRICHLOROACETIC ACID
70	84476	1/1/1900	12/31/2299	TRIFLUOPERAZINE
70	84478	1/1/1900	12/31/2299	TRIGLYCERIDES, BLOOD
70	84479	1/1/1900	12/31/2299	TRIIODOTHYRONINE (T-3), R
70	84480	1/1/1900	12/31/2299	TRIIODOTHYRONINE (TRUE T-
70	84481	1/1/1900	12/31/2299	TRIIODOTHYRONINE, FREE (F
70	84482	1/1/1900	12/31/2299	TRIDOTHYRONINE (T-3); REV
70	84483	1/1/1900	12/31/2299	TRIMETHADIONE
70	84485	1/1/1900	12/31/2299	TRYPSIN, DUODENAL FLUID
70	84488	1/1/1900	12/31/2299	TRYPSIN, FECES; QUALITATI
70	84490	1/1/1900	12/31/2299	TRYPSIN, FECES; QUANTITAT
70	84510	1/1/1900	12/31/2299	TYROSINE, BLOOD
70	84520	1/1/1900	12/31/2299	UREA NITROGEN, BLOOD (BUN
70	84525	1/1/1900	12/31/2299	UREA NITROGEN, BLOOD (BUN
70	84540	1/1/1900	12/31/2299	UREA NITROGEN, URINE
70	84545	1/1/1900	12/31/2299	UREA NITROGEN, CLEARANCE
70	84550	1/1/1900	12/31/2299	URIC ACID; BLOOD, CHEMICA
70	84555	1/1/1900	12/31/2299	URIC ACID; URICASE, ULTRA
70	84560	1/1/1900	12/31/2299	URIC ACID, URINE
70	84565	1/1/1900	12/31/2299	UROBILIN, URINE; QUALITAT

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	84570	1/1/1900	12/31/2299	UROBILIN, URINE; QUANTITA
70	84575	1/1/1900	12/31/2299	UROBILIN, FECES, QUANTITA
70	84577	1/1/1900	12/31/2299	UROBILINOGEN, FECES, QUAN
70	84578	1/1/1900	12/31/2299	UROBILINOGEN, URINE; QUAL
70	84580	1/1/1900	12/31/2299	UROBILINOGEN, URINE; QUAN
70	84583	1/1/1900	12/31/2299	UROBILINOGEN, URINE; SEMI
70	84584	1/1/1900	12/31/2299	UROPEPSIN, URINE
70	84585	1/1/1900	12/31/2299	VANILLYMANDELIC ACID (VMA
70	84586	1/1/1900	12/31/2299	VASOACTIVE INTESTINAL PEP
70	84588	1/1/1900	12/31/2299	VASOPRESSIN (ANTIDIURETIC
70	84589	1/1/1900	12/31/2299	VISCOSITY, FLUID
70	84590	1/1/1900	12/31/2299	VITAMIN A, BLOOD;
70	84595	1/1/1900	12/31/2299	VITAMIN A, BLOOD; INCLUDI
70	84597	1/1/1900	12/31/2299	VITAMIN K
70	84600	1/1/1900	12/31/2299	VOLATILES (ACETIC ANHYDRI
70	84605	1/1/1900	12/31/2299	VOLUME, BLOOD, DYE METHOD
70	84610	1/1/1900	12/31/2299	VOLUME, BLOOD, DYE METHOD
70	84613	1/1/1900	12/31/2299	WARFARIN
70	84615	1/1/1900	12/31/2299	XANTHURENIC ACID
70	84620	1/1/1900	12/31/2299	XYLOSE ABSORPTION TEST, B
70	84630	1/1/1900	12/31/2299	ZINC, QUANTITATIVE; BLOOD
70	84635	1/1/1900	12/31/2299	ZINC, QUANTITATIVE; URINE
70	84681	1/1/1900	12/31/2299	C-PEPTIDE, ANY METHOD
70	84695	1/1/1900	12/31/2299	GENTAMICIN
70	84702	1/1/1900	12/31/2299	GONADOTROPIN, CHORIONIC;
70	84703	1/1/1900	12/31/2299	QUALITATIVE
70	84800	1/1/1900	12/31/2299	THYROID STIMULATING HORMO
70	84810	1/1/1900	12/31/2299	TOBRAMYCIN
70	84999	1/1/1900	12/31/2299	UNLISTED CHEMISTRY OR TOX
70	85000	1/1/1900	12/31/2299	BLEEDING TIME; DUKE
70	85002	1/1/1900	12/31/2299	IVY OR TEM PLATE
70	85005	1/1/1900	12/31/2299	BLOOD COUNT; BASOPHIL COU
70	85007	1/1/1900	12/31/2299	BLOOD COUNT; DIFFERENTIAL
70	85008	1/1/1900	12/31/2299	BLOOD COUNT; MANUAL BLOOD
70	85009	1/1/1900	12/31/2299	BLOOD COUNT; DIFFERENTIAL
70	85012	1/1/1900	12/31/2299	BLOOD COUNT; EOSINOPHIL C
70	85013	1/1/1900	12/31/2299	BLOOD COUNT; SPUN MICROHE

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	85014	1/1/1900	12/31/2299	BLOOD COUNT; HEMATOCRIT
70	85018	1/1/1900	12/31/2299	BLOOD COUNT; HEMOGLOBIN,
70	85021	1/1/1900	12/31/2299	BLOOD COUNT; HEMOGRAM, AU
70	85022	1/1/1900	12/31/2299	BLOOD COUNT; HEMOGRAM, AU
70	85023	1/1/1900	12/31/2299	HEMOGRAM AND PLATELET COU
70	85024	1/1/1900	12/31/2299	HEMOGRAM AND PLATELET COU
70	85025	1/1/1900	12/31/2299	HEMOGRAM AND PLATELET COU
70	85027	1/1/1900	12/31/2299	BLOOD COUNT; HEMOGRAM, AU
70	85029	1/1/1900	12/31/2299	ADDITIONAL AUTOMATED HEMO
70	85030	1/1/1900	12/31/2299	FOUR OR MORE INDICES
70	85031	1/1/1900	12/31/2299	BLOOD COUNT; HEMOGRAM, MA
70	85041	1/1/1900	12/31/2299	BLOOD COUNT; RED BLOOD CE
70	85044	1/1/1900	12/31/2299	BLOOD COUNT; RETICULOCYTE
70	85045	1/1/1900	12/31/2299	BLOOD COUNT; RETICULOCYTE
70	85048	1/1/1900	12/31/2299	BLOOD COUNT; WHITE BLOOD
70	85170	1/1/1900	12/31/2299	CLOT RETRACTION; SCREEN
70	85171	1/1/1900	12/31/2299	CLOT RETRACTION; QUANTITA
70	85172	1/1/1900	12/31/2299	CLOT RETRACTION; INHIBITI
70	85175	1/1/1900	12/31/2299	CLOT LYSIS TIME, WHOLE BL
70	85210	1/1/1900	12/31/2299	CLOTTING; FACTOR II, PROT
70	85220	1/1/1900	12/31/2299	CLOTTING; FACTOR V (ACG O
70	85230	1/1/1900	12/31/2299	CLOTTING; FACTOR VII (PRO
70	85240	1/1/1900	12/31/2299	CLOTTING; FACTOR VIII (AH
70	85242	1/1/1900	12/31/2299	CLOTTING; FACTOR VIII (AH
70	85244	1/1/1900	12/31/2299	FACTOR VIII RELATED ANTIG
70	85245	1/1/1900	12/31/2299	CLOTTING FACTOR VIII, VW
70	85246	1/1/1900	12/31/2299	CLOTTING FACTOR VIII, VW
70	85247	1/1/1900	12/31/2299	CLOTTING FACTOR VIII, VON
70	85250	1/1/1900	12/31/2299	CLOTTING; FACTOR IX (PTC
70	85260	1/1/1900	12/31/2299	CLOTTING; FACTOR X (STUAR
70	85270	1/1/1900	12/31/2299	CLOTTING; FACTOR XI (PTA)
70	85280	1/1/1900	12/31/2299	CLOTTING; FACTOR XII (HAG
70	85290	1/1/1900	12/31/2299	CLOTTING; FACTOR XIII (FI
70	85291	1/1/1900	12/31/2299	CLOTTING; FACTOR XIII (FI
70	85292	1/1/1900	12/31/2299	PREKALLIKREIN ASSAY (FLET
70	85293	1/1/1900	12/31/2299	HIGH MOLECULAR WEIGHT KIN
70	85300	1/1/1900	12/31/2299	CLOTTING INHIBITORS OR AN

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	85301	1/1/1900	12/31/2299	ANTITHROMBIN III, ANTIGEN
70	85302	1/1/1900	12/31/2299	PROTEIN C ASSAY
70	85303	1/1/1900	12/31/2299	CLOTTING INHIBITORS OR AN
70	85305	1/1/1900	12/31/2299	CLOTTING INHIBITORS OR AN
70	85306	1/1/1900	12/31/2299	PROTEIN S, FREE
70	85310	1/1/1900	12/31/2299	CLOTTING INHIBITORS OR AN
70	85311	1/1/1900	12/31/2299	CLOTTING INHIBITORS OR AN
70	85320	1/1/1900	12/31/2299	CLOTTING INHIBITORS OR AN
70	85330	1/1/1900	12/31/2299	CLOTTING INHIBITORS OR AN
70	85335	1/1/1900	12/31/2299	FACTOR INHIBITOR TEST
70	85337	1/1/1900	12/31/2299	THROMBOMODULIN
70	85340	1/1/1900	12/31/2299	CLOTTING INHIBITORS OR AN
70	85341	1/1/1900	12/31/2299	CLOTTING INHIBITORS OR AN
70	85345	1/1/1900	12/31/2299	COAGULATION TIME; LEE AND
70	85347	1/1/1900	12/31/2299	COAGULATION TIME; ACTIVAT
70	85348	1/1/1900	12/31/2299	COAGULATION TIME; OTHER M
70	85360	1/1/1900	12/31/2299	EUGLOBULIN LYSIS
70	85362	1/1/1900	12/31/2299	FIBRIN DEGRADATION (SPLIT
70	85363	1/1/1900	12/31/2299	FIBRIN DEGRADATION (SPLIT
70	85364	1/1/1900	12/31/2299	FIBRIN DEGRADATION (SPLIT
70	85365	1/1/1900	12/31/2299	FIBRIN DEGRADATION (SPLIT
70	85366	1/1/1900	12/31/2299	FIBRIN(OGEN) DEGRADATION
70	85367	1/1/1900	12/31/2299	FIBRIN DEGRADATION (SPLIT
70	85368	1/1/1900	12/31/2299	FIBRIN DEGRADATION (SPLIT
70	85369	1/1/1900	12/31/2299	FIBRIN DEGRADATION (SPLIT
70	85370	1/1/1900	12/31/2299	FIBRIN(OGEN) DEGRADATION
70	85371	1/1/1900	12/31/2299	FIBRINOGEN, SEMIQUANTITAT
70	85372	1/1/1900	12/31/2299	FIBRINOGEN, SEMIQUANTITAT
70	85376	1/1/1900	12/31/2299	FIBRINOGEN; THROMBIN WITH
70	85377	1/1/1900	12/31/2299	FIBRINOGEN; THROMBIN TIME
70	85378	1/1/1900	12/31/2299	FIBRIB(OGEN) DEGRADATION
70	85379	1/1/1900	12/31/2299	FIBRIN DEGRADATION PRODUC
70	85384	1/1/1900	12/31/2299	FIBRINOGEN; ACTIVITY
70	85385	1/1/1900	12/31/2299	FIBRINOGEN; ANTIGEN
70	85390	1/1/1900	12/31/2299	FIBRINOLYSINS; SCREENING
70	85392	1/1/1900	12/31/2299	FIBRINOLYSINS; WITH EACA
70	85395	1/1/1900	12/31/2299	FIBRINOLYSINS; SEMIQUANTI

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	85398	1/1/1900	12/31/2299	FIBRINOLYSIS, QUANTITATIV
70	85400	1/1/1900	12/31/2299	FIBRINOLYTIC MECHANISMS;
70	85410	1/1/1900	12/31/2299	FIBRINOLYTIC MECHANISMS;
70	85415	1/1/1900	12/31/2299	FIBRINOLYTIC FACTORS AND
70	85420	1/1/1900	12/31/2299	PLASMINOGEN, EXCEPT ANTIG
70	85421	1/1/1900	12/31/2299	PLASMINOGEN, ANTIGENIC AS
70	85426	1/1/1900	12/31/2299	VON WILLEBRAND FACTOR ASS
70	85441	1/1/1900	12/31/2299	HEINZ BODIES; DIRECT
70	85445	1/1/1900	12/31/2299	HEINZ BODIES; INDUCED, AC
70	85460	1/1/1900	12/31/2299	HEMOGLOBIN, FETAL, DIFFER
70	85475	1/1/1900	12/31/2299	HEMOLYSIN, ACID
70	85520	1/1/1900	12/31/2299	HEPARIN ASSAY
70	85525	1/1/1900	12/31/2299	HEPARIN NEUTRALIZATION
70	85530	1/1/1900	12/31/2299	HEPARIN-PROTAMINE TOLERAN
70	85535	1/1/1900	12/31/2299	IRON STAIN (RBC OR BONE M
70	85538	1/1/1900	12/31/2299	LEDER STAIN (ESTERASE) BL
70	85540	1/1/1900	12/31/2299	LEUKOCYTE ALKALINE PHOSPH
70	85544	1/1/1900	12/31/2299	LUPUS ERYTHEMATOSUS (LE)
70	85547	1/1/1900	12/31/2299	MECHANICAL FRAGILITY, RBC
70	85548	1/1/1900	12/31/2299	MORPHOLOGY OF RED BLOOD C
70	85549	1/1/1900	12/31/2299	MURAMIDASE, SERUM
70	85555	1/1/1900	12/31/2299	OSMOTIC FRAGILITY, RBC;
70	85556	1/1/1900	12/31/2299	OSMOTIC FRAGILITY, RBC; I
70	85557	1/1/1900	12/31/2299	OSMOTIC FRAGILITY, RBC; I
70	85560	1/1/1900	12/31/2299	PEROXIDASE STAIN, WBC
70	85575	1/1/1900	12/31/2299	PLATELET; ADHESIVENESS (I
70	85576	1/1/1900	12/31/2299	AGGREGATION (IN VITRO), A
70	85577	1/1/1900	12/31/2299	RETENTION (IN VITRO), GLA
70	85580	1/1/1900	12/31/2299	PLATELET; COUNT (REES-ECK
70	85585	1/1/1900	12/31/2299	PLATELET; ESTIMATION ON S
70	85590	1/1/1900	12/31/2299	PLATELET; PHASE MICROSCOP
70	85595	1/1/1900	12/31/2299	PLATELET; ELECTRONIC TECH
70	85597	1/1/1900	12/31/2299	PLATELET NEUTRALIZATION
70	85610	1/1/1900	12/31/2299	PROTHROMBIN TIME;
70	85611	1/1/1900	12/31/2299	PROTHROMBIN TIME; SUBSTIT
70	85612	1/1/1900	12/31/2299	PROTHROMBIN TIME; RUSSELL
70	85614	1/1/1900	12/31/2299	PROTHROMBIN TIME; TWO STA

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	85615	1/1/1900	12/31/2299	PROTHROMBIN UTILIZATION (
70	85618	1/1/1900	12/31/2299	PROTHROMBIN-PROCONVERTIN,
70	85630	1/1/1900	12/31/2299	RED BLOOD CELL SIZE (PRIC
70	85632	1/1/1900	12/31/2299	RED BLOOD CELL PEROXIDE H
70	85635	1/1/1900	12/31/2299	REPTILASE TEST
70	85650	1/1/1900	12/31/2299	SEDIMENTATION RATE (ESR);
70	85651	1/1/1900	12/31/2299	SEDIMENTATION RATE (ESR);
70	85652	1/1/1996	12/31/2299	RBC SED RATE AUTO
70	85660	1/1/1900	12/31/2299	SICKLING OF RBC, REDUCTIO
70	85665	1/1/1900	12/31/2299	STREPTOKINASE TITER (PLAS
70	85667	1/1/1900	12/31/2299	T-CELL DEPLETION (ANY MET
70	85670	1/1/1900	12/31/2299	THROMBIN TIME; PLASMA
70	85675	1/1/1900	12/31/2299	THROMBIN TIME; TITER
70	85700	1/1/1900	12/31/2299	THROMBOPLASTIN GENERATION
70	85705	1/1/1900	12/31/2299	THROMBOPLASTIN INHIBITION
70	85710	1/1/1900	12/31/2299	THROMBOPLASTIN GENERATION
70	85711	1/1/1900	12/31/2299	THROMBOPLASTIN GENERATION
70	85720	1/1/1900	12/31/2299	THROMBOPLASTIN GENERATION
70	85730	1/1/1900	12/31/2299	THROMBOPLASTIN TIME, PART
70	85732	1/1/1900	12/31/2299	THROMBOPLASTIN TIME, PART
70	85810	1/1/1900	12/31/2299	VISCOSITY; BLOOD
70	85820	1/1/1900	12/31/2299	VISCOSITY; SERUM OR PLASM
70	85999	1/1/1900	12/31/2299	UNLISTED HEMATOLOGY PROCE
70	86000	1/1/1900	12/31/2299	AGGLUTININS; FEBRILE, EAC
70	86002	1/1/1900	12/31/2299	FEBRILE PANEL (TYPHOID O&
70	86003	1/1/1900	12/31/2299	ALLERGEN SPECIFIC IGE; QU
70	86004	1/1/1900	12/31/2299	AGGLUTININS; WARM
70	86005	1/1/1900	12/31/2299	ALLERGEN SPECIFIC IGE; QU
70	86006	1/1/1900	12/31/2299	ANTIBODY, QUALITATIVE, NO
70	86007	1/1/1900	12/31/2299	ANTIBODY, QUALITATIVE, NO
70	86008	1/1/1900	12/31/2299	ANTIBODY, QUANTITATIVE TI
70	86009	1/1/1900	12/31/2299	ANTIBODY, QUANTITATIVE TI
70	86011	1/1/1900	12/31/2299	ANTIBODY, DETECTION, LEUK
70	86012	1/1/1900	12/31/2299	ANTIBODY ABSORPTION, COLD
70	86013	1/1/1900	12/31/2299	ANTIBODY ABSORPTION, COLD
70	86014	1/1/1900	12/31/2299	ANTIBODY, PLATELET ANTIBO
70	86016	1/1/1900	12/31/2299	ANTIBODY SCREEN, RBC, EAC

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	86017	1/1/1900	12/31/2299	ANTIBODIES, RBC, SALINE;
70	86018	1/1/1900	12/31/2299	ANTIBODIES, RBC, SALINE;
70	86019	1/1/1900	12/31/2299	ANTIBODY (RBC) ELUTION, A
70	86021	1/1/1900	12/31/2299	ANTIBODY IDENTIFICATION;
70	86022	1/1/1900	12/31/2299	ANTIBODY IDENTIFICATION;
70	86023	1/1/1900	12/31/2299	PLATELET ASSOCIATED IMMUN
70	86024	1/1/1900	12/31/2299	ANTIBODY IDENTIFICATION;
70	86026	1/1/1900	12/31/2299	ANTIBODY IDENTIFICATION;R
70	86028	1/1/1900	12/31/2299	ANTIBODY IDENTIFICATION;
70	86031	1/1/1900	12/31/2299	ANTIHUMAN GLOBULIN TEST;
70	86032	1/1/1900	12/31/2299	ANTIHUMAN GLOBULIN TEST;
70	86033	1/1/1900	12/31/2299	ANTIHUMAN GLOBULIN TEST;
70	86034	1/1/1900	12/31/2299	ANTIHUMAN GLOBULIN TEST;
70	86035	1/1/1900	12/31/2299	ANTIHUMAN GLOBULIN TEST;
70	86038	1/1/1900	12/31/2299	ANTINUCLEAR ANTIBODIES (A
70	86039	1/1/1900	12/31/2299	ANTINUCLEAR ANTIBODIES (A
70	86060	1/1/1900	12/31/2299	ANTISTREPTOLYSIN 0; TITER
70	86063	1/1/1900	12/31/2299	ANTISTREPTOLYSIN 0; SCREE
70	86064	1/1/1900	12/31/2299	ANTITRYPSIN, ALPHA-1; RIA
70	86066	1/1/1900	12/31/2299	ANTITRYPSIN, ALPHA-1, DET
70	86067	1/1/1900	12/31/2299	ANTITRYPSIN, ALPHA-1, DET
70	86068	1/1/1900	12/31/2299	BLOOD COMPATIBILITY TEST;
70	86069	1/1/1900	12/31/2299	BLOOD CROSSMATCH,COMPLETE
70	86070	1/1/1900	12/31/2299	BLOOD COMPATIBILITY TEST;
70	86072	1/1/1900	12/31/2299	BLOOD CROSSMATCH; ENZYME
70	86073	1/1/1900	12/31/2299	BLOOD CROSSMATCH; SCREENI
70	86074	1/1/1900	12/31/2299	BLOOD CROSSMATCH; ANTIGLO
70	86075	1/1/1900	12/31/2299	BLOOD CROSSMATCH,MINOR ON
70	86076	1/1/1900	12/31/2299	BLOOD CROSSMATCH,MINOR ON
70	86080	1/1/1900	12/31/2299	BLOOD TYPING; ABO ONLY
70	86082	1/1/1900	12/31/2299	BLOOD TYPING; ABO AND RHO
70	86083	1/1/1900	12/31/2299	BLOOD TYPING; ABO, RH (D)
70	86084	1/1/1900	12/31/2299	BLOOD TYPING; ANTIGEN SCR
70	86085	1/1/1900	12/31/2299	BLOOD TYPING; ANTIGEN SCR
70	86090	1/1/1900	12/31/2299	BLOOD TYPING; MN
70	86095	1/1/1900	12/31/2299	BLOOD TYPING; RBC ANTIGEN
70	86096	1/1/1900	12/31/2299	BLOOD TYPING,RBC ANTIGENS

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	86100	1/1/1900	12/31/2299	BLOOD TYPING; RHO(D) ONLY
70	86105	1/1/1900	12/31/2299	BLOOD TYPING; RH GENOTYPI
70	86115	1/1/1900	12/31/2299	BLOOD TYPING; ANTI-RH IMM
70	86120	1/1/1900	12/31/2299	BLOOD TYPING; SPECIAL (KE
70	86128	1/1/1900	12/31/2299	COLLECTION, PROCESSING AN
70	86130	1/1/1900	12/31/2299	COLLECTION AND PROCESSING
70	86140	1/1/1900	12/31/2299	C-REACTIVE PROTEIN
70	86147	1/1/1900	12/31/2299	CARDIOLIPIN (PHOSPHOLIPID
70	86149	1/1/1900	12/31/2299	CARCINOEMBRYONIC ANTIGEN;
70	86151	1/1/1900	12/31/2299	CARCINOEMBRYONIC ANTIGEN;
70	86155	1/1/1900	12/31/2299	CHEMOTAXIS ASSAY, SPECIFY
70	86156	1/1/1900	12/31/2299	COLD AGGLUTININ; SCREEN
70	86157	1/1/1900	12/31/2299	COLD AGGLUTININ; TITER
70	86158	1/1/1900	12/31/2299	COMPLEMENT; C'1 ESTERASE
70	86159	1/1/1900	12/31/2299	COMPLEMENT; C'2 ESTERASE
70	86160	1/1/1900	12/31/2299	COMPLEMENT; ANTIGEN, EACH
70	86161	1/1/1900	12/31/2299	COMPLEMENT; FUNCTIONAL AC
70	86162	1/1/1900	12/31/2299	COMPLEMENT; TOTAL (CH 50)
70	86163	1/1/1900	12/31/2299	COMPLEMENT; C'3 ESTERASE
70	86164	1/1/1900	12/31/2299	COMPLEMENT; C'4 ESTERASE
70	86171	1/1/1900	12/31/2299	COMPLEMENT FIXATION TESTS
70	86185	1/1/1900	12/31/2299	COUNTERELECTROPHORESIS, E
70	86215	1/1/1900	12/31/2299	DEOXYRIBONUCLEASE, ANTIBO
70	86225	1/1/1900	12/31/2299	DEOXYRIBONUCLEIC ACID (DN
70	86226	1/1/1900	12/31/2299	DEOXYRIBONUCLEIC ACID (DN
70	86229	1/1/1900	12/31/2299	ENZYME IMMUMN/ASSAY FOR C
70	86235	1/1/1900	12/31/2299	EXTRACTABLE NUCLEAR ANTIG
70	86243	1/1/1900	12/31/2299	FC RECEPTOR ASSAY, SPECIF
70	86244	1/1/1900	12/31/2299	FETO-PROTEIN, ALPHA-1, RI
70	86255	1/1/1900	12/31/2299	FLUORESCENT ANTIBODY; SCR
70	86256	1/1/1900	12/31/2299	FLUORESCENT ANTIBODY; TIT
70	86265	1/1/1900	12/31/2299	FROZEN BLOOD, PREPARATION
70	86266	1/1/1900	12/31/2299	FROZEN BLOOD, PREPARATION
70	86267	1/1/1900	12/31/2299	FROZEN BLOOD,PREPARATION
70	86277	1/1/1900	12/31/2299	GROWTH HORMONE, HUMAN (HG
70	86280	1/1/1900	12/31/2299	HEMAGGLUTINATION INHIBITI
70	86281	1/1/1900	12/31/2299	HEMOLYSINS, ACID (FOR PAR

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	86282	1/1/1900	12/31/2299	HEMOLYSINS AND AGGLUTININ
70	86283	1/1/1900	12/31/2299	HEMOLYSINS AND AGGLUTININ
70	86287	1/1/1900	12/31/2299	HEPATITIS B SURFACE ANTIG
70	86288	1/1/1900	12/31/2299	HEPATITIS B CORE ANTIGEN(
70	86289	1/1/1900	12/31/2299	HEPATITIS B CORE ANTIBODY
70	86290	1/1/1900	12/31/2299	IGM ANTIBODY (EG, RIA, EI
70	86291	1/1/1900	12/31/2299	HEPATITIS B SURFACE ANTIB
70	86293	1/1/1900	12/31/2299	HEPATITIS BE ANTIGEN (HBE
70	86295	1/1/1900	12/31/2299	HEPATITIS BE ANTIBODY (HB
70	86296	1/1/1900	12/31/2299	HEPATITIS A ANTIBODY (HAA
70	86298	1/1/1900	12/31/2299	IGG ANTIBODY
70	86299	1/1/1900	12/31/2299	IGM ANTIBODY
70	86300	1/1/1900	12/31/2299	HETEROPHILE ANTIBODIES; S
70	86302	1/1/1900	12/31/2299	HEPATITIS C ANTIBODY
70	86305	1/1/1900	12/31/2299	HETEROPHILE ANTIBODIES; Q
70	86306	1/1/1900	12/31/2299	HEPATITIS DELTA AGENT
70	86308	1/1/1900	12/31/2299	HETEROPHILE ANTIBODIES; S
70	86309	1/1/1900	12/31/2299	HETEROPHILE ANTIBODIES; T
70	86310	1/1/1900	12/31/2299	HETEROPHILE ANTIBODIES; P
70	86311	1/1/1900	12/31/2299	HIV ANTIGEN TEST
70	86312	1/1/1900	12/31/2299	HIV (HTLV-III) ANTIBODY D
70	86314	1/1/1900	12/31/2299	HIV (HTLV-III) ANTIBODY D
70	86316	1/1/1900	12/31/2299	IMMUNOASSAY FOR TUMOR ANT
70	86317	1/1/1900	12/31/2299	IMMUNOASSAY FOR INFECTIOU
70	86318	1/1/1900	12/31/2299	IMMUNOASSAY FOR CHEMICAL
70	86319	1/1/1900	12/31/2299	IMMUNOASSAY TECHNIQUE FOR
70	86320	1/1/1900	12/31/2299	IMMUNOELECTROPHORESIS; SE
70	86325	1/1/1900	12/31/2299	IMMUNOELECTROPHORESIS; OT
70	86327	1/1/1900	12/31/2299	CROSSED (2 DIMENSIONAL AS
70	86329	1/1/1900	12/31/2299	IMMUNODIFFUSION;QUANTITAT
70	86331	1/1/1900	12/31/2299	GEL DIFFUSION, QUALITATIV
70	86332	1/1/1900	12/31/2299	IMMUNE COMPLEX ASSAY; C/Q
70	86333	1/1/1900	12/31/2299	IMMUNE COMPLEX ASSAY; RAJ
70	86334	1/1/1900	12/31/2299	IMMUNOFIXATION ELECTROPHO
70	86335	1/1/1900	12/31/2299	IMMUNOGLOBULIN TYPING (GC
70	86337	1/1/1900	12/31/2299	INSULIN ANTIBODIES, RIA
70	86338	1/1/1900	12/31/2299	INSULIN FACTOR ANTIBODIES

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	86340	1/1/1900	12/31/2299	INTRINSIC FACTOR ANTIBODI
70	86341	1/1/1900	12/31/2299	ISLET CELL ANTIBODY
70	86342	1/1/1900	12/31/2299	IRRADIATION OF BLOOD PROD
70	86343	1/1/1900	12/31/2299	LEUKOCYTE HISTAMINE RELEA
70	86344	1/1/1900	12/31/2299	LEUKOCYTE PHAGOCYTOSIS
70	86349	1/1/1900	12/31/2299	LEUKOCYTE TRANSFUSION (LE
70	86353	1/1/1900	12/31/2299	LYMPHOCYTE TRANSFORMATION
70	86357	1/1/1900	12/31/2299	LYMPHOCYTES; T&B DIFFEREN
70	86358	1/1/1900	12/31/2299	LYMPHOCYTES; B-CELL EVALU
70	86359	1/1/1900	12/31/2299	T CELLS; TOTAL COUNT
70	86360	1/1/1900	12/31/2299	T CELLS; T4 AND T8, INCLU
70	86376	1/1/1900	12/31/2299	MICROSOMAL ANTIBODIES
70	86377	1/1/1900	12/31/2299	MICROSOMAL ANTIBODY (THYR
70	86378	1/1/1900	12/31/2299	MIGRATION INHIBITORY FACT
70	86382	1/1/1900	12/31/2299	NEUTRALIZATION TEST, VIRA
70	86384	1/1/1900	12/31/2299	NITROBLUE TETRAZOLIUM DYE
70	86385	1/1/1900	12/31/2299	PATERNITY TESTING, ABO+RH
70	86386	1/1/1900	12/31/2299	PATERNITY TESTING, ABO+RH
70	86403	1/1/1900	12/31/2299	PARTICLE AGGLUTINATION, R
70	86404	1/1/1900	12/31/2299	POOLING OF PLATELETS OR O
70	86405	1/1/1900	12/31/2299	PRECIPITIN TEST FOR BLOOD
70	86410	1/1/1900	12/31/2299	PRETREATMENT OF RBC'S FOR
70	86411	1/1/1900	12/31/2299	PRETREATMENT OF RBC'S FOR
70	86412	1/1/1900	12/31/2299	PRETREATMENT OF RBC'S FOR
70	86417	1/1/1900	12/31/2299	PRETREATMENTK OF SERUM FO
70	86418	1/1/1900	12/31/2299	PRETREATMENT OF SERUM FOR
70	86419	1/1/1900	12/31/2299	PRETREATMENT OF SERUM FOR
70	86420	1/1/1900	12/31/2299	PRETREATMENT OF SERUM FOR
70	86421	1/1/1900	12/31/2299	RADIOALLERGOSORBENT TEST,
70	86422	1/1/1900	12/31/2299	RADIOALLERGOSORBENT TEST,
70	86423	1/1/1900	12/31/2299	RADIOIMMUNOSORBENT TEST (
70	86430	1/1/1900	12/31/2299	RHEUMATOID FACTOR, LATEX
70	86431	1/1/1900	12/31/2299	RHEUMATOID FACTOR; QUANTI
70	86455	1/1/1900	12/31/2299	SKIN TEST; ANERGY TESTING
70	86485	1/1/1900	12/31/2299	
70	86490	1/1/1900	12/31/2299	SKIN TEST; COCCIDIOIDOMYC
70	86510	1/1/1900	12/31/2299	SKIN TEST; HISTOPLASMOSIS

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	86540	1/1/1900	12/31/2299	SKIN TEST; MUMPS
70	86580	1/1/1900	12/31/2299	SKIN TEST; TUBERCULOSIS,
70	86585	1/1/1900	12/31/2299	SKIN TEST; TUBERCULOSIS,
70	86586	1/1/1900	12/31/2299	SKIN TEST; UNLISTED ANTIG
70	86587	1/1/1900	12/31/2299	SPLITTING OF BLOOD OR BLO
70	86588	1/1/1900	12/31/2299	STREPTOCOCCUS, SCREEN, DI
70	86590	1/1/1900	12/31/2299	STREPTOKINASE, ANTIBODY
70	86592	1/1/1900	12/31/2299	SYPHILIS TEST; QUALITATIV
70	86593	1/1/1900	12/31/2299	QUANTITATIVE
70	86594	1/1/1900	12/31/2299	THYROID AUTOANTIBODIES
70	86595	1/1/1900	12/31/2299	TISSUE; CULTURE
70	86597	1/1/1900	12/31/2299	TISSUE; TYPING
70	86600	1/1/1900	12/31/2299	TOXOPLASMOSIS, DYE TEST
70	86602	1/1/1900	12/31/2299	ANTIBODY; ACTINOMYCES
70	86603	1/1/1900	12/31/2299	ANTIBODY; ADENOVIRUS
70	86606	1/1/1900	12/31/2299	ANTIBODY; ASPIRIGILLUS
70	86609	1/1/1900	12/31/2299	ANTIBODY; BACTERIUM, NOS
70	86612	1/1/1900	12/31/2299	ANTIBODY; BLASTOMYCES
70	86615	1/1/1900	12/31/2299	ANTIBODY; BORDETELLA
70	86618	1/1/1900	12/31/2299	ANTIBODIES; BORELLIA BUFG
70	86619	1/1/1900	12/31/2299	ANTIBY; BORELIA (RELAPSIN
70	86622	1/1/1900	12/31/2299	ANTIBODIES; BRUCELLA
70	86625	1/1/1900	12/31/2299	ANTIBODY;CAMPYLOBACTER
70	86628	1/1/1900	12/31/2299	ANTIBODIES; CANDIDA
70	86630	1/1/1900	12/31/2299	TRANSFER FACTOR TEST (TFT
70	86631	1/1/1900	12/31/2299	ANTIBODIES; CHLAMYDIA
70	86632	1/1/1900	12/31/2299	ANTIBODIES; CHLAMYDIA 1 G
70	86635	1/1/1900	12/31/2299	ANTIBODIES; COCCIDOIDES
70	86638	1/1/1900	12/31/2299	ANTIBODIES; COXIELLA BRUN
70	86641	1/1/1900	12/31/2299	ANTIBODIES; CRYPTOCOCCUS
70	86644	1/1/1900	12/31/2299	ANTIBODIES; CYTOMEGALOVIR
70	86645	1/1/1900	12/31/2299	ANTIBODIES; CYTOMEGALOVIR
70	86648	1/1/1900	12/31/2299	ANTIBODIES; DIPTHERIA
70	86650	1/1/1900	12/31/2299	TREPONEM A ANTIBODIES, FLU
70	86651	1/1/1900	12/31/2299	ANTIBODIES; ENCEPHALITIS,
70	86652	1/1/1900	12/31/2299	ANTIBODIES; ENCEPHALITIS,
70	86653	1/1/1900	12/31/2299	ANTIBODIES; ENCEPHALITIS,

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	86654	1/1/1900	12/31/2299	ANTIBODIES; ENCEPHALITIS,
70	86658	1/1/1900	12/31/2299	ANTIBODIES; ENTEROVIRUS (
70	86662	1/1/1900	12/31/2299	TREPONEMA PALLIDUM TEST,
70	86663	1/1/1900	12/31/2299	ANTIBODIES; EPSTEIN-BARR
70	86664	1/1/1900	12/31/2299	ANTIBODIES; EPSTEIN-BARR
70	86665	1/1/1900	12/31/2299	ANTIBODIES; EPSTEIN-BARR
70	86668	1/1/1900	12/31/2299	ANTIBODIES; FRANCISELLA T
70	86671	1/1/1900	12/31/2299	ANTIBODIES; FUNGUS NOS
70	86674	1/1/1900	12/31/2299	ANTIBODIES; GIARDIA LAMBL
70	86677	1/1/1900	12/31/2299	ANTIBODIES; HELICOBACTER
70	86681	1/1/1900	12/31/2299	ADRENAL CORTEX ANTIBODIES
70	86682	1/1/1900	12/31/2299	ANTIBODIES; HELMINTH, NOS
70	86684	1/1/1900	12/31/2299	ANTIBODIES; HEMOPHILUS IN
70	86685	1/1/1900	12/31/2299	ANTI-ACHR (ACETYLCHOLINE
70	86687	1/1/1900	12/31/2299	HTLV I, ANTIBODY DETECTIO
70	86688	1/1/1900	12/31/2299	ANTIBODIES; HTLV-II
70	86689	1/1/1900	12/31/2299	HTLVI, ANTIBODY DETECTION
70	86692	1/1/1900	12/31/2299	ANTIBODIES; HEPATITIS, DE
70	86694	1/1/1900	12/31/2299	ANTIBODIES; HERPES SIMPLE
70	86695	1/1/1900	12/31/2299	ANTIBODIES; HERPES SIMPLE
70	86698	1/1/1900	12/31/2299	ANTIBODIES; HISTOPLASM
70	86701	1/1/1900	12/31/2299	ANTIBODIES; HIV-1
70	86702	1/1/1900	12/31/2299	ANTIBODIES; HIV-2
70	86703	1/1/1900	12/31/2299	ANTIBODIES; HIV-1 AND HIV
70	86710	1/1/1900	12/31/2299	ANTIBODIES; INFLUENZA VIR
70	86713	1/1/1900	12/31/2299	ANTIBODIES; LEGIONELLA
70	86717	1/1/1900	12/31/2299	ANTIBODIES; LEISHMANIA
70	86720	1/1/1900	12/31/2299	ANTIBODIES; LEPTOSPIRA
70	86723	1/1/1900	12/31/2299	ANTIBODIES; LISTERIA MONO
70	86727	1/1/1900	12/31/2299	ANTIBODIES; LYMPHOCYTIC C
70	86729	1/1/1900	12/31/2299	ANTIBODIES; LUMPHOGRANULO
70	86732	1/1/1900	12/31/2299	ANTIBODIES; MUCORMYCOSIS
70	86735	1/1/1900	12/31/2299	ANTIBODIES; MUMPS
70	86738	1/1/1900	12/31/2299	ANTIBODIES; MYCOPLASMA
70	86741	1/1/1900	12/31/2299	ANTIBODIES; NEISSERIA MEN
70	86744	1/1/1900	12/31/2299	ANTIBODIES; NOCARDIA
70	86747	1/1/1900	12/31/2299	ANTIBODIES; PARVOVIRUS

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	86750	1/1/1900	12/31/2299	ANTIBODIES; PLASMODIUM (M
70	86753	1/1/1900	12/31/2299	ANTIBODIES; PROTOZOA NOS
70	86756	1/1/1900	12/31/2299	ANTIBODIES; RESPIRATORY S
70	86759	1/1/1900	12/31/2299	ANTIBODIES; ROTANVIRUS
70	86762	1/1/1900	12/31/2299	ANTIBODIES; RUBELLA
70	86765	1/1/1900	12/31/2299	ANTIBODIES; RUBEOLA
70	86768	1/1/1900	12/31/2299	ANTIBODIES; SALMONELLA
70	86771	1/1/1900	12/31/2299	ANTIBODIES; SHIGELLA
70	86774	1/1/1900	12/31/2299	ANTIBODIES; TETANUS
70	86777	1/1/1900	12/31/2299	ANTIBODIES; TOXOPLASMA
70	86778	1/1/1900	12/31/2299	ANTIBODIES; TOXOPLASMA 1
70	86781	1/1/1900	12/31/2299	ANTIBODIES; TREPONEMA PAL
70	86784	1/1/1900	12/31/2299	ANTIBODIES; TRICHINELLA
70	86787	1/1/1900	12/31/2299	ANTIBODIES; VARICELLA-ZOS
70	86790	1/1/1900	12/31/2299	ANTIBODIES; VIRUS NOS
70	86793	1/1/1900	12/31/2299	ANTIBODIES; YERSINIA
70	86800	1/1/1900	12/31/2299	THYROGLOBULIN ANTIBODY, R
70	86805	1/1/1900	12/31/2299	LYMPHOCYTOTOXICITY ASSAY,
70	86806	1/1/1900	12/31/2299	LYMPHOCYTOTOXICITY ASSAY,
70	86807	1/1/1900	12/31/2299	SERUM SCREENING FOR CYTOT
70	86808	1/1/1900	12/31/2299	SERUM SCREENING FOR CYTOT
70	86810	1/1/1900	12/31/2299	TISSUE TYPING; FOR ORGAN
70	86812	1/1/1900	12/31/2299	TISSUE TYPING; HLA TYPING
70	86813	1/1/1900	12/31/2299	TISSUE TYPING; HLA TYPING
70	86816	1/1/1900	12/31/2299	TISSUE TYPING; HLA TYPING
70	86817	1/1/1900	12/31/2299	TISSUE TYPING; HLA TYPING
70	86821	1/1/1900	12/31/2299	LYMPHOCYTE CULTURE, MIXED
70	86822	1/1/1900	12/31/2299	LYMPHOCYTE CULTURE, PRIME
70	86849	1/1/1900	12/31/2299	UNLISTED IMMUNOLOGY PROCE
70	86850	1/1/1900	12/31/2299	ANTIBODY SCREEN, RBC, EAC
70	86860	1/1/1900	12/31/2299	ANTIBODY ELUTION (RBC), E
70	86870	1/1/1900	12/31/2299	ANTIBODY IDENTIFICATION,
70	86880	1/1/1900	12/31/2299	ANTIHUMAN GLOBULIN TEST (
70	86885	1/1/1900	12/31/2299	ANTIHUMAN GLOBULIN TEST (
70	86886	1/1/1900	12/31/2299	ANTIHUMAN GLOBULIN TEST;
70	86889	1/1/1900	12/31/2299	HTLV I, ANTIBODY DETECTIO
70	86890	1/1/1900	12/31/2299	AUTOLOGOUS BLOOD OR COMPO

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	86891	1/1/1900	12/31/2299	AUTOLOGOUS BLOOD OR COMPO
70	86900	1/1/1900	12/31/2299	BLOOD TYPING; ABO
70	86901	1/1/1900	12/31/2299	BLOOD TYPING; RH(D)
70	86903	1/1/1900	12/31/2299	BLOOD TYPING; ANTIGEN SCR
70	86904	1/1/1900	12/31/2299	BLOOD TYPING; ANTIGEN SCR
70	86905	1/1/1900	12/31/2299	BLOOD TYPING; RBC ANTIGEN
70	86906	1/1/1900	12/31/2299	BLOOD TYPING, RH PHENOTYP
70	86910	1/1/1900	12/31/2299	BLOOD TYPING; FOR PATERNI
70	86911	1/1/1900	12/31/2299	BLOOD TYPING; ABO, EACH A
70	86915	1/1/1900	12/31/2299	BONE MARROW, MODIFICATION
70	86920	1/1/1900	12/31/2299	COMPATIBILITY TEST EACH U
70	86921	1/1/1900	12/31/2299	COMPATIBILITY TEST EACH U
70	86922	1/1/1900	12/31/2299	COMPATIBILITY TEST EACH U
70	86927	1/1/1900	12/31/2299	FRESH FROZEN PLASMA, THAW
70	86930	1/1/1900	12/31/2299	FROZEN BLOOD, PREPARATION
70	86931	1/1/1900	12/31/2299	FROZEN BLOOD, PREPARATION
70	86932	1/1/1900	12/31/2299	FROZEN BLOOD, PREPARATION
70	86940	1/1/1900	12/31/2299	HEMOLYSINS AND AGGLUTININ
70	86941	1/1/1900	12/31/2299	HEMOLYSINS AND AGGLUTININ
70	86945	1/1/1900	12/31/2299	IRRADIATION OF BLOOD PROD
70	86950	1/1/1900	12/31/2299	LEUKOCYTE TRANSFUSION
70	86965	1/1/1900	12/31/2299	POOLING OF PLATELETS OR O
70	86970	1/1/1900	12/31/2299	PRETREATMENT OF RBC'S FOR
70	86971	1/1/1900	12/31/2299	INCUBATION WITH ENZY
70	86972	1/1/1900	12/31/2299	BY DENSITY GRADIE
70	86975	1/1/1900	12/31/2299	PRETREATMENT OF SERUM FOR
70	86976	1/1/1900	12/31/2299	PRETREATMENT OF SERUM FOR
70	86977	1/1/1900	12/31/2299	PRETREATMENT OF SERUM FOR
70	86978	1/1/1900	12/31/2299	PRETREATMENT OF SERUM FOR
70	86985	1/1/1900	12/31/2299	SPLITTING OF BLOOD PRODUC
70	86999	1/1/1900	12/31/2299	UNLISTED IMMUNOLOGY PROCE
70	87001	1/1/1900	12/31/2299	ANIMAL INOCULATION, SMALL
70	87003	1/1/1900	12/31/2299	ANIMAL INOCULATION, SMALL
70	87015	1/1/1900	12/31/2299	CONCENTRATION (ANY TYPE),
70	87040	1/1/1900	12/31/2299	CULTURE, BACTERIAL, DEFIN
70	87045	1/1/1900	12/31/2299	CULTURE, BACTERIAL, DEFIN
70	87060	1/1/1900	12/31/2299	CULTURE, BACTERIAL, DEFIN

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	87070	1/1/1900	12/31/2299	CULTURE, BACTERIAL, DEFIN
70	87072	1/1/1900	12/31/2299	CULTURE OR DIRECT BACTERI
70	87075	1/1/1900	12/31/2299	CULTURE, BACTERIAL, ANY S
70	87076	1/1/1900	12/31/2299	DEFINITIVE IDENTIFICATION
70	87081	1/1/1900	12/31/2299	CULTURE, BACTERIAL, SCREE
70	87082	1/1/1900	12/31/2299	CULTURE,PRESUMPTIVE,PATHO
70	87083	1/1/1900	12/31/2299	CULTURE,PRESUMPTIVE,PATHO
70	87084	1/1/1900	12/31/2299	WITH COLONY ESTIMATION FR
70	87085	1/1/1900	12/31/2299	CULTURE,PRESUMPTIVE,PATHO
70	87086	1/1/1900	12/31/2299	CULTURE, BACTERIAL, URINE
70	87087	1/1/1900	12/31/2299	CULTURE, BACTERIAL, URINE
70	87088	1/1/1900	12/31/2299	CULTURE, BACTERIAL, URINE
70	87101	1/1/1900	12/31/2299	CULTURE, FUNGI, ISOLATION
70	87102	1/1/1900	12/31/2299	OTHER SOURCE (EXCEPT BLOO
70	87103	1/1/1900	12/31/2299	CULTURE, FUNGI, ISOLATION
70	87106	1/1/1900	12/31/2299	CULTURE, FUNGI, DEFINITIV
70	87109	1/1/1900	12/31/2299	CULTURE, MYCOPLASMA, ANY
70	87110	1/1/1900	12/31/2299	CULTURE, CHLAMYDIA
70	87116	1/1/1900	12/31/2299	CULTURE, TUBERCLE OR OTHE
70	87117	1/1/1900	12/31/2299	CULTURE, TUBERCLE OR OTHE
70	87118	1/1/1900	12/31/2299	CULTURE, MYCOBACTERIA, DE
70	87140	1/1/1900	12/31/2299	CULTURE, TYPING; FLUORESC
70	87143	1/1/1900	12/31/2299	CULTURE, TYPING; GAS LIQU
70	87145	1/1/1900	12/31/2299	CULTURE, TYPING; PHAGE ME
70	87147	1/1/1900	12/31/2299	CULTURE, TYPING; SEROLOGI
70	87151	1/1/1900	12/31/2299	CULTURE, TYPING; SEROLOGI
70	87155	1/1/1900	12/31/2299	CULTURE, TYPING; PRECIPIT
70	87158	1/1/1900	12/31/2299	CULTURE, TYPING; OTHER ME
70	87163	1/1/1900	12/31/2299	CULTURE, ANY SOURCE, ADDI
70	87164	1/1/1900	12/31/2299	DARK FIELD EXAMINATION,AN
70	87166	1/1/1900	12/31/2299	DARK FIELD EXAMINATION, A
70	87174	1/1/1900	12/31/2299	ENDOTOXIN, BACTERIAL (PYR
70	87175	1/1/1900	12/31/2299	ENDOTOXIN, BACTERIAL (PYR
70	87176	1/1/1900	12/31/2299	ENDOTOXIN, BACTERIAL (PYR
70	87177	1/1/1900	12/31/2299	OVA AND PARASITES, DIRECT
70	87178	1/1/1900	12/31/2299	MICROBIAL IDENTIFICATION,
70	87179	1/1/1900	12/31/2299	MICROBIAL IDENTIFICATION,

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	87181	1/1/1900	12/31/2299	SENSITIVITY STUDIES, ANTI
70	87184	1/1/1900	12/31/2299	SENSITIVITY STUDIES, ANTI
70	87186	1/1/1900	12/31/2299	MICROTITER, MINIMUM INHIB
70	87187	1/1/1900	12/31/2299	SENSITIVITY STUDIES, ANTI
70	87188	1/1/1900	12/31/2299	MACROTUBE DILUTION METHOD
70	87190	1/1/1900	12/31/2299	SENSITIVITY STUDIES, ANTI
70	87192	1/1/1900	12/31/2299	SENSITIVITY STUDIES, ANTI
70	87197	1/1/1900	12/31/2299	SERUM BACTERICIDAL TITER
70	87205	1/1/1900	12/31/2299	SMEAR, PRIMARY SOURCE, WI
70	87206	1/1/1900	12/31/2299	SMEAR,PRIMARY SOURCE,WITH
70	87207	1/1/1900	12/31/2299	SMEAR,PRIMARY SOURCE,WITH
70	87208	1/1/1900	12/31/2299	SMEAR, PRIMARY SOURCE, WI
70	87210	1/1/1900	12/31/2299	SMEAR,PRIMARY SOURCE,WITH
70	87211	1/1/1900	12/31/2299	SMEAR,PRIMARY SOURCE,WITH
70	87220	1/1/1900	12/31/2299	TISSUE EXAMINATION FOR FU
70	87230	1/1/1900	12/31/2299	TOXIN OR ANTITOXIN ASSAY,
70	87250	1/1/1900	12/31/2299	VIRUS IDENTIFICATION; INO
70	87252	1/1/1900	12/31/2299	VIRUS IDENTIFICATION TISS
70	87253	1/1/1900	12/31/2299	VIRUS IDENTIFICATION TISS
70	88140	1/1/1900	12/31/2299	SEX CHROMATIN IDENTIFICAT
70	88150	1/1/1900	12/31/2299	CYTOPATHOLOGY, SMEARS, CE
70	88151	1/1/1900	12/31/2299	CYTOPATHOLOGY, SMEARS, CE
70	88155	1/1/1900	12/31/2299	CYTOPATHOLOGY,SMEARS,CERV
70	88156	1/1/1900	12/31/2299	CYTOPATHOLOGY SMEARS
70	88230	1/1/1900	12/31/2299	TISSUE CULTURE FOR CHROMO
70	88233	1/1/1900	12/31/2299	TISSUE CULTURE FOR CHROMO
70	88235	1/1/1900	12/31/2299	TISSUE CULTURE FOR CHROMO
70	88237	1/1/1900	12/31/2299	TISSUE CULTURE FOR CHROMO
70	88239	1/1/1900	12/31/2299	TISSUE CULTURE FOR CHROMO
70	88245	1/1/1900	12/31/2299	CHROMOSOME ANAL FOR BRKG
70	88248	1/1/1900	12/31/2299	CHROM ANAL FOR BRKG SYN S
70	88250	1/1/1900	12/31/2299	CHROM ANAL FOR FRAG X ASS
70	88260	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS; COUN
70	88261	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS; COUN
70	88262	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS; COUN
70	88263	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS COUNT
70	88267	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS, AMNI

(Continued)

Table A-2.22 – Procedure Group 70 Table

Group Number	Code	Effective Date	End Date	Code Description
70	88269	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS, IN S
70	88280	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS; ADDI
70	88283	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS ADDIT
70	88285	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS; ADDI
70	88289	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS ADDIT
70	89050	1/1/1900	12/31/2299	CELL COUNT, MISCELLANEOUS
70	89051	1/1/1900	12/31/2299	WITH DIFFERENTIAL COUNT
70	89060	1/1/1900	12/31/2299	CRYSTAL IDENTIFICATION BY
70	89100	1/1/1900	12/31/2299	DUODENAL INTUBATION AND A
70	89105	1/1/1900	12/31/2299	COLLECTION OF MULTIPLE FR
70	89125	1/1/1900	12/31/2299	FAT STAIN, FECES, URINE,
70	89130	1/1/1900	12/31/2299	GASTRIC INTUBATION AND AS
70	89132	1/1/1900	12/31/2299	GASTRIC INTUBATION AND AS
70	89135	1/1/1900	12/31/2299	GASTRIC INTUBATION, ASPIR
70	89136	1/1/1900	12/31/2299	GASTRIC INTUBATION, ASPIR
70	89140	1/1/1900	12/31/2299	GASTRIC INTUBATION,ASPIRA
70	89141	1/1/1900	12/31/2299	GASTRIC INTUBATION, ASPIR
70	89160	1/1/1900	12/31/2299	MEAT FIBERS, FECES
70	89190	1/1/1900	12/31/2299	NASAL SMEAR FOR EOSINOPHI
70	89205	1/1/1900	12/31/2299	OCCULT BLOOD, ANY SOURCE
70	89300	1/1/1900	12/31/2299	SEMEN ANALYSIS; PRESENCE
70	89310	1/1/1900	12/31/2299	SEMEN ANALYSIS; MOTILITY
70	89320	1/1/1900	12/31/2299	SEMEN ANALYSIS; COMPLETE
70	89325	1/1/1900	12/31/2299	SPERM AGGLUTINATION, WITH
70	89329	1/1/1900	12/31/2299	SPERM EVALUATION; HAMSTER
70	89330	1/1/1900	12/31/2299	CERVICAL MUCUS PENETRATIO
70	89350	1/1/1900	12/31/2299	SPUTUM, OBTAINING SPECIME
70	89355	1/1/1900	12/31/2299	STARCH GRANULES, FECES
70	89360	1/1/1900	12/31/2299	SWEAT COLLECTION BY IONTO
70	89365	1/1/1900	12/31/2299	WATER LOAD TEST

Table A-2.23 – Procedure Group 71 Table

Group Number	Code	Effective Date	End Date	Code Description
71	59425	1/1/1994	12/31/2299	ANTEPARTUM CARE ONLY; 4-6
71	59426	1/1/1900	12/31/2299	ANTEPARTUM CARE ONLY; 7 O
71	59610	1/1/1996	1/1/1996	VBAC DELIVERY
71	59612	1/1/1996	1/1/1996	VBAC DELIVERY ONLY
71	59614	1/1/1996	1/1/1996	VBAC CARE AFTER DELIVERY
71	59618	1/1/1996	1/1/1996	ATTEMPTED VBAC DELIVERY
71	59620	1/1/1996	1/1/1996	ATTEMPTED VBAC DELIVERY O
71	59622	1/1/1996	1/1/1996	ATTEMPTED VBAC AFTER CARE

Table A-2.24 – Procedure Group 73 Table

Group Number	Code	Effective Date	End Date	Code Description
73	55250	7/1/1994	12/31/2299	VASECTOMY, UNILATERAL OR
73	57170	7/1/1994	12/31/2299	DIAPHRAGM FITTING WITH IN
73	58300	7/1/1994	12/31/2299	INSERTION OF INTRAUTERINE
73	58301	7/1/1994	12/31/2299	REMOVAL OF INTRAUTERINE D
73	58600	7/1/1994	12/31/2299	LIGATION OR TRANSECTION O
73	59840	7/1/1994	12/31/2299	INDUCED ABORTION, BY DILA
73	59841	7/1/1994	12/31/2299	INDUCED ABORTION, BY DILA
73	80002	7/1/1994	12/31/2299	AUTOMATED MULTICHANNEL TE
73	80003	7/1/1994	12/31/2299	3 CLINICAL CHEMISTRY TEST
73	80004	7/1/1994	12/31/2299	4 CLINICAL CHEMISTRY TEST
73	80005	7/1/1994	12/31/2299	5 CLINICAL CHEMISTRY TEST
73	80061	7/1/1994	12/31/2299	LIPID PROFILE
73	81000	7/1/1994	12/31/2299	URINALYSIS (PH, SPECIFIC
73	81001	1/1/1996	12/31/2299	URINALYSIS AUTO W/SCOPE
73	81002	7/1/1994	12/31/2299	URINALYSIS (PH, SPECIFIC
73	81015	7/1/1994	12/31/2299	URINALYSIS; MICROSCOPIC O
73	81025	7/1/1994	12/31/2299	URINE PREGNANCY TEST, BY
73	82465	7/1/1994	12/31/2299	CHOLESTEROL, SERUM; TOTAL
73	82947	7/1/1994	12/31/2299	GLUCOSE; EXCEPT URINE (EG
73	82950	7/1/1994	12/31/2299	GLUCOSE; POST GLUCOSE DOS
73	84478	7/1/1994	12/31/2299	TRIGLYCERIDES, BLOOD
73	84702	7/1/1994	12/31/2299	GONADOTROPIN, CHORIONIC;
73	84703	7/1/1994	12/31/2299	QUALITATIVE
73	85013	7/1/1994	12/31/2299	BLOOD COUNT; SPUN MICROHE
73	85585	7/1/1994	12/31/2299	PLATELET; ESTIMATION ON S
73	85652	1/1/1996	12/31/2299	RBC SED RATE AUTO
73	86311	7/1/1994	12/31/2299	HIV ANTIGEN TEST
73	86317	7/1/1994	12/31/2299	IMMUNOASSAY FOR INFECTIOU
73	86580	7/1/1994	12/31/2299	SKIN TEST; TUBERCULOSIS,
73	86592	7/1/1994	12/31/2299	SYPHILIS TEST; QUALITATIV
73	86632	7/1/1994	12/31/2299	ANTIBODIES; CHLAMYDIA 1 G
73	86689	7/1/1994	12/31/2299	HTLVI, ANTIBODY DETECTION
73	87040	7/1/1994	12/31/2299	CULTURE, BACTERIAL, DEFIN
73	87070	7/1/1994	12/31/2299	CULTURE, BACTERIAL, DEFIN
73	87075	7/1/1994	12/31/2299	CULTURE, BACTERIAL, ANY S
73	87076	7/1/1994	12/31/2299	DEFINITIVE IDENTIFICATION

(Continued)

Table A-2.24 – Procedure Group 73 Table

Group Number	Code	Effective Date	End Date	Code Description
73	87110	7/1/1994	12/31/2299	CULTURE, CHLAMYDIA
73	87205	7/1/1994	12/31/2299	SMEAR, PRIMARY SOURCE, WI
73	87206	7/1/1994	12/31/2299	SMEAR,PRIMARY SOURCE,WITH
73	87207	7/1/1994	12/31/2299	SMEAR,PRIMARY SOURCE,WITH
73	87210	7/1/1994	12/31/2299	SMEAR,PRIMARY SOURCE,WITH
73	87252	7/1/1994	12/31/2299	VIRUS IDENTIFICATION TISS
73	88150	7/1/1994	12/31/2299	CYTOPATHOLOGY, SMEARS, CE
73	88160	7/1/1994	12/31/2299	CYTOP., ANY OTHER SOURCE;
73	99000	7/1/1994	12/31/2299	HANDLING AND/OR CONVEYANC
73	99070	4/15/1999	12/31/2299	SUPPLIES&MATERIAL(EXCEPT
73	99203	7/1/1994	12/31/2299	OFFICE VISIT,MODERATE
73	99211	7/1/1994	12/31/2299	OFFICE VISIT MINIMAL
73	99212	7/1/1994	12/31/2299	OFFICE VISIT MINOR
73	99213	7/1/1994	12/31/2299	OFFICE VISIT LOW
73	J1055	7/1/1994	12/31/2299	INJECTION, MEDROXYPROGEST
73	W0660	7/1/1994	12/31/2299	FAMILY PLANNING SERVICE I
73	W0676	7/1/1994	12/31/2299	NON-LEGEND BIRTH CONTROL
73	W0677	7/1/1994	12/31/2299	LEGEND BIRTH CONTROL SUPP
73	X3000	7/1/1994	12/31/2299	INPLANATION OF NORPLANT
73	X3002	7/1/1994	12/31/2299	REMOVAL OF NORPLANT WITH
73	X3003	7/1/1994	12/31/2299	REMOVAL NORPLANT WITH REI
73	X3023	7/1/1994	12/31/2299	DEPO-PROVERA 150MG.
73	Z5950	1/1/1900	12/31/2299	HIV/AIDS CASE MANAGEMENT

Table A-2.25 – Procedure Group 74 Table

Group Number	Code	Effective Date	End Date	Code Description
74	11976	7/1/1994	12/31/2299	REMOVAL WITHOUT REINSERTI
74	55200	7/1/1994	12/31/2299	VASOTOMY,CANNULIZATION WI
74	55300	7/1/1994	12/31/2299	VASOTOMY FOR VASOGRAMS, S
74	56301	1/1/1900	12/31/2299	LAPARSCOPY, SURGICAL WITH
74	56302	7/1/1994	12/31/2299	LAPAROSCOPY, SURGICAL WIT
74	58301	7/1/1994	12/31/2299	REMOVAL OF INTRAUTERINE D
74	58340	7/1/1994	12/31/2299	INJECTION PROCEDURE FOR H
74	58750	7/1/1994	12/31/2299	TUBAL REANASTOMOSIS
74	58770	7/1/1994	12/31/2299	SALPINGOSTOMY (SALPINGONE
74	X3001	7/1/1994	12/31/2299	REMOVAL OF NORPLANT ONLY

Table A-2.26 – Procedure Group 90 Table

Group Number	Code	Effective Date	End Date	Code Description
90	A0010	1/1/1900	12/31/2299	AMBULANCE SERVICE, BASIC
90	A0030	1/1/1900	12/31/2299	AMBULANCE SERVICE, CONVEN
90	A0040	1/1/1900	12/31/2299	AMBULANCE SERVICE, AIR, H
90	A0050	1/1/1900	12/31/2299	AMBULANCE SERVICE, EMERGE
90	A0100	1/1/1900	1/1/1900	NON-EMERGENCY TRANSPORTAT
90	A0220	1/1/1900	12/31/2299	AMBULANCE SERVICE, ADVANC
90	A0222	1/1/1900	12/31/2299	AMBULANCE SERVICE, RETURN
90	A0223	1/1/1900	12/31/2299	AMBULANCE SERVICE, ADVANC
90	A0225	1/1/1900	12/31/2299	AMBULANCE SERVICE, NEONAT
90	A0326	1/1/1995	12/31/2299	AMBU SERV ALS, NON-EMER T
90	A0328	1/1/1995	12/31/2299	AMBU SERV, ALS, EMER TRAN
90	A0330	1/1/1995	12/31/2299	AMBU SERV, ALS, EMER TRAN
90	Y9000	1/1/1900	12/31/2299	AMBULANCE SERVICE; LOADIN

Table A-2.27 – Procedure Group 92 Table

Group Number	Code	Effective Date	End Date	Code Description
92	A0100	1/1/1900	12/31/2299	NON-EMERGENCY TRANSPORTAT
92	A0110	1/1/1900	12/31/2299	NON-EMERGENCY TRANSPORTAT
92	A0120	1/1/1900	12/31/2299	NON EMERGENCY TRANS: MINI
92	A0130	1/1/1900	12/31/2299	NON-EMERGENCY TRANSPORTAT
92	A0140	1/1/1900	12/31/2299	NON-EMERGENCY TRANSPORTAT
92	A0150	1/1/1900	12/31/2299	NON-EMERGENCY TRANSPORTAT
92	X3028	1/1/1900	12/31/2299	COMMERCIAL AMBULATORY SER
92	X3029	1/1/1900	12/31/2299	COMMERCIAL AMBULATORY SER
92	X3031	1/1/1900	12/31/2299	TAXI, RATES NON-REGULATED
92	X3032	1/1/1900	12/31/2299	TAXI, RATES NON-REGULATED
92	X3033	1/1/1900	12/31/2299	TAXI, RATES NON-REGULATED
92	X3035	1/1/1900	12/31/2299	TAXI, RATES NON-REGULATED
92	X3037	1/1/1900	12/31/2299	TAXI, RATES NON-REGULATED
92	Y9000	1/1/1900	12/31/2299	AMBULANCE SERVICE; LOADIN
92	Y9001	1/1/1900	12/31/2299	WHEELCHAIR/NON-AMBULATORY
92	Y9010	1/1/1900	12/31/2299	NON EMERGENCY TRANSPORTAT
92	Y9011	1/1/1900	12/31/2299	INTRA-STATE BUS TRANSPORT
92	Y9013	1/1/1900	12/31/2299	INTER-STATE BUS TRANSPORT
92	Y9102	1/1/1900	12/31/2299	AMBULANCE SERVICE TO FREE
92	Y9103	1/1/1900	12/31/2299	AMBULANCE MILEAGE TO FREE
92	Y9201	1/1/1900	12/31/2299	WHEELCHAIR/NON-AMBULATORY
92	A0324	1/1/1995	12/31/2299	AMBU SERV ALS NON-EMER TR

Table A-2.28 – Procedure Group 93 Table

Group Number	Code	Effective Date	End Date	Code Description
93	A0100	1/1/1900	12/31/2299	NON-EMERGENCY TRANSPORTAT
93	A0110	1/1/1900	12/31/2299	NON-EMERGENCY TRANSPORTAT
93	A0120	1/1/1900	12/31/2299	NON EMERGENCY TRANS: MINI
93	A0130	1/1/1900	12/31/2299	NON-EMERGENCY TRANSPORTAT
93	A0140	1/1/1900	12/31/2299	NON-EMERGENCY TRANSPORTAT
93	A0150	1/1/1900	12/31/2299	NON-EMERGENCY TRANSPORTAT
93	A0324	1/1/1995	12/31/2299	AMBU SERV ALS NON-EMER TR
93	X3028	1/1/1900	12/31/2299	COMMERCIAL AMBULATORY SER
93	X3029	1/1/1900	12/31/2299	COMMERCIAL AMBULATORY SER
93	X3031	1/1/1900	12/31/2299	TAXI, RATES NON-REGULATED
93	X3032	1/1/1900	12/31/2299	TAXI, RATES NON-REGULATED
93	X3033	1/1/1900	12/31/2299	TAXI, RATES NON-REGULATED
93	X3035	1/1/1900	12/31/2299	TAXI, RATES NON-REGULATED
93	Y9000	1/1/1900	12/31/2299	AMBULANCE SERVICE; LOADIN
93	Y9001	1/1/1900	12/31/2299	WHEELCHAIR/NON-AMBULATORY
93	Y9010	1/1/1900	12/31/2299	NON EMERGENCY TRANSPORTAT
93	Y9011	1/1/1900	12/31/2299	INTRA-STATE BUS TRANSPORT
93	Y9013	1/1/1900	12/31/2299	INTER-STATE BUS TRANSPORT
93	Y9201	1/1/1900	12/31/2299	WHEELCHAIR/NON-AMBULATORY
93	Y9210	1/1/1900	12/31/2299	NON-REGULATED TAXI, MULTI

Table A-2.29 – Procedure Group 94 Table

Group Number	Code	Effective Date	End Date	Code Description
94	A0020	1/1/1900	12/31/2299	AMBULANCE SERVICE, (BLS)
94	A0021	1/1/1900	12/31/2299	AMBULANCE SERVICE, OUTSID
94	A0060	1/1/1900	12/31/2299	AMBULANCE SERVICE, WAITIN
94	A0070	1/1/1900	12/31/2299	AMBULANCE SERVICE, OXYGEN
94	A0380	1/1/1995	12/31/2299	BLS MILEAGE (PER MILE)
94	A0420	1/1/1995	12/31/2299	AMBU WAITING TIME(ALS OR
94	A0422	1/1/1995	12/31/2299	AMBU (ALS/BLS) OXY SUPPLI
94	Y9005	1/1/1900	12/31/2299	AMBULANCE MILEAGE THROUGH
94	Y9008	1/1/1900	12/31/2299	MILEAGE, UP THROUGH 99 MI
94	Y9009	1/1/1900	12/31/2299	WAITING TIME, ONE HALF U1
94	Y9805	1/1/1900	12/31/2299	AMBULANCE MILEAGE OVER 99

Table A-2.30 – Procedure Group 95 Table

Group Number	Code	Effective Date	End Date	Code Description
95	X3030	1/1/1900	12/31/2299	COMMERCIAL AMBULATORY SER
95	X3034	1/1/1900	12/31/2299	TAXI, RATES NON-REGULATED
95	X3036	1/1/1900	12/31/2299	TAXI, RATES NON-REGULATED
95	X3038	1/1/1900	12/31/2299	NON-REGULATED TAXI; ACCOM
95	X3039	1/1/1900	12/31/2299	WHEELCHAIR/NON-AMBULATORY

Table A-2.31 – Procedure Group 100 Table

Group Number	Code	Effective Date	End Date	Code Description
100	X3008	1/1/1990	12/31/2299	IDARS ILS
100	X3009	1/1/1990	12/31/2299	RESIDENTIAL HAB
100	X3010	1/1/1990	12/31/2299	HOME BASED HAB
100	X3011	1/1/1990	12/31/2299	PRE VOCATIONAL
100	X3012	1/1/1990	12/31/2299	SUPPPORTED EMPLOYMENT
100	X3013	1/1/1990	12/31/2299	ASSISTIVE TECHNOLOGY, INI
100	X3014	1/1/1990	12/31/2299	ASSISTIVE TECHNOLOGY, MAI
100	X3015	1/1/1990	12/31/2299	OCCUPATIONAL THERAPY (HHA
100	X3016	1/1/1990	12/31/2299	O T DARS HAB AGENCY
100	X3017	1/1/1900	12/31/2299	PHYSICAL THERAPY (HHA)
100	X3018	1/1/1990	12/31/2299	P T DARS HAB AGENCY
100	X3019	1/1/1990	12/31/2299	ENVIRONMENTAL MODIFICATIO
100	X3020	1/1/1990	12/31/2299	ENVIRONMENTAL MODIFICATIO
100	X3021	1/1/1990	12/31/2299	SPEECH LANGUAGE (HHA)
100	X3022	1/1/1990	12/31/2299	RESPITE-HOSPITAL CARE
100	X3064	1/1/1900	12/31/2299	RESIDENTIAL-BASED HABILIT
100	Z5600	1/1/1990	12/31/2299	WAIVER - CASE MANAGEMENT
100	Z5603	1/1/1990	12/31/2299	AGED/DISABLED WAIVER-HOME
100	Z5604	1/1/1990	12/31/2299	AGED/DISABLED WAIVER-PERS
100	Z5605	1/1/1990	12/31/2299	AGED/DISABLED WAIVER-RESP
100	Z5606	1/1/1990	12/31/2299	AGED/DISABLED WAIVER-RESP
100	Z5607	1/1/1990	12/31/2299	WAIVER RESPITE/HHA
100	Z5608	1/1/1990	12/31/2299	WAIVER-RESPITE/LPN
100	Z5609	1/1/1990	12/31/2299	WAIVER-RESPITE/RN
100	Z5610	1/1/1990	12/31/2299	AGED/DISABLED WAIVER-RESP
100	Z5611	1/1/1990	12/31/2299	AGED/DISABLED WAIVER-RESP
100	Z5615	1/1/1990	12/31/2299	AGED/DISABLED WAIVER-RESP
100	Z5616	1/1/1990	12/31/2299	AGED/DISABLED WAIVER-RESP
100	Z5620	1/1/1990	12/31/2299	AGED/DISABLED WAIVER-(AA/
100	Z5621	1/1/1990	12/31/2299	AGED/DISABLED WAIVER/(AA/
100	Z5622	1/1/1990	12/31/2299	AGED/DISABLED WAIVER-(AA/
100	Z5623	1/1/1990	12/31/2299	AGED/DISABLED WAIVER-(AA/
100	Z5624	1/1/1990	12/31/2299	AGED/DISABLED WAIVER-(AA/
100	Z5625	1/1/1990	12/31/2299	AGED/DISABLED WAIVER-(AA/
100	Z5627	1/1/1990	12/31/2299	AGED/DISABLED WAIVER-(AA/
100	Z5628	1/1/1990	12/31/2299	AGED/DISABLED WAIVER-(AA/

(Continued)

Table A-2.31 – Procedure Group 100 Table

Group Number	Code	Effective Date	End Date	Code Description
100	Z5629	1/1/1990	12/31/2299	AGED/DISABLED WAIVER-(AA/
100	Z5645	1/1/1990	12/31/2299	AGED & DISABLED WAIVER-AD
100	Z5650	1/1/1990	12/31/2299	AGED & DISABLED WAIVER-HO
100	Z5653	1/1/1990	12/31/2299	AGED & DISABLED WAIVER-PE
100	Z5654	1/1/1990	12/31/2299	AGED & DISABLED RESPITE/H
100	Z5655	1/1/1990	12/31/2299	AGED & DISABLED WAIVER-RE
100	Z5699	1/1/1990	12/31/2299	PERSONAL EMERGENCY RESPON
100	Z5700	1/1/1990	12/31/2299	AUTISTIC WAIVER-CASE MANA
100	Z5701	1/1/1990	12/31/2299	AUTISTIC WAIVER-CASE MANA
100	Z5702	1/1/1990	12/31/2299	AUTISTIC WAIVER-CASE MANA
100	Z5703	1/1/1990	12/31/2299	AUTISTIC WAIVER-CASE MANA
100	Z5704	1/1/1990	12/31/2299	AUTISTIC WAIVER-CASE MANA
100	Z5705	1/1/1990	12/31/2299	AUTISTIC WAIVER-RESPITE/H
100	Z5706	1/1/1990	12/31/2299	AUTISTIC WAIVER-RESPITE/L
100	Z5707	1/1/1990	12/31/2299	AUTISTIC WAIVER-RESPITE/R
100	Z5708	1/1/1990	12/31/2299	WAIVER-SPEECH THERAPY
100	Z5709	1/1/1990	12/31/2299	AUTISTIC WAIVER-AUDIOLOGI
100	Z5715	1/1/1990	12/31/2299	AUTISTIC WAIVER-SPEECH TH
100	Z5716	1/1/1990	12/31/2299	AUTISTIC WAIVER-AUDIOLOGI
100	Z5720	1/1/1990	12/31/2299	WAIVER - RESPITE (IDDARS/
100	Z5724	1/1/1990	12/31/2299	AUTISM WAIVER-INDIVIDUAL
100	Z5725	1/1/1990	12/31/2299	AUTISM WAIVER-GROUP HABIL
100	Z5726	1/1/1990	12/31/2299	AUTISM WAIVER-BEHAVIORAL
100	Z5728	1/1/1990	12/31/2299	AUTISTIC WAIVER-TRANSPORT
100	Z5730	1/1/1990	12/31/2299	AUTISTIC WAIVER-CRISIS IN

Table A-2.32 – Procedure Group 108 Table

Group Number	Code	Effective Date	End Date	Code Description
108	38129	1/1/2000	12/31/2299	LAPAROSCOPE PROC, SPLEEN
108	38589	1/1/2000	12/31/2299	LAPAROSCOPE PROC, LYMPHAT
108	43289	1/1/2000	12/31/2299	LAPAROSCOPE PROC, ESOPH
108	43659	1/1/2000	12/31/2299	LAPAROSCOPE PROC, STOM
108	44209	1/1/2000	12/31/2299	LAPAROSCOPE PROC, INTESTI
108	44979	1/1/2000	12/31/2299	LAPAROSCOPE PROC, APP
108	47579	1/1/2000	12/31/2299	LAPAROSCOPE PROC, BILIARY
108	49329	1/1/2000	12/31/2299	LAPARO PROC, ABDM/PER/OME
108	49659	1/1/2000	12/31/2299	LAPARO PROC, HERNIA REPAI
108	50549	1/1/2000	12/31/2299	LAPAROSCOPE PROC, RENAL
108	54699	1/1/2000	12/31/2299	LAPAROSCOPE PROC, TESTIS
108	55559	1/1/2000	12/31/2299	LAPARO PROC, SPERMATIC CO
108	58578	1/1/2000	12/31/2299	LAPARO PROC, UTERUS
108	58579	1/1/2000	12/31/2299	HYSTEROSCOPE PROCEDURE
108	58679	1/1/2000	12/31/2299	LAPARO PROC. OVIDUCT-OVAR
108	59898	1/1/2000	12/31/2299	LAPARO PROC, OB CARE/DELI
108	60659	1/1/2000	12/31/2299	LAPARO PROC, ENDOCRINE
108	74361	1/1/1900	12/31/1991	INTRALUMINAL DILATION OF
108	75969	1/1/1900	12/31/1991	PERCUTANEOUS TRANSLUMINAL
108	76092	1/1/1900	12/31/2299	SCREENING MAMMOGRAPHY, BI
108	76097	1/1/1900	12/31/1992	LOCALIZATION OF BRAST NO
108	76632	1/1/1900	12/31/1991	DOPPLER ECHOCARDIOGRAPHY
108	76949	1/1/1900	12/31/1991	ULTRASONIC GUIDANCE FOR A
108	78425	1/1/1900	12/31/1991	CARDIAC REGURGITANT INDEX
108	78479	1/1/1900	12/31/1991	CARDIAC BLOOD POOL IMAGIN
108	78489	1/1/1900	12/31/1991	CARDIAC BLOOD POOL IMAGIN
108	78491	1/1/1998	12/31/2299	HEART IMAGE (PET), SINGLE
108	78492	1/1/1998	12/31/2299	HEART IMAGE (PET), MULTIP
108	78608	4/1/1991	12/31/2299	BRAIN IMAGING, POSITRON
108	78609	1/1/1994	12/31/2299	BRAIN IMAGING, POSITRON
108	79900	1/1/1994	12/31/2299	PROVISION OF THERAPEUTIC
108	80049	1/1/1998	1/1/1998	METABOLIC PANEL, BASIC
108	80051	1/1/1998	1/1/1998	ELECTROLYTE PANEL
108	80054	1/1/1998	1/1/1998	COMPREHEN METABOLIC PANEL
108	80201	1/1/1998	12/31/2299	ASSAY OF TOPIRAMATE
108	83019	1/1/1998	12/31/2299	BREATH ISOTOPE TEST

(Continued)

Table A-2.32 – Procedure Group 108 Table

Group Number	Code	Effective Date	End Date	Code Description
108	84512	1/1/1998	12/31/2299	ASSAY OF TROPONIN, QUAL
108	85095	1/1/1900	12/31/1993	BONE M ARROW SMEAR AND/OR
108	85667	1/1/1900	7/31/1993	T-CELL DEPLETION (ANY MET
108	86078	1/1/1900	12/31/1993	BLOOD BANK PHY. SERVICES;
108	86079	1/1/1900	12/31/1993	BLOOD BANK PHY. SERVICES;
108	86130	1/1/1900	7/31/1993	COLLECTION AND PROCESSING
108	86148	1/1/1998	12/31/2299	PHOSPHOLIPID ANTIBODY
108	86333	1/1/1900	7/31/1993	IMMUNE COMPLEX ASSAY; RAJ
108	86361	1/1/1998	12/31/2299	T CELL, ABSOLUTE COUNT
108	86586	1/1/1900	12/31/2299	SKIN TEST; UNLISTED ANTIG
108	86704	1/1/1998	1/1/1998	HEP B CORE ANTIBODY, IGG/
108	86705	1/1/1998	1/1/1998	HEP B CORE ANTIBODY, IGM
108	86706	1/1/1998	1/1/1998	HEP B SURFACE ANTIBODY
108	86707	1/1/1998	1/1/1998	HEP BE ANTIBODY
108	86708	1/1/1998	1/1/1998	HEP A ANTIBODY, IGG/IGM
108	86709	1/1/1998	1/1/1998	HEP A ANTIBODY, IGM
108	86803	1/1/1998	12/31/2299	HEPATITIS C AB TEST
108	86804	1/1/1998	12/31/2299	HEP C AB TEST, CONFIRM
108	86889	1/1/1900	12/31/2299	HTLV I, ANTIBODY DETECTIO
108	86891	1/1/1900	12/31/2299	AUTOLOGOUS BLOOD OR COMPO
108	86915	1/1/1900	12/31/2299	BONE MARROW, MODIFICATION
108	87260	1/1/1998	1/1/1998	ADENOVIRUS AG, DFA
108	87265	1/1/1998	1/1/1998	PERTUSSIS AG, DFA
108	87270	1/1/1998	1/1/1998	CHYLMD TRACDH AG, DFA
108	87272	1/1/1998	1/1/1998	CRYPTOSPORIDUM AG, DFA
108	87274	1/1/1998	1/1/1998	HERPES SIMPLEX AG, DFA
108	87276	1/1/1998	1/1/1998	INFLUENZA AG, DFA
108	87278	1/1/1998	1/1/1998	LEGION PNEUMO AG, DFA
108	87280	1/1/1998	1/1/1998	RESP SYNCYTIAL AG, DFA
108	87285	1/1/1998	1/1/1998	TREPON PALLIDUM AG, DFA
108	87290	1/1/1998	1/1/1998	VARICELLA AG, DFA
108	87299	1/1/1998	1/1/1998	AG DETECTION NOS, DFA
108	87301	1/1/1998	1/1/1998	ADENOVIRUS AG, EIA
108	87320	1/1/1998	1/1/1998	CHYLMD TRACH AG, EIA
108	87324	1/1/1998	1/1/1998	CLOSTRIDIUM AG, EIA
108	87328	1/1/1998	1/1/1998	CRYPTOSPOR AG, EIA
108	87332	1/1/1998	1/1/1998	CYTOMEGALOVIRUS AG, EIA

(Continued)

Table A-2.32 – Procedure Group 108 Table

Group Number	Code	Effective Date	End Date	Code Description
108	87335	1/1/1998	1/1/1998	E COLI 0157 AG, EIA
108	87340	1/1/1998	1/1/1998	HEPATITUS B SURFACE AG, E
108	87350	1/1/1998	1/1/1998	HEPATITIS BE AG, EIA
108	87380	1/1/1998	1/1/1998	HEPATITUS DELTA AG, EIA
108	87385	1/1/1998	1/1/1998	HISTOPLASMA CAPSUL AG, EI
108	87390	1/1/1998	1/1/1998	HIV-1 AG, EIA
108	87391	1/1/1998	1/1/1998	HIV-2 AG, EIA
108	87420	1/1/1998	1/1/1998	RESP SYNCYTIAL AG, EIA
108	87425	1/1/1998	1/1/1998	ROTAVIRUS AG, EIA
108	87430	1/1/1998	1/1/1998	STREP A AG, EIA`
108	87449	1/1/1998	1/1/1998	AG DETECT NOS, EIA, MULT
108	87450	1/1/1998	1/1/1998	AG DETECT NOS, EIA, SINGL
108	87470	1/1/1998	1/1/1998	BARTONELLA, DNA, DIR PROB
108	87471	1/1/1998	1/1/1998	BARTONELLA, DNA, AMP PROB
108	87472	1/1/1998	12/31/2299	BARTONELLA, DNA, QUANT
108	87475	1/1/1998	1/1/1998	LYME DIS, DNA, DIR PROBE
108	87476	1/1/1998	1/1/1998	LYME DIS, DNA, AMP PROBE
108	87477	1/1/1998	12/31/2299	LYME DIS, DNA, QUANT
108	87480	1/1/1998	1/1/1998	CANDIDA, DNA, DIR PROBE
108	87481	1/1/1998	1/1/1998	CANDIDA, DNA, AMP PROBE
108	87482	1/1/1998	12/31/2299	CANDIDA, DNA, QUANT
108	87485	1/1/1998	1/1/1998	CHYLMD PNEUM, DNA, DIR PR
108	87486	1/1/1998	1/1/1998	CHYLMD PNEUM, DNA, AMP PR
108	87487	1/1/1998	12/31/2299	CHYLMD PNEUM, DNA, QUANT
108	87490	1/1/1998	1/1/1998	CHYLMD TRACH, DNA, DIR PR
108	87491	1/1/1998	1/1/1998	CHYLMD TRACH, DNA, AMP PR
108	87492	1/1/1998	12/31/2299	CHYLMD TRACH, DNA, QUANT
108	87495	1/1/1998	1/1/1998	CYTOMEG, DNA, DIR PROBE
108	87496	1/1/1998	1/1/1998	CYTOMEG, DNA, AMP PROBE
108	87497	1/1/1998	12/31/2299	CYTOMEG, DNA, QUANT
108	87510	1/1/1998	1/1/1998	GARDNER VAG, DNA, DIR PRO
108	87511	1/1/1998	1/1/1998	GARDNER VAG, DNA, AMP PRO
108	87512	1/1/1998	12/31/2299	GARDNER VAG, DNA, QUANT
108	87515	1/1/1998	1/1/1998	HEPATITIS B, DNA, DIR PRO
108	87516	1/1/1998	1/1/1998	HEPATITIS B, DNA, AMP PR
108	87517	1/1/1998	1/1/1998	HEPATITIS B, DNA, QUANT
108	87520	1/1/1998	1/1/1998	HEPATITIS C, RNA, DIR PR

(Continued)

Table A-2.32 – Procedure Group 108 Table

Group Number	Code	Effective Date	End Date	Code Description
108	87521	1/1/1998	1/1/1998	HEPATITIS C, RNA, AMP PR
108	87522	1/1/1998	12/31/2299	HEPATITIS C, RNA, QUANT
108	87525	1/1/1998	1/1/1998	HEPATITIS G, DNA, DIR PR
108	87526	1/1/1998	1/1/1998	HEPATITIS G, DNA, AMP PRO
108	87527	1/1/1998	12/31/2299	HEPATITIS G, DNA, QUANT
108	87528	1/1/1998	1/1/1998	HSV, DNA, DIR PROBE
108	87529	1/1/1998	1/1/1998	HSV, DNA, AMP PROBE
108	87530	1/1/1998	12/31/2299	HSV, DNA, QUANT
108	87531	1/1/1998	1/1/1998	HHV-6, DNA, DIR PROBE
108	87532	1/1/1998	1/1/1998	HHV-6, DNA, AMP PROBE
108	87533	1/1/1998	12/31/2299	HHV-6, DNA, QUANT
108	87534	1/1/1998	1/1/1998	HIV-1, DNA, DIR PROBE
108	87535	1/1/1998	1/1/1998	HIV-1, DNA, AMP PROBE
108	87536	1/1/1998	12/31/2299	HIV-1, DNA, QUANT
108	87537	1/1/1998	1/1/1998	HIV-2, DNA, DIR PROBE
108	87538	1/1/1998	12/31/2299	HIV-2, DNA, QUANT
108	87539	1/1/1998	1/1/1998	HIV-2, DNA, QUANT
108	87540	1/1/1998	1/1/1998	LEGION PNEUMO, DNA, DIR P
108	87541	1/1/1998	1/1/1998	LEGION PNEUMO, DNA, AMP P
108	87542	1/1/1998	12/31/2299	LEGION PNEUMO, DNA, QUANT
108	87550	1/1/1998	1/1/1998	MYCOBATERIA, DNA, DIR PR
108	87551	1/1/1998	1/1/1998	MYCOBATERIA, DNA, AMP PR
108	87552	1/1/1998	12/31/2299	MYCOBATERIA, DNA, QUANT
108	87555	1/1/1998	1/1/1998	M.TUBERCULO, DNA, DIR PRO
108	87556	1/1/1998	1/1/1998	M.TUBERCULO, DNA, AMP PRO
108	87557	1/1/1998	12/31/2299	M.TUBERCULO, DNA, QUANT
108	87560	1/1/1998	1/1/1998	M.AVIUM-INTRA, DNA, DIR P
108	87561	1/1/1998	1/1/1998	M.AVIUM-INTRA, DNA, AMP P
108	87562	1/1/1998	12/31/2299	M.AVIUM-INTRA, DNA, QUANT
108	87580	1/1/1998	1/1/1998	M.PNEUMON, DNA, DIR PROBE
108	87581	1/1/1998	1/1/1998	M.PNEUMON, DNA, AMP PROBE
108	87582	1/1/1998	12/31/2299	M.PNEUMON, DNA, QUANT
108	87590	1/1/1998	1/1/1998	N.GONORRHOEAE, DNA, DIR P
108	87591	1/1/1998	1/1/1998	N.GONORRHOEAE, DNA, AMP P
108	87592	1/1/1998	12/31/2299	N.GONORRHOEAE, DNA, QUANT
108	87620	1/1/1998	1/1/1998	HPV, DNA, DIR PROBE
108	87621	1/1/1998	1/1/1998	HPV, DNA, AMP PROBE

(Continued)

Table A-2.32 – Procedure Group 108 Table

Group Number	Code	Effective Date	End Date	Code Description
108	87622	1/1/1998	12/31/2299	HPV, DNA, QUANT
108	87650	1/1/1998	1/1/1998	STREP A, DNA, DIR PROBE
108	87651	1/1/1998	1/1/1998	STREP A, DNA, AMP PROBE
108	87652	1/1/1998	12/31/2299	STREP A, DNA, QUANT
108	87797	1/1/1998	1/1/1998	DETECT AGENT NOS, DNA, DI
108	87798	1/1/1998	1/1/1998	DETECT AGENT NOS, DNA, AM
108	87799	1/1/1998	12/31/2299	DETECT AGENT NOS, DNA, QU
108	87810	1/1/1998	1/1/1998	CHYLMD TRACH ASSAY W/OPTI
108	87850	1/1/1998	1/1/1998	N. GONORRHOEAE ASSAY W/OP
108	87880	1/1/1998	1/1/1998	STREP A ASSAY W/OPTIC
108	87899	1/1/1998	1/1/1998	AGENT NOS ASSAY W/OPTIC
108	88141	1/1/1998	1/1/1998	CYTOPATH, C/V, INTERPRET
108	88142	1/1/1998	1/1/1998	CYTOPATH, C/V, THIN LAYER
108	88152	1/1/1998	1/1/1998	CYTOPATH, C/V, AUTO REDO
108	88158	1/1/1998	1/1/1998	CYTOPATH CERV/VAG TBS AUT
108	88161	1/1/1900	12/31/1993	CYTOP., ANY OTHER SOURCE;
108	88162	1/1/1900	12/31/1993	CYTOPA., ANY OTHER SOURCE
108	88180	1/1/1900	12/31/1993	FLOW CYTOMETRY; EACH CELL
108	88182	1/1/1900	12/31/1993	FLOW CYTOMETRY; CELL CYCL
108	88248	1/1/1900	12/31/1996	CHROM ANAL FOR BRKG SYN S
108	88318	1/1/1900	12/31/1993	DETERMINATIVE HISTOCHEMIS
108	88319	1/1/1900	12/31/1993	DETERMINATIVE HISTOCHEMIS
108	88355	1/1/1900	12/31/1993	MORPHOMETRIC ANALYSIS; SK
108	88356	1/1/1900	12/31/1993	MORPHOMETRIC ANALYSIS; NE
108	88358	1/1/1900	12/31/1993	MORPHOMETRIC ANALYSIS TUM
108	88362	1/1/1900	12/31/1993	NERVE TEASING PREPARATION
108	89251	1/1/1998	12/31/2299	CULTURE OOCYTE W/EMBRYOS
108	89252	1/1/1998	12/31/2299	ASSIST OOCYTE FERTILIZATI
108	89253	1/1/1998	12/31/2299	EMBRYO HATCHING
108	89254	1/1/1998	12/31/2299	OOCYTE IDENTIFICATION
108	89255	1/1/1998	12/31/2299	PREPARE EMBRYO FOR TRANSF
108	89256	1/1/1998	12/31/2299	PREPARE CRYOPRESERVED EMB
108	89257	1/1/1998	12/31/2299	SPERM IDENTIFICATION
108	89258	1/1/1998	12/31/2299	CRYOPRESERVATION, EMBRYO
108	89259	1/1/1998	12/31/2299	CRYOPRESERVATION, SPERM
108	89260	1/1/1998	12/31/2299	SPERM ISOLATION, SIMPLE
108	89261	1/1/1998	12/31/2299	SPERM ISOLATION, COMPLEX

(Continued)

Table A-2.32 – Procedure Group 108 Table

Group Number	Code	Effective Date	End Date	Code Description
108	90885	1/1/1998	12/31/2299	PSY EVALUATION OF RECORDS
108	90918	1/1/1900	12/31/2299	END STAGE RENAL DISEASE R
108	90919	1/1/1900	12/31/2299	END STAGE RENAL DISEASE R
108	90920	1/1/1900	12/31/2299	END STAGE RENAL DISEASE R
108	90921	1/1/1900	12/31/2299	END STAGE RENAL DISEASE R
108	90922	1/1/1900	12/31/2299	END STAGE RENAL DISEASE R
108	90935	1/1/1900	12/31/1993	HEMODIALYSIS PROCEDURE WI
108	90937	1/1/1900	12/31/1993	HEMODIALYSIS, REPEATED EV
108	90945	1/1/1900	12/31/1993	DIALYSIS PROCEDURE OTHER
108	90947	1/1/1900	12/31/1993	DIALYSIS, REPEATED EVAL
108	90999	1/1/1900	12/31/2299	UNLISTED DIALYSIS PROCEDU
108	95144	1/1/1900	12/31/2299	PROFESSIONAL SERVICES
108	95150	1/1/1900	12/31/1993	PROF. SER. FOR THE SUPER.
108	96902	1/1/1998	12/31/2299	MICROSCOPIC EXAM OF HAIRS
108	97780	1/1/1998	12/31/2299	ACUPUNCTURE W/O STIMUL
108	97781	1/1/1998	12/31/2299	ACUPUNCTURE W/STIMUL
108	99141	1/1/1998	12/31/2299	SEDATION, IV/IM OR INHALA
108	99142	1/1/1998	12/31/2299	SEDATION, ORAL/RECTAL/NAS
108	99374	1/1/1998	12/31/2299	HOME HEALTH CARE SUPERVIS
108	99377	1/1/1998	12/31/2299	HOSPICE CARE SUPERVISION
108	99379	1/1/1998	12/31/2299	NURSING FAC CARE SUPERVIS
108	99380	1/1/1998	12/31/2299	NURSING FAC CARE SUPERVIS
108	A4462	1/1/1998	1/1/1998	ABDMNL DRSSNG HOLDER/BIND
108	A4580	1/1/1997	12/31/2299	CAST SUPPLIES
108	A9502	1/1/1998	12/31/2299	TECHNETIUM TC99M TETROFOS
108	A9504	1/1/2000	12/31/2299	TECHNETIUM TC 99M APCITID
108	A9600	1/1/1998	12/31/2299	STRONTIUM -89 CHLORIDE
108	D5916	1/1/1900	12/31/1997	OCULAR PROSTHESIS
108	D5932	1/1/1900	12/31/1997	POSTSURGICAL OBTURATOR
108	E0144	1/1/2000	12/31/2299	ENCLOSED WALKER W REAR SE
108	E0602	1/1/2000	12/31/2299	BREAST PUMP
108	E0616	1/1/2000	12/31/2299	CARDIAC EVENT RECORDER
108	E1900	1/1/2000	12/31/2299	SPEECH COMMUNICATION DEVI
108	G0107	1/1/1998	1/1/1998	CA SCREEN; FECAL BLOOD TE
108	G0121	1/1/1998	12/31/2299	COLON CA SCRN; BARIUM ENE
108	G0122	1/1/1998	12/31/2299	COLON CA SCRN; BARIUM ENE
108	G0159	1/1/2000	5/15/2001	PERC DECLOT DIALYSIS GRAF

(Continued)

Table A-2.32 – Procedure Group 108 Table

Group Number	Code	Effective Date	End Date	Code Description
108	G0160	1/1/2000	5/15/2001	CRYO. ABLATION, PROSTATE
108	G0161	1/1/2000	5/15/2001	ECHO GUIDE FOR CRYO PROBE
108	L1499	1/1/1900	12/31/2299	UNLISTED PROCEDURE FOR SP
108	L1670	1/1/1900	12/31/2299	HO, ABDUCTION CONTROL OF
108	L1844	1/1/1900	5/6/1998	KO SINGLE UPRIGHT THIGH A
108	L2397	1/1/1900	12/31/2299	ADDITION TO LOWER EXTREM
108	L2475	1/1/1900	12/31/2299	ADDITION TO KNEE JOINT, B
108	L2626	1/1/1900	12/31/2299	ADDITION TO LOWER EXTREMI
108	L2999	1/1/1900	12/31/2299	UNLISTED PROCEDURES FOR L
108	L3001	1/1/1900	12/31/2299	FOOT INSERT, REMOVABLE, M
108	L3002	1/1/1900	12/31/2299	FOOT INSERT, REMOVABLE, M
108	L3003	1/1/1900	12/31/2299	FOOT INSERT, REMOVABLE, M
108	L3201	1/1/1900	12/31/2299	ORTHOPEDIC SHOE, OXFORD W
108	L3202	1/1/1900	12/31/2299	ORTHOPEDIC SHOE, OXFORD W
108	L3203	1/1/1900	12/31/2299	ORTHOPEDIC SHOE, OXFORD W
108	L3204	1/1/1900	12/31/2299	ORTHOPEDIC SHOE, HIGHTOP
108	L3206	1/1/1900	12/31/2299	ORTHOPEDIC SHOE, HIGHTOP
108	L3207	1/1/1900	12/31/2299	ORTHOPEDIC SHOE, HIGHTOP
108	L3208	1/1/1900	12/31/2299	SURGICAL BOOT, EACH, INFA
108	L3209	1/1/1900	12/31/2299	SURGICAL BOOT, EACH, CHIL
108	L3211	1/1/1900	12/31/2299	SURGICAL BOOT, EACH, JUNI
108	L3212	1/1/1900	12/31/2299	BENESCH BOOT, PAIR, INFAN
108	L3213	1/1/1900	12/31/2299	BENESCH BOOT, PAIR, CHILD
108	L3214	1/1/1900	12/31/2299	BENESCH BOOT, PAIR, JUNIO
108	L3216	1/1/1900	12/31/2299	ORTHOPEDIC FOOTWEAR, LADI
108	L3217	1/1/1900	12/31/2299	ORTHOPEDIC FOOTWEAR, LADI
108	L3218	1/1/1900	12/31/2299	ORTHOPEDIC FOOTWEAR, LADI
108	L3221	1/1/1900	12/31/2299	ORTHOPEDIC FOOTWEAR, MENS
108	L3222	1/1/1900	12/31/2299	ORTHOPEDIC FOOTWEAR, MENS
108	L3223	1/1/1900	12/31/2299	ORTHOPEDIC FOOTWEAR, MENS
108	L3251	1/1/1900	12/31/2299	FOOT-SHOE MOLDED TO PATIE
108	L3252	1/1/1900	12/31/2299	FOOT-SHOE MOLDED TO PATIE
108	L3253	1/1/1900	12/31/2299	FOOT, MOLDED SHOE PLASTAZ
108	L3254	1/1/1900	12/31/2299	NON-STANDARD SIZE OR WIDT
108	L3255	1/1/1900	12/31/2299	NON-STANDARD SIZE OR LENG
108	L3257	1/1/1900	12/31/2299	ORTHOPEDIC TOOTWEAR, ADDI
108	L3260	1/1/1900	12/31/2299	AMBULATORY SURGICAL BOOT,

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Table A-2.32 – Procedure Group 108 Table

Group Number	Code	Effective Date	End Date	Code Description
108	L3265	1/1/1900	12/31/2299	PLASTAZOTE SANDAL, EACH
108	L3649	1/1/1900	12/31/2299	UNLISTED PROCEDURES FOR F
108	L3807	1/1/2000	12/31/2299	WHFO W INFLATABLE AIRCHAM
108	L3999	1/1/1900	12/31/2299	UNLISTED PROCEDURES FOR U
108	L4210	1/1/1900	12/31/2299	REPAIR OF ORTHOTIC DEVICE
108	L5614	1/1/1900	5/6/1998	ADDITION TO LOWER EXTREM.
108	L5667	1/1/1900	12/31/2299	ADDITION TO LOWER EXTREM.
108	L5669	1/1/1900	12/31/2299	ADDITION TO LOWER EXTREM.
108	L3701	1/1/1900	12/31/2299	ALL LOWER EXTREMITY PROST
108	L5703	1/1/1900	12/31/2299	ALL LOWER EXTREMITY PROST
108	L5705	1/1/1900	12/31/2299	ALL LOWER EXTREMITY PROST
108	L5707	1/1/1900	12/31/2299	ALL ENDOSKELETAL LOWER EX
108	L5709	1/1/1900	12/31/2299	ALL LOWER EXTREMITY PROST
108	L5840	1/1/1900	12/31/2299	ADDITIONAL ENDOSKELETAL K
108	L5855	1/1/1900	12/31/2299	ADDITIONAL ENDOSKELETAL S
108	L5925	1/1/1900	12/31/2299	ADDITIONAL ENDOSKELETAL S
108	L5962	1/1/1900	12/31/2299	ADDITIONAL ENDOSKELETAL S
108	L5964	1/1/1900	12/31/2299	ADDITIONAL, ENDOSKELETAL
108	L5966	1/1/1900	12/31/2299	ADDITIONAL ENDOSKELETAL S
108	L5979	1/1/1900	12/31/2299	ALL LOWER EXTREMITY PROST
108	L5981	1/1/1900	12/31/2299	ALL LOWER EXTREMITY PROST
108	L5999	1/1/1900	12/31/2299	UNLISTED PROCEDURES FOR L
108	L6760	1/1/1900	12/31/2299	TERMINAL DEVICE, HOOK, DO
108	L6869	1/1/1900	12/31/2299	TERMINAL DEVICE, HAND, PA
108	L7160	1/1/1900	3/31/1997	ELECTRONIC ELBOW, BOSTON
108	L7165	1/1/1900	3/31/1997	ELECTRONIC ELBOW, BOSTON
108	L7180	1/1/1900	12/31/2299	ELECTRONIC ELBOW, UTAH OR
108	L7499	1/1/1900	12/31/2299	UNLISTED PROCEDURES FOR U
108	L7510	1/1/1900	12/31/2299	REPAIR PROSTETIC DEVICE,
108	L8100	1/1/1900	12/31/2299	ELASTIC SUPPORT, ELASTIC
108	L8110	1/1/1900	12/31/2299	ELASTIC SUPPORT, ELASTIC
108	L8120	1/1/1900	12/31/2299	ELASTIC SUPPORT, ELASTIC
108	L8130	1/1/1900	12/31/2299	ELASTIC SUPPORT, ELASTIC
108	L8140	1/1/1900	12/31/2299	ELASTIC SUPPORT, ELASTIC
108	L8150	1/1/1900	12/31/2299	ELASTIC SUPPORT, ELASTIC
108	L8160	1/1/1900	12/31/2299	ELASTIC SUPPORT, ELASTIC
108	L8170	1/1/1900	12/31/2299	ELASTIC SUPPORT, ELASTIC

(Continued)

Table A-2.32 – Procedure Group 108 Table

Group Number	Code	Effective Date	End Date	Code Description
108	L8180	1/1/1900	12/31/2299	ELASTIC SUPPORT, ELASTIC
108	L8190	1/1/1900	12/31/2299	ELASTIC SUPPORT, ELASTIC
108	L8200	1/1/1900	12/31/2299	ELASTIC SUPPORT, ELASTIC
108	L8210	1/1/1900	12/31/2299	ELASTIC SUPPORT, ELASTIC
108	L8220	1/1/1900	12/31/2299	ELASTIC SUPPORT, ELASTIC
108	L8230	1/1/1900	12/31/2299	ELASTIC SUPPORT, ELASTIC
108	L8485	1/1/1900	12/31/2299	STUMP SOCK, SINGLE PLY,
108	L8490	1/1/1900	12/31/2299	ADDITION TO PROSTHETIC SH
108	L8499	1/1/1900	12/31/2299	UNLISTED PROCEDURE FOR MI
108	L8605	1/1/1900	3/31/1998	TISSUE EXPANDER
108	L8610	1/1/1900	12/31/2299	OCULAR
108	L8611	1/1/1900	3/31/1998	ORBITAL IMPLANT
108	L8612	1/1/1900	12/31/2299	AQUEOUS SHUNT
108	L8613	1/1/1900	12/31/2299	OSSICULA
108	L8614	1/1/1900	12/31/1995	COCHLEAR DEVICE-SYSTEM
108	L8615	1/1/1900	3/31/1998	TEMPOROMANDIBULAR JOINT
108	L8616	1/1/1900	3/31/1998	MAXILLA IMPLANT
108	L8617	1/1/1900	3/31/1998	MANDIBLE
108	L8618	1/1/1900	3/31/1998	PALATE
108	L8620	1/1/1900	3/31/1998	RADIAL HEAD
108	L8621	1/1/1900	3/31/1998	DISTAL HUMERUS
108	L8622	1/1/1900	3/31/1998	PROXIMAL UNLA/RADIUS
108	L8623	1/1/1900	3/31/1998	DISTAL ULNA
108	L8624	1/1/1900	3/31/1998	DISTAL RADIUS
108	L8625	1/1/1900	3/31/1998	TRAPEZIUM
108	L8626	1/1/1900	3/31/1998	WRIST
108	L8627	1/1/1900	3/31/1998	LUNATE
108	L8628	1/1/1900	3/31/1998	CARPUS
108	L8629	1/1/1900	3/31/1998	SCAPHOID
108	L8630	1/1/1900	12/31/2299	METACARPOPHALANGEAL JOINT
108	L8640	1/1/1900	3/31/1998	PATELLA
108	L8641	1/1/1900	12/31/2299	METATARSAL JOINT
108	L8642	1/1/1900	12/31/2299	HALLUX IMPLANT
108	L8655	1/1/1900	3/31/1998	FLEXOR TENDON IN HAND OR
108	L8656	1/1/1900	3/31/1998	EXTENSOR TENDON IN HAND O
108	L8657	1/1/1900	3/31/1998	TENDON OTHER THAN HAND OR
108	L8658	1/1/1900	12/31/2299	INTERPHALANGEAL JOINT

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Table A-2.32 – Procedure Group 108 Table

Group Number	Code	Effective Date	End Date	Code Description
108	L8670	1/1/1900	12/31/2299	VASCULAR GRAFT MATERIAL,
108	L8680	1/1/1900	3/31/1998	BILIARY STENT ENDOPROSTHE
108	L8690	1/1/1900	3/31/1998	TESTICLE
108	L9900	1/1/2000	12/31/2299	O&P SUPPLY/ACCESSORY/SERV
108	P0999	1/1/1900	12/31/1991	NOT OTHERWISE CLASSIFIED,
108	P2031	1/1/1900	12/31/2299	HAIR ANALYSIS (EXCLUDING
108	P2032	1/1/1900	12/31/1991	ICTERUS INDEX, BLOOD
108	P2038	1/1/1900	12/31/1996	MUCOPROTEIN, BLOOD (SEROM
108	P7020	1/1/1900	12/31/1991	VACCINE, AUTOGENOUS (MEDI
108	P9006	1/1/1900	12/31/1991	MULTIPLE PATHOLOGY SERVIC
108	P9007	1/1/1900	12/31/1991	HANDLING CHARGE FOR PURCH
108	P9010	1/1/1900	12/31/2299	BLOOD (WHOLE), FOR TRANSF
108	P9011	1/1/1900	12/31/2299	BLOOD (SPIT UNIT), SPECI
108	P9012	1/1/1900	12/31/2299	CRYOPRECIPITATE, EACH UNI
108	P9013	1/1/1900	5/15/2001	FIBRINOGEN UNIT
108	P9014	1/1/1900	12/31/2299	GLOBULIN, GAMMA, 1ML
108	P9015	1/1/1900	12/31/2299	GLOBULIN, RH IMMUNE, 1ML
108	P9016	1/1/1900	12/31/2299	LEUKOCYTE POOR BLOOD, EAC
108	P9017	1/1/1900	12/31/2299	PLASMA, SINGLE DONOR, FRE
108	P9018	1/1/1900	5/15/2001	PLASMA PROTEIN FRACTION,
108	P9019	1/1/1900	12/31/2299	PLATELET CONCENTRATE, EAC
108	P9020	1/1/1900	12/31/2299	PLATELET RICH PLASMA, EAC
108	P9021	1/1/1900	12/31/2299	RED BLOOD CELLS, EACH UNI
108	P9022	1/1/1900	12/31/2299	WASHED RED BLOOD CELLS, E
108	P9023	1/1/2000	12/31/2299	PLASMA, POOLED MULT DONOR
108	P9023	1/1/1900	12/31/1991	PLASMA, POOLED MULT DONOR
108	P9024	1/1/1900	12/31/1991	FACTOR V111 DILUTION, EAC
108	P9603	1/1/1900	12/31/2299	TRAVEL ALLOWANCE ONE WAY
108	V5010	1/1/1900	12/31/2299	ASSESSMENT FOR HEARING AI
108	W6500	1/1/1900	12/31/2299	PHYSICAL THERAPY – INITIA
108	W6501	1/1/1900	12/31/2299	PHYSICAL THERAPY – SUBSEQ
108	W6504	1/1/1900	12/31/2299	PHYSICAL THERAPY – GROUP
108	W6506	1/1/1900	12/31/2299	ADAPTIVE EQUIPMENT, SPLIN
108	W6802	1/1/1900	12/31/2299	MISCELLANEOUS RESPIRATIORY
108	W7404	1/1/1900	12/31/2299	THERAPEUTIC ADAPTATIONS,
108	W7405	1/1/1900	12/31/2299	ADAPTIVE EQUIPMENT PROVID
108	Z5155	1/1/1900	12/31/2299	ADMINISTRATION OF SQ/IM/O

Table A-2.33 – Procedure Group 115 Table

Group Number	Code	Effective Date	End Date	Code Description
115	X3008	7/1/1997	12/31/2299	IDARS ILS
115	X3015	7/1/1997	12/31/2299	OCCUPATIONAL THERAPY (HHA
115	X3016	7/1/1997	12/31/2299	O T DARS HAB AGENCY
115	X3017	7/1/1997	12/31/2299	PHYSICAL THERAPY (HHA)
115	X3018	7/1/1997	12/31/2299	P T DARS HAB AGENCY
115	Z5603	7/1/1997	12/31/2299	AGED/DISABLED WAIVER-HOME
115	Z5604	7/1/1997	12/31/2299	AGED/DISABLED WAIVER-PERS
115	Z5605	7/1/1997	12/31/2299	AGED/DISABLED WAIVER-RESP
115	Z5606	7/1/1997	12/31/2299	AGED/DISABLED WAIVER-RESP
115	Z5610	7/1/1997	12/31/2299	AGED/DISABLED WAIVER-RESP
115	Z5611	7/1/1997	12/31/2299	AGED/DISABLED WAIVER-RESP
115	Z5615	7/1/1997	12/31/2299	AGED/DISABLED WAIVER-RESP
115	Z5616	7/1/1997	12/31/2299	AGED/DISABLED WAIVER-RESP
115	Z5652	7/1/1997	12/31/2299	AGED & DISABLED WAIVER-HO
115	Z5653	7/1/1997	12/31/2299	AGED & DISABLED WAIVER-PE
115	Z5654	7/1/1997	12/31/2299	AGED & DISABLED RESPITE/H
115	Z5655	7/1/1997	12/31/2299	AGED & DISABLED WAIVER-RE
115	Z5708	7/1/1997	12/31/2299	WAIVER-SPEECH THERAPY
115	Z5715	7/1/1997	12/31/2299	AUTISTIC WAIVER-SPEECH TH
115	Z5720	7/1/1997	12/31/2299	WAIVER - RESPITE (IDDARS/

Table A-2.32 – Procedure Group 118 Table

Group Number	Code	Effective Date	End Date	Code Description
118	80061	1/1/1900	12/31/2299	LIPID PROFILE
118	81002	1/1/1900	12/31/2299	URINALYSIS (PH, SPECIFIC
118	81003	1/1/1900	12/31/2299	URINALYSIS WITHOUT MICROS
118	81025	1/1/1900	12/31/2299	URINE PREGNANCY TEST, BY
118	82044	1/1/1900	12/31/2299	URINE, MICROALBUMIN, SEMI
118	82270	1/1/1900	12/31/2299	BLOOD; OCCULT, FECES, SCR
118	82273	1/1/1900	12/31/2299	BLOOD; DUODENAL, GASTRIC
118	82465	1/1/1900	12/31/2299	CHOLESTEROL, SERUM; TOTAL
118	82947	1/1/1900	12/31/2299	GLUCOSE; EXCEPT URINE (EG
118	82950	1/1/1900	12/31/2299	GLUCOSE; POST GLUCOSE DOS
118	82951	1/1/1900	12/31/2299	GLUCOSE; TOLERANCE TEST (
118	82952	1/1/1900	12/31/2299	GLUCOSE; TOLERANCE TEST,
118	82962	1/1/1900	12/31/2299	GLUCOSE BLOOD, BY GLUCOSE
118	82985	1/1/1900	12/31/2299	GLYCOPROTEIN, ELECTROPHOR
118	83026	1/1/1900	12/31/2299	HEMOGLOBIN; BY COPPER SUL
118	83036	1/1/1900	12/31/2299	HEMOGLOBIN; GLYCOSYLATED
118	83718	1/1/1900	12/31/2299	LIPOPROTEIN, BLOOD; PRECI
118	83986	1/1/1900	12/31/2299	PH, BODY FLUID, EXCEPT BL
118	84478	1/1/1900	12/31/2299	TRIGLYCERIDES, BLOOD
118	84830	1/1/1900	12/31/2299	OVULATION TESTS VISUAL CO
118	84999	8/31/1998	12/31/2299	UNLISTED CHEMISTRY OR TOX
118	85013	1/1/1900	12/31/2299	BLOOD COUNT; SPUN MICROHE
118	85014	1/1/1900	12/31/2299	BLOOD COUNT; HEMATOCRIT
118	85018	1/1/1900	12/31/2299	BLOOD COUNT; HEMOGLOBIN,
118	85610	1/1/1900	12/31/2299	PROTHROMBIN TIME;
118	85651	1/1/1900	12/31/2299	SEDIMENTATION RATE (ESR);
118	86308	1/1/1900	12/31/2299	HETEROPHILE ANTIBODIES; S
118	86318	1/1/1900	12/31/2299	IMMUNOASSAY FOR CHEMICAL
118	86588	1/1/1900	12/31/2299	STREPTOCOCCUS, SCREEN, DI
118	87072	1/1/1900	12/31/2299	CULTURE OR DIRECT BACTERI
118	G0107	1/1/1900	12/31/2299	CA SCREEN; FECAL BLOOD TE

Table A-2.35 – Procedure Group 119 Table

Group Number	Code	Effective Date	End Date	Code Description
119	80061	1/1/1900	12/31/2299	LIPID PROFILE
119	81000	1/1/1900	12/31/2299	URINALYSIS (PH, SPECIFIC
119	81001	1/1/1900	12/31/2299	URINALYSIS AUTO W/SCOPE
119	81002	1/1/1900	12/31/2299	URINALYSIS (PH, SPECIFIC
119	81003	1/1/1900	12/31/2299	URINALYSIS WITHOUT MICROS
119	81015	1/1/1900	12/31/2299	URINALYSIS; MICROSCOPIC O
119	81020	1/1/1900	12/31/2299	URINALYSIS; TWO OR THREE
119	81025	1/1/1900	12/31/2299	URINE PREGNANCY TEST, BY
119	82044	1/1/1900	12/31/2299	URINE, MICROALBUMIN, SEMI
119	82270	1/1/1900	12/31/2299	BLOOD; OCCULT, FECES, SCR
119	82273	1/1/1900	12/31/2299	BLOOD; DUODENAL, GASTRIC
119	82465	1/1/1900	12/31/2299	CHOLESTEROL, SERUM; TOTAL
119	82947	1/1/1900	12/31/2299	GLUCOSE; EXCEPT URINE (EG
119	82950	1/1/1900	12/31/2299	GLUCOSE; POST GLUCOSE DOS
119	82951	1/1/1900	12/31/2299	GLUCOSE; TOLERANCE TEST (
119	82952	1/1/1900	12/31/2299	GLUCOSE; TOLERANCE TEST,
119	82962	1/1/1900	12/31/2299	GLUCOSE BLOOD, BY GLUCOSE
119	82985	1/1/1900	12/31/2299	GLYCOPROTEIN, ELECTROPHOR
119	83026	1/1/1900	12/31/2299	HEMOGLOBIN; BY COPPER SUL
119	83036	1/1/1900	12/31/2299	HEMOGLOBIN; GLYCOSYLATED
119	83718	1/1/1900	12/31/2299	LIPOPROTEIN, BLOOD; PRECI
119	83986	1/1/1900	12/31/2299	PH, BODY FLUID, EXCEPT BL
119	84478	1/1/1900	12/31/2299	TRIGLYCERIDES, BLOOD
119	84830	1/1/1900	12/31/2299	OVULATION TESTS VISUAL CO
119	84999	8/31/1998	12/31/2299	UNLISTED CHEMISTRY OR TOX
119	85013	1/1/1900	12/31/2299	BLOOD COUNT; SPUN MICROHE
119	85014	1/1/1900	12/31/2299	BLOOD COUNT; HEMATOCRIT
119	85018	1/1/1900	12/31/2299	BLOOD COUNT; HEMOGLOBIN,
119	85610	1/1/1900	12/31/2299	PROTHROMBIN TIME;
119	85651	1/1/1900	12/31/2299	SEDIMENTATION RATE (ESR);
119	86308	1/1/1900	12/31/2299	HETEROPHILE ANTIBODIES; S
119	86318	1/1/1900	12/31/2299	IMMUNOASSAY FOR CHEMICAL
119	86588	1/1/1900	12/31/2299	STREPTOCOCCUS, SCREEN, DI
119	87072	1/1/1900	12/31/2299	CULTURE OR DIRECT BACTERI
119	89190	1/1/1900	12/31/2299	NASAL SMEAR FOR EOSINOPHI
119	G0026	1/1/1900	12/31/2299	FECAL LEUKOCYTE EXAMINATI

(Continued)

Table A-2.35 – Procedure Group 119 Table

Group Number	Code	Effective Date	End Date	Code Description
119	G0027	1/1/1900	12/31/2299	SEMEN ANALYSIS
119	G0107	1/1/1900	12/31/2299	CA SCREEN; FECAL BLOOD TE
119	Q0111	1/1/1900	12/31/2299	WET MOUNTS, INCLUDING PRE
119	Q0112	1/1/1900	12/31/2299	ALL POTASSIUM HYDROXIDE (
119	Q0113	1/1/1900	12/31/2299	PINWORM EXAMINATIONS;
119	Q0114	1/1/1900	12/31/2299	FERN TEST
119	Q0115	1/1/1900	12/31/2299	POST-COITAL DIRECT, QUALI

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	78110	1/1/1900	12/31/2299	BLOOD OR PLASMA VOLUME, R
120	78111	1/1/1900	12/31/2299	BLOOD OR PLASMA VOLUME, R
120	78120	1/1/1900	12/31/2299	RED CELL MASS DETERMINATI
120	78121	1/1/1900	12/31/2299	RED CELL MASS DETERMINATI
120	78122	1/1/1900	12/31/2299	WHOLE BLOOD VOLUME DETERM
120	78130	1/1/1900	12/31/2299	RED CELL SURVIVAL STUDY (
120	78160	1/1/1900	12/31/2299	PLASMA RADIOIRON DISAPPEA
120	78162	1/1/1900	12/31/2299	RADIOIRON ORAL ABSORPTION
120	78191	1/1/1900	12/31/2299	PLATELET SURVIVAL
120	78270	1/1/1900	12/31/2299	VITAMIN B-12 ABSORPTION S
120	78271	1/1/1900	12/31/2299	VITAMIN B-12 ABSORPTION S
120	78272	1/1/1900	12/31/2299	VITAMIN B-12 ABSORPTION S
120	80002	1/1/1900	12/31/2299	AUTOMATED MULTICHANNEL TE
120	80003	1/1/1900	12/31/2299	3 CLINICAL CHEMISTRY TEST
120	80004	1/1/1900	12/31/2299	4 CLINICAL CHEMISTRY TEST
120	80005	1/1/1900	12/31/2299	5 CLINICAL CHEMISTRY TEST
120	80006	1/1/1900	12/31/2299	6 CLINICAL CHEMISTRY TEST
120	80007	1/1/1900	12/31/2299	7 CLINICAL CHEMISTRY TEST
120	80008	1/1/1900	12/31/2299	8 CLINICAL CHEMISTRY TEST
120	80009	1/1/1900	12/31/2299	9 CLINICAL CHEMISTRY TEST
120	80010	1/1/1900	12/31/2299	TEN CLINICAL CHEMSITRY TE
120	80011	1/1/1900	12/31/2299	ELEVEN CLINICAL CHEMISTRY
120	80012	1/1/1900	12/31/2299	12 CLINICAL CHEMISTRY TES
120	80016	1/1/1900	12/31/2299	13-16 CLINICAL CHEMISTRY
120	80018	1/1/1900	12/31/2299	17-18 CLINICAL CHEMISTRY
120	80019	1/1/1900	12/31/2299	19 OR MORE CLINICAL CHEMI
120	80049	1/1/1900	12/31/2299	METABOLIC PANEL, BASIC
120	80050	1/1/1900	12/31/2299	GENERAL HEALTH SCREEN PAN
120	80051	1/1/1900	12/31/2299	ELECTROLYTE PANEL
120	80054	1/1/1900	12/31/2299	COMPREHEN METABOLIC PANEL
120	80055	1/1/1900	12/31/2299	OBSTETRIC PROFILE
120	80058	1/1/1900	12/31/2299	HEPATIC FUNCTION PANEL
120	80059	1/1/1900	12/31/2299	HEPATITIS PANEL
120	80061	1/1/1900	12/31/2299	LIPID PROFILE
120	80072	1/1/1900	12/31/2299	ARTHRITIS PANEL
120	80090	1/1/1900	12/31/2299	ANTIBODY PANEL (EG, TORCH

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	80091	1/1/1900	12/31/2299	THYROID PANEL;
120	80092	1/1/1900	12/31/2299	THYROID PANEL; WITH THYRO
120	80100	1/1/1900	12/31/2299	DRUG SCREEN; MULTIPLE DRU
120	80101	1/1/1900	12/31/2299	SINGLE DRUG CLASS, EACH P
120	80102	1/1/1900	12/31/2299	DRUG, CONFIRMATION, EACH
120	80150	1/1/1900	12/31/2299	AMIKACIN
120	80152	1/1/1900	12/31/2299	AMITRIPTYLINE
120	80154	1/1/1900	12/31/2299	BENZODIAZEPINES
120	80156	1/1/1900	12/31/2299	CARBAMAZEPINE
120	80158	1/1/1900	12/31/2299	CYCLOSPORINE
120	80160	1/1/1900	12/31/2299	DESIPRAMINE
120	80162	1/1/1900	12/31/2299	DIGOXIN
120	80164	1/1/1900	12/31/2299	DIRCPYLACETIC ACID
120	80166	1/1/1900	12/31/2299	DOXIPIN
120	80168	1/1/1900	12/31/2299	ETHOSUXIMIDE
120	80170	1/1/1900	12/31/2299	GEDTAMICIN
120	80172	1/1/1900	12/31/2299	GOLD
120	80174	1/1/1900	12/31/2299	IMIPRAMINE
120	80176	1/1/1900	12/31/2299	LIDOCAINE
120	80178	1/1/1900	12/31/2299	LITHIUM
120	80182	1/1/1900	12/31/2299	NORTRIPTYLINE
120	80184	1/1/1900	12/31/2299	PHENOBARBITAL
120	80185	1/1/1900	12/31/2299	PHENYTOID TOTAL
120	80186	1/1/1900	12/31/2299	PHENYTOIN;FREE
120	80188	1/1/1900	12/31/2299	PRIMIDOVE
120	80190	1/1/1900	12/31/2299	PROCAINAMIDE
120	80192	1/1/1900	12/31/2299	WITH METABOLITES
120	80194	1/1/1900	12/31/2299	QUNINIDINE
120	80196	1/1/1900	12/31/2299	SALICYLATE
120	80197	1/1/1900	12/31/2299	TACROLIMUS
120	80198	1/1/1900	12/31/2299	THEOPHYLLINE
120	80200	1/1/1900	12/31/2299	TOBRAMTCIN
120	80201	1/1/1900	12/31/2299	ASSAY FOR TOPIRAMATE
120	80202	1/1/1900	12/31/2299	VANCOMYCIN
120	80299	1/1/1900	12/31/2299	QUANTITATION OF DRUG NOC
120	80400	1/1/1900	12/31/2299	ACTH STIMULATION PANEL; F
120	80402	1/1/1900	12/31/2299	ACTH STIMULATION PANEL; F

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	80406	1/1/1900	12/31/2299	ACTH STIMULATION PANEL; F
120	80408	1/1/1900	12/31/2299	ALDOSTERONE SUPPRESSION E
120	80410	1/1/1900	12/31/2299	CALCIUM -PENTAGASTRIN STIM
120	80412	1/1/1900	12/31/2299	CORTICOTROPIC RELEASING H
120	80414	1/1/1900	12/31/2299	CHORIONIC GONADOTROPHIN
120	80415	1/1/1900	12/31/2299	CHORIONIC GONADOTROPHIN
120	80416	1/1/1900	12/31/2299	RENAL STIMULATION PANEL
120	80417	1/1/1900	12/31/2299	RENIN STIMULATION PANEL
120	80418	1/1/1900	12/31/2299	COMBINED RAPID ANTERIOR P
120	80420	1/1/1900	12/31/2299	DEXAMETHASOME SUPPRESSION
120	80422	1/1/1900	12/31/2299	GLUCAGON TOLERANCE PANEL;
120	80424	1/1/1900	12/31/2299	GLUCAGON TOLERANCE PANEL
120	80426	1/1/1900	12/31/2299	GONADOTROPIN RELEASING HO
120	80428	1/1/1900	12/31/2299	GROWTH HORMONE STIMULATIO
120	80430	1/1/1900	12/31/2299	GROWTH HORMONE SUPPRESSIO
120	80432	1/1/1900	12/31/2299	INSULIN-INDUCED C-PEPTIDE
120	80434	1/1/1900	12/31/2299	INSULIN TOLERANCE PANEL;
120	80435	1/1/1900	12/31/2299	INSULIN TOLERANCE PANEL;
120	80436	1/1/1900	12/31/2299	METYRAPONE PANEL
120	80438	1/1/1900	12/31/2299	THYROTROPIN RELEASING HOR
120	80439	1/1/1900	12/31/2299	THYROTROPIN RELEASING HOR
120	80440	1/1/1900	12/31/2299	THYROTROPIN RELEASING HOR
120	81000	1/1/1900	12/31/2299	URINALYSIS (PH, SPECIFIC
120	81001	1/1/1900	12/31/2299	URINALYSIS AUTO W/SCOPE
120	81002	1/1/1900	12/31/2299	URINALYSIS (PH, SPECIFIC
120	81003	1/1/1900	12/31/2299	URINALYSIS WITHOUT MICROS
120	81005	1/1/1900	12/31/2299	URINALYSIS; CHEMICAL, QUA
120	81007	1/1/1900	12/31/2299	URINALYSIS; BACTERIURIA S
120	81015	1/1/1900	12/31/2299	URINALYSIS; MICROSCOPIC O
120	81020	1/1/1900	12/31/2299	URINALYSIS; TWO OR THREE
120	81025	1/1/1900	12/31/2299	URINE PREGNANCY TEST, BY
120	81099	1/1/1900	12/31/2299	UNLISTED URINALYSIS PROCE
120	82000	1/1/1900	12/31/2299	ACETALDEHYDE, BLOOD
120	82003	1/1/1900	12/31/2299	ACETAMINOPHEN, URINE
120	82009	1/1/1900	12/31/2299	ACETONE; QUALITATIVE
120	82010	1/1/1900	12/31/2299	ACETONE; QUANTITATIVE
120	82013	1/1/1900	12/31/2299	ACETYLCHOLINESTERASE

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	82024	1/1/1900	12/31/2299	ADRENOCORTICOTROPHIC HORM
120	82030	1/1/1900	12/31/2299	ADENOSINE; 5'-DIPHOSPHATE
120	82040	1/1/1900	12/31/2299	ALBUMIN; SERUM
120	82042	1/1/1900	12/31/2299	ALBUMIN; URINE, QUANTITAT
120	82043	1/1/1900	12/31/2299	URINE, MICROALBUMIN, QUAN
120	82044	1/1/1900	12/31/2299	URINE, MICROALBUMIN, SEMI
120	82055	1/1/1900	12/31/2299	ALCOHOL (ETHANOL), BLOOD;
120	82085	1/1/1900	12/31/2299	ALDOLASE, BLOOD; KINETIC
120	82088	1/1/1900	12/31/2299	ALDOSTERONE; RIA BLOOD
120	82101	1/1/1900	12/31/2299	ALKALOIDS, URINE; QUANTIT
120	82103	1/1/1900	12/31/2299	ALPHA-1-ANTITRYPSIN; TOTA
120	82104	1/1/1900	12/31/2299	ALPHA-1-ANTITRYPSIN; PHEN
120	82105	1/1/1900	12/31/2299	APLPH-FETOPROTEIN; SERUM
120	82106	1/1/1900	12/31/2299	AMNIOTIC FLUID
120	82108	1/1/1900	12/31/2299	ALUMINUM, BLOOD (SERUM)
120	82128	1/1/1900	12/31/2299	AMINO ACIDS, QUALITATIVE
120	82130	1/1/1900	12/31/2299	AMINO ACIDS, URINE OR PLA
120	82131	1/1/1900	12/31/2299	AMNIO ACIDS, FRACTIONATIO
120	82135	1/1/1900	12/31/2299	AMINOLEVULINIC ACID, DELT
120	82140	1/1/1900	12/31/2299	AMMONIA; BLOOD
120	82143	1/1/1900	12/31/2299	AMNIOTIC FLUID SCAN (SPEC
120	82145	1/1/1900	12/31/2299	AMPHETAMINE OR METHAMPHET
120	82150	1/1/1900	12/31/2299	AMYLASE, SERUM;
120	82154	1/1/1900	12/31/2299	ANDROSTANEDIOL GLUCURONID
120	82157	1/1/1900	12/31/2299	ANDROSTENEDIONE RIA
120	82160	1/1/1900	12/31/2299	ANDROSTERONE; RIA
120	82163	1/1/1900	12/31/2299	ANGIOTENSIN II, RIA
120	82164	1/1/1900	12/31/2299	ANGIOTENSIN-CONVERTING EN
120	82172	1/1/1900	12/31/2299	APOLIPOPROTEIN, IMMUNOASS
120	82175	1/1/1900	12/31/2299	ARSENIC, BLOOD, URINE, GA
120	82180	1/1/1900	12/31/2299	ASCORBIC ACID (VITAMIN C)
120	82190	1/1/1900	12/31/2299	ATOMIC ABSORPTION SPECTRO
120	82205	1/1/1900	12/31/2299	BARBITURATES; QUANTITATIV
120	82232	1/1/1900	12/31/2299	BETA-2 MICROGLOBULIN, RIA
120	82239	1/1/1900	12/31/2299	BILE ACIDS; TOTAL
120	82240	1/1/1900	12/31/2299	BILE ACIDS, BLOOD, FRACTI
120	82250	1/1/1900	12/31/2299	BILIRUBIN; BLOOD, TOTAL O

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	82251	1/1/1900	12/31/2299	BILIRUBIN; BLOOD, TOTAL A
120	82252	1/1/1900	12/31/2299	BILIRUBIN; FECES, QUALITA
120	82270	1/1/1900	12/31/2299	BLOOD; OCCULT, FECES, SCR
120	82273	1/1/1900	12/31/2299	BLOOD; DUODENAL, GASTRIC
120	82286	1/1/1900	12/31/2299	BRADYKININ
120	82300	1/1/1900	12/31/2299	CADMIUM, URINE
120	82306	1/1/1900	12/31/2299	CALCIFEDIOL (25-OH VITAMI
120	82307	1/1/1900	12/31/2299	CALCIFEROL (VITAMIN D), R
120	82308	1/1/1900	12/31/2299	CALCITONIN, RIA
120	82310	1/1/1900	12/31/2299	CALCIUM, BLOOD; CHEMICAL
120	82330	1/1/1900	12/31/2299	CALCIUM, BLOOD; FRACTIONA
120	82331	1/1/1900	12/31/2299	CALCIUM, BLOOD; AFTER CAL
120	82340	1/1/1900	12/31/2299	CALCIUM, URINE; QUANTITAT
120	82355	1/1/1900	12/31/2299	CALCULUS (STONE), QUALITA
120	82360	1/1/1900	12/31/2299	CALCULUS (STONE), QUANTIT
120	82365	1/1/1900	12/31/2299	CALCULUS (STONE), QUANTIT
120	82370	1/1/1900	12/31/2299	CALCULUS (STONE), QUANTIT
120	82374	1/1/1900	12/31/2299	CARBON DIOXIDE, COMBINING
120	82375	1/1/1900	12/31/2299	CARBON MONOXIDE, (CARBOXY
120	82376	1/1/1900	12/31/2299	CARBON MONOXIDE, (CARBOXY
120	82378	1/1/1900	12/31/2299	CARCINOEMBRYONIC ANTIGEN
120	82380	1/1/1900	12/31/2299	CAROTENE, BLOOD
120	82382	1/1/1900	12/31/2299	CATECHOLAMINES (DOPAMINE,
120	82383	1/1/1900	12/31/2299	CATECHOLAMINES (DOPAMINE,
120	82384	1/1/1900	12/31/2299	CATECHOLAMINES (DOPAMINE,
120	82387	1/1/1900	12/31/2299	CATHEPSIN-D
120	82390	1/1/1900	12/31/2299	CERULOPLASMIN CHEMICAL (C
120	82397	1/1/1900	12/31/2299	CHEMILUMINESCENT ASSAY
120	82415	1/1/1900	12/31/2299	CHLORAMPHENICOL, BLOOD
120	82435	1/1/1900	12/31/2299	CHLORIDES; BLOOD (SPECIFY
120	82436	1/1/1900	12/31/2299	CHLORIDES; URINE (SPECIFY
120	82438	1/1/1900	12/31/2299	CHLORIDES; SPINAL FLUID
120	82441	1/1/1900	12/31/2299	CHLORINATED HYDROCARBONS,
120	82465	1/1/1900	12/31/2299	CHOLESTEROL, SERUM; TOTAL
120	82480	1/1/1900	12/31/2299	CHOLINESTERASE; SERUM
120	82482	1/1/1900	12/31/2299	CHOLINESTERASE; RBC
120	82485	1/1/1900	12/31/2299	CHONDROITIN B SULFATE, QU

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	82486	1/1/1900	12/31/2299	CHROMATOGRAPHY; GAS-LIQUI
120	82487	1/1/1900	12/31/2299	CHROMATOGRAPHY; PAPER, 1-
120	82488	1/1/1900	12/31/2299	CHROMATOGRAPHY; PAPER, 2-
120	82489	1/1/1900	12/31/2299	CHROMATOGRAPHY; THIN LAYE
120	82491	1/1/1900	12/31/2299	CHROMOTOGRAPHY, QUANTITAT
120	82495	1/1/1900	12/31/2299	CHROMIUM; URINE
120	82507	1/1/1900	12/31/2299	CITRIC
120	82520	1/1/1900	12/31/2299	COCAINE, QUANTITATIVE
120	82523	1/1/1900	12/31/2299	COLLAGEN CROSS LINKS, ANY
120	82525	1/1/1900	12/31/2299	COPPER; BLOOD
120	82528	1/1/1900	12/31/2299	CORTICOSTERONE, RIA
120	82530	1/1/1900	12/31/2299	CORTISOL; FREE
120	82533	1/1/1900	12/31/2299	CORTISOL; RIA, PLASMA
120	82540	1/1/1900	12/31/2299	CREATINE; BLOOD
120	82550	1/1/1900	12/31/2299	CREATINE PHOSPHOKINASE (C
120	82552	1/1/1900	12/31/2299	CREATINE PHOSPHOKINASE (C
120	82553	1/1/1900	12/31/2299	MB FRACTION ONLY
120	82554	1/1/1900	12/31/2299	ISOFORMS
120	82565	1/1/1900	12/31/2299	CREATININE; BLOOD
120	82570	1/1/1900	12/31/2299	CREATININE; URINE
120	82575	1/1/1900	12/31/2299	CREATININE; CLEARANCE
120	82585	1/1/1900	12/31/2299	CRYOFIBRINOGEN, BLOOD
120	82595	1/1/1900	12/31/2299	CRYOGLOBULIN, BLOOD
120	82600	1/1/1900	12/31/2299	CYANIDE; BLOOD
120	82607	1/1/1900	12/31/2299	CYANOCOBALAMIN (VITAMIN B
120	82608	1/1/1900	12/31/2299	CYANOCOBALAMIN; UNSATURAT
120	82615	1/1/1900	12/31/2299	CYSTINE AND HOMOCYSTINE,
120	82626	1/1/1900	12/31/2299	DEHYDROEPIANDROSTERONE, (
120	82627	1/1/1900	12/31/2299	DEHYDROEPIANDROSTERONE-SU
120	82633	1/1/1900	12/31/2299	DESOXYCORTICOSTERONE, 11-
120	82634	1/1/1900	12/31/2299	DESOXYCORTISOL, 11-(COMPO
120	82638	1/1/1900	12/31/2299	DIBUCAINE NUMBER
120	82646	1/1/1900	12/31/2299	DIHYDROCODINONE
120	82649	1/1/1900	12/31/2299	DIHYDROMORPHINONE, QUANTI
120	82651	1/1/1900	12/31/2299	DIHYDROTESTOSTERONE (DHT)
120	82652	1/1/1900	12/31/2299	DIHYDROXYVITAMIN D, 1, 25
120	82654	1/1/1900	12/31/2299	DIMETHADIONE

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	82664	1/1/1900	12/31/2299	ELECTROPHORETIC TECHNIQUE
120	82666	1/1/1900	12/31/2299	EPIANDROSTERONE
120	82668	1/1/1900	12/31/2299	ERYTHROPOIETIN, BIOASSAY
120	82670	1/1/1900	12/31/2299	ESTRADIOL, RIA (PLACENTAL
120	82671	1/1/1900	12/31/2299	ESTROGENS; FRACTIONATED
120	82672	1/1/1900	12/31/2299	ESTROGENS; TOTAL
120	82677	1/1/1900	12/31/2299	ESTRIOL, NONPREGNANCY; RI
120	82679	1/1/1900	12/31/2299	ESTRONE; RIA
120	82690	1/1/1900	12/31/2299	ETHCHLORVYNOL; BLOOD
120	82693	1/1/1900	12/31/2299	ETHYLENE GLYCOL
120	82696	1/1/1900	12/31/2299	ETIOCHOLANOLONE, RIA
120	82705	1/1/1900	12/31/2299	FAT OR LIPIDS, FECES; SCR
120	82710	1/1/1900	12/31/2299	FAT OR LIPIDS, FECES; QUA
120	82715	1/1/1900	12/31/2299	FAT DIFFERENTIAL, FECES,
120	82725	1/1/1900	12/31/2299	FATTY ACIDS, BLOOD; NONES
120	82728	1/1/1900	12/31/2299	FERRITIN, SPECIFY METHOD
120	82735	1/1/1900	12/31/2299	FLUORIDE; BLOOD
120	82742	1/1/1900	12/31/2299	FLURAZEPAM
120	82746	1/1/1900	12/31/2299	FOLIC ACID (FOLATE), BLOO
120	82747	1/1/1900	12/31/2299	FOLIC ACID; RBC
120	82757	1/1/1900	12/31/2299	FRUCTOSE, SEMEN
120	82759	1/1/1900	12/31/2299	GALACTOKINASE, RBC
120	82760	1/1/1900	12/31/2299	GALACTOSE; BLOOD
120	82775	1/1/1900	12/31/2299	GALACTOSE-1-PHOSPHATE URI
120	82776	1/1/1900	12/31/2299	GALACTOSE-1-PHOSPHATE URI
120	82784	1/1/1900	12/31/2299	GAMMAGLOBULIN, A, D, G, M
120	82785	1/1/1900	12/31/2299	GAMMAGLOBULIN, E, (EG, EI
120	82787	1/1/1900	12/31/2299	IMMUNOGLOBULIN SUBCLASSES
120	82800	1/1/1900	12/31/2299	GASES, BLOOD; PH ONLY
120	82803	1/1/1900	12/31/2299	GASES, BLOOD; PH, PCO2, P
120	82805	1/1/1900	12/31/2299	GASES, BLOOD, ANY COMBINA
120	82810	1/1/1900	12/31/2299	GASES, BLOOD, 02 SATURATI
120	82820	1/1/1900	12/31/2299	HEMOGLOBIN-OXYGEN AFFINIT
120	82926	1/1/1900	12/31/2299	GASTRIC ACID, FREE AND TO
120	82928	1/1/1900	12/31/2299	GASTRIC ACID, FREE OR TOT
120	82938	1/1/1900	12/31/2299	GASTRIN (SERUM) AFTER SEC
120	82941	1/1/1900	12/31/2299	GASTRIN, RIA

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	82943	1/1/1900	12/31/2299	GLUCAGON, RIA
120	82946	1/1/1900	12/31/2299	GLUCAGON TOLERANCE TEST
120	82947	1/1/1900	12/31/2299	GLUCOSE; EXCEPT URINE (EG
120	82948	1/1/1900	12/31/2299	GLUCOSE; BLOOD, STICK TES
120	82950	1/1/1900	12/31/2299	GLUCOSE; POST GLUCOSE DOS
120	82951	1/1/1900	12/31/2299	GLUCOSE; TOLERANCE TEST (
120	82952	1/1/1900	12/31/2299	GLUCOSE; TOLERANCE TEST,
120	82953	1/1/1900	12/31/2299	GLUCOSE; TOLBUTAMIDE TOLE
120	82955	1/1/1900	12/31/2299	GLUCOSE-6-PHOSPHATE DEHYD
120	82960	1/1/1900	12/31/2299	GLUCOSE-6-PHOSPHATE DEHYD
120	82962	1/1/1900	12/31/2299	GLUCOSE BLOOD, BY GLUCOSE
120	82963	1/1/1900	12/31/2299	GLUCOSIDASE, BETA
120	82965	1/1/1900	12/31/2299	GLUTAMATE DEHYDROGENASE,
120	82975	1/1/1900	12/31/2299	GLUTAMINE (GLUTAMIC ACID
120	82977	1/1/1900	12/31/2299	GLUTAMYL TRANSPEPTIDASE,
120	82978	1/1/1900	12/31/2299	GLUTATHIONE
120	82979	1/1/1900	12/31/2299	GLUTATHIONE REDUCTASE, RB
120	82980	1/1/1900	12/31/2299	GLUTETHIMIDE
120	82985	1/1/1900	12/31/2299	GLYCOPROTEIN, ELECTROPHOR
120	83001	1/1/1900	12/31/2299	GONADOTROPIN, PITUITARY F
120	83002	1/1/1900	12/31/2299	GONADOTROPIN, PITUITARY L
120	83003	1/1/1900	12/31/2299	GROWTH HORMONE (HGH), (SO
120	83008	1/1/1900	12/31/2299	GUANOSINE MONOPHOSPHATE,
120	83010	1/1/1900	12/31/2299	HAPTOGLOBIN; CHEMICAL
120	83012	1/1/1900	12/31/2299	HAPTOGLOBIN; PHENOTYPES,
120	83015	1/1/1900	12/31/2299	HEAVY METAL SCREEN (ARSEN
120	83018	1/1/1900	12/31/2299	HEAVY METAL SCREEN (ARSEN
120	83020	1/1/1900	12/31/2299	HEMOGLOBIN; ELECTROPHORES
120	83026	1/1/1900	12/31/2299	HEMOGLOBIN; BY COPPER SUL
120	83030	1/1/1900	12/31/2299	HEMOGLOBIN; F(FETAL), CHE
120	83033	1/1/1900	12/31/2299	HEMOGLOBIN; F(FETAL), QUA
120	83036	1/1/1900	12/31/2299	HEMOGLOBIN; GLYCOSYLATED
120	83045	1/1/1900	12/31/2299	HEMOGLOBIN; METHEMOGLOBIN
120	83050	1/1/1900	12/31/2299	HEMOGLOBIN; METHEMOGLOBIN
120	83051	1/1/1900	12/31/2299	HEMOGLOBIN; PLASMA
120	83055	1/1/1900	12/31/2299	HEMOGLOBIN; SULFHEMOGLOBI
120	83060	1/1/1900	12/31/2299	HEMOGLOBIN; SULFHEMOGLOBI

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	83065	1/1/1900	12/31/2299	HEMOGLOBIN; THERMOLABILE
120	83068	1/1/1900	12/31/2299	HEMOGLOBIN; UNSTABLE, SCR
120	83069	1/1/1900	12/31/2299	HEMOGLOBIN; URINE
120	83070	1/1/1900	12/31/2299	HEMOSIDERIN, URINE
120	83071	1/1/1900	12/31/2299	HEMOSIDERIN, RIA
120	83088	1/1/1900	12/31/2299	HISTAMINE
120	83150	1/1/1900	12/31/2299	HOMOVANILLIC ACID (HVA),
120	83491	1/1/1900	12/31/2299	HYDROXYCORTICOSTEROIDS, 1
120	83497	1/1/1900	12/31/2299	HYDROXYINDOLACETIC ACID,
120	83498	1/1/1900	12/31/2299	HYDROXYPROGESTERONE, 17-D
120	83499	1/1/1900	12/31/2299	HYDROXYPROGESTERONE, 20-
120	83500	1/1/1900	12/31/2299	HYDROXYPROLINE, URINE; FR
120	83505	1/1/1900	12/31/2299	HYDROXYPROLINE, URINE; TO
120	83516	1/1/1900	12/31/2299	IMMUNOASSAY FOR ANALYTE O
120	83518	1/1/1900	12/31/2299	IMMUNOASSAY, FOR ANALYTE
120	83519	1/1/1900	12/31/2299	IMMUNOASSAY, ANALYTE; BY
120	83520	1/1/1900	12/31/2299	IMMUNOASSAY, ANALYTE; NOS
120	83525	1/1/1900	12/31/2299	INSULIN, RIA
120	83527	1/1/1900	12/31/2299	INSULIN; FREE
120	83528	1/1/1900	12/31/2299	INTRINSIC FACTOR LEVEL
120	83540	1/1/1900	12/31/2299	IRON, SERUM; CHEMICAL
120	83550	1/1/1900	12/31/2299	IRON BINDING CAPACITY, SE
120	83570	1/1/1900	12/31/2299	ISOCITRIC DEHYDROGENASE (
120	83582	1/1/1900	12/31/2299	KETOGENIC STEROIDS, URINE
120	83586	1/1/1900	12/31/2299	KETOSTEROIDS, 17-(17-KS),
120	83593	1/1/1900	12/31/2299	KETOSTEROIDS, 17-(17-KS),
120	83605	1/1/1900	12/31/2299	LACTATE (LACTIC ACID)
120	83615	1/1/1900	12/31/2299	LACTIC DEHYDROGENASE (LDH
120	83625	1/1/1900	12/31/2299	LACTIC DEHYDROGENASE (LDH
120	83632	1/1/1900	12/31/2299	LACTOGEN, HUMAN PLACENTAL
120	83633	1/1/1900	12/31/2299	LACTOSE, URINE; QUALITATI
120	83634	1/1/1900	12/31/2299	LACTOSE, URINE; QUANTITAT
120	83655	1/1/1900	12/31/2299	LEAD, QUANTITATIVE; BLOOD
120	83661	1/1/1900	12/31/2299	LECITHIN-SPHINGOMYELIN RA
120	83662	1/1/1900	12/31/2299	LECITHIN-SPHINGOMYELIN RA
120	83670	1/1/1900	12/31/2299	LEUCINE AMINOPEPTIDASE (L
120	83690	1/1/1900	12/31/2299	LIPASE, BLOOD

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	83715	1/1/1900	12/31/2299	LIPOPROTEIN, BLOOD; ELECT
120	83717	1/1/1900	12/31/2299	LIPOPROTEIN, BLOOD; ULTRA
120	83718	1/1/1900	12/31/2299	LIPOPROTEIN, BLOOD; PRECI
120	83719	1/1/1900	12/31/2299	LIPOPROTEIN VERY LOW DENS
120	83721	1/1/1900	12/31/2299	LIPOPROTEIN, DIRECT M EASU
120	83727	1/1/1900	12/31/2299	LUTEINIZING RELEASING FAC
120	83735	1/1/1900	12/31/2299	MAGNESIUM, BLOOD; CHEMICA
120	83775	1/1/1900	12/31/2299	MALATE DEHYDROGENASE, KIN
120	83785	1/1/1900	12/31/2299	MANGANESE, BLOOD OR URINE
120	83805	1/1/1900	12/31/2299	MEPROBAMATE, BLOOD OR URI
120	83825	1/1/1900	12/31/2299	MERCURY, QUANTITATIVE; BL
120	83835	1/1/1900	12/31/2299	METANEPHRINES, URINE
120	83840	1/1/1900	12/31/2299	METHADONE
120	83857	1/1/1900	12/31/2299	METHEMALBUMIN
120	83858	1/1/1900	12/31/2299	METHSUXIMIDE, SERUM
120	83864	1/1/1900	12/31/2299	MUCOPOLYSACCHARIDES, ACID
120	83866	1/1/1900	12/31/2299	MUCOPOLYSACCHARIDES, ACID
120	83872	1/1/1900	12/31/2299	MUCIN, SYNOVIAL FLUID (RO
120	83873	1/1/1900	12/31/2299	MYELIN BASIC PROTEIN, CSF
120	83874	1/1/1900	12/31/2299	MYOGLOBIN, ELECTROPHORESI
120	83883	1/1/1900	12/31/2299	NEPHELOMETRY, EACH ANALYT
120	83885	1/1/1900	12/31/2299	NICKEL, URINE
120	83887	1/1/1900	12/31/2299	NICOTINE
120	83890	1/1/1900	12/31/2299	NUCLEAR MOLECULAR DIAGNOS
120	83892	1/1/1900	12/31/2299	NUCLEAR MOLECULAR DIAGNOS
120	83894	1/1/1900	12/31/2299	NUCLEAR MOLECULAR DIAGNOS
120	83896	1/1/1900	12/31/2299	NUCLEAR MOLECULAR DIAGNOS
120	83898	1/1/1900	12/31/2299	NUCLEIC ACID PROBE WITH A
120	83902	1/1/1900	12/31/2299	MOLECULAR DIAGNOSTICS;
120	83912	1/1/1900	12/31/2299	NUCLEIC ACID PROBE, WITH
120	83915	1/1/1900	12/31/2299	NUCLEOTIDASE 5'
120	83916	1/1/1900	12/31/2299	OLIGOCLONAL IMMUNE GLOBUL
120	83918	1/1/1900	12/31/2299	ORGANIC ACIDS; QUANTITATI
120	83925	1/1/1900	12/31/2299	OPIATES (EG, MORPHINE, ME
120	83930	1/1/1900	12/31/2299	OSMOLALITY; BLOOD
120	83935	1/1/1900	12/31/2299	OSMOLALITY; URINE
120	83937	1/1/1900	12/31/2299	OSTEOCALCIN

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	83945	1/1/1900	12/31/2299	OXALATE, URINE
120	83970	1/1/1900	12/31/2299	PARATHORMONE (PARATHYROID
120	83986	1/1/1900	12/31/2299	PH, BODY FLUID, EXCEPT BL
120	83992	1/1/1900	12/31/2299	PHENCYCLIDINE (PCP)
120	84022	1/1/1900	12/31/2299	PHENOTHIAZINE, URINE; QUA
120	84030	1/1/1900	12/31/2299	PHENYLALANINE (PKU), BLOO
120	84035	1/1/1900	12/31/2299	PHENYLKETONES; BLOOD, QUA
120	84060	1/1/1900	12/31/2299	PHOSPHATASE, ACID; BLOOD
120	84066	1/1/1900	12/31/2299	PHOSPHATASE, ACID; PROSTA
120	84075	1/1/1900	12/31/2299	PHOSPHATASE, ALKALINE, BL
120	84078	1/1/1900	12/31/2299	PHOSPHATASE, ALKALINE, BL
120	84080	1/1/1900	12/31/2299	PHOSPHATASE, ALKALINE, BL
120	84081	1/1/1900	12/31/2299	PHOSPHATYDYLGLYCEROL
120	84085	1/1/1900	12/31/2299	PHOSPHOGLUCONATE, 6-, DEH
120	84087	1/1/1900	12/31/2299	PHOSPHOHEXOSE ISOMERASE
120	84100	1/1/1900	12/31/2299	PHOSPHORUS (PHOSPHATE); B
120	84105	1/1/1900	12/31/2299	PHOSPHORUS (PHOSPHATE); U
120	84106	1/1/1900	12/31/2299	PORPHOBILINOGEN, URINE; Q
120	84110	1/1/1900	12/31/2299	PORPHOBILINOGEN, URINE; Q
120	84119	1/1/1900	12/31/2299	PORPHYRINS, COPRO-, URINE
120	84120	1/1/1900	12/31/2299	PORPHYRINS; COPRO- AND UR
120	84126	1/1/1900	12/31/2299	PORPHYRINS, FECES, QUANTI
120	84127	1/1/1900	12/31/2299	PORPHYRINS, FECES; QUALIT
120	84132	1/1/1900	12/31/2299	POTASSIUM; BLOOD
120	84133	1/1/1900	12/31/2299	POTASSIUM; URINE
120	84134	1/1/1900	12/31/2299	PREALBUMIN
120	84135	1/1/1900	12/31/2299	PREGNANEDIOL; RIA
120	84138	1/1/1900	12/31/2299	PREGNANETRIOL; RIA
120	84140	1/1/1900	12/31/2299	PREGNENOLONE
120	84143	1/1/1900	12/31/2299	17-HYDROXYPREGNENOLONE
120	84144	1/1/1900	12/31/2299	PROGESTERONE, ANY METHOD
120	84146	1/1/1900	12/31/2299	PROLACTIN (MAMMOTROPIN),
120	84150	1/1/1900	12/31/2299	PROSTAGLANDIN, ANY ONE, R
120	84153	1/1/1900	12/31/2299	PROSTATE SPECIFIC ANTIGEN
120	84155	1/1/1900	12/31/2299	PROTEIN, TOTAL, SERUM; CH
120	84160	1/1/1900	12/31/2299	PROTEIN, TOTAL, SERUM; RE
120	84165	1/1/1900	12/31/2299	PROTEIN, TOTAL, SERUM; EL

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	84181	1/1/1900	12/31/2299	WESTERN BLOT, WITH IINTER
120	84182	1/1/1900	12/31/2299	WESTERN BLOT FLUID, IMMUN
120	84202	1/1/1900	12/31/2299	PROTOPORPHYRIN, RBC; QUAN
120	84203	1/1/1900	12/31/2299	PROTOPORPHYRIN, RBC; SCRE
120	84206	1/1/1900	12/31/2299	PROINSULIN, RIA
120	84207	1/1/1900	12/31/2299	PYRIDOXINE (VITAMIN B-6)
120	84210	1/1/1900	12/31/2299	PYRUVATE, BLOOD
120	84220	1/1/1900	12/31/2299	PYRUVIC KINASE, RBC
120	84228	1/1/1900	12/31/2299	QUININE
120	84233	1/1/1900	12/31/2299	RECEPTOR ASSAY; ESTROGEN
120	84234	1/1/1900	12/31/2299	RECEPTOR ASSAY; PROGESTRO
120	84235	1/1/1900	12/31/2299	RECEPTOR ASSAY; ENDOCRINE
120	84238	1/1/1900	12/31/2299	NON-ENDOCRINE SPECIFY REC
120	84244	1/1/1900	12/31/2299	RENIN; (RIA)
120	84252	1/1/1900	12/31/2299	RIBOFLAVIN (VITAMIN B-2)
120	84255	1/1/1900	12/31/2299	SELENIUM, BLOOD, URINE OR
120	84260	1/1/1900	12/31/2299	SEROTONIN, BLOOD
120	84270	1/1/1900	12/31/2299	SEX HORMONE BINDING GLOBU
120	84275	1/1/1900	12/31/2299	SIALIC ACID, BLOOD
120	84285	1/1/1900	12/31/2299	SILICA, BLOOD, URINE OR T
120	84295	1/1/1900	12/31/2299	SODIUM; BLOOD
120	84300	1/1/1900	12/31/2299	SODIUM; URINE
120	84305	1/1/1900	12/31/2299	SOMATOMEDIN
120	84307	1/1/1900	12/31/2299	SOMATOSTATIN
120	84311	1/1/1900	12/31/2299	SPECTROPHOTOMETRY, ANALYT
120	84315	1/1/1900	12/31/2299	SPECIFIC GRAVITY (EXCEPT
120	84375	1/1/1900	12/31/2299	SUGARS, CHROMATOGRAPHIC,
120	84392	1/1/1900	12/31/2299	SULFATE, URINE
120	84402	1/1/1900	12/31/2299	TESTOSTERONE; FREE
120	84403	1/1/1900	12/31/2299	TESTOSTERONE, BLOOD; RIA
120	84425	1/1/1900	12/31/2299	THIAMINE (VITAMIN B-1)
120	84430	1/1/1900	12/31/2299	THIOCYANATE, BLOOD
120	84432	1/1/1900	12/31/2299	THYROGLOBULIN
120	84436	1/1/1900	12/31/2299	THYROXINE, TRUE (TT4), RI
120	84437	1/1/1900	12/31/2299	THYROXINE (T-4), NEONATAL
120	84439	1/1/1900	12/31/2299	THYROXINE, FREE (FT-4), R
120	84442	1/1/1900	12/31/2299	THYROXINE BINDING GLOBULI

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	84443	1/1/1900	12/31/2299	THYROID STIMULATING HORMO
120	84445	1/1/1900	12/31/2299	THYROTROPIN RELEASING FAC
120	84446	1/1/1900	12/31/2299	TOCOPHEROL ALPHA (VITAMIN
120	84449	1/1/1900	12/31/2299	TRANSCORTIN (CORTISOL BIN
120	84450	1/1/1900	12/31/2299	TRANSAMINASE, GLUTAMIC OX
120	84460	1/1/1900	12/31/2299	TRANSAMINASE, GLUTAMIC PY
120	84466	1/1/1900	12/31/2299	TRANSFERRIN
120	84478	1/1/1900	12/31/2299	TRIGLYCERIDES, BLOOD
120	84479	1/1/1900	12/31/2299	TRIIODOTHYRONINE (T-3), R
120	84480	1/1/1900	12/31/2299	TRIIODOTHYRONINE (TRUE T-
120	84481	1/1/1900	12/31/2299	TRIIODOTHYRONINE, FREE (F
120	84482	1/1/1900	12/31/2299	TRIDOTHYRONINE (T-3); REV
120	84484	1/1/1900	12/31/2299	TROPONIN
120	84485	1/1/1900	12/31/2299	TRYPSIN, DUODENAL FLUID
120	84488	1/1/1900	12/31/2299	TRYPSIN, FECES; QUALITATI
120	84490	1/1/1900	12/31/2299	TRYPSIN, FECES; QUANTITAT
120	84510	1/1/1900	12/31/2299	TYROSINE, BLOOD
120	84512	1/1/1900	12/31/2299	TROPONIN, QUAL
120	84520	1/1/1900	12/31/2299	UREA NITROGEN, BLOOD (BUN
120	84525	1/1/1900	12/31/2299	UREA NITROGEN, BLOOD (BUN
120	84540	1/1/1900	12/31/2299	UREA NITROGEN, URINE
120	84545	1/1/1900	12/31/2299	UREA NITROGEN, CLEARANCE
120	84550	1/1/1900	12/31/2299	URIC ACID; BLOOD, CHEMICA
120	84560	1/1/1900	12/31/2299	URIC ACID, URINE
120	84577	1/1/1900	12/31/2299	UROBILINOGEN, FECES, QUAN
120	84578	1/1/1900	12/31/2299	UROBILINOGEN, URINE; QUAL
120	84580	1/1/1900	12/31/2299	UROBILINOGEN, URINE; QUAN
120	84583	1/1/1900	12/31/2299	UROBILINOGEN, URINE; SEMI
120	84585	1/1/1900	12/31/2299	VANILLYMANDELIC ACID (VMA
120	84586	1/1/1900	12/31/2299	VASOACTIVE INTESTINAL PEP
120	84588	1/1/1900	12/31/2299	VASOPRESSIN (ANTIDIURETIC
120	84590	1/1/1900	12/31/2299	VITAMIN A, BLOOD;
120	84597	1/1/1900	12/31/2299	VITAMIN K
120	84600	1/1/1900	12/31/2299	VOLATILES (ACETIC ANHYDRI
120	84620	1/1/1900	12/31/2299	XYLOSE ABSORPTION TEST, B
120	84630	1/1/1900	12/31/2299	ZINC, QUANTITATIVE; BLOOD
120	84681	1/1/1900	12/31/2299	C-PEPTIDE, ANY METHOD

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	84702	1/1/1900	12/31/2299	GONADOTROPIN, CHORIONIC;
120	84703	1/1/1900	12/31/2299	QUALITATIVE
120	84830	1/1/1900	12/31/2299	OVULATION TESTS VISUAL CO
120	84999	1/1/1900	12/31/2299	UNLISTED CHEMISTRY OR TOX
120	85002	1/1/1900	12/31/2299	IVY OR TEM PLATE
120	85007	1/1/1900	12/31/2299	BLOOD COUNT; DIFFERENTIAL
120	85008	1/1/1900	12/31/2299	BLOOD COUNT; MANUAL BLOOD
120	85009	1/1/1900	12/31/2299	BLOOD COUNT; DIFFERENTIAL
120	85013	1/1/1900	12/31/2299	BLOOD COUNT; SPUN MICROHE
120	85014	1/1/1900	12/31/2299	BLOOD COUNT; HEMATOCRIT
120	85018	1/1/1900	12/31/2299	BLOOD COUNT; HEMOGLOBIN,
120	85021	1/1/1900	12/31/2299	BLOOD COUNT; HEMOGRAM, AU
120	85022	1/1/1900	12/31/2299	BLOOD COUNT; HEMOGRAM, AU
120	85023	1/1/1900	12/31/2299	HEMOGRAM AND PLATELET COU
120	85024	1/1/1900	12/31/2299	HEMOGRAM AND PLATELET COU
120	85025	1/1/1900	12/31/2299	HEMOGRAM AND PLATELET COU
120	85027	1/1/1900	12/31/2299	BLOOD COUNT; HEMOGRAM, AU
120	85029	1/1/1900	12/31/2299	ADDITIONAL AUTOMATED HEMO
120	85030	1/1/1900	12/31/2299	FOUR OR MORE INDICES
120	85031	1/1/1900	12/31/2299	BLOOD COUNT; HEMOGRAM, MA
120	85041	1/1/1900	12/31/2299	BLOOD COUNT; RED BLOOD CE
120	85044	1/1/1900	12/31/2299	BLOOD COUNT; RETICULOCYTE
120	85045	1/1/1900	12/31/2299	BLOOD COUNT; RETICULOCYTE
120	85048	1/1/1900	12/31/2299	BLOOD COUNT; WHITE BLOOD
120	85060	1/1/1900	12/31/2299	BLOOD SMEAR, PERIPHERAL,
120	85097	1/1/1900	12/31/2299	BONE MARROW SMEAR AND/OR
120	85130	1/1/1900	12/31/2299	CHROMOGENIC SUBSTRATE ASS
120	85170	1/1/1900	12/31/2299	CLOT RETRACTION; SCREEN
120	85175	1/1/1900	12/31/2299	CLOT LYSIS TIME, WHOLE BL
120	85210	1/1/1900	12/31/2299	CLOTTING; FACTOR II, PROT
120	85220	1/1/1900	12/31/2299	CLOTTING; FACTOR V (ACG O
120	85230	1/1/1900	12/31/2299	CLOTTING; FACTOR VII (PRO
120	85240	1/1/1900	12/31/2299	CLOTTING; FACTOR VIII (AH
120	85244	1/1/1900	12/31/2299	FACTOR VIII RELATED ANTIG
120	85245	1/1/1900	12/31/2299	CLOTTING FACTOR VIII, VW
120	85246	1/1/1900	12/31/2299	CLOTTING FACTOR VIII, VW
120	85247	1/1/1900	12/31/2299	CLOTTING FACTOR VIII, VON

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	85250	1/1/1900	12/31/2299	CLOTTING; FACTOR IX (PTC
120	85260	1/1/1900	12/31/2299	CLOTTING; FACTOR X (STUAR
120	85270	1/1/1900	12/31/2299	CLOTTING; FACTOR XI (PTA)
120	85280	1/1/1900	12/31/2299	CLOTTING; FACTOR XII (HAG
120	85290	1/1/1900	12/31/2299	CLOTTING; FACTOR XIII (FI
120	85291	1/1/1900	12/31/2299	CLOTTING; FACTOR XIII (FI
120	85292	1/1/1900	12/31/2299	PREKALLIKREIN ASSAY (FLET
120	85293	1/1/1900	12/31/2299	HIGH MOLECULAR WEIGHT KIN
120	85300	1/1/1900	12/31/2299	CLOTTING INHIBITORS OR AN
120	85301	1/1/1900	12/31/2299	ANTITHROMBIN III, ANTIGEN
120	85302	1/1/1900	12/31/2299	PROTEIN C ASSAY
120	85303	1/1/1900	12/31/2299	CLOTTING INHIBITORS OR AN
120	85305	1/1/1900	12/31/2299	CLOTTING INHIBITORS OR AN
120	85306	1/1/1900	12/31/2299	PROTEIN S, FREE
120	85335	1/1/1900	12/31/2299	FACTOR INHIBITOR TEST
120	85337	1/1/1900	12/31/2299	THROMBOMODULIN
120	85345	1/1/1900	12/31/2299	COAGULATION TIME; LEE AND
120	85347	1/1/1900	12/31/2299	COAGULATION TIME; ACTIVAT
120	85348	1/1/1900	12/31/2299	COAGULATION TIME; OTHER M
120	85360	1/1/1900	12/31/2299	EUGLOBULIN LYSIS
120	85362	1/1/1900	12/31/2299	FIBRIN DEGRADATION (SPLIT
120	85366	1/1/1900	12/31/2299	FIBRIN(OGEN) DEGRADATION
120	85370	1/1/1900	12/31/2299	FIBRIN(OGEN) DEGRADATION
120	85378	1/1/1900	12/31/2299	FIBRIB(OGEN) DEGRADATION
120	85379	1/1/1900	12/31/2299	FIBRIN DEGRADATION PRODUC
120	85384	1/1/1900	12/31/2299	FIBRINOGEN; ACTIVITY
120	85385	1/1/1900	12/31/2299	FIBRINOGEN; ANTIGEN
120	85390	1/1/1900	12/31/2299	FIBRINOLYSINS; SCREENING
120	85400	1/1/1900	12/31/2299	FIBRINOLYTIC MECHANISMS;
120	85410	1/1/1900	12/31/2299	FIBRINOLYTIC MECHANISMS;
120	85415	1/1/1900	12/31/2299	FIBRINOLYTIC FACTORS AND
120	85420	1/1/1900	12/31/2299	PLASMINOGEN, EXCEPT ANTIG
120	85421	1/1/1900	12/31/2299	PLASMINOGEN, ANTIGENIC AS
120	85441	1/1/1900	12/31/2299	HEINZ BODIES; DIRECT
120	85445	1/1/1900	12/31/2299	HEINZ BODIES; INDUCED, AC
120	85460	1/1/1900	12/31/2299	HEMOGLOBIN, FETAL, DIFFER
120	85461	1/1/1900	12/31/2299	HOMOGLOBIN, FETAL

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	85475	1/1/1900	12/31/2299	HEMOLYSIN, ACID
120	85520	1/1/1900	12/31/2299	HEPARIN ASSAY
120	85525	1/1/1900	12/31/2299	HEPARIN NEUTRALIZATION
120	85530	1/1/1900	12/31/2299	HEPARIN-PROTAMINE TOLERAN
120	85535	1/1/1900	12/31/2299	IRON STAIN (RBC OR BONE M
120	85540	1/1/1900	12/31/2299	LEUKOCYTE ALKALINE PHOSPH
120	85547	1/1/1900	12/31/2299	MECHANICAL FRAGILITY, RBC
120	85549	1/1/1900	12/31/2299	MURAMIDASE, SERUM
120	85555	1/1/1900	12/31/2299	OSMOTIC FRAGILITY, RBC;
120	85557	1/1/1900	12/31/2299	OSMOTIC FRAGILITY, RBC; I
120	85576	1/1/1900	12/31/2299	AGGREGATION (IN VITRO), A
120	85585	1/1/1900	12/31/2299	PLATELET; ESTIMATION ON S
120	85590	1/1/1900	12/31/2299	PLATELET; PHASE MICROSCOP
120	85595	1/1/1900	12/31/2299	PLATELET; ELECTRONIC TECH
120	85597	1/1/1900	12/31/2299	PLATELET NEUTRALIZATION
120	85610	1/1/1900	12/31/2299	PROTHROMBIN TIME;
120	85611	1/1/1900	12/31/2299	PROTHROMBIN TIME; SUBSTIT
120	85612	1/1/1900	12/31/2299	PROTHROMBIN TIME; RUSSELL
120	85613	1/1/1900	12/31/2299	RUSSELL VIPER VENOM TIME
120	85635	1/1/1900	12/31/2299	REPTILASE TEST
120	85651	1/1/1900	12/31/2299	SEDIMENTATION RATE (ESR);
120	85652	1/1/1900	12/31/2299	RBC SED RATE AUTO
120	85660	1/1/1900	12/31/2299	SICKLING OF RBC, REDUCTIO
120	85670	1/1/1900	12/31/2299	THROMBIN TIME; PLASMA
120	85675	1/1/1900	12/31/2299	THROMBIN TIME; TITER
120	85705	1/1/1900	12/31/2299	THROMBOPLASTIN INHIBITION
120	85730	1/1/1900	12/31/2299	THROMBOPLASTIN TIME, PART
120	85732	1/1/1900	12/31/2299	THROMBOPLASTIN TIME, PART
120	85810	1/1/1900	12/31/2299	VISCOSITY; BLOOD
120	85999	1/1/1900	12/31/2299	UNLISTED HEMATOLOGY PROCE
120	86000	1/1/1900	12/31/2299	AGGLUTININS; FEBRILE, EAC
120	86003	1/1/1900	12/31/2299	ALLERGEN SPECIFIC IGE; QU
120	86005	1/1/1900	12/31/2299	ALLERGEN SPECIFIC IGE; QU
120	86021	1/1/1900	12/31/2299	ANTIBODY IDENTIFICATION;
120	86022	1/1/1900	12/31/2299	ANTIBODY IDENTIFICATION;
120	86023	1/1/1900	12/31/2299	PLATELET ASSOCIATED IMMUN
120	86038	1/1/1900	12/31/2299	ANTINUCLEAR ANTIBODIES (A

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	86039	1/1/1900	12/31/2299	ANTINUCLEAR ANTIBODIES (A
120	86060	1/1/1900	12/31/2299	ANTISTREPTOLYSIN 0; TITER
120	86063	1/1/1900	12/31/2299	ANTISTREPTOLYSIN 0; SCREE
120	86140	1/1/1900	12/31/2299	C-REACTIVE PROTEIN
120	86147	1/1/1900	12/31/2299	CARDIOLIPIN (PHOSPHOLIPID
120	86148	1/1/1900	12/31/2299	PHOSPHOLIPID ANTIBODY
120	86155	1/1/1900	12/31/2299	CHEMOTAXIS ASSAY, SPECIFY
120	86156	1/1/1900	12/31/2299	COLD AGGLUTININ; SCREEN
120	86157	1/1/1900	12/31/2299	COLD AGGLUTININ; TITER
120	86160	1/1/1900	12/31/2299	COMPLEMENT; ANTIGEN, EACH
120	86161	1/1/1900	12/31/2299	COMPLEMENT; FUNCTIONAL AC
120	86162	1/1/1900	12/31/2299	COMPLEMENT; TOTAL (CH 50)
120	86171	1/1/1900	12/31/2299	COMPLEMENT FIXATION TESTS
120	86185	1/1/1900	12/31/2299	COUNTERELECTROPHORESIS, E
120	86215	1/1/1900	12/31/2299	DEOXYRIBONUCLEASE, ANTIBO
120	86225	1/1/1900	12/31/2299	DEOXYRIBONUCLEIC ACID (DN
120	86226	1/1/1900	12/31/2299	DEOXYRIBONUCLEIC ACID (DN
120	86235	1/1/1900	12/31/2299	EXTRACTABLE NUCLEAR ANTIG
120	86243	1/1/1900	12/31/2299	FC RECEPTOR ASSAY, SPECIF
120	86255	1/1/1900	12/31/2299	FLUORESCENT ANTIBODY; SCR
120	86256	1/1/1900	12/31/2299	FLUORESCENT ANTIBODY; TIT
120	86277	1/1/1900	12/31/2299	GROWTH HORMONE, HUMAN (HG
120	86280	1/1/1900	12/31/2299	HEMAGGLUTINATION INHIBITI
120	86287	1/1/1900	12/31/2299	HEPATITIS B SURFACE ANTIG
120	86289	1/1/1900	12/31/2299	HEPATITIS B CORE ANTIBODY
120	86290	1/1/1900	12/31/2299	IGM ANTIBODY (EG, RIA, EI
120	86291	1/1/1900	12/31/2299	HEPATITIS B SURFACE ANTIB
120	86293	1/1/1900	12/31/2299	HEPATITIS BE ANTIGEN (HBE
120	86295	1/1/1900	12/31/2299	HEPATITIS BE ANTIBODY (HB
120	86296	1/1/1900	12/31/2299	HEPATITIS A ANTIBODY (HAA
120	86299	1/1/1900	12/31/2299	IGM ANTIBODY
120	86302	1/1/1900	12/31/2299	HEPATITIS C ANTIBODY
120	86303	1/1/1900	12/31/2299	HEPATITIS, C, ANTIBODY
120	86306	1/1/1900	12/31/2299	HEPATITIS DELTA AGENT
120	86308	1/1/1900	12/31/2299	HETEROPHILE ANTIBODIES; S
120	86309	1/1/1900	12/31/2299	HETEROPHILE ANTIBODIES; T
120	86310	1/1/1900	12/31/2299	HETEROPHILE ANTIBODIES; P

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	86311	1/1/1900	12/31/2299	HIV ANTIGEN TEST
120	86313	1/1/1900	12/31/2299	IMMUNDASSAY,FOR,INFECT,AG
120	86315	1/1/1900	12/31/2299	IMMUNDASSAY,FOR,INFECT,AG
120	86316	1/1/1900	12/31/2299	IMMUNOASSAY FOR TUMOR ANT
120	86317	1/1/1900	12/31/2299	IMMUNOASSAY FOR INFECTIOU
120	86318	1/1/1900	12/31/2299	IMMUNOASSAY FOR CHEMICAL
120	86320	1/1/1900	12/31/2299	IMMUNOELECTROPHORESIS; SE
120	86325	1/1/1900	12/31/2299	IMMUNOELECTROPHORESIS; OT
120	86327	1/1/1900	12/31/2299	CROSSED (2 DIMENSIONAL AS
120	86329	1/1/1900	12/31/2299	IMMUNODIFFUSION;QUANTITAT
120	86331	1/1/1900	12/31/2299	GEL DIFFUSION, QUALITATIV
120	86332	1/1/1900	12/31/2299	IMMUNE COMPLEX ASSAY; C/Q
120	86334	1/1/1900	12/31/2299	IMMUNOFIXATION ELECTROPHO
120	86337	1/1/1900	12/31/2299	INSULIN ANTIBODIES, RIA
120	86340	1/1/1900	12/31/2299	INTRINSIC FACTOR ANTIBODI
120	86341	1/1/1900	12/31/2299	ISLET CELL ANTIBODY
120	86343	1/1/1900	12/31/2299	LEUKOCYTE HISTAMINE RELEA
120	86344	1/1/1900	12/31/2299	LEUKOCYTE PHAGOCYTOSIS
120	86353	1/1/1900	12/31/2299	LYMPHOCYTE TRANSFORMATION
120	86359	1/1/1900	12/31/2299	T CELLS; TOTAL COUNT
120	86360	1/1/1900	12/31/2299	T CELLS; T4 AND T8, INCLU
120	86361	1/1/1900	12/31/2299	T CELL ABSOLUTE COUNT
120	86376	1/1/1900	12/31/2299	MICROSOMAL ANTIBODIES
120	86378	1/1/1900	12/31/2299	MIGRATION INHIBITORY FACT
120	86382	1/1/1900	12/31/2299	NEUTRALIZATION TEST, VIRA
120	86384	1/1/1900	12/31/2299	NITROBLUE TETRAZOLIUM DYE
120	86403	1/1/1900	12/31/2299	PARTICLE AGGLUTINATION, R
120	86406	1/1/1900	12/31/2299	PARTICLE AGGLUTINATION
120	86430	1/1/1900	12/31/2299	RHEUMATOID FACTOR, LATEX
120	86431	1/1/1900	12/31/2299	RHEUMATOID FACTOR; QUANTI
120	86588	1/1/1900	12/31/2299	STREPTOCOCCUS, SCREEN, DI
120	86590	1/1/1900	12/31/2299	STREPTOKINASE, ANTIBODY
120	86592	1/1/1900	12/31/2299	SYPHILIS TEST; QUALITATIV
120	86593	1/1/1900	12/31/2299	QUANTITATIVE
120	86602	1/1/1900	12/31/2299	ANTIBODY; ACTINOMYCES
120	86603	1/1/1900	12/31/2299	ANTIBODY; ADENOVIRUS
120	86606	1/1/1900	12/31/2299	ANTIBODY; ASPIRIGILLUS

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	86609	1/1/1900	12/31/2299	ANTIBODY; BACTERIUM, NOS
120	86612	1/1/1900	12/31/2299	ANTIBODY; BLASTOMYCES
120	86615	1/1/1900	12/31/2299	ANTIBODY; BORDETELLA
120	86617	1/1/1900	12/31/2299	LYME DISEASE ANTIBODY
120	86618	1/1/1900	12/31/2299	ANTIBODIES; BORELLIA BUFG
120	86619	1/1/1900	12/31/2299	ANTIBY; BORELIA (RELAPSIN
120	86622	1/1/1900	12/31/2299	ANTIBODIES; BRUCELLA
120	86625	1/1/1900	12/31/2299	ANTIBODY;CAMPYLOBACTER
120	86628	1/1/1900	12/31/2299	ANTIBODIES; CANDIDA
120	86631	1/1/1900	12/31/2299	ANTIBODIES; CHLAMYDIA
120	86632	1/1/1900	12/31/2299	ANTIBODIES; CHLAMYDIA 1 G
120	86635	1/1/1900	12/31/2299	ANTIBODIES; COCCIDOIDES
120	86638	1/1/1900	12/31/2299	ANTIBODIES; COXIELLA BRUN
120	86641	1/1/1900	12/31/2299	ANTIBODIES; CRYPTOCOCCUS
120	86644	1/1/1900	12/31/2299	ANTIBODIES; CYTOMEGALOVIR
120	86645	1/1/1900	12/31/2299	ANTIBODIES; CYTOMEGALOVIR
120	86648	1/1/1900	12/31/2299	ANTIBODIES; DIPTHERIA
120	86651	1/1/1900	12/31/2299	ANTIBODIES; ENCEPHALITIS,
120	86652	1/1/1900	12/31/2299	ANTIBODIES; ENCEPHALITIS,
120	86653	1/1/1900	12/31/2299	ANTIBODIES; ENCEPHALITIS,
120	86654	1/1/1900	12/31/2299	ANTIBODIES; ENCEPHALITIS,
120	86658	1/1/1900	12/31/2299	ANTIBODIES; ENTEROVIRUS (
120	86663	1/1/1900	12/31/2299	ANTIBODIES; EPSTEIN-BARR
120	86664	1/1/1900	12/31/2299	ANTIBODIES; EPSTEIN-BARR
120	86665	1/1/1900	12/31/2299	ANTIBODIES; EPSTEIN-BARR
120	86668	1/1/1900	12/31/2299	ANTIBODIES; FRANCISELLA T
120	86671	1/1/1900	12/31/2299	ANTIBODIES; FUNGUS NOS
120	86674	1/1/1900	12/31/2299	ANTIBODIES; GIARDIA LAMBL
120	86677	1/1/1900	12/31/2299	ANTIBODIES; HELICOBACTER
120	86682	1/1/1900	12/31/2299	ANTIBODIES; HELMINTH, NOS
120	86684	1/1/1900	12/31/2299	ANTIBODIES; HEMOPHILUS IN
120	86687	1/1/1900	12/31/2299	HTLV I, ANTIBODY DETECTIO
120	86688	1/1/1900	12/31/2299	ANTIBODIES; HTLV-II
120	86689	1/1/1900	12/31/2299	HTLVI, ANTIBODY DETECTION
120	86692	1/1/1900	12/31/2299	ANTIBODIES; HEPATITIS, DE
120	86694	1/1/1900	12/31/2299	ANTIBODIES; HERPES SIMPLE
120	86695	1/1/1900	12/31/2299	ANTIBODIES; HERPES SIMPLE

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	86698	1/1/1900	12/31/2299	ANTIBODIES; HISTOPLASM
120	86701	1/1/1900	12/31/2299	ANTIBODIES; HIV-1
120	86702	1/1/1900	12/31/2299	ANTIBODIES; HIV-2
120	86703	1/1/1900	12/31/2299	ANTIBODIES; HIV-1 AND HIV
120	86704	1/1/1900	12/31/2299	HEP B CORE AB TEST, IGG &
120	86705	1/1/1900	12/31/2299	HEP B CORE AB TEST, IGM
120	86706	1/1/1900	12/31/2299	HEPATITIS B SURFACE AB TE
120	86707	1/1/1900	12/31/2299	HEPATITIS BE AB TEST
120	86708	1/1/1900	12/31/2299	HEP A AB TEST, IGG & M
120	86709	1/1/1900	12/31/2299	HEP A AB TEST, IGM
120	86710	1/1/1900	12/31/2299	ANTIBODIES; INFLUENZA VIR
120	86713	1/1/1900	12/31/2299	ANTIBODIES; LEGIONELLA
120	86717	1/1/1900	12/31/2299	ANTIBODIES; LEISHMANIA
120	86720	1/1/1900	12/31/2299	ANTIBODIES; LEPTOSPIRA
120	86723	1/1/1900	12/31/2299	ANTIBODIES; LISTERIA MONO
120	86727	1/1/1900	12/31/2299	ANTIBODIES; LYMPHOCYTIC C
120	86729	1/1/1900	12/31/2299	ANTIBODIES; LUMPHOGRANULO
120	86732	1/1/1900	12/31/2299	ANTIBODIES; MUCORMYCOSIS
120	86735	1/1/1900	12/31/2299	ANTIBODIES; MUMPS
120	86738	1/1/1900	12/31/2299	ANTIBODIES; MYCOPLASMA
120	86741	1/1/1900	12/31/2299	ANTIBODIES; NEISSERIA MEN
120	86744	1/1/1900	12/31/2299	ANTIBODIES; NOCARDIA
120	86747	1/1/1900	12/31/2299	ANTIBODIES; PARVOVIRUS
120	86750	1/1/1900	12/31/2299	ANTIBODIES; PLASMODIUM (M
120	86753	1/1/1900	12/31/2299	ANTIBODIES; PROTOZOA NOS
120	86756	1/1/1900	12/31/2299	ANTIBODIES; RESPIRATORY S
120	86759	1/1/1900	12/31/2299	ANTIBODIES; ROTANVIRUS
120	86762	1/1/1900	12/31/2299	ANTIBODIES; RUBELLA
120	86765	1/1/1900	12/31/2299	ANTIBODIES; RUBEOLA
120	86768	1/1/1900	12/31/2299	ANTIBODIES; SALMONELLA
120	86771	1/1/1900	12/31/2299	ANTIBODIES; SHIGELLA
120	86774	1/1/1900	12/31/2299	ANTIBODIES; TETANUS
120	86777	1/1/1900	12/31/2299	ANTIBODIES; TOXOPLASMA
120	86778	1/1/1900	12/31/2299	ANTIBODIES; TOXOPLASMA 1
120	86781	1/1/1900	12/31/2299	ANTIBODIES; TREPONEMA PAL
120	86784	1/1/1900	12/31/2299	ANTIBODIES; TRICHINELLA
120	86787	1/1/1900	12/31/2299	ANTIBODIES; VARICELLA-ZOS

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	86790	1/1/1900	12/31/2299	ANTIBODIES; VIRUS NOS
120	86793	1/1/1900	12/31/2299	ANTIBODIES; YERSINIA
120	86800	1/1/1900	12/31/2299	THYROGLOBULIN ANTIBODY, R
120	86803	1/1/1900	12/31/2299	HEPATITIS C AB TEST
120	86804	1/1/1900	12/31/2299	HEP C AB TEST, CONFIRM
120	86805	1/1/1900	12/31/2299	LYMPHOCYTOTOXICITY ASSAY,
120	86806	1/1/1900	12/31/2299	LYMPHOCYTOTOXICITY ASSAY,
120	86807	1/1/1900	12/31/2299	SERUM SCREENING FOR CYTOT
120	86808	1/1/1900	12/31/2299	SERUM SCREENING FOR CYTOT
120	86812	1/1/1900	12/31/2299	TISSUE TYPING; HLA TYPING
120	86813	1/1/1900	12/31/2299	TISSUE TYPING; HLA TYPING
120	86816	1/1/1900	12/31/2299	TISSUE TYPING; HLA TYPING
120	86817	1/1/1900	12/31/2299	TISSUE TYPING; HLA TYPING
120	86821	1/1/1900	12/31/2299	LYMPHOCYTE CULTURE, MIXED
120	86822	1/1/1900	12/31/2299	LYMPHOCYTE CULTURE, PRIME
120	86849	1/1/1900	12/31/2299	UNLISTED IMMUNOLOGY PROCE
120	86850	1/1/1900	12/31/2299	ANTIBODY SCREEN, RBC, EAC
120	86860	1/1/1900	12/31/2299	ANTIBODY ELUTION (RBC), E
120	86870	1/1/1900	12/31/2299	ANTIBODY IDENTIFICATION,
120	86880	1/1/1900	12/31/2299	ANTIHUMAN GLOBULIN TEST (
120	86885	1/1/1900	12/31/2299	ANTIHUMAN GLOBULIN TEST (
120	86886	1/1/1900	12/31/2299	ANTIHUMAN GLOBULIN TEST;
120	86890	1/1/1900	12/31/2299	AUTOLOGOUS BLOOD OR COMPO
120	86900	1/1/1900	12/31/2299	BLOOD TYPING; ABO
120	86901	1/1/1900	12/31/2299	BLOOD TYPING; RH(D)
120	86903	1/1/1900	12/31/2299	BLOOD TYPING; ANTIGEN SCR
120	86904	1/1/1900	12/31/2299	BLOOD TYPING; ANTIGEN SCR
120	86905	1/1/1900	12/31/2299	BLOOD TYPING; RBC ANTIGEN
120	86906	1/1/1900	12/31/2299	BLOOD TYPING, RH PHENOTYP
120	86915	1/1/1900	12/31/2299	BONE MARROW, MODIFICATION
120	86920	1/1/1900	12/31/2299	COMPATIBILITY TEST EACH U
120	86921	1/1/1900	12/31/2299	COMPATIBILITY TEST EACH U
120	86922	1/1/1900	12/31/2299	COMPATIBILITY TEST EACH U
120	86940	1/1/1900	12/31/2299	HEMOLYSINS AND AGGLUTININ
120	86941	1/1/1900	12/31/2299	HEMOLYSINS AND AGGLUTININ
120	86970	1/1/1900	12/31/2299	PRETREATMENT OF RBC'S FOR
120	86971	1/1/1900	12/31/2299	INCUBATION WITH ENZY

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	86972	1/1/1900	12/31/2299	BY DENSITY GRADIE
120	86975	1/1/1900	12/31/2299	PRETREATMENT OF SERUM FOR
120	86976	1/1/1900	12/31/2299	PRETREATMENT OF SERUM FOR
120	86977	1/1/1900	12/31/2299	PRETREATMENT OF SERUM FOR
120	86978	1/1/1900	12/31/2299	PRETREATMENT OF SERUM FOR
120	87001	1/1/1900	12/31/2299	ANIMAL INOCULATION, SMALL
120	87003	1/1/1900	12/31/2299	ANIMAL INOCULATION, SMALL
120	87015	1/1/1900	12/31/2299	CONCENTRATION (ANY TYPE),
120	87040	1/1/1900	12/31/2299	CULTURE, BACTERIAL, DEFIN
120	87045	1/1/1900	12/31/2299	CULTURE, BACTERIAL, DEFIN
120	87060	1/1/1900	12/31/2299	CULTURE, BACTERIAL, DEFIN
120	87070	1/1/1900	12/31/2299	CULTURE, BACTERIAL, DEFIN
120	87072	1/1/1900	12/31/2299	CULTURE OR DIRECT BACTERI
120	87075	1/1/1900	12/31/2299	CULTURE, BACTERIAL, ANY S
120	87076	1/1/1900	12/31/2299	DEFINITIVE IDENTIFICATION
120	87081	1/1/1900	12/31/2299	CULTURE, BACTERIAL, SCREE
120	87082	1/1/1900	12/31/2299	CULTURE,PRESUMPTIVE,PATHO
120	87083	1/1/1900	12/31/2299	CULTURE,PRESUMPTIVE,PATHO
120	87084	1/1/1900	12/31/2299	WITH COLONY ESTIMATION FR
120	87085	1/1/1900	12/31/2299	CULTURE,PRESUMPTIVE,PATHO
120	87086	1/1/1900	12/31/2299	CULTURE, BACTERIAL, URINE
120	87087	1/1/1900	12/31/2299	CULTURE, BACTERIAL, URINE
120	87088	1/1/1900	12/31/2299	CULTURE, BACTERIAL, URINE
120	87101	1/1/1900	12/31/2299	CULTURE, FUNGI, ISOLATION
120	87102	1/1/1900	12/31/2299	OTHER SOURCE (EXCEPT BLOO
120	87103	1/1/1900	12/31/2299	CULTURE, FUNGI, ISOLATION
120	87106	1/1/1900	12/31/2299	CULTURE, FUNGI, DEFINITIV
120	87109	1/1/1900	12/31/2299	CULTURE, MYCOPLASMA, ANY
120	87110	1/1/1900	12/31/2299	CULTURE, CHLAMYDIA
120	87116	1/1/1900	12/31/2299	CULTURE, TUBERCLE OR OTHE
120	87117	1/1/1900	12/31/2299	CULTURE, TUBERCLE OR OTHE
120	87118	1/1/1900	12/31/2299	CULTURE, MYCOBACTERIA, DE
120	87140	1/1/1900	12/31/2299	CULTURE, TYPING; FLUORESC
120	87143	1/1/1900	12/31/2299	CULTURE, TYPING; GAS LIQU
120	87145	1/1/1900	12/31/2299	CULTURE, TYPING; PHAGE ME
120	87147	1/1/1900	12/31/2299	CULTURE, TYPING; SEROLOGI
120	87151	1/1/1900	12/31/2299	CULTURE, TYPING; SEROLOGI

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	87155	1/1/1900	12/31/2299	CULTURE, TYPING; PRECIPIT
120	87158	1/1/1900	12/31/2299	CULTURE, TYPING; OTHER ME
120	87163	1/1/1900	12/31/2299	CULTURE, ANY SOURCE, ADDI
120	87164	1/1/1900	12/31/2299	DARK FIELD EXAMINATION,AN
120	87166	1/1/1900	12/31/2299	DARK FIELD EXAMINATION, A
120	87174	1/1/1900	12/31/2299	ENDOTOXIN, BACTERIAL (PYR
120	87175	1/1/1900	12/31/2299	ENDOTOXIN, BACTERIAL (PYR
120	87176	1/1/1900	12/31/2299	ENDOTOXIN, BACTERIAL (PYR
120	87177	1/1/1900	12/31/2299	OVA AND PARASITES, DIRECT
120	87178	1/1/1900	12/31/2299	MICROBIAL IDENTIFICATION,
120	87179	1/1/1900	12/31/2299	MICROBIAL IDENTIFICATION,
120	87181	1/1/1900	12/31/2299	SENSITIVITY STUDIES, ANTI
120	87184	1/1/1900	12/31/2299	SENSITIVITY STUDIES, ANTI
120	87186	1/1/1900	12/31/2299	MICROTITER, MINIMUM INHIB
120	87187	1/1/1900	12/31/2299	SENSITIVITY STUDIES, ANTI
120	87188	1/1/1900	12/31/2299	MACROTUBE DILUTION METHOD
120	87190	1/1/1900	12/31/2299	SENSITIVITY STUDIES, ANTI
120	87192	1/1/1900	12/31/2299	SENSITIVITY STUDIES, ANTI
120	87197	1/1/1900	12/31/2299	SERUM BACTERICIDAL TITER
120	87205	1/1/1900	12/31/2299	SMEAR, PRIMARY SOURCE, WI
120	87206	1/1/1900	12/31/2299	SMEAR,PRIMARY SOURCE,WITH
120	87207	1/1/1900	12/31/2299	SMEAR,PRIMARY SOURCE,WITH
120	87208	1/1/1900	12/31/2299	SMEAR, PRIMARY SOURCE, WI
120	87210	1/1/1900	12/31/2299	SMEAR,PRIMARY SOURCE,WITH
120	87211	1/1/1900	12/31/2299	SMEAR,PRIMARY SOURCE,WITH
120	87220	1/1/1900	12/31/2299	TISSUE EXAMINATION FOR FU
120	87230	1/1/1900	12/31/2299	TOXIN OR ANTITOXIN ASSAY,
120	87250	1/1/1900	12/31/2299	VIRUS IDENTIFICATION; INO
120	87252	1/1/1900	12/31/2299	VIRUS IDENTIFICATION TISS
120	87253	1/1/1900	12/31/2299	VIRUS IDENTIFICATION TISS
120	87260	1/1/1900	12/31/2299	ADENOVIRUS AG, DFA
120	87265	1/1/1900	12/31/2299	PERTUSSIS AG, DFA
120	87270	1/1/1900	12/31/2299	CHYLMD TRACH AG, DFA
120	87272	1/1/1900	12/31/2299	CRYPTOSPORIDUM AG, DFA
120	87274	1/1/1900	12/31/2299	HERPES SIMPLEX AG, DFA
120	87276	1/1/1900	12/31/2299	INFLUENZA AG, DFA
120	87278	1/1/1900	12/31/2299	LEGION PNEUMO AG, DFA

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	87280	1/1/1900	12/31/2299	RESP SYNCYTIAL AG, DFA
120	87285	1/1/1900	12/31/2299	TREPON PALLIDUM AG, DFA
120	87290	1/1/1900	12/31/2299	VARICELLA AG, DFA
120	87299	1/1/1900	12/31/2299	AG DETECTION NOS, DFA
120	87301	1/1/1900	12/31/2299	ADENOVIRUS AG, EIA
120	87320	1/1/1900	12/31/2299	CHYLMD TRACH AG, EIA
120	87324	1/1/1900	12/31/2299	CLOSTRIDIUM AG, EIA
120	87328	1/1/1900	12/31/2299	CRYPTOSPOR AG, EIA
120	87332	1/1/1900	12/31/2299	CYTOMEGALOVIRUS AG, EIA
120	87335	1/1/1900	12/31/2299	E COLI 0157 AG, EIA
120	87340	1/1/1900	12/31/2299	HEPATITIS B SURFACE AG, E
120	87350	1/1/1900	12/31/2299	HEPATITIS B AG, EIA
120	87380	1/1/1900	12/31/2299	HEPATITIS DELTA AG, EIA
120	87385	1/1/1900	12/31/2299	HISTOPLASMA CAPSUL AG, EI
120	87390	1/1/1900	12/31/2299	HIV-1 AG, EIA
120	87391	1/1/1900	12/31/2299	HIV-2 AG, EIA
120	87420	1/1/1900	12/31/2299	RESP SYNCYTIAL AG, EIA
120	87425	1/1/1900	12/31/2299	ROTAVIRUS AG, EIA
120	87430	1/1/1900	12/31/2299	STREP A AG, EIA
120	87449	1/1/1900	12/31/2299	AG DETECT NOS, EIA, MULT
120	87450	1/1/1900	12/31/2299	AG DETECT NOS, EIA, SINGL
120	87470	1/1/1900	12/31/2299	BARTONELLA, DNA, DIR PROB
120	87471	1/1/1900	12/31/2299	BARTONELLA, DNA, AMP PROB
120	87472	1/1/1900	12/31/2299	BARTONELLA, DNA, QUANT
120	87475	1/1/1900	12/31/2299	LYME DIS, DNA, DIR PROBE
120	87476	1/1/1900	12/31/2299	LYME DIS, DNA, AMP PROBE
120	87477	1/1/1900	12/31/2299	LYME DIS, DNA, QUANT
120	87480	1/1/1900	12/31/2299	CANDIDA, DNA, DIR PROBE
120	87481	1/1/1900	12/31/2299	CANDIDA, DNA, AMP PROBE
120	87482	1/1/1900	12/31/2299	CANDIDA, DNA, QUANT
120	87485	1/1/1900	12/31/2299	CHYLMD PNEUM, DNA, DIR PR
120	87486	1/1/1900	12/31/2299	CHYLMD PNEUM, DNA, AMP PR
120	87487	1/1/1900	12/31/2299	CHYLMD PNEUM, DNA, QUANT
120	87490	1/1/1900	12/31/2299	CHYLMD TRACH, DNA, DIR PR
120	87491	1/1/1900	12/31/2299	CHYLMD TRACH, DNA, AMP PR
120	87492	1/1/1900	12/31/2299	CHYLMD TRACH, DNA, QUANT
120	87495	1/1/1900	12/31/2299	CYTOMEG, DNA, DIR PROBE

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	87496	1/1/1900	12/31/2299	CYTOMEG, DNA, AMP PROBE
120	87497	1/1/1900	12/31/2299	CYTOMEG, DNA, QUANT
120	87510	1/1/1900	12/31/2299	GARDNER VAG, DNA, DIR PRO
120	87511	1/1/1900	12/31/2299	GARDNER VAG, DNA, AMP PRO
120	87512	1/1/1900	12/31/2299	GARDNER VAG, DNA, QUANT
120	87515	1/1/1900	12/31/2299	HEPATITIS B, DNA, DIR PRO
120	87516	1/1/1900	12/31/2299	HEPATITIS B , DNA, AMP PR
120	87517	1/1/1900	12/31/2299	HEPATITIS B , DNA, QUANT
120	87520	1/1/1900	12/31/2299	HEPATITIS C , RNA, DIR PR
120	87521	1/1/1900	12/31/2299	HEPATITIS C , RNA, AMP PR
120	87522	1/1/1900	12/31/2299	HEPATITIS C, RNA, QUANT
120	87525	1/1/1900	12/31/2299	HEPATITIS G , DNA, DIR PR
120	87526	1/1/1900	12/31/2299	HEPATITIS G, DNA, AMP PRO
120	87527	1/1/1900	12/31/2299	HEPATITIS G, DNA, QUANT
120	87528	1/1/1900	12/31/2299	HSV, DNA, DIR PROBE
120	87529	1/1/1900	12/31/2299	HSV, DNA, AMP PROBE
120	87530	1/1/1900	12/31/2299	HSV, DNA, QUANT
120	87531	1/1/1900	12/31/2299	HHV-6, DNA, DIR PROBE
120	87532	1/1/1900	12/31/2299	HHV-6, DNA, AMP PROBE
120	87533	1/1/1900	12/31/2299	HHV-6, DNA, QUANT
120	87534	1/1/1900	12/31/2299	HIV-1, DNA, DIR PROBE
120	87535	1/1/1900	12/31/2299	HIV-1, DNA, AMP PROBE
120	87536	1/1/1900	12/31/2299	HIV-1, DNA, QUANT
120	87537	1/1/1900	12/31/2299	HIV-2, DNA, DIR PROBE
120	87538	1/1/1900	12/31/2299	HIV-2, DNA, AMP PROBE
120	87539	1/1/1900	12/31/2299	HIV-2, DNA, QUANT
120	87540	1/1/1900	12/31/2299	LEGION PNEUMO, DNA, DIR P
120	87541	1/1/1900	12/31/2299	LEGION PNEUMO, DNA, AMP P
120	87542	1/1/1900	12/31/2299	LEGION PNEUMO, DNA, QUANT
120	87550	1/1/1900	12/31/2299	MYCOBACTERIA, DNA, DIR PR
120	87551	1/1/1900	12/31/2299	MYCOBACTERIA, DNA, AMP PR
120	87552	1/1/1900	12/31/2299	MYCOBACTERIA, DNA, QUANT
120	87555	1/1/1900	12/31/2299	M.TUBERCULO, DNA, DIR PRO
120	87556	1/1/1900	12/31/2299	M.TUBERCULO, DNA, AMP PRO
120	87557	1/1/1900	12/31/2299	M.TUBERCULO, DNA, QUANT
120	87560	1/1/1900	12/31/2299	M.AVIUM -INTRA, DNA, DIR P
120	87561	1/1/1900	12/31/2299	M.AVIUM -INTRA, DNA, AMP P

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	87562	1/1/1900	12/31/2299	M.AVIUM -INTRA, DNA, QUANT
120	87580	1/1/1900	12/31/2299	M.PNEUMON, DNA, DIR PROBE
120	87581	1/1/1900	12/31/2299	M.PNEUMON, DNA, AMP PROBE
120	87582	1/1/1900	12/31/2299	M.PNEUMON, DNA, QUANT
120	87590	1/1/1900	12/31/2299	N.GONORRHOEAE, DNA, DIR P
120	87591	1/1/1900	12/31/2299	N.GONORRHOEAE, DNA, AMP P
120	87592	1/1/1900	12/31/2299	N.GONORRHOEAE, DNA, QUANT
120	87620	1/1/1900	12/31/2299	HPV, DNA, DIR PROBE
120	87621	1/1/1900	12/31/2299	HPV, DNA, AMP PROBE
120	87622	1/1/1900	12/31/2299	HPV, DNA, QUANT
120	87650	1/1/1900	12/31/2299	STREP A, DNA, DIR PROBE
120	87651	1/1/1900	12/31/2299	STREP A, DNA, AMP PROBE
120	87652	1/1/1900	12/31/2299	STREP A, DNA, QUANT
120	87797	1/1/1900	12/31/2299	DETECT AGENT NOS, DNA, DI
120	87798	1/1/1900	12/31/2299	DETECT AGENT NOS, DNA, AM
120	87799	1/1/1900	12/31/2299	DETECT AGENT NOS, DNA, QU
120	87810	1/1/1900	12/31/2299	CHYLMD TRACH ASSAY W/OPTI
120	87850	1/1/1900	12/31/2299	N. GONORRHOEAE ASSAY W/OP
120	87880	1/1/1900	12/31/2299	STREP A ASSAY W/OPTIC
120	87899	1/1/1900	12/31/2299	AGENT NOS ASSAY W/OPTIC
120	87999	1/1/1900	12/31/2299	UNLISTED MICROBIOLOGY PRO
120	88000	1/1/1900	12/31/2299	NECROPSY (AUTOPSY) GROSS
120	88005	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), GROSS
120	88007	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), GROSS
120	88012	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), GROSS
120	88014	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), GROSS
120	88016	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), GROSS
120	88020	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), GROSS
120	88025	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), GROSS
120	88027	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), GROSS
120	88028	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), GROSS
120	88029	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), GROSS
120	88036	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), LIMIT
120	88037	1/1/1900	12/31/2299	NECROPSY (AUTOPSY), LIMIT
120	88099	1/1/1900	12/31/2299	UNLISTED NECROPSY (AUTOPS
120	88104	1/1/1900	12/31/2299	CYTOPATHOLOGY,FLUIDS,WASH
120	88106	1/1/1900	12/31/2299	CYTOPATHOLOGY,FLUIDS,WASH

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	88107	1/1/1900	12/31/2299	CYTOPATHOLOGY,FLUIDS,WASH
120	88108	1/1/1900	12/31/2299	CYTOP., FLUIDS, WASHINGS
120	88130	1/1/1900	12/31/2299	SEX CHROMATIN IDENTIFICAT
120	88140	1/1/1900	12/31/2299	SEX CHROMATIN IDENTIFICAT
120	88141	1/1/1900	12/31/2299	CYTOPATH CERV/VAG INTERPR
120	88142	1/1/1900	12/31/2299	CYTOPATH CERV/VAG THIN LA
120	88150	1/1/1900	12/31/2299	CYTOPATHOLOGY, SMEARS, CE
120	88151	1/1/1900	12/31/2299	CYTOPATHOLOGY, SMEARS, CE
120	88152	1/1/1900	12/31/2299	CYTOPATH CERV/VAG AUTO
120	88155	1/1/1900	12/31/2299	CYTOPATHOLOGY,SMEARS,CERV
120	88156	1/1/1900	12/31/2299	CYTOPATHOLOGY SMEARS
120	88157	1/1/1900	12/31/2299	CYTOPATHOLOGY SMEARS, CER
120	88158	1/1/1900	12/31/2299	CYTOPATH CERV/VAG TBS AUT
120	88160	1/1/1900	12/31/2299	CYTOP., ANY OTHER SOURCE;
120	88161	1/1/1900	12/31/2299	CYTOP., ANY OTHER SOURCE;
120	88162	1/1/1900	12/31/2299	CYTOPA., ANY OTHER SOURCE
120	88172	1/1/1900	12/31/2299	EVALUATION OF FINE NEEDLE
120	88173	1/1/1900	12/31/2299	EVALUATION OF FINE NEEDLE
120	88180	1/1/1900	12/31/2299	FLOW CYTOMETRY; EACH CELL
120	88182	1/1/1900	12/31/2299	FLOW CYTOMETRY; CELL CYCL
120	88199	1/1/1900	12/31/2299	UNLISTED CYTOPATHOLOGY PR
120	88230	1/1/1900	12/31/2299	TISSUE CULTURE FOR CHROMO
120	88233	1/1/1900	12/31/2299	TISSUE CULTURE FOR CHROMO
120	88235	1/1/1900	12/31/2299	TISSUE CULTURE FOR CHROMO
120	88237	1/1/1900	12/31/2299	TISSUE CULTURE FOR CHROMO
120	88239	1/1/1900	12/31/2299	TISSUE CULTURE FOR CHROMO
120	88245	1/1/1900	12/31/2299	CHROMOSOME ANAL FOR BRKG
120	88248	1/1/1900	12/31/2299	CHROM ANAL FOR BRKG SYN S
120	88250	1/1/1900	12/31/2299	CHROM ANAL FOR FRAG X ASS
120	88260	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS; COUN
120	88261	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS; COUN
120	88262	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS; COUN
120	88263	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS COUNT
120	88267	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS, AMNI
120	88269	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS, IN S
120	88280	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS; ADDI
120	88283	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS ADDIT

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	88285	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS; ADDI
120	88289	1/1/1900	12/31/2299	CHROMOSOME ANALYSIS ADDIT
120	88299	1/1/1900	12/31/2299	UNLISTED CYTOGENETIC STUD
120	88300	1/1/1900	12/31/2299	SURGICAL PATHOLOGY, GROSS
120	88302	1/1/1900	12/31/2299	SURGICAL PATHOLOGY, GROSS
120	88304	1/1/1900	12/31/2299	UNCOMPLICATED SPECIMEN
120	88305	1/1/1900	12/31/2299	SINGLE COMPLICATED OR MUL
120	88307	1/1/1900	12/31/2299	SINGLE COMPLICATED SPECIM
120	88309	1/1/1900	12/31/2299	COMPLEX DIAGNOSTIC PROBLE
120	88312	1/1/1900	12/31/2299	SPECIAL STAINS (LISTED SE
120	88313	1/1/1900	12/31/2299	GROUP II, ALL OTHER EXCEP
120	88314	1/1/1900	12/31/2299	HISTOCHEMICAL STAINING WI
120	88318	1/1/1900	12/31/2299	DETERMINATIVE HISTOCHEMIS
120	88319	1/1/1900	12/31/2299	DETERMINATIVE HISTOCHEMIS
120	88321	1/1/1900	12/31/2299	CONSULTATION AND REPORT O
120	88323	1/1/1900	12/31/2299	CONSULTATION AND REPORT O
120	88325	1/1/1900	12/31/2299	CONSULTATION, COMPREHENSI
120	88331	1/1/1900	12/31/2299	CONSULTATION DURING SURGE
120	88332	1/1/1900	12/31/2299	CONSULTATION DURING SURGE
120	88342	1/1/1900	12/31/2299	IMMUNOCYTOCHEMISTRY (INCL
120	88346	1/1/1900	12/31/2299	IMMUNOFLUORESCENT STUDY,
120	88347	1/1/1900	12/31/2299	IMMUNOFLUORESCENT STUDY,
120	88348	1/1/1900	12/31/2299	ELECTRON MICROSCOPY; DIAG
120	88349	1/1/1900	12/31/2299	ELECTRON MICROSCOPY; SCAN
120	88355	1/1/1900	12/31/2299	MORPHOMETRIC ANALYSIS; SK
120	88356	1/1/1900	12/31/2299	MORPHOMETRIC ANALYSIS; NE
120	88358	1/1/1900	12/31/2299	MORPHOMETRIC ANALYSIS TUM
120	88362	1/1/1900	12/31/2299	NERVE TEASING PREPARATION
120	88365	1/1/1900	12/31/2299	TISSUE IN SITU HYBRIDIZAT
120	88371	1/1/1900	12/31/2299	PROTEIN ANALYSIS OF TISSU
120	88372	1/1/1900	12/31/2299	PROTEIN ANALYSIS OF TISSU
120	88399	1/1/1900	12/31/2299	UNLISTED SURGICAL PATHOLO
120	89050	1/1/1900	12/31/2299	CELL COUNT, MISCELLANEOUS
120	89051	1/1/1900	12/31/2299	WITH DIFFERENTIAL COUNT
120	89060	1/1/1900	12/31/2299	CRYSTAL IDENTIFICATION BY
120	89125	1/1/1900	12/31/2299	FAT STAIN, FECES, URINE,
120	89160	1/1/1900	12/31/2299	MEAT FIBERS, FECES

(Continued)

Table A-2.33 – Procedure Group 120 Table

Group Number	Code	Effective Date	End Date	Code Description
120	89190	1/1/1900	12/31/2299	NASAL SMEAR FOR EOSINOPHI
120	89300	1/1/1900	12/31/2299	SEMEN ANALYSIS; PRESENCE
120	89310	1/1/1900	12/31/2299	SEMEN ANALYSIS; MOTILITY
120	89320	1/1/1900	12/31/2299	SEMEN ANALYSIS; COMPLETE
120	89325	1/1/1900	12/31/2299	SPERM AGGLUTINATION, WITH
120	89329	1/1/1900	12/31/2299	SPERM EVALUATION; HAMSTER
120	89330	1/1/1900	12/31/2299	CERVICAL MUCUS PENETRATIO
120	89355	1/1/1900	12/31/2299	STARCH GRANULES, FECES
120	89360	1/1/1900	12/31/2299	SWEAT COLLECTION BY IONTO
120	89365	1/1/1900	12/31/2299	WATER LOAD TEST
120	89399	1/1/1900	12/31/2299	UNLISTED MISCELLANEOUS PA
120	G0026	1/1/1900	12/31/2299	FECAL LEUKOCYTE EXAMINATI
120	G0027	1/1/1900	12/31/2299	SEMEN ANALYSIS
120	G0058	1/1/1900	12/31/2299	AUTO MULTICHANNEL 20 TEST
120	G0059	1/1/1900	12/31/2299	AUTO MULTICHANNEL 21 TEST
120	G0060	1/1/1900	12/31/2299	AUTO MULTICHANNEL 22 TEST
120	G0107	1/1/1900	12/31/2299	CA SCREEN; FECAL BLOOD TE
120	P3000	1/1/1900	12/31/2299	SCREENING PAPANICOLAOR SM
120	P3001	1/1/1900	12/31/2299	SCREENING PAPAMICOLAOR SM
120	P7001	1/1/1900	12/31/2299	CULTURE, BACTERIAL, URINE
120	Q0111	1/1/1900	12/31/2299	WET MOUNTS, INCLUDING PRE
120	Q0112	1/1/1900	12/31/2299	ALL POTASSIUM HYDROXIDE (
120	Q0113	1/1/1900	12/31/2299	PINWORM EXAMINATIONS;
120	Q0114	1/1/1900	12/31/2299	FERN TEST
120	Q0115	1/1/1900	12/31/2299	POST-COITAL DIRECT, QUALI

Section 3: Diagnosis Group

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	140	1/1/1900	12/31/2299	MALIGNANT NEOPLASM LIP
2	1400	1/1/1900	12/31/2299	MAL NEO UPPER VERMILION
2	1401	1/1/1900	12/31/2299	MAL NEO LOWER VERMILION
2	1403	1/1/1900	12/31/2299	MAL NEO UPPER LIP, INNER
2	1404	1/1/1900	12/31/2299	MAL NEO LOWER LIP, INNER
2	1405	1/1/1900	12/31/2299	MAL NEO LIP, INNER NOS
2	1406	1/1/1900	12/31/2299	MAL NEO LIP, COMMISSURE
2	1408	1/1/1900	12/31/2299	MAL NEO LIP NEC
2	1409	1/1/1900	12/31/2299	MAL NEO LIP/VERMIL NOS
2	141	1/1/1900	12/31/2299	MALIG NEO TONGUE
2	1410	1/1/1900	12/31/2299	MAL NEO TONGUE BASE
2	1411	1/1/1900	12/31/2299	MAL NEO DORSAL TONGUE
2	1412	1/1/1900	12/31/2299	MAL NEO TIP/LAT TONGUE
2	1413	1/1/1900	12/31/2299	MAL NEO VENTRAL TONGUE
2	1414	1/1/1900	12/31/2299	MAL NEO ANT 2/3 TONGUE
2	1415	1/1/1900	12/31/2299	MAL NEO TONGUE JUNCTION
2	1416	1/1/1900	12/31/2299	MAL NEO LINGUAL TONSIL
2	1418	1/1/1900	12/31/2299	MALIG NEO TONGUE NEC
2	1419	1/1/1900	12/31/2299	MALIG NEO TONGUE NOS
2	142	1/1/1900	12/31/2299	MAL NEO MAJOR SALIVARY
2	1420	1/1/1900	12/31/2299	MALIG NEO PAROTID
2	1421	1/1/1900	12/31/2299	MALIG NEO SUBMANDIBULAR
2	1422	1/1/1900	12/31/2299	MALIG NEO SUBLINGUAL
2	1428	1/1/1900	12/31/2299	MAL NEO MAJ SALIVARY NEC
2	1429	1/1/1900	12/31/2299	MAL NEO SALIVARY NOS
2	143	1/1/1900	12/31/2299	MALIGNANT NEOPLASM GUM
2	1430	1/1/1900	12/31/2299	MALIG NEO UPPER GUM
2	1431	1/1/1900	12/31/2299	MALIG NEO LOWER GUM
2	1438	1/1/1900	12/31/2299	MALIG NEO GUM NEC
2	1439	1/1/1900	12/31/2299	MALIG NEO GUM NOS
2	144	1/1/1900	12/31/2299	MALIG NEO MOUTH FLOOR
2	1440	1/1/1900	12/31/2299	MAL NEO ANT FLOOR MOUTH
2	1441	1/1/1900	12/31/2299	MAL NEO LAT FLOOR MOUTH
2	1448	1/1/1900	12/31/2299	MAL NEO MOUTH FLOOR NEC

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	1449	1/1/1900	12/31/2299	MAL NEO MOUTH FLOOR NOS
2	145	1/1/1900	12/31/2299	MALIG NEO MOUTH NEC/NOS
2	1450	1/1/1900	12/31/2299	MAL NEO CHEEK MUCOSA
2	1451	1/1/1900	12/31/2299	MAL NEO MOUTH VESTIBULE
2	1452	1/1/1900	12/31/2299	MALIG NEO HARD PALATE
2	1453	1/1/1900	12/31/2299	MALIG NEO SOFT PALATE
2	1454	1/1/1900	12/31/2299	MALIGNANT NEOUVULA
2	1455	1/1/1900	12/31/2299	MALIGNANT NEO PALATE NOS
2	1456	1/1/1900	12/31/2299	MALIG NEO RETROMOLAR
2	1458	1/1/1900	12/31/2299	MALIG NEOPLASM MOUTH NEC
2	1459	1/1/1900	12/31/2299	MALIG NEOPLASM MOUTH NOS
2	146	1/1/1900	12/31/2299	MALIG NEO OROPHARYNX
2	1460	1/1/1900	12/31/2299	MALIGNANT NEOPL TONSIL
2	1461	1/1/1900	12/31/2299	MAL NEO TONSILLAR FOSSA
2	1462	1/1/1900	12/31/2299	MAL NEO TONSIL PILLARS
2	1463	1/1/1900	12/31/2299	MALIGN NEO VALLECULA
2	1464	1/1/1900	12/31/2299	MAL NEO ANT EPIGLOTTIS
2	1465	1/1/1900	12/31/2299	MAL NEO EPIGLOTTIS JUNCT
2	1466	1/1/1900	12/31/2299	MAL NEO LAT OROPHARYNX
2	1467	1/1/1900	12/31/2299	MAL NEO POST OROPHARYNX
2	1468	1/1/1900	12/31/2299	MAL NEO OROPHARYNX NEC
2	1469	1/1/1900	12/31/2299	MALIG NEO OROPHARYNX NOS
2	147	1/1/1900	12/31/2299	MALIG NEO NASOPHARYNX
2	1470	1/1/1900	12/31/2299	MAL NEO SUPER NASOPHARY N
2	1471	1/1/1900	12/31/2299	MAL NEO POST NASOPHARYNX
2	1472	1/1/1900	12/31/2299	MAL NEO LAT NASOPHARYNX
2	1473	1/1/1900	12/31/2299	MAL NEO ANT NASOPHARYNX
2	1478	1/1/1900	12/31/2299	MAL NEO NASOPHARYNX NEC
2	1479	1/1/1900	12/31/2299	MAL NEO NASOPHARYNX NOS
2	148	1/1/1900	12/31/2299	MALIG NEO HYPOPHARYNX
2	1480	1/1/1900	12/31/2299	MAL NEO POSTCRICOID
2	1481	1/1/1900	12/31/2299	MAL NEO PYRIFORM SINUS
2	1482	1/1/1900	12/31/2299	MAL NEO ARYEPIGLOTT FOLD
2	1483	1/1/1900	12/31/2299	MAL NEO POST HYPOPHARYNX
2	1488	1/1/1900	12/31/2299	MAL NEO HYPOPHARYNX NEC
2	1489	1/1/1900	12/31/2299	MAL NEO HYPOPHARYNX NOS
2	149	1/1/1900	12/31/2299	OTH MALIG NEO OROPHARYNX

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	1490	1/1/1900	12/31/2299	MAL NEO PHARYNX NOS
2	1491	1/1/1900	12/31/2299	MAL NEO WALDEYER'S RING
2	1498	1/1/1900	12/31/2299	MAL NEO ORAL/PHARYNX NEC
2	1499	1/1/1900	12/31/2299	MAL NEO OROPHARYNX ILL-DE
2	150	1/1/1900	12/31/2299	MALIGNANT NEO ESOPHAGUS
2	1500	1/1/1900	12/31/2299	MAL NEO CERVICAL ESOPHAG
2	1501	1/1/1900	12/31/2299	MAL NEO THORACIC ESOPHAG
2	1502	1/1/1900	12/31/2299	MAL NEO ABDOMIN ESOPHAG
2	1503	1/1/1900	12/31/2299	MAL NEO UPPER 3RD ESOPH
2	1504	1/1/1900	12/31/2299	MAL NEO MIDDLE 3RD ESOPH
2	1505	1/1/1900	12/31/2299	MAL NEO LOWER 3RD ESOPH
2	1508	1/1/1900	12/31/2299	MAL NEO ESOPHAGUS NEC
2	1509	1/1/1900	12/31/2299	MAL NEO ESOPHAGUS NOS
2	151	1/1/1900	12/31/2299	MALIGNANT NEO STOMACH
2	1510	1/1/1900	12/31/2299	MAL NEO STOMACH CARDIA
2	1511	1/1/1900	12/31/2299	MALIGNANT NEO PYLORUS
2	1512	1/1/1900	12/31/2299	MAL NEO PYLORIC ANTRUM
2	1513	1/1/1900	12/31/2299	MAL NEO STOMACH FUNDUS
2	1514	1/1/1900	12/31/2299	MAL NEO STOMACH BODY
2	1515	1/1/1900	12/31/2299	MAL NEO STOM LESSER CURV
2	1516	1/1/1900	12/31/2299	MAL NEO STOM GREAT CURV
2	1518	1/1/1900	12/31/2299	MALIG NEOPL STOMACH NEC
2	1519	1/1/1900	12/31/2299	MALIG NEOPL STOMACH NOS
2	152	1/1/1900	12/31/2299	MALIG NEO SMALL BOWEL
2	1520	1/1/1900	12/31/2299	MALIGNANT NEOPL DUODENUM
2	1521	1/1/1900	12/31/2299	MALIGNANT NEOPL JEJUNUM
2	1522	1/1/1900	12/31/2299	MALIGNANT NEOPLASM ILEUM
2	1523	1/1/1900	12/31/2299	MAL NEO MECKEL'S DIVERT
2	1528	1/1/1900	12/31/2299	MAL NEO SMALL BOWEL NEC
2	1529	1/1/1900	12/31/2299	MAL NEO SMALL BOWEL NOS
2	153	1/1/1900	12/31/2299	MALIGNANT NEOPLASM COLON
2	1530	1/1/1900	12/31/2299	MAL NEO HEPATIC FLEXURE
2	1531	1/1/1900	12/31/2299	MAL NEO TRANSVERSE COLON
2	1532	1/1/1900	12/31/2299	MAL NEO DESCEND COLON
2	1533	1/1/1900	12/31/2299	MAL NEO SIGM OID COLON
2	1534	1/1/1900	12/31/2299	MALIGNANT NEOPLASM CECUM
2	1535	1/1/1900	12/31/2299	MALIGNANT NEO APPENDIX

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	1536	1/1/1900	12/31/2299	MALIG NEO ASCEND COLON
2	1537	1/1/1900	12/31/2299	MAL NEO SPLENIC FLEXURE
2	1538	1/1/1900	12/31/2299	MALIGNANT NEO COLON NEC
2	1539	1/1/1900	12/31/2299	MALIGNANT NEO COLON NOS
2	154	1/1/1900	12/31/2299	MALIG NEO RECTUM/ANUS
2	1540	1/1/1900	12/31/2299	MAL NEO RECTOSIGMOID JCT
2	1541	1/1/1900	12/31/2299	MALIGNANT NEOPL RECTUM
2	1542	1/1/1900	12/31/2299	MALIG NEOPL ANAL CANAL
2	1543	1/1/1900	12/31/2299	MALIGNANT NEO ANUS NOS
2	1548	1/1/1900	12/31/2299	MAL NEO RECTUM/ANUS NEC
2	155	1/1/1900	12/31/2299	MALIGNANT NEOPLASM LIVER
2	1550	1/1/1900	12/31/2299	MAL NEO LIVER, PRIMARY
2	1551	1/1/1900	12/31/2299	MAL NEO INTRAHEPAT DUCTS
2	1552	1/1/1900	12/31/2299	MALIGNANT NEO LIVER NOS
2	156	1/1/1900	12/31/2299	MAL NEO GB/EXTRAHEPATIC
2	1560	1/1/1900	12/31/2299	MALIG NEO GALLBLADDER
2	1561	1/1/1900	12/31/2299	MAL NEO EXTRAHEPAT DUCTS
2	1562	1/1/1900	12/31/2299	MAL NEO AMPULLA OF VATER
2	1568	1/1/1900	12/31/2299	MALIG NEO BILIARY NEC
2	1569	1/1/1900	12/31/2299	MALIG NEO BILIARY NOS
2	157	1/1/1900	12/31/2299	MALIGNANT NEO PANCREAS
2	1570	1/1/1900	12/31/2299	MAL NEO PANCREAS HEAD
2	1571	1/1/1900	12/31/2299	MAL NEO PANCREAS BODY
2	1572	1/1/1900	12/31/2299	MAL NEO PANCREAS TAIL
2	1573	1/1/1900	12/31/2299	MAL NEO PANCREATIC DUCT
2	1574	1/1/1900	12/31/2299	MAL NEO ISLET LANGERHANS
2	1578	1/1/1900	12/31/2299	MALIG NEO PANCREAS NEC
2	1579	1/1/1900	12/31/2299	MALIG NEO PANCREAS NOS
2	158	1/1/1900	12/31/2299	MALIG NEO PERITONEUM
2	1580	1/1/1900	12/31/2299	MAL NEO RETROPERITONEUM
2	1588	1/1/1900	12/31/2299	MAL NEO PERITONEUM NEC
2	1589	1/1/1900	12/31/2299	MAL NEO PERITONEUM NOS
2	159	1/1/1900	12/31/2299	OTH MALIG NEO GI/PERITON
2	1590	1/1/1900	12/31/2299	MALIG NEO INTESTINE NOS
2	1591	1/1/1900	12/31/2299	MALIGNANT NEO SPLEEN NEC
2	1598	1/1/1900	12/31/2299	MAL NEO GI/INTRA-ABD NEC
2	1599	1/1/1900	12/31/2299	MAL NEO GI TRACT ILL-DEF

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	160	1/1/1900	12/31/2299	MAL NEO NASAL CAV/SINUS
2	1600	1/1/1900	12/31/2299	MAL NEO NASAL CAVITIES
2	1601	1/1/1900	12/31/2299	MALIG NEO MIDDLE EAR
2	1602	1/1/1900	12/31/2299	MAL NEO MAXILLARY SINUS
2	1603	1/1/1900	12/31/2299	MAL NEO ETHMOIDAL SINUS
2	1604	1/1/1900	12/31/2299	MALIG NEO FRONTAL SINUS
2	1605	1/1/1900	12/31/2299	MAL NEO SPHENOID SINUS
2	1608	1/1/1900	12/31/2299	MAL NEO ACCESS SINUS NEC
2	1609	1/1/1900	12/31/2299	MAL NEO ACCESS SINUS NOS
2	161	1/1/1900	12/31/2299	MALIGNANT NEO LARYNX
2	1610	1/1/1900	12/31/2299	MALIGNANT NEO GLOTTIS
2	1611	1/1/1900	12/31/2299	MALIG NEO SUPRAGLOTTIS
2	1612	1/1/1900	12/31/2299	MALIG NEO SUBGLOTTIS
2	1613	1/1/1900	12/31/2299	MAL NEO CARTILAGE LARYNX
2	1618	1/1/1900	12/31/2299	MALIGNANT NEO LARYNX NEC
2	1619	1/1/1900	12/31/2299	MALIGNANT NEO LARYNX NOS
2	162	1/1/1900	12/31/2299	MAL NEO TRACHEA/LUNG
2	1620	1/1/1900	12/31/2299	MALIGNANT NEO TRACHEA
2	1622	1/1/1900	12/31/2299	MALIG NEO MAIN BRONCHUS
2	1623	1/1/1900	12/31/2299	MAL NEO UPPER LOBE LUNG
2	1624	1/1/1900	12/31/2299	MAL NEO MIDDLE LOBE LUNG
2	1625	1/1/1900	12/31/2299	MAL NEO LOWER LOBE LUNG
2	1628	1/1/1900	12/31/2299	MAL NEO BRONCH/LUNG NEC
2	1629	1/1/1900	12/31/2299	MAL NEO BRONCH/LUNG NOS
2	163	1/1/1900	12/31/2299	MALIGNANT NEOPL PLEURA
2	1630	1/1/1900	12/31/2299	MAL NEO PARIETAL PLEURA
2	1631	1/1/1900	12/31/2299	MAL NEO VISCERAL PLEURA
2	1638	1/1/1900	12/31/2299	MALIG NEOPL PLEURA NEC
2	1639	1/1/1900	12/31/2299	MALIG NEOPL PLEURA NOS
2	164	1/1/1900	12/31/2299	MAL NEO THYMUS/MEDIASTIN
2	1640	1/1/1900	12/31/2299	MALIGNANT NEOPL THYMUS
2	1641	1/1/1900	12/31/2299	MALIGNANT NEOPL HEART
2	1642	1/1/1900	12/31/2299	MAL NEO ANT MEDIASTINUM
2	1643	1/1/1900	12/31/2299	MAL NEO POST MEDIASTINUM
2	1648	1/1/1900	12/31/2299	MAL NEO MEDIASTINUM NEC
2	1649	1/1/1900	12/31/2299	MAL NEO MEDIASTINUM NOS
2	165	1/1/1900	12/31/2299	OTH/ILL-DEF MAL NEO RESP

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	1650	1/1/1900	12/31/2299	MAL NEO UPPER RESP NOS
2	1658	1/1/1900	12/31/2299	MAL NEO THORAX/RESP NEC
2	1659	1/1/1900	12/31/2299	MAL NEO RESP SYSTEM NOS
2	170	1/1/1900	12/31/2299	MAL NEO BONE/ARTIC CART
2	1700	1/1/1900	12/31/2299	MAL NEO SKULL/FACE BONE
2	1701	1/1/1900	12/31/2299	MALIGNANT NEO MANDIBLE
2	1702	1/1/1900	12/31/2299	MALIG NEO VERTEBRAE
2	1703	1/1/1900	12/31/2299	MAL NEO RIBS/STERN/CLAV
2	1704	1/1/1900	12/31/2299	MAL NEO LONG BONES ARM
2	1705	1/1/1900	12/31/2299	MAL NEO BONES WRIST/HAND
2	1706	1/1/1900	12/31/2299	MAL NEO PELVIC GIRDLE
2	1707	1/1/1900	12/31/2299	MAL NEO LONG BONES LEG
2	1708	1/1/1900	12/31/2299	MAL NEO BONES ANKLE/FOOT
2	1709	1/1/1900	12/31/2299	MALIG NEOPL BONE NOS
2	171	1/1/1900	12/31/2299	MAL NEO SOFT TISSUE
2	1710	1/1/1900	12/31/2299	MAL NEO SOFT TISSUE HEAD
2	1712	1/1/1900	12/31/2299	MAL NEO SOFT TISSUE ARM
2	1713	1/1/1900	12/31/2299	MAL NEO SOFT TISSUE LEG
2	1714	1/1/1900	12/31/2299	MAL NEO SOFT TIS THORAX
2	1715	1/1/1900	12/31/2299	MAL NEO SOFT TIS ABDOMEN
2	1716	1/1/1900	12/31/2299	MAL NEO SOFT TIS PELVIS
2	1717	1/1/1900	12/31/2299	MAL NEOPL TRUNK NOS
2	1718	1/1/1900	12/31/2299	MAL NEO SOFT TISSUE NEC
2	1719	1/1/1900	12/31/2299	MAL NEO SOFT TISSUE NOS
2	172	1/1/1900	12/31/2299	MALIGNANT MELANOMA SKIN
2	1720	1/1/1900	12/31/2299	MALIG MELANOMA LIP
2	1721	1/1/1900	12/31/2299	MALIG MELANOMA EYELID
2	1722	1/1/1900	12/31/2299	MALIG MELANOMA EAR
2	1723	1/1/1900	12/31/2299	MAL MELANOM FACE NEC/NOS
2	1724	1/1/1900	12/31/2299	MAL MELANOMA SCALP/NECK
2	1725	1/1/1900	12/31/2299	MALIG MELANOMA TRUNK
2	1726	1/1/1900	12/31/2299	MALIG MELANOMA ARM
2	1727	1/1/1900	12/31/2299	MALIG MELANOMA LEG
2	1728	1/1/1900	12/31/2299	MALIG MELANOMA SKIN NEC
2	1729	1/1/1900	12/31/2299	MALIG MELANOMA SKIN NOS
2	173	1/1/1900	12/31/2299	OTHER MALIG NEOPL SKIN
2	1730	1/1/1900	12/31/2299	MALIG NEO SKIN LIP

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	1731	1/1/1900	12/31/2299	MALIG NEO SKIN EYELID
2	1732	1/1/1900	12/31/2299	MALIG NEO SKIN EAR
2	1733	1/1/1900	12/31/2299	MAL NEO SKIN FACE NEC
2	1734	1/1/1900	12/31/2299	MAL NEO SCALP/SKIN NECK
2	1735	1/1/1900	12/31/2299	MALIG NEO SKIN TRUNK
2	1736	1/1/1900	12/31/2299	MALIG NEO SKIN ARM
2	1737	1/1/1900	12/31/2299	MALIG NEO SKIN LEG
2	1738	1/1/1900	12/31/2299	MALIG NEO SKIN NEC
2	1739	1/1/1900	12/31/2299	MALIG NEO SKIN NOS
2	174	1/1/1900	12/31/2299	MALIG NEO FEMALE BREAST
2	1740	1/1/1900	12/31/2299	MALIG NEO NIPPLE
2	1741	1/1/1900	12/31/2299	MAL NEO BREAST-CENTRAL
2	1742	1/1/1900	12/31/2299	MAL NEO BREAST UP-INNER
2	1743	1/1/1900	12/31/2299	MAL NEO BREAST LOW-INNER
2	1744	1/1/1900	12/31/2299	MAL NEO BREAST UP-OUTER
2	1745	1/1/1900	12/31/2299	MAL NEO BREAST LOW-OUTER
2	1746	1/1/1900	12/31/2299	MAL NEO BREAST-AXILLARY
2	1748	1/1/1900	12/31/2299	MALIGN NEOPL BREAST NEC
2	1749	1/1/1900	12/31/2299	MALIGN NEOPL BREAST NOS
2	175	1/1/1900	12/31/2299	MALIG NEO MALE BREAST
2	1750	1/1/1900	12/31/2299	MAL NEO MALE NIPPLE
2	1759	1/1/1900	12/31/2299	MAL. NEO MALE BREAST NEC/
2	176	1/1/1900	12/31/2299	KAPOSIS SARCOMA
2	1760	1/1/1900	12/31/2299	SKIN
2	1761	1/1/1900	12/31/2299	SOFT TISSUE
2	1762	1/1/1900	12/31/2299	PALATE
2	1763	1/1/1900	12/31/2299	GASTROINTESTINAL SITES
2	1764	1/1/1900	12/31/2299	LUNG
2	1765	1/1/1900	12/31/2299	LYMPH NODES
2	1768	1/1/1900	12/31/2299	OTHER SPECIFIED SITES
2	1769	1/1/1900	12/31/2299	UNSPECIFIED
2	179	1/1/1900	12/31/2299	MALIG NEOPL UTERUS NOS
2	180	1/1/1900	12/31/2299	MALIG NEOPL CERVIX UTERI
2	1800	1/1/1900	12/31/2299	MALIG NEO ENDOCERVIX
2	1801	1/1/1900	12/31/2299	MALIG NEO EXOCERVIX
2	1808	1/1/1900	12/31/2299	MALIG NEO CERVIX NEC
2	1809	1/1/1900	12/31/2299	MAL NEO CERVIX UTERI NOS

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	181	1/1/1900	12/31/2299	MALIGNANT NEOPL PLACENTA
2	182	1/1/1900	12/31/2299	MALIG NEOPL UTERUS BODY
2	1820	1/1/1900	12/31/2299	MALIG NEO CORPUS UTERI
2	1821	1/1/1900	12/31/2299	MAL NEO UTERINE ISTHMUS
2	1828	1/1/1900	12/31/2299	MAL NEO BODY UTERUS NEC
2	183	1/1/1900	12/31/2299	MAL NEO UTERINE ADNEXA
2	1830	1/1/1900	12/31/2299	MALIGN NEOPL OVARY
2	1832	1/1/1900	12/31/2299	MAL NEO FALLOPIAN TUBE
2	1833	1/1/1900	12/31/2299	MAL NEO BROAD LIGAMENT
2	1834	1/1/1900	12/31/2299	MALIG NEO PARAMETRIUM
2	1835	1/1/1900	12/31/2299	MAL NEO ROUND LIGAMENT
2	1838	1/1/1900	12/31/2299	MAL NEO ADNEXA NEC
2	1839	1/1/1900	12/31/2299	MAL NEO ADNEXA NOS
2	184	1/1/1900	12/31/2299	MAL NEO FEM GEN NEC/NOS
2	1840	1/1/1900	12/31/2299	MALIGN NEOPL VAGINA
2	1841	1/1/1900	12/31/2299	MAL NEO LABIA MAJORA
2	1842	1/1/1900	12/31/2299	MAL NEO LABIA MINORA
2	1843	1/1/1900	12/31/2299	MALIGN NEOPL CLITORIS
2	1844	1/1/1900	12/31/2299	MALIGN NEOPL VULVA NOS
2	1848	1/1/1900	12/31/2299	MAL NEO FEMALE GENIT NEC
2	1849	1/1/1900	12/31/2299	MAL NEO FEMALE GENIT NOS
2	185	1/1/1900	12/31/2299	MALIGN NEOPL PROSTATE
2	186	1/1/1900	12/31/2299	MALIGN NEOPL TESTIS
2	1860	1/1/1900	12/31/2299	MAL NEO UNDESCEND TESTIS
2	1869	1/1/1900	12/31/2299	MALIG NEO TESTIS NEC/NOS
2	187	1/1/1900	12/31/2299	MAL NEO MALE GENITAL NEC
2	1871	1/1/1900	12/31/2299	MALIGN NEOPL PREPUCE
2	1872	1/1/1900	12/31/2299	MALIG NEO GLANS PENIS
2	1873	1/1/1900	12/31/2299	MALIG NEO PENIS BODY
2	1874	1/1/1900	12/31/2299	MALIG NEO PENIS NOS
2	1875	1/1/1900	12/31/2299	MALIG NEO EPIDIDYMIS
2	1876	1/1/1900	12/31/2299	MAL NEO SPERMATIC CORD
2	1877	1/1/1900	12/31/2299	MALIGN NEOPL SCROTUM
2	1878	1/1/1900	12/31/2299	MAL NEO MALE GENITAL NEC
2	1879	1/1/1900	12/31/2299	MAL NEO MALE GENITAL NOS
2	188	1/1/1900	12/31/2299	MALIGN NEOPL BLADDER
2	1880	1/1/1900	12/31/2299	MAL NEO BLADDER-TRIGONE

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	1881	1/1/1900	12/31/2299	MAL NEO BLADDER-DOME
2	1882	1/1/1900	12/31/2299	MAL NEO BLADDER-LATERAL
2	1883	1/1/1900	12/31/2299	MAL NEO BLADDER-ANTERIOR
2	1884	1/1/1900	12/31/2299	MAL NEO BLADDER-POST
2	1885	1/1/1900	12/31/2299	MAL NEO BLADDER NECK
2	1886	1/1/1900	12/31/2299	MAL NEO URETERIC ORIFICE
2	1887	1/1/1900	12/31/2299	MALIG NEO URACHUS
2	1888	1/1/1900	12/31/2299	MALIG NEO BLADDER NEC
2	1889	1/1/1900	12/31/2299	MALIG NEO BLADDER NOS
2	189	1/1/1900	12/31/2299	MAL NEO URINARY NEC/NOS
2	1890	1/1/1900	12/31/2299	MALIG NEOPL KIDNEY
2	1891	1/1/1900	12/31/2299	MALIG NEO RENAL PELVIS
2	1892	1/1/1900	12/31/2299	MALIGN NEOPL URETER
2	1893	1/1/1900	12/31/2299	MALIGN NEOPL URETHRA
2	1894	1/1/1900	12/31/2299	MAL NEO PARAURETHRAL
2	1898	1/1/1900	12/31/2299	MAL NEO URINARY NEC
2	1899	1/1/1900	12/31/2299	MAL NEO URINARY NOS
2	190	1/1/1900	12/31/2299	MALIGNANT NEOPLASM EYE
2	1900	1/1/1900	12/31/2299	MALIGN NEOPL EYEBALL
2	1901	1/1/1900	12/31/2299	MALIGN NEOPL ORBIT
2	1902	1/1/1900	12/31/2299	MAL NEO LACRIMAL GLAND
2	1903	1/1/1900	12/31/2299	MAL NEO CONJUNCTIVA
2	1904	1/1/1900	12/31/2299	MALIGN NEOPL CORNEA
2	1905	1/1/1900	12/31/2299	MALIGN NEOPL RETINA
2	1906	1/1/1900	12/31/2299	MALIGN NEOPL CHOROID
2	1907	1/1/1900	12/31/2299	MAL NEO LACRIMAL DUCT
2	1908	1/1/1900	12/31/2299	MALIGN NEOPL EYE NEC
2	1909	1/1/1900	12/31/2299	MALIGN NEOPL EYE NOS
2	191	1/1/1900	12/31/2299	MALIGNANT NEOPLASM BRAIN
2	1910	1/1/1900	12/31/2299	MALIGN NEOPL CEREBRUM
2	1911	1/1/1900	12/31/2299	MALIG NEO FRONTAL LOBE
2	1912	1/1/1900	12/31/2299	MAL NEO TEMPORAL LOBE
2	1913	1/1/1900	12/31/2299	MAL NEO PARIETAL LOBE
2	1914	1/1/1900	12/31/2299	MAL NEO OCCIPITAL LOBE
2	1915	1/1/1900	12/31/2299	MAL NEO CEREB VENTRICLE
2	1916	1/1/1900	12/31/2299	MAL NEO CEREBELLUM NOS
2	1917	1/1/1900	12/31/2299	MAL NEO BRAIN STEM

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	1918	1/1/1900	12/31/2299	MALIG NEO BRAIN NEC
2	1919	1/1/1900	12/31/2299	MALIG NEO BRAIN NOS
2	192	1/1/1900	12/31/2299	MAL NEO NERVE NEC/NOS
2	1920	1/1/1900	12/31/2299	MAL NEO CRANIAL NERVES
2	1921	1/1/1900	12/31/2299	MAL NEO CEREBRAL MENING
2	1922	1/1/1900	12/31/2299	MAL NEO SPINAL CORD
2	1923	1/1/1900	12/31/2299	MAL NEO SPINAL MENINGES
2	1928	1/1/1900	12/31/2299	MAL NEO NERVOUS SYST NEC
2	1929	1/1/1900	12/31/2299	MAL NEO NERVOUS SYST NOS
2	193	1/1/1900	12/31/2299	MALIGN NEOPL THYROID
2	194	1/1/1900	12/31/2299	MAL NEO OTHER ENDOCRINE
2	1940	1/1/1900	12/31/2299	MALIGN NEOPL ADRENAL
2	1941	1/1/1900	12/31/2299	MALIG NEO PARATHYROID
2	1943	1/1/1900	12/31/2299	MALIG NEO PITUITARY
2	1944	1/1/1900	12/31/2299	MALIGN NEO PINEAL GLAND
2	1945	1/1/1900	12/31/2299	MAL NEO CAROTID BODY
2	1946	1/1/1900	12/31/2299	MAL NEO PARAGANGLIA NEC
2	1948	1/1/1900	12/31/2299	MAL NEO ENDOCRINE NEC
2	1949	1/1/1900	12/31/2299	MAL NEO ENDOCRINE NOS
2	195	1/1/1900	12/31/2299	MAL NEO OTH/ILL-DEF SITE
2	1950	1/1/1900	12/31/2299	MAL NEO HEAD/FACE/NECK
2	1951	1/1/1900	12/31/2299	MALIGN NEOPL THORAX
2	1952	1/1/1900	12/31/2299	MALIG NEO ABDOMEN
2	1953	1/1/1900	12/31/2299	MALIGN NEOPL PELVIS
2	1954	1/1/1900	12/31/2299	MALIGN NEOPL ARM
2	1955	1/1/1900	12/31/2299	MALIGN NEOPL LEG
2	1958	1/1/1900	12/31/2299	MALIG NEO SITE NEC
2	196	1/1/1900	12/31/2299	MALIG NEO LYMPH NODES
2	1960	1/1/1900	12/31/2299	MAL NEO LYMPH-HEAD/NECK
2	1961	1/1/1900	12/31/2299	MAL NEO LYMPH-INTRATHOR
2	1962	1/1/1900	12/31/2299	MAL NEO LYMPH INTRA-ABD
2	1963	1/1/1900	12/31/2299	MAL NEO LYMPH-AXILLA/ARM
2	1965	1/1/1900	12/31/2299	MAL NEO LYMPH-INGUIN/LEG
2	1966	1/1/1900	12/31/2299	MAL NEO LYMPH-INTRAPELV
2	1968	1/1/1900	12/31/2299	MAL NEO LYMPH NODE-MULT
2	1969	1/1/1900	12/31/2299	MAL NEO LYMPH NODE NOS
2	197	1/1/1900	12/31/2299	SECONDARY MAL NEO RESP/DI

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	1970	1/1/1900	12/31/2299	SECONDARY MALIG NEO LUNG
2	1971	1/1/1900	12/31/2299	SEC MAL NEO MEDIASTINUM
2	1972	1/1/1900	12/31/2299	SECOND MALIG NEO PLEURA
2	1973	1/1/1900	12/31/2299	SEC MALIG NEO RESP NEC
2	1974	1/1/1900	12/31/2299	SEC MALIG NEO SM BOWEL
2	1975	1/1/1900	12/31/2299	SEC MALIG NEO LG BOWEL
2	1976	1/1/1900	12/31/2299	SEC MAL NEO PERITONEUM
2	1977	1/1/1900	12/31/2299	SECOND MALIG NEO LIVER
2	1978	1/1/1900	12/31/2299	SEC MAL NEO DIGEST NEC
2	198	1/1/1900	12/31/2299	SEC MALIG NEO OTH SITES
2	1980	1/1/1900	12/31/2299	SECOND MALIG NEO KIDNEY
2	1981	1/1/1900	12/31/2299	SEC MALIG NEO URIN NEC
2	1982	1/1/1900	12/31/2299	SECONDARY MALIG NEO SKIN
2	1983	1/1/1900	12/31/2299	SEC MAL NEO BRAIN/SPINE
2	1984	1/1/1900	12/31/2299	SEC MALIG NEO NERVE NEC
2	1985	1/1/1900	12/31/2299	SECONDARY MALIG NEO BONE
2	1986	1/1/1900	12/31/2299	SECOND MALIG NEO OVARY
2	1987	1/1/1900	12/31/2299	SECOND MALIG NEO ADRENAL
2	1988	1/1/1900	12/31/2299	OTH SECONDARY MALIG NEO
2	19881	1/1/1900	12/31/2299	SECOND MALIG NEO BREAST
2	19882	1/1/1900	12/31/2299	SECOND MALIG NEO GENITAL
2	19889	1/1/1900	12/31/2299	SECONDARY MALIG NEO NEC
2	199	1/1/1900	12/31/2299	MALIGNANT NEOPLASM NOS
2	1990	1/1/1900	12/31/2299	MALIG NEO DISSEMINATED
2	1991	1/1/1900	12/31/2299	MALIGNANT NEOPLASM NEC
2	200	1/1/1900	12/31/2299	LYMPHOSARC/RETICULOSARC
2	2000	1/1/1900	12/31/2299	RETICULOSARCOMA
2	20000	1/1/1900	12/31/2299	RETICULOSARCOMA UNSPEC
2	20001	1/1/1900	12/31/2299	RETICULOSARCOMA HEAD
2	20002	1/1/1900	12/31/2299	RETICULOSARCOMA THORAX
2	20003	1/1/1900	12/31/2299	RETICULOSARCOMA ABDOM
2	20004	1/1/1900	12/31/2299	RETICULOSARCOMA AXILLA
2	20005	1/1/1900	12/31/2299	RETICULOSARCOMA INGUIN
2	20006	1/1/1900	12/31/2299	RETICULOSARCOMA PELVIC
2	20007	1/1/1900	12/31/2299	RETICULOSARCOMA SPLEEN
2	20008	1/1/1900	12/31/2299	RETICULOSARCOMA MULT
2	2001	1/1/1900	12/31/2299	LYMPHOSARCOMA

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	20010	1/1/1900	12/31/2299	LYMPHOSARCOMA UNSPEC
2	20011	1/1/1900	12/31/2299	LYMPHOSARCOMA HEAD
2	20012	1/1/1900	12/31/2299	LYMPHOSARCOMA THORAX
2	20013	1/1/1900	12/31/2299	LYMPHOSARCOMA ABDOM
2	20014	1/1/1900	12/31/2299	LYMPHOSARCOMA AXILLA
2	20015	1/1/1900	12/31/2299	LYMPHOSARCOMA INGUIN
2	20016	1/1/1900	12/31/2299	LYMPHOSARCOMA PELVIC
2	20017	1/1/1900	12/31/2299	LYMPHOSARCOMA SPLEEN
2	20018	1/1/1900	12/31/2299	LYMPHOSARCOMA MULT
2	2002	1/1/1900	12/31/2299	BURKITT'S TUMOR/LYMPHOMA
2	20020	1/1/1900	12/31/2299	BURKITT'S TUMOR UNSPEC
2	20021	1/1/1900	12/31/2299	BURKITT'S TUMOR HEAD
2	20022	1/1/1900	12/31/2299	BURKITT'S TUMOR THORAX
2	20023	1/1/1900	12/31/2299	BURKITT'S TUMOR ABDOM
2	20024	1/1/1900	12/31/2299	BURKITT'S TUMOR AXILLA
2	20025	1/1/1900	12/31/2299	BURKITT'S TUMOR INGUIN
2	20026	1/1/1900	12/31/2299	BURKITT'S TUMOR PELVIC
2	20027	1/1/1900	12/31/2299	BURKITT'S TUMOR SPLEEN
2	20028	1/1/1900	12/31/2299	BURKITT'S TUMOR MULT
2	2008	1/1/1900	12/31/2299	MIXED LYMPHOSARCOMA
2	20080	1/1/1900	12/31/2299	MIXED LYMPHOSARC UNSPEC
2	20081	1/1/1900	12/31/2299	MIXED LYMPHOSARC HEAD
2	20082	1/1/1900	12/31/2299	MIXED LYMPHOSARC THORAX
2	20083	1/1/1900	12/31/2299	MIXED LYMPHOSARC ABDOM
2	20084	1/1/1900	12/31/2299	MIXED LYMPHOSARC AXILLA
2	20085	1/1/1900	12/31/2299	MIXED LYMPHOSARC INGUIN
2	20086	1/1/1900	12/31/2299	MIXED LYMPHOSARC PELVIC
2	20087	1/1/1900	12/31/2299	MIXED LYMPHOSARC SPLEEN
2	20088	1/1/1900	12/31/2299	MIXED LYMPHOSARC MULT
2	201	1/1/1900	12/31/2299	HODGKIN'S DISEASE
2	2010	1/1/1900	12/31/2299	HODGKIN'S PARAGRANULOMA
2	20100	1/1/1900	12/31/2299	HODGKINS PARAGRAN UNSPEC
2	20101	1/1/1900	12/31/2299	HODGKINS PARAGRAN HEAD
2	20102	1/1/1900	12/31/2299	HODGKINS PARAGRAN THORAX
2	20103	1/1/1900	12/31/2299	HODGKINS PARAGRAN ABDOM
2	20104	1/1/1900	12/31/2299	HODGKINS PARAGRAN AXILLA
2	20105	1/1/1900	12/31/2299	HODGKINS PARAGRAN INGUIN

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	20106	1/1/1900	12/31/2299	HODGKINS PARAGRAN PELVIC
2	20107	1/1/1900	12/31/2299	HODGKINS PARAGRAN SPLEEN
2	20108	1/1/1900	12/31/2299	HODGKINS PARAGRAN MULT
2	2011	1/1/1900	12/31/2299	HODGKIN'S GRANULOMA
2	20110	1/1/1900	12/31/2299	HODGKINS GRANULOM UNSPEC
2	20111	1/1/1900	12/31/2299	HODGKINS GRANULOM HEAD
2	20112	1/1/1900	12/31/2299	HODGKINS GRANULOM THORAX
2	20113	1/1/1900	12/31/2299	HODGKINS GRANULOM ABDOM
2	20114	1/1/1900	12/31/2299	HODGKINS GRANULOM AXILLA
2	20115	1/1/1900	12/31/2299	HODGKINS GRANULOM INGUIN
2	20116	1/1/1900	12/31/2299	HODGKINS GRANULOM PELVIC
2	20117	1/1/1900	12/31/2299	HODGKINS GRANULOM SPLEEN
2	20118	1/1/1900	12/31/2299	HODGKINS GRANULOM MULT
2	2012	1/1/1900	12/31/2299	HODGKIN'S SARCOMA
2	20120	1/1/1900	12/31/2299	HODGKINS SARCOMA UNSPEC
2	20121	1/1/1900	12/31/2299	HODGKINS SARCOMA HEAD
2	20122	1/1/1900	12/31/2299	HODGKINS SARCOMA THORAX
2	20123	1/1/1900	12/31/2299	HODGKINS SARCOMA ABDOM
2	20124	1/1/1900	12/31/2299	HODGKINS SARCOMA AXILLA
2	20125	1/1/1900	12/31/2299	HODGKINS SARCOMA INGUIN
2	20126	1/1/1900	12/31/2299	HODGKINS SARCOMA PELVIC
2	20127	1/1/1900	12/31/2299	HODGKINS SARCOMA SPLEEN
2	20128	1/1/1900	12/31/2299	HODGKINS SARCOMA MULT
2	2014	1/1/1900	12/31/2299	HODGKINS LYMPH-HISTIOCYT
2	20140	1/1/1900	12/31/2299	HODG LYMPH-HISTIO UNSPEC
2	20141	1/1/1900	12/31/2299	HODG LYMPH-HISTIO HEAD
2	20142	1/1/1900	12/31/2299	HODG LYMPH-HISTIO THORAX
2	20143	1/1/1900	12/31/2299	HODG LYMPH-HISTIO ABDOM
2	20144	1/1/1900	12/31/2299	HODG LYMPH-HISTIO AXILLA
2	20145	1/1/1900	12/31/2299	HODG LYMPH-HISTIO INGUIN
2	20146	1/1/1900	12/31/2299	HODG LYMPH-HISTIO PELVIC
2	20147	1/1/1900	12/31/2299	HODG LYMPH-HISTIO SPLEEN
2	20148	1/1/1900	12/31/2299	HODG LYMPH-HISTIO MULT
2	2015	1/1/1900	12/31/2299	HODGKINS NODULAR SCLEROS
2	20150	1/1/1900	12/31/2299	HODG NODUL SCLERO UNSPEC
2	20151	1/1/1900	12/31/2299	HODG NODUL SCLERO HEAD
2	20152	1/1/1900	12/31/2299	HODG NODUL SCLERO THORAX

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	20153	1/1/1900	12/31/2299	HODG NODUL SCLERO ABDOM
2	20154	1/1/1900	12/31/2299	HODG NODUL SCLERO AXILLA
2	20155	1/1/1900	12/31/2299	HODG NODUL SCLERO INGUIN
2	20156	1/1/1900	12/31/2299	HODG NODUL SCLERO PELVIC
2	20157	1/1/1900	12/31/2299	HODG NODUL SCLERO SPLEEN
2	20158	1/1/1900	12/31/2299	HODG NODUL SCLERO MULT
2	2016	1/1/1900	12/31/2299	HODGKINS MIX CELLULARITY
2	20160	1/1/1900	12/31/2299	HODGKINS MIX CELL UNSPEC
2	20161	1/1/1900	12/31/2299	HODGKINS MIX CELL HEAD
2	20162	1/1/1900	12/31/2299	HODGKINS MIX CELL THORAX
2	20163	1/1/1900	12/31/2299	HODGKINS MIX CELL ABDOM
2	20164	1/1/1900	12/31/2299	HODGKINS MIX CELL AXILLA
2	20165	1/1/1900	12/31/2299	HODGKINS MIX CELL INGUIN
2	20166	1/1/1900	12/31/2299	HODGKINS MIX CELL PELVIC
2	20167	1/1/1900	12/31/2299	HODGKINS MIX CELL SPLEEN
2	20168	1/1/1900	12/31/2299	HODGKINS MIX CELL MULT
2	2017	1/1/1900	12/31/2299	HODG LYMPHOCYTIC DEPLET
2	20170	1/1/1900	12/31/2299	HODG LYMPH DEPLET UNSPEC
2	20171	1/1/1900	12/31/2299	HODG LYMPH DEPLET HEAD
2	20172	1/1/1900	12/31/2299	HODG LYMPH DEPLET THORAX
2	20173	1/1/1900	12/31/2299	HODG LYMPH DEPLET ABDOM
2	20174	1/1/1900	12/31/2299	HODG LYMPH DEPLET AXILLA
2	20175	1/1/1900	12/31/2299	HODG LYMPH DEPLET INGUIN
2	20176	1/1/1900	12/31/2299	HODG LYMPH DEPLET PELVIC
2	20177	1/1/1900	12/31/2299	HODG LYMPH DEPLET SPLEEN
2	20178	1/1/1900	12/31/2299	HODG LYMPH DEPLET MULT
2	2019	1/1/1900	12/31/2299	HODGKINS DISEASE NOS
2	20190	1/1/1900	12/31/2299	HODGKINS DIS NOS UNSPEC
2	20191	1/1/1900	12/31/2299	HODGKINS DIS NOS HEAD
2	20192	1/1/1900	12/31/2299	HODGKINS DIS NOS THORAX
2	20193	1/1/1900	12/31/2299	HODGKINS DIS NOS ABDOM
2	20194	1/1/1900	12/31/2299	HODGKINS DIS NOS AXILLA
2	20195	1/1/1900	12/31/2299	HODGKINS DIS NOS INGUIN
2	20196	1/1/1900	12/31/2299	HODGKINS DIS NOS PELVIC
2	20197	1/1/1900	12/31/2299	HODGKINS DIS NOS SPLEEN
2	20198	1/1/1900	12/31/2299	HODGKINS DIS NOS MULT
2	202	1/1/1900	12/31/2299	OTH MAL NEO LYMPH/HISTIO

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	2020	1/1/1900	12/31/2299	NODULAR LYMPHOMA
2	20200	1/1/1900	12/31/2299	NODULAR LYMPHOMA UNSPEC
2	20201	1/1/1900	12/31/2299	NODULAR LYMPHOMA HEAD
2	20202	1/1/1900	12/31/2299	NODULAR LYMPHOMA THORAX
2	20203	1/1/1900	12/31/2299	NODULAR LYMPHOMA ABDOM
2	20204	1/1/1900	12/31/2299	NODULAR LYMPHOMA AXILLA
2	20205	1/1/1900	12/31/2299	NODULAR LYMPHOMA INGUIN
2	20206	1/1/1900	12/31/2299	NODULAR LYMPHOMA PELVIC
2	20207	1/1/1900	12/31/2299	NODULAR LYMPHOMA SPLEEN
2	20208	1/1/1900	12/31/2299	NODULAR LYMPHOMA MULT
2	2021	1/1/1900	12/31/2299	MYCOSIS FUNGOIDES
2	20210	1/1/1900	12/31/2299	MYCOSIS FUNGOIDES UNSPEC
2	20211	1/1/1900	12/31/2299	MYCOSIS FUNGOIDES HEAD
2	20212	1/1/1900	12/31/2299	MYCOSIS FUNGOIDES THORAX
2	20213	1/1/1900	12/31/2299	MYCOSIS FUNGOIDES ABDOM
2	20214	1/1/1900	12/31/2299	MYCOSIS FUNGOIDES AXILLA
2	20215	1/1/1900	12/31/2299	MYCOSIS FUNGOIDES INGUIN
2	20216	1/1/1900	12/31/2299	MYCOSIS FUNGOIDES PELVIC
2	20217	1/1/1900	12/31/2299	MYCOSIS FUNGOIDES SPLEEN
2	20218	1/1/1900	12/31/2299	MYCOSIS FUNGOIDES MULT
2	2022	1/1/1900	12/31/2299	SEZARY'S DISEASE
2	20220	1/1/1900	12/31/2299	SEZARY'S DISEASE UNSPEC
2	20221	1/1/1900	12/31/2299	SEZARY'S DISEASE HEAD
2	20222	1/1/1900	12/31/2299	SEZARY'S DISEASE THORAX
2	20223	1/1/1900	12/31/2299	SEZARY'S DISEASE ABDOM
2	20224	1/1/1900	12/31/2299	SEZARY'S DISEASE AXILLA
2	20225	1/1/1900	12/31/2299	SEZARY'S DISEASE INGUIN
2	20226	1/1/1900	12/31/2299	SEZARY'S DISEASE PELVIC
2	20227	1/1/1900	12/31/2299	SEZARY'S DISEASE SPLEEN
2	20228	1/1/1900	12/31/2299	SEZARY'S DISEASE MULT
2	2023	1/1/1900	12/31/2299	MALIGNANT HISTIOCYTOSIS
2	20230	1/1/1900	12/31/2299	MAL HISTIOCYTOSIS UNSPEC
2	20231	1/1/1900	12/31/2299	MAL HISTIOCYTOSIS HEAD
2	20232	1/1/1900	12/31/2299	MAL HISTIOCYTOSIS THORAX
2	20233	1/1/1900	12/31/2299	MAL HISTIOCYTOSIS ABDOM
2	20234	1/1/1900	12/31/2299	MAL HISTIOCYTOSIS AXILLA
2	20235	1/1/1900	12/31/2299	MAL HISTIOCYTOSIS INGUIN

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	20236	1/1/1900	12/31/2299	MAL HISTIOCYTOSIS PELVIC
2	20237	1/1/1900	12/31/2299	MAL HISTIOCYTOSIS SPLEEN
2	20238	1/1/1900	12/31/2299	MAL HISTIOCYTOSIS MULT
2	2024	1/1/1900	12/31/2299	LEUKEM RETICULOENDOTHEL
2	20240	1/1/1900	12/31/2299	HAIRY-CELL LEUKEM UNSPEC
2	20241	1/1/1900	12/31/2299	HAIRY-CELL LEUKEM HEAD
2	20242	1/1/1900	12/31/2299	HAIRY-CELL LEUKEM THORAX
2	20243	1/1/1900	12/31/2299	HAIRY-CELL LEUKEM ABDOM
2	20244	1/1/1900	12/31/2299	HAIRY-CELL LEUKEM AXILLA
2	20245	1/1/1900	12/31/2299	HAIRY-CELL LEUKEM INGUIN
2	20246	1/1/1900	12/31/2299	HAIRY-CELL LEUKEM PELVIC
2	20247	1/1/1900	12/31/2299	HAIRY-CELL LEUKEM SPLEEN
2	20248	1/1/1900	12/31/2299	HAIRY-CELL LEUKEM MULT
2	2025	1/1/1900	12/31/2299	LETTERER-SIWE DISEASE
2	20250	1/1/1900	12/31/2299	LETTERER-SIWE DIS UNSPEC
2	20251	1/1/1900	12/31/2299	LETTERER-SIWE DIS HEAD
2	20252	1/1/1900	12/31/2299	LETTERER-SIWE DIS THORAX
2	20253	1/1/1900	12/31/2299	LETTERER-SIWE DIS ABDOM
2	20254	1/1/1900	12/31/2299	LETTERER-SIWE DIS AXILLA
2	20255	1/1/1900	12/31/2299	LETTERER-SIWE DIS INGUIN
2	20256	1/1/1900	12/31/2299	LETTERER-SIWE DIS PELVIC
2	20257	1/1/1900	12/31/2299	LETTERER-SIWE DIS SPLEEN
2	20258	1/1/1900	12/31/2299	LETTERER-SIWE DIS MULT
2	2026	1/1/1900	12/31/2299	MALIG MAST CELL TUMORS
2	20260	1/1/1900	12/31/2299	MAL MASTOCYTOSIS UNSPEC
2	20261	1/1/1900	12/31/2299	MAL MASTOCYTOSIS HEAD
2	20262	1/1/1900	12/31/2299	MAL MASTOCYTOSIS THORAX
2	20263	1/1/1900	12/31/2299	MAL MASTOCYTOSIS ABDOM
2	20264	1/1/1900	12/31/2299	MAL MASTOCYTOSIS AXILLA
2	20265	1/1/1900	12/31/2299	MAL MASTOCYTOSIS INGUIN
2	20266	1/1/1900	12/31/2299	MAL MASTOCYTOSIS PELVIC
2	20267	1/1/1900	12/31/2299	MAL MASTOCYTOSIS SPLEEN
2	20268	1/1/1900	12/31/2299	MAL MASTOCYTOSIS MULT
2	2028	1/1/1900	12/31/2299	LYMPHOMAS NEC
2	20280	1/1/1900	12/31/2299	LYMPHOMA NEC UNSPEC
2	20281	1/1/1900	12/31/2299	LYMPHOMAS NEC HEAD
2	20282	1/1/1900	12/31/2299	LYMPHOMAS NEC THORAX

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	20283	1/1/1900	12/31/2299	LYMPHOMAS NEC ABDOM
2	20284	1/1/1900	12/31/2299	LYMPHOMAS NEC AXILLA
2	20285	1/1/1900	12/31/2299	LYMPHOMAS NEC INGUIN
2	20286	1/1/1900	12/31/2299	LYMPHOMAS NEC PELVIC
2	20287	1/1/1900	12/31/2299	LYMPHOMAS NEC SPLEEN
2	20288	1/1/1900	12/31/2299	LYMPHOMAS NEC MULT
2	2029	1/1/1900	12/31/2299	MAL NEO LYM/HIST TIS NEC
2	20290	1/1/1900	12/31/2299	LYMPHOID MAL NEC UNSPEC
2	20291	1/1/1900	12/31/2299	LYMPHOID MAL NEC HEAD
2	20292	1/1/1900	12/31/2299	LYMPHOID MAL NEC THORAX
2	20293	1/1/1900	12/31/2299	LYMPHOID MAL NEC ABDOM
2	20294	1/1/1900	12/31/2299	LYMPHOID MAL NEC AXILLA
2	20295	1/1/1900	12/31/2299	LYMPHOID MAL NEC INGUIN
2	20296	1/1/1900	12/31/2299	LYMPHOID MAL NEC PELVIC
2	20297	1/1/1900	12/31/2299	LYMPHOID MAL NEC SPLEEN
2	20298	1/1/1900	12/31/2299	LYMPHOID MAL NEC MULT
2	203	1/1/1900	12/31/2299	MULTIPLE MYELOMA ET AL
2	2030	1/1/1900	12/31/2299	MULTIPLE MYELOMA
2	20300	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20301	1/1/1900	12/31/2299	IN REMISSION
2	2031	1/1/1900	12/31/2299	PLASMA CELL LEUKEMIA
2	20310	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20311	1/1/1900	12/31/2299	IN REMISSION
2	2038	1/1/1900	12/31/2299	IMMUNOPROLIFERAT NEO NEC
2	20380	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20381	1/1/1900	12/31/2299	IN REMISSION
2	204	1/1/1900	12/31/2299	LYMPHOID LEUKEMIA
2	2040	1/1/1900	12/31/2299	ACUTE LYMPHOID LEUKEMIA
2	20400	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20401	1/1/1900	12/31/2299	IN REMISSION
2	2041	1/1/1900	12/31/2299	CHR LYMPHOID LEUKEMIA
2	20410	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20411	1/1/1900	12/31/2299	IN REMISISON
2	2042	1/1/1900	12/31/2299	SUBAC LYMPHOID LEUKEMIA
2	20420	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20421	1/1/1900	12/31/2299	IN REMISSION
2	2048	1/1/1900	12/31/2299	LYMPHOID LEUKEMIA NEC

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	20480	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20481	1/1/1900	12/31/2299	IN REMISSION
2	2049	1/1/1900	12/31/2299	LYMPHOID LEUKEMIA NOS
2	20490	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20491	1/1/1900	12/31/2299	IN REMISSION
2	205	1/1/1900	12/31/2299	MYELOID LEUKEMIA
2	2050	1/1/1900	12/31/2299	ACUTE MYELOID LEUKEMIA
2	20500	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20501	1/1/1900	12/31/2299	IN REMISSION3
2	2051	1/1/1900	12/31/2299	CHRONIC MYELOID LEUKEMIA
2	20510	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20511	1/1/1900	12/31/2299	IN REMISSION
2	2052	1/1/1900	12/31/2299	SUBACUT MYELOID LEUKEMIA
2	20520	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20521	1/1/1900	12/31/2299	IN REMISSION
2	2053	1/1/1900	12/31/2299	MYELOID SARCOMA
2	20530	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20531	1/1/1900	12/31/2299	IN REMISSION
2	2058	1/1/1900	12/31/2299	MYELOID LEUKEMIA NEC
2	20580	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20581	1/1/1900	12/31/2299	IN REMISSION
2	2059	1/1/1900	12/31/2299	MYELOID LEUKEMIA NOS
2	20590	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20591	1/1/1900	12/31/2299	IN REMISSION
2	206	1/1/1900	12/31/2299	MONOCYTIC LEUKEMIA
2	2060	1/1/1900	12/31/2299	ACUTE MONOCYTIC LEUKEMIA
2	20600	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISI
2	20601	1/1/1900	12/31/2299	IN REMISSION
2	2061	1/1/1900	12/31/2299	CHR MONOCYTIC LEUKEMIA
2	20610	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20611	1/1/1900	12/31/2299	IN REMISSION
2	2062	1/1/1900	12/31/2299	SUBAC MONOCYTIC LEUKEMIA
2	20620	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20621	1/1/1900	12/31/2299	IN REMISSION
2	2068	1/1/1900	12/31/2299	MONOCYTIC LEUKEMIA NEC
2	20680	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20681	1/1/1900	12/31/2299	IN REMISSION

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	2069	1/1/1900	12/31/2299	MONOCYTIC LEUKEMIA NOS
2	20690	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20691	1/1/1900	12/31/2299	IN REMISSION
2	207	1/1/1900	12/31/2299	OTHER SPECIFIED LEUKEMIA
2	2070	1/1/1900	12/31/2299	ACUTE ERYTHREMIA
2	20700	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20701	1/1/1900	12/31/2299	IN REMISSION
2	2071	1/1/1900	12/31/2299	CHRONIC ERYTHREMIA
2	20710	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20711	1/1/1900	12/31/2299	IN REMISSION
2	2072	1/1/1900	12/31/2299	MEGAKARYOCYTIC LEUKEMIA
2	20720	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20721	1/1/1900	12/31/2299	IN REMISSION
2	2078	1/1/1900	12/31/2299	SPECIFIED LEUKEMIA NEC
2	20780	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20781	1/1/1900	12/31/2299	IN REMISSION
2	208	1/1/1900	12/31/2299	LEUKEMIA-UNSPECIF CELL
2	2080	1/1/1900	12/31/2299	ACUTE LEUKEMIA NOS
2	20800	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20801	1/1/1900	12/31/2299	IN REMISSION
2	2081	1/1/1900	12/31/2299	CHRONIC LEUKEMIA NOS
2	20810	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20811	1/1/1900	12/31/2299	IN REMISSION
2	2082	1/1/1900	12/31/2299	SUBACUTE LEUKEMIA NOS
2	20820	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20821	1/1/1900	12/31/2299	IN REMISSION
2	2088	1/1/1900	12/31/2299	LEUKEMIA-UNSPEC CELL NEC
2	20880	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20881	1/1/1900	12/31/2299	IN REMISSION
2	2089	1/1/1900	12/31/2299	LEUKEMIA-UNSPEC CELL NOS
2	20890	1/1/1900	12/31/2299	WITHOUT MENTION OF REMISS
2	20891	1/1/1900	12/31/2299	IN REMISSION
2	210	1/1/1900	12/31/2299	BEN NEO ORAL CAV/PHARYNX
2	2100	1/1/1900	12/31/2299	BENIGN NEOPLASM LIP
2	2101	1/1/1900	12/31/2299	BENIGN NEOPLASM TONGUE
2	2102	1/1/1900	12/31/2299	BEN NEO MAJOR SALIVARY
2	2103	1/1/1900	12/31/2299	BENIGN NEO MOUTH FLOOR

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	2104	1/1/1900	12/31/2299	BENIGN NEO MOUTH NEC/NOS
2	2105	1/1/1900	12/31/2299	BENIGN NEOPLASM TONSIL
2	2106	1/1/1900	12/31/2299	BENIGN NEO OROPHARYNX NEC
2	2107	1/1/1900	12/31/2299	BENIGN NEO NASOPHARYNX
2	2108	1/1/1900	12/31/2299	BENIGN NEO HYPOPHARYNX
2	2109	1/1/1900	12/31/2299	BENIGN NEO PHARYNX NOS
2	211	1/1/1900	12/31/2299	OTH BENIGN NEOPLASM DIGES
2	2110	1/1/1900	12/31/2299	BENIGN NEO ESOPHAGUS
2	2111	1/1/1900	12/31/2299	BENIGN NEOPLASM STOMACH
2	2112	1/1/1900	12/31/2299	BENIGN NEOPLASM SM BOWEL
2	2113	1/1/1900	12/31/2299	BENIGN NEOPLASM LG BOWEL
2	2114	1/1/1900	12/31/2299	BENIGN NEOPL RECTUM/ANUS
2	2115	1/1/1900	12/31/2299	BEN NEO LIVER/BILE DUCTS
2	2116	1/1/1900	12/31/2299	BENIGN NEOPLASM PANCREAS
2	2117	1/1/1900	12/31/2299	BEN NEO ISLETS LANGERHAN
2	2118	1/1/1900	12/31/2299	BEN NEO PERITONEUM
2	2119	1/1/1900	12/31/2299	BEN NEO DIG TRACT NEC/NOS
2	212	1/1/1900	12/31/2299	BEN NEO RESP SYST/THORAX
2	2120	1/1/1900	12/31/2299	BEN NEO NASAL CAV/SINUS
2	2121	1/1/1900	12/31/2299	BENIGN NEO LARYNX
2	2122	1/1/1900	12/31/2299	BENIGN NEO TRACHEA
2	2123	1/1/1900	12/31/2299	BENIGN NEO BRONCHUS/LUNG
2	2124	1/1/1900	12/31/2299	BENIGN NEOPLASM PLEURA
2	2125	1/1/1900	12/31/2299	BENIGN NEO MEDIASTINUM
2	2126	1/1/1900	12/31/2299	BENIGN NEOPLASM THYMUS
2	2127	1/1/1900	12/31/2299	BENIGN NEOPLASM HEART
2	2128	1/1/1900	12/31/2299	BENIGN NEO RESP SYS NEC
2	2129	1/1/1900	12/31/2299	BENIGN NEO RESP SYS NOS
2	213	1/1/1900	12/31/2299	BEN NEO BONE/ARTIC CART
2	2130	1/1/1900	12/31/2299	BEN NEO SKULL/FACE BONE
2	2131	1/1/1900	12/31/2299	BEN NEO LOWER JAW BONE
2	2132	1/1/1900	12/31/2299	BENIGN NEO VERTEBRAE
2	2133	1/1/1900	12/31/2299	BEN NEO RIBS/STERN/CLAV
2	2134	1/1/1900	12/31/2299	BEN NEO LONG BONES ARM
2	2135	1/1/1900	12/31/2299	BEN NEO BONES WRIST/HAND
2	2136	1/1/1900	12/31/2299	BENIGN NEO PELVIC GIRDLE
2	2137	1/1/1900	12/31/2299	BEN NEO LONG BONES LEG

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	2138	1/1/1900	12/31/2299	BEN NEO BONES ANKLE/FOOT
2	2139	1/1/1900	12/31/2299	BENIGN NEO BONE NOS
2	214	1/1/1900	12/31/2299	LIPOM A
2	2140	1/1/1900	12/31/2299	LIPOMA SKIN FACE
2	2141	1/1/1900	12/31/2299	LIPOMA SKIN NEC
2	2142	1/1/1900	12/31/2299	LIPOMA INTRATHORACIC
2	2143	1/1/1900	12/31/2299	LIPOMA INTRA-ABDOMINAL
2	2144	1/1/1900	12/31/2299	LIPOMA SPERMATIC CORD
2	2148	1/1/1900	12/31/2299	LIPOMA NEC
2	2149	1/1/1900	12/31/2299	LIPOMA NOS
2	215	1/1/1900	12/31/2299	OTH BEN NEO SOFT TISSUE
2	2150	1/1/1900	12/31/2299	BEN NEO SOFT TISSUE HEAD
2	2152	1/1/1900	12/31/2299	BEN NEO SOFT TISSUE ARM
2	2153	1/1/1900	12/31/2299	BEN NEO SOFT TISSUE LEG
2	2154	1/1/1900	12/31/2299	BEN NEO SOFT TIS THORAX
2	2155	1/1/1900	12/31/2299	BEN NEO SOFT TIS ABDOMEN
2	2156	1/1/1900	12/31/2299	BEN NEO SOFT TIS PELVIS
2	2157	1/1/1900	12/31/2299	BENIGN NEO TRUNK NOS
2	2158	1/1/1900	12/31/2299	BEN NEO SOFT TISSUE NEC
2	2159	1/1/1900	12/31/2299	BEN NEO SOFT TISSUE NOS
2	216	1/1/1900	12/31/2299	BENIGN NEOPLASM OF SKIN
2	2160	1/1/1900	12/31/2299	BENIGN NEO SKIN LIP
2	2161	1/1/1900	12/31/2299	BENIGN NEO SKIN EYELID
2	2162	1/1/1900	12/31/2299	BENIGN NEO SKIN EAR
2	2163	1/1/1900	12/31/2299	BENIGN NEO SKIN FACE NEC
2	2164	1/1/1900	12/31/2299	BEN NEO SCALP/SKIN NECK
2	2165	1/1/1900	12/31/2299	BENIGN NEO SKIN TRUNK
2	2166	1/1/1900	12/31/2299	BENIGN NEO SKIN ARM
2	2167	1/1/1900	12/31/2299	BENIGN NEO SKIN LEG
2	2168	1/1/1900	12/31/2299	BENIGN NEOPLASM SKIN NEC
2	2169	1/1/1900	12/31/2299	BENIGN NEOPLASM SKIN NOS
2	217	1/1/1900	12/31/2299	BENIGN NEOPLASM BREAST
2	218	1/1/1900	12/31/2299	UTERINE LEIOMYOMA
2	2180	1/1/1900	12/31/2299	SUBMUCOUS LEIOMYOMA
2	2181	1/1/1900	12/31/2299	INTRAMURAL LEIOMYOMA
2	2182	1/1/1900	12/31/2299	SUBSEROUS LEIOMYOMA
2	2189	1/1/1900	12/31/2299	UTERINE LEIOMYOMA NOS

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	219	1/1/1900	12/31/2299	OTH BENIGN NEO UTERUS
2	2190	1/1/1900	12/31/2299	BENIGN NEO CERVIX UTERI
2	2191	1/1/1900	12/31/2299	BENIGN NEO CORPUS UTERI
2	2198	1/1/1900	12/31/2299	BENIGN NEO UTERUS NEC
2	2199	1/1/1900	12/31/2299	BENIGN NEO UTERUS NOS
2	220	1/1/1900	12/31/2299	BENIGN NEOPLASM OVARY
2	221	1/1/1900	12/31/2299	BEN NEO OTH FEM GENITAL
2	2210	1/1/1900	12/31/2299	BEN NEO FALLOPIAN TUBE
2	2211	1/1/1900	12/31/2299	BENIGN NEOPLASM VAGINA
2	2212	1/1/1900	12/31/2299	BENIGN NEOPLASM VULVA
2	2218	1/1/1900	12/31/2299	BEN NEO FEM GENITAL NEC
2	2219	1/1/1900	12/31/2299	BEN NEO FEM GENITAL NOS
2	222	1/1/1900	12/31/2299	BENIGN NEO MALE GENITAL
2	2220	1/1/1900	12/31/2299	BENIGN NEOPLASM TESTIS
2	2221	1/1/1900	12/31/2299	BENIGN NEOPLASM PENIS
2	2222	1/1/1900	12/31/2299	BENIGN NEOPLASM PROSTATE
2	2223	1/1/1900	12/31/2299	BENIGN NEO EPIDIDYMIS
2	2224	1/1/1900	12/31/2299	BENIGN NEOPLASM SCROTUM
2	2228	1/1/1900	12/31/2299	BEN NEO MALE GENITAL NEC
2	2229	1/1/1900	12/31/2299	BEN NEO MALE GENITAL NOS
2	223	1/1/1900	12/31/2299	BENIGN NEOPLASM URINARY
2	2230	1/1/1900	12/31/2299	BENIGN NEOPLASM KIDNEY
2	2231	1/1/1900	12/31/2299	BENIGN NEO RENAL PELVIS
2	2232	1/1/1900	12/31/2299	BENIGN NEOPLASM URETER
2	2233	1/1/1900	12/31/2299	BENIGN NEOPLASM BLADDER
2	2238	1/1/1900	12/31/2299	BENIGN NEO OTH URINARY
2	22381	1/1/1900	12/31/2299	BENIGN NEOPLASM URETHRA
2	22389	1/1/1900	12/31/2299	BENIGN NEO URINARY NEC
2	2239	1/1/1900	12/31/2299	BENIGN NEO URINARY NOS
2	224	1/1/1900	12/31/2299	BENIGN NEOPLASM OF EYE
2	2240	1/1/1900	12/31/2299	BENIGN NEOPLASM EYEBALL
2	2241	1/1/1900	12/31/2299	BENIGN NEOPLASM ORBIT
2	2242	1/1/1900	12/31/2299	BEN NEO LACRIMAL GLAND
2	2243	1/1/1900	12/31/2299	BENIGN NEO CONJUNCTIVA
2	2244	1/1/1900	12/31/2299	BENIGN NEOPLASM CORNEA
2	2245	1/1/1900	12/31/2299	BENIGN NEOPLASM RETINA
2	2246	1/1/1900	12/31/2299	BENIGN NEOPLASM CHOROID

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	2247	1/1/1900	12/31/2299	BEN NEO LACRIMAL DUCT
2	2248	1/1/1900	12/31/2299	BENIGN NEOPLASM EYE NEC
2	2249	1/1/1900	12/31/2299	BENIGN NEOPLASM EYE NOS
2	225	1/1/1900	12/31/2299	BENIGN NEO NERVOUS SYST
2	2250	1/1/1900	12/31/2299	BENIGN NEOPLASM BRAIN
2	2251	1/1/1900	12/31/2299	BENIGN NEO CRANIAL NERVE
2	2252	1/1/1900	12/31/2299	BEN NEO CEREBR MENINGES
2	2253	1/1/1900	12/31/2299	BENIGN NEO SPINAL CORD
2	2254	1/1/1900	12/31/2299	BEN NEO SPINAL MENINGES
2	2258	1/1/1900	12/31/2299	BENIGN NEO NERV SYS NEC
2	2259	1/1/1900	12/31/2299	BENIGN NEO NERV SYS NOS
2	226	1/1/1900	12/31/2299	BENIGN NEOPLASM THYROID
2	2269	1/1/1900	12/31/2299	
2	227	1/1/1900	12/31/2299	BEN NEO OTH ENDOCRINE
2	2270	1/1/1900	12/31/2299	BENIGN NEOPLASM ADRENAL
2	2271	1/1/1900	12/31/2299	BENIGN NEO PARATHYROID
2	2273	1/1/1900	12/31/2299	BENIGN NEO PITUITARY
2	2274	1/1/1900	12/31/2299	BEN NEOPL PINEAL GLAND
2	2275	1/1/1900	12/31/2299	BENIGN NEO CAROTID BODY
2	2276	1/1/1900	12/31/2299	BEN NEO PARAGANGLIA NEC
2	2278	1/1/1900	12/31/2299	BENIGN NEO ENDOCRINE NEC
2	2279	1/1/1900	12/31/2299	BENIGN NEO ENDOCRINE NOS
2	228	1/1/1900	12/31/2299	HEMANGIOMA/LYMPHANGIOMA
2	2280	1/1/1900	12/31/2299	HEMANGIOMA, ANY SITE
2	22800	1/1/1900	12/31/2299	HEMANGIOMA NOS
2	22801	1/1/1900	12/31/2299	HEMANGIOMA SKIN
2	22802	1/1/1900	12/31/2299	HEMANGIOMA INTRACRANIAL
2	22803	1/1/1900	12/31/2299	HEMANGIOMA RETINA
2	22804	1/1/1900	12/31/2299	HEMANGIOMA INTRA-ABDOM
2	22809	1/1/1900	12/31/2299	HEMANGIOMA NEC
2	2281	1/1/1900	12/31/2299	LYMPHANGIOMA, ANY SITE
2	229	1/1/1900	12/31/2299	BENIGN NEOPLASM NEC/NOS
2	2290	1/1/1900	12/31/2299	BENIGN NEO LYMPH NODES
2	2298	1/1/1900	12/31/2299	BENIGN NEOPLASM NEC
2	2299	1/1/1900	12/31/2299	BENIGN NEOPLASM NOS
2	230	1/1/1900	12/31/2299	CA IN SITU DIGESTIVE ORG
2	2300	1/1/1900	12/31/2299	CA IN SITU ORAL CAV/PHAR

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	2301	1/1/1900	12/31/2299	CA IN SITU ESOPHAGUS
2	2302	1/1/1900	12/31/2299	CA IN SITU STOMACH
2	2303	1/1/1900	12/31/2299	CA IN SITU COLON
2	2304	1/1/1900	12/31/2299	CA IN SITU RECTUM
2	2305	1/1/1900	12/31/2299	CA IN SITU ANAL CANAL
2	2306	1/1/1900	12/31/2299	CA IN SITU ANUS NOS
2	2307	1/1/1900	12/31/2299	CA IN SITU BOWEL NEC/NOS
2	2308	1/1/1900	12/31/2299	CA IN SITU LIVER/BILIARY
2	2309	1/1/1900	12/31/2299	CA IN SITU DIGEST NEC/NOS
2	231	1/1/1900	12/31/2299	CA IN SITU RESPIRATORY
2	2310	1/1/1900	12/31/2299	CA IN SITU LARYNX
2	2311	1/1/1900	12/31/2299	CA IN SITU TRACHEA
2	2312	1/1/1900	12/31/2299	CA IN SITU BRONCHUS/LUNG
2	2318	1/1/1900	12/31/2299	CA IN SITU RESP SYS NEC
2	2319	1/1/1900	12/31/2299	CA IN SITU RESP SYS NOS
2	232	1/1/1900	12/31/2299	CARCINOMA IN SITU SKIN
2	2320	1/1/1900	12/31/2299	CA IN SITU SKIN LIP
2	2321	1/1/1900	12/31/2299	CA IN SITU EYELID
2	2322	1/1/1900	12/31/2299	CA IN SITU SKIN EAR
2	2323	1/1/1900	12/31/2299	CA IN SITU SKIN FACE NEC
2	2324	1/1/1900	12/31/2299	CA IN SITU SCALP
2	2325	1/1/1900	12/31/2299	CA IN SITU SKIN TRUNK
2	2326	1/1/1900	12/31/2299	CA IN SITU SKIN ARM
2	2327	1/1/1900	12/31/2299	CA IN SITU SKIN LEG
2	2328	1/1/1900	12/31/2299	CA IN SITU SKIN NEC
2	2329	1/1/1900	12/31/2299	CA IN SITU SKIN NOS
2	233	1/1/1900	12/31/2299	CA IN SITU BREAST/GENITOU
2	2330	1/1/1900	12/31/2299	CA IN SITU BREAST
2	2331	1/1/1900	12/31/2299	CA IN SITU CERVIX UTERI
2	2332	1/1/1900	12/31/2299	CA IN SITU UTERUS NEC
2	2333	1/1/1900	12/31/2299	CA IN SITU FEM GEN NEC
2	2334	1/1/1900	12/31/2299	CA IN SITU PROSTATE
2	2335	1/1/1900	12/31/2299	CA IN SITU PENIS
2	2336	1/1/1900	12/31/2299	CA IN SITU MALE GEN NEC
2	2337	1/1/1900	12/31/2299	CA IN SITU BLADDER
2	2339	1/1/1900	12/31/2299	CA IN SITU URINARY NEC
2	234	1/1/1900	12/31/2299	CA IN SITU NEC/NOS

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	2340	1/1/1900	12/31/2299	CA IN SITU EYE
2	2348	1/1/1900	12/31/2299	CA IN SITU NEC
2	2349	1/1/1900	12/31/2299	CA IN SITU NOS
2	235	1/1/1900	12/31/2299	UNC BEHAV NEO DIGEST/RESP
2	2350	1/1/1900	12/31/2299	UNC BEHAV NEO SALIVARY
2	2351	1/1/1900	12/31/2299	UNC BEHAV NEO ORAL/PHAR
2	2352	1/1/1900	12/31/2299	UNC BEHAV NEO INTESTINE
2	2353	1/1/1900	12/31/2299	UNC BEHAV NEO LIVER
2	2354	1/1/1900	12/31/2299	UNC BEHAV NEO PERITONEUM
2	2355	1/1/1900	12/31/2299	UNC BEHAV NEO DIGEST NEC
2	2356	1/1/1900	12/31/2299	UNC BEHAV NEO LARYNX
2	2357	1/1/1900	12/31/2299	UNC BEHAV NEO LUNG
2	2358	1/1/1900	12/31/2299	UNC BEHAV NEO PLEURA
2	2359	1/1/1900	12/31/2299	UNC BEHAV NEO RESP NEC/NO
2	236	1/1/1900	12/31/2299	UNC BEHAV NEO GENITOUR OR
2	2360	1/1/1900	12/31/2299	UNCERT BEHAV NEO UTERUS
2	2361	1/1/1900	12/31/2299	UNC BEHAV NEO PLACENTA
2	2362	1/1/1900	12/31/2299	UNC BEHAV NEO OVARY
2	2363	1/1/1900	12/31/2299	UNC BEHAV NEO FEMALE NEC/
2	2364	1/1/1900	12/31/2299	UNC BEHAV NEO TESTIS
2	2365	1/1/1900	12/31/2299	UNC BEHAV NEO PROSTATE
2	2366	1/1/1900	12/31/2299	UNC BEHAV NEO MALE NEC/NO
2	2367	1/1/1900	12/31/2299	UNC BEHAV NEO BLADDER
2	2369	1/1/1900	12/31/2299	UNC BEHAV NEO OTH URINAR
2	23690	1/1/1900	12/31/2299	UNC BEHAV NEO URINAR NOS
2	23691	1/1/1900	12/31/2299	UNC BEHAV NEO KIDNEY
2	23699	1/1/1900	12/31/2299	UNC BEHAV NEO URINAR NEC
2	237	1/1/1900	12/31/2299	UNCER NEO ENDOCRINE/NERV
2	2370	1/1/1900	12/31/2299	UNC BEHAV NEO PITUITARY
2	2371	1/1/1900	12/31/2299	UNC BEHAV NEO PINEAL
2	2372	1/1/1900	12/31/2299	UNC BEHAV NEO ADRENAL
2	2373	1/1/1900	12/31/2299	UNC BEHAV NEO PARAGANG
2	2374	1/1/1900	12/31/2299	UNCER NEO ENDOCRINE NEC
2	2375	1/1/1900	12/31/2299	UNC BEH NEO BRAIN/SPINAL
2	2376	1/1/1900	12/31/2299	UNC BEHAV NEO MENINGES
2	2377	1/1/1900	12/31/2299	NEUROFIBROMATOSIS
2	23770	1/1/1900	12/31/2299	NEUROFIBROMATOSIS NOS

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	23771	1/1/1900	12/31/2299	NEUROFIBROMATOSIS TYPE 1
2	23772	1/1/1900	12/31/2299	NEUROFIBROMATOSIS TYPE 2
2	2379	1/1/1900	12/31/2299	UNC BEHAV NEO NERV NEC/NO
2	238	1/1/1900	12/31/2299	UNC BEHAV NEO NEC/NOS
2	2380	1/1/1900	12/31/2299	UNC BEHAV NEO BONE
2	2381	1/1/1900	12/31/2299	UNC BEHAV NEO SOFT TISSU
2	2382	1/1/1900	12/31/2299	UNC BEHAV NEO SKIN
2	2383	1/1/1900	12/31/2299	UNC BEHAV NEO BREAST
2	2384	1/1/1900	12/31/2299	POLYCYTHEMIA VERA
2	2385	1/1/1900	12/31/2299	MASTOCYTOMA NOS
2	2386	1/1/1900	12/31/2299	PLASMACYTOMA NOS
2	2387	1/1/1900	12/31/2299	LYMPHOPROLIFERAT DIS NOS
2	2388	1/1/1900	12/31/2299	UNCERT BEHAVIOR NEO NEC
2	2389	1/1/1900	12/31/2299	UNCERT BEHAVIOR NEO NOS
2	239	1/1/1900	12/31/2299	UNSPECIFIED NEOPLASM
2	2826	1/1/1990	12/31/2299	SICKLE-CELL ANEMIA
2	2827	1/1/1990	12/31/2299	HEMOGLOBINOPATHIES NEC
2	345	1/1/1900	12/31/2299	EPILEPSY
2	480	1/1/1900	12/31/2299	VIRAL PNEUMONIA
2	4800	1/1/1900	12/31/2299	ADENOVIRAL PNEUMONIA
2	4801	1/1/1990	12/31/2299	RESP SYNCYT VIRAL PNEUM
2	4802	1/1/1990	12/31/2299	PARINFLUENZA VIRAL PNEUM
2	4808	1/1/1990	12/31/2299	VIRAL PNEUMONIA NEC
2	4809	1/1/1990	12/31/2299	VIRAL PNEUMONIA NOS
2	481	1/1/1990	12/31/2299	PNEUMOCOCCAL PNEUMONIA
2	482	1/1/1990	12/31/2299	OTH BACTERIAL PNEUMONIA
2	4820	1/1/1990	12/31/2299	K. PNEUMONIAE PNEUMONIA
2	4821	1/1/1990	12/31/2299	PSEUDOMONAL PNEUMONIA
2	4822	1/1/1990	12/31/2299	H.INFLUENZAE PNEUMONIA
2	4823	1/1/1990	12/31/2299	STREPTOCOCCAL PNEUMONIA
2	48230	1/1/1990	12/31/2299	PNEUMONIA DUE TO UNSPECIF
2	48231	1/1/1990	12/31/2299	DUE TO STREPTOCOCCUS GROU
2	48232	1/1/1990	12/31/2299	DUE TO STREPTOCOCCUS GROU
2	48239	1/1/1990	12/31/2299	DUE TO OTHER STREPTOCOCCU
2	4824	1/1/1990	12/31/2299	STAPHYLOCOCCAL PNEUMONIA
2	4828	1/1/1990	12/31/2299	BACTERIAL PNEUMONIA NEC
2	48281	1/1/1990	12/31/2299	DUE TO ANAEROBES

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	48282	1/1/1990	12/31/2299	DUE TO ESCHERICHIA COLI
2	48283	1/1/1990	12/31/2299	DUE TO OTHER GRAM NEGATIV
2	48289	1/1/1990	12/31/2299	DUE TO OTHER SPECIFIED BA
2	4829	1/1/1990	12/31/2299	BACTERIAL PNEUMONIA NOS
2	483	1/1/1990	12/31/2299	PNEUMONIA: ORGANISM NEC
2	4830	1/1/1990	12/31/2299	PNEUMONIA DUE TO MYCOPLAS
2	4838	1/1/1900	12/31/2299	OTHER SPECIFIED ORGANISM
2	484	1/1/1990	12/31/2299	PNEUM IN OTH INFEC DIS
2	4841	1/1/1990	12/31/2299	PNEUM W CYTOMEG INCL DIS
2	4843	1/1/1990	12/31/2299	PNEUMONIA IN WHOOP COUGH
2	4845	1/1/1990	12/31/2299	PNEUMONIA IN ANTHRAX
2	4846	1/1/1990	12/31/2299	PNEUM IN ASPERGILLOSIS
2	4847	1/1/1990	12/31/2299	PNEUM IN OTH SYS MYCOSES
2	4848	1/1/1990	12/31/2299	PNEUM IN INFECT DIS NEC
2	485	1/1/1990	12/31/2299	BRONCOPNEUMONIA ORG NOS
2	486	1/1/1990	12/31/2299	PNEUMONIA, ORGANISM NOS
2	491	1/1/1900	12/31/2299	CHRONIC BRONCHITIS
2	493	1/1/1900	12/31/2299	ASTHMA
2	629	1/1/1900	1/1/1900	OTH FEMALE GENITAL DIS
2	640	1/1/1990	12/31/2299	HEMORRHAGE IN EARLY PREG
2	6400	1/1/1900	12/31/2299	THREATENED ABORTION
2	6411	1/1/1990	12/31/2299	HEMORR FROM PLACENT PREV
2	6412	1/1/1900	12/31/2299	PREM SEPARATION PLACENTA
2	64123	1/1/1900	12/31/2299	PREM SEPAR PLAC-ANTEPART
2	6413	1/1/1900	12/31/2299	COAG DEF ANTEPART HEMORR
2	6418	1/1/1900	12/31/2299	ANTEPARTUM HEMORR NEC
2	6419	1/1/1900	12/31/2299	ANTEPARTUM HEMORR NOS
2	6420	1/1/1900	12/31/2299	ESSEN HYPERTEN COMP PREG
2	64200	1/1/1900	12/31/2299	ESSEN HYPERTEN PREG-UNSP
2	64201	1/1/1900	12/31/2299	ESSEN HYPERTEN-DELIVERED
2	64202	1/1/1900	12/31/2299	ESSEN HYPERTEN-DEL W P/P
2	64203	1/1/1900	12/31/2299	ESSEN HYPERTEN-ANTEPART
2	64204	1/1/1900	12/31/2299	ESSEN HYPERTEN-POSTPART
2	6421	1/1/1900	12/31/2299	RENAL HYPERTEN OF PREG
2	64210	1/1/1900	12/31/2299	RENAL HYPERTEN PREG-UNSP
2	64211	1/1/1900	12/31/2299	RENAL HYPERTEN-DELIVER
2	64212	1/1/1900	12/31/2299	RENAL HYPERTEN-DEL W P/P

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	64213	1/1/1900	12/31/2299	RENAL HYPERTEN-ANTEPART
2	64214	1/1/1900	12/31/2299	RENAL HYPERTEN-POSTPART
2	6422	1/1/1900	12/31/2299	OLD HYPERTEN PREG NEC
2	64220	1/1/1900	12/31/2299	OLD HYPERTEN PREG-UNSPEC
2	64221	1/1/1900	12/31/2299	OLD HYPERTEN NEC-DELIVER
2	64222	1/1/1900	12/31/2299	OLD HYPERTEN NEC-DEL W P/
2	64223	1/1/1900	12/31/2299	OLD HYPERTEN NEC-ANTEPAR
2	64224	1/1/1900	12/31/2299	OLD HYPERTEN NEC-POSTPAR
2	6423	1/1/1900	12/31/2299	TRANS HYPERTENSION PREG
2	64230	1/1/1900	12/31/2299	TRANS HYPERTEN PREG-UNSP
2	64231	1/1/1900	12/31/2299	TRANS HYPERTEN-DELIVERED
2	64232	1/1/1900	12/31/2299	TRANS HYPERTEN-DEL W P/P
2	64233	1/1/1900	12/31/2299	TRANS HYPERTEN-ANTEPART
2	64234	1/1/1900	12/31/2299	TRANS HYPERTEN-POSTPART
2	6424	1/1/1900	12/31/2299	MILD/NOS PRE-ECLAMPSIA
2	64240	1/1/1900	12/31/2299	MILD/NOS PREECLAMP-UNSP
2	64241	1/1/1900	12/31/2299	MILD/NOS PREECLAMP-DELIV
2	64242	1/1/1900	12/31/2299	MILD/NOS PREEC LAMP-DEL W
2	64243	1/1/1900	12/31/2299	MILD/NOS PREECLAMP-ANTEP
2	64244	1/1/1900	12/31/2299	MILD/NOS PREEC LAMP-POSTP
2	6425	1/1/1900	12/31/2299	SEVERE PRE-ECLAMPSIA
2	64250	1/1/1900	12/31/2299	SEVERE PREECLAMP-UNSPEC
2	64251	1/1/1900	12/31/2299	SEVERE PREECLAMP-DELIVER
2	64252	1/1/1900	12/31/2299	SEV PREECLAMP-DEL W P/P
2	64253	1/1/1900	12/31/2299	SEV PREECLAMP-ANTEPARTUM
2	64254	1/1/1900	12/31/2299	SEV PREECLAMP-POSTPARTUM
2	6426	1/1/1900	12/31/2299	ECLAMPSIA
2	64260	1/1/1900	12/31/2299	ECLAMPSIA-UNSPECIFIED
2	64261	1/1/1900	12/31/2299	ECLAMPSIA-DELIVERED
2	64262	1/1/1900	12/31/2299	ECLAMPSIA-DELIV W P/P
2	64263	1/1/1900	12/31/2299	ECLAMPSIA-ANTEPARTUM
2	64264	1/1/1900	12/31/2299	ECLAMPSIA-POSTPARTUM
2	6427	1/1/1900	12/31/2299	TOXEMIA W OLD HYPERTEN
2	64270	1/1/1900	12/31/2299	TOX W OLD HYPERTEN-UNSP
2	64271	1/1/1900	12/31/2299	TOX W OLD HYPERTEN-DELIV
2	64272	1/1/1900	12/31/2299	TOX W OLD HYP-DEL W P/P
2	64273	1/1/1900	12/31/2299	TOX W OLD HYPER-ANTEPART

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	64274	1/1/1900	12/31/2299	TOX W OLD HYPER-POSTPART
2	6429	1/1/1900	12/31/2299	HYPERTENS COMPL PREG NOS
2	6440	1/1/1900	12/31/2299	THREATEN PREMATURE LABOR
2	64400	1/1/1900	12/31/2299	THREAT PREM LABOR-UNSPEC
2	64401	1/1/1900	12/31/2299	*THREAT PREM LABOR-DELIV
2	64402	1/1/1900	12/31/2299	*THRT PREM LAB-DEL W P/P
2	64403	1/1/1900	12/31/2299	THREAT PREM LABOR-ANTEPAR
2	64404	1/1/1900	12/31/2299	*THREAT PREM LAB-POSTPAR
2	6441	1/1/1900	12/31/2299	THREATENED LABOR NEC
2	64410	1/1/1900	12/31/2299	THREAT LABOR NEC-UNSPEC
2	64411	1/1/1900	12/31/2299	*THREAT LABOR NEC-DELIV
2	64412	1/1/1900	12/31/2299	*THRT LAB NEC-DEL W P/P
2	64413	1/1/1900	12/31/2299	THREAT LABOR NEC-ANTEPAR
2	64414	1/1/1900	12/31/2299	*THREAT LAB NEC-POSTPART
2	6442	1/1/1900	12/31/2299	EARLY ONSET OF DELIVERY
2	64420	1/1/1900	12/31/2299	EARLY ONSET DELIV-UNSPEC
2	64421	1/1/1900	12/31/2299	EARLY ONSET DELIVERY-DELI
2	64422	1/1/1900	12/31/2299	*EARLY DELIVER-DEL W P/P
2	64423	1/1/1900	12/31/2299	*EARLY ONSET DEL-ANTEPAR
2	64424	1/1/1900	12/31/2299	*EARLY ONSET DEL-POSTPAR
2	6450	1/1/1990	12/31/2299	PROLONGED PREG-UNSPEC
2	6451	1/1/1990	12/31/2299	PROLONGED PREG-DELIVERED
2	6461	1/1/1900	12/31/2299	EDEMA IN PREGNANCY
2	64613	1/1/1900	12/31/2299	EDEMA IN PREG-ANTEPARTUM
2	6463	1/1/1900	12/31/2299	HABITUAL ABORTER
2	6466	1/1/1990	12/31/2299	GU TRACT INFECT IN PREG
2	64660	1/1/1900	12/31/2299	GU INFECT IN PREG-UNSPEC
2	64661	1/1/1900	12/31/2299	GU INFECTION-DELIVERED
2	64662	1/1/1900	12/31/2299	GU INFECTION-DELIV W P/P
2	64663	1/1/1900	12/31/2299	GU INFECTION-ANTEPARTUM
2	64664	1/1/1900	12/31/2299	GU INFECTION-POSTPARTUM
2	6467	1/1/1900	12/31/2299	LIVER DISORDER IN PREG
2	6467	1/1/1990	12/31/2299	LIVER DISORDER IN PREG
2	64670	1/1/1900	12/31/2299	LIVER DIS IN PREG-UNSPEC
2	64671	1/1/1900	12/31/2299	LIVER DISORDER-DELIVERED
2	64672	1/1/1900	12/31/2299	LIVER DISORDER-DEL W P/P
2	64673	1/1/1900	12/31/2299	LIVER DISORDER-ANTEPART

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	64674	1/1/1900	12/31/2299	LIVER DISORDER-POSTPART
2	6468	1/1/1900	12/31/2299	PREGNANCY COMPL NEC
2	6468	1/1/1990	12/31/2299	PREGNANCY COMPL NEC
2	64680	1/1/1900	12/31/2299	PREG COMPL NEC-UNSPEC
2	64681	1/1/1900	12/31/2299	PREG COMPL NEC-DELIVERED
2	64682	1/1/1900	12/31/2299	PREG COMPL NEC-DEL W P/P
2	64683	1/1/1900	12/31/2299	PREG COMPL NEC-ANTEPART
2	64684	1/1/1900	12/31/2299	PREG COMPL NEC-POSTPART
2	6469	1/1/1900	12/31/2299	PREGNANCY COMPL NOS
2	6469	1/1/1990	12/31/2299	PREGNANCY COMPL NOS
2	64690	1/1/1900	12/31/2299	PREG COMPL NOS-UNSPEC
2	64691	1/1/1900	12/31/2299	PREG COMPL NOS-DELIVERED
2	64692	1/1/1900	12/31/2299	PREG COMPL NOS-DEL W P/P
2	64693	1/1/1900	12/31/2299	PREG COMPL NOS-ANTEPART
2	64694	1/1/1900	12/31/2299	PREG COMPL NOS-POSTPART
2	647	1/1/1900	12/31/2299	INFECTIVE DIS IN PREG
2	6470	1/1/1900	12/31/2299	SYPHILIS IN PREGNANCY
2	6470	1/1/1990	12/31/2299	SYPHILIS IN PREGNANCY
2	64700	1/1/1900	12/31/2299	SYPHILIS IN PREG-UNSPEC
2	64701	1/1/1900	12/31/2299	SYPHILIS-DELIVERED
2	64702	1/1/1900	12/31/2299	SYPHILIS-DELIVERED W P/P
2	64703	1/1/1900	12/31/2299	SYPHILIS-ANTEPARTUM
2	64704	1/1/1900	12/31/2299	SYPHILIS-POSTPARTUM
2	6471	1/1/1900	12/31/2299	GONORRHEA IN PREGNANCY
2	6471	1/1/1990	12/31/2299	GONORRHEA IN PREGNANCY
2	64710	1/1/1900	12/31/2299	GONORRHEA IN PREG-UNSPEC
2	64711	1/1/1900	12/31/2299	GONORRHEA-DELIVERED
2	64712	1/1/1900	12/31/2299	GONORRHEA-DELIVER W P/P
2	64713	1/1/1900	12/31/2299	GONORRHEA-ANTEPARTUM
2	64714	1/1/1900	12/31/2299	GONORRHEA-POSTPARTUM
2	6472	1/1/1900	12/31/2299	OTH VENEREAL DIS IN PREG
2	6472	1/1/1990	12/31/2299	OTH VENEREAL DIS IN PREG
2	64720	1/1/1900	12/31/2299	OTHER VD IN PREG-UNSPEC
2	64721	1/1/1900	12/31/2299	OTHER VD-DELIVERED
2	64722	1/1/1900	12/31/2299	OTHER VD-DELIVERED W P/P
2	64723	1/1/1900	12/31/2299	OTHER VD-ANTEPARTUM
2	64724	1/1/1900	12/31/2299	OTHER VD-POSTPARTUM

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	6473	1/1/1900	12/31/2299	TUBERCULOSIS IN PREG
2	6473	1/1/1990	12/31/2299	TUBERCULOSIS IN PREG
2	64730	1/1/1900	12/31/2299	TB IN PREG-UNSPECIFIED
2	64731	1/1/1900	12/31/2299	TUBERCULOSIS-DELIVERED
2	64732	1/1/1900	12/31/2299	TUBERCULOSIS-DELIV W P/P
2	64733	1/1/1900	12/31/2299	TUBERCULOSIS-ANTEPARTUM
2	64734	1/1/1900	12/31/2299	TUBERCULOSIS-POSTPARTUM
2	6480	1/1/1990	12/31/2299	DIABETES MELLIT IN PREG
2	64800	1/1/1900	12/31/2299	DIABETES IN PREG-UNSPEC
2	64801	1/1/1900	12/31/2299	DIABETES-DELIVERED
2	64802	1/1/1900	12/31/2299	DIABETES-DELIVERED W P/P
2	64803	1/1/1900	12/31/2299	DIABETES-ANTEPARTUM
2	64804	1/1/1900	12/31/2299	DIABETES-POSTPARTUM
2	6481	1/1/1900	12/31/2299	THYROID DYSFUNC IN PREG
2	6481	1/1/1990	12/31/2299	THYROID DYSFUNC IN PREG
2	64810	1/1/1900	12/31/2299	THYROID DYSFUNC PREG-UNSP
2	64811	1/1/1900	12/31/2299	THYROID DYSFUNC-DELIVER
2	64812	1/1/1900	12/31/2299	THYROID DYSFUNC-DEL W P/P
2	64813	1/1/1900	12/31/2299	THYROID DYSFUNC-ANTEPART
2	64814	1/1/1900	12/31/2299	THYROID DYSFUNC-POSTPART
2	6482	1/1/1900	12/31/2299	ANEMIA IN PREGNANCY
2	6482	1/1/1990	12/31/2299	ANEMIA IN PREGNANCY
2	64820	1/1/1900	12/31/2299	ANEMIA IN PREG-UNSPEC
2	64821	1/1/1900	12/31/2299	ANEMIA-DELIVERED
2	64822	1/1/1900	12/31/2299	ANEMIA-DELIVERED W P/P
2	64823	1/1/1900	12/31/2299	ANEMIA-ANTEPARTUM
2	64824	1/1/1900	12/31/2299	ANEMIA-POSTPARTUM
2	6484	1/1/1990	12/31/2299	MENTAL DISORDERS IN PREG
2	6486	1/1/1900	12/31/2299	CARDIOVAS DIS NEC IN PG
2	6488	1/1/1900	12/31/2299	ABN GLUC TOLERAN IN PREG
2	650	1/1/1900	12/31/2299	NORMAL DELIVERY
2	651	1/1/1990	12/31/2299	MULTIPLE GESTATION
2	6510	1/1/1900	12/31/2299	TWIN PREGNANCY
2	65103	1/1/1900	12/31/2299	TWIN PREGNANCY-ANTEPART
2	6519	1/1/1990	12/31/2299	MULTIPLE GESTATION NOS
2	6540	1/1/1900	12/31/2299	CONG ABN UTERUS IN PREG
2	65400	1/1/1900	12/31/2299	CONG ABN UTER PREG-UNSP

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	65401	1/1/1900	12/31/2299	CONGEN ABN UTERUS-DELIV
2	65402	1/1/1900	12/31/2299	CONG ABN UTER-DEL W P/P
2	65403	1/1/1900	12/31/2299	CONGEN ABN UTER-ANTEPART
2	65404	1/1/1900	12/31/2299	CONGEN ABN UTER-POSTPART
2	6541	1/1/1900	12/31/2299	UTERINE TUMOR IN PREG
2	65410	1/1/1900	12/31/2299	UTER TUMOR IN PREG-UNSP
2	65411	1/1/1900	12/31/2299	UTERINE TUMOR-DELIVERED
2	65412	1/1/1900	12/31/2299	UTERINE TUMOR-DEL W P/P
2	65413	1/1/1900	12/31/2299	UTERINE TUMOR-ANTEPARTUM
2	65414	1/1/1900	12/31/2299	UTERINE TUMOR-POSTPARTUM
2	6542	1/1/1900	12/31/2299	PREVIOUS C-SECTION
2	65420	1/1/1900	12/31/2299	PREV C-SECT NOS-UNSPEC
2	65421	1/1/1900	12/31/2299	PREV C-SECT NOS-DELIVER
2	65422	1/1/1900	12/31/2299	*PRV C-SEC NOS-DEL W P/P
2	65423	1/1/1900	12/31/2299	PREV C-SECT NOS-ANTEPART
2	65424	1/1/1900	12/31/2299	PREV C-SECT NOS-POSTPAR
2	6545	1/1/1900	12/31/2299	CERVIX INCOMPET IN PREG
2	65450	1/1/1900	12/31/2299	CERV INCOMPET PREG-UNSP
2	65451	1/1/1900	12/31/2299	CERVICAL INCOMPET-DELIV
2	65452	1/1/1900	12/31/2299	CERV INCOMPET-DEL W P/P
2	65453	1/1/1900	12/31/2299	CERV INCOMPET-ANTEPARTUM
2	65454	1/1/1900	12/31/2299	CERV INCOMPET-POSTPARTUM
2	6546	1/1/1900	12/31/2299	ABN CERVIX NEC IN PREG
2	65460	1/1/1900	12/31/2299	ABN CERVIX NEC PREG-UNSP
2	65461	1/1/1900	12/31/2299	ABN CERVIX NEC-DELIVERED
2	65462	1/1/1900	12/31/2299	ABN CERVIX NEC-DEL W P/P
2	65463	1/1/1900	12/31/2299	ABN CERVIX NEC-ANTEPART
2	65464	1/1/1900	12/31/2299	ABN CERVIX NEC-POSTPART
2	6547	1/1/1900	12/31/2299	ABNORMAL VAGINA IN PREG
2	65470	1/1/1900	12/31/2299	ABN VAGINA IN PREG-UNSP
2	65471	1/1/1900	12/31/2299	ABNORM VAGINA-DELIVERED
2	65472	1/1/1900	12/31/2299	ABNORM VAGINA-DEL W P/P
2	65473	1/1/1900	12/31/2299	ABNORM VAGINA-ANTEPARTUM
2	65474	1/1/1900	12/31/2299	ABNORM VAGINA-POSTPARTUM
2	6552	1/1/1900	12/31/2299	FAM HERED DIS AFF FETUS
2	6553	1/1/1900	12/31/2299	FETAL DAMAGE D/T VIRUS
2	65600	1/1/1900	12/31/2299	FETAL-MATERNAL HEM -UNSP

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	65601	1/1/1900	12/31/2299	FETAL-MATERNAL HEM -DELIV
2	65602	1/1/1900	12/31/2299	*FET-MATER HEM -DEL W P/P
2	65603	1/1/1900	12/31/2299	FETAL-MATERN HEM -ANTEPAR
2	65604	1/1/1900	12/31/2299	*FET-MATERN HEM -POSTPAR
2	6561	1/1/1900	12/31/2299	RHESUS ISOIMMUNIZATION
2	65610	1/1/1900	12/31/2299	RH ISOIMMUNIZATION-UNSP
2	65611	1/1/1900	12/31/2299	RH ISOIMMUNIZAT-DELIVER
2	65612	1/1/1900	12/31/2299	*RH ISOIMMUNIZ -DEL W P/P
2	65613	1/1/1900	12/31/2299	RH ISOIMMUNIZAT-ANTEPART
2	65614	1/1/1900	12/31/2299	*RH ISOIMMUNIZ -POSTPART
2	6562	1/1/1900	12/31/2299	ABO ISOIMMUNIZATION
2	65620	1/1/1900	12/31/2299	ABO ISOIMMUNIZATION-UNSP
2	65621	1/1/1900	12/31/2299	ABO ISOIMMUNIZAT-DELIVER
2	65622	1/1/1900	12/31/2299	*ABO ISOIMMUN-DEL W P/P
2	65623	1/1/1900	12/31/2299	ABO ISOIMMUNIZAT-ANTEPAR
2	65624	1/1/1900	12/31/2299	*ABO ISOIMMUN-POSTPART
2	657	1/1/1990	12/31/2299	POLYHYDRAMNIOS
2	6580	1/1/1900	12/31/2299	OLIGOHYDRAMNIOS
2	6581	1/1/1900	12/31/2299	PREMAT RUPTURE MEMBRANES
2	6595	1/1/1900	12/31/2299	ELDERLY PRIMIGRAVIDA
2	6713	1/1/1900	12/31/2299	ANTEPAR DEEP VEIN THROMB
2	7605	1/1/1900	12/31/2299	MATERNAL INJURY AFF NB
2	V220	1/1/1900	1/1/1900	SUPERVIS NORMAL 1ST PREG
2	V221	1/1/1900	1/1/1900	SUPERVIS OTH NORMAL PREG
2	V231	1/1/1900	12/31/2299	PREG W HX-TROPHOBLAS DIS
2	V232	1/1/1900	12/31/2299	PREG W HX OF ABORTION
2	V233	1/1/1900	12/31/2299	GRAND MULTIPARITY
2	V234	1/1/1900	12/31/2299	PREG W POOR OBSTETRIC HX
2	V235	1/1/1900	12/31/2299	PREG W POOR REPRODUCT HX
2	V237	1/1/1900	12/31/2299	INSUFFICIENT PRENATAL CAR
2	V238	1/1/1990	12/31/2299	SUPRV HIGH-RISK PREG NEC
2	V239	1/1/1990	12/31/2299	SUPRV HIGH-RISK PREG NOS
2	V3000	1/1/1900	1/1/1900	SINGL LIVEBORN-IN HOSP-NO
2	V420	1/1/1900	12/31/2299	KIDNEY TRANSPLANT STATUS
2	V421	1/1/1900	12/31/2299	HEART TRANSPLANT STATUS
2	V426	1/1/1900	12/31/2299	LUNG TRANSPLANT STATUS
2	V427	1/1/1900	12/31/2299	LIVER TRANSPLANT STATUS

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	V451	1/1/1900	12/31/2299	RENAL DIALYSIS STATUS
2	V461	1/1/1900	12/31/2299	DEPENDENCE ON RESPIRATOR
2	V600	1/1/1900	12/31/2299	LACK OF HOUSING
2	V601	1/1/1900	12/31/2299	INADEQUATE HOUSING
2	V602	1/1/1900	12/31/2299	ECONOMIC PROBLEM
2	V603	1/1/1900	12/31/2299	PERSON LIVING ALONE
2	V604	1/1/1900	12/31/2299	NO FAMILY ABLE TO CARE
2	V605	1/1/1900	12/31/2299	HOLIDAY RELIEF CARE
2	V606	1/1/1900	12/31/2299	PERSON IN RESIDENT INST
2	V608	1/1/1900	12/31/2299	HOUSING/ECONO CIRCUM NEC
2	V609	1/1/1900	12/31/2299	HOUSING/ECONO CIRCUM NOS
2	V61	1/1/1900	12/31/2299	OTH FAMILY CIRCUMSTANCES
2	V610	1/1/1900	12/31/2299	FAMILY DISRUPTION
2	V611	1/1/1900	12/31/2299	MARITAL PROBLEMS
2	V612	1/1/1900	12/31/2299	PARENT-CHILD PROBLEMS
2	V613	1/1/1900	12/31/2299	PROBLEM W AGED PARENT
2	V614	1/1/1900	12/31/2299	HEALTH PROBLEM IN FAMILY
2	V615	1/1/1900	12/31/2299	MULTIPARITY
2	V616	1/1/1900	12/31/2299	ILLEGITIMATE PREGNANCY
2	V617	1/1/1900	12/31/2299	UNWANTED PREGNANCY NEC
2	V618	1/1/1900	12/31/2299	FAMILY CIRCUMSTANCES NEC
2	V619	1/1/1900	12/31/2299	FAMILY CIRCUMSTANCE NOS
2	V62	1/1/1900	12/31/2299	OTH PSYCHOSOCIAL CIRCUM
2	V620	1/1/1900	12/31/2299	UNEMPLOYMENT
2	V621	1/1/1900	12/31/2299	ADVERSE EFF-WORK ENVIRON
2	V622	1/1/1900	12/31/2299	OCCUP CIRCUMSTANCES NEC
2	V623	1/1/1900	12/31/2299	EDUCATIONAL CIRCUMSTANCE
2	V624	1/1/1900	12/31/2299	SOCIAL MALADJUSTMENT
2	V625	1/1/1900	12/31/2299	LEGAL CIRCUMSTANCES
2	V626	1/1/1900	12/31/2299	REFUSAL OF TREATMENT
2	V628	1/1/1990	12/31/2299	OTH PSYCHOLOGICAL STRESS
2	V6281	1/1/1900	12/31/2299	INTERPERSONAL PROBL NEC
2	V6282	1/1/1900	12/31/2299	BEREAVEMENT, UNCOMPLICAT
2	V6289	1/1/1900	12/31/2299	PSYCHOLOGICAL STRESS NEC
2	V629	1/1/1900	12/31/2299	PSYCHOSOCIAL CIRCUM NOS
2	V63	1/1/1900	1/1/1900	NO MED FACILITY FOR CARE
2	V630	1/1/1900	12/31/2299	HOME REMOTE FROM HOSP

(Continued)

Table A-3.1 – Diagnosis Group 2 Table

Group Number	Code	Effective Date	End Date	Code Description
2	V631	1/1/1900	1/1/1900	NO MEDICAL SERV IN HOME
2	V632	1/1/1900	1/1/1900	WAIT ADM TO OTH FACILITY
2	V638	1/1/1900	1/1/1900	NO MED FACILITIES NEC
2	V639	1/1/1900	1/1/1900	NO MED FACILITIES NOS
2	V689	1/1/1900	12/31/2299	UNSPECIFIED ADMINISTRATIV

Table A-3.2 – Diagnosis Group 5 Table

Group Number	Code	Effective Date	End Date	Code Description
5	V220	1/1/1900	12/31/2299	SUPERVIS NORMAL 1ST PREG
5	V221	1/1/1900	12/31/2299	SUPERVIS OTH NORMAL PREG
5	V23	1/1/1900	12/31/2299	SUPERVIS HIGH-RISK PREG
5	V230	1/1/1900	12/31/2299	PREG W HX OF INFERTILITY
5	V231	1/1/1900	12/31/2299	PREG W HX-TROPHOBLAS DIS
5	V232	1/1/1900	12/31/2299	PREG W HX OF ABORTION
5	V233	1/1/1900	12/31/2299	GRAND MULTIPARITY
5	V234	1/1/1900	12/31/2299	PREG W POOR OBSTETRIC HX
5	V235	1/1/1900	12/31/2299	PREG W POOR REPRODUCT HX
5	V237	1/1/1900	12/31/2299	INSUFFICIENT PRENATAL CAR
5	V238	1/1/1900	12/31/2299	SUPRV HIGH-RISK PREG NEC
5	V239	1/1/1900	12/31/2299	SUPRV HIGH-RISK PREG NOS
5	V280	1/1/1900	12/31/2299	SCREENING-CHROMOSOM ANOM
5	V281	1/1/1900	12/31/2299	SCREEN-ALPHAFETOPROTEIN
5	V282	1/1/1900	12/31/2299	SCREEN BY AMNIOCENT NEC
5	V283	1/1/1900	12/31/2299	SCREEN-FETAL MALFORM
5	V284	1/1/1900	12/31/2299	SCREEN-FETAL RETARDATION
5	V285	1/1/1900	12/31/2299	SCREEN-ISOIMMUNIZATION
5	V288	1/1/1900	12/31/2299	ANTENATAL SCREENING NEC
5	V289	1/1/1900	12/31/2299	ANTENATAL SCREENING NOS
5	V689	1/1/1900	12/31/2299	UNSPECIFIED ADMINISTRATIV

Table A-3.3 – Diagnosis Group 6 Table

Group Number	Code	Effective Date	End Date	Code Description
6	1000	1/1/1901	12/31/2299	PRIM TB COMPLEX-UNSPEC
6	64003	1/1/1900	12/31/2299	THREATENED ABORTION-ANTEP
6	64083	1/1/1900	12/31/2299	HEMORR IN EARLY PREG NEC-
6	64093	1/1/1900	12/31/2299	HEMORR IN EARLY PREG NOS-
6	64103	1/1/1900	12/31/2299	PLACENTA PREVIA W/O HEM -A
6	64113	1/1/1900	12/31/2299	PLACENTA PREV HEM -ANTEPAR
6	64133	1/1/1900	12/31/2299	COAG DEF HEMORR-ANTEPART
6	64183	1/1/1900	12/31/2299	ANTEPART HEM NEC-ANTEPAR
6	64193	1/1/1900	12/31/2299	ANTEPART HEM NOS-ANTEPAR
6	64203	1/1/1900	12/31/2299	ESSEN HYPERTEN-ANTEPART
6	64213	1/1/1900	12/31/2299	RENAL HYPERTEN-ANTEPART
6	64223	1/1/1900	12/31/2299	OLD HYPERTEN NEC-ANTEPAR
6	64233	1/1/1900	12/31/2299	TRANS HYPERTEN-ANTEPART
6	64253	1/1/1900	12/31/2299	SEV PREECLAMP-ANTEPARTUM
6	64263	1/1/1900	12/31/2299	ECLAMPSIA-ANTEPARTUM
6	64273	1/1/1900	12/31/2299	TOX W OLD HYPER-ANTEPART
6	64293	1/1/1900	12/31/2299	HYPERTENS NOS-ANTEPARTUM
6	64303	1/1/1900	12/31/2299	MILD HYPEREMESIS GRAVID-A
6	64313	1/1/1900	12/31/2299	HYPEREM GRAV W METAB DIS-
6	64323	1/1/1900	12/31/2299	LATE VOMITING PREGNANCY-A
6	64383	1/1/1900	12/31/2299	VOMITING COMPL PREGNANCY-
6	64393	1/1/1900	12/31/2299	VOMITING PREGNANCY NOS-AN
6	64403	1/1/1900	12/31/2299	THREAT PREM LABOR-ANTEPAR
6	64413	1/1/1900	12/31/2299	THREAT LABOR NEC-ANTEPAR
6	64603	1/1/1900	12/31/2299	PAPYRACEOUS FET-ANTEPAR
6	64613	1/1/1900	12/31/2299	EDEMA IN PREG-ANTEPARTUM
6	64623	1/1/1900	12/31/2299	RENAL DIS NOS-ANTEPARTUM
6	64633	1/1/1900	12/31/2299	HABITUAL ABORT-ANTEPART
6	64643	1/1/1900	12/31/2299	NEURITIS OF PREG-ANTEPAR
6	64653	1/1/1900	12/31/2299	ASY BACTERIURIA-ANTEPART
6	64663	1/1/1900	12/31/2299	GU INFECTION-ANTEPARTUM
6	64673	1/1/1900	12/31/2299	LIVER DISORDER-ANTEPART
6	64683	1/1/1900	12/31/2299	PREG COMPL NEC-ANTEPART
6	64693	1/1/1900	12/31/2299	PREG COMPL NOS-ANTEPART
6	64703	1/1/1900	12/31/2299	SYPHILIS-ANTEPARTUM
6	64713	1/1/1900	12/31/2299	GONORRHEA-ANTEPARTUM

(Continued)

Table A-3.3 – Diagnosis Group 6 Table

Group Number	Code	Effective Date	End Date	Code Description
6	64723	1/1/1900	12/31/2299	OTHER VD-ANTEPARTUM
6	64733	1/1/1900	12/31/2299	TUBERCULOSIS-ANTEPARTUM
6	64743	1/1/1900	12/31/2299	MALARIA-ANTEPARTUM
6	64753	1/1/1900	12/31/2299	RUBELLA-ANTEPARTUM
6	64763	1/1/1900	12/31/2299	OTH VIRAL DIS-ANTEPARTUM
6	64783	1/1/1900	12/31/2299	INFECT DIS NEC-ANTEPART
6	64793	1/1/1900	12/31/2299	INFECT NOS-ANTEPARTUM
6	64803	1/1/1900	12/31/2299	DIABETES-ANTEPARTUM
6	64813	1/1/1900	12/31/2299	THYROID DYSFUNC-ANTEPART
6	64823	1/1/1900	12/31/2299	ANEMIA-ANTEPARTUM
6	64833	1/1/1900	12/31/2299	DRUG DEPENDENCE-ANTEPART
6	64843	1/1/1900	12/31/2299	MENTAL DISORDER-ANTEPART
6	64853	1/1/1900	12/31/2299	CONGEN CV DIS-ANTEPARTUM
6	64863	1/1/1900	12/31/2299	CV DIS NEC-ANTEPARTUM
6	64873	1/1/1900	12/31/2299	BONE DISORDER-ANTEPARTUM
6	64883	1/1/1900	12/31/2299	ABN GLUCOSE-ANTEPARTUM
6	64893	1/1/1900	12/31/2299	OTH CURR COND-ANTEPARTUM
6	65103	1/1/1900	12/31/2299	TWIN PREGNANCY-ANTEPART
6	65113	1/1/1900	12/31/2299	TRIPLET PREG-ANTEPARTUM
6	65123	1/1/1900	12/31/2299	QUADRUPLET PREG-ANTEPART
6	65133	1/1/1900	12/31/2299	TWIN PREG FET LOSS-ANTEPA
6	65143	1/1/1900	12/31/2299	TRIPLET PREG FET LOSS-ANT
6	65153	1/1/1900	12/31/2299	QUADRUP PREG FET LOSS-ANT
6	65163	1/1/1900	12/31/2299	OTH MULT PREG FET LOSS-AN
6	65183	1/1/1900	12/31/2299	MULTI GEST NEC-ANTEPART
6	65193	1/1/1900	12/31/2299	MULTI GEST NOS-ANTEPART
6	65203	1/1/1900	12/31/2299	UNSTABLE LIE-ANTEPARTUM
6	65213	1/1/1900	12/31/2299	CEPHAL VERS NOS-ANTEPART
6	65223	1/1/1900	12/31/2299	BREECH PRESENT-ANTEPART
6	65233	1/1/1900	12/31/2299	TRANSV/OBLIQ LIE-ANTEPAR
6	65243	1/1/1900	12/31/2299	FACE/BROW PRES-ANTEPART
6	65253	1/1/1900	12/31/2299	HIGH HEAD TERM-ANTEPART
6	65263	1/1/1900	12/31/2299	MULT GEST MALPRES-ANTERPA
6	65273	1/1/1900	12/31/2299	PROLAPSED ARM-ANTEPART
6	65283	1/1/1900	12/31/2299	MALPOSITION NEC-ANTEPART
6	65293	1/1/1900	12/31/2299	MALPOSITION NOS-ANTEPART
6	65303	1/1/1900	12/31/2299	PELV DEFORM NOS-ANTEPART

(Continued)

Table A-3.3 – Diagnosis Group 6 Table

Group Number	Code	Effective Date	End Date	Code Description
6	65313	1/1/1900	12/31/2299	CONTRAC PELV NOS-ANTEPAR
6	65323	1/1/1900	12/31/2299	INLET CONTRACT -ANTEPART
6	65333	1/1/1900	12/31/2299	OUTLET CONTRACT -ANTEPART
6	65343	1/1/1900	12/31/2299	FETOPELV DISPROP-ANTEPART
6	65353	1/1/1900	12/31/2299	FETAL DISPROP NOS-ANTEPAR
6	65363	1/1/1900	12/31/2299	HYDROCEPH FETUS-ANTEPART
6	65373	1/1/1900	12/31/2299	OTH ABN FET DISPROP-ANTEP
6	65383	1/1/1900	12/31/2299	DISPROPOR NEC-ANTEPARTUM
6	65393	1/1/1900	12/31/2299	DISPROPOR NOS-ANTEPARTUM
6	65403	1/1/1900	12/31/2299	CONGEN ABN UTER-ANTEPART
6	65413	1/1/1900	12/31/2299	UTERINE TUMOR-ANTEPARTUM
6	65423	1/1/1900	12/31/2299	PREV C-SECT NOS-ANTEPART
6	65433	1/1/1900	12/31/2299	RETROVERT UTER-ANTEPART
6	65443	1/1/1900	12/31/2299	ABN UTERUS NEC-ANTEPART
6	65453	1/1/1900	12/31/2299	CERV INCOMPET -ANTEPARTUM
6	65463	1/1/1900	12/31/2299	ABN CERVIX NEC-ANTEPART
6	65473	1/1/1900	12/31/2299	ABNORM VAGINA-ANTEPARTUM
6	65483	1/1/1900	12/31/2299	ABNORMAL VULVA-ANTEPART
6	65493	1/1/1900	12/31/2299	ABN PELV ORG NOS-ANTEPAR
6	65503	1/1/1900	12/31/2299	FETAL CNS MALF ORM-ANTEPA
6	65513	1/1/1900	12/31/2299	FET CHROMOS ABN-ANTERPART
6	65523	1/1/1900	12/31/2299	FAMIL HERED DIS-ANTEPART
6	65533	1/1/1900	12/31/2299	FET DAMG D/T VIRUS-ANTEP
6	65543	1/1/1900	12/31/2299	FET DAMG D/T DIS-ANTEPAR
6	65553	1/1/1900	12/31/2299	FET DAMG D/T DRUG-ANTEP
6	65563	1/1/1900	12/31/2299	RADIAT FET DAMAG-ANTEPAR
6	65583	1/1/1900	12/31/2299	FETAL ABNORM NEC-ANTEPAR
6	65593	1/1/1900	12/31/2299	FETAL ABNORM NOS-ANTEPAR
6	65603	1/1/1900	12/31/2299	FETAL-MATERN HEM -ANTEPAR
6	65613	1/1/1900	12/31/2299	RH ISOIMMUNIZAT-ANTEPART
6	65623	1/1/1900	12/31/2299	ABO ISOIMMUNIZAT-ANTEPAR
6	65633	1/1/1900	12/31/2299	FETAL DISTRESS-ANTEPART
6	65643	1/1/1900	12/31/2299	INTRAUTER DEATH-ANTEPART
6	65653	1/1/1900	12/31/2299	POOR FETAL GRTH-ANTEPART
6	65663	1/1/1900	12/31/2299	EXCESS FET GRTH-ANTEPART
6	65673	1/1/1900	12/31/2299	OTH PLACENT COND-ANTEPAR
6	65683	1/1/1900	12/31/2299	FET/PLAC PROB NEC-ANTEP

(Continued)

Table A-3.3 – Diagnosis Group 6 Table

Group Number	Code	Effective Date	End Date	Code Description
6	65693	1/1/1900	12/31/2299	FET/PLAC PROB NOS-ANTEP
6	65703	1/1/1900	12/31/2299	POLYHYDRAMNIOS-ANTEPART
6	65803	1/1/1900	12/31/2299	OLIGOHYDRAMNIOS-ANTEPAR
6	65813	1/1/1900	12/31/2299	PREMAT RUPT MEMBRANES-ANT
6	65823	1/1/1900	12/31/2299	PROLONG RUPT MEMBRANCE-AN
6	65833	1/1/1900	12/31/2299	DELAY DEL POST ARTIF RUPT
6	65843	1/1/1900	12/31/2299	INFECT AMNIOTIC CAVITY-AN
6	65883	1/1/1900	12/31/2299	AMNIOTIC CAVITY PROB NEC-
6	65893	1/1/1900	12/31/2299	AMNIOTIC CAVITY PROB NOS-
6	67103	1/1/1900	12/31/2299	VARIC VEIN LEG-ANTEPART
6	67113	1/1/1900	12/31/2299	VARICOSE VULVA-ANTEPART
6	67123	1/1/1900	12/31/2299	THROMBOPHLEBIT-ANTEPART
6	67133	1/1/1900	12/31/2299	DEEP THROM ANTEPAR-ANTEPA
6	67143	1/1/1900	12/31/2299	*THROMB POSTPAR-ANTEPART
6	67153	1/1/1900	12/31/2299	THROMBOSIS NEC-ANTEPART
6	67183	1/1/1900	12/31/2299	VENOUS COMPL NEC-ANTEPAR
6	67193	1/1/1900	12/31/2299	VENOUS COMPL NOS-ANTEPAR
6	67303	1/1/1900	12/31/2299	OB AIR EMBOLISM -ANTEPART
6	67313	1/1/1900	12/31/2299	AMNIOTIC EMBOL-ANTEPART
6	67323	1/1/1900	12/31/2299	BLOOD-CLOT EMBOL-ANTEPART
6	67333	1/1/1900	12/31/2299	OB PYEMIC EMBOL-ANTEPART
6	67383	1/1/1900	12/31/2299	PULMON EMBOL NEC-ANTEPAR
6	67513	1/1/1900	12/31/2299	BREAST ABSCESS-ANTEPART
6	67523	1/1/1900	12/31/2299	MASTITIS-ANTEPARTUM
6	67583	1/1/1900	12/31/2299	BREAST INF NEC-ANTEPART
6	67593	1/1/1900	12/31/2299	BREAST INF NOS-ANTEPART
6	67603	1/1/1900	12/31/2299	RETRACT NIPPLE-ANTEPART
6	67613	1/1/1900	12/31/2299	CRACKED NIPPLE-ANTEPART
6	67623	1/1/1900	12/31/2299	BREAST ENGORGE-ANTEPART
6	67633	1/1/1900	12/31/2299	BREAST DIS NEC/NOW-ANTEPA
6	67643	1/1/1900	12/31/2299	LACTATION FAIL-ANTEPART
6	67653	1/1/1900	12/31/2299	SUPPR LACTATION-ANTEPART
6	67663	1/1/1900	12/31/2299	GALACTORRHEA-ANTEPARTUM
6	67683	1/1/1900	12/31/2299	LACTAT DIS NEC-ANTEPART
6	67693	1/1/1900	12/31/2299	LACTAT DIS NOS-ANTEPART

Table A-3.4 – Diagnosis Group 7 Table

Group Number	Code	Effective Date	End Date	Code Description
7	V010	1/1/1900	12/31/2299	CHOLERA CONTACT
7	V011	1/1/1900	12/31/2299	TUBERCULOSIS CONTACT
7	V012	1/1/1900	12/31/2299	POLIOMYELITIS CONTACT
7	V013	1/1/1900	12/31/2299	SMALLPOX CONTACT
7	V014	1/1/1900	12/31/2299	RUBELLA CONTACT
7	V015	1/1/1900	12/31/2299	RABIES CONTACT
7	V016	1/1/1900	12/31/2299	VENEREAL DIS CONTACT
7	V017	1/1/1900	12/31/2299	VIRAL DISEASES NEC
7	V018	1/1/1900	12/31/2299	COMMUNIC DIS CONTACT NEC
7	V019	1/1/1900	12/31/2299	COMMUNIC DIS CONTACT NOS
7	V020	1/1/1900	12/31/2299	CHOLERA CARRIER
7	V021	1/1/1900	12/31/2299	TYPHOID CARRIER
7	V022	1/1/1900	12/31/2299	AMEBIASIS CARRIER
7	V023	1/1/1900	12/31/2299	GI PATHOGEN CARRIER NEC
7	V024	1/1/1900	12/31/2299	DIPHTHERIA CARRIER
7	V025	1/1/1900	12/31/2299	BACTERIA DIS CARRIER NEC
7	V026	1/1/1900	12/31/2299	VIRAL HEPATITIS CARRIER
7	V027	1/1/1900	12/31/2299	GONORRHEA CARRIER
7	V028	1/1/1900	12/31/2299	VENEREAL DIS CARRIER NEC
7	V029	1/1/1900	12/31/2299	CARRIER NEC
7	V030	1/1/1900	12/31/2299	VACCIN FOR CHOLERA
7	V031	1/1/1900	12/31/2299	VACC-TYPHOID-PARATYPHOID
7	V032	1/1/1900	12/31/2299	VACCIN FOR TUBERCULOSIS
7	V033	1/1/1900	12/31/2299	VACCIN FOR PLAGUE
7	V034	1/1/1900	12/31/2299	VACCIN FOR TULAREMIA
7	V035	1/1/1900	12/31/2299	VACCIN FOR DIPHTHERIA
7	V036	1/1/1900	12/31/2299	VACCIN FOR PERTUSSIS
7	V037	1/1/1900	12/31/2299	TETANUS TOXOID INOCULAT
7	V038	1/1/1900	12/31/2299	VACCIN FOR BACT DIS NEC
7	V039	1/1/1900	12/31/2299	VACCIN FOR BACT DIS NOS
7	V040	1/1/1900	12/31/2299	VACCIN FOR POLIOMYELITIS
7	V041	1/1/1900	12/31/2299	VACCIN FOR SMALLPOX
7	V042	1/1/1900	12/31/2299	VACCIN FOR MEASLES
7	V043	1/1/1900	12/31/2299	VACCIN FOR RUBELLA
7	V044	1/1/1900	12/31/2299	VACCIN FOR YELLOW FEVER
7	V045	1/1/1900	12/31/2299	VACCIN FOR RABIES

(Continued)

Table A-3.4 – Diagnosis Group 7 Table

Group Number	Code	Effective Date	End Date	Code Description
7	V046	1/1/1900	12/31/2299	VACCIN FOR MUMPS
7	V047	1/1/1900	12/31/2299	VACCIN FOR COMMON COLD
7	V048	1/1/1900	12/31/2299	VACCIN FOR INFLUENZA
7	V050	1/1/1900	12/31/2299	ARBOVIRUS ENCEPH VACCIN
7	V051	1/1/1900	12/31/2299	VACC ARBOVIRAL DIS NEC
7	V052	1/1/1900	12/31/2299	VACCIN FOR LEISHMANIASIS
7	V058	1/1/1900	12/31/2299	VACCIN FOR DISEASE NEC
7	V059	1/1/1900	12/31/2299	VACCIN FOR SINGL DIS NOS
7	V060	1/1/1900	12/31/2299	VACCIN FOR CHOLERA + TAB
7	V061	1/1/1900	12/31/2299	VACCIN FOR DTP
7	V062	1/1/1900	12/31/2299	VACCIN FOR DTP + TAB
7	V063	1/1/1900	12/31/2299	VACCIN FOR DTP + POLIO
7	V064	1/1/1900	12/31/2299	VAC-MEASLE-MUMPS-RUBELLA
7	V068	1/1/1900	12/31/2299	VAC-DIS COMBINATIONS NEC
7	V069	1/1/1900	12/31/2299	VAC-DIS COMBINATIONS NOS
7	V070	1/1/1900	12/31/2299	PROPHYLACTIC ISOLATION
7	V071	1/1/1900	12/31/2299	DESENSITIZA TO ALLERGENS
7	V072	1/1/1900	12/31/2299	PROPHYLACT IMMUNOTHERAPY
7	V073	1/1/1900	12/31/2299	PROPHYL CHEMOTHERAPY NEC
7	V078	1/1/1900	12/31/2299	PROPHYLACTIC MEASURE NEC
7	V079	1/1/1900	12/31/2299	PROPHYLACTIC MEASURE NOS
7	V200	1/1/1900	12/31/2299	FOUNDLING HEALTH CARE
7	V201	1/1/1900	12/31/2299	CARE OF HEALTHY CHLD NEC
7	V700	1/1/1900	12/31/2299	ROUTINE MEDICAL EXAM
7	V720	1/1/1900	12/31/2299	EYE & VISION EXAMINATION
7	V721	1/1/1900	12/31/2299	EAR & HEARING EXAM
7	V722	1/1/1900	12/31/2299	DENTAL EXAMINATION
7	V723	1/1/1900	12/31/2299	GYNECOLOGIC EXAMINATION
7	V730	1/1/1900	12/31/2299	SCREENING-POLIOMYELITIS
7	V731	1/1/1900	12/31/2299	SCREENING FOR SMALLPOX
7	V732	1/1/1900	12/31/2299	SCREENING FOR MEASLES
7	V733	1/1/1900	12/31/2299	SCREENING FOR RUBELLA
7	V734	1/1/1900	12/31/2299	SCREENING-YELLOW FEVER
7	V735	1/1/1900	12/31/2299	SCREENING-ARBOVIRUS DIS
7	V736	1/1/1900	12/31/2299	SCREENING FOR TRACHOMA
7	V738	1/1/1900	12/31/2299	SCREEN FOR VIRAL DIS NEC
7	V739	1/1/1900	12/31/2299	SCREEN FOR VIRAL DIS NOS

(Continued)

Table A-3.4 – Diagnosis Group 7 Table

Group Number	Code	Effective Date	End Date	Code Description
7	V740	1/1/1900	12/31/2299	SCREENING FOR CHOLERA
7	V741	1/1/1900	12/31/2299	SCREENING-PULMONARY TB
7	V742	1/1/1900	12/31/2299	SCREENING FOR LEPROSY
7	V743	1/1/1900	12/31/2299	SCREENING FOR DIPHTHERIA
7	V744	1/1/1900	12/31/2299	SCREEN-BACT CONJUNCTIVIT
7	V745	1/1/1900	12/31/2299	SCREEN FOR VENERAL DIS
7	V746	1/1/1900	12/31/2299	SCREENING FOR YAWS
7	V748	1/1/1900	12/31/2299	SCREEN-BACTERIAL DIS NEC
7	V750	1/1/1900	12/31/2299	SCREEN-RICKETTSIAL DIS
7	V751	1/1/1900	12/31/2299	SCREENING FOR MALARIA
7	V752	1/1/1900	12/31/2299	SCREEN FOR LEISHMANIASIS
7	V753	1/1/1900	12/31/2299	SCREEN-TRYPANOSOMIASIS
7	V754	1/1/1900	12/31/2299	SCREEN-MYCOTIC INFECT
7	V755	1/1/1900	12/31/2299	SCREEN-SCHISTOSOMIASIS
7	V756	1/1/1900	12/31/2299	SCREEN FOR FILARIASIS
7	V757	1/1/1900	12/31/2299	SCREEN FOR HELMINTHIASIS
7	V758	1/1/1900	12/31/2299	SCREEN-PARASITIC DIS NEC
7	V759	1/1/1900	12/31/2299	SCREEN FOR INFEC DIS NOS
7	V770	1/1/1900	12/31/2299	SCREEN-THYROID DISORDER
7	V771	1/1/1900	12/31/2299	SCREEN-DIABETES MELLITUS
7	V772	1/1/1900	12/31/2299	SCREEN FOR MALNUTRITION
7	V773	1/1/1900	12/31/2299	SCREEN-PHENYLKETONURIA
7	V774	1/1/1900	12/31/2299	SCREEN FOR GALACTOSEMIA
7	V775	1/1/1900	12/31/2299	SCREENING FOR GOUT
7	V776	1/1/1900	12/31/2299	SCREEN-CYSTIC FIBROSIS
7	V777	1/1/1900	12/31/2299	SCREEN-INBORN ERR METAB
7	V782	1/1/1900	12/31/2299	SCREEN-SICKLE CELL DIS
7	V783	1/1/1900	12/31/2299	SCRN-HEMOGLOBINOPATH NEC
7	V792	1/1/1900	12/31/2299	SCREEN-MENTAL RETARDATION
7	V793	1/1/1900	12/31/2299	SCREEN-DEVELOPMENT PROB
7	V798	1/1/1900	12/31/2299	SCREEN-MENTAL DIS NEC
7	V823	1/1/1900	12/31/2299	SCREEN-CONG HIP DISLOCATI
7	V824	1/1/1900	12/31/2299	POSTNAT SCREEN-CHROM ABN

Table A-3.5 – Diagnosis Group 10 Table

Group Number	Code	Effective Date	End Date	Code Description
10	635	1/1/1900	12/31/2299	LEGALLY INDUCED ABORTION
10	637	1/1/1900	12/31/2299	UNSPECIFIED ABORTION
10	638	1/1/1900	12/31/2299	FAILED ATTEMPTED ABORT
10	E9601	1/1/1900	7/20/1999	RAPE

Table A-3.6 – Diagnosis Group 11 Table

Group Number	Code	Effective Date	End Date	Code Description
11	V252	1/1/1900	12/31/2299	STERILIZATION
11	V615	1/1/1900	12/31/2299	MULTIPARITY

Table A-3.7 – Diagnosis Group 12 Table

Group Number	Code	Effective Date	End Date	Code Description
12	9840	1/1/1900	12/31/2299	TX EFF INORG LEAD COMPND
12	9841	1/1/1900	12/31/2299	TOX EFF ORG LEAD COMPND
12	9848	1/1/1900	12/31/2299	TOX EFF LEAD COMPND NEC
12	9849	1/1/1900	12/31/2299	TOX EFF LEAD COMPND NOS
12	V719	1/1/1900	12/31/2299	OBSERV-SUSPECT COND NOS

Table A-3.8 – Diagnosis Group 13 Table

Group Number	Code	Effective Date	End Date	Code Description
13	28260	1/1/1900	12/31/2299	SICKLE-CELL ANEMIA NOS
13	28261	1/1/1900	12/31/2299	HB-S DISEASE W/O CRISIS
13	28262	1/1/1900	12/31/2299	HB-S DISEASE WITH CRISIS
13	28263	1/1/1900	12/31/2299	SICKLE-CELL/HB-C DISEASE
13	28269	1/1/1900	12/31/2299	SICKLE-CELL ANEMIA NEC
13	V719	1/1/1900	12/31/2299	OBSERV-SUSPECT COND NOS

Table A-3.9 – Diagnosis Group 14 Table

Group Number	Code	Effective Date	End Date	Code Description
14	2800	1/1/1900	12/31/2299	CHR BLOOD LOSS ANEMIA
14	2801	1/1/1900	12/31/2299	IRON DEF ANEMIA DIETARY
14	2808	1/1/1900	12/31/2299	IRON DEFIC ANEMIA NEC
14	2809	1/1/1900	12/31/2299	IRON DEFIC ANEMIA NOS
14	V719	1/1/1900	12/31/2299	OBSERV-SUSPECT COND NOS

Table A-3.10 – Diagnosis Group 15 Table

Group Number	Code	Effective Date	End Date	Code Description
15	244	1/1/1900	12/31/2299	ACQUIRED HYPOTHYROIDISM
15	2701	1/1/1900	12/31/2299	PHENYLKETONURIA (PKU)
15	2703	1/1/1900	12/31/2299	BRAN-CHAIN AMIN-ACID DIS
15	2704	1/1/1900	12/31/2299	SULPH AMINO-ACID MET DIS
15	2711	1/1/1900	12/31/2299	GALACTOSEMIA
15	28260	1/1/1900	12/31/2299	SICKLE-CELL ANEMIA NOS
15	28261	1/1/1900	12/31/2299	HB-S DISEASE W/O CRISIS
15	28262	1/1/1900	12/31/2299	HB-S DISEASE WITH CRISIS
15	28263	1/1/1900	12/31/2299	SICKLE-CELL/HB-C DISEASE
15	28269	1/1/1900	12/31/2299	SICKLE-CELL ANEMIA NEC
15	2827	1/1/1900	12/31/2299	HEMOGLOBINOPATHIES NEC
15	V719	1/1/1900	12/31/2299	OBSERV-SUSPECT COND NOS

Table A-3.11 – Diagnosis Group 16 Table

Group Number	Code	Effective Date	End Date	Code Description
16	100	1/1/1900	12/31/2299	PRIMARY TB COMPLEX
16	1000	1/1/1900	12/31/2299	PRIM TB COMPLEX-UNSPEC
16	101	1/1/1900	12/31/2299	PRIMARY TB PLEURISY
16	1010	1/1/1900	12/31/2299	PRIM TB PLEURISY-UNSPEC
16	108	1/1/1900	12/31/2299	PRIM PROGRESSIVE TB NEC
16	1080	1/1/1900	12/31/2299	PRIM PROG TB NEC-UNSPEC
16	109	1/1/1900	12/31/2299	PRIMARY TB INFECTION NOS
16	1090	1/1/1900	12/31/2299	PRIMARY TB NOS-UNSPEC
16	V719	1/1/1900	12/31/2299	OBSERV-SUSPECT COND NOS

Table A-3.12 – Diagnosis Group 20 Table

Group Number	Code	Effective Date	End Date	Code Description
20	V202	1/1/1990	12/31/2299	ROUTINE INF/CHILD HEALTH

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	10	1/1/1900	12/31/2299	CHOLERA D/T VIB CHOLERAE
21	11	1/1/1900	12/31/2299	CHOLERA D/T VIB EL TOR
21	19	1/1/1900	12/31/2299	CHOLERA NOS
21	20	1/1/1900	12/31/2299	TYPHOID FEVER
21	21	1/1/1900	12/31/2299	PARATYPHOID FEVER A
21	22	1/1/1900	12/31/2299	PARATYPHOID FEVER B
21	23	1/1/1900	12/31/2299	PARATYPHOID FEVER C
21	29	1/1/1900	12/31/2299	PARATYPHOID FEVER NOS
21	30	1/1/1900	12/31/2299	SALMONELLA ENTERITIS
21	31	1/1/1900	12/31/2299	SALMONELLA SEPTICEMIA
21	32	1/1/1900	12/31/2299	LOCAL SALMONELLA INFECT
21	320	1/1/1900	12/31/2299	LOCAL SALMONELLA INF NOS
21	321	1/1/1900	12/31/2299	SALMONELLA MENINGITIS
21	322	1/1/1900	12/31/2299	SALMONELLA PNEUMONIA
21	323	1/1/1900	12/31/2299	SALMONELLA ARTHRITIS
21	324	1/1/1900	12/31/2299	SALMONELLA OSTEOMYELITIS
21	329	1/1/1900	12/31/2299	LOCAL SALMONELLA INF NEC
21	38	1/1/1900	12/31/2299	SALMONELLA INFECTION NEC
21	39	1/1/1900	12/31/2299	SALMONELLA INFECTION NOS
21	40	1/1/1900	12/31/2299	SHIGELLA DYSENTERIAE
21	41	1/1/1900	12/31/2299	SHIGELLA FLEXNERI
21	42	1/1/1900	12/31/2299	SHIGELLA BOYDII
21	43	1/1/1900	12/31/2299	SHIGELLA SONNEI
21	48	1/1/1900	12/31/2299	SHIGELLA INFECTION NEC
21	49	1/1/1900	12/31/2299	SHIGELLOSIS NOS
21	50	1/1/1900	12/31/2299	STAPH FOOD POISONING
21	51	1/1/1900	12/31/2299	BOTULISM
21	52	1/1/1900	12/31/2299	FOOD POIS D/T C. PERFRIN
21	53	1/1/1900	12/31/2299	FOOD POIS: CLOSTRID NEC
21	54	1/1/1900	12/31/2299	FOOD POIS: V. PARAHAEM
21	58	1/1/1900	12/31/2299	BACT FOOD POISONING NEC
21	581	1/1/1900	12/31/2299	FOOD POISON VIBRIO VULNIF
21	59	1/1/1900	12/31/2299	FOOD POISONING NOS
21	60	1/1/1900	12/31/2299	AC AMEBIASIS W/O ABSCESS
21	63	1/1/1900	12/31/2299	AMEBIC LIVER ABSCESS
21	64	1/1/1900	12/31/2299	AMEBIC LUNG ABSCESS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	65	1/1/1900	12/31/2299	AMEBIC BRAIN ABSCESS
21	70	1/1/1900	12/31/2299	BALANTIDIASIS
21	71	1/1/1900	12/31/2299	GIARDIASIS
21	72	1/1/1900	12/31/2299	COCCIDIOSIS
21	73	1/1/1900	12/31/2299	INTEST TRICHOMONIASIS
21	78	1/1/1900	12/31/2299	PROTOZOAL INTEST DIS NEC
21	79	1/1/1900	12/31/2299	PROTOZOAL INTEST DIS NOS
21	80	1/1/1900	12/31/2299	E. COLI ENTERITIS
21	800	1/1/1900	12/31/2299	INTESTIONAL INFECTION DUE
21	81	1/1/1900	12/31/2299	ARIZONA ENTERITIS
21	82	1/1/1900	12/31/2299	AEROBACTER ENTERITIS
21	83	1/1/1900	12/31/2299	PROTEUS ENTERITIS
21	841	1/1/1900	12/31/2299	STAPHYLOCOCCUS ENTERITIS
21	842	1/1/1900	12/31/2299	PSEUDOMONAS ENTERITIS
21	849	1/1/1900	12/31/2299	BACTERIAL ENTERITIS NEC
21	85	1/1/1900	12/31/2299	BACTERIAL ENTERITIS NOS
21	86	1/1/1900	12/31/2299	VIRAL ENTERITIS NEC
21	861	1/1/1900	12/31/2299	ENTERITIS DUE TO ROTAVINU
21	88	1/1/1900	12/31/2299	VIRAL ENTERITIS NOS
21	90	1/1/1900	12/31/2299	INFECTIOUS ENTERITIS NOS
21	91	1/1/1900	12/31/2299	ENTERITIS OF INFECT ORIG
21	92	1/1/1900	12/31/2299	INFECTIOUS DIARRHEA NOS
21	93	1/1/1900	12/31/2299	DIARRHEA OF INFECT ORIG
21	116	1/1/1900	12/31/2299	TUBERCULOUS PNEUMONIA
21	1160	1/1/1900	12/31/2299	TB PNEUMONIA-UNSPEC
21	1161	1/1/1900	12/31/2299	TB PNEUMONIA-NO EXAM
21	1162	1/1/1900	12/31/2299	TB PNEUMONIA-EXAM UNKN
21	1163	1/1/1900	12/31/2299	TB PNEUMONIA-MICRO DX
21	1164	1/1/1900	12/31/2299	TB PNEUMONIA-CULT DX
21	1165	1/1/1900	12/31/2299	TB PNEUMONIA-HISTO DX
21	1166	1/1/1900	12/31/2299	TB PNEUMONIA-OTH TEST
21	117	1/1/1900	12/31/2299	TUBERCULOUS PNEUMOTHORAX
21	1170	1/1/1900	12/31/2299	TB PNEUMOTHORAX-UNSPEC
21	1171	1/1/1900	12/31/2299	TB PNEUMOTHORAX-NO EXAM
21	1172	1/1/1900	12/31/2299	TB PNEUMOTHORX-EXAM UNKN
21	1173	1/1/1900	12/31/2299	TB PNEUMOTHORAX-MICRO DX
21	1174	1/1/1900	12/31/2299	TB PNEUMOTHORAX-CULT DX

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	1175	1/1/1900	12/31/2299	TB PNEUMOTHORAX-HISTO DX
21	1176	1/1/1900	12/31/2299	TB PNEUMOTHORAX-OTH TEST
21	130	1/1/1900	12/31/2299	TUBERCULOUS MENINGITIS
21	1300	1/1/1900	12/31/2299	TB MENINGITIS-UNSPEC
21	1301	1/1/1900	12/31/2299	TB MENINGITIS-NO EXAM
21	1302	1/1/1900	12/31/2299	TB MENINGITIS-EXAM UNKN
21	1303	1/1/1900	12/31/2299	TB MENINGITIS-MICRO DX
21	1304	1/1/1900	12/31/2299	TB MENINGITIS-CULT DX
21	1305	1/1/1900	12/31/2299	TB MENINGITIS-HISTO DX
21	1306	1/1/1900	12/31/2299	TB MENINGITIS-OTH TEST
21	131	1/1/1900	12/31/2299	TUBERCULOMA OF MENINGES
21	1310	1/1/1900	12/31/2299	TUBRCLMA MENINGES-UNSPEC
21	1311	1/1/1900	12/31/2299	TUBRCLMA MENING-NO EXAM
21	1312	1/1/1900	12/31/2299	TUBRCLMA MENIN-EXAM UNKN
21	1313	1/1/1900	12/31/2299	TUBRCLMA MENING-MICRO DX
21	1314	1/1/1900	12/31/2299	TUBRCLMA MENING-CULT DX
21	1315	1/1/1900	12/31/2299	TUBRCLMA MENING-HISTO DX
21	1316	1/1/1900	12/31/2299	TUBRCLMA MENING-OTH TEST
21	132	1/1/1900	12/31/2299	TUBERCULOMA OF BRAIN
21	1320	1/1/1900	12/31/2299	TUBERCULOMA BRAIN-UNSPEC
21	1321	1/1/1900	12/31/2299	TUBRCLOMA BRAIN-NO EXAM
21	1322	1/1/1900	12/31/2299	TUBRCLMA BRAIN-EXAM UNKN
21	1323	1/1/1900	12/31/2299	TUBRCLOMA BRAIN-MICRO DX
21	1324	1/1/1900	12/31/2299	TUBRCLOMA BRAIN-CULT DX
21	1325	1/1/1900	12/31/2299	TUBRCLOMA BRAIN-HISTO DX
21	1326	1/1/1900	12/31/2299	TUBRCLOMA BRAIN-OTH TEST
21	133	1/1/1900	12/31/2299	TB ABSCESS OF BRAIN
21	1330	1/1/1900	12/31/2299	TB BRAIN ABSCESS-UNSPEC
21	1331	1/1/1900	12/31/2299	TB BRAIN ABSCESS-NO EXAM
21	1332	1/1/1900	12/31/2299	TB BRAIN ABSC-EXAM UNKN
21	1333	1/1/1900	12/31/2299	TB BRAIN ABSC-MICRO DX
21	1334	1/1/1900	12/31/2299	TB BRAIN ABSCESS-CULT DX
21	1335	1/1/1900	12/31/2299	TB BRAIN ABSC-HISTO DX
21	1336	1/1/1900	12/31/2299	TB BRAIN ABSC-OTH TEST
21	180	1/1/1900	12/31/2299	ACUTE MILIARY TB
21	1800	1/1/1900	12/31/2299	ACUTE MILIARY TB-UNSPEC
21	1801	1/1/1900	12/31/2299	ACUTE MILIARY TB-NO EXAM

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	1802	1/1/1900	12/31/2299	AC MILIARY TB-EXAM UNKN
21	1803	1/1/1900	12/31/2299	AC MILIARY TB-MICRO DX
21	1804	1/1/1900	12/31/2299	ACUTE MILIARY TB-CULT DX
21	1805	1/1/1900	12/31/2299	AC MILIARY TB-HISTO DX
21	1806	1/1/1900	12/31/2299	AC MILIARY TB-OTH TEST
21	188	1/1/1900	12/31/2299	MILIARY TB NEC
21	1880	1/1/1900	12/31/2299	MILIARY TB NEC-UNSPEC
21	1881	1/1/1900	12/31/2299	MILIARY TB NEC-NO EXAM
21	1882	1/1/1900	12/31/2299	MILIARY TB NEC-EXAM UNKN
21	1883	1/1/1900	12/31/2299	MILIARY TB NEC-MICRO DX
21	1884	1/1/1900	12/31/2299	MILIARY TB NEC-CULT DX
21	1885	1/1/1900	12/31/2299	MILIARY TB NEC-HISTO DX
21	1886	1/1/1900	12/31/2299	MILIARY TB NEC-OTH TEST
21	189	1/1/1900	12/31/2299	MILIARY TUBERCULOSIS NOS
21	1890	1/1/1900	12/31/2299	MILIARY TB NOS-UNSPEC
21	1891	1/1/1900	12/31/2299	MILIARY TB NOS-NO EXAM
21	1892	1/1/1900	12/31/2299	MILIARY TB NOS-EXAM UNKN
21	1893	1/1/1900	12/31/2299	MILIARY TB NOS-MICRO DX
21	1894	1/1/1900	12/31/2299	MILIARY TB NOS-CULT DX
21	1895	1/1/1900	12/31/2299	MILIARY TB NOS-HISTO DX
21	1896	1/1/1900	12/31/2299	MILIARY TB NOS-OTH TEST
21	310	1/1/1900	12/31/2299	PULMONARY MYCOBACTERIA
21	320	1/1/1900	12/31/2299	FAUCIAL DIPHTHERIA
21	321	1/1/1900	12/31/2299	NASOPHARYGEAL DIPTHERIA
21	323	1/1/1900	12/31/2299	LARYNGEAL DIPHTHERIA
21	3281	1/1/1900	12/31/2299	CONJUNCTIVAL DIPHTHERIA
21	3282	1/1/1900	12/31/2299	DIPHTHERITIC MYOCARDITIS
21	3283	1/1/1900	12/31/2299	DIPHTHERITIC PERITONITIS
21	3284	1/1/1900	12/31/2299	DIPHTHERITIC CYSTITIS
21	3285	1/1/1900	12/31/2299	CUTANEOUS DIPHTHERIA
21	3289	1/1/1900	12/31/2299	DIPHTHERIA NEC
21	329	1/1/1900	12/31/2299	DIPHTHERIA NOS
21	338	1/1/1900	12/31/2299	WHOOPING COUGH NEC
21	339	1/1/1900	12/31/2299	WHOOPING COUGH NOS
21	341	4/1/1994	12/31/2299	SCARLET FEVER
21	36	1/1/1900	12/31/2299	MENINGOCOCCAL INFECTION
21	360	1/1/1900	12/31/2299	MENINGOCOCCAL MENINGITIS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	361	1/1/1900	12/31/2299	MENINGOCOCC ENCEPHALITIS
21	362	1/1/1900	12/31/2299	MENINGOCOCCEMIA
21	363	1/1/1900	12/31/2299	MENINGOCOCC ADRENAL SYND
21	364	1/1/1900	12/31/2299	MENINGOCOCCAL CARDITIS
21	3640	1/1/1900	12/31/2299	MENINGOCOCC CARDITIS NOS
21	3641	1/1/1900	12/31/2299	MENINGOCOCC PERICARDITIS
21	3642	1/1/1900	12/31/2299	MENINGOCOCC ENDOCARDITIS
21	3643	1/1/1900	12/31/2299	MENINGOCOCC MYOCARDITIS
21	368	1/1/1900	12/31/2299	OTHER MENINGOCOCCAL INF
21	3681	1/1/1900	12/31/2299	MENINGOCOCC OPTIC NEURIT
21	3682	1/1/1900	12/31/2299	MENINGOCOCC ARTHROPATHY
21	3689	1/1/1900	12/31/2299	MENINGOCOCCAL INFECT NEC
21	369	1/1/1900	12/31/2299	MENINGOCOCCAL INFECT NOS
21	37	1/1/1900	12/31/2299	TETANUS
21	38	1/1/1900	12/31/2299	SEPTICEMIA
21	380	1/1/1900	12/31/2299	STREPTOCOCCAL SEPTICEMIA
21	381	1/1/1900	12/31/2299	STAPHYLOCOCCAL SEPTICEMIA
21	382	1/1/1900	12/31/2299	PNEUMOCOCCAL SEPTICEMIA
21	383	1/1/1900	12/31/2299	SEPTICEMIA D/T ANAEROBES
21	384	1/1/1900	12/31/2299	SEPTICEMIA D/T OTH GRAM -N
21	3840	1/1/1900	12/31/2299	GRAM -NEG SEPTICEMIA NOS
21	3841	1/1/1900	12/31/2299	H. INFLUENZAE SEPTICEMIA
21	3842	1/1/1900	12/31/2299	E. COLI SEPTICEMIA
21	3843	1/1/1900	12/31/2299	PSEUDOMONAS SEPTICEMIA
21	3844	1/1/1900	12/31/2299	SERRATIA SEPTICEMIA
21	3849	1/1/1900	12/31/2299	GRAM -NEG SEPTICEMIA NEC
21	388	1/1/1900	12/31/2299	SEPTICEMIA NEC
21	389	1/1/1900	12/31/2299	SEPTICEMIA NOS
21	39	1/1/1900	12/31/2299	ACTINOMYCOTIC INFECTIONS
21	390	1/1/1900	12/31/2299	CUTANEOUS ACTINOMYCOSIS
21	391	1/1/1900	12/31/2299	PULMONARY ACTINOMYCOSIS
21	392	1/1/1900	12/31/2299	ABDOMINAL ACTINOMYCOSIS
21	393	1/1/1900	12/31/2299	CERVIOFACIAL ACTINOMYCOSI
21	394	1/1/1900	12/31/2299	MADURA FOOT
21	398	1/1/1900	12/31/2299	ACTINOMYCOSIS NEC
21	399	1/1/1900	12/31/2299	ACTINOMYCOSIS NOS
21	400	1/1/1900	12/31/2299	GAS GANGRENE

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	450	1/1/1900	12/31/2299	ACUTE BULBAR POLIO
21	4500	1/1/1900	12/31/2299	AC BULBAR POLIO-TYPE NOS
21	451	1/1/1900	12/31/2299	AC PARALYTIC POLIO
21	4510	1/1/1900	12/31/2299	PARAL POLIO NEC-TYPE NOS
21	4512	1/1/1900	12/31/2299	PARAL POLIO NEC-TYPE 2
21	452	1/1/1900	12/31/2299	ACUTE NONPARALYTIC POLIO
21	4520	1/1/1900	12/31/2299	NONPARYLYT POLIO-TYPE NOS
21	459	1/1/1900	12/31/2299	ACUTE POLIOMYELITIS NOS
21	4590	1/1/1900	12/31/2299	AC POLIO NOS-TYPE NOS
21	470	1/1/1900	12/31/2299	COXSACKIE VIRUS MENING
21	471	1/1/1900	12/31/2299	ECHO VIRUS MENINGITIS
21	478	1/1/1900	12/31/2299	VIRAL MENINGITIS NEC
21	479	1/1/1900	12/31/2299	VIRAL MENINGITIS NOS
21	490	1/1/1900	12/31/2299	LYMPHOCYTIC CHORIOMENING
21	491	1/1/1900	12/31/2299	ADENOVIRAL MENINGITIS
21	498	1/1/1900	12/31/2299	VIRAL ENCEPHALITIS NEC
21	499	1/1/1900	12/31/2299	VIRAL ENCEPHALITIS NOS
21	520	1/1/1900	12/31/2299	POSTVARICELLA ENCEPHALIT
21	521	1/1/1900	12/31/2299	VARICELLA PNEUMONITIS
21	530	1/1/1900	12/31/2299	HERPES ZOSTER MENINGITIS
21	543	1/1/1900	12/31/2299	HERPETIC ENCEPHALITIS
21	545	1/1/1900	12/31/2299	HERPETIC SEPTICEMIA
21	5472	1/1/1900	12/31/2299	H SIMPLEX MENINGITIS
21	550	1/1/1900	12/31/2299	POSTMEASLES ENCEPHALITIS
21	551	1/1/1900	12/31/2299	POSTMEASLES PNEUMONIA
21	560	1/1/1900	12/31/2299	RUBELLA W NERVE COMPL
21	5600	1/1/1900	12/31/2299	RUBELLA NERVE COMPL NOS
21	5601	1/1/1900	12/31/2299	RUBELLA ENCEPHALITIS
21	5609	1/1/1900	12/31/2299	RUBELLA NERVE COMPL NEC
21	620	1/1/1900	12/31/2299	JAPANESE ENCEPHALITIS
21	6200	1/1/1900	12/31/2299	CHRONIC CERVICITIS
21	621	1/1/1900	12/31/2299	WEST EQUINE ENCEPHALITIS
21	622	1/1/1900	12/31/2299	EAST EQUINE ENCEPHALITIS
21	623	1/1/1900	12/31/2299	ST LOUIS ENCEPHALITIS
21	624	1/1/1900	12/31/2299	AUSTRALIAN ENCEPHALITIS
21	625	1/1/1900	12/31/2299	CALIFORNIA ENCEPHALITIS
21	628	1/1/1900	12/31/2299	MOSQUIT-BORNE ENCEPH NEC

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	629	1/1/1900	12/31/2299	MOSQUIT-BORNE ENCEPH NOS
21	630	1/1/1900	12/31/2299	RUSSIA SPR-SUMMER ENCEPH
21	6300	1/1/1900	12/31/2299	INFECTION OF GENITAL TRAC
21	631	1/1/1900	12/31/2299	LOUPING ILL
21	6310	1/1/1900	12/31/2299	ABDOMINAL PREGNANCY WITH
21	632	1/1/1900	12/31/2299	CENT EUROPE ENCEPHALITIS
21	6331	1/1/1900	12/31/2299	IRON DEFICIENCY ANEMIA OF
21	6350	1/1/1900	12/31/2299	PYELITIS AND PYELONEPHRIT
21	6351	1/1/1900	12/31/2299	CYSTITIS (DURING PREGNANC
21	638	1/1/1900	12/31/2299	TICK-BORNE ENCEPH NEC
21	6380	1/1/1900	12/31/2299	HYPEREMESIS GRAVIDARUM, W
21	639	1/1/1900	12/31/2299	TICK-BORNE ENCEPH NOS
21	64	1/1/1900	12/31/2299	VIR ENCEPH ARTHROPOD NEC
21	6400	1/1/1900	12/31/2299	ABORT INDUCED FOR MED IND
21	700	1/1/1900	12/31/2299	HEPATITIS A WITH COMA
21	701	1/1/1900	12/31/2299	HEPATITIS A W/O COMA
21	702	1/1/1900	12/31/2299	HEPATITIS B WITH COMA
21	7020	1/1/1900	12/31/2299	WITHOUT MENTION OF HEPATI
21	703	1/1/1900	12/31/2299	HEPATITIS B W/O COMA
21	7030	1/1/1900	12/31/2299	WITHOUT MENTION OF HEPATI
21	704	1/1/1900	12/31/2299	VIRAL HEPAT NEC W COMA
21	7041	1/1/1900	12/31/2299	HEPATITIS C
21	705	1/1/1900	12/31/2299	VIRAL HEPAT NEC W/O COMA
21	7051	1/1/1900	12/31/2299	HEPATITIS C
21	706	1/1/1900	12/31/2299	VIRAL HEPAT NOS W COMA
21	709	1/1/1900	12/31/2299	VIRAL HEPAT NOS W/O COMA
21	721	1/1/1900	12/31/2299	MUMPS MENINGITIS
21	722	1/1/1900	12/31/2299	MUMPS ENCEPHALITIS
21	723	1/1/1900	12/31/2299	MUMPS PANCREATITIS
21	7271	1/1/1900	12/31/2299	MUMPS HEPATITIS
21	730	1/1/1900	12/31/2299	ORNITHOSIS PNEUMONIA
21	742	1/1/1900	12/31/2299	COXSACKIE CARDITIS
21	7420	1/1/1900	12/31/2299	COXSACKIE CARDITIS NOS
21	7421	1/1/1900	12/31/2299	COXSACKIE PERICARDITIS
21	7422	1/1/1900	12/31/2299	COXSACKIE ENDOCARDITIS
21	7423	1/1/1900	12/31/2299	COXSACKIE MYOCARDITIS
21	9487	1/1/1900	12/31/2299	SYPH RUPT CEREB ANEURYSM

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	9817	1/1/1900	12/31/2299	GC SALPINGITIS (ACUTE)
21	9882	1/1/1900	12/31/2299	GONOCOCCAL MENINGITIS
21	1303	1/1/1900	12/31/2299	TOXOPLASM MYOCARDITIS
21	1304	1/1/1900	12/31/2299	TOXOPLASM PNEUMONITIS
21	1305	1/1/1900	12/31/2299	TOXOPLASM HEPATITIS
21	1978	1/1/1990	12/31/2299	SEC MAL NEO DIGEST NEC
21	242	1/1/1900	12/31/2299	THYROTOXICOSIS
21	2420	1/1/1900	12/31/2299	TOXIC DIFFUSE GOITER
21	24200	1/1/1900	12/31/2299	TOX DIF GOITER NO CRISIS
21	24201	1/1/1900	12/31/2299	TOX DIF GOITER W CRISIS
21	2421	1/1/1900	12/31/2299	TOXIC UNINODULAR GOITER
21	24210	1/1/1900	12/31/2299	TOX UNINOD GOIT NO CRIS
21	24211	1/1/1900	12/31/2299	TOX UNINOD GOIT W CRISIS
21	2422	1/1/1900	12/31/2299	TOXIC MULTINODUL GOITER
21	24220	1/1/1900	12/31/2299	TOX MULTNOD GOIT NO CRIS
21	24221	1/1/1900	12/31/2299	TOX MULTNOD GOIT W CRIS
21	2423	1/1/1900	12/31/2299	TOXIC NODULAR GOITER NOS
21	24230	1/1/1900	12/31/2299	TOX NOD GOITER NO CRISIS
21	24231	1/1/1900	12/31/2299	TOX NOD GOITER W CRISIS
21	2424	1/1/1900	12/31/2299	THYROTOX D/T GCTOP NODULE
21	24240	1/1/1900	12/31/2299	THYROTOX-ECT NOD NO CRIS
21	24241	1/1/1900	12/31/2299	THYROTOX-ECT NOD W CRIS
21	2428	1/1/1900	12/31/2299	THYROTOX SPEC ORIGIN NEC
21	24280	1/1/1900	12/31/2299	THYROTOX ORIG NEC NO CRIS
21	24281	1/1/1900	12/31/2299	THYROTOX ORIG NEC W CRIS
21	2429	1/1/1900	12/31/2299	THYROTOXICOSIS NOS
21	24290	1/1/1900	12/31/2299	THYROTOX NOS NO CRISIS
21	24291	1/1/1900	12/31/2299	THYROTOX NOS W CRISIS
21	2450	1/1/1900	12/31/2299	ACUTE THYROIDITIS
21	2463	1/1/1900	12/31/2299	HEMORR/INFARC THYROID
21	2501	1/1/1900	12/31/2299	DIABETES W KETOACIDOSIS
21	25010	1/1/1900	12/31/2299	DIABETES W/KETOACIDOSIS T
21	25011	1/1/1900	12/31/2299	DIABETES W/KETOACIDOSIS,
21	25012	1/1/1900	12/31/2299	DIABETES WITH KETOACIDOSI
21	25013	1/1/1900	12/31/2299	DIABETES WITH KETOACIDOSI
21	2502	1/1/1900	12/31/2299	DIAB W HYPEROSMOLAR COMA
21	25020	1/1/1900	12/31/2299	DIABETES W/HYPEROSMOLA RIT

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	25021	1/1/1900	12/31/2299	DIABETES W/HYPEROSMOLARIT
21	25022	1/1/1900	12/31/2299	DIABETES WITH HYPEROSMOLA
21	25023	1/1/1900	12/31/2299	DIABETES WITH HYPERSOMOLA
21	2503	1/1/1900	12/31/2299	DIABETES WITH COMA NEC
21	25030	1/1/1900	12/31/2299	DIABETES W/OTHER COMA, TY
21	25031	1/1/1900	12/31/2299	DIABETES W/OTHER COMA, TY
21	25032	1/1/1900	12/31/2299	DIABETES WITH OTHER COMA,
21	25033	1/1/1900	12/31/2299	DIABETES WITH OTHER COMA,
21	2507	1/1/1900	12/31/2299	DIABETES W CIRCULAT DIS
21	25070	1/1/1900	12/31/2299	DIABETES W/PERIPHERAL CIR
21	25071	1/1/1900	12/31/2299	DIABETES W/PERIPHERAL CIR
21	2508	1/1/1900	12/31/2299	DIABETES W MANIFEST NEC
21	25080	1/1/1900	12/31/2299	DIABETES W/OTHER SPEC MAN
21	25081	1/1/1900	12/31/2299	DIABETES W/OTHER SPEC MAN
21	2509	1/1/1900	12/31/2299	DIABETES W COMPLIC NOS
21	25090	1/1/1900	12/31/2299	DIABETES W/UNSPEC COMPLIC
21	25091	1/1/1900	12/31/2299	DIABETES W/UNSPEC COMPLIC
21	251	1/1/1900	12/31/2299	OTH PANCREATIC DISORDER
21	2510	1/1/1900	12/31/2299	HYPOGLYCEMIC COMA
21	2554	1/1/1900	12/31/2299	CORTICOADRENAL INSUFFIC
21	261	1/1/1900	12/31/2299	NUTRITIONAL MARASMUS
21	2630	1/1/1900	12/31/2299	MALNUTRITION MOD DEGREE
21	276	1/1/1900	12/31/2299	FLUID/ELECTROLYTE DIS
21	2760	1/1/1900	12/31/2299	HYPEROSMOLALITY
21	2761	1/1/1900	12/31/2299	HYPOSMOLALITY
21	2762	1/1/1900	12/31/2299	ACIDOSIS
21	2763	1/1/1900	12/31/2299	ALKALOSIS
21	2764	1/1/1900	12/31/2299	MIXED ACID-BASE BAL DIS
21	2765	1/1/1900	12/31/2299	HYPOVOLEMIA
21	2766	1/1/1900	12/31/2299	FLUID OVERLOAD
21	2767	1/1/1900	12/31/2299	HYPERPOTASSEMIA
21	2768	1/1/1900	12/31/2299	HYPOPOTASSEMIA
21	2769	1/1/1900	12/31/2299	ELECTROLYTE/FLUID DIS NEC
21	2774	1/1/1900	12/31/2299	DIS BILIRUBIN EXCRETION
21	28262	1/1/1900	12/31/2299	HB-S DISEASE WITH CRISIS
21	2832	1/1/1900	12/31/2299	HEMOLYTIC HEMOGLOBINURIA
21	2910	1/1/1900	12/31/2299	DELIRIUM TREMENS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	2913	1/1/1900	12/31/2299	ALCOHOL HALLUCINOSIS
21	29211	1/1/1900	12/31/2299	DRUG PARANOID STATE
21	29212	1/1/1900	12/31/2299	DRUG HALLUCINOSIS
21	2922	1/1/1900	12/31/2299	PATHOLOGIC DRUG INTOX
21	29281	1/1/1900	12/31/2299	DRUG-INDUCED DELIRIUM
21	29282	1/1/1900	12/31/2299	DRUG-INDUCED DEMENTIA
21	29283	1/1/1900	12/31/2299	DRUG AMNESTIC SYNDROME
21	2930	1/1/1900	12/31/2299	ACUTE DELIRIUM
21	2983	1/1/1900	12/31/2299	ACUTE PARANOID REACTION
21	3030	1/1/1900	12/31/2299	AC ALCOHOL INTOXICATION
21	30300	1/1/1900	12/31/2299	AC ALCOHOL INTOX-UNSPEC
21	320	1/1/1900	12/31/2299	BACTERIAL MENINGITIS
21	3200	1/1/1900	12/31/2299	HEMOPHILUS MENINGITIS
21	3201	1/1/1900	12/31/2299	PNEUMOCOCCAL MENINGITIS
21	3202	1/1/1900	12/31/2299	STREPTOCOCCAL MENINGITIS
21	3203	1/1/1900	12/31/2299	STAPHYLOCOCCAL MENINGITIS
21	3207	1/1/1900	12/31/2299	MENING IN OTH BACT DIS
21	3208	1/1/1900	12/31/2299	BACTERIAL MENINGITIS NEC
21	32081	1/1/1900	12/31/2299	MENGINGITIS DUE TO ANAERO
21	32082	1/1/1900	12/31/2299	DUE TO GRAM NEGATIVE BACT
21	32089	1/1/1900	12/31/2299	DUE TO OTHER SPECIFIED BA
21	3209	1/1/1900	12/31/2299	BACTERIAL MENINGITIS NOS
21	3210	1/1/1900	12/31/2299	CRYPTOCOCCAL MENINGITIS
21	3211	1/1/1900	12/31/2299	MENING IN OTH FUNGAL DIS
21	3212	1/1/1900	12/31/2299	MENING IN OTH VIRAL DIS
21	3213	1/1/1900	12/31/2299	TRYPANOSOMIASIS MENINGIT
21	3214	1/1/1900	12/31/2299	MENINGIT D/T SARCOIDOSIS
21	3218	1/1/1900	12/31/2299	MENING IN OTH NONBAC DIS
21	3220	1/1/1990	12/31/2299	NONPYOGENIC MENINGITIS
21	3221	1/1/1990	12/31/2299	EOSINOPHILIC MENINGITIS
21	3222	1/1/1900	12/31/2299	CHRONIC MENINGITIS
21	3229	1/1/1900	12/31/2299	MENINGITIS NOS
21	3230	1/1/1900	12/31/2299	ENCEPHALIT IN VIRAL DIS
21	3231	1/1/1900	12/31/2299	RICKETTSIAL ENCEPHALITIS
21	3232	1/1/1900	12/31/2299	PROTOZOAL ENCEPHALITIS
21	3234	1/1/1900	12/31/2299	OTH ENCEPHALIT D/T INFEC
21	3235	1/1/1990	12/31/2299	POSTIMMUNIZAT ENCEPHALITI

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Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	3236	1/1/1990	12/31/2299	POSTINFECT ENCEPHALITIS
21	3237	1/1/1990	12/31/2299	TOXIC ENCEPHALITIS
21	3238	1/1/1990	12/31/2299	ENCEPHALITIS NEC
21	3239	1/1/1990	12/31/2299	ENCEPHALITIS NOS
21	3240	1/1/1900	12/31/2299	3244
21	3241	1/1/1900	12/31/2299	INTRASPINAL ABSCESS
21	3249	1/1/1900	12/31/2299	INTRACRANIAL/SPINAL ABSC
21	325	1/1/1900	12/31/2299	PHLEBITIS INTRCRAN SINUS
21	3451	1/1/1990	12/31/2299	GEN CONVULSIVE EPILEPSY
21	3453	1/1/1990	12/31/2299	GRAND MAL STATUS
21	3454	1/1/1990	12/31/2299	PSYCHOMOTOR EPILEPSY
21	34540	1/1/1990	12/31/2299	PSYCHOMOTOR-NOINTRACT EPI
21	34541	1/1/1990	12/31/2299	PSYCHOMOTOR-INTRACT EPIL
21	3484	1/1/1990	12/31/2299	COMPRESSION OF BRAIN
21	3485	1/1/1900	12/31/2299	CEREBRAL EDEMA
21	3490	1/1/1990	12/31/2299	LUMBAR PUNCTURE REACTION
21	3570	1/1/1990	12/31/2299	AC INFECT POLYNEURITIS
21	3610	1/1/1990	12/31/2299	RETINAL DETACH W DEFECT
21	36100	1/1/1990	12/31/2299	DETACHMENT W DEFECT NOS
21	36101	1/1/1990	12/31/2299	PART DETACH-SINGLE DEFECT
21	36102	1/1/1990	12/31/2299	PART DETACH-MULT DEFECT
21	36103	1/1/1990	12/31/2299	PART DETACH-GIANT TEAR
21	36104	1/1/1990	12/31/2299	PART DETACH-DIALYSIS
21	36105	1/1/1990	12/31/2299	RECENT DETACHMENT, TOTAL
21	36106	1/1/1990	12/31/2299	OLD DETACHMENT, PARTIAL
21	36107	1/1/1990	12/31/2299	OLD DETACHMENT, TOTAL
21	36181	1/1/1990	12/31/2299	RETINAL TRACTION DETACH
21	36189	1/1/1990	12/31/2299	RETINAL DETACHMENT NEC
21	3619	1/1/1990	12/31/2299	RETINAL DETACHMENT NOS
21	3623	1/1/1990	12/31/2299	RETINAL VASC OCCLUSION
21	36230	1/1/1990	12/31/2299	RETINAL VASC OCCLUS NOS
21	36231	1/1/1990	12/31/2299	CENT RETINA ARTERY OCCLU
21	36232	1/1/1990	12/31/2299	ARTERIAL BRANCH OCCLUS
21	36233	1/1/1990	12/31/2299	PART ARTERIAL OCCLUSION
21	36234	1/1/1990	12/31/2299	TRANSIENT ARTERIAL OCCLU
21	36235	1/1/1990	12/31/2299	CENT RETINAL VEIN OCCLUS
21	36236	1/1/1990	12/31/2299	VENOUS TRIBUTARY OCCLUS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	36237	1/1/1990	12/31/2299	RETINA VENOUS ENGORGEMNT
21	3624	1/1/1990	12/31/2299	RETINA LAYER SEPARATION
21	36240	1/1/1990	12/31/2299	RETINA LAYER SEPARAT NOS
21	36241	1/1/1990	12/31/2299	CENT SEROUS RETINOPATHY
21	36242	1/1/1990	12/31/2299	SEROUS DETACH PIGM EPITH
21	36243	1/1/1990	12/31/2299	HEM DETACH PIGMNT EPITH
21	3652	1/1/1990	12/31/2299	PRIM ANGL-CLOSURE GLAUC
21	36520	1/1/1990	12/31/2299	PRIM ANGL-CLOS GLAUC NOS
21	36521	1/1/1990	12/31/2299	INTERMIT ANGL-CLOS GLAUC
21	36522	1/1/1990	12/31/2299	ACUTE ANGL-CLOS GLAUCOMA
21	36523	1/1/1990	12/31/2299	CHR ANGLE-CLOS GLAUCOMA
21	36524	1/1/1990	12/31/2299	RESIDUAL ANGL-CLOS GLAUC
21	3700	1/1/1990	12/31/2299	CORNEAL ULCER
21	37001	1/1/1900	12/31/2299	MARGINAL CORNEAL ULCER
21	37481	1/1/1990	12/31/2299	HEMORRHAGE OF EYELID
21	3760	1/1/1990	12/31/2299	AC INFLAMMATION, ORBIT
21	37600	1/1/1990	12/31/2299	ACUTE INFLAM NOS, ORBIT
21	37601	1/1/1990	12/31/2299	ORBITAL CELLUTITIS
21	37602	1/1/1990	12/31/2299	ORBITAL PERIOSTITIS
21	37603	1/1/1990	12/31/2299	ORBITAL OSTEOMYELITIS
21	37604	1/1/1990	12/31/2299	ORBITAL TENONITIS
21	38100	1/1/1990	12/31/2299	AC NONSUP OTITIS MED NOS
21	38102	1/1/1990	12/31/2299	AC MUCOID OTITIS MEDIA
21	38103	1/1/1990	12/31/2299	AC SANGUIN OTITIS MEDIA
21	38105	1/1/1990	12/31/2299	AC ALLERGIC MUCOID OM
21	38106	1/1/1990	12/31/2299	AC ALLERG SANGUINOUS OM
21	3820	1/1/1990	12/31/2299	AC SUPPUR OTITIS MEDIA
21	38200	1/1/1990	12/31/2299	AC SUPP OM W/OUT DRUM RUP
21	38201	1/1/1990	12/31/2299	AC SUPP OM W DRUM RUPT
21	38202	1/1/1900	12/31/2299	AC SUPP OM IN OTH DIS
21	3840	1/1/1990	12/31/2299	ACUTE MYRINGITIS
21	38400	1/1/1990	12/31/2299	ACUTE MYRINGITIS NOS
21	38401	1/1/1990	12/31/2299	BULLOUS MYRINGITIS
21	3910	1/1/1990	12/31/2299	ACUTE RHEUMATIC PERICARD
21	3911	1/1/1990	12/31/2299	ACUTE RHEUMATIC ENDOCARD
21	3912	1/1/1990	12/31/2299	AC RHEUMATIC MYOCARDITIS
21	3918	1/1/1990	12/31/2299	AC RHEUMAT HRT DIS NEC

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	3919	1/1/1990	12/31/2299	AC RHEUMAT HRT DIS NOS
21	3980	1/1/1990	12/31/2299	RHEUMATIC MYOCARDITIS
21	39891	1/1/1990	12/31/2299	RHEUMATIC HEART FAILURE
21	40201	1/1/1990	12/31/2299	MAL HYPERT HRT DIS W CHF
21	40211	1/1/1990	12/31/2299	BENIGN HYP HRT DIS W CHF
21	410	1/1/1990	12/31/2299	ACUTE MYOCARDIAL INFARCT
21	4100	1/1/1990	12/31/2299	AMI ANTEROLATERAL WALL
21	41000	1/1/1990	12/31/2299	AMI ANTEROLAT WALL-CARE N
21	41001	1/1/1990	12/31/2299	AMI ANTEROLAT WALL-INIT C
21	41002	1/1/1990	12/31/2299	AMI ANTEROLAT WALL-SUBS C
21	4101	1/1/1990	12/31/2299	AMI ANTERIOR WALL NEC
21	41010	1/1/1990	12/31/2299	AMI ANTERIOR WALL NEC-CAR
21	41011	1/1/1990	12/31/2299	AMI ANTERIOR WALL NEC-INI
21	41012	1/1/1990	12/31/2299	AMI ANTERIOR WALL-NEC-SUB
21	4102	1/1/1990	12/31/2299	AMI INFEROLATERAL WALL
21	41020	1/1/1990	12/31/2299	AMI INFEROLAT WALL-CARE N
21	41021	1/1/1990	12/31/2299	AMI INFEROLAT WALL-INIT C
21	41022	1/1/1990	12/31/2299	AMI INFEROLAT WALL-SUBS C
21	4103	1/1/1990	12/31/2299	AMI INFEROPOSTERIOR WALL
21	41030	1/1/1990	12/31/2299	AMI INFEROPOST WALL-CARE
21	41031	1/1/1990	12/31/2299	AMI INFEROPOST WALL-INTI
21	41032	1/1/1990	12/31/2299	AMI INFEROPOST WALL-SUBS
21	4104	1/1/1990	12/31/2299	AMI INFERIOR WALL NEC
21	41040	1/1/1990	12/31/2299	AMI INFERIOR WALL NEC-CAR
21	41041	1/1/1990	12/31/2299	AMI INFERIOR WALL NEC-INI
21	41042	1/1/1990	12/31/2299	AMI INFERIOR WALL-NEC-SUB
21	4105	1/1/1990	12/31/2299	AMI LATERAL WALL NEC
21	41050	1/1/1990	12/31/2299	AMI LATERAL WALL NEC-CARE
21	41051	1/1/1990	12/31/2299	AMI LATERAL WALL NEC-INIT
21	41052	1/1/1990	12/31/2299	AMI LATERAL WALL NEC-SUBS
21	4106	1/1/1990	12/31/2299	TRUE POSTERIOR INFARCT
21	41061	1/1/1990	12/31/2299	TRUE POSTER INFARC-INTI C
21	41062	1/1/1990	12/31/2299	TRUE POSTER INFARC-SUBS C
21	4107	1/1/1990	12/31/2299	SUBENDOCARDIAL INFARCT
21	41070	1/1/1990	12/31/2299	SUENDOCARD INFARC-CARE NO
21	41071	1/1/1990	12/31/2299	SUBENDOCARD INFARC-INIT C
21	41072	1/1/1990	12/31/2299	SUENDOCARD INFARC-SUS CAR

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	4108	1/1/1990	12/31/2299	MYOCARDIAL INFARCT NEC
21	41080	1/1/1990	12/31/2299	MYOCARD INFARC NEC-CARE N
21	41081	1/1/1990	12/31/2299	MYOCARD INFARC NEC-INIT C
21	41082	1/1/1990	12/31/2299	MYOCARD INFARC NEC-SUBS C
21	4109	1/1/1990	12/31/2299	MYOCARDIAL INFARCT NOS
21	41090	1/1/1990	12/31/2299	MYOCARD INFARC NOS-CARE N
21	41091	1/1/1900	12/31/2299	MYOCARD INFARC NOS-INIT C
21	411	1/1/1990	12/31/2299	OTH AC ISCHEMIC HRT DIS
21	4110	1/1/1990	12/31/2299	POSTMYOCARDIAL INFARCT SY
21	4111	1/1/1990	12/31/2299	INTERMED CORONARY SYND
21	4118	1/1/1990	12/31/2299	AC ISCHEMIC HRT DIS NEC
21	41181	1/1/1990	12/31/2299	COROMARY OCCLUSION WITHOU
21	41189	1/1/1990	12/31/2299	OTH AC ISCHEM HRT DIS NEC
21	413	1/1/1990	12/31/2299	ANGINA PECTORIS
21	4130	1/1/1990	12/31/2299	ANGINA DECUBITUS
21	4139	1/1/1990	12/31/2299	ANGINA PECTORIS NEC/NOS
21	414	1/1/1990	12/31/2299	OTH CHR ISCHEMIC HRT DIS
21	4140	1/1/1990	12/31/2299	CORONARY ATHEROSCLEROSIS
21	41400	1/1/1900	12/31/2299	CORONARY ATHEROSCLEROSIS
21	4141	1/1/1900	12/31/2299	ANEURYSM OF HEART
21	41410	1/1/1990	12/31/2299	ANEURYSM, HEART (WALL)
21	41411	1/1/1990	12/31/2299	CORONARY VESSEL ANEURYSM
21	41419	1/1/1990	12/31/2299	ANEURYSM OF HEART NEC
21	4148	1/1/1990	12/31/2299	CHR ISCHEMIC HRT DIS NEC
21	415	1/1/1990	12/31/2299	ACUTE PULMONARY HRT DIS
21	4150	1/1/1990	12/31/2299	ACUTE COR PULMONALE
21	4151	1/1/1990	12/31/2299	PULMON EMBOLISM/INFARCT
21	41511	1/1/1900	12/31/2299	IATROGENIC PULM EMBOL
21	4171	1/1/1990	12/31/2299	PULMON ARTERY ANEURYSM
21	420	1/1/1990	12/31/2299	ACUTE PERICARDITIS
21	4200	1/1/1900	12/31/2299	AC PERICARDIT IN OTH DIS
21	4209	1/1/1990	12/31/2299	AC PERICARDITIS NEC/NOS
21	42090	1/1/1990	12/31/2299	ACUTE PERICARDITIS NOS
21	42091	1/1/1990	12/31/2299	AC IDIOPATH PERICARDITIS
21	42099	1/1/1990	12/31/2299	ACUTE PERICARDITIS NEC
21	421	1/1/1990	12/31/2299	AC/SUBAC ENDOCARDITIS
21	4210	1/1/1990	12/31/2299	AC/SUBAC BACT ENDOCARD

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	4211	1/1/1990	12/31/2299	AC ENDOCARDIT IN OTH DIS
21	4219	1/1/1990	12/31/2299	AC/SUBAC ENDOCARDIT NOS
21	422	1/1/1990	12/31/2299	ACUTE MYOCARDITIS
21	4220	1/1/1990	12/31/2299	AC MYOCARDIT IN OTH DIS
21	4229	1/1/1990	12/31/2299	AC MYOCARDITIS NEC/NOS
21	42290	1/1/1990	12/31/2299	ACUTE MYOCARDITIS NOS
21	42291	1/1/1990	12/31/2299	IDIOPATHIC MYOCARDITIS
21	42292	1/1/1990	12/31/2299	SEPTIC MYOCARDITIS
21	42293	1/1/1990	12/31/2299	TOXIC MYOCARDITIS
21	42299	1/1/1990	12/31/2299	ACUTE MYOCARDITIS NEC
21	4230	1/1/1990	12/31/2299	HEMOPERICARDIUM
21	4231	1/1/1990	12/31/2299	ADHESIVE PERICARDITIS
21	4232	1/1/1990	12/31/2299	CONSTRICTIVE PERICARDITIS
21	4238	1/1/1990	12/31/2299	PERICARDIAL DISEASE NEC
21	4239	1/1/1990	12/31/2299	PERICARDIAL DISEASE NOS
21	426	1/1/1990	12/31/2299	CONDUCTION DISORDERS
21	4260	1/1/1990	12/31/2299	ATRIOVENT BLOCK COMPLETE
21	4261	1/1/1990	12/31/2299	ATRIOVENT BLOCK NEC/NOS
21	42610	1/1/1990	12/31/2299	ATRIOVENT BLOCK NOS
21	42611	1/1/1990	12/31/2299	ATRIOVENT BLOCK-1ST DEGR
21	42612	1/1/1990	12/31/2299	ATRIOVENT BLOCK-MOBITZ IT
21	42613	1/1/1990	12/31/2299	AV BLOCK-2ND DEGREE NEC
21	4262	1/1/1990	12/31/2299	LEFT BB HEMIBLOCK
21	4263	1/1/1990	12/31/2299	LEFT BB BLOCK NEC
21	4264	1/1/1990	12/31/2299	RT BUNDLE BRANCH BLOCK
21	4265	1/1/1990	12/31/2299	BUNDLE BRANCH BLK NEC/NOS
21	42650	1/1/1990	12/31/2299	BUNDLE BRANCH BLOCK NOS
21	42651	1/1/1990	12/31/2299	RT BBB/LFT POST FASC BLK
21	42652	1/1/1990	12/31/2299	RT BBB/LFT ANT FASC BLK
21	42653	1/1/1990	12/31/2299	BILAT BB BLOCK NEC
21	42654	1/1/1990	12/31/2299	TRIFASCICULAR BLOCK
21	4266	1/1/1990	12/31/2299	OTHER HEART BLOCK
21	4267	1/1/1990	12/31/2299	ANOMALOUS AV EXCITATION
21	4268	1/1/1990	12/31/2299	OTH CONDUCTION DISORDER
21	42681	1/1/1990	12/31/2299	LOWN-GANONG-LEVINE SYND
21	42689	1/1/1990	12/31/2299	CONDUCTION DISORDER NEC
21	4269	1/1/1990	12/31/2299	CONDUCTION DISORDER NOS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	427	1/1/1990	12/31/2299	CARDIAC DYSRHYTHMIAS
21	4270	1/1/1990	12/31/2299	PAROX ATRIAL TACHYCARDIA
21	4271	1/1/1990	12/31/2299	PAROX VENTRIC TACHYCARD
21	4272	1/1/1990	12/31/2299	PAROX TACHYCARDIA NOS
21	4273	1/1/1900	12/31/2299	ATRIAL FIBRILL/FLUTTER
21	42731	1/1/1900	12/31/2299	ATRIAL FIBRILLATION
21	42732	1/1/1900	12/31/2299	ATRIAL FLUTTER
21	4274	1/1/1900	12/31/2299	VENTRIC FIBRILL/FLUTTER
21	42741	1/1/1900	12/31/2299	VENTRICULAR FIBRILLATION
21	42742	1/1/1900	12/31/2299	VENTRICULAR FLUTTER
21	4275	1/1/1900	12/31/2299	CARDIAC ARREST
21	4276	1/1/1900	12/31/2299	PREMATURE BEATS
21	42760	1/1/1900	12/31/2299	PREMATURE BEATS NOS
21	42761	1/1/1900	12/31/2299	ATRIAL PREMATURE BEATS
21	42769	1/1/1900	12/31/2299	PREMATURE BEATS NEC
21	4278	1/1/1900	12/31/2299	OTH CARDIAC DYSRHYTHMIAS
21	42781	1/1/1900	12/31/2299	SINOATRIAL NODE DYSFUNCT
21	42789	1/1/1990	12/31/2299	CARDIAC DYSRHYTHMIAS NEC
21	4279	1/1/1990	12/31/2299	CARDIAC DYSRHYTHMIA NOS
21	428	1/1/1990	12/31/2299	HEART FAILURE
21	4280	1/1/1900	12/31/2299	CONGESTIVE HEART FAILURE
21	4281	1/1/1990	12/31/2299	LEFT HEART FAILURE
21	4289	1/1/1990	12/31/2299	HEART FAILURE NOS
21	4290	1/1/1990	12/31/2299	MYOCARDITIS NOS
21	4291	1/1/1990	12/31/2299	MYOCARDIAL DEGENERATION
21	430	1/1/1990	12/31/2299	SUBARACHNOID HEMORRHAGE
21	431	1/1/1990	12/31/2299	INTRACEREBRAL HEMORRHAGE
21	432	1/1/1990	12/31/2299	INTRACRANIAL HEM NEC/NOS
21	4320	1/1/1990	12/31/2299	NONTRAUM EXTRADURAL HEM
21	4321	1/1/1990	12/31/2299	SUBDURAL HEMORRHAGE
21	4329	1/1/1990	12/31/2299	INTRACRANIAL HEMORR NOS
21	4330	1/1/1990	12/31/2299	BASILAR ARTERY OCCLUSION
21	43300	1/1/1990	12/31/2299	OCCLUSION AND STENOSIS OF
21	4331	1/1/1990	12/31/2299	CAROTID ARTERY OCCLUSION
21	43310	1/1/1990	12/31/2299	OCCLUSION AND STENOSIS OF
21	4332	1/1/1990	12/31/2299	VERTEBRAL ART OCCLUSION
21	43320	1/1/1990	12/31/2299	OCCLUSION AND STENOSIS OF

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Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	4333	1/1/1990	12/31/2299	MULT PRECEREB OCCLUSION
21	43330	1/1/1990	12/31/2299	OCCLUSION AND STENOSIS OF
21	4338	1/1/1990	12/31/2299	PRECEREB OCCLUSION NEC
21	43380	1/1/1990	12/31/2299	OCCLUSION AND STENOSIS OF
21	4339	1/1/1990	12/31/2299	PRECEREB OCCLUSION NOS
21	43390	1/1/1990	12/31/2299	OCCLUSION AND STENOSIS OF
21	4340	1/1/1990	12/31/2299	CEREBRAL THROMBOSIS
21	43400	1/1/1990	12/31/2299	CEREBRAL THROMBOSIS W/O M
21	4341	1/1/1990	12/31/2299	CEREBRAL EMBOLISM
21	43410	1/1/1990	12/31/2299	CEREBRAL EMBOLISM W/O MEN
21	4349	1/1/1990	12/31/2299	CEREBR ARTERY OCCLUS NOS
21	43490	1/1/1990	12/31/2299	CEREBRAL ARTERY OCCLUSION
21	436	1/1/1990	12/31/2299	CVA
21	4373	1/1/1990	12/31/2299	NONRUPT CEREBRAL ANEURYSM
21	4410	1/1/1990	12/31/2299	DISSECTING ANEURYSM
21	44100	1/1/1990	12/31/2299	DISSECTING AORTIC
21	4411	1/1/1990	12/31/2299	RUPTURE THORACIC ANEURYSM
21	4413	1/1/1990	12/31/2299	RUPT ABD AORTIC ANEURYSM
21	4415	1/1/1990	12/31/2299	RUPT AORTIC ANEURYSM NOS
21	4440	1/1/1990	12/31/2299	ABD AORTIC EMBOLISM
21	4441	1/1/1990	12/31/2299	THORACIC AORTIC EMBOLISM
21	44421	1/1/1990	12/31/2299	UPPER EXTREMITY EMBOLISM
21	44422	1/1/1990	12/31/2299	LOWER EXTREMITY EMBOLISM
21	44481	1/1/1990	12/31/2299	ILIAC ARTERY EMBOLISM
21	44489	1/1/1990	12/31/2299	ARTERIAL EMBOLISM NEC
21	4449	1/1/1900	12/31/2299	ARTERIAL EMBOLISM NOS
21	4470	1/1/1990	12/31/2299	ACQ ARTERIOVEN FISTULA
21	4472	1/1/1990	12/31/2299	RUPTURE OF ARTERY
21	451	1/1/1990	12/31/2299	THROMBOPHLEBITIS
21	4510	1/1/1990	12/31/2299	SUPERFIC PHLEBITIS-LEG
21	4511	1/1/1990	12/31/2299	DEEP PHLEBITIS-LEG
21	45111	1/1/1990	12/31/2299	PHLEBITIS &THROMBOPHLEBIT
21	45119	1/1/1990	12/31/2299	DEEP PHLEBITIS-LEG NEC
21	4512	1/1/1990	12/31/2299	THROMBOPHLEBITIS LEG NOS
21	4518	1/1/1990	12/31/2299	THROMBOPHLEBITIS NEC
21	45181	1/1/1990	12/31/2299	ILIAC THROMBOPHLEBITIS
21	45182	1/1/1990	12/31/2299	PHLEBITIS AND THROMBOPHLE

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Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	45183	1/1/1990	12/31/2299	PHLEBITIS AND THROMBOPHLE
21	45184	1/1/1990	12/31/2299	PHLEBITIS AND THROMBOPHLE
21	45189	1/1/1990	12/31/2299	OTH THROMBOPHLEBITIS NEC
21	4519	1/1/1990	12/31/2299	THROMBOPHLEBITIS NOS
21	4530	1/1/1990	12/31/2299	BUDD-CHIARI SYNDROME
21	4531	1/1/1990	12/31/2299	THROMBOPHLEBITIS MIGRANS
21	4532	1/1/1990	12/31/2299	VENA CAVA THROMBOSIS
21	4533	1/1/1990	12/31/2299	RENAL VEIN THROMBOSIS
21	4538	1/1/1990	12/31/2299	VENOUS THROMBOSIS NEC
21	4539	1/1/1990	12/31/2299	VENOUS THROMBOSIS NOS
21	4552	1/1/1990	12/31/2299	INT HEMRRHOID W COMP NEC
21	4555	1/1/1990	12/31/2299	EXT HEMRRHOID W COMP NEC
21	4560	1/1/1990	12/31/2299	ESOPHAG VARICES W BLEED
21	4562	1/1/1990	12/31/2299	ESOPH VARICES IN OTH DIS
21	45620	1/1/1990	12/31/2299	ESOPH VAR W BLEED OTH DIS
21	45621	1/1/1990	12/31/2299	ESOPH VAR W/O BLEED OTH D
21	4590	1/1/1990	12/31/2299	HEMORRHAGE NOS
21	4641	1/1/1990	12/31/2299	ACUTE TRACHEITIS
21	46410	1/1/1990	12/31/2299	AC TRACHEITIS NO OBSTRUC
21	4642	1/1/1990	12/31/2299	ACUTE LARYNGOTRACHEITIS
21	46420	1/1/1990	12/31/2299	AC LARYNGOTRACH NO OBSTR
21	46421	1/1/1990	12/31/2299	AC LARYNGOTRACH W OBSTR
21	4643	1/1/1990	12/31/2299	ACUTE EPIGLOTTITIS
21	46430	1/1/1990	12/31/2299	AC EPIGLOTTITIS NO OBSTR
21	46431	1/1/1990	12/31/2299	AC EPIGLOTTITIS W OBSTR
21	4644	1/1/1990	12/31/2299	CROUP
21	466	1/1/1990	12/31/2299	AC BRONCHITIS/BRONCHIOL
21	4660	1/1/1990	12/31/2299	ACUTE BRONCHITIS
21	4661	1/1/1990	12/31/2299	ACUTE BRONCHIOLITIS
21	475	1/1/1990	12/31/2299	PERITONSILLAR ABSCESS
21	47821	1/1/1990	12/31/2299	CELLULITIS OF PHARYNX
21	47824	1/1/1990	12/31/2299	RETROPHARYNGEAL ABSCESS
21	47825	1/1/1990	12/31/2299	EDEMA PHARYNX/NASOPHARYX
21	47826	1/1/1990	12/31/2299	CYST PHARYNX/NASOPHARYNX
21	4786	1/1/1990	12/31/2299	EDEMA OF LARYNX
21	47871	1/1/1990	12/31/2299	LARYNGEAL CELLULITIS
21	47875	1/1/1990	12/31/2299	LARYNGEAL SPASM

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	47879	1/1/1990	12/31/2299	DISEASE OF LARYNX NEC
21	480	1/1/1990	12/31/2299	VIRAL PNEUMONIA
21	4800	1/1/1990	12/31/2299	ADENOVIRAL PNEUMONIA
21	4801	1/1/1900	12/31/2299	RESP SYNCYT VIRAL PNEUM
21	4802	1/1/1900	12/31/2299	PARINFLUENZA VIRAL PNEUM
21	4808	1/1/1900	12/31/2299	VIRAL PNEUMONIA NEC
21	4809	1/1/1900	12/31/2299	VIRAL PNEUMONIA NOS
21	4820	1/1/1900	12/31/2299	K. PNEUMONIAE PNEUMONIA
21	4821	1/1/1900	12/31/2299	PSEUDOMONAL PNEUMONIA
21	4823	1/1/1900	12/31/2299	STREPTOCOCCAL PNEUMONIA
21	48230	1/1/1900	12/31/2299	PNEUMONIA DUE TO UNSPECIF
21	48232	1/1/1900	12/31/2299	DUE TO STREPTOCOCCUS GROU
21	48239	1/1/1900	12/31/2299	DUE TO OTHER STREPTOCOCCU
21	4824	1/1/1900	12/31/2299	STAPHYLOCOCCAL PNEUMONIA
21	48281	1/1/1900	12/31/2299	DUE TO ANAEROBES
21	48283	1/1/1900	12/31/2299	DUE TO OTHER GRAM NEGATIV
21	4829	1/1/1900	12/31/2299	BACTERIAL PNEUMONIA NOS
21	483	1/1/1900	12/31/2299	PNEUMONIA: ORGANISM NEC
21	4830	1/1/1900	12/31/2299	PNEUMONIA DUE TO MYCOPLAS
21	484	1/1/1900	12/31/2299	PNEUM IN OTH INFEC DIS
21	4841	1/1/1900	12/31/2299	PNEUM W CYTOMEG INCL DIS
21	4843	1/1/1900	12/31/2299	PNEUMONIA IN WHOOP COUGH
21	4845	1/1/1900	12/31/2299	PNEUMONIA IN ANTHRAX
21	4846	1/1/1900	12/31/2299	PNEUM IN ASPERGILLOSIS
21	4847	1/1/1900	12/31/2299	PNEUM IN OTH SYS MYCOSES
21	4848	1/1/1900	12/31/2299	PNEUM IN INFECT DIS NEC
21	485	1/1/1900	12/31/2299	BRONCOPNEUMONIA ORG NOS
21	486	1/1/1900	12/31/2299	PNEUMONIA, ORGANISM NOS
21	4870	1/1/1900	12/31/2299	INFLUENZA WITH PNEUMONIA
21	4871	1/1/1900	12/31/2299	FLU W RESP MANIFEST NEC
21	493	1/1/1900	12/31/2299	ASTHMA
21	4930	1/1/1900	12/31/2299	EXTRINSIC ASTHMA
21	49300	1/1/1900	12/31/2299	EXT ASTHMA W/O STAT ASTH
21	49301	1/1/1900	12/31/2299	EXT ASTHMA W STATUS ASTH
21	49310	1/1/1900	12/31/2299	INT ASTHMA W/O STAT ASTH
21	49311	1/1/1900	12/31/2299	INT ASTHMA W STATUS ASTH
21	4932	1/1/1900	12/31/2299	CHRONIC OBSTRUCT ASTHMA-O

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	49320	1/1/1900	12/31/2299	CHRONIC OBSTRUCTIVE ASTHM
21	49321	1/1/1900	12/31/2299	CHRONIC OBSTRUCTIVE ASTHM
21	4939	1/1/1900	12/31/2299	ASTHMA NOS
21	49390	1/1/1900	12/31/2299	ASTHMA W/O STATUS ASTHM
21	49391	1/1/1900	12/31/2299	ASTHMA W STATUS ASTHMATIC
21	4957	1/1/1990	12/31/2299	"VENTILATION" PNEUMONIT
21	5061	1/1/1990	12/31/2299	FUM/VAPOR AC PULM EDEMA
21	5070	1/1/1990	12/31/2299	FOOD/VOMIT PNEUMONITIS
21	5071	1/1/1990	12/31/2299	OIL/ESSENCE PNEUMONITIS
21	5078	1/1/1990	12/31/2299	SOLID/LIQ PNEUMONIT NEC
21	5100	1/1/1990	12/31/2299	EMPYEMA WITH FISTULA
21	5109	1/1/1990	12/31/2299	EMPYEMA W/O FISTULA
21	5110	1/1/1990	12/31/2299	PLEURISY W/O EFFUS OR TB
21	5111	1/1/1990	12/31/2299	BACT PLEUR/EFFUS NOT TB
21	5118	1/1/1990	12/31/2299	PLEURAL EFFUS NEC NOT TB
21	5119	1/1/1990	12/31/2299	PLEURAL EFFUSION NOS
21	512	1/1/1990	12/31/2299	PNEUMOTHORAX
21	5120	1/1/1990	12/31/2299	SPONT TENS PNEUMOTHORAX
21	5128	1/1/1990	12/31/2299	SPONT PNEUMOTHORAX NEC
21	5130	1/1/1990	12/31/2299	ABSCESS OF LUNG
21	5131	1/1/1990	12/31/2299	ABSCESS OF MEDIASTINUM
21	5180	1/1/1990	12/31/2299	PULMONARY COLLAPSE
21	5181	1/1/1990	12/31/2299	INTERSTITIAL EMPHYSEMA
21	5185	1/1/1990	12/31/2299	POST TRAUM PULM INSUFFIC
21	51881	1/1/1990	12/31/2299	RESPIRATORY FAILURE
21	5190	1/1/1990	12/31/2299	TRACHEOSTOMY COMPLIC
21	5283	1/1/1990	12/31/2299	CELLULITIS/ABSCESS MOUTH
21	5290	1/1/1990	12/31/2299	GLOSSITIS
21	5303	1/1/1990	12/31/2299	ESOPHAGEAL STRICTURE
21	5307	1/1/1990	12/31/2299	MALLORY-WEISS SYNDROME
21	5308	1/1/1990	12/31/2299	ESOPHAGEAL DISORDER NEC
21	531	1/1/1990	12/31/2299	GASTRIC ULCER
21	5310	1/1/1990	12/31/2299	AC STOMACH ULCER W HEM
21	53100	1/1/1990	12/31/2299	AC STOM ULC W HEM -NO OBST
21	53101	1/1/1990	12/31/2299	AC STOM ULC W HEM -OBST
21	5311	1/1/1990	12/31/2299	AC STOMACH ULCER W PERF
21	53110	1/1/1990	12/31/2299	AC STOM ULC W PERF-NO OBS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	53111	1/1/1990	12/31/2299	AC STOM ULC W PERF-OBST
21	5312	1/1/1990	12/31/2299	AC STOM ULC W HEM/PERF
21	53120	1/1/1990	12/31/2299	AC STOM ULC W HEM/PERF-NO
21	53121	1/1/1990	12/31/2299	AC STOM ULC HEM/PERF-OBS
21	5314	1/1/1990	12/31/2299	CHR STOMACH ULC W HEM
21	53140	1/1/1990	12/31/2299	CHR STOM ULC W HEM -NO OBS
21	53141	1/1/1990	12/31/2299	CHR STOM ULC W HEM -OBSTR
21	5315	1/1/1990	12/31/2299	CHR STOMACH ULCER W PERF
21	53150	1/1/1990	12/31/2299	CHR STOM ULC W PERF-NO OB
21	53151	1/1/1990	12/31/2299	CHR STOM ULC W PERF-OBST
21	5316	1/1/1990	12/31/2299	CHR STOMACH ULC HEM/PERF
21	53160	1/1/1990	12/31/2299	CHR STOM ULC HEM/PERF-NO
21	53161	1/1/1990	12/31/2299	CHR STOM ULC HEM/PERF-OB
21	532	1/1/1990	12/31/2299	DUODENAL ULCER
21	5320	1/1/1990	12/31/2299	AC DUODENAL ULCER W HEM
21	53200	1/1/1990	12/31/2299	AC DUODEN ULC W HEM -NO OB
21	53201	1/1/1990	12/31/2299	AC DUODEN ULC W HEM -OBST
21	5321	1/1/1990	12/31/2299	AC DUODENAL ULCER W PERF
21	53210	1/1/1990	12/31/2299	AC DUODEN ULC PERF-NO OBS
21	53211	1/1/1990	12/31/2299	AC DUODEN ULC PERF-OBSTR
21	5322	1/1/1990	12/31/2299	AC DUODEN ULC W HEM/PERF
21	53220	1/1/1990	12/31/2299	AC DUOD ULC HEM/PERF-NO O
21	53221	1/1/1990	12/31/2299	AC DUOD ULC HEM/PERF-OBS
21	5324	1/1/1990	12/31/2299	CHR DUODEN ULCER W HEM
21	53240	1/1/1990	12/31/2299	CHR DUODEN ULC HEM -NO OBS
21	53241	1/1/1990	12/31/2299	CHR DUODEN ULC HEM -OBSTR
21	5325	1/1/1990	12/31/2299	CHR DUODEN ULCER W PERF
21	53250	1/1/1990	12/31/2299	CHR DUODEN ULC W PERF-NO
21	53251	1/1/1990	12/31/2299	CHR DUODEN ULC PERF-OBST
21	5326	1/1/1990	12/31/2299	CHR DUODEN ULC HEM/PERF
21	53260	1/1/1990	12/31/2299	CHR DUOD ULC HEM/PERF-NO
21	53261	1/1/1990	12/31/2299	CHR DUOD ULC HEM/PERF-OB
21	5330	1/1/1990	12/31/2299	AC PEPTIC ULCER W HEMORR
21	53300	1/1/1990	12/31/2299	AC PEPTIC ULC W HEM -NO OB
21	53301	1/1/1990	12/31/2299	AC PEPTIC ULC W HEM -OBST
21	5331	1/1/1990	12/31/2299	AC PEPTIC ULCER W PERFOR
21	53310	1/1/1990	12/31/2299	AC PEPTIC ULC W PERF-NO O

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	53311	1/1/1990	12/31/2299	AC PEPTIC ULC W PERF-OBS
21	5332	1/1/1990	12/31/2299	AC PEPTIC ULC W HEM/PERF
21	53320	1/1/1990	12/31/2299	AC PEPT ULC HEM/PERF-NO O
21	53321	1/1/1990	12/31/2299	AC PEPT ULC HEM/PERF-OBS
21	5334	1/1/1990	12/31/2299	CHR PEPTIC ULCER W HEM
21	53340	1/1/1990	12/31/2299	CHR PER ULC W HEM -NO OBS
21	53341	1/1/1990	12/31/2299	CHR PEPTIC ULC W HEM -OBS
21	5335	1/1/1990	12/31/2299	CHR PEPTIC ULCER W PERF
21	53350	1/1/1990	12/31/2299	CHR PEP ULC W PERF-NO OBS
21	53351	1/1/1990	12/31/2299	CHR PEPTIC ULC PERF-OBST
21	5336	1/1/1990	12/31/2299	CHR PEPT ULC W HEM/PERF
21	53360	1/1/1990	12/31/2299	CHR PEP ULC HEM/PERF-NO O
21	53361	1/1/1990	12/31/2299	CHR PEPT ULC HEM/PERF-OB
21	5340	1/1/1990	12/31/2299	AC MARGINAL ULCER W HEM
21	53400	1/1/1990	12/31/2299	AC MARGIN ULC W HEM -NO OB
21	53401	1/1/1990	12/31/2299	AC MARGIN ULC W HEM -OBST
21	5341	1/1/1990	12/31/2299	AC MARGINAL ULCER W PERF
21	53410	1/1/1990	12/31/2299	AC MARGIN ULC W PERF-NO O
21	53411	1/1/1990	12/31/2299	AC MARGIN ULC W PERF-OBS
21	5342	1/1/1990	12/31/2299	AC MARGIN ULC W HEM/PERF
21	53420	1/1/1990	12/31/2299	AC MARG ULC HEM/PERF-NO O
21	53421	1/1/1990	12/31/2299	AC MARG ULC HEM/PERF-OBS
21	5344	1/1/1990	12/31/2299	CHR MARGINAL ULCER W HEM
21	53440	1/1/1990	12/31/2299	CHR MARGIN ULD W HEM -NO O
21	53441	1/1/1990	12/31/2299	CHR MARGIN ULC W HEM -OBS
21	5345	1/1/1990	12/31/2299	CHR MARGINAL ULC W PERF
21	53450	1/1/1990	12/31/2299	CHR MARGIN ULC PERF-NO OB
21	53451	1/1/1990	12/31/2299	CHR MARGIN ULC PERF-OBST
21	5346	1/1/1990	12/31/2299	CHR MARGIN ULC HEM/PERF
21	53460	1/1/1990	12/31/2299	CHR MARG ULC HEM/PERF-NO
21	53461	1/1/1990	12/31/2299	CHR MARG ULC HEM/PERF-OB
21	5362	1/1/1990	12/31/2299	PERSISTENT VOMITING
21	540	1/1/1990	12/31/2299	ACUTE APPENDICITIS
21	5400	1/1/1990	12/31/2299	AC APPEND W PERITONITIS
21	5401	1/1/1990	12/31/2299	ABSCESS OF APPENDIX
21	5409	1/1/1990	12/31/2299	ACUTE APPENDICITIS NOS
21	541	1/1/1990	12/31/2299	APPENDICITIS NOS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	542	1/1/1990	12/31/2299	OTHER APPENDICITIS
21	5500	1/1/1990	12/31/2299	INGUIN HERNIA W GANGRENE
21	55000	1/1/1990	12/31/2299	UNILAT ING HERNIA W GANG
21	55001	1/1/1990	12/31/2299	RECUR UNIL ING HERN-GANG
21	55002	1/1/1990	12/31/2299	BILAT ING HERNIA W GANG
21	55003	1/1/1990	12/31/2299	RECUR BIL ING HERN-GANG
21	5501	1/1/1990	12/31/2299	INGUIN HERNIA W OBSTRUCT
21	55010	1/1/1990	12/31/2299	UNILAT ING HERNIA W OBST
21	55011	1/1/1990	12/31/2299	RECUR UNIL ING HERN-OBST
21	55012	1/1/1900	12/31/2299	BILAT ING HERNIA W OBST
21	5510	1/1/1900	12/31/2299	FEMORAL HERNIA W GANGREN
21	55100	1/1/1900	12/31/2299	UNIL FEMORAL HERN W GANG
21	55101	1/1/1900	12/31/2299	REC UNIL FEM HERN W GANG
21	55102	1/1/1900	12/31/2299	BILAT FEM HERN W GANG
21	55103	1/1/1900	12/31/2299	RECUR BIL FEM HERN-GANG
21	5511	1/1/1900	12/31/2299	UMBILICAL HERNIA W GANGR
21	5512	1/1/1900	12/31/2299	VENTRAL HERNIA W GANGREN
21	55120	1/1/1900	12/31/2299	GANGR VENTRAL HERNIA NOS
21	55121	1/1/1900	12/31/2299	GANGR INCISIONAL HERNIA
21	55129	1/1/1900	12/31/2299	GANG VENTRAL HERNIA NEC
21	5513	1/1/1900	12/31/2299	DIAPHRAGM HERNIA W GANGR
21	5518	1/1/1900	12/31/2299	HERNIA, SITE NEC W GANGR
21	5519	1/1/1900	12/31/2299	HERNIA, SITE NOS W GANGR
21	5520	1/1/1900	12/31/2299	FEMORAL HERNIA W OBSTRUC
21	55200	1/1/1900	12/31/2299	UNIL FEMORAL HERN W OBST
21	55201	1/1/1900	12/31/2299	REC UNIL FEM HERN W OBST
21	55202	1/1/1900	12/31/2299	BIL FEMORAL HERN W OBSTR
21	55203	1/1/1900	12/31/2299	REC BIL FEM HERN W OBSTR
21	5521	1/1/1900	12/31/2299	UMBILICAL HERNIA W OBSTR
21	5522	1/1/1900	12/31/2299	VENTRAL HERNIA W OBSTRUC
21	55220	1/1/1900	12/31/2299	OBSTR VENTRAL HERNIA NOS
21	55221	1/1/1900	12/31/2299	OBSTR INCISIONAL HERNIA
21	55229	1/1/1900	12/31/2299	OBSTR VENTRAL HERNIA NEC
21	5523	1/1/1900	12/31/2299	DIAPHRAGM HERNIA W OBSTR
21	5528	1/1/1900	12/31/2299	HERNIA, SITE NEC W OBSTR
21	5529	1/1/1900	12/31/2299	HERNIA, SITE NOS W OBSTR
21	5570	1/1/1900	12/31/2299	AC VASC INSUFF INTESTINE

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	5600	1/1/1990	12/31/2299	INTUSSUSCEPTION
21	5601	1/1/1900	12/31/2299	PARALYTIC ILEUS
21	5602	1/1/1900	12/31/2299	VOLVULUS OF INTESTINE
21	5603	1/1/1900	12/31/2299	IMPACTION OF INTESTINE
21	56030	1/1/1900	12/31/2299	IMPACTION INTESTINE NOS
21	56031	1/1/1900	12/31/2299	GALLSTONE ILEUS
21	56039	1/1/1900	12/31/2299	IMPACTION INTESTINE NEC
21	56081	1/1/1900	12/31/2299	INTESTINAL ADHES W OBSTR
21	56089	1/1/1900	12/31/2299	INTESTINAL OBSTRUCT NEC
21	5609	1/1/1900	12/31/2299	INTESTINAL OBSTRUCT NOS
21	56201	1/1/1900	12/31/2299	DIVERTICULITIS OF SMALL I
21	56211	1/1/1900	12/31/2299	DIVERTICULTIS OF COLON WI
21	567	1/1/1900	12/31/2299	PERITONITIS
21	5670	1/1/1900	12/31/2299	PERITONITIS IN INFEC DIS
21	5671	1/1/1900	12/31/2299	PNEUMOCOCCAL PERITONITIS
21	5672	1/1/1900	12/31/2299	SUPPURAT PERITONITIS NEC
21	5678	1/1/1900	12/31/2299	PERITONITIS NEC
21	5679	1/1/1900	12/31/2299	PERITONITIS NOS
21	5693	1/1/1900	12/31/2299	RECTAL & ANAL HEMORRHAGE
21	5695	1/1/1900	12/31/2299	INTESTINAL ABSCESS
21	56983	1/1/1900	12/31/2299	PERFORATION OF INTESTINE
21	5711	1/1/1900	12/31/2299	AC ALCOHOLIC HEPATITIS
21	5720	1/1/1900	12/31/2299	ABSCESS OF LIVER
21	5721	1/1/1900	12/31/2299	PORTAL PYEMIA
21	5722	1/1/1900	12/31/2299	HEPATIC COMA
21	5723	1/1/1900	12/31/2299	PORTAL HYPERTENSION
21	5724	1/1/1900	12/31/2299	HEPATORENAL SYNDROME
21	5728	1/1/1900	12/31/2299	OTH SEQUELA, CHR LIV DIS
21	5733	1/1/1900	12/31/2299	HEPATITIS NOS
21	5734	1/1/1900	12/31/2299	HEPATIC INFARCTION
21	5740	1/1/1900	12/31/2299	CHOLELITH W AC CHOLECYST
21	57400	1/1/1900	12/31/2299	CHOLELITH/AC GB INF-NO OB
21	57401	1/1/1900	12/31/2299	CHOLELITH/AC GB INF-OBST
21	5741	1/1/1900	12/31/2299	CHOLELITH W CHOLECYS NEC
21	57410	1/1/1900	12/31/2299	CHOLELITH/GR INF NEC-NO O
21	57411	1/1/1900	12/31/2299	CHOLELITH/GB INF NEC-OBS
21	5743	1/1/1900	12/31/2299	CHOLEDOCHOLITH/AC GB INF

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	57430	1/1/1900	12/31/2299	CHOLEDOCHLITH/AC GB-NO OB
21	57431	1/1/1900	12/31/2299	CHOLEDOCHLITH/AC GB-OBST
21	5744	1/1/1900	12/31/2299	CONG GENU RECURVAT/BOWING
21	57440	1/1/1900	12/31/2299	CHOLEDOCHLITH/GB NEC-NO O
21	57441	1/1/1900	12/31/2299	CHOLEDOCHLITH/GB NEC-OBS
21	5750	1/1/1900	12/31/2299	ACUTE CHOLECYSTITIS
21	5752	1/1/1900	12/31/2299	OBSTRUCTION GALLBLADDER
21	5753	1/1/1900	12/31/2299	HYDROPS OF GALLBLADDER
21	5754	1/1/1900	12/31/2299	PERFORATION GALLBLADDER
21	5761	1/1/1900	12/31/2299	CHOLANGITIS
21	5763	1/1/1900	12/31/2299	PERFORATION OF BILE DUCT
21	5770	1/1/1900	12/31/2299	ACUTE PANCREATITIS
21	578	1/1/1900	12/31/2299	GASTROINTESTINAL HEMORR
21	5780	1/1/1900	12/31/2299	HEMATEMESIS
21	5781	1/1/1900	12/31/2299	MELENA
21	5789	1/1/1990	12/31/2299	GASTROINTEST HEMORR NOS
21	5800	1/1/1990	12/31/2299	AC PROLIFERAT NEPHRITIS
21	5804	1/1/1990	12/31/2299	AC RAPIDLY PROGR NEPHRIT
21	58089	1/1/1990	12/31/2299	ACUTE NEPHRITIS NEC
21	5809	1/1/1990	12/31/2299	ACUTE NEPHRITIS NOS
21	5810	1/1/1990	12/31/2299	NEPHROTIC SYN, PROLIFER
21	5811	1/1/1990	12/31/2299	EPIMEMBRANOUS NEPHRITIS
21	5812	1/1/1990	12/31/2299	MEMBRANOPROLIF NEPHROSIS
21	5813	1/1/1990	12/31/2299	MINIMAL CHANGE NEPHROSIS
21	58181	1/1/1990	12/31/2299	NEPHROTIC SYN IN OTH DIS
21	58189	1/1/1990	12/31/2299	NEPHROTIC SYNDROME NEC
21	5819	1/1/1990	12/31/2299	NEPHROTIC SYNDROME NOS
21	5830	1/1/1990	12/31/2299	PROLIFERAT NEPHRITIS NOS
21	5831	1/1/1990	12/31/2299	MEMBRANOUS NEPHRITIS NOS
21	5832	1/1/1990	12/31/2299	MEMBRANOPROLIF NEPHR NOS
21	5834	1/1/1990	12/31/2299	RAPIDLY PROG NEPHRIT NOS
21	5836	1/1/1990	12/31/2299	RENAL CORT NECROSIS NOS
21	5837	1/1/1990	12/31/2299	NEPHR NOS/MEDULL NECROS
21	58381	1/1/1990	12/31/2299	NEPHRITIS NOS IN OTH DIS
21	58389	1/1/1990	12/31/2299	NEPHRITIS NEC
21	5839	1/1/1990	12/31/2299	NEPHRITIS NOS
21	584	1/1/1990	12/31/2299	ACUTE RENAL FAILURE

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	5845	1/1/1990	12/31/2299	LOWER NEPHRON NEPHROSIS
21	5846	1/1/1990	12/31/2299	AC RENAL FAIL, CORT NECR
21	5847	1/1/1990	12/31/2299	AC REN FAIL, MEDULL NECR
21	5848	1/1/1990	12/31/2299	AC RENAL FAILURE NEC
21	5849	1/1/1990	12/31/2299	ACUTE RENAL FAILURE NOS
21	5901	1/1/1990	12/31/2299	ACUTE PYELONEPHRITIS
21	59010	1/1/1990	12/31/2299	AC PYELONEPHR W/O MED NEC
21	59011	1/1/1990	12/31/2299	AC PYELONEPHR W MED NECR
21	5902	1/1/1990	12/31/2299	RENAL/PERIRENAL ABSCESS
21	5903	1/1/1990	12/31/2299	PYELOURETERITIS CYSTICA
21	5908	1/1/1990	12/31/2299	OTHER PYELONEPHRITIS
21	59080	1/1/1900	12/31/2299	PYELONEPHRITIS NOS
21	5909	1/1/1990	12/31/2299	INFECTION OF KIDNEY NOS
21	592	1/1/1990	12/31/2299	RENAL/URETERAL CALCULUS
21	5920	1/1/1990	12/31/2299	CALCULUS OF KIDNEY
21	5921	1/1/1990	12/31/2299	CALCULUS OF URETER
21	5929	1/1/1990	12/31/2299	URINARY CALCULUS NOS
21	5933	1/1/1990	12/31/2299	STRICTURE OF URETER
21	5934	1/1/1990	12/31/2299	URETERIC OBSTRUCTION NEC
21	5935	1/1/1990	12/31/2299	HYDROURETER
21	59381	1/1/1990	12/31/2299	RENAL VASCULAR DISORDER
21	5942	1/1/1990	12/31/2299	URETHRAL CALCULUS
21	5948	1/1/1990	12/31/2299	LOWER URIN CALCUL NEC
21	5949	1/1/1990	12/31/2299	LOWER URIN CALCUL NOS
21	5960	1/1/1990	12/31/2299	BLADDER NECK OBSTRUCTION
21	5966	1/1/1990	12/31/2299	BLADDER RUPT, NONTRAUM
21	5967	1/1/1990	12/31/2299	BLADDER WALL HEMORRHAGE
21	5980	1/1/1990	12/31/2299	URETHRAL STRICT:INFECT
21	59800	1/1/1990	12/31/2299	URETHR STRICT:INFECT NOS
21	5981	1/1/1990	12/31/2299	TRAUM URETHRAL STRICTURE
21	5982	1/1/1990	12/31/2299	POSTOP URETHRAL STRICTUR
21	5988	1/1/1990	12/31/2299	URETHRAL STRICTURE NEC
21	5989	1/1/1990	12/31/2299	URETHRAL STRICTURE NOS
21	6010	1/1/1990	12/31/2299	ACUTE PROSTATITIS
21	6021	1/1/1990	12/31/2299	PROSTATIC CONGEST/HEMORR
21	6040	1/1/1990	12/31/2299	ORCHITIS WITH ABSCESS
21	6072	1/1/1990	12/31/2299	INFLAM DIS, PENIS NEC

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	6073	1/1/1990	12/31/2299	PRIAPISM
21	60782	1/1/1990	12/31/2299	VASCULAR DISORDER, PENIS
21	60783	1/1/1990	12/31/2299	EDEMA OF PENIS
21	6082	1/1/1990	12/31/2299	TORSION OF TESTIS
21	60883	1/1/1990	12/31/2299	MALE GEN VASCUL DIS NEC
21	6110	1/1/1990	12/31/2299	INFLAM DISEASE OF BREAST
21	6140	1/1/1990	12/31/2299	AC SALPINGO-OOPHORITIS
21	6143	1/1/1990	12/31/2299	ACUTE PARAMETRITIS
21	6145	1/1/1990	12/31/2299	AC PELV PERITONITIS-FEM
21	6163	1/1/1990	12/31/2299	BARTHOLIN'S GLAND ABSCESS
21	6164	1/1/1990	12/31/2299	ABSCESS OF VULVA NEC
21	6205	1/1/1990	12/31/2299	TORSION OF OVARY OR TUBE
21	6206	1/1/1990	12/31/2299	BROAD LIGAMENT LACER SYN
21	6207	1/1/1990	12/31/2299	BROAD LIGAMENT HEMATOMA
21	6208	1/1/1990	12/31/2299	NONINFL DIS OVA/ADNX NEC
21	633	1/1/1990	12/31/2299	ECTOPIC PREGNANCY
21	6330	1/1/1990	12/31/2299	ABDOMINAL PREGNANCY
21	6331	1/1/1990	12/31/2299	TUBAL PREGNANCY
21	6332	1/1/1990	12/31/2299	OVARIAN PREGNANCY
21	6338	1/1/1990	12/31/2299	ECTOPIC PREGNANCY NEC
21	6339	1/1/1990	12/31/2299	ECTOPIC PREGNANCY NOS
21	634	1/1/1990	12/31/2299	SPONTANEOUS ABORTION
21	6340	1/1/1990	12/31/2299	SPON ABORT W PELVIC INF
21	63400	1/1/1990	12/31/2299	SPON ABOR W PEL INF-UNSP
21	63401	1/1/1990	12/31/2299	SPON ABOR W PEL INF-INC
21	63402	1/1/1990	12/31/2299	SPON ABOR W PEL INF-COMP
21	6341	1/1/1990	12/31/2299	SPON ABORT W HEMORRHAGE
21	63410	1/1/1990	12/31/2299	SPON ABORT W HEMORR-UNSP
21	63411	1/1/1990	12/31/2299	SPON ABORT W HEMORR-INC
21	63412	1/1/1990	12/31/2299	SPON ABORT W HEMORR-COMP
21	6342	1/1/1990	12/31/2299	SPON AB COMPLICATED BY DA
21	63420	1/1/1990	12/31/2299	SPON AB W PEL DAMAG-UNSP
21	63421	1/1/1990	12/31/2299	SPON AB W PEL DAMAG-INC
21	63422	1/1/1990	12/31/2299	SPON AB W PEL DAMAG-COMP
21	6343	1/1/1990	12/31/2299	SPON ABORT W RENAL FAIL
21	63430	1/1/1900	12/31/2299	SPON AB W REN FAIL-UNSP
21	63431	1/1/1990	12/31/2299	SPON AB W REN FAIL-INC

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	63432	1/1/1990	12/31/2299	SPON AB W REN FAIL-COMP
21	6344	1/1/1990	12/31/2299	SPON ABORT W METABOL DIS
21	63440	1/1/1990	12/31/2299	SPON AB W METAB DIS-UNSP
21	63441	1/1/1990	12/31/2299	SPON AB W METAB DIS-INC
21	63442	1/1/1990	12/31/2299	SPON AB W METAB DIS-COMP
21	6345	1/1/1990	12/31/2299	SPON ABORTION W SHOCK
21	63450	1/1/1990	12/31/2299	SPON ABORT W SHOCK-UNSP
21	63451	1/1/1990	12/31/2299	SPON ABORT W SHOCK-INC
21	63452	1/1/1990	12/31/2299	SPON ABORT W SHOCK-COMP
21	6346	1/1/1990	12/31/2299	SPON ABORTION W EMBOLISM
21	63460	1/1/1990	12/31/2299	SPON ABORT W EMBOL-UNSP
21	63461	1/1/1990	12/31/2299	SPON ABORT W EMBOL-INC
21	63462	1/1/1990	12/31/2299	SPON ABORT W EMBOL-COMP
21	6347	1/1/1990	12/31/2299	SPON ABORT W COMPL NEC
21	63470	1/1/1990	12/31/2299	SPON AB W COMPL NEC-UNSP
21	63471	1/1/1990	12/31/2299	SPON AB W COMPL NEC-INC
21	63472	1/1/1990	12/31/2299	SPON AB W COMPL NEC-COMP
21	6348	1/1/1990	12/31/2299	SPON ABORT W COMPL NOS
21	63480	1/1/1990	12/31/2299	SPON AB W COMPL NOS-UNSP
21	63481	1/1/1990	12/31/2299	SPON AB W COMPL NOS-INC
21	63482	1/1/1990	12/31/2299	SPON AB W COMPL NOS-COMP
21	6349	1/1/1990	12/31/2299	SPON ABORTION UNCOMPLIC
21	63490	1/1/1990	12/31/2299	SPON ABORT UNCOMPL-UNSP
21	63491	1/1/1900	12/31/2299	SPON ABORT UNCOMPL-INC
21	63492	1/1/1900	12/31/2299	SPON ABORT UNCOMPL-COMP
21	6350	1/1/1990	12/31/2299	LEGAL ABORTION COMPLICATE
21	63500	1/1/1990	12/31/2299	LEG ABOR W PELV INF-UNSP
21	63501	1/1/1990	12/31/2299	LEG ABOR W PELV INF-INC
21	63502	1/1/1990	12/31/2299	LEG ABOR W PELV INF-COMP
21	63510	1/1/1990	12/31/2299	LEGAL ABOR W HEMORR-UNSP
21	63511	1/1/1990	12/31/2299	LEGAL ABOR W HEMORR-INC
21	63512	1/1/1990	12/31/2299	LEGAL ABOR W HEMORR-COMP
21	6352	1/1/1990	12/31/2299	LEGAL ABORT W PELV DAMAGE
21	63520	1/1/1990	12/31/2299	LEG AB W PELV DAMAG-UNSP
21	63521	1/1/1990	12/31/2299	LEG AB W PELV DAMAG-INC
21	63522	1/1/1990	12/31/2299	LEG AB W PELV DAMAG-COMP
21	6353	1/1/1990	12/31/2299	LEGAL ABORT W RENAL FAIL

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	63530	1/1/1990	12/31/2299	LEG ABOR W REN FAIL-UNSP
21	63531	1/1/1990	12/31/2299	LEG ABOR W REN FAIL-INC
21	63532	1/1/1990	12/31/2299	LEG ABOR W REN FAIL-COMP
21	6354	1/1/1990	12/31/2299	LEGAL ABOR W METABOL DIS
21	63540	1/1/1990	12/31/2299	LEG AB W METAB DIS-UNSP
21	63541	1/1/1990	12/31/2299	LEG AB W METAB DIS-INC
21	63542	1/1/1900	12/31/2299	LEG AB W METAB DIS-COMP
21	6355	1/1/1900	12/31/2299	LEGAL ABORTION W SHOCK
21	63550	1/1/1900	12/31/2299	LEGAL ABORT W SHOCK-UNSP
21	63551	1/1/1900	12/31/2299	LEGAL ABORT W SHOCK-INC
21	63552	1/1/1900	12/31/2299	LEGAL ABORT W SHOCK-COMP
21	6356	1/1/1900	12/31/2299	LEGAL ABORT W EMBOLISM
21	63560	1/1/1900	12/31/2299	LEGAL ABORT W EMBOL-UNSP
21	63561	1/1/1900	12/31/2299	LEGAL ABORT W EMBOL-INC
21	63562	1/1/1900	12/31/2299	LEGAL ABORT W EMBOL-COMP
21	6357	1/1/1900	12/31/2299	LEGAL ABORT W COMPL NEC
21	63570	1/1/1900	12/31/2299	LEG AB W COMPL NEC-UNSP
21	63571	1/1/1900	12/31/2299	LEG AB W COMPL NEC-INC
21	63572	1/1/1900	12/31/2299	LEG AB W COMPL NEC-COMP
21	6358	1/1/1900	12/31/2299	LEGAL ABORT W COMPL NOS
21	63580	1/1/1900	12/31/2299	LEG AB W COMPL NOS-UNSP
21	63581	1/1/1900	12/31/2299	LEG AB W COMPL NOS-INC
21	63582	1/1/1900	12/31/2299	LEG AB W COMPL NOS-COMP
21	6360	1/1/1900	12/31/2299	ILLEG ABORT W PELVIC INF
21	63600	1/1/1900	12/31/2299	ILLEG AB W PELV INF-UNSP
21	63601	1/1/1900	12/31/2299	ILLEG AB W PELV INF-INC
21	63602	1/1/1900	12/31/2299	ILLEG AB W PELV INF-COMP
21	6361	1/1/1900	12/31/2299	ILLEG ABORT W HEMORRHAGE
21	63610	1/1/1900	12/31/2299	ILLEG AB W HEMORR-UNSPEC
21	63611	1/1/1900	12/31/2299	ILLEG AB W HEMORR-INC
21	63612	1/1/1900	12/31/2299	ILLEG AB W HEMORR-COMP
21	6362	1/1/1900	12/31/2299	ILLEG ABORT W PELV DAMAGE
21	63620	1/1/1900	12/31/2299	ILLEG AB W PEL DAMAG-UNSP
21	63621	1/1/1900	12/31/2299	ILLEG AB W PEL DAMAG-INC
21	63622	1/1/1900	12/31/2299	ILLEG AB W PEL DAMAG-COMP
21	63642	1/1/1900	12/31/2299	ILLEG AB W MET DIS-COMP
21	6365	1/1/1900	12/31/2299	ILLEGAL ABORTION W SHOCK

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	63650	1/1/1900	12/31/2299	ILLEG ABORT W SHOCK-UNSP
21	63651	1/1/1900	12/31/2299	ILLEG ABORT W SHOCK-INC
21	63652	1/1/1900	12/31/2299	ILLEG ABORT W SHOCK-COMP
21	6366	1/1/1900	12/31/2299	ILLEGAL ABORT W EMBOLISM
21	63660	1/1/1900	12/31/2299	ILLEG AB W EMBOLISM -UNSP
21	63661	1/1/1900	12/31/2299	ILLEG AB W EMBOLISM -INC
21	63662	1/1/1900	12/31/2299	ILLEG AB W EMBOLISM -COMP
21	6367	1/1/1900	12/31/2299	ILLEG ABORT W COMPL NEC
21	63670	1/1/1900	12/31/2299	ILLEG AB W COMPL NEC-UNSP
21	63671	1/1/1900	12/31/2299	ILLEG AB W COMPL NEC-INC
21	63672	1/1/1900	12/31/2299	ILLEG AB W COMPL NEC-COMP
21	6368	1/1/1900	12/31/2299	ILLEG ABORT W COMPL NOS
21	63680	1/1/1900	12/31/2299	ILLEG AB W COMPL NOS-UNSP
21	63681	1/1/1900	12/31/2299	ILLEG AB W COMPL NOS-INC
21	63682	1/1/1900	12/31/2299	ILLEG AB W COMPL NOS-COMP
21	6370	1/1/1900	12/31/2299	ABORT NOS W PELVIC INF
21	63700	1/1/1900	12/31/2299	ABORT NOS W PEL INF-UNSP
21	63701	1/1/1900	12/31/2299	ABORT NOS W PEL INF-INC
21	63702	1/1/1900	12/31/2299	ABORT NOS W PEL INF-COMP
21	6371	1/1/1900	12/31/2299	ABORT NOS W HEMORRHAGE
21	63710	1/1/1900	12/31/2299	ABORT NOS W HEMORR-UNSP
21	63711	1/1/1900	12/31/2299	ABORT NOS W HEMORR-INC
21	63712	1/1/1900	12/31/2299	ABORT NOS W HEMORR-COMP
21	6372	1/1/1900	12/31/2299	UNSPEC. AB COMPLICATED BY
21	63720	1/1/1900	12/31/2299	AB NOS W PELV DAMAG-UNSP
21	63721	1/1/1900	12/31/2299	AB NOS W PELV DAMAG-INC
21	63722	1/1/1900	12/31/2299	AB NOS W PELV DAMAG-COMP
21	6373	1/1/1900	12/31/2299	ABORT NOS W RENAL FAIL
21	63730	1/1/1900	12/31/2299	AB NOS W RENAL FAIL-UNSP
21	63731	1/1/1900	12/31/2299	AB NOS W RENAL FAIL-INC
21	63732	1/1/1900	12/31/2299	AB NOS W RENAL FAIL-COMP
21	6374	1/1/1900	12/31/2299	ABORT NOS W METABOL DIS
21	63740	1/1/1900	12/31/2299	AB NOS W METAB DIS-UNSP
21	63741	1/1/1900	12/31/2299	AB NOS W METAB DIS-INC
21	63742	1/1/1900	12/31/2299	AB NOS W METAB DIS-COMP
21	6375	1/1/1900	12/31/2299	ABORTION NOS W SHOCK
21	63750	1/1/1900	12/31/2299	ABORT NOS W SHOCK-UNSP

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	63751	1/1/1900	12/31/2299	ABORT NOS W SHOCK-INC
21	63752	1/1/1900	12/31/2299	ABORT NOS W SHOCK-COMP
21	6376	1/1/1900	12/31/2299	ABORTION NOS W EMBOLISM
21	63760	1/1/1900	12/31/2299	AB NOS W EMBOLISM -UNSP
21	63761	1/1/1900	12/31/2299	AB NOS W EMBOLISM -INC
21	63762	1/1/1900	12/31/2299	AB NOS W EMBOLISM -COMP
21	6377	1/1/1900	12/31/2299	ABORTION NOS W COMPL NEC
21	63770	1/1/1900	12/31/2299	AB NOS W COMPL NEC-UNSP
21	63771	1/1/1900	12/31/2299	AB NOS W COMPL NEC-INC
21	63772	1/1/1900	12/31/2299	AB NOS W COMPL NEC-COMP
21	6378	1/1/1900	12/31/2299	ABORTION NOS W COMPL NOS
21	63780	1/1/1900	12/31/2299	AB NOS W COMPL NOS-UNSP
21	63781	1/1/1900	12/31/2299	AB NOS W COMPL NOS-INC
21	63782	1/1/1900	12/31/2299	AB NOS W COMPL NOS-COMP
21	6380	1/1/1900	12/31/2299	ATTEM ABORT W PELVIC INF
21	6381	1/1/1900	12/31/2299	ATTEM ABORT W HEMORRHAGE
21	6382	1/1/1900	12/31/2299	ATTEM ABORT W PELV DAMAGE
21	6384	1/1/1900	12/31/2299	ATTEM ABOR W METABOL DIS
21	6385	1/1/1900	12/31/2299	ATTEM ABORTION W SHOCK
21	6386	1/1/1900	12/31/2299	ATTEMP ABORT W EMBOLISM
21	6387	1/1/1900	12/31/2299	ATTEMP ABORT W COMPL NEC
21	6388	1/1/1900	12/31/2299	ATTEMP ABORT W COMPL NOS
21	6390	1/1/1900	12/31/2299	POSTABORTION GENITAL INFE
21	6391	1/1/1900	12/31/2299	POSTABORTION HEMORRHAGE
21	6392	1/1/1900	12/31/2299	POSTABORT PELVIC DAMAGE
21	6393	1/1/1900	12/31/2299	POSTABORT RENAL FAILURE
21	6394	1/1/1900	12/31/2299	POSTABORT METABOLIC DIS
21	6395	1/1/1900	12/31/2299	POSTABORTION SHOCK
21	6396	1/1/1900	12/31/2299	POSTABORTION EMBOLISM
21	6399	1/1/1900	12/31/2299	POSTABORTION COMPL NOS
21	640	1/1/1900	12/31/2299	HEMORRHAGE IN EARLY PREG
21	6400	1/1/1900	12/31/2299	THREATENED ABORTION
21	64000	1/1/1900	12/31/2299	THREATENED ABORTION-UNSPE
21	64001	1/1/1900	12/31/2299	THREATENED ABORTION-DELIV
21	64003	1/1/1900	12/31/2299	THREATENED ABORTION-ANTEP
21	6408	1/1/1900	12/31/2299	HEMORR IN EARLY PREG NEC
21	64080	1/1/1900	12/31/2299	HEMORR IN EARLY PREG NEC-

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	64081	1/1/1900	12/31/2299	HEMORR IN EARLY PREG NEC-
21	64083	1/1/1900	12/31/2299	HEMORR IN EARLY PREG NEC-
21	6409	1/1/1900	12/31/2299	HEMORR IN EARLY PREG NOS
21	64090	1/1/1900	12/31/2299	HEMORR IN EARLY PREG NOS-
21	64091	1/1/1900	12/31/2299	HEMORR IN EARLY PREG NOS-
21	64093	1/1/1900	12/31/2299	HEMORR IN EARLY PREG NOS-
21	641	1/1/1900	12/31/2299	ANTEPART HEM & PLAC PREV
21	6410	1/1/1900	12/31/2299	PLACENTA PREVIA W/O HEM
21	64100	1/1/1900	12/31/2299	PLACENTA PREVIA W/O HEM -U
21	64101	1/1/1900	12/31/2299	PLACENTA PREVIA W/O HEM -D
21	64102	1/1/1900	12/31/2299	*PLACENTA PREV-DEL W P/P
21	64103	1/1/1900	12/31/2299	PLACENTA PREVIA W/O HEM -A
21	64104	1/1/1900	12/31/2299	*PLACENTA PREVIA-POSTPAR
21	6411	1/1/1900	12/31/2299	HEMORR FROM PLACENT PREV
21	64110	1/1/1900	12/31/2299	PLACENTA PREV HEM -UNSPEC
21	64111	1/1/1900	12/31/2299	PLACENTA PREV HEM -DELIV
21	64112	1/1/1900	12/31/2299	*PLAC PREV HEM -DEL W P/P
21	64113	1/1/1900	12/31/2299	PLACENTA PREV HEM -ANTEPAR
21	64114	1/1/1900	12/31/2299	*PLACENTA PREVIA HEM -P/P
21	6412	1/1/1900	12/31/2299	PREM SEPARATION PLACENTA
21	64120	1/1/1900	12/31/2299	PREM SEPAR PLACEN-UNSPEC
21	64121	1/1/1900	12/31/2299	PREM SEPAR PLACEN-DELIV
21	64122	1/1/1900	12/31/2299	*PREM SEP PLAC-DEL W P/P
21	64123	1/1/1900	12/31/2299	PREM SEPAR PLAC-ANTEPART
21	64124	1/1/1900	12/31/2299	*PREM SEPAR PLAC-POSTPAR
21	6413	1/1/1900	12/31/2299	COAG DEF ANTEPART HEMORR
21	64130	1/1/1900	12/31/2299	COAG DEF HEMORR-UNSPEC
21	64131	1/1/1900	12/31/2299	COAG DEF HEMORR-DELIVER
21	64132	1/1/1900	12/31/2299	*ANT HEM/COAG DF-DEL P/P
21	64133	1/1/1900	12/31/2299	COAG DEF HEMORR-ANTEPART
21	64134	1/1/1900	12/31/2299	*ANTEPA HEM/COAG DEF-P/P
21	6418	1/1/1900	12/31/2299	ANTEPARTUM HEMORR NEC
21	64180	1/1/1900	12/31/2299	ANTEPART HEM NEC-UNSPEC
21	64181	1/1/1900	12/31/2299	ANTEPART HEM NEC-DELIV
21	64182	1/1/1900	12/31/2299	*ANTEP HEM NEC-DEL W P/P
21	64183	1/1/1900	12/31/2299	ANTEPART HEM NEC-ANTEPAR
21	64184	1/1/1900	12/31/2299	*ANTEPAR HEM NEC-POSTPAR

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	6419	1/1/1900	12/31/2299	ANTEPARTUM HEMORR NOS
21	64190	1/1/1900	12/31/2299	ANTEPART HEM NOS-UNSPEC
21	64191	1/1/1900	12/31/2299	ANTEPART HEM NOS-DELIV
21	64193	1/1/1900	12/31/2299	ANTEPART HEM NOS-ANTEPAR
21	642	1/1/1900	12/31/2299	HYPERTENSION COMPL PREG
21	6420	1/1/1900	12/31/2299	ESSEN HYPERTEN COMP PREG
21	64200	1/1/1900	12/31/2299	ESSEN HYPERTEN PREG-UNSP
21	64201	1/1/1900	12/31/2299	ESSEN HYPERTEN-DELIVERED
21	64202	1/1/1900	12/31/2299	ESSEN HYPERTEN-DEL W P/P
21	64203	1/1/1900	12/31/2299	ESSEN HYPERTEN-ANTEPART
21	64204	1/1/1900	12/31/2299	ESSEN HYPERTEN-POSTPART
21	6421	1/1/1900	12/31/2299	RENAL HYPERTEN OF PREG
21	64210	1/1/1900	12/31/2299	RENAL HYPERTEN PREG-UNSP
21	64211	1/1/1900	12/31/2299	RENAL HYPERTEN-DELIVER
21	64212	1/1/1900	12/31/2299	RENAL HYPERTEN-DEL W P/P
21	64213	1/1/1900	12/31/2299	RENAL HYPERTEN-ANTEPART
21	64214	1/1/1900	12/31/2299	RENAL HYPERTEN-POSTPART
21	6422	1/1/1900	12/31/2299	OLD HYPERTEN PREG NEC
21	64220	1/1/1900	12/31/2299	OLD HYPERTEN PREG-UNSPEC
21	64221	1/1/1900	12/31/2299	OLD HYPERTEN NEC-DELIVER
21	64222	1/1/1900	12/31/2299	OLD HYPERTEN NEC-DEL W P/
21	64223	1/1/1900	12/31/2299	OLD HYPERTEN NEC-ANTEPAR
21	64224	1/1/1900	12/31/2299	OLD HYPERTEN NEC-POSTPAR
21	6423	1/1/1900	12/31/2299	TRANS HYPERTENSION PREG
21	64230	1/1/1900	12/31/2299	TRANS HYPERTEN PREG-UNSP
21	64231	1/1/1900	12/31/2299	TRANS HYPERTEN-DELIVERED
21	64232	1/1/1900	12/31/2299	TRANS HYPERTEN-DEL W P/P
21	64233	1/1/1900	12/31/2299	TRANS HYPERTEN-ANTEPART
21	64234	1/1/1900	12/31/2299	TRANS HYPERTEN-POSTPART
21	6424	1/1/1900	12/31/2299	MILD/NOS PRE-ECLAMPSIA
21	64240	1/1/1900	12/31/2299	MILD/NOS PREECLAMP-UNSP
21	64241	1/1/1900	12/31/2299	MILD/NOS PREECLAMP-DELIV
21	64242	1/1/1900	12/31/2299	MILD/NOS PREEC LAMP-DEL W
21	64243	1/1/1900	12/31/2299	MILD/NOS PREECLAMP-ANTEP
21	64244	1/1/1900	12/31/2299	MILD/NOS PREEC LAMP-POSTP
21	6425	1/1/1900	12/31/2299	SEVERE PRE-ECLAMPSIA
21	64250	1/1/1900	12/31/2299	SEVERE PREECLAMP-UNSPEC

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	64251	1/1/1900	12/31/2299	SEVERE PREECLAMP-DELIVER
21	64252	1/1/1900	12/31/2299	SEV PREECLAMP-DEL W P/P
21	64253	1/1/1900	12/31/2299	SEV PREECLAMP-ANTEPARTUM
21	64254	1/1/1900	12/31/2299	SEV PREECLAMP-POSTPART UM
21	6426	1/1/1900	12/31/2299	ECLAMPSIA
21	64260	1/1/1900	12/31/2299	ECLAMPSIA-UNSPECIFIED
21	64261	1/1/1900	12/31/2299	ECLAMPSIA-DELIVERED
21	64262	1/1/1900	12/31/2299	ECLAMPSIA-DELIV W P/P
21	64263	1/1/1900	12/31/2299	ECLAMPSIA-ANTEPARTUM
21	64264	1/1/1900	12/31/2299	ECLAMPSIA-POSTPARTUM
21	6427	1/1/1900	12/31/2299	TOXEMIA W OLD HYPERTEN
21	64270	1/1/1900	12/31/2299	TOX W OLD HYPERTEN-UNSP
21	64271	1/1/1900	12/31/2299	TOX W OLD HYPERTEN-DELIV
21	64272	1/1/1900	12/31/2299	TOX W OLD HYP-DEL W P/P
21	64273	1/1/1900	12/31/2299	TOX W OLD HYPER-ANTEPART
21	64274	1/1/1900	12/31/2299	TOX W OLD HYPER-POSTPART
21	6429	1/1/1900	12/31/2299	HYPERTENS COMPL PREG NOS
21	643	1/1/1900	12/31/2299	EXCESS VOMITING IN PREG
21	6431	1/1/1900	12/31/2299	HYPEREM GRAV W METAB DIS
21	64310	1/1/1900	12/31/2299	HYPEREM GRAV W METAB DIS-
21	64311	1/1/1900	12/31/2299	HYPERGM GRAV W METAB DIS-
21	64313	1/1/1900	12/31/2299	HYPEREM GRAV W METAB DIS-
21	6432	1/1/1900	12/31/2299	LATE VOMITING PREGNANCY
21	64320	1/1/1900	12/31/2299	LATE VOMITING PREGNANCY-U
21	64321	1/1/1900	12/31/2299	LATE VOMITING PREGNANCY-D
21	64323	1/1/1900	12/31/2299	LATE VOMITING PREGNANCY-A
21	644	1/1/1900	12/31/2299	EARLY/THREATENED LABOR
21	6440	1/1/1900	12/31/2299	THREATEN PREMATURE LABOR
21	64400	1/1/1900	12/31/2299	THREAT PREM LABOR-UNSPEC
21	64401	1/1/1900	12/31/2299	*THREAT PREM LABOR-DELIV
21	64402	1/1/1900	12/31/2299	*THRT PREM LAB-DEL W P/P
21	64403	1/1/1900	12/31/2299	THREAT PREM LABOR-ANTEPAR
21	64404	1/1/1900	12/31/2299	*THREAT PREM LAB-POSTPAR
21	6441	1/1/1900	12/31/2299	THREATENED LABOR NEC
21	64410	1/1/1900	12/31/2299	THREAT LABOR NEC-UNSPEC
21	64411	1/1/1900	12/31/2299	*THREAT LABOR NEC-DELIV
21	64412	1/1/1900	12/31/2299	*THRT LAB NEC-DEL W P/P

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	64413	1/1/1900	12/31/2299	THREAT LABOR NEC-ANTEPAR
21	64414	1/1/1900	12/31/2299	*THREAT LAB NEC-POSTPART
21	6442	1/1/1900	12/31/2299	EARLY ONSET OF DELIVERY
21	64420	1/1/1900	12/31/2299	EARLY ONSET DELIV-UNSPEC
21	6467	1/1/1900	12/31/2299	LIVER DISORDER IN PREG
21	64670	1/1/1900	12/31/2299	LIVER DIS IN PREG-UNSPEC
21	64671	1/1/1900	12/31/2299	LIVER DISORDER-DELIVERED
21	64673	1/1/1900	12/31/2299	LIVER DISORDER-ANTEPART
21	6510	1/1/1900	12/31/2299	TWIN PREGNANCY
21	65100	1/1/1900	12/31/2299	TWIN PREGNANCY-UNSPEC
21	65101	1/1/1900	12/31/2299	TWIN PREGNANCY-DELIV
21	65103	1/1/1900	12/31/2299	TWIN PREGNANCY-ANTEPART
21	6511	1/1/1900	12/31/2299	TRIPLET PREGNANCY
21	65110	1/1/1900	12/31/2299	TRIPLET PREGNANCY-UNSPEC
21	65111	1/1/1900	12/31/2299	TRIPLET PREGNANCY-DELIV
21	65113	1/1/1900	12/31/2299	TRIPLET PREG-ANTEPARTUM
21	6512	1/1/1900	12/31/2299	QUADRUPLET PREGNANCY
21	65120	1/1/1900	12/31/2299	QUADRUPLET PREG-UNSPEC
21	65121	1/1/1900	12/31/2299	QUADRUPLET PREG-DELIVER
21	65123	1/1/1900	12/31/2299	QUADRUPLET PREG-ANTEPART
21	6513	1/1/1900	12/31/2299	TWIN PREG FETAL LOSS
21	65130	1/1/1900	12/31/2299	TWIN PREG FET LOSS-UNSPEC
21	65131	1/1/1900	12/31/2299	TWIN PREG FET LOSS-DELIV
21	65133	1/1/1900	12/31/2299	TWIN PREG FET LOSS-ANTEPA
21	6514	1/1/1900	12/31/2299	TRIPLET PREG FETAL-LOSS
21	65140	1/1/1900	12/31/2299	TRIPLET PREG FET LOSS-UNS
21	65141	1/1/1900	12/31/2299	TRIPLET PREG FET LOSS-DEL
21	65143	1/1/1900	12/31/2299	TRIPLET PREG FET LOSS-ANT
21	6515	1/1/1900	12/31/2299	QUADRUPLET PREG FETAL LOS
21	65150	1/1/1900	12/31/2299	QUADRUP PREG FET LOSS-UNS
21	65151	1/1/1900	12/31/2299	QUADRUP PREG FET LOSS-DEL
21	65153	1/1/1900	12/31/2299	QUADRUP PREG FET LOSS-ANT
21	6516	1/1/1900	12/31/2299	OTH MULT PREG FETAL LOSS
21	65160	1/1/1900	12/31/2299	OTH MULT PREG FET-LOSS-UN
21	65161	1/1/1900	12/31/2299	OTH MULT PREG FET LOSS-DE
21	65163	1/1/1900	12/31/2299	OTH MULT PREG FET LOSS-AN
21	6518	1/1/1900	12/31/2299	MULTIPLE GESTATION NEC

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	65180	1/1/1900	12/31/2299	MULTI GESTAT NEC-UNSPEC
21	65181	1/1/1900	12/31/2299	MULTI GESTAT NEC-DELIVER
21	65183	1/1/1900	12/31/2299	MULTI GEST NEC-ANTEPART
21	6519	1/1/1900	12/31/2299	MULTIPLE GESTATION NOS
21	65190	1/1/1900	12/31/2299	MULTI GESTAT NOS-UNSPEC
21	65191	1/1/1900	12/31/2299	MULTI GESTAT NOS-DELIV
21	65193	1/1/1900	12/31/2299	MULTI GEST NOS-ANTEPART
21	6520	1/1/1900	12/31/2299	UNSTABLE LIE
21	65200	1/1/1900	12/31/2299	UNSTABLE LIE-UNSPECIFIED
21	65201	1/1/1900	12/31/2299	UNSTABLE LIE-DELIVERED
21	65203	1/1/1900	12/31/2299	UNSTABLE LIE-ANTEPARTUM
21	6521	1/1/1900	12/31/2299	CEPHALIC VERSION NOS
21	65210	1/1/1900	12/31/2299	CEPHALIC VERS NOS-UNSPEC
21	65211	1/1/1900	12/31/2299	CEPHALIC VERS NOS-DELIV
21	65213	1/1/1900	12/31/2299	CEPHAL VERS NOS-ANTEPART
21	6522	1/1/1900	12/31/2299	BREECH PRESENTATION
21	65220	1/1/1900	12/31/2299	BREECH PRESENTAT-UNSPEC
21	65221	1/1/1900	12/31/2299	BREECH PRESENTAT-DELIVER
21	65223	1/1/1900	12/31/2299	BREECH PRESENT-ANTEPART
21	6523	1/1/1900	12/31/2299	TRANSVERSE/OBLIQUE LIE
21	65230	1/1/1900	12/31/2299	TRANSV/OBLIQ LIE-UNSPEC
21	65231	1/1/1900	12/31/2299	TRANSVER/OBLIQ LIE-DELIV
21	65233	1/1/1900	12/31/2299	TRANSV/OBLIQ LIE-ANTEPAR
21	6524	1/1/1900	12/31/2299	FACE OR BROW PRESENTAT
21	65240	1/1/1900	12/31/2299	FACE/BROW PRESENT-UNSPEC
21	65241	1/1/1900	12/31/2299	FACE/BROW PRESENT-DELIV
21	65243	1/1/1900	12/31/2299	FACE/BROW PRES-ANTEPART
21	6525	1/1/1900	12/31/2299	HIGH HEAD AT TERM
21	65250	1/1/1900	12/31/2299	HIGH HEAD AT TERM -UNSPEC
21	65251	1/1/1900	12/31/2299	HIGH HEAD AT TERM -DELIV
21	65253	1/1/1900	12/31/2299	HIGH HEAD TERM -ANTEPART
21	6526	1/1/1900	12/31/2299	MULT GEST W MALPRESENTAT
21	65260	1/1/1900	12/31/2299	MULT GEST MALPRESEN -UNSP
21	65261	1/1/1900	12/31/2299	MULT GEST MALPRES-DELIV
21	65263	1/1/1900	12/31/2299	MULT GEST MALPRES-ANTERPA
21	6527	1/1/1900	12/31/2299	PROLAPSED ARM
21	65270	1/1/1900	12/31/2299	PROLAPSED ARM -UNSPEC

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	65271	1/1/1900	12/31/2299	PROLAPSED ARM -DELIVERED
21	65273	1/1/1900	12/31/2299	PROLAPSED ARM -ANTEPART
21	6528	1/1/1900	12/31/2299	MALPOSITION NEC
21	65280	1/1/1900	12/31/2299	MALPOSITION NEC-UNSPEC
21	65281	1/1/1900	12/31/2299	MALPOSITION NEC-DELIVER
21	65283	1/1/1900	12/31/2299	MALPOSITION NEC-ANTEPART
21	6529	1/1/1900	12/31/2299	MALPOSITION NOS
21	65290	1/1/1900	12/31/2299	MALPOSITION NOS-UNSPEC
21	65291	1/1/1900	12/31/2299	MALPOSITION NOS-DELIVER
21	65293	1/1/1900	12/31/2299	MALPOSITION NOS-ANTEPART
21	6530	1/1/1900	12/31/2299	PELVIC DEFORMITY NOS
21	65300	1/1/1900	12/31/2299	PELVIC DEFORM NOS-UNSPEC
21	65301	1/1/1900	12/31/2299	PELVIC DEFORM NOS-DELIV
21	65303	1/1/1900	12/31/2299	PELV DEFORM NOS-ANTEPART
21	6531	1/1/1900	12/31/2299	CONTRACTED PELVIS NOS
21	65310	1/1/1900	12/31/2299	CONTRACT PELV NOS-UNSPEC
21	65313	1/1/1900	12/31/2299	CONTRAC PELV NOS-ANTEPAR
21	6532	1/1/1900	12/31/2299	INLET CONTRACTION PELVIS
21	65320	1/1/1900	12/31/2299	INLET CONTRACTION-UNSPEC
21	65321	1/1/1900	12/31/2299	INLET CONTRACTION-DELIV
21	65323	1/1/1900	12/31/2299	INLET CONTRACT -ANTEPART
21	6533	1/1/1900	12/31/2299	OUTLET CONTRACT PELVIS
21	65330	1/1/1900	12/31/2299	OUTLET CONTRACTION-UNSP
21	65331	1/1/1900	12/31/2299	OUTLET CONTRACTION-DELIV
21	65333	1/1/1900	12/31/2299	OUTLET CONTRACT -ANTEPART
21	6534	1/1/1900	12/31/2299	FETOPELVIC DISPROPORTION
21	65340	1/1/1900	12/31/2299	FETOPELV DISPROP-UNSPEC
21	65341	1/1/1900	12/31/2299	FETOPELV DISPROPOR-DELIV
21	65343	1/1/1900	12/31/2299	FETOPELV DISPROP-ANTEPART
21	6535	1/1/1900	12/31/2299	FETAL DISPROPORTION NOS
21	65350	1/1/1900	12/31/2299	FETAL DISPROP NOS-UNSPEC
21	65351	1/1/1900	12/31/2299	FETAL DISPROP NOS-DELIV
21	65353	1/1/1900	12/31/2299	FETAL DISPROP NOS-ANTEPAR
21	6536	1/1/1900	12/31/2299	HYDROCEPH FETUS W DISPROP
21	65360	1/1/1900	12/31/2299	HYDROCEPHAL FETUS-UNSPEC
21	65361	1/1/1900	12/31/2299	HYDROCEPH FETUS-DELIVER
21	65363	1/1/1900	12/31/2299	HYDROCEPH FETUS-ANTEPART

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	6537	1/1/1900	12/31/2299	OTH FETAL ABN W DISPROP
21	65370	1/1/1900	12/31/2299	OTH ABN FET DISPROP-UNSP
21	65371	1/1/1900	12/31/2299	OTHER FETAL ABN. CAUSING
21	65373	1/1/1900	12/31/2299	OTH ABN FET DISPROP-ANTEP
21	6538	1/1/1900	12/31/2299	DISPROPORTION NEC
21	65380	1/1/1900	12/31/2299	DISPROPORTION NEC-UNSPEC
21	65381	1/1/1900	12/31/2299	DISPROPORTION NEC-DELIV
21	65383	1/1/1900	12/31/2299	DISPROPOR NEC-ANTEPARTUM
21	6539	1/1/1900	12/31/2299	DISPROPORTION NOS
21	65390	1/1/1900	12/31/2299	DISPROPORTION NOS-UNSPEC
21	65391	1/1/1900	12/31/2299	DISPROPORTION NOS-DELIV
21	65393	1/1/1900	12/31/2299	DISPROPOR NOS-ANTEPARTUM
21	6540	1/1/1900	12/31/2299	CONG ABN UTERUS IN PREG
21	65400	1/1/1900	12/31/2299	CONG ABN UTER PREG-UNSP
21	65401	1/1/1900	12/31/2299	CONGEN ABN UTERUS-DELIV
21	65402	1/1/1900	12/31/2299	CONG ABN UTER-DEL W P/P
21	65403	1/1/1900	12/31/2299	CONGEN ABN UTER-ANTEPART
21	65404	1/1/1900	12/31/2299	CONGEN ABN UTER-POSTPART
21	6541	1/1/1900	12/31/2299	UTERINE TUMOR IN PREG
21	65410	1/1/1900	12/31/2299	UTER TUMOR IN PREG-UNSP
21	65411	1/1/1900	12/31/2299	UTERINE TUMOR-DELIVERED
21	65412	1/1/1900	12/31/2299	UTERINE TUMOR-DEL W P/P
21	65413	1/1/1900	12/31/2299	UTERINE TUMOR-ANTEPARTUM
21	65414	1/1/1900	12/31/2299	UTERINE TUMOR-POSTPARTUM
21	6542	1/1/1900	12/31/2299	PREVIOUS C-SECTION
21	65420	1/1/1900	12/31/2299	PREV C-SECT NOS-UNSPEC
21	65421	1/1/1900	12/31/2299	PREV C-SECT NOS-DELIVER
21	65423	1/1/1900	12/31/2299	PREV C-SECT NOS-ANTEPART
21	6543	1/1/1900	12/31/2299	RETROVERT GRAVID UTERUS
21	65430	1/1/1900	12/31/2299	RETROVERT UTERUS-UNSPEC
21	65431	1/1/1900	12/31/2299	RETROVERT UTERUS-DELIVER
21	65432	1/1/1900	12/31/2299	RETROVERT UTER-DEL W P/P
21	65433	1/1/1900	12/31/2299	RETROVERT UTER-ANTEPART
21	65434	1/1/1900	12/31/2299	RETROVERT UTER-POSTPART
21	6544	1/1/1900	12/31/2299	ABN SHAPE GRAVID UTERUS
21	65440	1/1/1900	12/31/2299	ABN GRAV UTERUS NEC-UNSP
21	65441	1/1/1900	12/31/2299	ABN UTERUS NEC-DELIVERED

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	65442	1/1/1900	12/31/2299	ABN UTERUS NEC-DEL W P/P
21	65443	1/1/1900	12/31/2299	ABN UTERUS NEC-ANTEPART
21	65444	1/1/1900	12/31/2299	ABN UTERUS NEC-POSTPART
21	6545	1/1/1900	12/31/2299	CERVIX INCOMPET IN PREG
21	65450	1/1/1900	12/31/2299	CERV INCOMPET PREG-UNSP
21	65451	1/1/1900	12/31/2299	CERVICAL INCOMPET-DELIV
21	65452	1/1/1900	12/31/2299	CERV INCOMPET-DEL W P/P
21	65453	1/1/1900	12/31/2299	CERV INCOMPET-ANTEPARTUM
21	65454	1/1/1900	12/31/2299	CERV INCOMPET-POSTPARTUM
21	6546	1/1/1900	12/31/2299	ABN CERVIX NEC IN PREG
21	65460	1/1/1900	12/31/2299	ABN CERVIX NEC PREG-UNSP
21	65461	1/1/1900	12/31/2299	ABN CERVIX NEC-DELIVERED
21	65462	1/1/1900	12/31/2299	ABN CERVIX NEC-DEL W P/P
21	65463	1/1/1900	12/31/2299	ABN CERVIX NEC-ANTEPART
21	65464	1/1/1900	12/31/2299	ABN CERVIX NEC-POSTPART
21	6547	1/1/1900	12/31/2299	ABNORMAL VAGINA IN PREG
21	65470	1/1/1900	12/31/2299	ABN VAGINA IN PREG-UNSP
21	65471	1/1/1900	12/31/2299	ABNORM VAGINA-DELIVERED
21	65472	1/1/1900	12/31/2299	ABNORM VAGINA-DEL W P/P
21	65473	1/1/1900	12/31/2299	ABNORM VAGINA-ANTEPARTUM
21	65474	1/1/1900	12/31/2299	ABNORM VAGINA-POSTPARTUM
21	6548	1/1/1900	12/31/2299	ABNORMAL VULVA IN PREG
21	65480	1/1/1900	12/31/2299	ABN VULVA IN PREG-UNSPEC
21	65481	1/1/1900	12/31/2299	ABNORMAL VULVA-DELIVERED
21	65482	1/1/1900	12/31/2299	ABNORMAL VULVA-DEL W P/P
21	65483	1/1/1900	12/31/2299	ABNORMAL VULVA-ANTEPART
21	65484	1/1/1900	12/31/2299	ABNORMAL VULVA-POSTPART
21	6549	1/1/1900	12/31/2299	UTERINE SCAR NEC/NOS
21	65490	1/1/1900	12/31/2299	ABN PELV NOS IN PREG-UNSP
21	65491	1/1/1900	12/31/2299	ABN PELV ORG NOS-DELIVER
21	65492	1/1/1900	12/31/2299	ABN PELV NOS-DELIV W P/P
21	65493	1/1/1900	12/31/2299	ABN PELV ORG NOS-ANTEPAR
21	65494	1/1/1900	12/31/2299	ABN PELV ORG NOS-POSTPAR
21	6550	1/1/1900	12/31/2299	FETAL CNS MALFORMATION
21	65500	1/1/1900	12/31/2299	FETAL CNS MALFORM-UNSPEC
21	65501	1/1/1900	12/31/2299	FETAL CNS MALFORM-DELIV
21	65503	1/1/1900	12/31/2299	FETAL CNS MALF ORM-ANTEPA

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	6551	1/1/1900	12/31/2299	FETAL CHROMOSOMAL ABN
21	65510	1/1/1900	12/31/2299	FETAL CHROMOS ABN-UNSPEC
21	65511	1/1/1900	12/31/2299	FETAL CHROMOS ABN-DELIV
21	65513	1/1/1900	12/31/2299	FET CHROMOS ABN-ANTERPART
21	6552	1/1/1900	12/31/2299	FAM HERED DIS AFF FETUS
21	65520	1/1/1900	12/31/2299	FAMIL HEREDIT DIS-UNSPEC
21	65521	1/1/1900	12/31/2299	FAMIL HEREDIT DIS-DELIV
21	65523	1/1/1900	12/31/2299	FAMIL HERED DIS-ANTEPART
21	6553	1/1/1900	12/31/2299	FETAL DAMAGE D/T VIRUS
21	65530	1/1/1900	12/31/2299	FET DAMG D/T VIRUS-UNSP
21	65531	1/1/1900	12/31/2299	FET DAMG D/T VIRUS-DELIV
21	65533	1/1/1900	12/31/2299	FET DAMG D/T VIRUS-ANTEP
21	6554	1/1/1900	12/31/2299	FETAL DAMAGE D/T OTH DIS
21	65540	1/1/1900	12/31/2299	FET DAMG D/T DIS-UNSPEC
21	65541	1/1/1900	12/31/2299	FET DAMG D/T DIS-DELIVER
21	65543	1/1/1900	12/31/2299	FET DAMG D/T DIS-ANTEPAR
21	6555	1/1/1900	12/31/2299	FETAL DAMAGE D/T DRUG
21	65550	1/1/1900	12/31/2299	FETAL DAMG D/T DRUG-UNSP
21	65551	1/1/1900	12/31/2299	FET DAMG D/T DRUG-DELIV
21	65553	1/1/1900	12/31/2299	FET DAMG D/T DRUG-ANTEP
21	6556	1/1/1900	12/31/2299	RADIATION FETAL DAMAGE
21	65560	1/1/1900	12/31/2299	RADIAT FETAL DAMAG-UNSP
21	65561	1/1/1900	12/31/2299	RADIAT FETAL DAMAG-DELIV
21	65563	1/1/1900	12/31/2299	RADIAT FET DAMAG-ANTEPAR
21	6558	1/1/1900	12/31/2299	FETAL ABNORMALITY NEC
21	65580	1/1/1900	12/31/2299	FETAL ABNORM NEC-UNSPEC
21	65581	1/1/1900	12/31/2299	FETAL ABNORM NEC-DELIVER
21	65583	1/1/1900	12/31/2299	FETAL ABNORM NEC-ANTEPAR
21	6559	1/1/1900	12/31/2299	FETAL ABNORMALITY NOS
21	65590	1/1/1900	12/31/2299	FETAL ABNORM NOS-UNSPEC
21	65591	1/1/1900	12/31/2299	FETAL ABNORM NOS-DELIVER
21	65593	1/1/1900	12/31/2299	FETAL ABNORM NOS-ANTEPAR
21	6560	1/1/1900	12/31/2299	FETAL-MATERNAL HEMORR
21	65600	1/1/1900	12/31/2299	FETAL-MATERNAL HEM -UNSP
21	65601	1/1/1900	12/31/2299	FETAL-MATERNAL HEM -DELIV
21	65603	1/1/1900	12/31/2299	FETAL-MATERN HEM -ANTEPAR
21	6561	1/1/1900	12/31/2299	RHESUS ISOIMMUNIZATION

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	65610	1/1/1900	12/31/2299	RH ISOIMMUNIZATION-UNSP
21	65611	1/1/1900	12/31/2299	RH ISOIMMUNIZAT-DELIVER
21	65613	1/1/1900	12/31/2299	RH ISOIMMUNIZAT-ANTEPART
21	6562	1/1/1900	12/31/2299	ABO ISOIMMUNIZATION
21	65620	1/1/1900	12/31/2299	ABO ISOIMMUNIZATION-UNSP
21	65621	1/1/1900	12/31/2299	ABO ISOIMMUNIZAT-DELIVER
21	65623	1/1/1900	12/31/2299	ABO ISOIMMUNIZAT-ANTEPAR
21	6563	1/1/1900	12/31/2299	FETAL DISTRESS
21	65630	1/1/1900	12/31/2299	FETAL DISTRESS-UNSPEC
21	65631	1/1/1900	12/31/2299	FETAL DISTRESS-DELIVERED
21	65632	1/1/1900	12/31/2299	*FET DISTRESS-DEL W P/P
21	65633	1/1/1900	12/31/2299	FETAL DISTRESS-ANTEPART
21	6564	1/1/1900	12/31/2299	INTRAUTERINE DEATH
21	65640	1/1/1900	12/31/2299	INTRAUTERINE DEATH-UNSP
21	65641	1/1/1900	12/31/2299	INTRAUTER DEATH-DELIVER
21	65643	1/1/1900	12/31/2299	INTRAUTER DEATH-ANTEPART
21	6565	1/1/1900	12/31/2299	POOR FETAL GROWTH
21	65650	1/1/1900	12/31/2299	POOR FETAL GROWTH-UNSPEC
21	65651	1/1/1900	12/31/2299	POOR FETAL GROWTH-DELIV
21	65653	1/1/1900	12/31/2299	POOR FETAL GRTH-ANTEPART
21	6566	1/1/1900	12/31/2299	EXCESSIVE FETAL GROWTH
21	65660	1/1/1900	12/31/2299	EXCESS FETAL GRTH-UNSPEC
21	65661	1/1/1900	12/31/2299	EXCESS FETAL GRTH-DELIV
21	6567	1/1/1900	12/31/2299	OTH PLACENTAL CONDITIONS
21	65670	1/1/1900	12/31/2299	OTH PLACENT COND-UNSPEC
21	65671	1/1/1900	12/31/2299	OTH PLACENT COND-DELIVER
21	65673	1/1/1900	12/31/2299	OTH PLACENT COND-ANTEPAR
21	6568	1/1/1900	12/31/2299	FETAL/PLACENTAL PROB NEC
21	65680	1/1/1900	12/31/2299	FET/PLAC PROB NEC-UNSPEC
21	65681	1/1/1900	12/31/2299	FET/PLAC PROB NEC-DELIV
21	65683	1/1/1900	12/31/2299	FET/PLAC PROB NEC-ANTEP
21	6569	1/1/1900	12/31/2299	FETAL/PLACENTAL PROB NOS
21	65690	1/1/1900	12/31/2299	FET/PLAC PROB NOS-UNSPEC
21	6570	1/1/1900	12/31/2299	POLYHYDRAMNIOS-UNSPEC
21	65700	1/1/1900	12/31/2299	POLYHYDRAMNIOS-UNSPEC
21	6580	1/1/1900	12/31/2299	OLIGOHYDRAMNIOS
21	65801	1/1/1900	12/31/2299	OLIGOHYDRAMNIOS-DELIV

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	65803	1/1/1900	12/31/2299	OLIGOHYDRAMNIOS-ANTEPAR
21	6581	1/1/1900	12/31/2299	PREMAT RUPTURE MEMBRANES
21	65810	1/1/1900	12/31/2299	PREMAT RUPT MEMBRANES-UNS
21	65811	1/1/1900	12/31/2299	PREMAT RUPT MEMBRANES-DEL
21	65813	1/1/1900	12/31/2299	PREMAT RUPT MEMBRANES-ANT
21	6582	1/1/1900	12/31/2299	PROLONG RUPJ. MEMBRANE-NO
21	65820	1/1/1900	12/31/2299	PROLONG RUPT MEMBRANE-UNS
21	65821	1/1/1900	12/31/2299	PROLONG RUPT MEMBRANE-DEL
21	65823	1/1/1900	12/31/2299	PROLONG RUPT MEMBRANCE-AN
21	6583	1/1/1900	12/31/2299	DELAY DEL POSTARTIF RUPT
21	65830	1/1/1900	12/31/2299	DELAY DEL POST ARTIF RUPT
21	65831	1/1/1900	12/31/2299	DELAY DEL POST ARTIF RUPT
21	65833	1/1/1900	12/31/2299	DELAY DEL POST ARTIF RUPT
21	6584	1/1/1900	12/31/2299	INFECT AMNIOTIC CAVITY
21	65840	1/1/1900	12/31/2299	INFECT AMNIOTIC CAVITY-UN
21	65841	1/1/1900	12/31/2299	NFECT AMNIOTIC CAVITY-DEL
21	65843	1/1/1900	12/31/2299	INFECT AMNIOTIC CAVITY-AN
21	6588	1/1/1900	12/31/2299	AMNIOTIC CAVITY PROB NEC
21	65880	1/1/1900	12/31/2299	AMNIOTIC CAVITY PRO NEC-U
21	65881	1/1/1900	12/31/2299	AMNIOTIC CAVITY DEL., W/W
21	65883	1/1/1900	12/31/2299	AMNIOTIC CAVITY PROB NEC-
21	6589	1/1/1900	12/31/2299	AMNIOTIC CAVITY PROB NOS
21	65890	1/1/1900	12/31/2299	AMNIOTIC CAVITY PROB NOS-
21	65891	1/1/1900	12/31/2299	AMNIOTIC CAVITY PROB NOS-
21	65893	1/1/1900	12/31/2299	AMNIOTIC CAVITY PROB NOS-
21	6590	1/1/1900	12/31/2299	FAIL MECHAN INDUCT LABOR
21	65900	1/1/1900	12/31/2299	FAIL MECHAN INDUCT LABOR-
21	65901	1/1/1900	12/31/2299	FAIL MECHAN INDUCT LABOR-
21	65903	1/1/1900	12/31/2299	FAIL MECHAN INDUCTLABOR-A
21	6591	1/1/1900	12/31/2299	FAIL INDUCTION LABOR NOS
21	65911	1/1/1900	12/31/2299	FAIL INDUCTION LABOR-DELI
21	65913	1/1/1900	12/31/2299	FAIL INDUCTION LABOR-ANTE
21	6592	1/1/1900	12/31/2299	MATERN PYREXIA LABOR NOS
21	65920	1/1/1900	12/31/2299	MATERN PYREXIA LABOR-UNSP
21	65921	1/1/1900	12/31/2299	MATERN PYREXIA LABOR-DELI
21	65923	1/1/1900	12/31/2299	MATERN PYREXIA LABOR-ANTE
21	6593	1/1/1900	12/31/2299	SEPTICEMIA DURING LABOR

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	65930	1/1/1900	12/31/2299	SEPTICEMIA DURING LABOR-U
21	65931	1/1/1900	12/31/2299	SEPTICEMIA DURING LABOR-D
21	65933	1/1/1900	12/31/2299	SEPTICEMIA DURING LABOR-A
21	6594	1/1/1900	12/31/2299	GRAND MULTIPARITY
21	65940	1/1/1900	12/31/2299	GRAND MULTIPARITY-UNSPEC
21	65941	1/1/1900	12/31/2299	GRAND MULTIPARITY-DELIV
21	65943	1/1/1900	12/31/2299	GRAND MULTIPARITY-ANTEP
21	6595	1/1/1900	12/31/2299	ELDERLY PRIMIGRAVIDA
21	65950	1/1/1900	12/31/2299	ELDERLY PRIMIGRAVIDA-UNSP
21	65951	1/1/1900	12/31/2299	ELDERLY PRIMIGRAVIDA-DELI
21	65953	1/1/1900	12/31/2299	ELDERLY PRIMIG RAVIDA-ANT
21	6598	1/1/1900	12/31/2299	INDICAT CARE LAB/DEL NEC
21	65980	1/1/1900	12/31/2299	INDICAT CARE LAB/DEL NEC-
21	65981	1/1/1900	12/31/2299	INDICAT CARE LAB/DEL NEC-
21	65983	1/1/1900	12/31/2299	INDICAT CARE LAB/DEL NEC-
21	6599	1/1/1900	12/31/2299	INDICAT CARE LAB/DEL NOS
21	65990	1/1/1900	12/31/2299	INDICAT CARE LAB/DEL NOS-
21	65991	1/1/1900	12/31/2299	UNSPEC. INDICAT. CARE LAB
21	65993	1/1/1900	12/31/2299	INDICAT CARE LAB/DEL-ANTE
21	6600	1/1/1900	12/31/2299	OBSTR BY MALPOSIT FETUS
21	66000	1/1/1900	12/31/2299	OBSTRUC/FET MALPOS-UNSP
21	66001	1/1/1900	12/31/2299	OBSTRUC/FET MALPOS-DELIV
21	66003	1/1/1900	12/31/2299	OBSTRUC/FET MALPOS-ANTEP
21	6601	1/1/1900	12/31/2299	OBSTRUCT BY BONY PELVIS
21	66010	1/1/1900	12/31/2299	BONY PELV OBSTRUC-UNSPEC
21	66011	1/1/1900	12/31/2299	BONY PELV OBSTRUC-DELIV
21	66013	1/1/1900	12/31/2299	BONY PELV OBSTRUC-ANTEP
21	6602	1/1/1900	12/31/2299	OBSTR ABN PELV SOFT TISS
21	66020	1/1/1900	12/31/2299	ABN PELV TISS OBSTR-UNSP
21	66021	1/1/1900	12/31/2299	ABN PELV TIS OBSTR-DELIV
21	66023	1/1/1900	12/31/2299	ABN PELV TIS OBSTR-ANTEP
21	6603	1/1/1900	12/31/2299	PERSISTENT OCCIPITOPOST
21	66030	1/1/1900	12/31/2299	PERSIST OCCIPITOPOST-UNSP
21	66031	1/1/1900	12/31/2299	PERSIST OCCIPITOPOST-DELI
21	66033	1/1/1900	12/31/2299	PERSIST OCCIPITOPOST-ANTE
21	6604	1/1/1900	12/31/2299	SHOULDER GIRDLE DYSTOCIA
21	66040	1/1/1900	12/31/2299	SHOULDER DYSTOCIA-UNSPEC

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	66041	1/1/1900	12/31/2299	SHOULDER DYSTOCIA-DELIV
21	66043	1/1/1900	12/31/2299	SHOULDER DYSTOCIA-ANTEP
21	6605	1/1/1900	12/31/2299	LOCKED TWINS
21	66050	1/1/1900	12/31/2299	LOCKED TWINS-UNSPECIFIED
21	66051	1/1/1900	12/31/2299	LOCKED TWINS-DELIVERED
21	66053	1/1/1900	12/31/2299	LOCKED TWINS-ANTEPARTUM
21	6606	1/1/1900	12/31/2299	FAILED TRIAL LABOR NOS
21	66060	1/1/1900	12/31/2299	FAIL TRIAL LAB NOS-UNSP
21	66061	1/1/1900	12/31/2299	FAIL TRIAL LAB NOS-DELIV
21	66063	1/1/1900	12/31/2299	FAIL TRIAL LAB NOS-ANTEP
21	6607	1/1/1900	12/31/2299	FAIL FORCEP/VAC EXTR NOS
21	66070	1/1/1900	12/31/2299	FAILED FORCEP NOS-UNSPEC
21	66071	1/1/1900	12/31/2299	FAILED FORCED NOS-DELIV
21	66073	1/1/1900	12/31/2299	FAILED FORCED NOS-ANTEP
21	6608	1/1/1900	12/31/2299	OBSTRUCTED LABOR NEC
21	66080	1/1/1900	12/31/2299	OBSTRUCT LABOR NEC-UNSPEC
21	66081	1/1/1900	12/31/2299	OBSTRUCT LABOR NEC-DELIV
21	6609	1/1/1900	12/31/2299	OBSTRUCTED LABOR NOS
21	66090	1/1/1900	12/31/2299	OBSTRUCT LABOR NOW-UNSPEC
21	66091	1/1/1900	12/31/2299	OBSTRUCT LABOR NOS-DELIV
21	66093	1/1/1900	12/31/2299	OBSTRUCT LABOR NOS-ANTEP
21	6610	1/1/1900	12/31/2299	PRIMARY UTERINE INERTIA
21	66100	1/1/1900	12/31/2299	PRIM UTERINE INERT-UNSP
21	66101	1/1/1900	12/31/2299	PRIM UTERINE INERT-DELIV
21	66103	1/1/1900	12/31/2299	PRIM UTER INERT-ANTEPART
21	6612	1/1/1900	12/31/2299	UTERINE INERTIA NEC/NOS
21	66120	1/1/1900	12/31/2299	UTERINE INERT NEC/NOS-UNS
21	66121	1/1/1900	12/31/2299	UTERINE INERT NEC/NOS-DEL
21	66123	1/1/1900	12/31/2299	UTERINE INERT NEC/NOW-ANT
21	6613	1/1/1900	12/31/2299	PRECIPITATE LABOR
21	66130	1/1/1900	12/31/2299	PRECIPITATE LABOR-UNSPEC
21	66131	1/1/1900	12/31/2299	PRECIPITATE LABOR-DELIV
21	66133	1/1/1900	12/31/2299	PRECIPITATE LABOR-ANTEP
21	6614	1/1/1900	12/31/2299	UTERINE DYSTOCIA NOS
21	66140	1/1/1900	12/31/2299	UTER DYSTOCIA NOS-UNSPEC
21	66141	1/1/1900	12/31/2299	UTER DYSTOCIA NOS-DELIV
21	66143	1/1/1900	12/31/2299	UTER DYSTOCIA NOS-ANTEP

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	6619	1/1/1900	12/31/2299	ABNORMALITY OF LABOR NOS
21	66190	1/1/1900	12/31/2299	ABNORMAL LABOR NOS-UNSP
21	66191	1/1/1900	12/31/2299	ABNORMAL LABOR NOS-DELIV
21	66193	1/1/1900	12/31/2299	ABNORM LABOR NOS-ANTEPAR
21	6620	1/1/1900	12/31/2299	PROLONGED FIRST STAGE
21	66200	1/1/1900	12/31/2299	PROLONG FIRST STAGE-UNSP
21	66201	1/1/1900	12/31/2299	PROLONG FIRST STAGE-DELIV
21	66203	1/1/1900	12/31/2299	PROLONG FIRST STAGE-ANTEP
21	6621	1/1/1900	12/31/2299	PROLONGED LABOR NOS
21	66210	1/1/1900	12/31/2299	PROLONGED LABOR-UNSPEC
21	66211	1/1/1900	12/31/2299	PROLONGED LABOR NOS-DELIV
21	66213	1/1/1900	12/31/2299	PROLONGED LABOR NOS-ANTEP
21	6622	1/1/1900	12/31/2299	PROLONGED SECOND STAGE
21	66220	1/1/1900	12/31/2299	PROLONGED SECOND STAGE-UN
21	66221	1/1/1900	12/31/2299	PROLONGED SECOND STAGE-DE
21	66223	1/1/1900	12/31/2299	PROLONGED SECOND STAGE-AN
21	6623	1/1/1900	12/31/2299	DELAY DELIVERY 2ND TWIN
21	66230	1/1/1900	12/31/2299	DELAY DELIV IND TWIN-UNSP
21	66231	1/1/1900	12/31/2299	DELAY DELIV IND TWIN-DELI
21	66233	1/1/1900	12/31/2299	DELAY DELIV 2ND TWIN-ANTE
21	6630	1/1/1900	12/31/2299	PROLAPSE OF CORD
21	66300	1/1/1900	12/31/2299	PROLAPSE OF CORD-UNSPEC
21	66301	1/1/1900	12/31/2299	PROLAPSE OF CORD-DELIV
21	66303	1/1/1900	12/31/2299	PROLAPSE OF CORD-ANTEPAR
21	6631	1/1/1900	12/31/2299	COMPRESS CORD ROUND NECK
21	66310	1/1/1900	12/31/2299	COMP CORD ROUND NECK-UNSP
21	6632	1/1/1900	12/31/2299	CORD ENTANGLE W COMP NEC
21	66320	1/1/1900	12/31/2299	CORD ENTANGLE W COMP-UNSP
21	66321	1/1/1900	12/31/2299	CORD ENTANGLE W COMP-DELI
21	66323	1/1/1900	12/31/2299	CORD ENTANGLE W COMP-ANTE
21	6633	1/1/1900	12/31/2299	CORD ENTANGLE NEC/NOS
21	66330	1/1/1900	12/31/2299	CORD ENTANGLE NEC/NOS-UNS
21	66331	1/1/1900	12/31/2299	CORD ENTANGLE NEC/NOS-DEL
21	66333	1/1/1900	12/31/2299	CORD-ENTANGLE NEC/NOS-ANT
21	6634	1/1/1900	12/31/2299	SHORT UMBILICAL CORD
21	66340	1/1/1900	12/31/2299	SHORT UMBILICAL CORD-UNSP
21	66341	1/1/1900	12/31/2299	SHORT UMBILICAL CORD-DELI

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	66343	1/1/1900	12/31/2299	SHORT UMBILICAL CORD-ANTE
21	6635	1/1/1900	12/31/2299	VASA PREVIA
21	66350	1/1/1900	12/31/2299	VASA PREVIA-UNSPEC
21	66351	1/1/1900	12/31/2299	VASA PREVIA-DELIV
21	66353	1/1/1900	12/31/2299	VASA PREVIA-ANTEPAR
21	6636	1/1/1900	12/31/2299	VASCULAR LESIONS OF CORD
21	66360	1/1/1900	12/31/2299	VASC LESIONS OF CORD-UNSP
21	66361	1/1/1900	12/31/2299	VASC LESIONS OF CORD-DELI
21	66363	1/1/1900	12/31/2299	VASC LESIONS OF CORE-ANTE
21	6638	1/1/1900	12/31/2299	UMBILICAL CORD COMPL NEC
21	66380	1/1/1900	12/31/2299	UMBILICAL CORD COMP NEC-U
21	66381	1/1/1900	12/31/2299	MBILICAL CORD COMP NEC-DE
21	66383	1/1/1900	12/31/2299	UMBILICAL CORD COMP NEC-A
21	6639	1/1/1900	12/31/2299	UMBILICAL CORD COMPL NOS
21	66390	1/1/1900	12/31/2299	UMBILICAL CORD COMP NOS-U
21	66391	1/1/1900	12/31/2299	UMBILICAL CORD COMP NOS-D
21	66393	1/1/1900	12/31/2299	UMBILICAL CORD COMP NOS-A
21	6640	1/1/1900	12/31/2299	DELIVERY W 1 DEG LACERAT
21	66400	1/1/1900	12/31/2299	DEL W 1 DEG LACERAT-UNSP
21	66401	1/1/1900	12/31/2299	DEL W 1 DEG LACERAT-DEL
21	66404	1/1/1900	12/31/2299	DEL W 1 DEG LAC-POSTPART
21	6641	1/1/1900	12/31/2299	DELIVERY W 2 DEG LACERAT
21	66410	1/1/1900	12/31/2299	DEL W 2 DEG LACERAT-UNSP
21	66411	1/1/1900	12/31/2299	DEL W 2 DEG LACERAT-DEL
21	66414	1/1/1900	12/31/2299	DEL W 2 DEG LAC-POSTPART
21	6642	1/1/1900	12/31/2299	DELIVERY W 3 DEG LACERAT
21	66420	1/1/1900	12/31/2299	DEL W 3 DEG LACERAT-UNSP
21	66421	1/1/1900	12/31/2299	DEL W 3 DEG LACERAT-DEL
21	66424	1/1/1900	12/31/2299	DEL W 3 DEG LAC-POSTPART
21	6643	1/1/1900	12/31/2299	DELIVERY W 4 DEG LACERAT
21	66430	1/1/1900	12/31/2299	DEL W 4 DEG LACERAT-UNSP
21	66431	1/1/1900	12/31/2299	DEL W 4 DEG LACERAT-DEL
21	66434	1/1/1900	12/31/2299	DEL W 4 DEG LAC-POSTPART
21	6644	1/1/1900	12/31/2299	DELIV W PERINEAL LAC NOS
21	66440	1/1/1900	12/31/2299	DEL PERINEAL LAC NOS-UNSP
21	66441	1/1/1900	12/31/2299	DEL PERINEAL LAC NOS-DELI
21	66444	1/1/1900	12/31/2299	DEL PERINEAL LAC NOS-POST

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	6645	1/1/1900	12/31/2299	DELIV W PERINEAL HEMATOM
21	66450	1/1/1900	12/31/2299	DEL PERINEAL HEMATOM-UNSP
21	66451	1/1/1900	12/31/2299	DEL PERINEAL HEMATOM-DELI
21	66454	1/1/1900	12/31/2299	DEL PERINEAL HEMATOM-POST
21	6648	1/1/1900	12/31/2299	DEL W PERINEAL TRAUM NEC
21	66480	1/1/1900	12/31/2299	DEL PERIN TRAUM NEC-UNSP
21	66481	1/1/1900	12/31/2299	DEL PERIN TRAUM NEC-DELIV
21	66484	1/1/1900	12/31/2299	DEL PERIN TRAUM NEC-POSTP
21	6649	1/1/1900	12/31/2299	DEL W PERINEAL TRAUM NOS
21	66490	1/1/1900	12/31/2299	DEL PERIN TRAUM NOS-UNSP
21	66491	1/1/1900	12/31/2299	DEL PERIN TRAUM NOS-DELIV
21	66494	1/1/1900	12/31/2299	DEL PERIN TRAUM NOS-POSTP
21	6650	1/1/1900	12/31/2299	RUPT UTERUS BEFORE LABOR
21	66500	1/1/1900	12/31/2299	PRELABOR RUPT UTER-UNSP
21	66501	1/1/1900	12/31/2299	PRELABOR RUPT UTERUS-DEL
21	66503	1/1/1900	12/31/2299	PRELAB RUPT UTER-ANTEPAR
21	6651	1/1/1900	12/31/2299	RUPTURE OF UTERUS NOS
21	66510	1/1/1900	12/31/2299	RUPTURE UTERUS NOS-UNSP
21	66511	1/1/1900	12/31/2299	RUPTURE UTERUS NOS-DELIV
21	66512	1/1/1900	12/31/2299	RUPT UTER NOS-DEL W P/P
21	66514	1/1/1900	12/31/2299	RUPT UTERUS NOS-POSTPART
21	6652	1/1/1900	12/31/2299	INVERSION OF UTERUS
21	66520	1/1/1900	12/31/2299	INVERSION OF UTERUS-UNSP
21	66522	1/1/1900	12/31/2299	INVERS UTERUS-DEL W P/P
21	66524	1/1/1900	12/31/2299	INVERS UTERUS-POSTPART
21	6653	1/1/1900	12/31/2299	LACERATION OF CERVIX
21	66530	1/1/1900	12/31/2299	LACERAT OF CERVIX-UNSPEC
21	66531	1/1/1900	12/31/2299	LACERAT OF CERVIX-DELIV
21	66534	1/1/1900	12/31/2299	LACER OF CERVIX-POSTPART
21	6654	1/1/1900	12/31/2299	HIGH VAGINAL LACERATION
21	66540	1/1/1900	12/31/2299	HIGH VAGINAL LACER-UNSP
21	66541	1/1/1900	12/31/2299	HIGH VAGINAL LACER-DELIV
21	66544	1/1/1900	12/31/2299	HIGH VAGINAL LAC-POSTPAR
21	6655	1/1/1900	12/31/2299	OTH INJURY PELVIC ORGANS
21	66550	1/1/1900	12/31/2299	INJ PELVIC ORG NEC-UNSP
21	66551	1/1/1900	12/31/2299	INJ PELVIC ORG NEC-DELIV
21	66554	1/1/1900	12/31/2299	INJ PELV ORG NEC-POSTPAR

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	66560	1/1/1900	12/31/2299	DAMAGE TO PELVIC JT-UNSP
21	66561	1/1/1900	12/31/2299	DAMAGE TO PELVIC JT-DEL
21	66564	1/1/1900	12/31/2299	DAMAGE PELVIC JT-POSTPAR
21	6657	1/1/1900	12/31/2299	PELVIC HEMATOMA
21	66570	1/1/1900	12/31/2299	PELVIC HEMATOMA-UNSPEC
21	66571	1/1/1900	12/31/2299	PELVIC HEMATOMA-DELIVER
21	66574	1/1/1900	12/31/2299	PELVIC HEMATOMA-POSTPART
21	6658	1/1/1900	12/31/2299	OBSTETRICAL TRAUMA NEC
21	66580	1/1/1900	12/31/2299	OB TRAUMA NEC-UNSPEC
21	66581	1/1/1900	12/31/2299	OB TRAUMA NEC-DELIVERED
21	66584	1/1/1900	12/31/2299	OB TRAUMA NEC-POSTPARTUM
21	6659	1/1/1900	12/31/2299	OBSTETRICAL TRAUMA NOS
21	66590	1/1/1900	12/31/2299	OB TRAUMA NOS-UNSPEC
21	66591	1/1/1900	12/31/2299	OB TRAUMA NOS-DELIVERED
21	66594	1/1/1900	12/31/2299	OB TRAUMA NOS-POSTPARTUM
21	6660	1/1/1900	12/31/2299	THIRD-STAGE HEMORRHAGE
21	66600	1/1/1900	12/31/2299	THIRD-STAGE HEM -UNSPEC
21	66604	1/1/1900	12/31/2299	THIRD-STAGE HEM -POSTPART
21	6661	1/1/1900	12/31/2299	POSTPARTUM HEMORR NEC
21	66610	1/1/1900	12/31/2299	POSTPARTUM HEM NEC-UNSP
21	66612	1/1/1900	12/31/2299	POSTPAR HEM NEC-DEL W P/P
21	6662	1/1/1900	12/31/2299	DELAY POSTPARTUM HEMORR
21	66620	1/1/1900	12/31/2299	DELAY P/PART HEM-UNSPEC
21	66622	1/1/1900	12/31/2299	DELAY P/P HEM-DEL W P/P
21	66624	1/1/1900	12/31/2299	DELAY P/PART HEM -POSTPAR
21	6663	1/1/1900	12/31/2299	POSTPART COAGULATION DEF
21	66630	1/1/1900	12/31/2299	POSTPART COAGUL DEF-UNSP
21	66632	1/1/1900	12/31/2299	P/P COAG DEF-DEL W P/P
21	66634	1/1/1900	12/31/2299	POSTPART COAG DEF-POSTPAR
21	6670	1/1/1900	12/31/2299	RETAINED PLACE NTA NOS
21	66700	1/1/1900	12/31/2299	RETAIN PLACENTA NOS-UNSP
21	66702	1/1/1900	12/31/2299	RETAIN PLAC NOS-DEL W P/P
21	66704	1/1/1900	12/31/2299	RETAIN PLAC NOS-POSTPART
21	6671	1/1/1900	12/31/2299	RETAINED PRODUCT CONCEPT
21	66710	1/1/1900	12/31/2299	RETAIN PROD CONCEPT-UNSP
21	66712	1/1/1900	12/31/2299	RET PROD CONC-DEL W P/P
21	66714	1/1/1900	12/31/2299	RET PROD CONCEPT-POSTPAR

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	6680	1/1/1900	12/31/2299	ANESTH PULM COMPL IN DEL
21	66800	1/1/1900	12/31/2299	ANESTH PULM COMPL IN DEL-
21	66801	1/1/1900	12/31/2299	ANESTH PULM COMPL IN DEL-
21	66802	1/1/1900	12/31/2299	ANESTH PULM COMPL IN DEL-
21	66803	1/1/1900	12/31/2299	ANESTH PULM COMPL IN DEL-
21	66804	1/1/1900	12/31/2299	ANESTH PULM COMPL IN DEL-
21	6681	1/1/1900	12/31/2299	ANESTH CARD COMPL IN DEL
21	66810	1/1/1900	12/31/2299	ANESTH CARD COMPL IN DEL-
21	66811	1/1/1900	12/31/2299	ANESTH CARD COMPL IN DEL-
21	66812	1/1/1900	12/31/2299	ANESTH CARD COMPL IN DEL-
21	66813	1/1/1900	12/31/2299	ANESTH CARD COMPL IN DEL-
21	66814	1/1/1900	12/31/2299	ANESTH CARD COMPL IN DEL-
21	6682	1/1/1900	12/31/2299	ANESTH CNS COMPL IN DEL
21	66820	1/1/1900	12/31/2299	ANESTH CNS COMPL IN DEL-U
21	66821	1/1/1900	12/31/2299	ANESTH CNS COMPL IN DEL-D
21	66822	1/1/1900	12/31/2299	ANESTH CNS COMPL IN DEL-D
21	66823	1/1/1900	12/31/2299	ANESTH CNS COMPL IN DEL-A
21	66824	1/1/1900	12/31/2299	ANESTH CNS COMPL IN DEL-P
21	6688	1/1/1900	12/31/2299	OTH COMPL ANESTH IN DEL
21	66880	1/1/1900	12/31/2299	OTH COMPL ANESTH IN DEL-U
21	66881	1/1/1900	12/31/2299	OTH. COMPL. ANES IN-DEL W
21	66882	1/1/1900	12/31/2299	OTH COMPL ANESTH IN DEL-D
21	66883	1/1/1900	12/31/2299	OTH COM PL ANESTH IN DEL-A
21	66884	1/1/1900	12/31/2299	OTH COMPL ANESTH IN DEL-P
21	6689	1/1/1900	12/31/2299	COMPL ANESTH NOS IN DEL
21	66890	1/1/1900	12/31/2299	COMPL ANESTH NOS IN DEL-U
21	66891	1/1/1900	12/31/2299	COMPL ANESTH NOS IN DEL-D
21	66892	1/1/1900	12/31/2299	COMPL ANESTH NOS IN DEL-D
21	66893	1/1/1900	12/31/2299	COMPL ANESTH NOS IN DEL-A
21	66894	1/1/1900	12/31/2299	COMPL ANESTH NOS IN DEL-P
21	6690	1/1/1900	12/31/2299	MATERNAL DISTRESS
21	66900	1/1/1900	12/31/2299	MATERNAL DISTRESS-UNSPEC
21	66901	1/1/1900	12/31/2299	MATERNAL DISTRESS-DELIV
21	66902	1/1/1900	12/31/2299	MATERN DISTRESS-DEL W P/P
21	66903	1/1/1900	12/31/2299	MATERN DISTRESS-ANTEPAR
21	66904	1/1/1900	12/31/2299	MATERN DISTRESS-POSTPART
21	6691	1/1/1900	12/31/2299	OBSTETRIC SHOCK

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	66910	1/1/1900	12/31/2299	OBSTETRIC SHOCK-UNSPEC
21	66911	1/1/1900	12/31/2299	OBSTETRIC SHOCK-DELIVER
21	66912	1/1/1900	12/31/2299	OBSTET SHOCK-DELIV W P/P
21	66913	1/1/1900	12/31/2299	OBSTETRIC SHOCK-ANTEPAR
21	66914	1/1/1900	12/31/2299	OBSTETRIC SHOCK-POSTPART
21	6692	1/1/1900	12/31/2299	MATERNAL HYPOTENSION SYN
21	66920	1/1/1900	12/31/2299	MATERN HYPOTENS SYN-UNSP
21	66921	1/1/1900	12/31/2299	MATERN HYPOTEN SYN-DELIV
21	66922	1/1/1900	12/31/2299	MATERN HYPOTEN-DEL W P/P
21	66923	1/1/1900	12/31/2299	MATERN HYPOTENS-ANTEPAR
21	66924	1/1/1900	12/31/2299	MATERN HYPOTENS-POSTPART
21	6693	1/1/1900	12/31/2299	AC RENAL FAIL W DELIVERY
21	66930	1/1/1900	12/31/2299	AC REN FAIL W DELIV-UNSP
21	66932	1/1/1900	12/31/2299	AC REN FAIL-DELIV W P/P
21	66934	1/1/1900	12/31/2299	AC RENAL FAILURE-POSTPAR
21	6694	1/1/1900	12/31/2299	OTH OBSTETRIC SURG COMPL
21	66940	1/1/1900	12/31/2299	OTH OB SURG COMPL-UNSPEC
21	66941	1/1/1900	12/31/2299	OTH OB COMPL-DELIVERED
21	66942	1/1/1900	12/31/2299	OTH OB COMPL-DELIV W P/P
21	66944	1/1/1900	12/31/2299	OTH OB SURG COMPL-POSTPAR
21	6695	1/1/1900	12/31/2299	FORCEPS DELIVERY NOS
21	66950	1/1/1900	12/31/2299	FORCEP DELIV NOS-UNSPEC
21	66951	1/1/1900	12/31/2299	FORCEP DELIV NOS-DELIVER
21	6696	1/1/1900	12/31/2299	BREECH EXTRACTION NOS
21	66960	1/1/1900	12/31/2299	BREECH EXTR NOS-UNSPEC
21	66961	1/1/1900	12/31/2299	BREECH EXTR NOS-DELIVER
21	6697	1/1/1900	12/31/2299	CESAREAN DELIVERY NOS
21	66970	1/1/1900	12/31/2299	CESAREAN DELIV NOS-UNSP
21	66971	1/1/1900	12/31/2299	CESAREAN DELIV NOS-DELIV
21	6698	1/1/1900	12/31/2299	COMPL LABOR/DELIVERY NEC
21	66980	1/1/1900	12/31/2299	COMPL LAB/DELIV NEC-UNSP
21	66981	1/1/1900	12/31/2299	COMP LAB/DELIV NEC-DELIV
21	66982	1/1/1900	12/31/2299	COMPL DEL NEC-DEL W P/P
21	66983	1/1/1900	12/31/2299	COMPL DELIV NEC-ANTEPAR
21	66984	1/1/1900	12/31/2299	COMPL DELIV NEC-POSTPART
21	6699	1/1/1900	12/31/2299	COMPL LABOR/DELIVERY NOS
21	66990	1/1/1900	12/31/2299	COMPL LAB/DELIV NOS-UNSP

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	66991	1/1/1900	12/31/2299	COMP LAB/DELIV NOS-DELIV
21	66992	1/1/1900	12/31/2299	COMPL DEL NOS-DEL W P/P
21	66993	1/1/1900	12/31/2299	COMPL DELIV NOS-ANTEPAR
21	66994	1/1/1900	12/31/2299	COMPL DELIV NOS-POSTPART
21	67000	1/1/1900	12/31/2299	MAJOR PUPERPERAL INFECTIO
21	6712	1/1/1900	12/31/2299	THROMBOPHLEBITIS IN PREG
21	67120	1/1/1900	12/31/2299	THROMBOPHLEB PREG-UNSPEC
21	67121	1/1/1900	12/31/2299	THROMBOPHLEBITIS-DELIVER
21	67122	1/1/1900	12/31/2299	THROMBOPHLEB-DELIV W P/P
21	67123	1/1/1900	12/31/2299	THROMBOPHLEBIT-ANTEPART
21	67124	1/1/1900	12/31/2299	THROMBOPHLEBIT-POSTPART
21	6713	1/1/1900	12/31/2299	ANTEPAR DEEP VEIN THROMB
21	67130	1/1/1900	12/31/2299	DEEP THROM ANTEPAR-UNSP
21	67131	1/1/1900	12/31/2299	DEEP THROM ANTEPAR-DELIV
21	67133	1/1/1900	12/31/2299	DEEP THROM ANTEPAR-ANTEPA
21	6714	1/1/1900	12/31/2299	POSTPAR DEEP VEIN THROMB
21	67140	1/1/1900	12/31/2299	DEEP THROMB POSTPAR-UNSP
21	67142	1/1/1900	12/31/2299	THROMB POSTPAR-DEL W P/P
21	67144	1/1/1900	12/31/2299	THROMB POSTPAR-POSTPAR
21	6715	1/1/1900	12/31/2299	OTH THROMBOS COMPL PREG
21	67150	1/1/1900	12/31/2299	THROMBOSIS NEC PREG-UNSP
21	67151	1/1/1900	12/31/2299	THROMBOSIS NEC-DELIVERED
21	67152	1/1/1900	12/31/2299	THROMB NEC-DELIV W P/P
21	67153	1/1/1900	12/31/2299	THROMBOSIS NEC-ANTEPART
21	67154	1/1/1900	12/31/2299	THROMBOSIS NEC-POSTPART
21	67200	1/1/1900	12/31/2299	PUEPER PYREXIA NOS-UNSPEC
21	67202	1/1/1900	12/31/2299	PUEPER PYREXIA NOS-DEL W
21	67204	1/1/1900	12/31/2299	PUEPER PYREXIA NOS-POSTPA
21	6730	1/1/1900	12/31/2299	OB AIR EMBOLISM
21	67300	1/1/1900	12/31/2299	OB AIR EMBOLISM -UNSPEC
21	67301	1/1/1900	12/31/2299	OB AIR EMBOLISM -DELIVER
21	67302	1/1/1900	12/31/2299	OB AIR EMBOL-DELIV W P/P
21	67303	1/1/1900	12/31/2299	OB AIR EMBOLISM -ANTEPART
21	67304	1/1/1900	12/31/2299	OB AIR EMBOLISM -POSTPART
21	6731	1/1/1900	12/31/2299	AMNIOTIC FLUID EMBOLISM
21	67310	1/1/1900	12/31/2299	AMNIOTIC EMBOLISM -UNSPEC
21	67311	1/1/1900	12/31/2299	AMNIOTIC EMBOLISM -DELIV

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	67312	1/1/1900	12/31/2299	AMNIOT EMBOL-DELIV W P/P
21	67313	1/1/1900	12/31/2299	AMNIOTIC EMBOL-ANTEPART
21	67314	1/1/1900	12/31/2299	AMNIOTIC EMBOL-POSTPART
21	6732	1/1/1900	12/31/2299	OB BLOOD-CLOT EMBOLISM
21	67320	1/1/1900	12/31/2299	BLOOD-CLOT EMBOL-UNSPEC
21	67321	1/1/1900	12/31/2299	BLOOD-CLOT EMBOL-DELIV
21	67322	1/1/1900	12/31/2299	BLOOD-CLOT EMBOL-DEL W P/
21	67323	1/1/1900	12/31/2299	BLOOD-CLOT EMBOL-ANTEPART
21	67324	1/1/1900	12/31/2299	BLOOD-CLOT EMBOL-POSTPART
21	6733	1/1/1900	12/31/2299	OB PYEMIC/SEPTIC EMBOL
21	67330	1/1/1900	12/31/2299	OB PYEMIC EMBOL-UNSPEC
21	67331	1/1/1900	12/31/2299	OB PYEMIC EMBOL-DELIVER
21	67332	1/1/1900	12/31/2299	OB PYEM EMBOL-DEL W P/P
21	67333	1/1/1900	12/31/2299	OB PYEMIC EMBOL-ANTEPART
21	67334	1/1/1900	12/31/2299	OB PYEMIC EMBOL-POSTPART
21	6738	1/1/1900	12/31/2299	OB PULMONARY EMBOL NEC
21	67380	1/1/1900	12/31/2299	OB PULMON EMBOL NEC-UNSP
21	67381	1/1/1900	12/31/2299	PULMON EMBOL NEC-DELIVER
21	67382	1/1/1900	12/31/2299	PULM EMBOL NEC-DEL W P/P
21	67383	1/1/1900	12/31/2299	PULMON EMBOL NEC-ANTEPAR
21	67384	1/1/1900	12/31/2299	PULMON EMBOL NEC-POSTPAR
21	6740	1/1/1900	12/31/2299	PUERPER CEREBROVASC DIS
21	67400	1/1/1900	12/31/2299	PUERP CEREBVASC DIS-UNSP
21	67401	1/1/1900	12/31/2299	PUERP CEREBVAS DIS-DELIV
21	67402	1/1/1900	12/31/2299	CEREBVAS DIS-DELIV W P/P
21	67403	1/1/1900	12/31/2299	CEREBROVASC DIS-ANTEPART
21	67404	1/1/1900	12/31/2299	CEREBROVASC DIS-POSTPART
21	6741	1/1/1900	12/31/2299	DISRUPT CESAREAN WOUND
21	67410	1/1/1900	12/31/2299	DISRUPT C-SECT WND-UNSP
21	67412	1/1/1900	12/31/2299	DISRUPT C-SECT-DEL W P/P
21	67414	1/1/1900	12/31/2299	DISRUPT C-SECT-POSTPART
21	6742	1/1/1900	12/31/2299	DISRUPT PERINEAL WOUND
21	67420	1/1/1900	12/31/2299	DISRUPT PERINEUM-UNSPEC
21	67422	1/1/1900	12/31/2299	DISRUPT PERIN-DEL W P/P
21	67424	1/1/1900	12/31/2299	DISRUPT PERINEUM-POSTPAR
21	6743	1/1/1900	12/31/2299	OTH COMPL OB SURG WOUND
21	67430	1/1/1900	12/31/2299	OB SURG COMPL NEC-UNSPEC

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	67432	1/1/1900	12/31/2299	OB SURG COMPL-DEL W P/P
21	67434	1/1/1900	12/31/2299	OB SURG COMP NEC-POSTPAR
21	6744	1/1/1900	12/31/2299	PLACENTAL POLYP
21	67440	1/1/1900	12/31/2299	PLACENTAL POLYP-UNSPEC
21	67442	1/1/1900	12/31/2299	PLACENT POLYP-DEL W P/P
21	67444	1/1/1900	12/31/2299	PLACENTAL POLYP-POSTPART
21	6748	1/1/1900	12/31/2299	PUEPERAL COMPL NEC
21	67480	1/1/1900	12/31/2299	PUERP COMPL NEC-UNSPEC
21	67482	1/1/1900	12/31/2299	PUERP COMP NEC-DEL W P/P
21	67484	1/1/1900	12/31/2299	PUERP COMPL NEC-POSTPART
21	6749	1/1/1900	12/31/2299	PUERPERAL COMPLIC NOS
21	67490	1/1/1900	12/31/2299	PUERP COMPL NOS-UNSPEC
21	67492	1/1/1900	12/31/2299	PUERP COMP NOS-DEL W P/P
21	67494	1/1/1900	12/31/2299	PUERP COMPL NOS-POSTPART
21	6850	1/1/1900	12/31/2299	PILONIDAL CYST W ABSCESS
21	6851	1/1/1900	12/31/2299	PILONIDAL CYST W/O ABSC
21	6924	1/1/1900	12/31/2299	CHEMICAL DERMATITIS NEC
21	6951	1/1/1900	12/31/2299	ERYTHEMA MULTIFORME
21	7080	1/1/1900	12/31/2299	ALLERGIC URTICARIA
21	7110	1/1/1900	12/31/2299	PYOGENIC ARTHRITIS
21	71100	1/1/1900	12/31/2299	PYOGEN ARTHRITIS-UNSPEC
21	71101	1/1/1900	12/31/2299	PYOGEN ARTHRITIS-SHLDER
21	71102	1/1/1900	12/31/2299	PYOGEN ARTHRITIS-UP/ARM
21	71103	1/1/1900	12/31/2299	PYOGEN ARTHRITIS-FOREARM
21	71104	1/1/1900	12/31/2299	PYOGEN ARTHRITIS-HAND
21	71105	1/1/1900	12/31/2299	PYOGEN ARTHRITIS-PELVIS
21	71106	1/1/1900	12/31/2299	PYOGEN ARTHRITIS-L/LEG
21	71107	1/1/1900	12/31/2299	PYOGEN ARTHRITIS-ANKLE
21	71108	1/1/1900	12/31/2299	PYOGEN ARTHRITIS NEC
21	71109	1/1/1900	12/31/2299	PYOGEN ARTHRITIS-MULT
21	7136	1/1/1900	12/31/2299	ARTHROP W HYPERSEN REACT
21	7220	1/1/1900	12/31/2299	CERVICAL DISC DISPLACMNT
21	7221	1/1/1900	12/31/2299	THORAC/LUMB DISC DISPLAC
21	72210	1/1/1900	12/31/2299	LUMBAR DISC DISPLACEMENT
21	72211	1/1/1900	12/31/2299	THORACIC DISC DISPLACMNT
21	7222	1/1/1900	12/31/2299	DISC DISPLACEMENT NOS
21	7224	1/1/1900	12/31/2299	CERVICAL DISC DEGEN

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	72251	1/1/1900	12/31/2299	THORACIC DISC DEGEN
21	72252	1/1/1900	12/31/2299	LUMB/LUMBOSAC DISC DEGEN
21	7226	1/1/1900	12/31/2299	DISC DEGENERATION NOS
21	7227	1/1/1900	12/31/2299	DISC DIS W MYELOPATHY
21	72270	1/1/1900	12/31/2299	DISC DIS W MYELOPATH NOS
21	72271	1/1/1900	12/31/2299	CERV DISC DIS W MYELOPAT
21	72272	1/1/1900	12/31/2299	THOR DISC DIS W MYELOPAT
21	72273	1/1/1900	12/31/2299	LUMB DISC DIS W MYELOPAT
21	7228	1/1/1900	12/31/2299	POSTLAMINECTOMY SYNDROME
21	72280	1/1/1900	12/31/2299	POSTLAMINECTOMY SYND NOS
21	72281	1/1/1900	12/31/2299	POSTLAMINECT SYND-CERV
21	72282	1/1/1900	12/31/2299	POSTLAMINECT SYND-THORAC
21	72283	1/1/1900	12/31/2299	POSTLAMINECT SYND-LUMBAR
21	7229	1/1/1900	12/31/2299	DISC DISORDER NEC/NOS
21	72290	1/1/1900	12/31/2299	DISC DIS NEC/NOS-UNSPEC
21	72291	1/1/1900	12/31/2299	DISC DIS NEC/NOS-CERV
21	72292	1/1/1900	12/31/2299	DISC DIS NEC/NOS-THORAC
21	72293	1/1/1900	12/31/2299	DISC DIS NEC/NOS-LUMBAR
21	7300	1/1/1900	12/31/2299	ACUTE OSTEOMYELITIS
21	73000	1/1/1900	12/31/2299	AC OSTEOMYELITIS-UNSPEC
21	73001	1/1/1900	12/31/2299	AC OSTEOMYELITIS-SHLDER
21	73002	1/1/1900	12/31/2299	AC OSTEOMYELITIS-UP/ARM
21	73003	1/1/1900	12/31/2299	AC OSTEOMYELITIS-FOREARM
21	73004	1/1/1900	12/31/2299	AC OSTEOMYELITIS-HAND
21	73005	1/1/1900	12/31/2299	AC OSTEOMYELITIS-PELVIS
21	73006	1/1/1900	12/31/2299	AC OSTEOMYELITIS-L/LEG
21	73007	1/1/1900	12/31/2299	AC OSTEOMYELITIS-ANKLE
21	73008	1/1/1900	12/31/2299	AC OSTEOMYELITIS NEC
21	73009	1/1/1900	12/31/2299	AC OSTEOMYELITIS-MULT
21	7303	1/1/1900	12/31/2299	PERIOSTITIS
21	73030	1/1/1900	12/31/2299	PERIOSTITIS-UNSPEC
21	7327	1/1/1900	12/31/2299	OSTEOCHONDRIT DISSECANS
21	7331	1/1/1900	12/31/2299	PATHOLOGICAL FRACTURE
21	73310	1/1/1900	12/31/2299	PATHOLOGIC FRACTURE UNSPE
21	7640	1/1/1900	12/31/2299	LIGHT-FOR-DATES
21	76400	1/1/1900	12/31/2299	LIGHT-FOR-DATES-NOS
21	7641	1/1/1900	12/31/2299	LIGHT-FOR-DATES W MALNUT

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	76410	1/1/1900	12/31/2299	LT-FOR-DATES W MAL-NOS
21	7642	1/1/1900	12/31/2299	FETAL MALNUTRITION NOS
21	76420	1/1/1900	12/31/2299	FETAL MALNUT NOS-NOS
21	7649	1/1/1900	12/31/2299	FETAL GROWTH RETARD NOS
21	76490	1/1/1900	12/31/2299	FET GROW RETARD NOS-NOW
21	7650	1/1/1900	12/31/2299	EXTREME IMMATURITY
21	76500	1/1/1900	12/31/2299	EXTREME IMMATUR-NOS
21	7651	1/1/1900	12/31/2299	PRETERM INFANTS NEC
21	76510	1/1/1900	12/31/2299	PRETERM INF NEC-NOS
21	7660	1/1/1900	12/31/2299	EXCEPTIONALLY LARGE BABY
21	7661	1/1/1900	12/31/2299	HEAVY-FOR-DATE INFAN NEC
21	7662	1/1/1900	12/31/2299	POST-TERM INFANT NOS
21	7670	1/1/1900	12/31/2299	CEREBRAL HEM AT BIRTH
21	7671	1/1/1900	12/31/2299	SCALP INJURY AT BIRTH
21	7672	1/1/1900	12/31/2299	CLAVICLE FX AT BIRTH
21	7673	1/1/1900	12/31/2299	BONE INJURY NEC AT BIRTH
21	7674	1/1/1900	12/31/2299	SPINAL CORD INJ AT BIRTH
21	7675	1/1/1900	12/31/2299	FACIAL NERVE INJ-BIRTH
21	7676	1/1/1900	12/31/2299	BRACH PLEXUS INJ-BIRTH
21	7677	1/1/1900	12/31/2299	NERVE INJ NEC AT BIRTH
21	7678	1/1/1900	12/31/2299	BIRTH TRAUMA NEC
21	7679	1/1/1900	12/31/2299	BIRTH TRAUMA NOS
21	7680	1/1/1900	12/31/2299	FETAL DEATH-ANOXIA NOS
21	7681	1/1/1900	12/31/2299	FET DEATH-ANOXIA DUR LAB
21	7682	1/1/1900	12/31/2299	FER DISTRESS BEFORE LABOR
21	7683	1/1/1900	12/31/2299	FETAL DISTRESS DUR LABOR
21	7684	1/1/1900	12/31/2299	FETAL DISTRESS NOS
21	7685	1/1/1900	12/31/2299	SEVERE BIRTH ASPHYXIA
21	7686	1/1/1900	12/31/2299	MILD/MOD BIRTH ASPHYXIA
21	7689	1/1/1900	12/31/2299	BIRTH ASPHYXIA NOS
21	7700	1/1/1900	12/31/2299	CONGENITAL PNEUMONIA
21	7701	1/1/1900	12/31/2299	NB MASSIVE ASPIRAT SYN
21	7702	1/1/1900	12/31/2299	NB INTERSTIT EMPHYSEMA
21	7703	1/1/1900	12/31/2299	NB PULMONARY HEMORRHAGE
21	7704	1/1/1900	12/31/2299	PRIMARY ATELECTASIS
21	7720	1/1/1900	12/31/2299	FETAL BLOOD LOSS
21	7721	1/1/1900	12/31/2299	NB INTRAVENTRICULAR HEM

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	7722	1/1/1900	12/31/2299	NB SUBARACHNOID HEMORR
21	7723	1/1/1900	12/31/2299	POST-BIRTH UMBIL HEM ORR
21	7724	1/1/1900	12/31/2299	NB GI HEMORRHAGE
21	7725	1/1/1900	12/31/2299	NB ADRENAL HEMORRHAGE
21	7726	1/1/1900	12/31/2299	NB CUTANEOUS HEMORRHAGE
21	7728	1/1/1900	12/31/2299	NEONATAL HEMORRHAGE NEC
21	7729	1/1/1900	12/31/2299	NEONATAL HEMORRHAGE NOS
21	7730	1/1/1900	12/31/2299	NB HEMOLYT DIS-RH ISOIM
21	7731	1/1/1900	12/31/2299	NB HEMOLYT DIS-ABO ISOIM
21	7732	1/1/1900	12/31/2299	NB HEMOLYT DIS-ISOIM NEC/
21	7733	1/1/1900	12/31/2299	HYDROPS FETALIS-ISOIMMUN
21	7734	1/1/1900	12/31/2299	NB KERNICTERUS-ISOIMMUN
21	7735	1/1/1900	12/31/2299	NB LATE ANEMIA-ISOIMMUN
21	7742	1/1/1900	12/31/2299	NEONAT JAUND PRETERM DEL
21	7743	1/1/1900	12/31/2299	OTH DELAY CONJUGAT JAUND
21	77431	1/1/1900	12/31/2299	NEONAT JAUND IN OTH DIS
21	77439	1/1/1900	12/31/2299	DELAY CONJUGAT JAUND NEC
21	7744	1/1/1900	12/31/2299	FETAL/NEONATAL HEPATITIS
21	7745	1/1/1900	12/31/2299	PERINATAL JAUNDICE NEC
21	7746	1/1/1900	12/31/2299	FETAL/NEONATAL JAUND NOS
21	7747	1/1/1900	12/31/2299	NB KERNICTERUS
21	7751	1/1/1900	12/31/2299	NEONAT DIABETES MELLITUS
21	7752	1/1/1900	12/31/2299	NEONAT MYASTHENIA GRAVIS
21	7753	1/1/1900	12/31/2299	NEONATAL THYROTOXICOSIS
21	7754	1/1/1900	12/31/2299	HYPOCALCEM/HYPOMAGNES NB
21	7756	1/1/1900	12/31/2299	NEONATAL HYPOGLYCEMIA
21	7757	1/1/1900	12/31/2299	LATE METAB ACIDOSIS NB
21	7758	1/1/1900	12/31/2299	TRANSIENT MET DIS NB NEC
21	7759	1/1/1900	12/31/2299	TRANSIENT MET DIS NB NOS
21	7760	1/1/1900	12/31/2299	NB HEMORRHAGIC DISEASE
21	7761	1/1/1900	12/31/2299	NEONATAL THROMBOCYTOPEN
21	7762	1/1/1900	12/31/2299	DISSEM INTRAVASC COAG NB
21	7763	1/1/1900	12/31/2299	OTH NEONATAL COAG DIS
21	7764	1/1/1900	12/31/2299	POLYCYTHEMIA NEONATORUM
21	7765	1/1/1900	12/31/2299	CONGENITAL ANEMIA
21	7766	1/1/1900	12/31/2299	ANEMIA OF PREMATURITY
21	7767	1/1/1900	12/31/2299	NEONATAL NEUTROPENIA

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	7768	1/1/1900	12/31/2299	TRANSIENT HEMAT DIS NEC
21	7769	1/1/1900	12/31/2299	NB HEMATOLOGICAL DIS NOS
21	7772	1/1/1900	12/31/2299	INTEST OBST-INSPISS MILK
21	7773	1/1/1900	12/31/2299	SWALLOWED BLOOD SYNDROME
21	7774	1/1/1900	12/31/2299	TRANSITORY ILEUS OF NB
21	7775	1/1/1900	12/31/2299	NECROT ENTEROCOLITIS NB
21	7776	1/1/1900	12/31/2299	PERINATAL INTEST PERFOR
21	7778	1/1/1900	12/31/2299	PERINAT DIGEST SYS DIS NE
21	7779	1/1/1900	12/31/2299	PERINAT DIGEST SYS DIS NO
21	7780	1/1/1900	12/31/2299	HYDROPS FETALIS NO ISOIM
21	7781	1/1/1900	12/31/2299	SCLEREMA NEONATORUM
21	7782	1/1/1900	12/31/2299	NB COLD INJURY SYNDROME
21	7783	1/1/1900	12/31/2299	NB HYPOTHERMIA NEC
21	7784	1/1/1900	12/31/2299	NB TEMP REGULAT DIS NEC
21	7786	1/1/1900	12/31/2299	CONGENITAL HYDROCELE
21	7790	1/1/1900	12/31/2299	CONVULSIONS IN NEWBORN
21	7791	1/1/1900	12/31/2299	NB CEREB IRRIT NEC/NOS
21	7792	1/1/1900	12/31/2299	CNS DYSFUNCTION SYN NB
21	7793	1/1/1900	12/31/2299	NB FEEDING PROBLEMS
21	7794	1/1/1900	12/31/2299	NB DRUG REACTION/INTOXIC
21	7795	1/1/1900	12/31/2299	NB DRUG WITHDRAWAL SYNDR
21	7796	1/1/1900	12/31/2299	TERMINATION OF PREGNANCY
21	7800	1/1/1900	12/31/2299	COMA AND STUPOR
21	78001	1/1/1900	12/31/2299	COMA
21	7801	1/1/1900	12/31/2299	HALLUCINATIONS
21	7802	1/1/1900	12/31/2299	SYNCOPE AND COLLAPSE
21	7803	1/1/1900	12/31/2299	CONVULSIONS
21	7806	1/1/1900	12/31/2299	PYREXIA UNKNOWN ORIGIN
21	7814	1/1/1900	12/31/2299	TRANSIENT LIMB PARALYSIS
21	7816	1/1/1900	12/31/2299	MENINGISMUS
21	7817	1/1/1900	12/31/2299	TETANY
21	7824	1/1/1900	12/31/2299	JAUNDICE NOS
21	7825	1/1/1900	12/31/2299	CYANOSIS
21	7827	1/1/1900	12/31/2299	SPONTANEOUS ECCHYMOSES
21	7847	1/1/1900	12/31/2299	EPISTAXIS
21	7848	1/1/1900	12/31/2299	HEMORRHAGE FROM THROAT
21	7850	1/1/1900	12/31/2299	TACHYCARDIA NOS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	7854	1/1/1900	12/31/2299	GANGRENE
21	7855	1/1/1900	12/31/2299	SHOCK WITHOUT TRAUMA
21	78550	1/1/1900	12/31/2299	SHOCK NOS
21	78551	1/1/1900	12/31/2299	CARDIOGENIC SHOCK
21	78559	1/1/1900	12/31/2299	SHOCK W/O TRAUMA NEC
21	7860	1/1/1900	12/31/2299	DYSPNEA/RESPIRATORY ABN
21	78600	1/1/1900	12/31/2299	3
21	78601	1/1/1900	12/31/2299	HYPERVENTILATION
21	78602	1/1/1900	12/31/2299	ORTHOPNEA
21	78609	1/1/1900	12/31/2299	RESPIRATORY ABNORM NEC
21	7863	1/1/1900	12/31/2299	HEMOPTYSIS
21	7865	1/1/1900	12/31/2299	CHEST PAIN
21	78650	1/1/1900	12/31/2299	CHEST PAIN NOS
21	78651	1/1/1900	12/31/2299	PRECORDIAL PAIN
21	78652	1/1/1900	12/31/2299	PAINFUL RESPIRATION
21	78659	1/1/1900	12/31/2299	CHEST PAIN NEC
21	7880	1/1/1900	12/31/2299	RENAL COLIC
21	7882	1/1/1900	12/31/2299	RETENTION OF URINE
21	78820	1/1/1900	12/31/2299	RETENTION OF URINE, UNSPE
21	78900	1/1/1900	12/31/2299	ABDOMINAL PAIN,
21	78901	1/1/1900	12/31/2299	ABDOMINAL PAIN,
21	78902	1/1/1900	12/31/2299	ABDOMINAL PAIN,
21	78903	1/1/1900	12/31/2299	ABDOMINAL PAIN,
21	78904	1/1/1900	12/31/2299	ABDOMINAL PAIN,
21	78905	1/1/1900	12/31/2299	ABDOMINAL PAIN,
21	78906	1/1/1900	12/31/2299	ABDOMINAL PAIN,
21	78907	1/1/1900	12/31/2299	ABDOMINAL PAIN,
21	78909	1/1/1900	12/31/2299	ABDOMINAL PAIN,
21	798	1/1/1900	12/31/2299	SUDDEN DEATH CAUSE UNKNW
21	7980	1/1/1900	12/31/2299	SUDDEN INFANT DEATH SYND
21	7981	1/1/1900	12/31/2299	INSTANTANEOUS DEATH
21	7982	1/1/1900	12/31/2299	DEATH WITHIN 24 HR SYMPT
21	7989	1/1/1900	12/31/2299	UNATTENDED DEATH
21	7990	1/1/1900	12/31/2299	ASPHYXIA
21	7991	1/1/1900	12/31/2299	RESPIRATORY FAILURE
21	800	1/1/1900	12/31/2299	SKULL VAULT FRACTURE
21	8000	1/1/1900	12/31/2299	CLOSED SKULL VAULT FX

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	80000	1/1/1900	12/31/2299	CLOSED SKULL VAULT FX NOS
21	80001	1/1/1900	12/31/2299	CL SKULL VLT FX W/O COMA
21	80002	1/1/1900	12/31/2299	CL SKULL VLT FX-BRF COMA
21	80003	1/1/1900	12/31/2299	CL SKULL VLT FX-MOD COMA
21	80004	1/1/1900	12/31/2299	CL SKL VLT FX-PROLN COMA
21	80005	1/1/1900	12/31/2299	CL SKUL VLT FX-DEEP COMA
21	80006	1/1/1900	12/31/2299	CL SKULL VLT FX-COMA NOS
21	80009	1/1/1900	12/31/2299	CL SKL VLT FX-CONCUS NOS
21	8001	1/1/1900	12/31/2299	CL SKL VLT FX/CEREBR LAC
21	80010	1/1/1900	12/31/2299	CL SKL VLT FX/CEREB LAC N
21	80011	1/1/1900	12/31/2299	CL SKULL VLT FX W/O COMA
21	80012	1/1/1900	12/31/2299	CL SKULL VLT FX-BRF COMA
21	80013	1/1/1900	12/31/2299	CL SKULL VLT FX-MOD COMA
21	80014	1/1/1900	12/31/2299	CL SKL VLT FX-PROLN COMA
21	80015	1/1/1900	12/31/2299	CL SKUL VLT FX-DEEP COMA
21	80016	1/1/1900	12/31/2299	CL SKULL VLT FX-COMA NOS
21	80019	1/1/1900	12/31/2299	CL SKL VLT FX-CONCUS NOS
21	8002	1/1/1900	12/31/2299	CL SKL VLT FX/SUBDURAL HE
21	80020	1/1/1900	12/31/2299	CL SKL VLT FX/SUBDUR HEM
21	80021	1/1/1900	12/31/2299	CL SKULL VLT FX W/O HEM
21	80022	1/1/1900	12/31/2299	CL SKULL VLT FX-BRF COMA
21	80023	1/1/1900	12/31/2299	CL SKULL VLT FX-MOD COMA
21	80024	1/1/1900	12/31/2299	CL SKL VLT FX-PROLN COMA
21	80025	1/1/1900	12/31/2299	CL SKUL VLT FX-DEEP COMA
21	80026	1/1/1900	12/31/2299	CL SKULL VLT FX-COMA NOS
21	80029	1/1/1900	12/31/2299	CL SKL VLT FX-CONCUS NOS
21	8003	1/1/1900	12/31/2299	CL SKL VLT FX/HEM NEC/NOS
21	80030	1/1/1900	12/31/2299	CL SKL VLT FX/HEM NEC/NOS
21	80031	1/1/1900	12/31/2299	CL SKULL VLT FX W/O COMA
21	80032	1/1/1900	12/31/2299	CL SKULL VLT FX-BRF COMA
21	80033	1/1/1900	12/31/2299	CL SKULL VLT FX-MOD COMA
21	80034	1/1/1900	12/31/2299	CL SKL VLT FX-PROLN COMA
21	80035	1/1/1900	12/31/2299	CL SKUL VLT FX-DEEP COMA
21	80036	1/1/1900	12/31/2299	CL SKULL VLT FX-COMA NOS
21	80039	1/1/1900	12/31/2299	CL SKL VLT FX-CONCUS NOS
21	8004	1/1/1900	12/31/2299	CL SKL VLT FX/BR INJ NEC/
21	80040	1/1/1900	12/31/2299	CL SKL VLT FX/BR INJ NEC/

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	80041	1/1/1900	12/31/2299	CL SKULL VLT FX W/O COMA
21	80042	1/1/1900	12/31/2299	CL SKULL VLT FX-BRF COMA
21	80043	1/1/1900	12/31/2299	CL SKULL VLT FX-MOD COMA
21	80044	1/1/1900	12/31/2299	CL SKL VLT FX-PROLN COMA
21	80045	1/1/1900	12/31/2299	CL SKUL VLT FX-DEEP COMA
21	80046	1/1/1900	12/31/2299	CL SKULL VLT FX-COMA NOS
21	80049	1/1/1900	12/31/2299	CL SKL VLT FX-CONCUS NOS
21	8005	1/1/1900	12/31/2299	OPN SKULL VAULT FRACTURE
21	80050	1/1/1900	12/31/2299	OPN SKL VLT FRACTURE NOS
21	80051	1/1/1900	12/31/2299	OPN SKUL VLT FX W/O COMA
21	80052	1/1/1900	12/31/2299	OPN SKUL VLT FX-BRF COMA
21	80053	1/1/1900	12/31/2299	OPN SKUL VLT FX-MOD COMA
21	80054	1/1/1900	12/31/2299	OPN SKL VLT FX-PROLN COM
21	80055	1/1/1900	12/31/2299	OPN SKL VLT FX-DEEP COMA
21	80056	1/1/1900	12/31/2299	OPN SKUL VLT FX-COMA NOS
21	80059	1/1/1900	12/31/2299	OP SKL VLT FX-CONCUS NOS
21	8006	1/1/1900	12/31/2299	OPN SKL VLT FX/CEREB LAC
21	80060	1/1/1900	12/31/2299	OPN SKL VLT FX/CEREB LAC
21	80061	1/1/1900	12/31/2299	OPN SKUL VLT FX W/O COMA
21	80062	1/1/1900	12/31/2299	OPN SKUL VLT FX-BRF COMA
21	80063	1/1/1900	12/31/2299	OPN SKUL VLT FX-MOD COMA
21	80064	1/1/1900	12/31/2299	OPN SKL VLT FX-PROLN COM
21	80065	1/1/1900	12/31/2299	OPN SKL VLT FX-DEEP COMA
21	80066	1/1/1900	12/31/2299	OPN SKUL VLT FX-COMA NOS
21	80069	1/1/1900	12/31/2299	OP SKL VLT FX-CONCUS NOS
21	8007	1/1/1900	12/31/2299	OPN SKL VLT FX/SUBDURAL H
21	80070	1/1/1900	12/31/2299	OPN SKL VLT FX/SUBDUR HEM
21	80071	1/1/1900	12/31/2299	OPN SKUL VLT FX W/O COMA
21	80072	1/1/1900	12/31/2299	OPN SKUL VLT FX-BRF COMA
21	80073	1/1/1900	12/31/2299	OPN SKUL VLT FX-MOD COMA
21	80074	1/1/1900	12/31/2299	OPN SKL VLT FX-PROLN COM
21	80075	1/1/1900	12/31/2299	OPN SKL VLT FX-DEEP COMA
21	80076	1/1/1900	12/31/2299	OPN SKUL VLT FX-COMA NOS
21	80079	1/1/1900	12/31/2299	OP SKL VLT FX-CONCUS NOS
21	8008	1/1/1900	12/31/2299	OPN SKL VLT FX/HEM NEC/NO
21	80080	1/1/1900	12/31/2299	OPN SKL VLT FX/HEM NEC/NO
21	80081	1/1/1900	12/31/2299	OPN SKUL VLT FX W/O COMA

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	80082	1/1/1900	12/31/2299	OPN SKUL VLT FX-BRF COMA
21	80083	1/1/1900	12/31/2299	OPN SKUL VLT FX-MOD COMA
21	80084	1/1/1900	12/31/2299	OPN SKL VLT FX-PROLN COM
21	80085	1/1/1900	12/31/2299	OPN SKL VLT FX-DEEP COMA
21	80086	1/1/1900	12/31/2299	OPN SKUL VLT FX-COMA NOS
21	80089	1/1/1900	12/31/2299	OP SKL VLT FX-CONCUS NOS
21	8009	1/1/1900	12/31/2299	OP SKL VLT FX/BR INJ NEC/
21	80090	1/1/1900	12/31/2299	OP SKL VLT FX/BR INJ NEC/
21	80091	1/1/1900	12/31/2299	OPN SKUL VLT FX W/O COMA
21	80092	1/1/1900	12/31/2299	OPN SKUL VLT FX-BRF COMA
21	80093	1/1/1900	12/31/2299	OPN SKUL VLT FX-MOD COMA
21	80094	1/1/1900	12/31/2299	OPN SKL VLT FX-PROLN COM
21	80095	1/1/1900	12/31/2299	OP SKUL VLT FX-DEEP COMA
21	80096	1/1/1900	12/31/2299	OPN SKUL VLT FX-COMA NOS
21	80099	1/1/1900	12/31/2299	OP SKL VLT FX-CONCUS NOS
21	801	1/1/1900	12/31/2299	SKULL BASE FRACTURE
21	8010	1/1/1900	12/31/2299	CLOS SKULL BASE FRACTURE
21	80100	1/1/1900	12/31/2299	CLOS SKL BASE FRACT NOS
21	80101	1/1/1900	12/31/2299	CL SKUL BASE FX W/O COMA
21	80102	1/1/1900	12/31/2299	CL SKUL BASE FX-BRF COMA
21	80103	1/1/1900	12/31/2299	CL SKUL BASE FX-MOD COMA
21	80104	1/1/1900	12/31/2299	CL SKL BASE FX-PROL COMA
21	80105	1/1/1900	12/31/2299	CL SKL BASE FX-DEEP COMA
21	80106	1/1/1900	12/31/2299	CL SKUL BASE FX-COMA NOS
21	80109	1/1/1900	12/31/2299	CL SKL BASE FX-CONCUS NOS
21	8011	1/1/1900	12/31/2299	CL SKL BASE FX/CEREB LAC
21	80110	1/1/1900	12/31/2299	CL SKL BASE FX/CEREB LAC
21	80111	1/1/1900	12/31/2299	CL SKUL BASE FX W/O COMA
21	80112	1/1/1900	12/31/2299	CL SKUL BASE FX-BRF COMA
21	80113	1/1/1900	12/31/2299	CL SKUL BASE FX-MOD COMA
21	80114	1/1/1900	12/31/2299	CL SKL BASE FX-PROL COMA
21	80115	1/1/1900	12/31/2299	CL SKL BASE FX-DEEP COMA
21	80116	1/1/1900	12/31/2299	CL SKUL BASE FX-COMA NOS
21	80119	1/1/1900	12/31/2299	CL SKL BASE FX-CONCUS NOS
21	8012	1/1/1900	12/31/2299	CL SKL BASE FX/SUBDURAL H
21	80120	1/1/1900	12/31/2299	CL SKL BASE FX/SUBDUR HEM
21	80121	1/1/1900	12/31/2299	CL SKUL BASE FX W/O COMA

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	80122	1/1/1900	12/31/2299	CL SKUL BASE FX-BRF COMA
21	80123	1/1/1900	12/31/2299	CL SKUL BASE FX-MOD COMA
21	80124	1/1/1900	12/31/2299	CL SKL BASE FX-PROL COMA
21	80125	1/1/1900	12/31/2299	CL SKL BASE FX-DEEP COMA
21	80126	1/1/1900	12/31/2299	CL SKUL BASE FX-COMA NOS
21	80129	1/1/1900	12/31/2299	CL SKL BASE FX-CONCUS NOS
21	8013	1/1/1900	12/31/2299	CL SKL BASE FX/HEM NEC/NO
21	80130	1/1/1900	12/31/2299	CL SKL BASE FX/HEM NEC/NO
21	80131	1/1/1900	12/31/2299	CL SKUL BASE FX W/O COMA
21	80132	1/1/1900	12/31/2299	CL SKUL BASE FX-BRF COMA
21	80133	1/1/1900	12/31/2299	CL SKUL BASE FX-MOD COMA
21	80134	1/1/1900	12/31/2299	CL SKL BASE FX-PROL COMA
21	80135	1/1/1900	12/31/2299	CL SKL BASE FX-DEEP COMA
21	80136	1/1/1900	12/31/2299	CL SKUL BASE FX-COMA NOS
21	80139	1/1/1900	12/31/2299	CL SKL BASE FX-CONCUS NOS
21	8014	1/1/1900	12/31/2299	CL SKL BASE FX/BR INJ NEC
21	80140	1/1/1900	12/31/2299	CL SKL BASE FX/BR INJ NEC
21	80141	1/1/1900	12/31/2299	CL SKUL BASE FX W/O COMA
21	80142	1/1/1900	12/31/2299	CL SKUL BASE FX-BRF COMA
21	80143	1/1/1900	12/31/2299	CL SKUL BASE FX-MOD COMA
21	80144	1/1/1900	12/31/2299	CL SKL BASE FX-PROL COMA
21	80145	1/1/1900	12/31/2299	CL SKL BASE FX-DEEP COMA
21	80146	1/1/1900	12/31/2299	CL SKUL BASE FX-COMA NOS
21	80149	1/1/1900	12/31/2299	CL SKL BASE FX-CONCUS NOS
21	8015	1/1/1900	12/31/2299	OPEN SKULL BASE FRACTURE
21	80150	1/1/1900	12/31/2299	OPN SKL BASE FRACTURE NOS
21	80151	1/1/1900	12/31/2299	OPN SKL BASE FX W/O COMA
21	80152	1/1/1900	12/31/2299	OPN SKL BASE FX-BRF COMA
21	80153	1/1/1900	12/31/2299	OPN SKL BASE FX-MOD COMA
21	80154	1/1/1900	12/31/2299	OP SKL BASE FX-PROL COMA
21	80155	1/1/1900	12/31/2299	OP SKL BASE FX-DEEP COMA
21	80156	1/1/1900	12/31/2299	OPN SKL BASE FX-COMA NOS
21	80159	1/1/1900	12/31/2299	OPN SKL BASE FX-CONCUS NO
21	8016	1/1/1900	12/31/2299	OP SKL BASE FX/CEREB LAC
21	80160	1/1/1900	12/31/2299	OP SKL BASE FX/CEREB LAC
21	80161	1/1/1900	12/31/2299	OPN SKL BASE FX W/O COMA
21	80162	1/1/1900	12/31/2299	OPN SKL BASE FX-BRF COMA

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	80163	1/1/1900	12/31/2299	OPN SKL BASE FX-MOD COMA
21	80164	1/1/1900	12/31/2299	OP SKL BASE FX-PROL COMA
21	80165	1/1/1900	12/31/2299	OP SKL BASE FX-DEEP COMA
21	80166	1/1/1900	12/31/2299	OPN SKL BASE FX-COMA NOS
21	80169	1/1/1900	12/31/2299	OPN SKL BASE FX-CONCUS NO
21	8017	1/1/1900	12/31/2299	OP SKL BASE FX/SUBDURAL H
21	80170	1/1/1900	12/31/2299	OP SKL BASE FX/SUBDUR HEM
21	80171	1/1/1900	12/31/2299	OPN SKL BASE FX W/O COMA
21	80172	1/1/1900	12/31/2299	OPN SKL BASE FX-BRF COMA
21	80173	1/1/1900	12/31/2299	OPN SKL BASE FX-MOD COMA
21	80174	1/1/1900	12/31/2299	OP SKL BASE FX-PROL COMA
21	80175	1/1/1900	12/31/2299	OP SKL BASE FX-DEEP COMA
21	80176	1/1/1900	12/31/2299	OPN SKL BASE FX-COMA NOS
21	80179	1/1/1900	12/31/2299	OPN SKL BASE FX-CONCUS NO
21	8018	1/1/1900	12/31/2299	OPN SKL BASE FX/HEM NEC/N
21	80180	1/1/1900	12/31/2299	OPN SKL BASE FX/HEM NEC/N
21	80181	1/1/1900	12/31/2299	OPN SKL BASE FX W/O COMA
21	80182	1/1/1900	12/31/2299	OPN SKL BASE FX-BRF COMA
21	80183	1/1/1900	12/31/2299	OPN SKL BASE FX-MOD COMA
21	80184	1/1/1900	12/31/2299	OP SKL BASE FX-PROL COMA
21	80185	1/1/1900	12/31/2299	OP SKL BASE FX-DEEP COMA
21	80186	1/1/1900	12/31/2299	OPN SKL BASE FX-COMA NOS
21	80189	1/1/1900	12/31/2299	OPN SKL BASE FX-CONCUS NO
21	8019	1/1/1900	12/31/2299	OP SK BASE FX/BR INJ NEC/
21	80190	1/1/1900	12/31/2299	OP SK BASE FX/BR INJ NEC/
21	80191	1/1/1900	12/31/2299	OP SKUL BASE FX W/O COMA
21	80192	1/1/1900	12/31/2299	OPN SKL BASE FX-BRF COMA
21	80193	1/1/1900	12/31/2299	OPN SKL BASE FX-MOD COMA
21	80194	1/1/1900	12/31/2299	OP SKL BASE FX-PROL COMA
21	80195	1/1/1900	12/31/2299	OP SKL BASE FX-DEEP COMA
21	80196	1/1/1900	12/31/2299	OPN SKL BASE FX-COMA NOS
21	80199	1/1/1900	12/31/2299	OPN SKL BASE FX-CONCUS NO
21	802	1/1/1900	12/31/2299	FRACTURE OF FACE BONES
21	8020	1/1/1900	12/31/2299	NASAL BONE FX-CLOSED
21	8021	1/1/1900	12/31/2299	NASAL BONE FX-OPEN
21	8022	1/1/1900	12/31/2299	MANDIBLE FRACTURE-CLOSED
21	80220	1/1/1900	12/31/2299	MANDIBLE FX NOS-CLOSED

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	80221	1/1/1900	12/31/2299	FX CONDYL PROC MANDIB-CL
21	80222	1/1/1900	12/31/2299	FX SUBCONDYLAR MANDIB-CL
21	80223	1/1/1900	12/31/2299	FX CORON PROC MANDIB-CL
21	80224	1/1/1900	12/31/2299	FX RAMUS NOS-CLOSED
21	80225	1/1/1900	12/31/2299	FX ANGLE OF JAW-CLOSED
21	80226	1/1/1900	12/31/2299	FX SYMPHY MANDIB BODY-CL
21	80227	1/1/1900	12/31/2299	FX ALVEOLAR BORD MAND-CL
21	80228	1/1/1900	12/31/2299	FX MANDIB BODY NEC/NOS-CL
21	80229	1/1/1900	12/31/2299	MULT FX MANDIBLE-CLOSED
21	8023	1/1/1900	12/31/2299	MANDIBLE FRACTURE-OPEN
21	80230	1/1/1900	12/31/2299	MANDIBLE FX NOS-OPEN
21	80231	1/1/1900	12/31/2299	FX CONDYL PROC MAND-OPEN
21	80232	1/1/1900	12/31/2299	FX SUBCONDYL MANDIB-OPEN
21	80233	1/1/1900	12/31/2299	FX CORON PROC MANDIB-OPN
21	80234	1/1/1900	12/31/2299	FX RAMUS NOS-OPEN
21	80235	1/1/1900	12/31/2299	FX ANGLE OF JAW-OPEN
21	80236	1/1/1900	12/31/2299	FX SYMPHY MANDIB BDY-OPN
21	80237	1/1/1900	12/31/2299	FX ALV BORD MAND BDY-OPN
21	80238	1/1/1900	12/31/2299	FX MANDI BODY NC/NOS-OPN
21	80239	1/1/1900	12/31/2299	MULT FX MANDIBLE-OPEN
21	8024	1/1/1900	12/31/2299	FX MALAR/MAXILLARY-CLOSE
21	8025	1/1/1900	12/31/2299	FX MALAR/MAXILLARY-OPEN
21	8026	1/1/1900	12/31/2299	FX ORBITAL FLOOR-CLOSED
21	8027	1/1/1900	12/31/2299	FX ORBITAL FLOOR-OPEN
21	8028	1/1/1900	12/31/2299	FX FACIAL BONE NEC-CLOSE
21	8029	1/1/1900	12/31/2299	FX FACIAL BONE NEC-OPEN
21	803	1/1/1900	12/31/2299	OTHER SKULL FRACTURE
21	8030	1/1/1900	12/31/2299	CLOSE SKULL FRACTURE NEC
21	80300	1/1/1900	12/31/2299	CLOSED SKULL FRACTURE-UNS
21	80301	1/1/1900	12/31/2299	CL SKULL FX NEC W/O COMA
21	80302	1/1/1900	12/31/2299	CL SKULL FX NEC-BRF COMA
21	80303	1/1/1900	12/31/2299	CL SKULL FX NEC-MOD COMA
21	80304	1/1/1900	12/31/2299	CL SKL FX NEC-PROLN COMA
21	80305	1/1/1900	12/31/2299	CL SKUL FX NEC-DEEP COMA
21	80306	1/1/1900	12/31/2299	CL SKULL FX NEC-COMA NOS
21	80309	1/1/1900	12/31/2299	CL SKL FX NEC-CONCUS NOS
21	8031	1/1/1900	12/31/2299	CL SKL FX NEC/CEREBR LAC

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Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	80310	1/1/1900	12/31/2299	CL SKL FX NEC/CEREB LAC N
21	80311	1/1/1900	12/31/2299	CL SKULL FX NEC W/O COMA
21	80312	1/1/1900	12/31/2299	CL SKULL FX NEC-BRF COMA
21	80313	1/1/1900	12/31/2299	CL SKULL FX NEC-MOD COMA
21	80314	1/1/1900	12/31/2299	CL SKL FX NEC-PROLN COMA
21	80315	1/1/1900	12/31/2299	CL SKUL FX NEC-DEEP COMA
21	80316	1/1/1900	12/31/2299	CL SKULL FX NEC-COMA NOS
21	80319	1/1/1900	12/31/2299	CL SKL FX NEC-CONCUS NOS
21	8032	1/1/1900	12/31/2299	CL SKL FX NEC/SUBDURAL HE
21	80320	1/1/1900	12/31/2299	CL SKL FX NEC/SUBDUR HEM
21	80321	1/1/1900	12/31/2299	CL SKULL FX NEC W/O COMA
21	80322	1/1/1900	12/31/2299	CL SKULL FX NEC-BRF COMA
21	80323	1/1/1900	12/31/2299	CL SKULL FX NEC-MOD COMA
21	80324	1/1/1900	12/31/2299	CL SKL FX NEC-PROLN COMA
21	80325	1/1/1900	12/31/2299	CL SKUL FX NEC-DEEP COMA
21	80326	1/1/1900	12/31/2299	CL SKULL FX NEC-COMA NOS
21	80329	1/1/1900	12/31/2299	CL SKL FX NEC-CONCUS NOS
21	8033	1/1/1900	12/31/2299	CL SKL FX NEC-HEM NEC/NOS
21	80330	1/1/1900	12/31/2299	CL SKL FX NEC-HEM NEC/NOS
21	80331	1/1/1900	12/31/2299	CL SKULL FX NEC W/O COMA
21	80332	1/1/1900	12/31/2299	CL SKULL FX NEC-BRF COMA
21	80333	1/1/1900	12/31/2299	CL SKULL FX NEC-MOD COMA
21	80334	1/1/1900	12/31/2299	CL SKL FX NEC-PROLN COMA
21	80335	1/1/1900	12/31/2299	CL SKUL FX NEC-DEEP COMA
21	80336	1/1/1900	12/31/2299	CL SKULL FX NEC-COMA NOS
21	80339	1/1/1900	12/31/2299	CL SKL FX NEC-CONCUS NOS
21	8034	1/1/1900	12/31/2299	CL SKL FX NEC/BR INJ NEC/
21	80340	1/1/1900	12/31/2299	CL SKL FX NEC/BR INJ NEC/
21	80341	1/1/1900	12/31/2299	CL SKULL FX NEC W/O COMA
21	80342	1/1/1900	12/31/2299	CL SKULL FX NEC-BRF COMA
21	80343	1/1/1900	12/31/2299	CL SKULL FX NEC-MOD COMA
21	80344	1/1/1900	12/31/2299	CL SKL FX NEC-PROLN COMA
21	80345	1/1/1900	12/31/2299	CL SKUL FX NEC-DEEP COMA
21	80346	1/1/1900	12/31/2299	CL SKULL FX NEC-COMA NOS
21	80349	1/1/1900	12/31/2299	CL SKL FX NEC-CONCUS NOS
21	8035	1/1/1900	12/31/2299	OPEN SKULL FRACTURE NEC
21	80350	1/1/1900	12/31/2299	OPN SKL FRACTURE NEC NOS

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Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	80351	1/1/1900	12/31/2299	OPN SKUL FX NEC W/O COMA
21	80352	1/1/1900	12/31/2299	OPN SKUL FX NEC-BRF COMA
21	80353	1/1/1900	12/31/2299	OPN SKUL FX NEC-MOD COMA
21	80354	1/1/1900	12/31/2299	OPN SKL FX NEC-PROL COMA
21	80355	1/1/1900	12/31/2299	OPN SKL FX NEC-DEEP COMA
21	80356	1/1/1900	12/31/2299	OPN SKUL FX NEC-COMA NOS
21	80359	1/1/1900	12/31/2299	OPN SKL FX NEC-CONCUS NOS
21	8036	1/1/1900	12/31/2299	OPN SKL FX NEC/CEREB LAC
21	80360	1/1/1900	12/31/2299	OPN SKL FX NEC/CEREB LAC
21	80361	1/1/1900	12/31/2299	OPN SKUL FX NEC W/O COMA
21	80362	1/1/1900	12/31/2299	OPN SKUL FX NEC-BRF COMA
21	80363	1/1/1900	12/31/2299	OPN SKUL FX NEC-MOD COMA
21	80364	1/1/1900	12/31/2299	OPN SKL FX NEC-PROLN COM
21	80365	1/1/1900	12/31/2299	OPN SKL FX NEC-DEEP COMA
21	80366	1/1/1900	12/31/2299	OPN SKUL FX NEC-COMA NOS
21	80369	1/1/1900	12/31/2299	OPN SKL FX NEC-CONCUS NOS
21	8037	1/1/1900	12/31/2299	OPN SKL FX NEC/SUBDURAL H
21	80370	1/1/1900	12/31/2299	OPN SKL FX NEC/SUBDUR HEM
21	80371	1/1/1900	12/31/2299	OPN SKUL FX NEC W/O COMA
21	80372	1/1/1900	12/31/2299	OPN SKUL FX NEC-BRF COMA
21	80373	1/1/1900	12/31/2299	OPN SKUL FX NEC-MOD COMA
21	80374	1/1/1900	12/31/2299	OPN SKL FX NEC-PROL COMA
21	80375	1/1/1900	12/31/2299	OPN SKL FX NEC-DEEP COMA
21	80376	1/1/1900	12/31/2299	OPN SKUL FX NEC-COMA NOS
21	80379	1/1/1900	12/31/2299	OPN SKL FX NEC-CONCUS NOS
21	8038	1/1/1900	12/31/2299	OPN SKL FX NEC/HEM NEC/NO
21	80380	1/1/1900	12/31/2299	OPN SKL FX NEC/HEM NEC/NO
21	80381	1/1/1900	12/31/2299	OPN SKUL FX NEC W/O COMA
21	80382	1/1/1900	12/31/2299	OPN SKUL FX NEC-BRF COMA
21	80383	1/1/1900	12/31/2299	OPN SKUL FX NEC-MOD COMA
21	80384	1/1/1900	12/31/2299	OPN SKL FX NEC-PROL COMA
21	80385	1/1/1900	12/31/2299	OPN SKL FX NEC-DEEP COMA
21	80386	1/1/1900	12/31/2299	OPN SKUL FX NEC-COMA NOS
21	80389	1/1/1900	12/31/2299	OPN SKL FX NEC-CONCUS NOS
21	8039	1/1/1900	12/31/2299	OP SKL FX NEC/BR INJ NEC/
21	80390	1/1/1900	12/31/2299	OP SKL FX NEC/BR INJ NEC/
21	80391	1/1/1900	12/31/2299	OPN SKUL FX NEC W/O COMA

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Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	80392	1/1/1900	12/31/2299	OPN SKUL FX NEC-BRF COMA
21	80393	1/1/1900	12/31/2299	OPN SKUL FX NEC-MOD COMA
21	80394	1/1/1900	12/31/2299	OPN SKL FX NEC-PROL COMA
21	80395	1/1/1900	12/31/2299	OPN SKL FX NEC-DEEP COMA
21	80396	1/1/1900	12/31/2299	OPN SKUL FX NEC-COMA NOS
21	80399	1/1/1900	12/31/2299	OPN SKL FX NEC-CONCUS NOS
21	804	1/1/1900	12/31/2299	MULT FX SKULL W OTH BONE
21	8040	1/1/1900	12/31/2299	CL SKUL FX W OTH BONE FX
21	80400	1/1/1900	12/31/2299	CL SKL FX W OTH BONE FX N
21	80401	1/1/1900	12/31/2299	CL SKL W OTH FX W/O COMA
21	80402	1/1/1900	12/31/2299	CL SKL W OTH FX-BRF COMA
21	80403	1/1/1900	12/31/2299	CL SKL W OTH FX-MOD COMA
21	80404	1/1/1900	12/31/2299	CL SKL/OTH FX-PROLN COMA
21	80405	1/1/1900	12/31/2299	CL SKUL/OTH FX-DEEP COMA
21	80406	1/1/1900	12/31/2299	CL SKL W OTH FX-COMA NOS
21	80409	1/1/1900	12/31/2299	CL SKL/OTH FX-CONCUS NOS
21	8041	1/1/1900	12/31/2299	CL SK W OTH FX/CEREB LAC
21	80410	1/1/1900	12/31/2299	CL SK W OTH FX/CEREB LAC
21	80411	1/1/1900	12/31/2299	CL SKL W OTH FX W/O COMA
21	80412	1/1/1900	12/31/2299	CL SKL W OTH FX-BRF COMA
21	80413	1/1/1900	12/31/2299	CL SKL W OTH FX-MOD COMA
21	80414	1/1/1900	12/31/2299	CL SKL/OTH FX-PROLN COMA
21	80415	1/1/1900	12/31/2299	CL SKUL/OTH FX-DEEP COMA
21	80416	1/1/1900	12/31/2299	CL SKL W OTH FX-COMA NOS
21	80419	1/1/1900	12/31/2299	CL SKL/OTH FX-CONCUS NOS
21	8042	1/1/1900	12/31/2299	CL SKL/OTH FX/SUBDURAL HE
21	80420	1/1/1900	12/31/2299	CL SKL/OTH FX/SUBDUR HEM
21	80421	1/1/1900	12/31/2299	CL SKL W OTH FX W/O COMA
21	80422	1/1/1900	12/31/2299	CL SKL W OTH FX-BRF COMA
21	80423	1/1/1900	12/31/2299	CL SKL W OTH FX-MOD COMA
21	80424	1/1/1900	12/31/2299	CL SKL/OTH FX-PROLN COMA
21	80425	1/1/1900	12/31/2299	CL SKUL/OTH FX-DEEP COMA
21	80426	1/1/1900	12/31/2299	CL SKL W OTH FX-COMA NOS
21	80429	1/1/1900	12/31/2299	CL SKL /OTH FX-CONCUS NOS
21	8043	1/1/1900	12/31/2299	CL SKL/OTH FX/HEM NEC/NOS
21	80430	1/1/1900	12/31/2299	CL SKL/OTH FX/HEM NEC/NOS
21	80431	1/1/1900	12/31/2299	CL SKL W OTH FX W/O COMA

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	80432	1/1/1900	12/31/2299	CL SKL W OTH FX-BRF COMA
21	80433	1/1/1900	12/31/2299	CL SKL W OTH FX-MOD COMA
21	80434	1/1/1900	12/31/2299	CL SKL/OTH FX-PROLN COMA
21	80435	1/1/1900	12/31/2299	CL SKUL/OTH FX-DEEP COMA
21	80436	1/1/1900	12/31/2299	CL SKL W OTH FX-COMA NOS
21	80439	1/1/1900	12/31/2299	CL SKL/OTH FX-CONCUS NOS
21	8044	1/1/1900	12/31/2299	CL SKL/OTH FX/R INJ NEC N
21	80440	1/1/1900	12/31/2299	CL SKL/OTH FX/BR INJ NEC/
21	80441	1/1/1900	12/31/2299	CL SKL W OTH FX W/O COMA
21	80442	1/1/1900	12/31/2299	CL SKL W OTH FX-BRF COMA
21	80443	1/1/1900	12/31/2299	CL SKL W OTH FX-MOD COMA
21	80444	1/1/1900	12/31/2299	CL SKL/OTH FX-PROLN COMA
21	80445	1/1/1900	12/31/2299	CL SKUL/OTH FX-DEEP COMA
21	80446	1/1/1900	12/31/2299	CL SKL W OTH FX-COMA NOS
21	80449	1/1/1900	12/31/2299	CL SKL/OTH FX-CONCUS NOS
21	8045	1/1/1900	12/31/2299	OPN SKULL FX/OTH BONE FX
21	80450	1/1/1900	12/31/2299	OPN SKL FX/OTH BONE FX NO
21	80451	1/1/1900	12/31/2299	OPN SKUL/OTH FX W/O COMA
21	80452	1/1/1900	12/31/2299	OPN SKUL/OTH FX-BRF COMA
21	80453	1/1/1900	12/31/2299	OPN SKUL/OTH FX-MOD COMA
21	80454	1/1/1900	12/31/2299	OPN SKL/OTH FX-PROL COMA
21	80455	1/1/1900	12/31/2299	OPN SKL/OTH FX-DEEP COMA
21	80456	1/1/1900	12/31/2299	OPN SKUL/OTH FX-COMA NOS
21	80459	1/1/1900	12/31/2299	OPN SKL/OTH FX-CONCUS NOS
21	8046	1/1/1900	12/31/2299	OPN SKL/OTH FX/CEREB LAC
21	80460	1/1/1900	12/31/2299	OPN SKL/OTH FX/CEREB LAC
21	80461	1/1/1900	12/31/2299	OPN SKUL/OTH FX W/O COMA
21	80462	1/1/1900	12/31/2299	OPN SKUL/OTH FX-BRF COMA
21	80463	1/1/1900	12/31/2299	OPN SKUL/OTH FX-MOD COMA
21	80464	1/1/1900	12/31/2299	OPN SKL/OTH FX-PROL COMA
21	80465	1/1/1900	12/31/2299	OPN SKL/OTH FX-DEEP COMA
21	80466	1/1/1900	12/31/2299	OPN SKUL/OTH FX-COMA NOS
21	80469	1/1/1900	12/31/2299	OPN SKL/OTH FX-CONCUS NOS
21	8047	1/1/1900	12/31/2299	OPN SKL/OTH FX/SUBDURAL H
21	80470	1/1/1900	12/31/2299	OPN SKL/OTH FX/SUBDUR HEM
21	80471	1/1/1900	12/31/2299	OPN SKUL/OTH FX W/O COMA
21	80472	1/1/1900	12/31/2299	OPN SKUL/OTH FX-BRF COMA

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	80473	1/1/1900	12/31/2299	OPN SKUL/OTH FX-MOD COMA
21	80474	1/1/1900	12/31/2299	OPN SKL/OTH FX-PROL COMA
21	80475	1/1/1900	12/31/2299	OPN SKL/OTH FX-DEEP COMA
21	80476	1/1/1900	12/31/2299	OPN SKUL/OTH FX-COMA NOS
21	80479	1/1/1900	12/31/2299	OPN SKL/OTH FX-CONCUS NOS
21	8048	1/1/1900	12/31/2299	OPN SKL/OTH FX/HEM NEC/NO
21	80480	1/1/1900	12/31/2299	OPN SKL/OTH FX/HEM NEC/NO
21	80481	1/1/1900	12/31/2299	OPN SKUL/OTH FX W/O COMA
21	80482	1/1/1900	12/31/2299	OPN SKUL/OTH FX-BRF COMA
21	80483	1/1/1900	12/31/2299	OPN SKUL/OTH FX-MOD COMA
21	80484	1/1/1900	12/31/2299	OPN SKL/OTH FX-PROL COMA
21	80485	1/1/1900	12/31/2299	OPN SKL/OTH FX-DEEP COMA
21	80486	1/1/1900	12/31/2299	OPN SKUL/OTH FX-COMA NOS
21	80489	1/1/1900	12/31/2299	OPN SKL/OTH FX-CONCUS NOS
21	8049	1/1/1900	12/31/2299	OP SKL/OTH FX/BR INJ NEC/
21	80490	1/1/1900	12/31/2299	OP SKL/OTH FX/BR INJ NEC/
21	80491	1/1/1900	12/31/2299	OPN SKUL/OTH FX W/O COMA
21	80492	1/1/1900	12/31/2299	OPN SKUL/OTH FX-BRF COMA
21	80493	1/1/1900	12/31/2299	OPN SKUL/OTH FX-MOD COMA
21	80494	1/1/1900	12/31/2299	OPN SKL/OTH FX-PROL COMA
21	80495	1/1/1900	12/31/2299	OPN SKL/OTH FX-DEEP COMA
21	80496	1/1/1900	12/31/2299	OPN SKUL/OTH FX-COMA NOS
21	80499	1/1/1900	12/31/2299	OPN SKL/OTH FX-CONCUS NOS
21	805	1/1/1900	12/31/2299	VERTEBRL FX W/O CORD INJ
21	8050	1/1/1900	12/31/2299	FX CERVICAL VERTEBRA-CL
21	80500	1/1/1900	12/31/2299	FX CERVICAL VERT NOS-CL
21	80501	1/1/1900	12/31/2299	FX C1 VERTEBRA-CLOSED
21	80502	1/1/1990	12/31/2299	FX C2 VERTEBRA-CLOSED
21	80503	1/1/1990	12/31/2299	FX C3 VERTEBRA-CLOSED
21	80504	1/1/1990	12/31/2299	FX C4 VERTEBRA-CLOSED
21	80505	1/1/1990	12/31/2299	FX C5 VERTEBRA-CLOSED
21	80506	1/1/1990	12/31/2299	FX C6 VERTEBRA-CLOSED
21	80508	1/1/1990	12/31/2299	FX MULT CERVICAL VERT-CL
21	8051	1/1/1990	12/31/2299	FX CERVICAL VERTEBRA-OPN
21	80510	1/1/1990	12/31/2299	FX CERVICAL VERT NOS-OPN
21	80511	1/1/1990	12/31/2299	FX C1 VERTEBRA-OPEN
21	80512	1/1/1990	12/31/2299	FX C2 VERTEBRA-OPEN

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	80514	1/1/1990	12/31/2299	FX C4 VERTEBRA-OPEN
21	8052	1/1/1990	12/31/2299	FX DORSAL VERTEBRA-CLOSE
21	8054	1/1/1990	12/31/2299	FX LUMBAR VERTEBRA-CLOSE
21	8056	1/1/1990	12/31/2299	FX SACRUM/COCCYX-CLOSED
21	8057	1/1/1990	12/31/2299	FX SACRUM/COCCYX-OPEN
21	8059	1/1/1990	12/31/2299	VERTEBRAL FX NOS-OPEN
21	806	1/1/1990	12/31/2299	VERTEBRAL FX W CORD INJ
21	8060	1/1/1990	12/31/2299	CLOS CERV FX W CORD INJ
21	80600	1/1/1990	12/31/2299	C1-C4 FX-CL/CORD INJ NOS
21	80601	1/1/1990	12/31/2299	C1-C4 FX-CL/COM CORD LES
21	80602	1/1/1990	12/31/2299	C1-C4 FX-CL/ANT CORD SYN
21	80603	1/1/1990	12/31/2299	C1-C4 FX-CL/CEN CORD SYN
21	80604	1/1/1990	12/31/2299	C1-C4 FX-CL/CORD INJ NEC
21	80605	1/1/1990	12/31/2299	C5-C7 FX-CL/CORD INJ NOS
21	80606	1/1/1990	12/31/2299	C5-C7 FX-CL/COM CORD LES
21	80607	1/1/1990	12/31/2299	C5-C7 FX-CL/ANT CORD SYN
21	80608	1/1/1990	12/31/2299	C5-C7 FX-CL/CEN CORD SYN
21	80609	1/1/1990	12/31/2299	C5-C7 FX-CL/CORD INJ NEC
21	8061	1/1/1990	12/31/2299	OPEN CERV FX W CORD INJ
21	80610	1/1/1990	12/31/2299	C1-C4 FX-OP/CORD INJ NOS
21	80611	1/1/1990	12/31/2299	C1-C4 FX-OP/COM CORD LES
21	80612	1/1/1990	12/31/2299	C1-C4 FX-OP/ANT CORD SYN
21	80613	1/1/1990	12/31/2299	C1-C4 FX-OP/CEN CORD SYN
21	80614	1/1/1990	12/31/2299	C1-C4 FX-OP/CORD INJ NEC
21	80615	1/1/1990	12/31/2299	C5-C7 FX-OP/CORD INJ NOS
21	80616	1/1/1990	12/31/2299	C5-C7 FX-OP/COM CORD LES
21	80617	1/1/1990	12/31/2299	C5-C7 FX-OP/ANT CORD SYN
21	80618	1/1/1990	12/31/2299	C5-C7 FX-OP/CEN CORD SYN
21	80619	1/1/1990	12/31/2299	C5-C7 FX-OP/CORD INJ NEC
21	8062	1/1/1990	12/31/2299	CL DORSAL FX W CORD INJ
21	80620	1/1/1990	12/31/2299	T1-T6 FX-CL/CORD INJ NOS
21	80621	1/1/1990	12/31/2299	T1-T6 FX-CL/COM CORD LES
21	80622	1/1/1990	12/31/2299	T1-T6 FX-CL/ANT CORD SYN
21	80623	1/1/1990	12/31/2299	T1-T6 FX-CL/CEN CORD SYN
21	80624	1/1/1990	12/31/2299	T1-T6 FX-CL/CORD INJ NEC
21	80625	1/1/1990	12/31/2299	T7-T12 FX-CL/CRD INJ NOS
21	80626	1/1/1990	12/31/2299	T7-T12 FX-CL/COM CRD LES

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	80627	1/1/1990	12/31/2299	T7-T12 FX-CL/ANT CRD SYN
21	80628	1/1/1990	12/31/2299	T7-T12 FX-CL/CEN CRD SYN
21	80629	1/1/1990	12/31/2299	T7-T12 FX-CL/CRD INJ NEC
21	8063	1/1/1990	12/31/2299	OPN DORSAL FX W CORD INJ
21	80630	1/1/1990	12/31/2299	T1-T6 FX-OP/CORD INJ NOS
21	80631	1/1/1990	12/31/2299	T1-T6 FX-OP/COM CORD LES
21	80632	1/1/1990	12/31/2299	T1-T6 FX-OP/ANT CORD SYN
21	80633	1/1/1990	12/31/2299	T1-T6 FX-OP/CEN CORD SYN
21	80634	1/1/1990	12/31/2299	T1-T6 FX-OP/CORD INJ NEC
21	80635	1/1/1990	12/31/2299	T7-T12 FX-OP/CRD INJ NOS
21	80636	1/1/1990	12/31/2299	T7-T12 FX-OP/COM CRD LES
21	80637	1/1/1990	12/31/2299	T7-T12 FX-OP/ANT CRD SYN
21	80638	1/1/1990	12/31/2299	T7-T12 FX-OP/CEN CRD SYN
21	80639	1/1/1990	12/31/2299	T7-T12 FX-OP/CRD INJ NEC
21	8064	1/1/1990	12/31/2299	CL LUMBAR FX W CORD INJ
21	8065	1/1/1990	12/31/2299	OPN LUMBAR FX W CORD INJ
21	8066	1/1/1990	12/31/2299	FX SACRUM -CL W CORD INJ
21	80660	1/1/1990	12/31/2299	FX SACRUM -CL/CRD INJ NOS
21	80661	1/1/1990	12/31/2299	FX SACR-CL/CAUDA EQU LES
21	80662	1/1/1990	12/31/2299	FX SACR-CL/CAUDA INJ NEC
21	80669	1/1/1990	12/31/2299	FX SACRUM -CL/CRD INJ NEC
21	8067	1/1/1990	12/31/2299	FX SACRUM -OPN W CORD INJ
21	80670	1/1/1990	12/31/2299	FX SACRUM -OP/CRD INJ NOS
21	80671	1/1/1990	12/31/2299	FX SACR-OP/CAUDA EQU LES
21	80672	1/1/1990	12/31/2299	FX SACR-OP/CAUDA INJ NEC
21	80679	1/1/1990	12/31/2299	FX SACRUM -OP/CRD INJ NEC
21	8068	1/1/1990	12/31/2299	VERT FX NOS-CL W CRD INJ
21	8069	1/1/1990	12/31/2299	VERT FX NOS-OP W CRD INJ
21	807	1/1/1990	12/31/2299	FX RIB/STERN/LARYN/TRACH
21	8070	1/1/1990	12/31/2299	FRACTURE OF RIB-CLOSED
21	80700	1/1/1990	12/31/2299	FRACTURE RIB NOS-CLOSED
21	80701	1/1/1990	12/31/2299	FRACTURE ONE RIB-CLOSED
21	80702	1/1/1990	12/31/2299	FRACTURE TWO RIBS-CLOSED
21	80703	1/1/1990	12/31/2299	FRACTURE THREE RIBS-CLOS
21	80704	1/1/1990	12/31/2299	FRACTURE FOUR RIBS-CLOSE
21	80705	1/1/1990	12/31/2299	FRACTURE FIVE RIBS-CLOSE
21	80706	1/1/1990	12/31/2299	FRACTURE SIX RIBS-CLOSED

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	80707	1/1/1990	12/31/2299	FRACTURE SEVEN RIBS-CLOS
21	80708	1/1/1990	12/31/2299	FX EIGHT/MORE RIB-CLOSED
21	80709	1/1/1990	12/31/2299	FX MULT RIBS NOS-CLOSED
21	8071	1/1/1990	12/31/2299	FRACTURE OF RIB-OPEN
21	80710	1/1/1990	12/31/2299	FRACTURE RIB NOS-OPEN
21	80711	1/1/1990	12/31/2299	FRACTURE ONE RIB-OPEN
21	80712	1/1/1990	12/31/2299	FRACTURE TWO RIBS-OPEN
21	80713	1/1/1990	12/31/2299	FRACTURE THREE RIBS-OPEN
21	80714	1/1/1990	12/31/2299	FRACTURE FOUR RIBS-OPEN
21	80715	1/1/1990	12/31/2299	FRACTURE FIVE RIBS-OPEN
21	80716	1/1/1990	12/31/2299	FRACTURE SIX RIBS-OPEN
21	80717	1/1/1990	12/31/2299	FRACTURE SEVEN RIBS-OPEN
21	80718	1/1/1990	12/31/2299	FX EIGHT/MORE RIBS-OPEN
21	8072	1/1/1900	12/31/2299	FRACTURE OF STERNUM-CLOS
21	8073	1/1/1900	12/31/2299	FRACTURE OF STERNUM-OPEN
21	8074	1/1/1900	12/31/2299	FLAIL CHEST
21	8075	1/1/1900	12/31/2299	FX LARYNX/TRACHEA-CLOSED
21	8076	1/1/1900	12/31/2299	FX LARYNX/TRACHEA-OPEN
21	808	1/1/1900	12/31/2299	PELVIC FRACTURE
21	8080	1/1/1900	12/31/2299	FRACTURE ACETABULUM-CLOS
21	8081	1/1/1900	12/31/2299	FRACTURE ACETABULUM-OPEN
21	8082	1/1/1900	12/31/2299	FRACTURE OF PUBIS-CLOSED
21	8083	1/1/1900	12/31/2299	FRACTURE OF PUBIS-OPEN
21	8084	1/1/1900	12/31/2299	OTH PELVIC FRACTURE-CLOS
21	80841	1/1/1900	12/31/2299	FRACTURE OF ILIUM-CLOSED
21	80842	1/1/1900	12/31/2299	FRACTURE ISCHIUM-CLOSED
21	80843	1/1/1900	12/31/2299	PELV FX-CLOS/PELV DISRUP
21	80849	1/1/1900	12/31/2299	PELVIC FRACTURE NEC-CLOS
21	8085	1/1/1900	12/31/2299	OTH PELVIC FRACTURE-OPEN
21	80851	1/1/1900	12/31/2299	FRACTURE OF ILIUM-OPEN
21	80852	1/1/1900	12/31/2299	FRACTURE OF ISCHIUM-OPEN
21	80853	1/1/1900	12/31/2299	PELV FX-OPEN/PELV DISRUP
21	80859	1/1/1900	12/31/2299	PELVIC FRACTURE NEC-OPEN
21	8088	1/1/1900	12/31/2299	PELVIC FRACTURE NOS-CLOS
21	8089	1/1/1900	12/31/2299	PELVIC FRACTURE NOS-OPEN
21	809	1/1/1900	12/31/2299	FRACTURE OF TRUNK BONES
21	8090	1/1/1900	12/31/2299	FRACTURE TRUNK BONE-CLOS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	8091	1/1/1900	12/31/2299	FRACTURE TRUNK BONE-OPEN
21	810	1/1/1900	12/31/2299	CLAVICLE FRACTURE
21	8100	1/1/1900	12/31/2299	FRACTURE CLAVICLE-CLOSED
21	81000	1/1/1900	12/31/2299	FX CLAVICLE NOS-CLOSED
21	81001	1/1/1900	12/31/2299	FX CLAVIC, STERN END-CL
21	81002	1/1/1900	12/31/2299	FX CLAVICLE SHAFT-CLOSED
21	81003	1/1/1900	12/31/2299	FX CLAVIC,ACROM END-CL
21	8101	1/1/1900	12/31/2299	FRACTURE CLAVICLE-OPEN
21	81010	1/1/1900	12/31/2299	FX CLAVICLE NOS-OPEN
21	81011	1/1/1900	12/31/2299	FX CLAVIC, STERN END-OPN
21	81013	1/1/1900	12/31/2299	FX CLAVIC, ACROM END-OPN
21	811	1/1/1900	12/31/2299	SCAPULA FRACTURE
21	8110	1/1/1900	12/31/2299	FRACTURE SCAPULA-CLOSED
21	81100	1/1/1900	12/31/2299	FX SCAPULA NOS-CLOSED
21	81101	1/1/1900	12/31/2299	FX SCAPUL, ACROM PROC-CL
21	81102	1/1/1900	12/31/2299	FX SCAPUL, CORAC PROC-CL
21	81103	1/1/1900	12/31/2299	FX SCAP, GLEN CAV/NCK-CL
21	81109	1/1/1900	12/31/2299	FX SCAPULA NEC-CLOSED
21	8111	1/1/1900	12/31/2299	FRACTURE OF SCAPULA-OPEN
21	81110	1/1/1900	12/31/2299	FX SCAPULA NOS-OPEN
21	81111	1/1/1900	12/31/2299	FX SCAPUL, ACROM PROC-OP
21	81112	1/1/1900	12/31/2299	FX SCAPUL, CORAC PROC-OP
21	81113	1/1/1900	12/31/2299	FX SCAP, GLEN CAV/NCK-OP
21	81119	1/1/1900	12/31/2299	FX SCAPULA NEC-OPEN
21	812	1/1/1900	12/31/2299	HUMERUS FRACTURE
21	8120	1/1/1900	12/31/2299	FX UPPER HUMERUS-CLOSED
21	81201	1/1/1900	12/31/2299	FX SURG NCK HUMERUS-CLOS
21	81202	1/1/1900	12/31/2299	FX ANATOM NCK HUMERUS-CL
21	81203	1/1/1900	12/31/2299	FX GR TUBEROS HUMERUS-CL
21	81209	1/1/1900	12/31/2299	FX UPPER HUMERUS NEC-CL
21	8121	1/1/1900	12/31/2299	FX UPPER HUMERUS-OPEN
21	81210	1/1/1900	12/31/2299	FX UPPER HUMERUS NOS-OPN
21	81211	1/1/1900	12/31/2299	FX SURG NECK HUMERUS-OPN
21	81212	1/1/1900	12/31/2299	FX ANAT NECK HUMERUS-OPN
21	81213	1/1/1900	12/31/2299	FX GR TUBEROS HUMER-OPEN
21	81219	1/1/1900	12/31/2299	FX UPPER HUMERUS NEC-OPN
21	8122	1/1/1900	12/31/2299	FX HUMERUS SHAFT/NOS-CL

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	81220	1/1/1900	12/31/2299	FX HUMERUS NOS-CLOSED
21	81221	1/1/1900	12/31/2299	FX HUMERUS SHAFT-CLOSED
21	8123	1/1/1900	12/31/2299	FX HUMERUS SHAFT/NOS-OPN
21	81230	1/1/1900	12/31/2299	FX HUMERUS NOS-OPEN
21	81231	1/1/1900	12/31/2299	FX HUMERUS SHAFT-OPEN
21	8124	1/1/1900	12/31/2299	FX LOWER HUMERUS-CLOSED
21	81240	1/1/1900	12/31/2299	FX LOWER HUMERUS NOS-CL
21	81241	1/1/1900	12/31/2299	SUPRCONDYL FX HUMERUS-CL
21	81242	1/1/1900	12/31/2299	FX HUMER, LAT CONDYL-CL
21	81243	1/1/1900	12/31/2299	FX HUMER, MED CONDYL-CL
21	81244	1/1/1900	12/31/2299	FX HUMER, CONDYL NOS-CL
21	8125	1/1/1900	12/31/2299	FX LOWER HUMERUS-OPEN
21	81250	1/1/1900	12/31/2299	FX LOWER HUMER NOS-OPEN
21	81251	1/1/1900	12/31/2299	SUPRACONDYL FX HUMER-OPN
21	81252	1/1/1900	12/31/2299	FX HUMER, LAT CONDYL-OPN
21	81253	1/1/1900	12/31/2299	FX HUMER, MED CONDYL-OPN
21	81254	1/1/1900	12/31/2299	FX HUMER, CONDYL NOS-OPN
21	81259	1/1/1900	12/31/2299	FX LOWER HUMER NEC-OPEN
21	813	1/1/1900	12/31/2299	RADIUS & ULNA FRACTURE
21	8130	1/1/1900	12/31/2299	FX UPPER RADIUS/ULNA-CL
21	81300	1/1/1900	12/31/2299	FX UPPER FOREARM NOS-CL
21	81323	1/1/1900	12/31/2299	FX SHAFT RAD W ULNA-CLOS
21	81404	1/1/1990	12/31/2299	FX PISIFORM-CLOSED
21	81405	1/1/1990	12/31/2299	FX TRAPEZIUM BONE-CLOSED
21	81406	1/1/1990	12/31/2299	FX TRAPEZOID BONE-CLOSED
21	81407	1/1/1990	12/31/2299	FX CAPITATE BONE-CLOSED
21	81408	1/1/1990	12/31/2299	FX HAMATE BONE-CLOSED
21	81409	1/1/1990	12/31/2299	FX CARPAL BONE NEC-CLOSE
21	8141	1/1/1990	12/31/2299	FRACTURE CARPAL BONE-OPN
21	81410	1/1/1990	12/31/2299	FX CARPAL BONE NOS-OPEN
21	81412	1/1/1990	12/31/2299	FX LUNATE, WRIST-OPEN
21	81413	1/1/1990	12/31/2299	FX TRIQUETRAL, WRIST-OPN
21	81414	1/1/1990	12/31/2299	FX PISIFORM-OPEN
21	81415	1/1/1990	12/31/2299	FX TRAPEZIUM BONE-OPEN
21	81416	1/1/1990	12/31/2299	FX TRAPEZOID BONE-OPEN
21	81417	1/1/1990	12/31/2299	FX CAPITATE BONE-OPEN
21	81418	1/1/1990	12/31/2299	FX HAMATE BONE-OPEN

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	81419	1/1/1990	12/31/2299	FX CARPAL BONE NEC-OPEN
21	815	1/1/1990	12/31/2299	METACARPAL FRACTURE
21	8150	1/1/1990	12/31/2299	FRACTURE METACARPAL-CLOS
21	81500	1/1/1990	12/31/2299	FX METACARPAL NOS-CLOSED
21	81501	1/1/1990	12/31/2299	FX 1ST METACARP BASE-CL
21	81502	1/1/1990	12/31/2299	FX METACARP BASE NEC-CL
21	81503	1/1/1990	12/31/2299	FX METACARPAL SHAFT-CLOS
21	81504	1/1/1990	12/31/2299	FX METACARPAL NECK-CLOSE
21	81509	1/1/1990	12/31/2299	MULT FX METACARPUS-CLOSE
21	8151	1/1/1990	12/31/2299	FRACTURE METACARPAL-OPEN
21	81510	1/1/1990	12/31/2299	FX METACARPAL NOS-OPEN
21	81511	1/1/1990	12/31/2299	FX 1ST METACARP BASE-OPN
21	81512	1/1/1990	12/31/2299	FX METACARP BASE NEC-OPN
21	81513	1/1/1990	12/31/2299	FX METACARPAL SHAFT-OPEN
21	81514	1/1/1990	12/31/2299	FX METACARPAL NECK-OPEN
21	81519	1/1/1990	12/31/2299	MULT FX METACARPUS-OPEN
21	8160	1/1/1990	12/31/2299	FX PHALANGES, HAND-CLOSE
21	81600	1/1/1990	12/31/2299	FX PHALANX, HAND NOS-CL
21	81601	1/1/1990	12/31/2299	FX MID/PRX PHAL, HAND-CL
21	81602	1/1/1990	12/31/2299	FX DIST PHALANX, HAND-CL
21	81603	1/1/1990	12/31/2299	FX MULT PHALAN, HAND-CL
21	8161	1/1/1990	12/31/2299	FX PHALANGES, HAND-OPEN
21	81610	1/1/1990	12/31/2299	FX PHALANX, HAND NOS-OPN
21	81611	1/1/1990	12/31/2299	FX MID/PRX PHAL, HAND-OP
21	81612	1/1/1990	12/31/2299	FX DISTAL PHAL, HAND-OPN
21	817	1/1/1990	12/31/2299	MULTIPLE HAND FRACTURES
21	8170	1/1/1990	12/31/2299	MULTIPLE FX HAND-CLOSED
21	8171	1/1/1990	12/31/2299	MULTIPLE FX HAND-OPEN
21	818	1/1/1990	12/31/2299	FRACTURE ARM MULT/NOS
21	8181	1/1/1990	12/31/2299	FX ARM MULT/NOS-OPEN
21	819	1/1/1990	12/31/2299	FX ARMS W RIB/STERNUM
21	8190	1/1/1990	12/31/2299	FX ARMS W RIB/STERNUM-CL
21	820	1/1/1990	12/31/2299	FRACTURE NECK OF FEMUR
21	8200	1/1/1990	12/31/2299	TRANSCERV FX FEMUR-CLOSE
21	82000	1/1/1990	12/31/2299	FX FEMUR INTRCAPS NOS-CL
21	82001	1/1/1990	12/31/2299	FX UP FEMUR EPIPHY-CLOS
21	82002	1/1/1990	12/31/2299	FX FEMUR, MIDCERVIC-CLOS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	82003	1/1/1990	12/31/2299	FX BASE FEMORAL NCK-CLOS
21	82009	1/1/1990	12/31/2299	FX FEMUR INTRCAPS NEC-CL
21	82010	1/1/1990	12/31/2299	FX FEMUR INTRCAP NOS-OPN
21	82011	1/1/1990	12/31/2299	FX UP FEMUR EPIPHY-OPEN
21	82012	1/1/1900	12/31/2299	FX FEMUR, MIDCERVIC-OPEN
21	82013	1/1/1900	12/31/2299	FX BASE FEMORAL NCK-OPEN
21	82019	1/1/1900	12/31/2299	FX FEMUR INTRCAP NEC-OPN
21	8202	1/1/1900	12/31/2299	PERTROCHANTERIC FX-CLOS
21	82020	1/1/1900	12/31/2299	TROCHANTERIC FX NOS-CLOS
21	82021	1/1/1900	12/31/2299	INTERTROCHANTERIC FX-CL
21	82022	1/1/1900	12/31/2299	SUBTROCHANTERIC FX-CLOSE
21	8203	1/1/1900	12/31/2299	PERTROCHANTERIC FX-OPEN
21	82030	1/1/1900	12/31/2299	TROCHANTERIC FX NOS-OPEN
21	82031	1/1/1900	12/31/2299	INTERTROCHANTERIC FX-OPN
21	8208	1/1/1900	12/31/2299	FX NECK OF FEMUR NOS-CL
21	8209	1/1/1900	12/31/2299	FX NECK OF FEMUR NOS-OPN
21	821	1/1/1900	12/31/2299	OTHER FEMORAL FRACTURE
21	8210	1/1/1900	12/31/2299	FX FEMUR SHAFT/NOS-CLOSE
21	82100	1/1/1900	12/31/2299	FX FEMUR NOS-CLOSED
21	82101	1/1/1900	12/31/2299	FX FEMUR SHAFT-CLOSED
21	8211	1/1/1900	12/31/2299	FX FEMUR SHAFT/NOS-OPEN
21	82110	1/1/1900	12/31/2299	FX FEMUR NOS-OPEN
21	82111	1/1/1900	12/31/2299	FX FEMUR SHAFT-OPEN
21	8212	1/1/1900	12/31/2299	FX LOWER END FEM UR-CLOSE
21	82120	1/1/1900	12/31/2299	FX LOW END FEMUR NOS-CL
21	82121	1/1/1900	12/31/2299	FX FEMORAL CONDYLE-CLOSE
21	82122	1/1/1900	12/31/2299	FX LOW FEMUR EPIPHY-CLOS
21	82123	1/1/1900	12/31/2299	SUPRACONDYL FX FEMUR-CL
21	82129	1/1/1900	12/31/2299	FX LOW END FEMUR NEC-CL
21	8213	1/1/1900	12/31/2299	FX LOWER END FEMUR-OPEN
21	82130	1/1/1900	12/31/2299	FX LOW END FEMUR NOS-OPN
21	82131	1/1/1900	12/31/2299	FX FEMORAL CONDYLE-OPEN
21	82132	1/1/1900	12/31/2299	FX LOW FEMUR EPIPHY-OPEN
21	82133	1/1/1900	12/31/2299	SUPRACONDYL FX FEMUR-OPN
21	82139	1/1/1900	12/31/2299	FX LOW END FEMUR NEC-OPN
21	822	1/1/1900	12/31/2299	PATELLA FRACTURE
21	8220	1/1/1900	12/31/2299	FRACTURE PATELLA-CLOSED

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	8221	1/1/1900	12/31/2299	FRACTURE PATELLA-OPEN
21	823	1/1/1900	12/31/2299	TIBIA & FIBULA FRACTURE
21	8230	1/1/1900	12/31/2299	FX UPPER TIBIA/FIBULA-CL
21	82300	1/1/1900	12/31/2299	FX UPPER END TIBIA-CLOSE
21	82301	1/1/1900	12/31/2299	FX UPPER END FIBULA-CLOS
21	82302	1/1/1900	12/31/2299	FX UP TIBIA W FIBULA-CL
21	8231	1/1/1900	12/31/2299	FX UPPER TIBIA/FIBULA-OP
21	82310	1/1/1900	12/31/2299	FX UPPER END TIBIA-OPEN
21	82311	1/1/1900	12/31/2299	FX UPPER END FIBULA-OPEN
21	82312	1/1/1900	12/31/2299	FX UP TIBIA W FIBULA-OPN
21	8232	1/1/1900	12/31/2299	FX SHAFT TIB/FIB-CLOSED
21	82320	1/1/1900	12/31/2299	FX SHAFT TIBIA-CLOSED
21	82321	1/1/1900	12/31/2299	FX SHAFT FIBULA-CLOSED
21	82322	1/1/1900	12/31/2299	FX SHAFT FIB W TIB-CLOS
21	8233	1/1/1900	12/31/2299	FX TIBIA/FIBULA SHAFT-OP
21	82330	1/1/1900	12/31/2299	FX TIBIA SHAFT-OPEN
21	82331	1/1/1900	12/31/2299	FX FIBULA SHAFT-OPEN
21	82332	1/1/1900	12/31/2299	FX SHAFT TIBIA W FIB-OPN
21	8238	1/1/1900	12/31/2299	FX TIBIA/FIBULA NOS-CLOS
21	82380	1/1/1900	12/31/2299	FX TIBIA NOS-CLOSED
21	82381	1/1/1900	12/31/2299	FX FIBULA NOS-CLOSED
21	82382	1/1/1900	12/31/2299	FX TIBIA W FIBULA NOS-CL
21	8239	1/1/1900	12/31/2299	FX TIBIA/FIBULA NOS-OPEN
21	82390	1/1/1900	12/31/2299	FX TIBIA NOS-OPEN
21	82391	1/1/1900	12/31/2299	FX FIBULA NOS-OPEN
21	82392	1/1/1900	12/31/2299	FX TIBIA W FIB NOS-OPEN
21	824	1/1/1900	12/31/2299	ANKLE FRACTURE
21	8240	1/1/1900	12/31/2299	FX MEDIAL MALLEOLUS-CLOS
21	8241	1/1/1900	12/31/2299	FX MEDIAL MALLEOLUS-OPEN
21	8242	1/1/1900	12/31/2299	FX LATERAL MALLEOLUS-CL
21	8243	1/1/1900	12/31/2299	FX LATERAL MALLEOLUS-OPN
21	8244	1/1/1900	12/31/2299	FX BIMALLEOLAR-CLOSED
21	8245	1/1/1900	12/31/2299	FX BIMALLEOLAR-OPEN
21	8246	1/1/1900	12/31/2299	FX TRIMALLEOLAR-CLOSED
21	8247	1/1/1900	12/31/2299	FX TRIMALLEOLAR-OPEN
21	8248	1/1/1900	12/31/2299	FX ANKLE NOS-CLOSED
21	8249	1/1/1900	12/31/2299	FX ANKLE NOS-OPEN

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	825	1/1/1900	12/31/2299	FX OF TARSAL/METATARSAL
21	8250	1/1/1900	12/31/2299	FRACTURE CALCANEUS-CLOSE
21	8251	1/1/1900	12/31/2299	FRACTURE CALCANEUS-OPEN
21	8252	1/1/1900	12/31/2299	FX TARSL/METATARS NEC-CL
21	82520	1/1/1900	12/31/2299	FX FOOT BONE NOS-CLOSED
21	82521	1/1/1900	12/31/2299	FX ASTRAGALUS-CLOSED
21	82522	1/1/1900	12/31/2299	FX NAVICULAR, FOOT-CLOS
21	82523	1/1/1900	12/31/2299	FX CUBOID-CLOSED
21	82524	1/1/1900	12/31/2299	FX CUNEIFORM, FOOT-CLOS
21	82525	1/1/1900	12/31/2299	FX METATARSAL-CLOSED
21	82529	1/1/1900	12/31/2299	FX FOOT BONE NEC-CLOSED
21	8253	1/1/1900	12/31/2299	FX TARS/METATARS NEC-OPN
21	82530	1/1/1900	12/31/2299	FX FOOT BONE NOS-OPEN
21	82531	1/1/1900	12/31/2299	FX ASTRAGALUS-OPEN
21	82532	1/1/1900	12/31/2299	FX NAVICULAR, FOOT-OPEN
21	82533	1/1/1900	12/31/2299	FX CUBOID-OPEN
21	82534	1/1/1900	12/31/2299	FX CUNEIFORM, FOOT-OPEN
21	82535	1/1/1900	12/31/2299	FX METATARSAL-OPEN
21	82539	1/1/1900	12/31/2299	FX FOOT BONE NEC-OPEN
21	826	1/1/1900	12/31/2299	FRACTURE PHALANGES, FOOT
21	8260	1/1/1900	12/31/2299	FX PHALANX, FOOT-CLOSED
21	8261	1/1/1900	12/31/2299	FX PHALANX, FOOT-OPEN
21	827	1/1/1900	12/31/2299	LOWER LIMB FRACTURE NEC
21	8270	1/1/1900	12/31/2299	FX LOWER LIMB NEC-CLOSED
21	8271	1/1/1900	12/31/2299	FX LOWER LIMB NEC-OPEN
21	828	1/1/1900	12/31/2299	FX LEGS W ARM/RIB
21	8280	1/1/1900	12/31/2299	FX LEGS W ARM/RIB-CLOSED
21	8281	1/1/1900	12/31/2299	FX LEGS W ARM/RIB-OPEN
21	829	1/1/1900	12/31/2299	FRACTURE NOS
21	8290	1/1/1900	12/31/2299	FRACTURE NOS-CLOSED
21	8291	1/1/1900	12/31/2299	FRACTURE NOS-OPEN
21	830	1/1/1900	12/31/2299	JAW DISLOCATION
21	8300	1/1/1900	12/31/2299	DISLOCATION JAW-CLOSED
21	8301	1/1/1900	12/31/2299	DISLOCATION JAW-OPEN
21	831	1/1/1900	12/31/2299	SHOULDER DISLOCATION
21	8310	1/1/1900	12/31/2299	DISLOCAT SHOULDER-CLOSED
21	83100	1/1/1900	12/31/2299	DISLOC SHOULDER NOS-CLOS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	83101	1/1/1900	12/31/2299	ANT DISLOC HUMERUS-CLOSE
21	83102	1/1/1900	12/31/2299	POST DISLOC HUMERUS-CLOS
21	83103	1/1/1900	12/31/2299	INFER DISLOC HUMERUS-CL
21	83104	1/1/1900	12/31/2299	DISLOC ACROMIOCLAVIC-CL
21	83109	1/1/1900	12/31/2299	DISLOC SHOULDER NEC-CLOS
21	8311	1/1/1900	12/31/2299	DISLOCAT SHOULDER-OPEN
21	83110	1/1/1900	12/31/2299	DISLOC SHOULDER NOS-OPEN
21	83111	1/1/1900	12/31/2299	ANT DISLOC HUMERUS-OPEN
21	83112	1/1/1900	12/31/2299	POST DISLOC HUMERUS-OPEN
21	83113	1/1/1900	12/31/2299	INFER DISLOC HUMERUS-OPN
21	83114	1/1/1900	12/31/2299	DISLOC ACROMIOCLAVIC-OPN
21	83119	1/1/1900	12/31/2299	DISLOC SHOULDER NEC-OPEN
21	832	1/1/1900	12/31/2299	ELBOW DISLOCATION
21	8320	1/1/1900	12/31/2299	DISLOCATION ELBOW-CLOSED
21	83200	1/1/1900	12/31/2299	DISLOCAT ELBOW NOS-CLOSE
21	83201	1/1/1900	12/31/2299	ANT DISLOC ELBOW-CLOSED
21	83202	1/1/1900	12/31/2299	POST DISLOC ELBOW-CLOSED
21	83203	1/1/1900	12/31/2299	MED DISLOC ELBOW-CLOSED
21	83204	1/1/1900	12/31/2299	LAT DISLOC ELBOW-CLOSED
21	83209	1/1/1900	12/31/2299	DISLOCAT ELBOW NEC-CLOSE
21	8321	1/1/1900	12/31/2299	DISLOCATION ELBOW-OPEN
21	83210	1/1/1900	12/31/2299	DISLOCAT ELBOW NOS-OPEN
21	83211	1/1/1900	12/31/2299	ANT DISLOC ELBOW-OPEN
21	83212	1/1/1900	12/31/2299	POST DISLOC ELBOW-OPEN
21	83213	1/1/1900	12/31/2299	MED DISLOC ELBOW-OPEN
21	83214	1/1/1900	12/31/2299	LAT DISLOCAT ELBOW-OPEN
21	83219	1/1/1900	12/31/2299	DISLOCAT ELBOW NEC-OPEN
21	833	1/1/1900	12/31/2299	WRIST DISLOCATION
21	8330	1/1/1900	12/31/2299	DISLOCATION WRIST-CLOSED
21	83300	1/1/1900	12/31/2299	DISLOC WRIST NOS-CLOSED
21	83301	1/1/1900	12/31/2299	DISLOC DIST RADIOULN-CL
21	83302	1/1/1900	12/31/2299	DISLOC RADIOCARPAL-CLOS
21	83303	1/1/1900	12/31/2299	DISLOCA MIDCARPAL-CLOSED
21	83304	1/1/1900	12/31/2299	DISLOC CARPOMETACARP-CL
21	83305	1/1/1900	12/31/2299	DISLOC METACARPAL-CLOSED
21	83309	1/1/1900	12/31/2299	DISLOC WRIST NEC-CLOSED
21	8331	1/1/1900	12/31/2299	DISLOCATION WRIST-OPEN

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	83310	1/1/1900	12/31/2299	DISLOCAT WRIST NOS-OPEN
21	83311	1/1/1900	12/31/2299	DISLOC DIST RADIOULN-OPN
21	83312	1/1/1900	12/31/2299	DISLOC RADIOCARPAL-OPEN
21	83313	1/1/1900	12/31/2299	DISLOCAT MIDCARPAL-OPEN
21	83314	1/1/1900	12/31/2299	DISLOC CARPOMETACARP-OPN
21	83315	1/1/1900	12/31/2299	DISLOCAT METACARPAL-OPEN
21	83319	1/1/1900	12/31/2299	DISLOCAT WRIST NEC-OPEN
21	834	1/1/1900	12/31/2299	DISLOCATION OF FINGER
21	8340	1/1/1900	12/31/2299	DISLOCAT FINGER-CLOSED
21	83400	1/1/1900	12/31/2299	DISL FINGER NOS-CLOSED
21	83401	1/1/1900	12/31/2299	DISLOC METACARPOPHALN-CL
21	83402	1/1/1900	12/31/2299	DISL INTERPHALN HAND-CL
21	8341	1/1/1900	12/31/2299	DISLOCAT FINGER-OPEN
21	83410	1/1/1900	12/31/2299	DISLOC FINGER NOS-OPEN
21	83411	1/1/1900	12/31/2299	DISL METACARPOPHALAN-OPN
21	83412	1/1/1900	12/31/2299	DISL INTERPHALN HAND-OPN
21	835	1/1/1900	12/31/2299	DISLOCATION OF HIP
21	8350	1/1/1900	12/31/2299	DISLOCATION HIP-CLOSED
21	83500	1/1/1900	12/31/2299	DISLOCAT HIP NOS-CLOSED
21	83501	1/1/1900	12/31/2299	POSTERIOR DISLOC HIP-CL
21	83502	1/1/1900	12/31/2299	OBTURATOR DISLOC HIP-CL
21	83503	1/1/1900	12/31/2299	ANT DISLOC HIP NEC-CLOS
21	8351	1/1/1900	12/31/2299	DISLOCATION HIP-OPEN
21	83510	1/1/1900	12/31/2299	DISLOCATION HIP NOS-OPEN
21	83511	1/1/1900	12/31/2299	POSTERIOR DISLOC HIP-OPN
21	83512	1/1/1900	12/31/2299	OBTURATOR DISLOC HIP-OPN
21	83513	1/1/1900	12/31/2299	ANT DISLOC HIP NEC-OPEN
21	836	1/1/1900	12/31/2299	DISLOCATION OF KNEE
21	8360	1/1/1900	12/31/2299	TEAR MED MENISC KNEE-CUR
21	8361	1/1/1900	12/31/2299	TEAR LAT MENISC KNEE-CUR
21	8362	1/1/1900	12/31/2299	TEAR MENISCUS NEC-CURRENT
21	8363	1/1/1900	12/31/2299	DISLOCAT PATELLA-CLOSED
21	8364	1/1/1900	12/31/2299	DISLOCATION PATELLA-OPEN
21	8365	1/1/1900	12/31/2299	OTH DISLOCAT KNEE-CLOSED
21	83650	1/1/1900	12/31/2299	DISLOCAT KNEE NOS-CLOSED
21	83651	1/1/1900	12/31/2299	ANT DISLOC PROX TIBIA-CL
21	83652	1/1/1900	12/31/2299	POST DISL PROX TIBIA-CL

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Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	83653	1/1/1900	12/31/2299	MED DISLOC PROX TIBIA-CL
21	83654	1/1/1900	12/31/2299	LAT DISLOC PROX TIBIA-CL
21	83659	1/1/1900	12/31/2299	DISLOCAT KNEE NEC-CLOSED
21	8366	1/1/1900	12/31/2299	OTH DISLOCAT KNEE-OPEN
21	83660	1/1/1900	12/31/2299	DISLOCAT KNEE NOS-OPEN
21	83661	1/1/1900	12/31/2299	ANT DISL PROX TIBIA-OPEN
21	83662	1/1/1900	12/31/2299	POST DISL PROX TIBIA-OPN
21	83663	1/1/1900	12/31/2299	MED DISL PROX TIBIA-OPEN
21	83664	1/1/1900	12/31/2299	LAT DISL PROX TIBIA-OPEN
21	83669	1/1/1900	12/31/2299	DISLOCAT KNEE NEC-OPEN
21	837	1/1/1900	12/31/2299	DISLOCATION OF ANKLE
21	8370	1/1/1900	12/31/2299	DISLOCATION ANKLE-CLOSED
21	8371	1/1/1900	12/31/2299	DISLOCATION ANKLE-OPEN
21	838	1/1/1900	12/31/2299	DISLOCATION OF FOOT
21	8380	1/1/1900	12/31/2299	DISLOCATION FOOT-CLOSED
21	83800	1/1/1900	12/31/2299	DISLOCAT FOOT NOS-CLOSED
21	83801	1/1/1900	12/31/2299	DISLOC TARSAL NOS-CLOSED
21	83802	1/1/1900	12/31/2299	DISLOC MIDTARSAL-CLOSED
21	83803	1/1/1900	12/31/2299	DISLOC TARSOMETATARS-CL
21	83804	1/1/1900	12/31/2299	DISLOC METATARSAL NOS-CL
21	83805	1/1/1900	12/31/2299	DISL METATARSOPHALANG-CL
21	83806	1/1/1900	12/31/2299	DISL INTERPHALAN FOOT-CL
21	83809	1/1/1900	12/31/2299	DISLOCAT FOOT NEC-CLOSED
21	8381	1/1/1900	12/31/2299	DISLOCATION FOOT-OPEN
21	83810	1/1/1900	12/31/2299	DISLOCAT FOOT NOS-OPEN
21	83811	1/1/1900	12/31/2299	DISLOC TARSAL NOS-OPEN
21	83812	1/1/1900	12/31/2299	DISLOC MIDTARSAL-OPEN
21	83813	1/1/1900	12/31/2299	DISL TARSOMETATARSAL-OPN
21	83814	1/1/1900	12/31/2299	DISL METATARSAL NOS-OPEN
21	83815	1/1/1900	12/31/2299	DISLOC METATARSOPHAL-OPN
21	83816	1/1/1900	12/31/2299	DIS INTERPHALAN FOOT-OPN
21	83819	1/1/1900	12/31/2299	DISLOCAT FOOT NEC-OPEN
21	839	1/1/1900	12/31/2299	DISLOCATION NEC
21	8390	1/1/1900	12/31/2299	DISLOC CERVICAL VERT-CL
21	83900	1/1/1900	12/31/2299	DISLOC CERV VERT NOS-CL
21	83901	1/1/1900	12/31/2299	DISLOC 1ST CERV VERT-CL
21	83902	1/1/1900	12/31/2299	DISLOC 2ND CERV VERT-CL

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	83903	1/1/1900	12/31/2299	DISLOC 3RD CERV VERT-CL
21	83904	1/1/1900	12/31/2299	DISLOC 4TH CERV VERT-CL
21	83905	1/1/1900	12/31/2299	DISLOC 5TH CERV VERT-CL
21	83906	1/1/1900	12/31/2299	DISLOC 6TH CERV VERT-CL
21	83907	1/1/1900	12/31/2299	DISLOC 7TH CERV VERT-CL
21	83908	1/1/1900	12/31/2299	DISLOC MULT CERV VERT-CL
21	8391	1/1/1900	12/31/2299	DISLOC CERVICAL VERT-OPN
21	83910	1/1/1900	12/31/2299	DISLOC CERV VERT NOS-OPN
21	83911	1/1/1900	12/31/2299	DISLOC 1ST CERV VERT-OPN
21	83912	1/1/1900	12/31/2299	DISLOC 2ND CERV VERT-OPN
21	83913	1/1/1900	12/31/2299	DISLOC 3RD CERV VERT-OPN
21	83914	1/1/1900	12/31/2299	DISLOC 4TH CERV VERT-OPN
21	83915	1/1/1900	12/31/2299	DISLOC 5TH CERV VERT-OPN
21	83916	1/1/1900	12/31/2299	DISLOC 6TH CERV VERT-OPN
21	83917	1/1/1900	12/31/2299	DISLOC 7TH CERV VERT-OPN
21	83918	1/1/1900	12/31/2299	DISLOC MULT CERV VERT-OPN
21	8392	1/1/1900	12/31/2299	DISLOC THOR/LUMB VERT-CL
21	83920	1/1/1900	12/31/2299	DISLOCAT LUMBAR VERT-CL
21	83921	1/1/1900	12/31/2299	DISLOC THORACIC VERT-CL
21	8393	1/1/1900	12/31/2299	DISL THORA/LUMB VERT-OPN
21	83930	1/1/1900	12/31/2299	DISLOCAT LUMBAR VERT-OPN
21	83931	1/1/1900	12/31/2299	DISLOC THORACIC VERT-OPN
21	8394	1/1/1900	12/31/2299	OTH DISLOCAT VERTEBRA-CL
21	83940	1/1/1900	12/31/2299	DISLOCAT VERTEBRA NOS-CL
21	83941	1/1/1900	12/31/2299	DISLOCAT COCCYX-CLOSED
21	83942	1/1/1900	12/31/2299	DISLOCAT SACRUM-CLOSED
21	83949	1/1/1900	12/31/2299	DISLOCAT VERTEBRA NEC-CL
21	8395	1/1/1900	12/31/2299	OTH DISLOC VERTEBRA-OPEN
21	83950	1/1/1900	12/31/2299	DISLOC VERTEBRA NOS-OPEN
21	83951	1/1/1900	12/31/2299	DISLOCAT COCCYX-OPEN
21	83952	1/1/1900	12/31/2299	DISLOCAT SACRUM-OPEN
21	83959	1/1/1900	12/31/2299	DISLOC VERTEBRA NEC-OPEN
21	8396	1/1/1900	12/31/2299	DISLOCAT OTH SITE-CLOSED
21	83961	1/1/1900	12/31/2299	DISLOCAT STERNUM-CLOSED
21	83969	1/1/1900	12/31/2299	DISLOCAT SITE NEC-CLOSED
21	8397	1/1/1900	12/31/2299	DISLOCAT OTH SITE-OPEN
21	83971	1/1/1900	12/31/2299	DISLOCATION STERNUM-OPEN

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	83979	1/1/1900	12/31/2299	DISLOCAT SITE NEC-OPEN
21	8398	1/1/1900	12/31/2299	MULT DISLOC NEC-CLOSED
21	8399	1/1/1900	12/31/2299	MULT DISLOC NEC-OPEN
21	840	1/1/1900	12/31/2299	SPRAIN SHOULDER & ARM
21	8400	1/1/1900	12/31/2299	SPRAIN ACROMIOCLAVICULAR
21	8401	1/1/1900	12/31/2299	SPRAIN CORACOCLAVICULAR
21	8402	1/1/1900	12/31/2299	SPRAIN CORACOHUMERAL
21	8403	1/1/1900	12/31/2299	SPRAIN INFRASPINATUS
21	8404	1/1/1900	12/31/2299	SPRAIN ROTATOR CUFF
21	8405	1/1/1900	12/31/2299	SPRAIN SUBSCAPULARIS
21	8406	1/1/1900	12/31/2299	SPRAIN SUPRASPINATUS
21	8408	1/1/1900	12/31/2299	SPRAIN SHOULDER/ARM NEC
21	8409	1/1/1900	12/31/2299	SPRAIN SHOULDER/ARM NOS
21	841	1/1/1900	12/31/2299	SPRAIN ELBOW & FOREARM
21	8410	1/1/1900	12/31/2299	SPRAIN RADIAL COLLAT LIG
21	8411	1/1/1900	12/31/2299	SPRAIN ULNAR COLLAT LIG
21	8412	1/1/1900	12/31/2299	SPRAIN RADIOHUMERAL
21	8413	1/1/1900	12/31/2299	SPRAIN ULNOHUMERAL
21	8418	1/1/1900	12/31/2299	SPRAIN ELBOW/FOREARM NEC
21	8419	1/1/1900	12/31/2299	SPRAIN ELBOW/FOREARM NOS
21	842	1/1/1900	12/31/2299	SPRAIN WRIST & HAND
21	8420	1/1/1900	12/31/2299	SPRAIN OF WRIST
21	84200	1/1/1900	12/31/2299	SPRAIN OF WRIST NOS
21	84201	1/1/1900	12/31/2299	SPRAIN CARPAL
21	84202	1/1/1900	12/31/2299	SPRAIN RADIOCARPAL
21	84209	1/1/1900	12/31/2299	SPRAIN OF WRIST NEC
21	8421	1/1/1900	12/31/2299	SPRAIN OF HAND
21	84210	1/1/1900	12/31/2299	SPRAIN OF HAND NOS
21	84211	1/1/1900	12/31/2299	SPRAIN CARPOMETACARPAL
21	84212	1/1/1900	12/31/2299	SPRAIN METACARPOPHALANG
21	84213	1/1/1900	12/31/2299	SPRAIN INTERPHALANGEAL
21	84219	1/1/1900	12/31/2299	SPRAIN OF HAND NEC
21	843	1/1/1900	12/31/2299	SPRAIN OF HIP & THIGH
21	8431	1/1/1900	12/31/2299	SPRAIN ISCHIOCAPSULAR
21	8438	1/1/1900	12/31/2299	SPRAIN HIP & THIGH NEC
21	8439	1/1/1900	12/31/2299	SPRAIN HIP & THIGH NOS
21	844	1/1/1900	12/31/2299	SPRAIN OF KNEE & LEG

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	8440	1/1/1900	12/31/2299	SPRAIN LATERAL COLL LIG
21	8441	1/1/1900	12/31/2299	SPRAIN MEDIAL COLLAT LIG
21	8442	1/1/1900	12/31/2299	SPRAIN CRUCIATE LIG KNEE
21	8443	1/1/1900	12/31/2299	SPRAIN SUPER TIBIOFIBULA
21	8448	1/1/1900	12/31/2299	SPRAIN OF KNEE & LEG NEC
21	8449	1/1/1900	12/31/2299	SPRAIN OF KNEE & LEG NOS
21	845	1/1/1900	12/31/2299	SPRAIN OF ANKLE & FOOT
21	8450	1/1/1900	12/31/2299	SPRAIN OF ANKLE
21	84500	1/1/1900	12/31/2299	SPRAIN OF ANKLE NOS
21	84501	1/1/1900	12/31/2299	SPRAIN OF ANKLE DELTOID
21	84502	1/1/1900	12/31/2299	SPRAIN CALCANEOFIBULAR
21	84503	1/1/1900	12/31/2299	SPRAIN DISTAL TIBIOFIBUL
21	84509	1/1/1900	12/31/2299	SPRAIN OF ANKLE NEC
21	8451	1/1/1900	12/31/2299	SPRAIN OF FOOT
21	84510	1/1/1900	12/31/2299	SPRAIN OF FOOT NOS
21	84511	1/1/1900	12/31/2299	SPRAIN TARSOMETATARSAL
21	84512	1/1/1900	12/31/2299	SPRAIN METATARSOPHALANG
21	84513	1/1/1900	12/31/2299	SPRAIN INTERPHALANG TOE
21	84519	1/1/1900	12/31/2299	SPRAIN OF FOOT NEC
21	846	1/1/1900	12/31/2299	SPRAIN SACROILIAC REGION
21	8460	1/1/1900	12/31/2299	SPRAIN LUMBOSACRAL
21	8461	1/1/1900	12/31/2299	SPRAIN SACROILIAC
21	8462	1/1/1900	12/31/2299	SPRAIN SACROSPINATUS
21	8463	1/1/1900	12/31/2299	SPRAIN SACROTUBEROUS
21	8468	1/1/1900	12/31/2299	SPRAIN SACROILIAC NEC
21	8469	1/1/1900	12/31/2299	SPRAIN SACROILIAC NOS
21	847	1/1/1900	12/31/2299	SPRAIN OF BACK NEC/NOS
21	8470	1/1/1900	12/31/2299	SPRAIN OF NECK
21	8471	1/1/1900	12/31/2299	SPRAIN THORACIC REGION
21	8472	1/1/1900	12/31/2299	SPRAIN LUMBAR REGION
21	8473	1/1/1900	12/31/2299	SPRAIN OF SACRUM
21	8474	1/1/1900	12/31/2299	SPRAIN OF COCCYX
21	8479	1/1/1900	12/31/2299	SPRAIN OF BACK NOS
21	848	1/1/1900	12/31/2299	SPRAIN NEC
21	8480	1/1/1900	12/31/2299	SPRAIN OF NASAL SEPTUM
21	8481	1/1/1900	12/31/2299	SPRAIN OF JAW
21	8482	1/1/1900	12/31/2299	SPRAIN OF THYROID REGION

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	8483	1/1/1900	12/31/2299	SPRAIN OF RIBS
21	8484	1/1/1900	12/31/2299	SPRAIN OF STERNUM
21	84840	1/1/1900	12/31/2299	SPRAIN OF STERNUM NOS
21	84841	1/1/1900	12/31/2299	SPRAIN STERNOCLAVICULAR
21	84842	1/1/1900	12/31/2299	SPRAIN CHONDROSTERNAL
21	84849	1/1/1900	12/31/2299	SPRAIN OF STERNUM NEC
21	8485	1/1/1900	12/31/2299	SPRAIN OF PELVIS
21	8488	1/1/1900	12/31/2299	SPRAIN NEC
21	8489	1/1/1900	12/31/2299	SPRAIN NOS
21	850	1/1/1900	12/31/2299	CONCUSSION
21	8500	1/1/1900	12/31/2299	CONCUSSION W/O COMA
21	8501	1/1/1900	12/31/2299	CONCUSSION-BRIEF COMA
21	8502	1/1/1900	12/31/2299	CONCUSSION-MODERATE COMA
21	8503	1/1/1900	12/31/2299	CONCUSSION-PROLONG COMA
21	8504	1/1/1900	12/31/2299	CONCUSSION-DEEP COMA
21	8505	1/1/1900	12/31/2299	CONCUSSION W COMA NOS
21	8509	1/1/1900	12/31/2299	CONCUSSION NOS
21	851	1/1/1900	12/31/2299	CEREBRAL LACER/CONTUSION
21	8510	1/1/1900	12/31/2299	CORTEX CONTUSION
21	85100	1/1/1900	12/31/2299	CORTEX CONTUSION NOS
21	85101	1/1/1900	12/31/2299	CORTEX CONTUSION-NO COMA
21	85102	1/1/1900	12/31/2299	CORTEX CONTUS-BRIEF COMA
21	85103	1/1/1900	12/31/2299	CORTEX CONTUS-MOD COMA
21	85104	1/1/1900	12/31/2299	CORTX CONTUS-PROLNG COMA
21	85105	1/1/1900	12/31/2299	CORTEX CONTUS-DEEP COMA
21	85106	1/1/1900	12/31/2299	CORTEX CONTUS-COMA NOS
21	85109	1/1/1900	12/31/2299	CORTEX CONTUS-CONCUS NOS
21	8511	1/1/1900	12/31/2299	CORTEX CONTUSION/OPN WND
21	85110	1/1/1900	12/31/2299	CORT CONTUS/OPEN WND NOS
21	85111	1/1/1900	12/31/2299	OPN CORTX CONTUS-NO COMA
21	85112	1/1/1900	12/31/2299	OPN CORT CONTUS-BRF COMA
21	85113	1/1/1900	12/31/2299	OPN CORT CONTUS-MOD COMA
21	85114	1/1/1900	12/31/2299	OPN CORT CONTU-PROL COMA
21	85115	1/1/1900	12/31/2299	OPN CORT CONTU-DEEP COMA
21	85116	1/1/1900	12/31/2299	OPN CORT CONTUS-COMA NOS
21	85119	1/1/1900	12/31/2299	OPN CORT CONTUS-CONCUS NO
21	8512	1/1/1900	12/31/2299	CORTEX LACERATION

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	85120	1/1/1900	12/31/2299	CORTEX LACERATION NOS
21	85121	1/1/1900	12/31/2299	CORTEX LACERATION-WITH NO
21	85122	1/1/1900	12/31/2299	CORTEX LACERA-BRIEF COMA
21	85123	1/1/1900	12/31/2299	CORTEX LACERAT-MOD COMA
21	85124	1/1/1900	12/31/2299	CORTEX LACERAT-PROL COMA
21	85125	1/1/1900	12/31/2299	CORTEX LACERAT-DEEP COMA
21	85126	1/1/1900	12/31/2299	CORTEX LACERAT-COMA NOS
21	85129	1/1/1900	12/31/2299	CORTEX LACERAT-CONCUS NOS
21	8513	1/1/1900	12/31/2299	CORTEX LACER W OPN WOUND
21	85130	1/1/1900	12/31/2299	CORT LACER/OPN WOUND NOS
21	85131	1/1/1900	12/31/2299	OPN CORTEX LACER-NO COMA
21	85132	1/1/1900	12/31/2299	OPN CORTX LAC-BRIEF COMA
21	85133	1/1/1900	12/31/2299	OPN CORTX LACER-MOD COMA
21	85134	1/1/1900	12/31/2299	OPN CORTX LAC-PROLN COMA
21	85135	1/1/1900	12/31/2299	OPN CORTEX LAC-DEEP COMA
21	85136	1/1/1900	12/31/2299	OPN CORTX LACER-COMA NOS
21	85139	1/1/1900	12/31/2299	OPN CORT LACER-CONCUS NOS
21	8514	1/1/1900	12/31/2299	CEREBEL/BRAIN STM CONTUS
21	85140	1/1/1900	12/31/2299	CEREB/BRAIN STM CONTUS NO
21	85141	1/1/1900	12/31/2299	CEREBELL CONTUS-NO COMA
21	85142	1/1/1900	12/31/2299	CEREBELL CONTUS-BRF COMA
21	85143	1/1/1900	12/31/2299	CEREBELL CONTUS-MOD COMA
21	85144	1/1/1900	12/31/2299	CEREBEL CONTUS-PROL COMA
21	85145	1/1/1900	12/31/2299	CEREBEL CONTUS-DEEP COMA
21	85146	1/1/1900	12/31/2299	CEREBELL CONTUS-COMA NOS
21	85149	1/1/1900	12/31/2299	CEREB CONTUS-CONCUSS NOS
21	8515	1/1/1900	12/31/2299	CEREBEL CONTUS W OPN WND
21	85150	1/1/1900	12/31/2299	CEREB CONTUS/OPN WND NOS
21	85151	1/1/1900	12/31/2299	OPN CEREBE CONT-NO COMA
21	85152	1/1/1900	12/31/2299	OPN CEREBE CONT-BRF COMA
21	85153	1/1/1900	12/31/2299	OPN CEREBE CONT-MOD COMA
21	85154	1/1/1900	12/31/2299	OPN CEREBE CONT-PROL COM
21	85155	1/1/1900	12/31/2299	OPN CEREBE CONT-DEEP COM
21	85156	1/1/1900	12/31/2299	OPN CEREBE CONT-COMA NOS
21	85159	1/1/1900	12/31/2299	OPN CEREBEL CONT-CONCUSS
21	8516	1/1/1900	12/31/2299	CEREBEL/BRAIN STEM LACER
21	85160	1/1/1900	12/31/2299	CEREB/BR STEM LACER NOS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	85161	1/1/1900	12/31/2299	CEREBEL LACERAT-NO COMA
21	85162	1/1/1900	12/31/2299	CEREBEL LACER-BRIEF COMA
21	85163	1/1/1900	12/31/2299	CEREBEL LACERAT-MOD COMA
21	85164	1/1/1900	12/31/2299	CEREBEL LACER-PROLN COMA
21	85165	1/1/1900	12/31/2299	CEREBELL LACER-DEEP COMA
21	85166	1/1/1900	12/31/2299	CEREBEL LACERAT-COMA NOS
21	85169	1/1/1900	12/31/2299	CEREB LACER-CONCUSS NOS
21	8517	1/1/1900	12/31/2299	CEREBEL LACER W OPEN WND
21	85170	1/1/1900	12/31/2299	CEREB LACER/OPN WND NOS
21	85171	1/1/1900	12/31/2299	OPN CEREBEL LAC-NO COMA
21	85172	1/1/1900	12/31/2299	OPN CEREBEL LAC-BRF COMA
21	85173	1/1/1900	12/31/2299	OPN CEREBEL LAC-MOD COMA
21	85174	1/1/1900	12/31/2299	OPN CEREBE LAC-PROL COMA
21	85175	1/1/1900	12/31/2299	OPN CEREBE LAC-DEEP COMA
21	85176	1/1/1900	12/31/2299	OPN CEREBEL LAC-COMA NOS
21	85179	1/1/1900	12/31/2299	OPN CEREB LAC-CONCUS NOS
21	8518	1/1/1900	12/31/2299	CEREB LACERAT NEC/NOS
21	85180	1/1/1900	12/31/2299	BRAIN LACERAT NEC/NOS NOS
21	85181	1/1/1900	12/31/2299	BRAIN LACER NEC-NO COMA
21	85182	1/1/1900	12/31/2299	BRAIN LAC NEC-BRIEF COMA
21	85183	1/1/1900	12/31/2299	BRAIN LACER NEC-MOD COMA
21	85184	1/1/1900	12/31/2299	BRAIN LAC NEC-PROLN COMA
21	85185	1/1/1900	12/31/2299	BRAIN LAC NEC-DEEP COMA
21	85186	1/1/1900	12/31/2299	BRAIN LACER NEC-COMA NOS
21	85189	1/1/1900	12/31/2299	BRAIN LACER NEC-CONCUS NO
21	8519	1/1/1900	12/31/2299	BRAIN LAC NEC/NOS W OPN W
21	85190	1/1/1900	12/31/2299	BR LAC NEC/NOS W OPN WND
21	85191	1/1/1900	12/31/2299	OPN BRAIN LACER-NO COMA
21	85192	1/1/1900	12/31/2299	OPN BRAIN LAC-BRIEF COMA
21	85193	1/1/1900	12/31/2299	OPN BRAIN LACER-MOD COMA
21	85194	1/1/1900	12/31/2299	OPN BRAIN LAC-PROLN COMA
21	85195	1/1/1900	12/31/2299	OPEN BRAIN LAC-DEEP COMA
21	85196	1/1/1900	12/31/2299	OPN BRAIN LACER-COMA NOS
21	85199	1/1/1900	12/31/2299	OPN BRAIN LACER-CONCUS NO
21	852	1/1/1900	12/31/2299	SUBARACH HEM FOLLON INJ
21	8520	1/1/1900	12/31/2299	SUBARACHNOID HEMORRHAGE
21	85200	1/1/1900	12/31/2299	SUBARACHNOID HEMOR NOS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	85201	1/1/1900	12/31/2299	SUBARACHNOID HEM -NO COMA
21	85202	1/1/1900	12/31/2299	SUBARACH HEM -BRIEF COMA
21	85203	1/1/1900	12/31/2299	SUBARACH HEM -MOD COMA
21	85204	1/1/1900	12/31/2299	SUBARACH HEM -PROLNG COMA
21	85205	1/1/1900	12/31/2299	SUBARACH HEM -DEEP COMA
21	85206	1/1/1900	12/31/2299	SUBARACH HEM -COMA NOS
21	85209	1/1/1900	12/31/2299	SUBARACH HEM -CONCUS NOS
21	8521	1/1/1900	12/31/2299	SUBARACH HEM W OPN WOUND
21	85210	1/1/1900	12/31/2299	SUBARACH HEM/OPN WND NOS
21	85211	1/1/1900	12/31/2299	OPN SUBARACH HEM -NO COMA
21	85212	1/1/1900	12/31/2299	OP SUBARACH HEM -BRF COMA
21	85213	1/1/1900	12/31/2299	OP SUBARACH HEM -MOD COMA
21	85214	1/1/1900	12/31/2299	OP SUBARACH HEM -PROL COM
21	85215	1/1/1900	12/31/2299	OP SUBARACH HEM -DEEP COM
21	85216	1/1/1900	12/31/2299	OP SUBARACH HEM -COMA NOS
21	85219	1/1/1900	12/31/2299	OP SUBARACH HEM -CONCUS NO
21	8522	1/1/1900	12/31/2299	SUBDURAL HEMORHAGE
21	85220	1/1/1900	12/31/2299	SUBDURAL HEMORHAGE NOS
21	85221	1/1/1900	12/31/2299	SUBDURAL HEM -NO COMA
21	85222	1/1/1900	12/31/2299	SUBDURAL HEM -BRIEF COMA
21	85223	1/1/1900	12/31/2299	SUBDURAL HEMORR-MOD COMA
21	85224	1/1/1900	12/31/2299	SUBDURAL HEM -PROLNG COMA
21	85225	1/1/1900	12/31/2299	SUBDURAL HEM -DEEP COMA
21	85226	1/1/1900	12/31/2299	SUBDURAL HEMORR-COMA NOS
21	85229	1/1/1900	12/31/2299	SUBDURAL HEM -CONCUSS NOS
21	8523	1/1/1900	12/31/2299	SUBDURAL HEM W OPN WOUND
21	85230	1/1/1900	12/31/2299	SUBDURAL HEM/OPN WND NOS
21	85231	1/1/1900	12/31/2299	OPN SUBDUR HEM -NO COMA
21	85232	1/1/1900	12/31/2299	OPN SUBDUR HEM -BRF COMA
21	85233	1/1/1900	12/31/2299	OPN SUBDUR HEM -MOD COMA
21	85234	1/1/1900	12/31/2299	OPN SUBDUR HEM -PROL COMA
21	85235	1/1/1900	12/31/2299	OPN SUBDUR HEM -DEEP COMA
21	85236	1/1/1900	12/31/2299	OPN SUBDUR HEM -COMA NOS
21	85239	1/1/1900	12/31/2299	OPN SUBDUR HEM -CONCUS NOS
21	8524	1/1/1900	12/31/2299	EXTRADURAL HEMORRAGE
21	85240	1/1/1900	12/31/2299	EXTRADURAL HEMORR NOS
21	85241	1/1/1900	12/31/2299	EXTRADURAL HEM NO COMA

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	85242	1/1/1900	12/31/2299	EXTRADUR HEM -BRIEF COMA
21	85243	1/1/1900	12/31/2299	EXTRADURAL HEM -MOD COMA
21	85244	1/1/1900	12/31/2299	EXTRADUR HEM -PROLN COMA
21	85245	1/1/1900	12/31/2299	EXTRADURAL HEM -DEEP COMA
21	85246	1/1/1900	12/31/2299	EXTRADURAL HEM -COMA NOS
21	85249	1/1/1900	12/31/2299	EXTRADURAL HEM -CONCUS NOS
21	8525	1/1/1900	12/31/2299	EXTRADURAL HEM W OPN WND
21	85250	1/1/1900	12/31/2299	EXTRADUR HEM/OPN WND NOS
21	85251	1/1/1900	12/31/2299	EXTRADURAL HEMOR-NO COMA
21	85252	1/1/1900	12/31/2299	EXTRADUR HEM -BRIEF COMA
21	85253	1/1/1900	12/31/2299	EXTRADURAL HEM -MOD COMA
21	85254	1/1/1900	12/31/2299	EXTRADUR HEM -PROLN COMA
21	85255	1/1/1900	12/31/2299	EXTRADUR HEM -DEEP COMA
21	85256	1/1/1900	12/31/2299	EXTRADURAL HEM -COMA NOS
21	85259	1/1/1900	12/31/2299	EXTRADURAL HEM -CONCUS NOS
21	853	1/1/1900	12/31/2299	INTRACRANIAL HEM NEC/NOS
21	8530	1/1/1900	12/31/2299	BRAIN HEMORRHAGE NEC
21	85300	1/1/1900	12/31/2299	BRAIN HEMORR NEC-NOS
21	85301	1/1/1900	12/31/2299	BRAIN HEM NEC-NO COMA
21	85302	1/1/1900	12/31/2299	BRAIN HEM NEC-BRIEF COMA
21	85303	1/1/1900	12/31/2299	BRAIN HEM NEC-MOD COMA
21	85304	1/1/1900	12/31/2299	BRAIN HEM NEC-PROLN COMA
21	85305	1/1/1900	12/31/2299	BRAIN HEM NEC-DEEP COMA
21	85306	1/1/1900	12/31/2299	BRAIN HEM NEC-COMA NOS
21	85309	1/1/1900	12/31/2299	BRAIN HEM NEC-CONCUS NOS
21	8531	1/1/1900	12/31/2299	BRAIN HEM NEC W OPN WND
21	85310	1/1/1900	12/31/2299	BRAIN HEM NEC/OPN WND NOS
21	85311	1/1/1900	12/31/2299	BRAIN HEM OPN-NO COMA
21	85312	1/1/1900	12/31/2299	BRAIN HEM OPN-BRF COMA
21	85313	1/1/1900	12/31/2299	BRAIN HEM OPEN-MOD COMA
21	85314	1/1/1900	12/31/2299	BRAIN HEM OPN-PROLN COMA
21	85315	1/1/1900	12/31/2299	BRAIN HEM OPEN-DEEP COMA
21	85316	1/1/1900	12/31/2299	BRAIN HEM OPEN-COMA NOS
21	85319	1/1/1900	12/31/2299	BRAIN HEM OPN-CONCUS NOS
21	854	1/1/1900	12/31/2299	OTHER BRAIN INJURY
21	8540	1/1/1900	12/31/2299	BRAIN INJURY NEC/NOS
21	85400	1/1/1900	12/31/2299	BRAIN INJURY NEC/NOS NOS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	85401	1/1/1900	12/31/2299	BRAIN INJURY NEC-NO COMA
21	85402	1/1/1900	12/31/2299	BRAIN INJ NEC-BRIEF COMA
21	85403	1/1/1900	12/31/2299	BRAIN INJ NEC-MOD COMA
21	85404	1/1/1900	12/31/2299	BRAIN INJ NEC-PROLN COMA
21	85405	1/1/1900	12/31/2299	BRAIN INJ NEC-DEEP COMA
21	85406	1/1/1900	12/31/2299	BRAIN INJ NEC-COMA NOS
21	85409	1/1/1900	12/31/2299	BRAIN INJ NEC-CONCUS NOS
21	8541	1/1/1900	12/31/2299	BRAIN INJ NEC W OPN WND
21	85410	1/1/1900	12/31/2299	BRAIN INJ NEC/OPN WND NOS
21	85411	1/1/1900	12/31/2299	OPN BRAIN INJ-NO COMA
21	85412	1/1/1900	12/31/2299	OPN BRAIN INJ-BRIEF COMA
21	85413	1/1/1900	12/31/2299	OPN BRAIN INJ-MOD COMA
21	85414	1/1/1900	12/31/2299	OPN BRAIN INJ-PROLN COMA
21	85415	1/1/1900	12/31/2299	OPN BRAIN INJ-DEEP COMA
21	85416	1/1/1900	12/31/2299	OPEN BRAIN INJ-COMA NOS
21	85419	1/1/1900	12/31/2299	OPN BRAIN INJ-CONCUS NOS
21	860	1/1/1900	12/31/2299	TRAUM PNEUMOHEMOTHORAX
21	8600	1/1/1900	12/31/2299	TRAUM PNEUMOTHORAX-CLOSE
21	8601	1/1/1900	12/31/2299	TRAUM PNEUMOTHORAX-OPEN
21	8602	1/1/1900	12/31/2299	TRAUM HEMOTHORAX-CLOSED
21	8603	1/1/1900	12/31/2299	TRAUM HEMOTHORAX-OPEN
21	8604	1/1/1900	12/31/2299	TRAUM PNEUMOHEMOTHOR-CL
21	8605	1/1/1900	12/31/2299	TRAUM PNEUMOHEMOTHOR-OPN
21	861	1/1/1900	12/31/2299	HEART & LUNG INJURY
21	8610	1/1/1900	12/31/2299	HEART INJURY-CLOSED
21	86100	1/1/1900	12/31/2299	HEART INJURY NOS-CLOSED
21	86101	1/1/1900	12/31/2299	HEART CONTUSION-CLOSED
21	86102	1/1/1900	12/31/2299	HEART LACERATION-CLOSED
21	86103	1/1/1900	12/31/2299	HEART CHAMBER LACERAT-CL
21	8611	1/1/1900	12/31/2299	HEART INJURY-OPEN
21	86110	1/1/1900	12/31/2299	HEART INJURY NOS-OPEN
21	86111	1/1/1900	12/31/2299	HEART CONTUSION-OPEN
21	86112	1/1/1900	12/31/2299	HEART LACERATION-OPEN
21	86113	1/1/1900	12/31/2299	HEART CHAMBER LACER-OPN
21	8612	1/1/1900	12/31/2299	LUNG INJURY-CLOSED
21	86120	1/1/1900	12/31/2299	LUNG INJURY NOS-CLOSED
21	86121	1/1/1900	12/31/2299	LUNG CONTUSION-CLOSED

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	86122	1/1/1900	12/31/2299	LUNG LACERATION-CLOSED
21	8613	1/1/1900	12/31/2299	LUNG INJURY-OPEN
21	86130	1/1/1900	12/31/2299	LUNG INJURY NOS-OPEN
21	86131	1/1/1900	12/31/2299	LUNG CONTUSION-OPEN
21	86132	1/1/1900	12/31/2299	LUNG LACERATION-OPEN
21	862	1/1/1900	12/31/2299	INTRATHORACIC INJ NEC/NOS
21	8620	1/1/1900	12/31/2299	DIAPHRAGM INJURY-CLOSED
21	8621	1/1/1900	12/31/2299	DIAPHRAGM INJURY-OPEN
21	8622	1/1/1900	12/31/2299	OTH INTRATHORACIC INJ-CL
21	86221	1/1/1900	12/31/2299	BRONCHUS INJURY-CLOSED
21	86222	1/1/1900	12/31/2299	ESOPHAGUS INJURY-CLOSED
21	86229	1/1/1900	12/31/2299	INTRATHORACIC INJ NEC-CL
21	8623	1/1/1900	12/31/2299	OTH INTRATHORAC INJ-OPEN
21	86231	1/1/1900	12/31/2299	BRONCHUS INJURY-OPEN
21	86232	1/1/1900	12/31/2299	ESOPHAGUS INJURY-OPEN
21	86239	1/1/1900	12/31/2299	INTRATHORAC INJ NEC-OPEN
21	8628	1/1/1900	12/31/2299	INTRATHORACIC INJ NOS-CL
21	8629	1/1/1900	12/31/2299	INTRATHORAC INJ NOS-OPEN
21	863	1/1/1900	12/31/2299	GI TRACT INJURY
21	8630	1/1/1900	12/31/2299	STOMACH INJURY-CLOSED
21	8631	1/1/1900	12/31/2299	STOMACH INJURY-OPEN
21	8632	1/1/1900	12/31/2299	SMALL INTESTINE INJ-CLOS
21	86320	1/1/1900	12/31/2299	SMALL INTEST INJ NOS-CL
21	86321	1/1/1900	12/31/2299	DUODENUM INJURY-CLOSED
21	86329	1/1/1900	12/31/2299	SMALL INTEST INJ NEC-CL
21	8633	1/1/1990	12/31/2299	SMALL INTESTINE INJ-OPEN
21	86330	1/1/1990	12/31/2299	SMALL INTEST INJ NOS-OPN
21	86331	1/1/1990	12/31/2299	DUODENUM INJURY-OPEN
21	86339	1/1/1990	12/31/2299	SMALL INTEST INJ NEC-OPN
21	8634	1/1/1990	12/31/2299	COLON INJURY-CLOSED
21	86340	1/1/1990	12/31/2299	COLON INJURY NOS-CLOSED
21	86341	1/1/1990	12/31/2299	ASCENDING COLON INJ-CLOS
21	86342	1/1/1990	12/31/2299	TRANSVERSE COLON INJ-CL
21	86343	1/1/1990	12/31/2299	DESCENDING COLON INJ-CL
21	86344	1/1/1990	12/31/2299	SIGMOID COLON INJ-CLOSED
21	86345	1/1/1990	12/31/2299	RECTUM INJURY-CLOSED
21	86346	1/1/1990	12/31/2299	COLON INJ MULT SITE-CLOS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	86349	1/1/1990	12/31/2299	COLON INJURY NEC-CLOSED
21	8635	1/1/1990	12/31/2299	COLON INJURY-OPEN
21	86350	1/1/1990	12/31/2299	COLON INJURY NOS-OPEN
21	86351	1/1/1990	12/31/2299	ASCENDING COLON INJ-OPEN
21	86352	1/1/1990	12/31/2299	TRANSVERSE COLON INJ-OPN
21	86353	1/1/1990	12/31/2299	DESCENDING COLON INJ-OPN
21	86354	1/1/1990	12/31/2299	SIGMOID COLON INJ-OPEN
21	86355	1/1/1990	12/31/2299	RECTUM INJURY-OPEN
21	86356	1/1/1990	12/31/2299	COLON INJ MULT SITE-OPEN
21	86359	1/1/1990	12/31/2299	COLON INJURY NEC-OPEN
21	8638	1/1/1990	12/31/2299	GI INJURY NEC/NOS-CLOSED
21	86380	1/1/1990	12/31/2299	GI INJURY NOS-CLOSED
21	86381	1/1/1990	12/31/2299	PANCREAS, HEAD INJ-CLOSE
21	86382	1/1/1990	12/31/2299	PANCREAS, BODY INJ-CLOSE
21	86383	1/1/1990	12/31/2299	PANCREAS, TAIL INJ-CLOSE
21	86384	1/1/1990	12/31/2299	PANCREAS INJURY NOS-CLOS
21	86385	1/1/1990	12/31/2299	APPENDIX INJURY-CLOSED
21	86389	1/1/1990	12/31/2299	GI INJURY NEC-CLOSED
21	8639	1/1/1990	12/31/2299	GI INJURY NEC/NOS-OPEN
21	86390	1/1/1990	12/31/2299	GI INJURY NOS-OPEN
21	86391	1/1/1990	12/31/2299	PANCREAS, HEAD INJ-OPEN
21	86392	1/1/1990	12/31/2299	PANCREAS, BODY INJ-OPEN
21	86393	1/1/1990	12/31/2299	PANCREAS, TAIL INJ-OPEN
21	86394	1/1/1990	12/31/2299	PANCREAS INJURY NOS-OPEN
21	86395	1/1/1990	12/31/2299	APPENDIX INJURY-OPEN
21	86399	1/1/1990	12/31/2299	GI INJURY NEC-OPEN
21	864	1/1/1990	12/31/2299	LIVER INJURY
21	8640	1/1/1990	12/31/2299	LIVER INJURY-CLOSED
21	86400	1/1/1990	12/31/2299	LIVER INJURY NOS-CLOSED
21	86401	1/1/1990	12/31/2299	LIVER HEMATOM/CONTUS-CLOS
21	86402	1/1/1990	12/31/2299	LIVER LACERAT, MINOR-CLOS
21	86403	1/1/1990	12/31/2299	LIVER LACERAT, MOD-CLOSE
21	86404	1/1/1990	12/31/2299	LIVER LACERAT, MAJOR-CLOS
21	86405	1/1/1900	12/31/2299	INJURY TO LIVER
21	86409	1/1/1990	12/31/2299	LIVER INJURY NEC-CLOSED
21	8641	1/1/1900	12/31/2299	LIVER INJURY-OPEN
21	86410	1/1/1900	12/31/2299	LIVER INJURY NOS-OPEN

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	86411	1/1/1900	12/31/2299	LIVER HEMATOM/CONTUS-OPN
21	86412	1/1/1900	12/31/2299	LIVER LACERAT, MINOR-OPN
21	86413	1/1/1900	12/31/2299	LIVER LACERAT, MOD-OPEN
21	86414	1/1/1900	12/31/2299	LIVER LACERAT, MAJOR-OPN
21	86419	1/1/1900	12/31/2299	LIVER INJURY NEC-OPEN
21	8650	1/1/1900	12/31/2299	SPLEEN INJURY-CLOSED
21	86500	1/1/1900	12/31/2299	SPLEEN INJURY NOS-CLOSED
21	86501	1/1/1900	12/31/2299	SPLEEN HEMATOMA-CLOSED
21	86502	1/1/1900	12/31/2299	SPLEEN CASULAR TEAR-CLOS
21	86503	1/1/1900	12/31/2299	SPLEEN PARNCHYM LAC-CLOS
21	86504	1/1/1900	12/31/2299	SPLEEN DISRUPTION-CLOS
21	86509	1/1/1900	12/31/2299	SPLEEN INJURY NEC-CLOSED
21	8651	1/1/1900	12/31/2299	SPLEEN INJURY-OPEN
21	86510	1/1/1900	12/31/2299	SPLEEN INJURY NOS-OPEN
21	86511	1/1/1900	12/31/2299	SPLEEN HEMATOMA-OPEN
21	86512	1/1/1900	12/31/2299	SPLEEN CAPSULAR TEAR-OPN
21	86513	1/1/1900	12/31/2299	SPLEEN PARNCHYM LAC-OPN
21	86514	1/1/1900	12/31/2299	SPLEEN DISRUPTION-OPEN
21	86519	1/1/1900	12/31/2299	SPLEEN INJURY NEC-OPEN
21	866	1/1/1900	12/31/2299	KIDNEY INJURY
21	8660	1/1/1900	12/31/2299	KIDNEY INJURY-CLOSED
21	86600	1/1/1900	12/31/2299	KIDNEY INJURY NOS-CLOSED
21	86601	1/1/1900	12/31/2299	KIDNEY HEMATOMA-CLOSED
21	86602	1/1/1900	12/31/2299	KIDNEY LACERATION-CLOSED
21	86603	1/1/1900	12/31/2299	KIDNEY DISRUPTION-CLOSED
21	8661	1/1/1990	12/31/2299	KIDNEY INJURY-OPEN
21	86610	1/1/1900	12/31/2299	KIDNEY INJURY NOS-OPEN
21	86611	1/1/1990	12/31/2299	KIDNEY HEMATOMA-OPEN
21	86612	1/1/1990	12/31/2299	KIDNEY LACERATION-OPEN
21	86613	1/1/1990	12/31/2299	KIDNEY DISRUPTION-OPEN
21	867	1/1/1990	12/31/2299	PELVIC ORGAN INJURY
21	8670	1/1/1990	12/31/2299	BLADDER/URETHRA INJ-CLOS
21	8671	1/1/1990	12/31/2299	BLADDER/URETHRA INJ-OPEN
21	8672	1/1/1990	12/31/2299	URETER INJURY-CLOSED
21	8673	1/1/1990	12/31/2299	URETER INJURY-OPEN
21	8674	1/1/1990	12/31/2299	UTERUS INJURY-CLOSED
21	8675	1/1/1990	12/31/2299	UTERUS INJURY-OPEN

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	8676	1/1/1990	12/31/2299	PELVIC ORGAN INJ NEC-CL
21	8677	1/1/1990	12/31/2299	PELVIC ORGAN INJ NEC-OPN
21	8678	1/1/1990	12/31/2299	PELVIC ORGAN INJ NOS-CL
21	8679	1/1/1990	12/31/2299	PELVIC ORGAN INJ NOS-OPN
21	868	1/1/1990	12/31/2299	OTH INTRA-ABDOMINAL INJ
21	8680	1/1/1990	12/31/2299	OTH INTRA-ABD INJ-CLOSED
21	86800	1/1/1990	12/31/2299	INTRA-ABDOM INJ NOS-CLOS
21	86801	1/1/1990	12/31/2299	ADRENAL GLAND INJURY-CL
21	86802	1/1/1990	12/31/2299	BILIARY TRACT INJURY-CL
21	86803	1/1/1990	12/31/2299	PERITONEUM INJURY-CLOSED
21	86804	1/1/1990	12/31/2299	RETROPERITONEUM INJ-CL
21	86809	1/1/1990	12/31/2299	INTRA-ABDOM INJ NEC-CLOS
21	8681	1/1/1990	12/31/2299	OTH INTRA-ABD INJ-OPEN
21	86810	1/1/1990	12/31/2299	INTRA-ABDOM INJ NOS-OPEN
21	86811	1/1/1990	12/31/2299	ADRENAL GLAND INJURY-OPN
21	86812	1/1/1990	12/31/2299	BILIARY TRACT INJURY-OPN
21	86813	1/1/1990	12/31/2299	PERITONEUM INJURY-OPEN
21	86814	1/1/1990	12/31/2299	RETROPERITONEUM INJ-OPEN
21	86819	1/1/1900	12/31/2299	INTRA-ABDOM INJ NEC-OPEN
21	869	1/1/1900	12/31/2299	INTERNAL INJURY NOS
21	8690	1/1/1900	12/31/2299	INTERNAL INJ NOS-CLOSED
21	8691	1/1/1900	12/31/2299	INTERNAL INJURY NOS-OPEN
21	870	1/1/1900	12/31/2299	OCULAR ADNEXA OPEN WOUND
21	8700	1/1/1900	12/31/2299	LAC EYELID SKIN/PERIOCULA
21	8701	1/1/1900	12/31/2299	FULL-THICKNESS LAC EYELID
21	8702	1/1/1900	12/31/2299	LAC EYELID INV LACRM PAS
21	8703	1/1/1900	12/31/2299	PENETR WND ORBIT W/O FB
21	8704	1/1/1900	12/31/2299	PENETRAT WND ORBIT W FB
21	8708	1/1/1900	12/31/2299	OPN WND OCULAR ADNEX NEC
21	8709	1/1/1900	12/31/2299	OPN WND OCULAR ADNEX NOS
21	871	1/1/1900	12/31/2299	EYEBALL OPEN WOUND
21	8710	1/1/1900	12/31/2299	OCULAR LAC W/O PROLAPSE
21	8711	1/1/1900	12/31/2299	OCULAR LACERA W PROLAPSE
21	8712	1/1/1900	12/31/2299	RUPTURE EYE W TISSUE LOSS
21	8713	1/1/1900	12/31/2299	AVULSION OF EYE
21	8714	1/1/1900	12/31/2299	LACERATION OF EYE NOS
21	8715	1/1/1900	12/31/2299	PENETRAT MAGNET FB EYE

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	8716	1/1/1900	12/31/2299	PENETRAT NONMAGNET FB EYE
21	8717	1/1/1900	12/31/2299	OCULAR PENETRATION NOS
21	8719	1/1/1900	12/31/2299	OPN WOUND OF EYEBALL NOS
21	872	1/1/1900	12/31/2299	OPEN WOUND OF EAR
21	8720	1/1/1900	12/31/2299	OPEN WOUND EXTERNAL EAR
21	87200	1/1/1900	12/31/2299	OPN WOUND EXTERN EAR NOS
21	87201	1/1/1900	12/31/2299	OPEN WOUND OF AURICLE
21	87202	1/1/1900	12/31/2299	OPN WOUND AUDITORY CANAL
21	8721	1/1/1900	12/31/2299	OPEN WOUND EXT EAR-COMPL
21	87210	1/1/1900	12/31/2299	OPN WND EX EAR NOS-COMPL
21	87211	1/1/1900	12/31/2299	OPEN WOUND AURICLE-COMPL
21	87212	1/1/1900	12/31/2299	OPEN WND AUD CANAL-COMPL
21	8726	1/1/1900	12/31/2299	OTH OPEN WOUNDS OF EAR
21	87261	1/1/1900	12/31/2299	OPEN WOUND OF EAR DRUM
21	87262	1/1/1900	12/31/2299	OPEN WOUND OF OSSICLES
21	87263	1/1/1900	12/31/2299	OPEN WND EUSTACHIAN TUBE
21	87264	1/1/1900	12/31/2299	OPEN WOUND OF COCHLEA
21	87269	1/1/1900	12/31/2299	OPEN WOUND OF EAR NEC
21	8727	1/1/1900	12/31/2299	OTH OPEN WOUNDS OF EAR-CO
21	87271	1/1/1900	12/31/2299	OPEN WND EAR DRUM-COMPL
21	87272	1/1/1900	12/31/2299	OPEN WND OSSICLES-COMPL
21	87273	1/1/1900	12/31/2299	OPN WND EUSTACH TB-COMPL
21	87274	1/1/1900	12/31/2299	OPEN WOUND COCHLEA-COMPL
21	87279	1/1/1900	12/31/2299	OPEN WOUND EAR NEC-COMPL
21	8728	1/1/1900	12/31/2299	OPEN WOUND OF EAR NOS
21	8729	1/1/1900	12/31/2299	OPEN WOUND EAR NOS-COMPL
21	873	1/1/1900	12/31/2299	OTHER OPEN WOUND OF HEAD
21	8730	1/1/1900	12/31/2299	OPEN WOUND OF SCALP
21	8731	1/1/1900	12/31/2299	OPEN WOUND SCALP-COMPL
21	8732	1/1/1900	12/31/2299	OPEN WOUND OF NOSE
21	87320	1/1/1900	12/31/2299	OPEN WOUND OF NOSE NOS
21	87321	1/1/1900	12/31/2299	OPEN WOUND NASAL SEPTUM
21	87322	1/1/1900	12/31/2299	OPEN WOUND NASAL CAVITY
21	87323	1/1/1900	12/31/2299	OPEN WOUND NASAL SINUS
21	87329	1/1/1900	12/31/2299	MULT OPEN WOUND NOSE
21	8733	1/1/1900	12/31/2299	OPEN WOUND NOSE-COMPL
21	87330	1/1/1900	12/31/2299	OPEN WND NOSE NOS-COMPL

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	87331	1/1/1900	12/31/2299	OPN WND NAS SEPTUM -COMPL
21	87332	1/1/1900	12/31/2299	OPEN WND NASAL CAV-COMPL
21	87333	1/1/1900	12/31/2299	OPEN WND NAS SINUS-COMPL
21	87339	1/1/1900	12/31/2299	MULT OPEN WND NOSE-COMPL
21	8734	1/1/1900	12/31/2299	OPEN WOUND OF FACE
21	87340	1/1/1900	12/31/2299	OPEN WOUND OF FACE NOS
21	87341	1/1/1900	12/31/2299	OPEN WOUND OF CHEEK
21	87342	1/1/1900	12/31/2299	OPEN WOUND OF FOREHEAD
21	87343	1/1/1900	12/31/2299	OPEN WOUND OF LIP
21	87344	1/1/1900	12/31/2299	OPEN WOUND OF JAW
21	87349	1/1/1900	12/31/2299	OPEN WOUND OF FACE NEC
21	8735	1/1/1900	12/31/2299	OPEN WOUND FACE-COMPL
21	87350	1/1/1900	12/31/2299	OPEN WND FACE NOS-COMPL
21	87351	1/1/1900	12/31/2299	OPEN WOUND CHEEK-COMPL
21	87352	1/1/1900	12/31/2299	OPEN WND FOREHEAD-COMPL
21	87353	1/1/1900	12/31/2299	OPEN WOUND LIP-COMPLICAT
21	87354	1/1/1900	12/31/2299	OPEN WOUND JAW-COMPLICAT
21	87359	1/1/1900	12/31/2299	OPEN WND FACE NEC-COMPL
21	8736	1/1/1900	12/31/2299	OPN WOUND INTERNAL MOUTH
21	87360	1/1/1900	12/31/2299	OPEN WOUND OF MOUTH NOS
21	87361	1/1/1900	12/31/2299	OPEN WOUND BUCCAL MUCOSA
21	87362	1/1/1900	12/31/2299	OPEN WOUND OF GUM
21	87363	1/1/1900	12/31/2299	BROKEN TOOTH
21	87364	1/1/1900	12/31/2299	OPN WND TONGUE/MOUTH FLR
21	87365	1/1/1900	12/31/2299	OPEN WOUND OF PALATE
21	87369	1/1/1900	12/31/2299	OPEN WOUND MOUTH NEC
21	8737	1/1/1900	12/31/2299	OPEN WND INT MOUTH-COMPL
21	87370	1/1/1900	12/31/2299	OPEN WND MOUTH NOS-COMPL
21	87371	1/1/1900	12/31/2299	OPN WND BUC MUCOSA-COMPL
21	87372	1/1/1900	12/31/2299	OPEN WOUND GUM-COMPL
21	87373	1/1/1900	12/31/2299	BROKEN TOOTH-COMPLICATED
21	87374	1/1/1900	12/31/2299	OPEN WOUND TONGUE-COMPL
21	87375	1/1/1900	12/31/2299	OPEN WOUND PALATE-COMPL
21	87379	1/1/1900	12/31/2299	OPEN WND MOUTH NOS-COMPL
21	8738	1/1/1900	12/31/2299	OPEN WOUND OF HEAD NEC
21	8739	1/1/1900	12/31/2299	OPEN WND HEAD NEC-COMPL
21	874	1/1/1900	12/31/2299	OPEN WOUND OF NECK

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	8740	1/1/1900	12/31/2299	OPN WOUND LARYNX/TRACHEA
21	87400	1/1/1900	12/31/2299	OPN WND LARYNX W TRACHEA
21	87401	1/1/1900	12/31/2299	OPEN WOUND OF LARYNX
21	87402	1/1/1900	12/31/2299	OPEN WOUND OF TRACHEA
21	8741	1/1/1900	12/31/2299	OPN WND LARYN/TRACH-COMP
21	87410	1/1/1900	12/31/2299	OPN WND LARY W TRAC-COMP
21	87411	1/1/1900	12/31/2299	OPEN WOUND LARYNX-COMPL
21	87412	1/1/1900	12/31/2299	OPEN WOUND TRACHEA-COMPL
21	8742	1/1/1900	12/31/2299	OPEN WOUND THYROID GLAND
21	8743	1/1/1900	12/31/2299	OPEN WOUND THYROID-COMPL
21	8744	1/1/1900	12/31/2299	OPEN WOUND OF PHARYNX
21	8745	1/1/1900	12/31/2299	OPEN WOUND PHARYNX-COMPL
21	8748	1/1/1900	12/31/2299	OPEN WOUND NECK NEC/NOS
21	8749	1/1/1900	12/31/2299	OPN WND NECK NEC/NOS-COMP
21	875	1/1/1900	12/31/2299	OPEN WOUND OF CHEST
21	8750	1/1/1900	12/31/2299	OPN WND OF CHEST-NO COMPL
21	8751	1/1/1900	12/31/2299	OPEN WOUND CHEST-COMPL
21	876	1/1/1900	12/31/2299	OPEN WOUND OF BACK
21	8760	1/1/1900	12/31/2299	OPN WND OF BACK-NO COMP
21	8761	1/1/1900	12/31/2299	OPEN WOUND BACK-COMPL
21	877	1/1/1900	12/31/2299	OPEN WOUND OF BUTTOCK
21	8770	1/1/1900	12/31/2299	OPN WND OF BUTT-NO COMPL
21	8771	1/1/1900	12/31/2299	OPEN WOUND BUTTOCK-COMPL
21	878	1/1/1900	12/31/2299	OPEN WOUND GENITAL ORGAN
21	8780	1/1/1900	12/31/2299	OPEN WOUND OF PENIS
21	8781	1/1/1900	12/31/2299	OPEN WOUND PENIS-COMPL
21	8782	1/1/1900	12/31/2299	OPN WOUND SCROTUM/TESTES
21	8783	1/1/1900	12/31/2299	OPN WND SCROT/TEST-COMPL
21	8784	1/1/1900	12/31/2299	OPEN WOUND OF VULVA
21	8785	1/1/1900	12/31/2299	OPEN WOUND VULVA-COMPL
21	8786	1/1/1900	12/31/2299	OPEN WOUND OF VAGINA
21	8787	1/1/1900	12/31/2299	OPEN WOUND VAGINA-COMPL
21	8788	1/1/1900	12/31/2299	OPN WND GENITAL NEC/NOS
21	8789	1/1/1900	12/31/2299	OPN WND GENIT NEC/NOS-COM
21	879	1/1/1900	12/31/2299	OPEN WOUND SITE NEC/NOS
21	8790	1/1/1900	12/31/2299	OPEN WOUND OF BREAST
21	8791	1/1/1900	12/31/2299	OPEN WOUND BREAST-COMPL

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	8792	1/1/1900	12/31/2299	OPN WND ANTERIOR ABDOMEN
21	8793	1/1/1900	12/31/2299	OPN WND ANT ABDOMEN-COMP
21	8794	1/1/1900	12/31/2299	OPN WND LATERAL ABDOMEN
21	8795	1/1/1900	12/31/2299	OPN WND LAT ABDOMEN-COMP
21	8796	1/1/1900	12/31/2299	OPN WND OF TRUNK NEC/NOS
21	8797	1/1/1900	12/31/2299	OPN WND TRUND NEC/NOS-COM
21	8798	1/1/1900	12/31/2299	OPEN WOUND SITE NOS
21	8799	1/1/1900	12/31/2299	OPN WOUND SITE NOS-COMPL
21	880	1/1/1900	12/31/2299	OPN WND SHOULDR/UPPR ARM
21	8800	1/1/1900	12/31/2299	OPN WND SHOULD/UP ARM-NO
21	88000	1/1/1900	12/31/2299	OPEN WOUND OF SHOULDER
21	88001	1/1/1900	12/31/2299	OPEN WOUND OF SCAPULA
21	88002	1/1/1900	12/31/2299	OPEN WOUND OF AXILLA
21	88003	1/1/1900	12/31/2299	OPEN WOUND OF UPPER ARM
21	88009	1/1/1900	12/31/2299	MULT OPEN WOUND SHOULDER
21	8801	1/1/1900	12/31/2299	OPN WND SHLD/UP ARM -COMP
21	88010	1/1/1900	12/31/2299	OPEN WND SHOULDER-COMPL
21	88011	1/1/1900	12/31/2299	OPEN WOUND SCAPULA-COMPL
21	88012	1/1/1900	12/31/2299	OPEN WOUND AXILLA-COMPL
21	88013	1/1/1900	12/31/2299	OPEN WND UPPER ARM -COMPL
21	88019	1/1/1900	12/31/2299	MULT OPN WND SHOULD-COMP
21	8802	1/1/1900	12/31/2299	OPN WND SHLD/UP ARM -TEND
21	88020	1/1/1900	12/31/2299	OPN WND SHOULDR W TENDON
21	88021	1/1/1900	12/31/2299	OPN WND SCAPULA W TENDON
21	88022	1/1/1900	12/31/2299	OPEN WND AXILLA W TENDON
21	88023	1/1/1900	12/31/2299	OPEN WND UP ARM W TENDON
21	88029	1/1/1900	12/31/2299	MLT OPN WND SHLDR W TEND
21	881	1/1/1900	12/31/2299	OPEN WOUND OF LOWER ARM
21	8810	1/1/1900	12/31/2299	OPN WND OF LOWER ARM -NO C
21	88100	1/1/1900	12/31/2299	OPEN WOUND OF FOREARM
21	88101	1/1/1900	12/31/2299	OPEN WOUND OF ELBOW
21	88102	1/1/1900	12/31/2299	OPEN WOUND OF WRIST
21	8811	1/1/1900	12/31/2299	OPEN WOUND LOW ARM -COMPL
21	88110	1/1/1900	12/31/2299	OPEN WOUND FOREARM-COMPL
21	88111	1/1/1900	12/31/2299	OPEN WOUND ELBOW-COMPLIC
21	88112	1/1/1900	12/31/2299	OPEN WOUND WRIST-COMPLIC
21	8812	1/1/1900	12/31/2299	OPN WND LOW ARM W TENDON

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	88120	1/1/1900	12/31/2299	OPEN WND FOREARM W TENDN
21	88121	1/1/1900	12/31/2299	OPN WOUND ELBOW W TENDON
21	88122	1/1/1900	12/31/2299	OPN WOUND WRIST W TENDON
21	882	1/1/1900	12/31/2299	OPEN WOUND OF HAND
21	8820	1/1/1900	12/31/2299	OPN WND OF HAND-NO COMPL
21	8821	1/1/1900	12/31/2299	OPN WOUND HAND-COMPLICAT
21	8822	1/1/1900	12/31/2299	OPEN WOUND HAND W TENDON
21	883	1/1/1900	12/31/2299	OPEN WOUND OF FINGER
21	8830	1/1/1900	12/31/2299	OPN WND OF FINGER-NO COMP
21	8831	1/1/1900	12/31/2299	OPEN WOUND FINGER-COMPL
21	8832	1/1/1900	12/31/2299	OPEN WND FINGER W TENDON
21	884	1/1/1900	12/31/2299	OPEN WOUND ARM MULT/NOS
21	8840	1/1/1900	12/31/2299	OPN WND ARM MULT/NOS-NO C
21	88405	1/1/1900	12/31/2299	INJURY TO LIVER WITHOUT M
21	8841	1/1/1900	12/31/2299	OPEN WOUND ARM NOS-COMPL
21	88415	1/1/1900	12/31/2299	INJURY TOLIVER OPEN WOUND
21	8842	1/1/1900	12/31/2299	OPN WND ARM NOS W TENDON
21	885	1/1/1900	12/31/2299	TRAUM AMPUTATION THUMB
21	8850	1/1/1900	12/31/2299	AMPUTATION THUMB
21	8851	1/1/1900	12/31/2299	AMPUTATION THUMB-COMPL
21	886	1/1/1900	12/31/2299	TRAUM AMPUTATION FINGER
21	8860	1/1/1900	12/31/2299	AMPUTATION FINGER
21	8861	1/1/1900	12/31/2299	AMPUTATION FINGER-COMPL
21	887	1/1/1900	12/31/2299	TRAUMATIC AMPUT ARM/HAND
21	8871	1/1/1900	12/31/2299	AMP BELOW ELB, UNIL-COMP
21	8872	1/1/1900	12/31/2299	AMPUT ABV ELBOW, UNILAT
21	8873	1/1/1900	12/31/2299	AMPUT ABV ELB, UNIL-COMP
21	8874	1/1/1900	12/31/2299	AMPUTAT ARM, UNILAT NOS
21	8875	1/1/1900	12/31/2299	AMPUT ARM, UNIL NOS-COMP
21	8876	1/1/1900	12/31/2299	AMPUTATION ARM, BILAT
21	8877	1/1/1900	12/31/2299	AMPUTAT ARM, BILAT-COMPL
21	890	1/1/1900	12/31/2299	OPEN WOUND OF HIP/THIGH
21	8900	1/1/1900	12/31/2299	OPN WND OF HIP/THIGH-NO C
21	8901	1/1/1900	12/31/2299	OPEN WND HIP/THIGH-COMPL
21	8902	1/1/1900	12/31/2299	OPN WND HIP/THIGH W TEND
21	891	1/1/1900	12/31/2299	OPEN WND KNEE/LEG/ANKLE
21	8910	1/1/1900	12/31/2299	OPN WND KNEE/LEG/ANKLE-NO

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	8911	1/1/1900	12/31/2299	OPEN WND KNEE/LEG-COMPL
21	8912	1/1/1900	12/31/2299	OPN WND KNEE/LEG W TENDN
21	892	1/1/1900	12/31/2299	OPEN WOUND OF FOOT
21	8920	1/1/1900	12/31/2299	OPN WND OF FOOT-NO COMPL
21	8921	1/1/1900	12/31/2299	OPEN WOUND FOOT-COMPL
21	8922	1/1/1900	12/31/2299	OPEN WOUND FOOT W TENDON
21	893	1/1/1900	12/31/2299	OPEN WOUND OF TOE
21	8930	1/1/1900	12/31/2299	OPN WND OF TOE-NO COMPL
21	8931	1/1/1900	12/31/2299	OPEN WOUND TOE-COMPL
21	8932	1/1/1990	12/31/2299	OPEN WOUND TOE W TENDON
21	894	1/1/1900	12/31/2299	OPEN WOUND OF LEG MULT/NO
21	8940	1/1/1900	12/31/2299	OPN WND OF LEG NOS-NO COM
21	8941	1/1/1900	12/31/2299	OPEN WOUND LEG NOS-COMPL
21	8942	1/1/1900	12/31/2299	OPN WND LEG NOS W TENDON
21	895	1/1/1900	12/31/2299	TRAUMATIC AMPUTATION TOE
21	8950	1/1/1900	12/31/2299	AMPUTATION TOE
21	8951	1/1/1900	12/31/2299	AMPUTATION TOE-COMPLICAT
21	896	1/1/1900	12/31/2299	TRAUMATIC AMPUTAT FOOT
21	8960	1/1/1900	12/31/2299	AMPUTATION FOOT, UNILAT
21	8961	1/1/1900	12/31/2299	AMPUT FOOT, UNILAT-COMPL
21	8962	1/1/1900	12/31/2299	AMPUTATION FOOT, BILAT
21	8963	1/1/1900	12/31/2299	AMPUTAT FOOT, BILAT-COMP
21	897	1/1/1900	12/31/2299	TRAUMATIC AMPUTATION LEG
21	8970	1/1/1900	12/31/2299	AMPUT BELOW KNEE, UNILAT
21	8971	1/1/1900	12/31/2299	AMPUT BEL KN, UNIL-COMPL
21	8972	1/1/1900	12/31/2299	AMPUT ABOVE KNEE, UNILAT
21	8973	1/1/1900	12/31/2299	AMPUT ABV KN, UNIL-COMPL
21	8974	1/1/1900	12/31/2299	AMPUTAT LEG, UNILAT NOS
21	8975	1/1/1900	12/31/2299	AMPUT LEG, UNIL NOS-COMP
21	8976	1/1/1900	12/31/2299	AMPUTATION LEG, BILAT
21	8977	1/1/1900	12/31/2299	AMPUTAT LEG, BILAT-COMPL
21	900	1/1/1900	12/31/2299	HEAD/NECK VESSEL INJURY
21	9000	1/1/1900	12/31/2299	CAROTID ARTERY INJURY
21	90000	1/1/1900	12/31/2299	INJUR CAROTID ARTERY NOS
21	90001	1/1/1900	12/31/2299	INJ COMMON CAROTID ARTER
21	90002	1/1/1900	12/31/2299	INJ EXTERNAL CAROTID ART
21	90003	1/1/1900	12/31/2299	INJ INTERNAL CAROTID ART

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	9001	1/1/1900	12/31/2299	INJ INTERNAL JUGULAR VEIN
21	9008	1/1/1900	12/31/2299	INJ OTH HEAD/NECK VESSELS
21	90081	1/1/1900	12/31/2299	INJ EXTERN JUGULAR VEIN
21	90082	1/1/1900	12/31/2299	INJ MLT HEAD/NECK VESSEL
21	90089	1/1/1900	12/31/2299	INJ HEAD/NECK VESSEL NEC
21	9009	1/1/1900	12/31/2299	INJ HEAD/NECK VESSEL NOS
21	901	1/1/1900	12/31/2299	THORAC BLOOD VESSEL INJ
21	9010	1/1/1900	12/31/2299	INJURY THORACIC AORTA
21	9011	1/1/1900	12/31/2299	INJ INNOMIN/SUBCLAV ART
21	9012	1/1/1900	12/31/2299	INJ SUPERIOR VENA CAVA
21	9013	1/1/1900	12/31/2299	INJ INNOMIN/SUBCLAV VEIN
21	9014	1/1/1900	12/31/2299	INJURY PULMONARY VESSEL
21	90141	1/1/1900	12/31/2299	INJURY PULMONARY ARTERY
21	90142	1/1/1900	12/31/2299	INJURY PULMONARY VEIN
21	9018	1/1/1900	12/31/2299	INJ OTH THORACIC VESSELS
21	90181	1/1/1900	12/31/2299	INJ INTERCOSTAL ART/VEIN
21	90182	1/1/1900	12/31/2299	INJ INT MAMMARY ART/VEIN
21	90183	1/1/1900	12/31/2299	INJ MULT THORACIC VESSEL
21	90189	1/1/1900	12/31/2299	INJ THORACIC VESSEL NEC
21	9019	1/1/1900	12/31/2299	INJ THORACIC VESSEL NOS
21	902	1/1/1900	12/31/2299	ABDOM/PELVIS VESSEL INJ
21	9020	1/1/1900	12/31/2299	INJURY ABDOMINAL AORTA
21	9021	1/1/1900	12/31/2299	INJ INFERIOR VENA CAVA
21	90210	1/1/1900	12/31/2299	INJ INFER VENA CAVA NOS
21	90211	1/1/1900	12/31/2299	INJURY HEPATIC VEINS
21	90219	1/1/1900	12/31/2299	INJ INFER VENA CAVA NEC
21	9022	1/1/1900	12/31/2299	INJ CELIAC/MESENTER ART
21	90220	1/1/1900	12/31/2299	INJ CELIAC/MESEN ART NOS
21	90221	1/1/1900	12/31/2299	INJURY GASTRIC ARTERY
21	90222	1/1/1900	12/31/2299	INJURY HEPATIC ARTERY
21	90223	1/1/1900	12/31/2299	INJURY SPLENIC ARTERY
21	90224	1/1/1900	12/31/2299	INJURY CELIAC AXIS NEC
21	90225	1/1/1900	12/31/2299	INJ SUPER MESENTERIC ART
21	90226	1/1/1900	12/31/2299	INJ BRANCH SUP MESENT ART
21	90227	1/1/1900	12/31/2299	INJ INFER MESENTERIC ART
21	90229	1/1/1900	12/31/2299	INJ MESENTERIC VESS NEC
21	9023	1/1/1900	12/31/2299	PORTAL/SPLENIC VEIN INJ

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	90231	1/1/1900	12/31/2299	INJ SUPERIOR MESENT VEIN
21	90232	1/1/1900	12/31/2299	INJ INFERIOR MESENT VEIN
21	90233	1/1/1900	12/31/2299	INJURY PORTAL VEIN
21	90234	1/1/1900	12/31/2299	INJURY SPLENIC VEIN
21	90239	1/1/1900	12/31/2299	INJ PORT/SPLEN VESS NEC
21	9024	1/1/1900	12/31/2299	RENAL VESSEL INJURY
21	90240	1/1/1900	12/31/2299	INJURY RENAL VESSEL NOS
21	90241	1/1/1900	12/31/2299	INJURY RENAL ARTERY
21	90242	1/1/1900	12/31/2299	INJURY RENAL VEIN
21	90249	1/1/1900	12/31/2299	INJURY RENAL VESSEL NEC
21	9025	1/1/1900	12/31/2299	ILIAC VESSEL INJURY
21	90250	1/1/1900	12/31/2299	INJURY ILIAC VESSEL NOS
21	90251	1/1/1900	12/31/2299	INJ HYPOGASTRIC ARTERY
21	90252	1/1/1900	12/31/2299	INJURY HYPOGASTRIC VEIN
21	90253	1/1/1900	12/31/2299	INJURY ILIAC ARTERY
21	90254	1/1/1900	12/31/2299	INJURY ILIAC VEIN
21	90255	1/1/1900	12/31/2299	INJURY UTERINE ARTERY
21	90256	1/1/1900	12/31/2299	INJURY UTERINE VEIN
21	90259	1/1/1900	12/31/2299	INJURY ILIAC VESSEL NEC
21	9028	1/1/1900	12/31/2299	INJ OTH ABDOMINAL VESSELS
21	90281	1/1/1900	12/31/2299	INJURY OVARIAN ARTERY
21	90282	1/1/1900	12/31/2299	INJURY OVARIAN VEIN
21	90287	1/1/1900	12/31/2299	INJ MULT ABD/PELV VESSEL
21	90289	1/1/1900	12/31/2299	INJ ABDOMINAL VESSEL NEC
21	9029	1/1/1900	12/31/2299	INJ ABDOMINAL VESSEL NOS
21	903	1/1/1900	12/31/2299	ARM BLOOD VESSEL INJURY
21	9030	1/1/1900	12/31/2299	INJURY AXILLARY VESSELS
21	90300	1/1/1900	12/31/2299	INJ AXILLARY VESSEL NOS
21	90301	1/1/1900	12/31/2299	INJURY AXILLARY ARTERY
21	90302	1/1/1900	12/31/2299	INJURY AXILLARY VEIN
21	9031	1/1/1900	12/31/2299	INJURY BRACHIAL VESSELS
21	9032	1/1/1900	12/31/2299	INJURY RADIAL VESSELS
21	9033	1/1/1900	12/31/2299	INJURY ULNAR VESSELS
21	9034	1/1/1900	12/31/2299	INJURY PALMAR ARTERY
21	9035	1/1/1900	12/31/2299	INJURY DIGITAL VESSELS
21	9038	1/1/1900	12/31/2299	INJURY ARM VESSELS NEC
21	9039	1/1/1900	12/31/2299	INJURY ARM VESSEL NOS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	904	1/1/1900	12/31/2299	LEG/NOS LOOD VESSEL INJ
21	9040	1/1/1900	12/31/2299	INJ COMMON FEMORAL ARTER
21	9042	1/1/1900	12/31/2299	INJURY FEMORAL VEIN
21	9043	1/1/1900	12/31/2299	INJURY SAPHENOUS VEIN
21	9044	1/1/1900	12/31/2299	INJURY POPLITEAL VESSEL
21	90440	1/1/1900	12/31/2299	INJ POPLITEAL VESSEL NOS
21	90441	1/1/1900	12/31/2299	INJURY POPLITEAL ARTERY
21	90442	1/1/1900	12/31/2299	INJURY POPLITEAL VEIN
21	9045	1/1/1900	12/31/2299	INJURY TIBIAL VESSELS
21	90450	1/1/1900	12/31/2299	INJURY TIBIAL VESSEL NOS
21	90451	1/1/1900	12/31/2299	INJ ANTER TIBIAL ARTERY
21	90452	1/1/1900	12/31/2299	INJ ANTERIOR TIBIAL VEIN
21	90453	1/1/1900	12/31/2299	INJ POST TIBIAL ARTERY
21	90454	1/1/1900	12/31/2299	INJ POST TIBIAL VEIN
21	9046	1/1/1900	12/31/2299	INJ DEEP PLANTAR VESSEL
21	9047	1/1/1900	12/31/2299	INJURY LEG VESSELS NEC
21	9048	1/1/1900	12/31/2299	INJURY LEG VESSEL NOS
21	9049	1/1/1900	12/31/2299	BLOOD VESSEL INJURY NOS
21	905	1/1/1900	12/31/2299	LATE EFF MUSCULOSKEL INJ
21	9050	1/1/1900	12/31/2299	LATE EFFEC SKULL/FACE FX
21	9051	1/1/1900	12/31/2299	LATE EFF SPINE/TRUNK FX
21	9052	1/1/1900	12/31/2299	LATE EFFECT ARM FX
21	9053	1/1/1900	12/31/2299	LATE EFF FEMORAL NECK FX
21	9054	1/1/1900	12/31/2299	LATE EFFECT LEG FX
21	9055	1/1/1900	12/31/2299	LATE EFFECT MULT/NOS FX
21	9056	1/1/1900	12/31/2299	LATE EFFECT DISLOCATION
21	9057	1/1/1900	12/31/2299	LATE EFFEC SPRAIN/STRAIN
21	9058	1/1/1900	12/31/2299	LATE EFFEC TENDON INJURY
21	9059	1/1/1900	12/31/2299	LATE EFF TRAUMAT AMPUTAT
21	906	1/1/1900	12/31/2299	LATE EFF SKIN/SUBCUT INJ
21	9060	1/1/1900	12/31/2299	LT EFF OPN WND HEAD/TRUNK
21	9061	1/1/1900	12/31/2299	LATE EFF OPEN WND EXTREM
21	9062	1/1/1900	12/31/2299	LATE EFF SUPERFICIAL INJ
21	9063	1/1/1900	12/31/2299	LATE EFFECT OF CONTUSION
21	9064	1/1/1900	12/31/2299	LATE EFFECT OF CRUSHING
21	9065	1/1/1900	12/31/2299	LATE EFF HEAD/NECK BURN
21	9066	1/1/1900	12/31/2299	LATE EFF WRIST/HAND BURN

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	9067	1/1/1900	12/31/2299	LATE EFF BURN EXTREM NEC
21	9068	1/1/1900	12/31/2299	LATE EFFECT OF BURNS NEC
21	9069	1/1/1900	12/31/2299	LATE EFFECT OF BURN NOS
21	907	1/1/1900	12/31/2299	LATE EFF NERV SYSTEM INJ
21	9070	1/1/1900	12/31/2299	LT EFF INTRACRANIAL INJ
21	9071	1/1/1900	12/31/2299	LATE EFF CRAN NERVE INJ
21	9072	1/1/1900	12/31/2299	LATE EFF SPINAL CORD INJ
21	9073	1/1/1900	12/31/2299	LT EFF NER INJ TRUNK NEC
21	9074	1/1/1900	12/31/2299	LT EFF NERV INJ SHLD/ARM
21	9075	1/1/1900	12/31/2299	LT EFF NERV INJ PELV/LEG
21	9079	1/1/1900	12/31/2299	LATE EFF NERVE INJ NEC/NO
21	908	1/1/1900	12/31/2299	LATE EFF INJURY NEC/NOS
21	9080	1/1/1900	12/31/2299	LATE EFF INT INJUR CHEST
21	9081	1/1/1900	12/31/2299	LATE EFF INT INJ ABDOMEN
21	9082	1/1/1900	12/31/2299	LATE EFF INT INJURY NEC
21	9083	1/1/1900	12/31/2299	LT EFF INJ HEAD/EXTREM VE
21	9084	1/1/1900	12/31/2299	LT EFF INJ THOR/ABD VESS
21	9085	1/1/1900	12/31/2299	LATE EFF FB IN ORIFICE
21	9086	1/1/1900	12/31/2299	LATE EFF COMPLIC TRAUMA
21	9089	1/1/1900	12/31/2299	LATE EFFECT INJURY NOS
21	909	1/1/1900	12/31/2299	LT EFF EXTER CAUSE NEC/NO
21	9090	1/1/1900	12/31/2299	LATE EFF DRUG POISONING
21	9091	1/1/1900	12/31/2299	LT EFF NONMED SUBSTANCE
21	9092	1/1/1900	12/31/2299	LATE EFFECT OF RADIATION
21	9093	1/1/1900	12/31/2299	LATE EFF SURG/MED COMPL
21	9094	1/1/1900	12/31/2299	LATE EFF CERT EXT CAUSE
21	9099	1/1/1900	12/31/2299	LT EFF EXTER CAUSE NEC/NO
21	910	1/1/1900	12/31/2299	SUPERFICIAL INJURY HEAD
21	9100	1/1/1900	12/31/2299	ABRASION HEAD
21	9101	1/1/1900	12/31/2299	ABRASION HEAD-INFECTED
21	9102	1/1/1900	12/31/2299	BLISTER HEAD
21	9103	1/1/1900	12/31/2299	BLISTER HEAD-INFECTED
21	9104	1/1/1900	12/31/2299	INSECT BITE HEAD
21	9105	1/1/1900	12/31/2299	INSECT BITE HEAD-INFECT
21	9106	1/1/1900	12/31/2299	FOREIGN BODY HEAD
21	9107	1/1/1900	12/31/2299	FOREIGN BODY HEAD-INFECT
21	9108	1/1/1900	12/31/2299	SUPERF INJ HEAD NEC/NOS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	9109	1/1/1900	12/31/2299	SUPERF INJ HEAD NEC/NOS-I
21	911	1/1/1900	12/31/2299	SUPERFICIAL INJURY TRUNK
21	9110	1/1/1900	12/31/2299	ABRASION TRUNK
21	9111	1/1/1900	12/31/2299	ABRASION TRUNK-INFECTED
21	9112	1/1/1900	12/31/2299	BLISTER TRUNK
21	9113	1/1/1900	12/31/2299	BLISTER TRUNK-INFECTED
21	9114	1/1/1900	12/31/2299	INSECT BITE TRUNK
21	9115	1/1/1900	12/31/2299	INSECT BITE TRUNK-INFEC
21	9116	1/1/1900	12/31/2299	FOREIGN BODY TRUNK
21	9117	1/1/1900	12/31/2299	FOREIGN BODY TRUNK-INFEC
21	9118	1/1/1900	12/31/2299	SUPERF INJ TRUNK NEC/NOS
21	9119	1/1/1900	12/31/2299	SUPERF INJ TRUNK NEC/NOS-
21	912	1/1/1900	12/31/2299	SUPERFIC INJ SHOULDER/ARM
21	9120	1/1/1900	12/31/2299	ABRASION SHOULDER/ARM
21	9121	1/1/1900	12/31/2299	ABRASION SHLDR/ARM-INFEC
21	9122	1/1/1900	12/31/2299	BLISTER SHOULDER/ARM
21	9123	1/1/1900	12/31/2299	BLISTER SHOULDER/ARM-INF
21	9124	1/1/1900	12/31/2299	INSECT BITE SHOULDER/ARM
21	9125	1/1/1900	12/31/2299	INSECT BITE SHLD/ARM-INF
21	9126	1/1/1900	12/31/2299	FOREIGN BODY SHOULDER/ARM
21	9127	1/1/1900	12/31/2299	FB SHOULDER/ARM-INFECT
21	9128	1/1/1900	12/31/2299	SUPERF INJ SHLDR/ARM NEC/
21	9129	1/1/1990	12/31/2299	SUPERF INJ SHLDR NEC/NOS-
21	913	1/1/1900	12/31/2299	SUPERFICIAL INJ FOREARM
21	9130	1/1/1900	12/31/2299	ABRASION FOREARM
21	9131	1/1/1900	12/31/2299	ABRASION FOREARM-INFECT
21	9132	1/1/1900	12/31/2299	BLISTER FOREARM
21	9133	1/1/1900	12/31/2299	BLISTER FOREARM-INFECTED
21	9134	1/1/1900	12/31/2299	INSECT BITE FOREARM
21	9135	1/1/1900	12/31/2299	INSECT BITE FOREARM-INF
21	9136	1/1/1900	12/31/2299	FOREIGN BODY FOREARM
21	9137	1/1/1900	12/31/2299	FOREIGN BODY FOREARM-INF
21	9138	1/1/1900	12/31/2299	SUPERF INJ FOREARM NEC/NO
21	9139	1/1/1900	12/31/2299	SUPERF INJ FOREARM NEC/NO
21	914	1/1/1900	12/31/2299	SUPERFICIAL INJ OF HAND
21	9140	1/1/1900	12/31/2299	ABRASION HAND
21	9141	1/1/1900	12/31/2299	ABRASION HAND-INFECTED

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	9142	1/1/1900	12/31/2299	BLISTER HAND
21	9143	1/1/1900	12/31/2299	BLISTER HAND-INFECTED
21	9144	1/1/1900	12/31/2299	INSECT BITE HAND
21	9145	1/1/1900	12/31/2299	INSECT BITE HAND-INFECT
21	9146	1/1/1900	12/31/2299	FOREIGN BODY HAND
21	9148	1/1/1900	12/31/2299	SUPERF INJ HAND NEC/NOS
21	9149	1/1/1900	12/31/2299	SUPERF INJ HAND NEC/NOS-I
21	9150	1/1/1900	12/31/2299	ABRASION FINGER
21	9151	1/1/1900	12/31/2299	ABRASION FINGER-INFECTED
21	9152	1/1/1900	12/31/2299	BLISTER FINGER
21	9153	1/1/1900	12/31/2299	BLISTER FINGER-INFECTED
21	9154	1/1/1900	12/31/2299	INSECT BITE FINGER
21	9155	1/1/1900	12/31/2299	INSECT BITE FINGER-INFEC
21	9157	1/1/1900	12/31/2299	FOREIGN BODY FINGER-INF
21	9158	1/1/1900	12/31/2299	SUPERF INJ-FINGER NEC/NOS
21	9159	1/1/1900	12/31/2299	SUPERF INJ FINGER NEC/NOS
21	916	1/1/1900	12/31/2299	SUPERFICIAL INJ HIP/LEG
21	9160	1/1/1900	12/31/2299	ABRASION HIP/LEG
21	9161	1/1/1900	12/31/2299	ABRASION HIP/LEG-INFECT
21	9162	1/1/1900	12/31/2299	BLISTER HIP/LEG
21	9163	1/1/1900	12/31/2299	BLISTER HIP/LEG-INFECT
21	9164	1/1/1900	12/31/2299	INSECT BITE HIP/LEG
21	9165	1/1/1900	12/31/2299	INSECT BITE HIP/LEG-INF
21	9166	1/1/1900	12/31/2299	FOREIGN BODY HIP/LEG
21	9167	1/1/1900	12/31/2299	FOREIGN BDY HIP/LEG-INF
21	9169	1/1/1900	12/31/2299	SUPERF INJ HIP/LEG NEC/NO
21	917	1/1/1900	12/31/2299	SUPERFICIAL INJ FOOT/TOE
21	9170	1/1/1900	12/31/2299	ABRASION FOOT/TOE
21	9171	1/1/1900	12/31/2299	ABRASION FOOT/TOE-INFEC
21	9172	1/1/1900	12/31/2299	BLISTER FOOT/TOE
21	9173	1/1/1900	12/31/2299	BLISTER FOOT/TOE-INFECT
21	9174	1/1/1900	12/31/2299	INSECT BITE FOOT/TOE
21	9175	1/1/1900	12/31/2299	INSECT BITE FOOT/TOE-INF
21	9176	1/1/1900	12/31/2299	FOREIGN BODY FOOT/TOE
21	9177	1/1/1900	12/31/2299	FOREIGN BODY FOOT/TOE-INF
21	9178	1/1/1900	12/31/2299	SUPERF INJ FOOT-TOE NEC/N
21	9179	1/1/1900	12/31/2299	SUPERF INJ FOOT/TOE NEC/N

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	918	1/1/1900	12/31/2299	SUPERFIC INJ EYE/ADNEXA
21	9180	1/1/1900	12/31/2299	SUPERFIC INJ PERIOCULAR
21	9181	1/1/1900	12/31/2299	SUPERFICIAL INJ CORNEA
21	9182	1/1/1900	12/31/2299	SUPERFIC INJ CONJUNCTIVA
21	9189	1/1/1900	12/31/2299	SUPERFIC INJ EYE NEC/NOS
21	919	1/1/1900	12/31/2299	SUPERFICIAL INJ OTH SITE
21	9190	1/1/1900	12/31/2299	ABRASION NEC
21	9191	1/1/1900	12/31/2299	ABRASION NEC-INFECT ED
21	9192	1/1/1900	12/31/2299	BLISTER NEC
21	9193	1/1/1900	12/31/2299	BLISTER NEC-INFECTED
21	9194	1/1/1900	12/31/2299	INSECT BITE NEC
21	9195	1/1/1900	12/31/2299	INSECT BITE NEC-INFECTED
21	9196	1/1/1900	12/31/2299	SUPERFIT FOREIGN BODY NEC
21	9197	1/1/1900	12/31/2299	SUPERFICIAL FB NEC-INFEC
21	9198	1/1/1900	12/31/2299	SUPERFIC INJURY NEC/NOS
21	9199	1/1/1900	12/31/2299	SUPERFIC INJURY NEC/NOS-I
21	920	1/1/1900	12/31/2299	CONTUSION FACE/SCALP/NCK
21	9200	1/1/1900	12/31/2299	
21	921	1/1/1900	12/31/2299	CONTUSION EYE & ADNEXA
21	9210	1/1/1900	12/31/2299	BLACK EYE NOS
21	9211	1/1/1900	12/31/2299	CONTUSION PERIOCULAR
21	9212	1/1/1900	12/31/2299	CONTUSION ORBITAL TISSUE
21	9213	1/1/1900	12/31/2299	CONTUSION OF EYEBALL
21	9219	1/1/1900	12/31/2299	CONTUSION OF EYE NOS
21	922	1/1/1900	12/31/2299	CONTUSION OF TRUNK
21	9220	1/1/1900	12/31/2299	CONTUSION OF BREAST
21	9221	1/1/1900	12/31/2299	CONTUSION OF CHEST WALL
21	9223	1/1/1900	12/31/2299	CONTUSION OF BACK
21	9224	1/1/1900	12/31/2299	CONTUSION GENITAL ORGANS
21	9228	1/1/1900	12/31/2299	MULTIPLE CONTUSION TRUNK
21	9229	1/1/1900	12/31/2299	CONTUSION TRUNK NOS
21	923	1/1/1900	12/31/2299	CONTUSION OF UPPER LIMB
21	9230	1/1/1900	12/31/2299	CONTUSION SHOULDER/ARM
21	92300	1/1/1900	12/31/2299	CONTUSION SHOULDER REG
21	92301	1/1/1900	12/31/2299	CONTUSION SCAPUL REGION
21	92302	1/1/1900	12/31/2299	CONTUSION AXILLARY REG
21	92303	1/1/1900	12/31/2299	CONTUSION OF UPPER ARM

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	92309	1/1/1900	12/31/2299	CONTUSION MULT SITES
21	9231	1/1/1900	12/31/2299	CONTUSION ELBOW/FOREARM
21	92310	1/1/1900	12/31/2299	CONTUSION OF FOREARM
21	92311	1/1/1900	12/31/2299	CONTUSION OF ELBOW
21	9232	1/1/1900	12/31/2299	CONTUSION OF WRIST/HAND
21	92320	1/1/1900	12/31/2299	CONTUSION OF HAND(S)
21	92321	1/1/1900	12/31/2299	CONTUSION OF WRIST
21	9233	1/1/1900	12/31/2299	CONTUSION OF FINGER
21	9238	1/1/1900	12/31/2299	MULTIPLE CONTUSION ARM
21	9239	1/1/1900	12/31/2299	CONTUSION UPPER LIMB NOS
21	924	1/1/1900	12/31/2299	CONTUSION LEG & OTH SITE
21	9240	1/1/1900	12/31/2299	CONTUSION OF HIP/THIGH
21	92400	1/1/1900	12/31/2299	CONTUSION OF THIGH
21	92401	1/1/1900	12/31/2299	CONTUSION OF HIP
21	9241	1/1/1900	12/31/2299	CONTUSION KNEE/LOWER LEG
21	92410	1/1/1900	12/31/2299	CONTUSION OF LOWER LEG
21	92411	1/1/1900	12/31/2299	CONTUSION OF KNEE
21	9242	1/1/1900	12/31/2299	CONTUSION OF ANKLE/FOOT
21	92420	1/1/1900	12/31/2299	CONTUSION OF FOOT
21	92421	1/1/1900	12/31/2299	CONTUSION OF ANKLE
21	9243	1/1/1900	12/31/2299	CONTUSION OF TOE
21	9244	1/1/1900	12/31/2299	MULTIPLE CONTUSION LEG
21	9245	1/1/1900	12/31/2299	CONTUSION LEG NOS
21	9248	1/1/1900	12/31/2299	MULTIPLE CONTUSIONS NEC
21	9249	1/1/1900	12/31/2299	CONTUSION NOS
21	925	1/1/1900	12/31/2299	CRUSH INJ FACE/SCALP/NCK
21	9251	1/1/1900	12/31/2299	CRUSHING INJURY OF FACE A
21	9252	1/1/1900	12/31/2299	CRUSHING INJURY OF NECK
21	926	1/1/1900	12/31/2299	CRUSHING INJURY OF TRUNK
21	9260	1/1/1900	12/31/2299	CRUSH INJ EXT GENITALIA
21	9261	1/1/1900	12/31/2299	OTH TRUNK CRUSHING INJ
21	92611	1/1/1900	12/31/2299	CRUSHING INJURY BACK
21	92612	1/1/1900	12/31/2299	CRUSHING INJURY BUTTOCK
21	9268	1/1/1900	12/31/2299	MULT CRUSHING INJ TRUNK
21	9269	1/1/1900	12/31/2299	CRUSHING INJ TRUNK NOS
21	9270	1/1/1900	12/31/2299	CRUSH INJ SHOULDER AND AR
21	92700	1/1/1900	12/31/2299	CRUSH INJ SHOULDER REG

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	92701	1/1/1900	12/31/2299	CRUSH INJ SCAPUL REGION
21	92703	1/1/1900	12/31/2299	CRUSHING INJ UPPER ARM
21	92709	1/1/1900	12/31/2299	CRUSH INJ ARM MULT SITES
21	9271	1/1/1900	12/31/2299	CRUSH INJ ELBOW/FOREARM
21	92711	1/1/1900	12/31/2299	CRUSHING INJURY ELBOW
21	92720	1/1/1900	12/31/2299	CRUSHING INJURY OF HAND(S
21	92721	1/1/1900	12/31/2299	CRUSHING INJURY OF WRIST
21	9273	1/1/1900	12/31/2299	CRUSHING INJURY OF FINGER
21	9278	1/1/1900	12/31/2299	MULT CRUSHING INJURY ARM
21	9279	1/1/1900	12/31/2299	CRUSHING INJURY ARM NOS
21	928	1/1/1900	12/31/2299	CRUSHING INJURY OF LEG
21	9280	1/1/1900	12/31/2299	CRUSHING INJ HIP/THIGH
21	92800	1/1/1900	12/31/2299	CRUSHING INJURY THIGH
21	92801	1/1/1900	12/31/2299	CRUSHING INJURY HIP
21	9281	1/1/1900	12/31/2299	CRUSH INJ KNEE/LOWER LEG
21	92810	1/1/1900	12/31/2299	CRUSHING INJ LOWER LEG
21	92811	1/1/1900	12/31/2299	CRUSHING INJURY KNEE
21	9282	1/1/1900	12/31/2299	CRUSHING INJ ANKLE/FOOT
21	92820	1/1/1900	12/31/2299	CRUSHING INJURY FOOT
21	92821	1/1/1900	12/31/2299	CRUSHING INJURY ANKLE
21	9283	1/1/1900	12/31/2299	CRUSHING INJURY TOE(S)
21	9288	1/1/1900	12/31/2299	MULT CRUSHING INJURY LEG
21	9289	1/1/1900	12/31/2299	CRUSHING INJURY LEG NOS
21	929	1/1/1900	12/31/2299	CRUSH INJ MULT/UNSP SITE
21	9290	1/1/1900	12/31/2299	CRUSH INJ MULT SITE NEC
21	9299	1/1/1900	12/31/2299	CRUSHING INJURY NOS
21	930	1/1/1900	12/31/2299	FOREIGN BODY EXTERN EYE
21	9300	1/1/1900	12/31/2299	CORNEAL FOREIGN BODY
21	9301	1/1/1900	12/31/2299	FB IN CONJUNCTIVAL SAC
21	9302	1/1/1900	12/31/2299	FB IN LACRIMAL PUNCTUM
21	9308	1/1/1900	12/31/2299	FOREIGN BDY EXT EYE NEC
21	9309	1/1/1900	12/31/2299	FOREIGN BDY EXT EYE NOS
21	931	1/1/1900	12/31/2299	FOREIGN BODY IN EAR
21	932	1/1/1900	12/31/2299	FOREIGN BODY IN NOSE
21	933	1/1/1900	12/31/2299	FB PHARYNX & LARYNX
21	9330	1/1/1900	12/31/2299	FOREIGN BODY IN PHARYNX
21	9331	1/1/1900	12/31/2299	FOREIGN BODY IN LARYNX

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	934	1/1/1900	12/31/2299	FB TRACHEA/BRONCHUS/LUNG
21	9340	1/1/1900	12/31/2299	FOREIGN BODY IN TRACHEA
21	9341	1/1/1900	12/31/2299	FOREIGN BODY BRONCHUS
21	9348	1/1/1900	12/31/2299	FB TRACH/BRONCH/LUNG NEC
21	9349	1/1/1900	12/31/2299	FB RESPIRATORY TREE NOS
21	935	1/1/1900	12/31/2299	FB MOUTH/ESOPHAG/STOMACH
21	9350	1/1/1900	12/31/2299	FOREIGN BODY IN MOUTH
21	936	1/1/1900	12/31/2299	FB IN INTESTINE & COLON
21	937	1/1/1900	12/31/2299	FOREIGN BODY ANUS/RECTUM
21	938	1/1/1900	12/31/2299	FOREIGN BODY DIGEST SYST
21	9390	1/1/1900	12/31/2299	FB BLADDER & URETHRA
21	9391	1/1/1900	12/31/2299	FOREIGN BODY UTERUS
21	9392	1/1/1900	12/31/2299	FOREIGN BDY VULVA/VAGINA
21	9393	1/1/1900	12/31/2299	FOREIGN BODY PENIS
21	9399	1/1/1900	12/31/2299	FB GENITOUR TRACT NOS
21	940	1/1/1900	12/31/2299	BURN OF EYE & ADNEXA
21	9400	1/1/1900	12/31/2299	CHEMICAL BURN PERIOCULAR
21	9401	1/1/1900	12/31/2299	BURN PERIOCULAR AREA NEC
21	9402	1/1/1900	12/31/2299	ALKAL BURN CORNEA/CONJUN
21	9403	1/1/1900	12/31/2299	ACID BURN CORNEA/CONJUNC
21	9404	1/1/1900	12/31/2299	BURN CORNEA/CONJUNCT NEC
21	9405	1/1/1900	12/31/2299	BURN W EYEBALL DESTRUCT
21	9409	1/1/1900	12/31/2299	BURN EYE & ADNEXA NOS
21	941	1/1/1900	12/31/2299	BURN OF HEAD/FACE/NECK
21	9410	1/1/1900	12/31/2299	BURN NOS HEAD/FACE/NECK
21	94100	1/1/1900	12/31/2299	BURN NOS HEAD-UNSPEC
21	94101	1/1/1900	12/31/2299	BURN NOS EAR
21	94102	1/1/1900	12/31/2299	BURN NOS EYE
21	94103	1/1/1900	12/31/2299	BURN NOS LIP
21	94104	1/1/1900	12/31/2299	BURN NOS CHIN
21	94105	1/1/1900	12/31/2299	BURN NOS NOSE
21	94106	1/1/1900	12/31/2299	BURN NOS SCALP
21	94107	1/1/1900	12/31/2299	BURN NOS FOREHEAD AND CHE
21	94108	1/1/1900	12/31/2299	BURN NOS NECK
21	94109	1/1/1900	12/31/2299	BURN NOS HEAD-MULT
21	9411	1/1/1900	12/31/2299	1ST DEGREE BURN HEAD
21	94110	1/1/1900	12/31/2299	1ST DEG BURN HEAD NOS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	94111	1/1/1900	12/31/2299	1ST DEG BURN EAR
21	94112	1/1/1900	12/31/2299	1ST DEG BURN EYE
21	94113	1/1/1900	12/31/2299	1ST DEG BURN LIP
21	94114	1/1/1900	12/31/2299	1ST DEG BURN CHIN
21	94115	1/1/1900	12/31/2299	1ST DEG BURN NOSE
21	94116	1/1/1900	12/31/2299	1ST DEG BURN SCALP
21	94117	1/1/1900	12/31/2299	1ST DEG BURN FOREHEAD
21	94118	1/1/1900	12/31/2299	1ST DEG BURN NECK
21	94119	1/1/1900	12/31/2299	1ST DEG BURN HEAD-MULT
21	9412	1/1/1900	12/31/2299	2ND DEGREE BURN HEAD
21	94120	1/1/1900	12/31/2299	2ND DEG BURN HEAD NOS
21	94121	1/1/1900	12/31/2299	2ND DEG BURN EAR
21	94122	1/1/1900	12/31/2299	2ND DEG BURN EYE
21	94124	1/1/1900	12/31/2299	2ND DEG BURN CHIN
21	94125	1/1/1900	12/31/2299	2ND DEG BURN NOSE
21	94126	1/1/1900	12/31/2299	2ND DEG BURN SCALP
21	94127	1/1/1900	12/31/2299	2ND DEG BURN FOREHEAD
21	94128	1/1/1900	12/31/2299	2ND DEG BURN NECK
21	94129	1/1/1900	12/31/2299	2ND DEG BURN HEAD-MULT
21	9413	1/1/1900	12/31/2299	3RD DEGREE BURN HEAD
21	94130	1/1/1900	12/31/2299	3RD DEG BURN HEAD NOS
21	94131	1/1/1900	12/31/2299	3RD DEG BURN EAR
21	94133	1/1/1900	12/31/2299	3RD DEG BURN LIP
21	94134	1/1/1900	12/31/2299	3RD DEG BURN CHIN
21	94135	1/1/1900	12/31/2299	3RD DEG BURN NOSE
21	94138	1/1/1900	12/31/2299	3RD DEG BURN NECK
21	9414	1/1/1900	12/31/2299	DEEP 3RD DEG BURN HEAD
21	94140	1/1/1900	12/31/2299	DEEP 3 DEG BURN HEAD NOS
21	94141	1/1/1900	12/31/2299	DEEP 3RD DEG BURN EAR
21	94142	1/1/1900	12/31/2299	DEEP 3RD DEG BURN EYE
21	94143	1/1/1900	12/31/2299	DEEP 3RD DEG BURN LIP
21	94144	1/1/1900	12/31/2299	DEEP 3RD DEG BURN CHIN
21	94145	1/1/1900	12/31/2299	DEEP 3RD DEG BURN NOSE
21	94146	1/1/1900	12/31/2299	DEEP 3RD DEG BURN SCALP
21	94147	1/1/1900	12/31/2299	DEEP 3RD DEGREE BURN-FORE
21	94148	1/1/1900	12/31/2299	DEEP 3RD DEG BURN NECK
21	94149	1/1/1900	12/31/2299	DEEP 3 DEG BRN HEAD-MULT

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	9415	1/1/1900	12/31/2299	3RD DEG BURN W LOSS-HEAD
21	94150	1/1/1900	12/31/2299	3RD BURN W LOSS-HEAD NOS
21	94151	1/1/1900	12/31/2299	3RD DEG BURN W LOSS-EAR
21	94152	1/1/1900	12/31/2299	3RD DEG BURN W LOSS-EYE
21	94153	1/1/1900	12/31/2299	3RD DEG BURN W LOSS-LIP
21	94154	1/1/1900	12/31/2299	3RD DEG BURN W LOSS-CHIN
21	94155	1/1/1900	12/31/2299	3RD DEG BURN W LOSS-NOSE
21	94156	1/1/1900	12/31/2299	3RD DEG BURN W LOSS-SCALP
21	94157	1/1/1900	12/31/2299	3RD DEG BURN W LOSS-FOREH
21	94158	1/1/1900	12/31/2299	3RD DEG BURN W LOSS-NECK
21	94159	1/1/1900	12/31/2299	3RD DEG BRN W LOSS HEAD-M
21	942	1/1/1900	12/31/2299	BURN OF TRUNK
21	9420	1/1/1900	12/31/2299	BURN NOS TRUNK
21	94200	1/1/1900	12/31/2299	BURN NOS TRUNK NOS
21	94201	1/1/1900	12/31/2299	BURN NOS BREAST
21	94202	1/1/1900	12/31/2299	BURN NOS CHEST WALL
21	94203	1/1/1900	12/31/2299	BURN NOS ABDOMINAL WALL
21	94204	1/1/1900	12/31/2299	BURN NOS BACK
21	94205	1/1/1900	12/31/2299	BURN NOS GENITALIA
21	94209	1/1/1900	12/31/2299	BURN NOS TRUNK NEC
21	9421	1/1/1900	12/31/2299	1ST DEGREE BURN TRUNK
21	94210	1/1/1900	12/31/2299	1ST DEG BURN TRUNK NOS
21	94211	1/1/1900	12/31/2299	1ST DEG BURN BREAST
21	94212	1/1/1900	12/31/2299	1ST DEG BURN CHEST WALL
21	94213	1/1/1900	12/31/2299	1ST DEG BURN ABDOMN WALL
21	94214	1/1/1900	12/31/2299	1ST DEG BURN BACK
21	94215	1/1/1900	12/31/2299	1ST DEG BURN GENIT ALIA
21	9422	1/1/1900	12/31/2299	2ND DEGREE BURN TRUNK
21	94220	1/1/1900	12/31/2299	2ND DEG BURN TRUNK NOS
21	94221	1/1/1900	12/31/2299	2ND DEG BURN BREAST
21	94222	1/1/1900	12/31/2299	2ND DEG BURN CHEST WALL
21	94223	1/1/1900	12/31/2299	2ND DEG BURN ABDOMN WALL
21	94224	1/1/1900	12/31/2299	2ND DEG BURN BACK
21	94225	1/1/1900	12/31/2299	2ND DEG BURN GENITALIA
21	94229	1/1/1900	12/31/2299	2ND DEG BURN TRUNK NEC
21	9423	1/1/1900	12/31/2299	3RD DEGREE BURN TRUNK
21	94230	1/1/1900	12/31/2299	3RD DEG BURN TRUNK NOS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	94231	1/1/1900	12/31/2299	3RD DEG BURN BREAST
21	94232	1/1/1900	12/31/2299	3RD DEG BURN CHEST WALL
21	94233	1/1/1900	12/31/2299	3RD DEG BURN ABDOMN WALL
21	94234	1/1/1900	12/31/2299	3RD DEG BURN BACK
21	94235	1/1/1900	12/31/2299	3RD DEG BURN GENITALIA
21	94239	1/1/1900	12/31/2299	3RD DEG BURN TRUNK NEC
21	9424	1/1/1900	12/31/2299	DEEP 3RD DEG BURN TRUNK
21	94240	1/1/1900	12/31/2299	DEEP 3RD BURN TRUNK NOS
21	94241	1/1/1900	12/31/2299	DEEP 3RD DEG BURN BREAST
21	94242	1/1/1900	12/31/2299	DEEP 3RD BURN CHEST WALL
21	94243	1/1/1900	12/31/2299	DEEP 3RD BURN ABDOM WALL
21	94244	1/1/1900	12/31/2299	DEEP 3RD DEG BURN BACK
21	94249	1/1/1900	12/31/2299	DEEP 3RD BURN TRUNK NEC
21	9425	1/1/1900	12/31/2299	3 DEG BURN W LOSS-TRUNK
21	94251	1/1/1900	12/31/2299	3RD BURN W LOSS-BREAST
21	94254	1/1/1900	12/31/2299	3RD DEG BURN W LOSS-BACK
21	94255	1/1/1900	12/31/2299	3RD BRN W LOSS-GENITALIA
21	94259	1/1/1900	12/31/2299	3RD DEG BRN W LOSS TRUNK-
21	943	1/1/1900	12/31/2299	BURN OF ARM
21	9430	1/1/1900	12/31/2299	BURN NOS ARM
21	94300	1/1/1900	12/31/2299	BURN NOS ARM NOS
21	94301	1/1/1900	12/31/2299	BURN NOS FOREARM
21	94302	1/1/1900	12/31/2299	BURN NOS ELBOW
21	94303	1/1/1900	12/31/2299	BURN NOS UPPER ARM
21	94304	1/1/1900	12/31/2299	BURN NOS AXILLA
21	94305	1/1/1900	12/31/2299	BURN NOS SHOULDER
21	94306	1/1/1900	12/31/2299	BURN NOS SCAPULA
21	94309	1/1/1900	12/31/2299	BURN NOS ARM-MULTIPLE
21	9431	1/1/1900	12/31/2299	1ST DEGREE BURN ARM
21	94310	1/1/1900	12/31/2299	1ST DEG BURN ARM NOS
21	94311	1/1/1900	12/31/2299	1ST DEG BURN FOREARM
21	94312	1/1/1900	12/31/2299	1ST DEG BURN ELBOW
21	94313	1/1/1900	12/31/2299	1ST DEG BURN UPPER ARM
21	94314	1/1/1900	12/31/2299	1ST DEG BURN AXILLA
21	94315	1/1/1900	12/31/2299	1ST DEG BURN SHOULDER
21	94316	1/1/1900	12/31/2299	1ST DEG BURN SCAPULA
21	94319	1/1/1900	12/31/2299	1ST DEG BURN ARM-MULT

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	9432	1/1/1900	12/31/2299	2ND DEGREE BURN ARM
21	94320	1/1/1900	12/31/2299	2ND DEG BURN ARM NOS
21	94321	1/1/1900	12/31/2299	2ND DEG BURN FOREARM
21	94322	1/1/1900	12/31/2299	2ND DEG BURN ELBOW
21	94323	1/1/1900	12/31/2299	2ND DEG BURN UPPER ARM
21	94324	1/1/1900	12/31/2299	2ND DEG BURN AXILLA
21	94325	1/1/1900	12/31/2299	2ND DEG BURN SHOULDER
21	94326	1/1/1900	12/31/2299	2ND DEG BURN SCAPULA
21	94329	1/1/1900	12/31/2299	2ND DEG BURN ARM-MULT
21	9433	1/1/1900	12/31/2299	3RD DEGREE BURN ARM
21	94331	1/1/1900	12/31/2299	3RD DEG BURN FOREARM
21	94332	1/1/1900	12/31/2299	3RD DEG BURN ELBOW
21	94333	1/1/1900	12/31/2299	3RD DEG BURN UPPER ARM
21	94335	1/1/1900	12/31/2299	3RD DEG BURN SHOULDER
21	94336	1/1/1900	12/31/2299	3RD DEG BURN SCAPULA
21	94339	1/1/1900	12/31/2299	3RD DEG BURN ARM-MULT
21	9434	1/1/1900	12/31/2299	DEEP 3RD DEG BURN ARM
21	94341	1/1/1900	12/31/2299	DEEP 3 DEG BURN FOREARM
21	94342	1/1/1900	12/31/2299	DEEP 3 DEG BURN ELBOW
21	94343	1/1/1900	12/31/2299	DEEP 3 DEG BRN UPPER ARM
21	94344	1/1/1900	12/31/2299	DEEP 3 DEG BURN AXILLA
21	94345	1/1/1900	12/31/2299	DEEP 3 DEG BURN SHOULDER
21	94346	1/1/1900	12/31/2299	DEEP 3 DEG BURN SCAPULA
21	94349	1/1/1900	12/31/2299	DEEP 3 DEG BURN ARM-MULT
21	9435	1/1/1900	12/31/2299	3RD DEG BURN W LOSS-ARM
21	94350	1/1/1900	12/31/2299	3RD BURN W LOSS-ARM NOS
21	94351	1/1/1900	12/31/2299	3RD BURN W LOSS-FOREARM
21	94352	1/1/1900	12/31/2299	3RD BURN W LOSS-ELBOW
21	94354	1/1/1900	12/31/2299	3RD BURN W LOSS-AXILLA
21	94355	1/1/1900	12/31/2299	3RD BURN W LOSS-SHOULDER
21	94356	1/1/1900	12/31/2299	3RD BURN W LOSS-SCAPULA
21	94359	1/1/1900	12/31/2299	3RD BURN W LOSS ARM-MULT
21	9436	1/1/1900	12/31/2299	
21	944	1/1/1900	12/31/2299	BURN OF HAND & WRIST
21	9440	1/1/1900	12/31/2299	BURN NOS HAND & WRIST
21	94400	1/1/1900	12/31/2299	BURN NOS HAND NOS
21	94401	1/1/1900	12/31/2299	BURN NOS FINGER

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	94402	1/1/1900	12/31/2299	BURN NOS THUMB
21	94404	1/1/1900	12/31/2299	BURN NOS FINGER W THUMB
21	94406	1/1/1900	12/31/2299	BURN NOS BACK OF HAND
21	94407	1/1/1900	12/31/2299	BURN NOS WRIST
21	94408	1/1/1900	12/31/2299	BURN NOS HAND-MULTIPLE
21	9441	1/1/1900	12/31/2299	1ST DEGREE BURN HAND
21	94410	1/1/1900	12/31/2299	1ST DEG BURN HAND NOS
21	94411	1/1/1900	12/31/2299	1ST DEG BURN FINGER
21	94412	1/1/1900	12/31/2299	1ST DEG BURN THUMB
21	94413	1/1/1900	12/31/2299	1ST DEG BURN MULT FINGER
21	94414	1/1/1900	12/31/2299	1 DEG BURN FINGR W THUMB
21	94415	1/1/1900	12/31/2299	1ST DEG BURN PALM
21	94416	1/1/1900	12/31/2299	1 DEG BURN BACK OF HAND
21	94417	1/1/1900	12/31/2299	1ST DEG BURN WRIST
21	94418	1/1/1900	12/31/2299	1ST DEG BURN HAND-MULT
21	9442	1/1/1900	12/31/2299	2ND DEGREE BURN HAND
21	94420	1/1/1900	12/31/2299	2ND DEG BURN HAND NOS
21	94421	1/1/1900	12/31/2299	2ND DEG BURN FINGER
21	94422	1/1/1900	12/31/2299	2ND DEG BURN THUMB
21	94423	1/1/1900	12/31/2299	2ND DEG BURN MULT FINGER
21	94424	1/1/1900	12/31/2299	2 DEG BURN FINGR W THUMB
21	94425	1/1/1900	12/31/2299	2ND DEG BURN PALM
21	94426	1/1/1900	12/31/2299	2 DEG BURN BACK OF HAND
21	94427	1/1/1900	12/31/2299	2ND DEG BURN WRIST
21	94428	1/1/1900	12/31/2299	2ND DEG BURN HAND-MULT
21	9443	1/1/1900	12/31/2299	3RD DEGREE BURN HAND
21	94430	1/1/1900	12/31/2299	3RD DEG BURN HAND NOS
21	94431	1/1/1990	12/31/2299	3RD DEG BURN FINGER
21	94432	1/1/1900	12/31/2299	3RD DEG BURN THUMB
21	94433	1/1/1900	12/31/2299	3RD DEG BURN MULTFINGER
21	94434	1/1/1900	12/31/2299	3 DEG BURN FINGR W THUMB
21	94435	1/1/1900	12/31/2299	3RD DEG BURN PALM
21	94436	1/1/1900	12/31/2299	3 DEG BURN BACK OF HAND
21	94437	1/1/1900	12/31/2299	3RD DEG BURN WRIST
21	94438	1/1/1900	12/31/2299	3RD DEG BURN HAND-MULT
21	9444	1/1/1900	12/31/2299	DEEP 3RD DEG BURN HAND
21	94440	1/1/1900	12/31/2299	DEEP 3 DEG BRN HAND NOS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	94441	1/1/1900	12/31/2299	DEEP 3 DEG BURN FINGER
21	94442	1/1/1900	12/31/2299	DEEP 3 DEG BURN THUMB
21	94443	1/1/1900	12/31/2299	DEEP 3RD BRN MULT FINGER
21	94444	1/1/1900	12/31/2299	DEEP 3RD BRN FNGR W THMB
21	94445	1/1/1900	12/31/2299	DEEP 3 DEG BURN PALM
21	94446	1/1/1900	12/31/2299	DEEP 3RD BRN BACK OF HND
21	94447	1/1/1900	12/31/2299	DEEP 3 DEG BURN WRIST
21	94448	1/1/1900	12/31/2299	DEEP 3 DEG BRN HAND-MULT
21	9445	1/1/1900	12/31/2299	3RD DEG BURN W LOSS-HAND
21	94450	1/1/1900	12/31/2299	3RD BRN W LOSS-HAND NOS
21	94451	1/1/1900	12/31/2299	3RD BURN W LOSS-FINGER
21	94452	1/1/1900	12/31/2299	3RD BURN W LOSS-THUMB
21	94453	1/1/1900	12/31/2299	3RD BRN W LOSS-MULT FNGR
21	94454	1/1/1900	12/31/2299	3RD BRN W LOSS-FNGR/THMB
21	94456	1/1/1900	12/31/2299	3RD BRN W LOSS-BK OF HND
21	94457	1/1/1900	12/31/2299	3RD BURN W LOSS-WRIST
21	94458	1/1/1900	12/31/2299	3RD BRN W LOSS HAND-MULT
21	945	1/1/1900	12/31/2299	BURN OF LEG
21	94500	1/1/1900	12/31/2299	BURN NOS LEG NOS
21	94501	1/1/1900	12/31/2299	BURN NOS TOE
21	94502	1/1/1900	12/31/2299	BURN NOS FOOT
21	94503	1/1/1900	12/31/2299	BURN NOS ANKLE
21	94504	1/1/1900	12/31/2299	BURN NOS LOWER LEG
21	94505	1/1/1900	12/31/2299	BURN NOS KNEE
21	94506	1/1/1900	12/31/2299	BURN NOS THIGH
21	94509	1/1/1900	12/31/2299	BURN NOS LEG-MULTIPLE
21	9451	1/1/1900	12/31/2299	1ST DEGREE BURN LEG
21	94510	1/1/1900	12/31/2299	1ST DEG BURN LEG NOS
21	94514	1/1/1900	12/31/2299	1ST DEG BURN LOWER LEG
21	94515	1/1/1900	12/31/2299	1ST DEG BURN KNEE
21	94516	1/1/1900	12/31/2299	1ST DEG BURN THIGH
21	94519	1/1/1900	12/31/2299	1ST DEG BURN LEG-MULT
21	9452	1/1/1900	12/31/2299	2ND DEGREE BURN LEG
21	94520	1/1/1900	12/31/2299	2ND DEG BURN LEG NOS
21	94521	1/1/1900	12/31/2299	2ND DEG BURN TOE
21	94522	1/1/1900	12/31/2299	2ND DEG BURN FOOT
21	94523	1/1/1900	12/31/2299	2ND DEG BURN ANKLE

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	94524	1/1/1900	12/31/2299	2ND DEG BURN LOWER LEG
21	94525	1/1/1900	12/31/2299	2ND DEG BURN KNEE
21	94526	1/1/1900	12/31/2299	2ND DEG BURN THIGH
21	94529	1/1/1900	12/31/2299	2ND DEG BURN LEG-MULT
21	9453	1/1/1900	12/31/2299	3RD DEGREE BURN LEG
21	94530	1/1/1900	12/31/2299	3RD DEG BURN LEG NOS
21	94531	1/1/1900	12/31/2299	3RD DEG BURN TOE
21	94532	1/1/1900	12/31/2299	3RD DEG BURN FOOT
21	94533	1/1/1900	12/31/2299	3RD DEG BURN ANKLE
21	94534	1/1/1900	12/31/2299	3RD DEG BURN LOW LEG
21	94535	1/1/1900	12/31/2299	3RD DEG BURN KNEE
21	94536	1/1/1900	12/31/2299	3RD DEG BURN THIGH
21	94539	1/1/1900	12/31/2299	3RD DEG BURN LEG-MULT
21	9454	1/1/1900	12/31/2299	DEEP 3RD DEGREE BURN LEG
21	94540	1/1/1900	12/31/2299	DEEP 3RD DEG BRN LEG NOS
21	94541	1/1/1900	12/31/2299	DEEP 3RD DEG BURN TOE
21	94542	1/1/1900	12/31/2299	DEEP 3RD DEG BURN FOOT
21	94543	1/1/1900	12/31/2299	DEEP 3RD DEG BURN ANKLE
21	94544	1/1/1900	12/31/2299	DEEP 3RD DEG BRN LOW LEG
21	94545	1/1/1900	12/31/2299	DEEP 3RD DEG BURN KNEE
21	94546	1/1/1900	12/31/2299	DEEP 3RD DEG BURN THIGH
21	94549	1/1/1900	12/31/2299	DEEP 3 DEG BURN LEG-MULT
21	9455	1/1/1900	12/31/2299	3RD DEG BURN W LOSS-LEG
21	94550	1/1/1900	12/31/2299	3 DEG BRN W LOSS-LEG NOS
21	94551	1/1/1900	12/31/2299	3 DEG BURN W LOSS-TOE
21	94552	1/1/1900	12/31/2299	3 DEG BURN W LOSS-FOOT
21	94553	1/1/1900	12/31/2299	3 DEG BURN W LOSS-ANKLE
21	94554	1/1/1900	12/31/2299	3 DEG BRN W LOSS-LOW LEG
21	94555	1/1/1900	12/31/2299	3 DEG BURN W LOSS-KNEE
21	94556	1/1/1900	12/31/2299	3 DEG BURN W LOSS-THIGH
21	94559	1/1/1900	12/31/2299	3 DEG BRN W LOSS LEG-MLT
21	946	1/1/1900	12/31/2299	BURN OF MULTIPLE SITE
21	9460	1/1/1900	12/31/2299	BURN NOS MULTIPLE SITE
21	9461	1/1/1900	12/31/2299	1ST DEG BURN MULT SITE
21	9462	1/1/1900	12/31/2299	2ND DEG BURN MULT SITE
21	9463	1/1/1900	12/31/2299	3RD DEG BURN MULT SITE
21	9464	1/1/1900	12/31/2299	DEEP 3 DEG BRN MULT SITE

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	9465	1/1/1900	12/31/2299	3RD BRN W LOSS-MULT SITE
21	947	1/1/1900	12/31/2299	BURN OF INTERNAL ORGANS
21	9470	1/1/1900	12/31/2299	BURN OF MOUTH & PHARYNX
21	9471	1/1/1900	12/31/2299	BURN LARYNX/TRACHEA/LUNG
21	9472	1/1/1900	12/31/2299	BURN OF ESOPHAGUS
21	9473	1/1/1900	12/31/2299	BURN OF GI TRACT
21	9474	1/1/1900	12/31/2299	BURN OF VAGINA & UTERUS
21	9478	1/1/1900	12/31/2299	BURN INTERNAL ORGAN NEC
21	9479	1/1/1900	12/31/2299	BURN INTERNAL ORGAN NOS
21	948	1/1/1900	12/31/2299	BURN BY % BODY SURFACE
21	9480	1/1/1900	12/31/2299	BODY SURFACE BURN < 10%
21	94800	1/1/1900	12/31/2299	BDY BRN < 10%/3RD DEG NOS
21	94801	1/1/1900	12/31/2299	*BDY BRN < 10%/10-19% 3D
21	94802	1/1/1900	12/31/2299	*BDY BRN < 10%/20-29% 3D
21	94803	1/1/1900	12/31/2299	*BDY BRN < 10%/30-39% 3D
21	94804	1/1/1900	12/31/2299	*BDY BRN < 10%/40-49% 3D
21	94805	1/1/1900	12/31/2299	*BDY BRN < 10%/50-59% 3D
21	94806	1/1/1900	12/31/2299	*BDY BRN < 10%/60-69% 3D
21	94807	1/1/1900	12/31/2299	*BDY BRN < 10%/70-79% 3D
21	94808	1/1/1900	12/31/2299	*BDY BRN < 10%/80-89% 3D
21	94809	1/1/1900	12/31/2299	*BDY BRN < 10%/90%+ 3RD
21	9481	1/1/1900	12/31/2299	10-19% BODY SURFACE BURN
21	94810	1/1/1900	12/31/2299	10-19% BDY BRN/3 DEG NOS
21	94811	1/1/1900	12/31/2299	10-19% BDY BRN/10-19% 3D
21	94812	1/1/1900	12/31/2299	*10-19% BD BRN/20-29% 3D
21	94813	1/1/1900	12/31/2299	*10-19% BD BRN/30-39% 3D
21	94814	1/1/1900	12/31/2299	*10-19% BD BRN/40-49% 3D
21	94815	1/1/1900	12/31/2299	*10-19% BD BRN/50-59% 3D
21	94816	1/1/1900	12/31/2299	*10-19% BD BRN/60-69% 3D
21	94817	1/1/1900	12/31/2299	*10-19% BD BRN/70-79% 3D
21	94818	1/1/1900	12/31/2299	*10-19% BD BRN/80-89% 3D
21	94819	1/1/1900	12/31/2299	*10-19% BDY BRN/90%+ 3RD
21	9482	1/1/1900	12/31/2299	20-29% BODY SURFACE BURN
21	94820	1/1/1900	12/31/2299	20-29% BDY BRN/3 DEG NOS
21	94821	1/1/1900	12/31/2299	20-29% BDY BRN/10-19% 3D
21	94822	1/1/1900	12/31/2299	20-29% BDY BRN/20-29% 3D
21	94823	1/1/1900	12/31/2299	*20-29% BD BRN/30-39% 3D

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	94824	1/1/1900	12/31/2299	*20-29% BD BRN/40-49% 3D
21	94825	1/1/1900	12/31/2299	*20-29% BD BRN/50-59% 3D
21	94826	1/1/1900	12/31/2299	*20-29% BD BRN/60-69% 3D
21	94827	1/1/1900	12/31/2299	*20-29% BD BRN/70-79% 3D
21	94828	1/1/1900	12/31/2299	*20-29% BD BRN/80-89% 3D
21	94829	1/1/1900	12/31/2299	*20-29% BDY BRN/90%+ 3RD
21	9483	1/1/1900	12/31/2299	30-39% BODY SURFACE BURN
21	94830	1/1/1900	12/31/2299	30-39% BDY BRN/3 DEG NOS
21	94831	1/1/1900	12/31/2299	30-39% BDY BRN/10-19% 3D
21	94832	1/1/1900	12/31/2299	30-39% BDY BRN/20-29% 3D
21	94833	1/1/1900	12/31/2299	30-39% BDY BRN/30-39% 3D
21	94834	1/1/1900	12/31/2299	*30-39% BD BRN/40-49% 3D
21	94835	1/1/1900	12/31/2299	*30-39% BD BRN/50-59% 3D
21	94836	1/1/1900	12/31/2299	*30-39% BD BRN/60-69% 3D
21	94837	1/1/1900	12/31/2299	*30-39% BD BRN/70-79% 3D
21	94838	1/1/1900	12/31/2299	*30-39% BD BRN/80-89% 3D
21	94839	1/1/1900	12/31/2299	*30-39% BDY BRN/90%+ 3RD
21	9484	1/1/1900	12/31/2299	40-49% BODY SURFACE BURN
21	94840	1/1/1900	12/31/2299	40-49% BDY BRN/3 DEG NOS
21	94841	1/1/1900	12/31/2299	40-49% BDY BRN/10-19% 3D
21	94842	1/1/1900	12/31/2299	40-49% BDY BRN/20-29% 3D
21	94843	1/1/1900	12/31/2299	40-49% BDY BRN/30-39% 3D
21	94844	1/1/1900	12/31/2299	40-49% BDY BRN/40-49% 3D
21	94845	1/1/1900	12/31/2299	*40-49% BD BRN/50-59% 3D
21	94846	1/1/1900	12/31/2299	*40-49% BD BRN/60-69% 3D
21	94847	1/1/1900	12/31/2299	*40-49% BD BRN/70-79% 3D
21	94848	1/1/1900	12/31/2299	*40-49% BD BRN/80-89% 3D
21	94849	1/1/1900	12/31/2299	*40-49% BDY BRN/90%+ 3RD
21	9485	1/1/1900	12/31/2299	50-59% BODY SURFACE BURN
21	94850	1/1/1900	12/31/2299	50-59% BDY BRN/3 DEG NOS
21	94851	1/1/1900	12/31/2299	50-59% BDY BRN/10-19% 3D
21	94852	1/1/1900	12/31/2299	50-59% BDY BRN/20-29% 3D
21	94853	1/1/1900	12/31/2299	50-59% BDY BRN/30-39% 3D
21	94854	1/1/1900	12/31/2299	50-59% BDY BRN/40-49% 3D
21	94855	1/1/1900	12/31/2299	50-59% BDY BRN/50-59% 3D
21	94856	1/1/1900	12/31/2299	*50-59% BD BRN/60-69% 3D
21	94858	1/1/1900	12/31/2299	*50-59% BD BRN/80-89% 3D

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	94859	1/1/1900	12/31/2299	*50-59% BDY BRN/90%+ 3RD
21	9486	1/1/1900	12/31/2299	60-69% BODY SURFACE BURN
21	94860	1/1/1900	12/31/2299	60-69% BDY BRN/3 DEG NOS
21	94861	1/1/1900	12/31/2299	60-69% BDY BRN/10-19% 3D
21	94862	1/1/1900	12/31/2299	60-69% BDY BRN/20-29% 3D
21	94863	1/1/1900	12/31/2299	60-69% BDY BRN/30-39% 3D
21	94864	1/1/1900	12/31/2299	60-69% BDY BRN/40-49% 3D
21	94865	1/1/1900	12/31/2299	60-69% BDY BRN/50-59% 3D
21	94866	1/1/1900	12/31/2299	60-69% BDY BRN/60-69% 3D
21	94867	1/1/1900	12/31/2299	*60-69% BD BRN/70-79% 3D
21	94868	1/1/1900	12/31/2299	*60-69% BD BRN/80-89% 3D
21	94869	1/1/1900	12/31/2299	*60-69% BDY BRN/90%+ 3RD
21	9487	1/1/1900	12/31/2299	70-79% BODY SURFACE BURN
21	94870	1/1/1900	12/31/2299	70-79% BDY BRN/3 DEG NOS
21	94871	1/1/1900	12/31/2299	70-79% BDY BRN/10-19% 3D
21	94872	1/1/1900	12/31/2299	70-79% BDY BRN/20-29% 3D
21	94873	1/1/1900	12/31/2299	70-79% BDY BRN/30-39% 3D
21	94874	1/1/1900	12/31/2299	70-79% BDY BRN/40-49% 3D
21	94875	1/1/1900	12/31/2299	70-79% BDY BRN/50-59% 3D
21	94876	1/1/1900	12/31/2299	70-79% BDY BRN/60-69% 3D
21	94877	1/1/1900	12/31/2299	70-79% BDY BRN/70-79% 3D
21	94878	1/1/1900	12/31/2299	*70-79% BD BRN/80-89% 3D
21	94879	1/1/1900	12/31/2299	*70-79% BDY BRN/90%+ 3RD
21	9488	1/1/1900	12/31/2299	80-89% BODY SURFACE BURN
21	94880	1/1/1900	12/31/2299	80-89% BDY BRN/3 DEG NOS
21	94881	1/1/1900	12/31/2299	80-89% BDY BRN/10-19% 3D
21	94882	1/1/1900	12/31/2299	80-89% BDY BRN/20-29% 3D
21	94883	1/1/1900	12/31/2299	80-89% BDY BRN/30-39% 3D
21	94884	1/1/1900	12/31/2299	80-89% BDY BRN/40-49% 3D
21	94885	1/1/1900	12/31/2299	80-89% BDY BRN/50-59% 3D
21	94886	1/1/1900	12/31/2299	80-89% BDY BRN/60-69% 3D
21	94887	1/1/1900	12/31/2299	80-89% BDY BRN/70-79% 3D
21	94888	1/1/1900	12/31/2299	80-89% BDY BRN/80-89% 3D
21	94889	1/1/1900	12/31/2299	*80-89% BDY BRN/90%+ 3RD
21	9489	1/1/1900	12/31/2299	90% OR MORE BDY SURF BRN
21	94890	1/1/1900	12/31/2299	90% + BDY BRN/3D DEG NOS
21	94891	1/1/1900	12/31/2299	90% + BDY BRN/10-19% 3RD

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	94892	1/1/1900	12/31/2299	90% + BDY BRN/20-29% 3RD
21	94893	1/1/1900	12/31/2299	90% + BDY BRN/30-39% 3RD
21	94894	1/1/1900	12/31/2299	90% + BDY BRN/40-49% 3RD
21	94895	1/1/1900	12/31/2299	90% + BDY BRN/50-59% 3RD
21	94896	1/1/1900	12/31/2299	90% + BDY BRN/60-69% 3RD
21	94897	1/1/1900	12/31/2299	90% + BDY BRN/70-79% 3RD
21	94898	1/1/1900	12/31/2299	90% + BDY BRN/80-89% 3RD
21	94899	1/1/1900	12/31/2299	90% + BDY BRN/90% + 3RD
21	949	1/1/1900	12/31/2299	BURN UNSPECIFIED
21	9490	1/1/1900	12/31/2299	BURN NOS
21	9491	1/1/1900	12/31/2299	1ST DEGREE BURN NOS
21	9492	1/1/1900	12/31/2299	2ND DEGREE BURN NOS
21	9493	1/1/1900	12/31/2299	3RD DEGREE BURN NOS
21	9494	1/1/1900	12/31/2299	DEEP 3RD DEG BURN NOS
21	9495	1/1/1900	12/31/2299	3RD BURN W LOSS-SITE NOS
21	950	1/1/1900	12/31/2299	INJ OPTIC NERV/PATHWAYS
21	9500	1/1/1900	12/31/2299	OPTIC NERVE INJURY
21	9501	1/1/1900	12/31/2299	INJURY TO OPTIC CHIASM
21	9502	1/1/1900	12/31/2299	INJURY TO OPTIC PATHWAYS
21	9503	1/1/1900	12/31/2299	INJURY TO VISUAL CORTEX
21	9509	1/1/1900	12/31/2299	INJ OPTIC NERV/PATH NOS
21	951	1/1/1900	12/31/2299	CRANIAL NERVE INJURY NEC
21	9510	1/1/1900	12/31/2299	INJURY OCULOMOTOR NERVE
21	9511	1/1/1900	12/31/2299	INJURY TROCHLEAR NERVE
21	9512	1/1/1900	12/31/2299	INJURY TRIGEMINAL NERVE
21	9513	1/1/1900	12/31/2299	INJURY ABDUCENS NERVE
21	9514	1/1/1900	12/31/2299	INJURY TO FACIAL NERVE
21	9515	1/1/1900	12/31/2299	INJURY TO ACOUSTIC NERVE
21	9516	1/1/1900	12/31/2299	INJURY ACCESSORY NERVE
21	9517	1/1/1900	12/31/2299	INJURY HYPOGLOSSAL NERVE
21	9518	1/1/1900	12/31/2299	INJURY CRANIAL NERVE NEC
21	9519	1/1/1900	12/31/2299	INJURY CRANIAL NERVE NOS
21	952	1/1/1900	12/31/2299	SPINAL CORD INJ W/O FX
21	9520	1/1/1900	12/31/2299	CERVICAL SPINAL CORD INJ
21	95200	1/1/1900	12/31/2299	C1-C4 SPIN CORD INJ NOS
21	95201	1/1/1900	12/31/2299	COMPLETE LES CORD/C1-C4
21	95202	1/1/1900	12/31/2299	ANTERIOR CORD SYND/C1-C4

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	95203	1/1/1900	12/31/2299	CENTRAL CORD SYND/C1-C4
21	95204	1/1/1900	12/31/2299	C1-C4 SPIN CORD INJ NEC
21	95205	1/1/1900	12/31/2299	C5-C7 SPIN CORD INJ NOS
21	95206	1/1/1900	12/31/2299	COMPLETE LES CORD/C5-C7
21	95207	1/1/1900	12/31/2299	ANTERIOR CORD SYND/C5-C7
21	95208	1/1/1900	12/31/2299	CENTRAL CORD SYND/C5-C7
21	95209	1/1/1900	12/31/2299	C5-C7 SPIN CORD INJ NEC
21	9521	1/1/1900	12/31/2299	DORSAL SPINAL CORD INJUR
21	95210	1/1/1900	12/31/2299	T1-T6 SPIN CORD INJ NOS
21	95211	1/1/1900	12/31/2299	COMPLETE LES CORD/T1-T6
21	95212	1/1/1900	12/31/2299	ANTERIOR CORD SYND/T1-T6
21	95213	1/1/1900	12/31/2299	CENTRAL CORD SYND/T1-T6
21	95214	1/1/1900	12/31/2299	T1-T6 SPIN CORD INJ NEC
21	95215	1/1/1900	12/31/2299	T7-T12 SPIN CORD INJ NOS
21	95216	1/1/1900	12/31/2299	COMPLETE LES CORD/T7-T12
21	95217	1/1/1900	12/31/2299	ANTERIOR CORD SYN/T7-T12
21	95218	1/1/1900	12/31/2299	CENTRAL CORD SYN/T7-T12
21	95219	1/1/1900	12/31/2299	T7-T12 SPIN CORD INJ NEC
21	9522	1/1/1900	12/31/2299	LUMBAR SPINAL CORD INJUR
21	9523	1/1/1900	12/31/2299	SACRAL SPINAL CORD INJUR
21	9524	1/1/1900	12/31/2299	CAUDA EQUINA INJURY
21	9528	1/1/1900	12/31/2299	SPIN CORD INJ-MULT SITE
21	9529	1/1/1900	12/31/2299	SPINAL CORD INJURY NOS
21	953	1/1/1900	12/31/2299	INJ NERVE ROOT/SPIN PLEX
21	9530	1/1/1900	12/31/2299	CERVICAL ROOT INJURY
21	9531	1/1/1900	12/31/2299	DORSAL ROOT INJURY
21	9532	1/1/1900	12/31/2299	LUMBAR ROOT INJURY
21	9533	1/1/1900	12/31/2299	SACRAL ROOT INJURY
21	9534	1/1/1900	12/31/2299	BRACHIAL PLEXUS INJURY
21	9535	1/1/1900	12/31/2299	LUMBOSACRAL PLEX INJURY
21	9538	1/1/1900	12/31/2299	MULT NERVE ROOT/PLEX INJ
21	9539	1/1/1900	12/31/2299	INJ NERVE ROOT/PLEX NOS
21	954	1/1/1900	12/31/2299	INJURY OTH TRUNK NERVE
21	9540	1/1/1900	12/31/2299	INJ CERV SYMPATH NERVE
21	9541	1/1/1900	12/31/2299	INJ SYMPATH NERVE NEC
21	9548	1/1/1900	12/31/2299	INJURY TRUNK NERVE NEC
21	9549	1/1/1900	12/31/2299	INJURY TRUNK NERVE NOS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	955	1/1/1900	12/31/2299	INJ PERIPH NERV SHLD/ARM
21	9550	1/1/1900	12/31/2299	INJURY AXILLARY NERVE
21	9551	1/1/1900	12/31/2299	INJURY MEDIAN NERVE
21	9552	1/1/1900	12/31/2299	INJURY ULNAR NERVE
21	9553	1/1/1900	12/31/2299	INJURY RADIAL NERVE
21	9554	1/1/1900	12/31/2299	INJ MUSCULOCUTAN NERVE
21	9555	1/1/1900	12/31/2299	INJ CUTAN SENSO NERV/ARM
21	9556	1/1/1900	12/31/2299	INJURY DIGITAL NERVE
21	9557	1/1/1900	12/31/2299	INJ NERVE SHLDR/ARM NEC
21	9558	1/1/1900	12/31/2299	INJ MULT NERVE SHLDR/ARM
21	9559	1/1/1900	12/31/2299	INJ NERVE SHLDR/ARM NOS
21	956	1/1/1900	12/31/2299	INJ PERIPH NERV PELV/LEG
21	9560	1/1/1900	12/31/2299	INJURY SCIATIC NERVE
21	9561	1/1/1900	12/31/2299	INJURY FEMORAL NERVE
21	9562	1/1/1900	12/31/2299	INJ POSTERIOR TIB NERVE
21	9563	1/1/1900	12/31/2299	INJURY PERONEAL NERVE
21	9564	1/1/1900	12/31/2299	INJ CUTAN SENSO NERV/LEG
21	9565	1/1/1900	12/31/2299	INJ NERVE PELV/LEG NEC
21	9568	1/1/1900	12/31/2299	INJ MULT NERVE PELV/LEG
21	9569	1/1/1900	12/31/2299	INJ NERVE PELV/LEG NOS
21	957	1/1/1900	12/31/2299	INJURY TO NERVE NEC/NOS
21	9570	1/1/1900	12/31/2299	INJ SUPERF NERV HEAD/NCK
21	9571	1/1/1900	12/31/2299	INJURY TO NERVE NEC
21	9578	1/1/1900	12/31/2299	INJURY TO MULT NERVES
21	9579	1/1/1900	12/31/2299	INJURY TO NERVE NOS
21	958	1/1/1900	12/31/2299	EARLY COMPLIC OF TRAUMA
21	9580	1/1/1900	12/31/2299	AIR EMBOLISM
21	9581	1/1/1900	12/31/2299	FAT EMBOLISM
21	9582	1/1/1900	12/31/2299	SECONDARY/RECUR HEMORR
21	9583	1/1/1900	12/31/2299	POSTTRAUM WND INFEC NEC
21	9584	1/1/1900	12/31/2299	TRAUMATIC SHOCK
21	9585	1/1/1900	12/31/2299	TRAUMATIC ANURIA
21	9586	1/1/1900	12/31/2299	VOLKMANN'S ISCH CONTRACT
21	9587	1/1/1900	12/31/2299	TRAUM SUBCUTAN EMPHYSEMA
21	9588	1/1/1900	12/31/2299	EARLY COMPLIC TRAUMA NEC
21	959	1/1/1900	12/31/2299	INJURY NEC/NOS
21	9590	1/1/1900	12/31/2299	FACE AND NECK INJURY NOS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	9591	1/1/1900	12/31/2299	TRUNK INJURY NOS
21	9592	1/1/1900	12/31/2299	SHLDR/UPPER ARM INJ NOS
21	9593	1/1/1900	12/31/2299	ELB/FOREARM/WRST INJ NOS
21	9594	1/1/1900	12/31/2299	HAND INJURY NOS
21	9595	1/1/1900	12/31/2299	FINGER INJURY NOS
21	9596	1/1/1900	12/31/2299	HIP & THIGH INJURY NOS
21	9597	1/1/1900	12/31/2299	LOWER LEG INJURY NOS
21	9598	1/1/1900	12/31/2299	INJURY MLT SITE/SITE NEC
21	9599	1/1/1900	12/31/2299	INJURY-SITE NOS
21	960	1/1/1900	12/31/2299	POISONING BY ANTIBIOTICS
21	9600	1/1/1900	12/31/2299	POISONING-PENICILLINS
21	9601	1/1/1900	12/31/2299	POIS-ANTIFUNGAL ANTIBIOT
21	9602	1/1/1900	12/31/2299	POISON-CHLORAMPHENICOL
21	9603	1/1/1900	12/31/2299	POIS-ERYTHROMYC/MACROLID
21	9604	1/1/1900	12/31/2299	POISONING-TETRACYCLINE
21	9605	1/1/1900	12/31/2299	POIS-CEPHALOSPORIN GROUP
21	9606	1/1/1900	12/31/2299	POIS-ANTIMYCOBAC ANTIBIO
21	9607	1/1/1900	12/31/2299	POIS-ANTINEOP ANTIBIOTIC
21	9608	1/1/1900	12/31/2299	POISONING-ANTIBIOTIC NEC
21	9609	1/1/1900	12/31/2299	POISONING-ANTIBIOTIC NOS
21	961	1/1/1900	12/31/2299	POISONING-ANTI-INFEC NEC
21	9610	1/1/1900	12/31/2299	POISONING-SULFONAMIDES
21	9611	1/1/1900	12/31/2299	POIS-ARSENIC ANTI-INFEC
21	9612	1/1/1900	12/31/2299	POIS-HEAV MET ANTI-INFEC
21	9613	1/1/1900	12/31/2299	POIS-QUINOLINE/HYDROXYQU
21	9614	1/1/1900	12/31/2299	POISONING-ANTIMALARIALS
21	9615	1/1/1900	12/31/2299	POIS-ANTIPROTOZ DRUG NEC
21	9616	1/1/1900	12/31/2299	POISONING-ANTHELMINTICS
21	9617	1/1/1900	12/31/2299	POISONING-ANTIVIRAL DRUG
21	9618	1/1/1900	12/31/2299	POIS-ANTIMYCOBAC DRG NEC
21	9619	1/1/1900	12/31/2299	POIS-ANTI-INFECT NEC/NOS
21	962	1/1/1900	12/31/2299	POISONING BY HORMONES
21	9620	1/1/1900	12/31/2299	POIS-CORTICOSTEROIDS
21	9621	1/1/1900	12/31/2299	POISONING-ANDROGENS
21	9622	1/1/1900	12/31/2299	POISONING-OVARIAN HORMON
21	9623	1/1/1900	12/31/2299	POISON-INSULIN/ANTIDIAB
21	9624	1/1/1900	12/31/2299	POIS-ANT PITUITARY HORM

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	9625	1/1/1900	12/31/2299	POIS-POST PITUITARY HORM
21	9626	1/1/1900	12/31/2299	POISONING-PARATHYROIDS
21	9627	1/1/1900	12/31/2299	POISONING-THYROID/DERIV
21	9628	1/1/1900	12/31/2299	POISON-ANTITHYROID AGENT
21	9629	1/1/1900	12/31/2299	POISONING HORMON NEC/NOS
21	963	1/1/1900	12/31/2299	POISONING-SYSTEMIC AGENT
21	9631	1/1/1900	12/31/2299	POIS-ANTINEOPL/IMMUNOSUP
21	9632	1/1/1900	12/31/2299	POISONING-ACIDIFYING AGT
21	9633	1/1/1900	12/31/2299	POISONING-ALKALIZING AGT
21	9634	1/1/1900	12/31/2299	POISONING-ENZYMES NEC
21	9635	1/1/1900	12/31/2299	POISONING-VITAMINS NEC
21	9638	1/1/1900	12/31/2299	POISONING-SYSTEM AGT NEC
21	9639	1/1/1900	12/31/2299	POISONING-SYSTEM AGT NOS
21	964	1/1/1900	12/31/2299	POIS-BLOOD AFFECTING AGT
21	9640	1/1/1900	12/31/2299	POISONING-IRON/COMPOUNDS
21	9641	1/1/1900	12/31/2299	POISON-LIVER/ANTIANEMICS
21	9642	1/1/1900	12/31/2299	POISONING-ANTICOAGULANTS
21	9643	1/1/1900	12/31/2299	POISONING-VITAMIN K
21	9644	1/1/1900	12/31/2299	POISON-FIBRINOLYSIS AGNT
21	9645	1/1/1900	12/31/2299	POISONING-COAGULANTS
21	9646	1/1/1900	12/31/2299	POISONING-GAMMA GLOBULIN
21	9647	1/1/1900	12/31/2299	POISONING-BLOOD PRODUCT
21	9648	1/1/1900	12/31/2299	POISONING-BLOOD AGT NEC
21	9649	1/1/1900	12/31/2299	POISONING-BLOOD AGT NOS
21	965	1/1/1900	12/31/2299	POIS-ANALGESIC/ANTIPYRET
21	9650	1/1/1900	12/31/2299	POISONING-OPIATES
21	96500	1/1/1900	12/31/2299	POISONING-OPIUM NOS
21	9651	1/1/1900	12/31/2299	POISONING-SALICYLATES
21	9654	1/1/1900	12/31/2299	POIS-AROM ANALGESICS NEC
21	9655	1/1/1900	12/31/2299	POISONING-PYRAZOLE DERIV
21	9656	1/1/1900	12/31/2299	POISONING-ANTIRHEUMATICS
21	9657	1/1/1900	12/31/2299	POIS-NO-NARC ANALGES NEC
21	9658	1/1/1900	12/31/2299	POIS-ANALGES/ANTIPYR NEC
21	9659	1/1/1900	12/31/2299	POIS-ANALGES/ANTIPYR NOS
21	966	1/1/1900	12/31/2299	POISON-ANTICONVULSANTS
21	9660	1/1/1900	12/31/2299	POISON-OXAZOLIDINE DERIV
21	9661	1/1/1900	12/31/2299	POISON-HYDANTOIN DERIVAT

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	9662	1/1/1900	12/31/2299	POISONING-SUCCINIMIDES
21	9663	1/1/1900	12/31/2299	POIS-ANTICONVUL NEC/NOS
21	9664	1/1/1900	12/31/2299	POIS-ANTI-PARKINSON DRUG
21	967	1/1/1900	12/31/2299	POISON-SEDATIVE/HYPNOTIC
21	9670	1/1/1900	12/31/2299	POISONING-BARBITURATES
21	9671	1/1/1900	12/31/2299	POISONING-CHLORAL HYDRAT
21	9672	1/1/1900	12/31/2299	POISONING-PARALDEHYDE
21	9673	1/1/1900	12/31/2299	POISONING-BROMINE COMPND
21	9674	1/1/1900	12/31/2299	POISONING-METHAQUALONE
21	9675	1/1/1900	12/31/2299	POISONING-GLUTETHIMIDE
21	9676	1/1/1900	12/31/2299	POISON-MIX SEDATIVE NEC
21	968	1/1/1900	12/31/2299	POISONING-CNS DEPRESSANT
21	9680	1/1/1900	12/31/2299	POIS-CNS MUSCLE DEPRESS
21	9681	1/1/1900	12/31/2299	POISONING-HALOTHANE
21	9682	1/1/1900	12/31/2299	POISON-GAS ANESTHET NEC
21	9683	1/1/1900	12/31/2299	POISON-INTRAVEN ANESTHET
21	9684	1/1/1900	12/31/2299	POIS-GEN ANESTH NEC/NOS
21	9685	1/1/1900	12/31/2299	POIS-TOPIC/INFILT ANESTH
21	9686	1/1/1900	12/31/2299	POIS-NERVE/PLEX-BLK ANES
21	9687	1/1/1900	12/31/2299	POISON-SPINAL ANESTHETIC
21	9689	1/1/1900	12/31/2299	POIS-LOCAL ANEST NEC/NOS
21	969	1/1/1900	12/31/2299	POISON-PSYCHOTROPIC AGT
21	9690	1/1/1900	12/31/2299	POISONING-ANTIDEPRESSANT
21	9691	1/1/1900	12/31/2299	POIS-PHENOTHIAZINE TRANQ
21	9692	1/1/1900	12/31/2299	POIS-BUTYROPHENONE TRANQ
21	9693	1/1/1900	12/31/2299	POISON-ANTIPSYCHOTIC NEC
21	9694	1/1/1900	12/31/2299	POIS-BENZODIAZEPINE TRAN
21	9696	1/1/1900	12/31/2299	POISONING-HALLUCINOGENS
21	9697	1/1/1900	12/31/2299	POISON-PSYCHOSTIMULANTS
21	9698	1/1/1900	12/31/2299	POISON-PSYCHOTROPIC NEC
21	9699	1/1/1900	12/31/2299	POISON-PSYCHOTROPIC NOS
21	970	1/1/1900	12/31/2299	POISONING-CNS STIMULANTS
21	9700	1/1/1900	12/31/2299	POISONING-ANALEPTICS
21	9701	1/1/1900	12/31/2299	POISON-OPIATE ANTAGONIST
21	9708	1/1/1900	12/31/2299	POIS-CNS STIMULANTS NEC
21	9709	1/1/1900	12/31/2299	POIS-CNS STIMULANT NOS
21	971	1/1/1900	12/31/2299	POISON-AUTONOMIC AGENT

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	9711	1/1/1900	12/31/2299	POIS-PARASYMPATHOLYTICS
21	9712	1/1/1900	12/31/2299	POISON-SYMPATHOMIMETICS
21	9713	1/1/1900	12/31/2299	POISONING-SYMPATHOLYTICS
21	9719	1/1/1900	12/31/2299	POIS-AUTONOMIC AGENT NOS
21	972	1/1/1900	12/31/2299	POISON-CARDIOVASC AGENT
21	9720	1/1/1900	12/31/2299	POIS-CARD RHYTHM REGULAT
21	9721	1/1/1900	12/31/2299	POISONING-CARDIOTONICS
21	9722	1/1/1900	12/31/2299	POISONING-ANTILIPEMICS
21	9723	1/1/1900	12/31/2299	POIS-GANGLION BLOCK AGT
21	9724	1/1/1900	12/31/2299	POIS-CORONARY VASODILAT
21	9725	1/1/1900	12/31/2299	POISON-VASODILATOR NEC
21	9726	1/1/1900	12/31/2299	POIS-ANTIHYPERTEN AGENT
21	9727	1/1/1900	12/31/2299	POISON-ANTIVARICOSE DRUG
21	9728	1/1/1900	12/31/2299	POISON-CAPILLARY ACT AGT
21	9729	1/1/1900	12/31/2299	POIS-CARDIOVASC AGT NEC/N
21	973	1/1/1900	12/31/2299	POISONING-GI AGENTS
21	9730	1/1/1900	12/31/2299	POIS-ANTACID/ANTIGASTRIC
21	9731	1/1/1900	12/31/2299	POIS-IRRITANT CATHARTICS
21	9732	1/1/1900	12/31/2299	POIS-EMOLLIENT CATHARTIC
21	9733	1/1/1900	12/31/2299	POISONING-CATHARTIC NEC
21	9734	1/1/1900	12/31/2299	POISONING-DIGESTANTS
21	9735	1/1/1900	12/31/2299	POISONING-ANTIDIARRH AGT
21	9736	1/1/1900	12/31/2299	POISONING-EMETICS
21	9738	1/1/1900	12/31/2299	POISONING-GI AGENTS NEC
21	9739	1/1/1900	12/31/2299	POISONING-GI AGENT NOS
21	974	1/1/1900	12/31/2299	POIS-WATER/MIN/METAB AGT
21	9740	1/1/1900	12/31/2299	POIS-MERCURIAL DIURETICS
21	9741	1/1/1900	12/31/2299	POIS-PURINE DIURETICS
21	9742	1/1/1900	12/31/2299	POIS-H2CO3 ANHYDRA INHIB
21	9743	1/1/1900	12/31/2299	POISONING-SALURETICS
21	9744	1/1/1900	12/31/2299	POISONING-DIURETICS NEC
21	9745	1/1/1900	12/31/2299	POIS-ELECTRO/CAL/WAT AGT
21	9746	1/1/1900	12/31/2299	POISON-MINERAL SALTS NEC
21	9747	1/1/1900	12/31/2299	POIS-URIC ACID METABOL
21	975	1/1/1900	12/31/2299	POISONING-MUSCLE AGENT
21	9750	1/1/1900	12/31/2299	POISONING-OXYTOCIC AGENT
21	9751	1/1/1900	12/31/2299	POIS-SMOOTH MUSCLE RELAX

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	9752	1/1/1900	12/31/2299	POIS-SKELET MUSCLE RELAX
21	9753	1/1/1900	12/31/2299	POISON-MUSCLE AGT NEC/NOS
21	9754	1/1/1900	12/31/2299	POISONING-ANTITUSSIVES
21	9755	1/1/1900	12/31/2299	POISONING-EXPECTORANTS
21	9756	1/1/1900	12/31/2299	POIS-ANTI-COLD DRUGS
21	9757	1/1/1990	12/31/2299	POISONING-ANTIASTHMATICS
21	9758	1/1/1990	12/31/2299	POIS-RESPIR DRUG NEC/NOS
21	976	1/1/1990	12/31/2299	POIS-SKIN/MEMBRANE AGT
21	9760	1/1/1990	12/31/2299	POIS-LOCAL ANTI-INFECT
21	9761	1/1/1990	12/31/2299	POISONING-ANTIPRURITICS
21	9762	1/1/1990	12/31/2299	POIS-LOC ASTRING/DETERG
21	9763	1/1/1990	12/31/2299	POIS-EMOL/DEMUL/PROTECT
21	9764	1/1/1990	12/31/2299	POISON-HAIR/SCALP PREP
21	9765	1/1/1990	12/31/2299	POIS-EYE ANTI-INFEC/DRUG
21	9766	1/1/1990	12/31/2299	POIS-EAR ANTI-INFECT/DRUG
21	9767	1/1/1990	12/31/2299	POIS-TOPICAL DENTAL DRUG
21	9768	1/1/1990	12/31/2299	POIS-SKIN/MEMBR AGNT NEC
21	9769	1/1/1990	12/31/2299	POIS-SKIN/MEMBR AGNT NOS
21	977	1/1/1990	12/31/2299	POIS-MEDICINAL NEC/NOS
21	9770	1/1/1990	12/31/2299	POISONING-DIETETICS
21	9771	1/1/1990	12/31/2299	POISON-LIPOTROPIC DRUGS
21	9772	1/1/1990	12/31/2299	POISONING-ANTIDOTES NEC
21	9773	1/1/1990	12/31/2299	POISON-ALCOHOL DETERRENT
21	9774	1/1/1990	12/31/2299	POIS-PHARMACEUT EXCIPIENT
21	9778	1/1/1990	12/31/2299	POISON-MEDICINAL AGT NEC
21	9779	1/1/1990	12/31/2299	POISON-MEDICINAL AGT NOS
21	978	1/1/1990	12/31/2299	POISONING-BACT VACCINES
21	9780	1/1/1990	12/31/2299	POISONING-BCG VACCINE
21	9781	1/1/1990	12/31/2299	POIS-TYPH/PARATYPH VACC
21	9782	1/1/1990	12/31/2299	POISONING-CHOLERA VACCIN
21	9783	1/1/1990	12/31/2299	POISONING-PLAGUE VACCINE
21	9784	1/1/1990	12/31/2299	POISONING-TETANUS VACCIN
21	9785	1/1/1990	12/31/2299	POIS-DIPHTHERIA VACCINE
21	9786	1/1/1990	12/31/2299	POIS-PERTUSSIS VACCINE
21	9788	1/1/1990	12/31/2299	POIS-BACT VACCIN NEC/NOS
21	9789	1/1/1990	12/31/2299	POIS-MIX BACTER VACCINES
21	979	1/1/1990	12/31/2299	POIS-OTH VACCINE/BIOLOG

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	9790	1/1/1990	12/31/2299	POISON-SMALLPOX VACCINE
21	9791	1/1/1990	12/31/2299	POISON-RABIES VACCINE
21	9792	1/1/1990	12/31/2299	POISON-TYPHUS VACCINE
21	9793	1/1/1990	12/31/2299	POIS-YELLOW FEVER VACCIN
21	9794	1/1/1990	12/31/2299	POISONING-MEASLES VACCIN
21	9795	1/1/1990	12/31/2299	POIS-POLIOMYELIT VACCINE
21	9796	1/1/1990	12/31/2299	POIS-VIRAL/RICK VACC NEC
21	9797	1/1/1990	12/31/2299	POISONING-MIXED VACCINE
21	9799	1/1/1990	12/31/2299	POIS VACCINE/BIOLOG NEC/N
21	980	1/1/1990	12/31/2299	ALCOHOL TOXICITY
21	9800	1/1/1990	12/31/2299	TOXIC EFF ETHYL ALCOHOL
21	9801	1/1/1990	12/31/2299	TOXIC EFF METHYL ALCOHOL
21	9802	1/1/1990	12/31/2299	TOXIC EFF ISOPROPYL ALC
21	9803	1/1/1990	12/31/2299	TOXIC EFFECT FUSEL OIL
21	9808	1/1/1990	12/31/2299	TOXIC EFFECT ALCOHOL NEC
21	9809	1/1/1990	12/31/2299	TOXIC EFFECT ALCOHOL NOS
21	981	1/1/1990	12/31/2299	TOXIC EFF PETROLEUM PROD
21	982	1/1/1990	12/31/2299	TOXIC EFFECT SOLVENT NEC
21	9820	1/1/1990	12/31/2299	TOXIC EFFECT BENZENE
21	9821	1/1/1990	12/31/2299	TOXIC EFF CARBON TETRACH
21	9822	1/1/1990	12/31/2299	TOXIC EFF CARBON DISULFI
21	9823	1/1/1990	12/31/2299	TX EF CL-HYDCARB SLV NEC
21	9824	1/1/1990	12/31/2299	TOXIC EFFECT NITROGLYCOL
21	9828	1/1/1990	12/31/2299	TOXIC EFF NONPETROL SOLV
21	983	1/1/1990	12/31/2299	TOXIC EFFECT CAUSTICS
21	9830	1/1/1990	12/31/2299	TOX EFF CORROSIVE AROMAT
21	9831	1/1/1990	12/31/2299	TOXIC EFFECT ACIDS
21	9839	1/1/1990	12/31/2299	TOXIC EFFECT CAUSTIC NOS
21	984	1/1/1990	12/31/2299	TOXIC EFF LEAD & COMPND
21	9840	1/1/1990	12/31/2299	TX EFF INORG LEAD COMPND
21	9848	1/1/1990	12/31/2299	TOX EFF LEAD COMPND NEC
21	985	1/1/1990	12/31/2299	TOXIC EFFECT OTH METALS
21	9852	1/1/1990	12/31/2299	TOXIC EFFECT MANGANESE
21	9853	1/1/1990	12/31/2299	TOXIC EFFECT BERYLLIUM
21	9855	1/1/1990	12/31/2299	TOXIC EFFECT CADMIUM
21	9858	1/1/1990	12/31/2299	TOXIC EFFECT METALS NEC
21	986	1/1/1990	12/31/2299	TOX EFF CARBON MONOXIDE

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	9870	1/1/1990	12/31/2299	TOXIC EFF LIQ PETROL GAS
21	9871	1/1/1990	12/31/2299	TOX EF HYDROCARB GAS NEC
21	9872	1/1/1990	12/31/2299	TOXIC EFF NITROGEN OXIDE
21	9874	1/1/1990	12/31/2299	TOXIC EFFECT FREON
21	9876	1/1/1990	12/31/2299	TOXIC EFF CHLORINE GAS
21	9879	1/1/1990	12/31/2299	TOXIC EFF GAS/VAPOR NOS
21	9880	1/1/1990	12/31/2299	TOXIC EFF FISH/SHELLFISH
21	9888	1/1/1990	12/31/2299	TOX EFF NOXIOUS FOOD NEC
21	9891	1/1/1990	12/31/2299	TOXIC EFFECT STRYCHNINE
21	9894	1/1/1990	12/31/2299	TOXIC EFF PESTICIDES NEC
21	9895	1/1/1990	12/31/2299	TOXIC EFFECT VENOM
21	9896	1/1/1990	12/31/2299	TOXIC EFF SOAP/DETERGENT
21	9897	1/1/1990	12/31/2299	TOX EFF AFLATOX/MYCOTOX
21	9898	1/1/1990	12/31/2299	TOX EFF NONMED SUBST NEC
21	9899	1/1/1990	12/31/2299	TOX EFF NONMED SUBST NOS
21	990	1/1/1990	12/31/2299	EFFECTS RADIATION NOS
21	991	1/1/1990	12/31/2299	EFF REDUCED TEMPERATURE
21	9910	1/1/1990	12/31/2299	FROSTBITE OF FACE
21	9911	1/1/1990	12/31/2299	FROSTBITE OF HAND
21	9912	1/1/1990	12/31/2299	FROSTBITE OF FOOT
21	9913	1/1/1990	12/31/2299	FROSTBITE NEC/NOS
21	9914	1/1/1990	12/31/2299	IMMERSION FOOT
21	9915	1/1/1990	12/31/2299	CHILBLAINS
21	9916	1/1/1990	12/31/2299	HYPOTHERMIA
21	9918	1/1/1990	12/31/2299	EFFECT REDUCED TEMP NEC
21	9919	1/1/1990	12/31/2299	EFFECT REDUCED TEMP NOS
21	992	1/1/1990	12/31/2299	EFFECT OF HEAT/LIGHT
21	9920	1/1/1990	12/31/2299	HEAT STROKE & SUNSTROKE
21	9921	1/1/1900	12/31/2299	HEAT SYNCOPE
21	9922	1/1/1990	12/31/2299	HEAT CRAMPS
21	9923	1/1/1990	12/31/2299	HEAT EXHAUST-ANHYDROTIC
21	9924	1/1/1990	12/31/2299	HEAT EXHAUST-SALT DEPLE
21	9925	1/1/1990	12/31/2299	HEAT EXHAUSTION NOS
21	9926	1/1/1990	12/31/2299	HEAT FATIGUE, TRANSIENT
21	9927	1/1/1990	12/31/2299	HEAT EDEMA
21	9928	1/1/1990	12/31/2299	HEAT EFFECT NEC
21	9929	1/1/1990	12/31/2299	HEAT EFFECT NOS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	993	1/1/1990	12/31/2299	EFFECTS OF AIR PRESSURE
21	9930	1/1/1990	12/31/2299	BAROTRAUMA, OTITIC
21	9931	1/1/1990	12/31/2299	BAROTRAUMA, SINUS
21	9932	1/1/1990	12/31/2299	EFF HIGH ALTITUDE NEC/NOS
21	9933	1/1/1990	12/31/2299	CAISSON DISEASE
21	9934	1/1/1990	12/31/2299	EFF AIR PRESS BY EXPLOS
21	9938	1/1/1990	12/31/2299	EFFECT AIR PRESSURE NEC
21	9939	1/1/1990	12/31/2299	EFFECT AIR PRESSURE NOS
21	994	1/1/1990	12/31/2299	EFF OTH EXTERNAL CAUSES
21	9940	1/1/1990	12/31/2299	EFFECTS OF LIGHTNING
21	9941	1/1/1990	12/31/2299	DROWNING/NONFATAL SUBMER
21	9942	1/1/1990	12/31/2299	EFFECTS OF HUNGER
21	9943	1/1/1990	12/31/2299	EFFECTS OF THIRST
21	9944	1/1/1990	12/31/2299	EXHAUSTION-EXPOSURE
21	9945	1/1/1990	12/31/2299	EXHAUSTION-EXCESS EXERT
21	9946	1/1/1990	12/31/2299	MOTION SICKNESS
21	9947	1/1/1990	12/31/2299	ASPHYXIATION/STRANGULAT
21	9948	1/1/1990	12/31/2299	EFFECTS ELECTRIC CURRENT
21	9949	1/1/1990	12/31/2299	EFFECT EXTERNAL CAUSE NEC
21	995	1/1/1990	12/31/2299	CERTAIN ADVERSE EFF NEC
21	9950	1/1/1990	12/31/2299	ANAPHYLACTIC SHOCK
21	9951	1/1/1990	12/31/2299	ANGIONEUROTIC EDEMA
21	9952	1/1/1990	12/31/2299	ADV EFF MED/BIOL SUB NOS
21	9953	1/1/1990	12/31/2299	ALLERGY, UNSPECIFIED
21	9954	1/1/1990	12/31/2299	SHOCK DUE TO ANESTHESIA
21	9955	1/1/1990	12/31/2299	CHILD MALTREATMENT SYND
21	99560	1/1/1990	12/31/2299	ANAQPHYLACTIC SHOCK DUE T
21	99561	1/1/1990	12/31/2299	ANAPHYLACTIC SHOCK DUE TO
21	99562	1/1/1990	12/31/2299	ANAPHYLACTIC SHOCK DUE TO
21	99563	1/1/1990	12/31/2299	ANAPHYLACTIC SHOCK DUE TO
21	99564	1/1/1990	12/31/2299	ANAPHYLACTIC SHOCK DUE TO
21	99565	1/1/1990	12/31/2299	ANAPHYLACTIC SHOCK DUE TO
21	99566	1/1/1990	12/31/2299	ANAPHYLACTIUC SHOCK DUE T
21	99567	1/1/1990	12/31/2299	ANAPHYLACTIC SHOCK DUE TO
21	99568	1/1/1990	12/31/2299	ANAPHYLACTIC SHOCK DUE TO
21	99569	1/1/1990	12/31/2299	ANAPHYLACTIC SHOCK DUE TO
21	9958	1/1/1990	12/31/2299	OTH ADVERSE EFFECTS

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	99581	1/1/1990	12/31/2299	ADULT MALTREATMENT SYND
21	99589	1/1/1990	12/31/2299	ADVERSE EFFECT NEC
21	996	1/1/1990	12/31/2299	SPECIFIED PROCED COMPLIC
21	9960	1/1/1990	12/31/2299	MALFUNC CARD DEVIC/GRAFT
21	99600	1/1/1900	12/31/2299	MALFUNC CARD DEV/GRF NOS
21	99601	1/1/1900	12/31/2299	MALFUNC CARDIAC PACEMAKE
21	99602	1/1/1900	12/31/2299	MALFUNC PROSTH HRT VALVE
21	99603	1/1/1900	12/31/2299	MALFUNC CORON BYPASS GRF
21	9961	1/1/1990	12/31/2299	MALFUNC VASC DEVICE/GRAF
21	9962	1/1/1990	12/31/2299	MALFUN NEURO DEVICE/GRAF
21	9963	1/1/1990	12/31/2299	MALFUNC GENITOUR DEV/GRF
21	99631	1/1/1990	12/31/2299	MALFUNC URETHRAL CATH
21	99632	1/1/1990	12/31/2299	MALFUNCTION IUD
21	99639	1/1/1990	12/31/2299	MALFUNC GENITOUR DEV/GRF
21	9964	1/1/1990	12/31/2299	MALF INT ORTHPED DEV/GRF
21	9965	1/1/1990	12/31/2299	MALFUNC DEVICE/GRAFT NEC
21	99651	1/1/1990	12/31/2299	MALFUNC CORNEAL GRAFT
21	99652	1/1/1990	12/31/2299	MALFUNC GRAFT TISSUE NEC
21	99653	1/1/1990	12/31/2299	MALFUNC OCULAR LENS PROST
21	99654	1/1/1990	12/31/2299	MALFUNC BREAST PROSTHESIS
21	99659	1/1/1990	12/31/2299	MALFUNC IMPLANT NCE
21	9966	1/1/1990	12/31/2299	INFEC/INFLAM -DEVIC/GRAFT
21	9967	1/1/1990	12/31/2299	COMPLIC DEVICE/GRAFT NEC
21	9968	1/1/1990	12/31/2299	COMPL TRANSPLANTED ORGAN
21	99681	1/1/1990	12/31/2299	COMPL KIDNEY TRANSPLANT
21	99683	1/1/1990	12/31/2299	COMPL HEART TRANSPLANT
21	99684	1/1/1990	12/31/2299	COMPL LUNG TRANSPLANT
21	99685	1/1/1990	12/31/2299	BONE MARROW
21	99686	1/1/1990	12/31/2299	COMPL PANCREAS TRANSPLANT
21	99689	1/1/1990	12/31/2299	COMPL TRANSPLANT ORGAN NE
21	9969	1/1/1990	12/31/2299	COMPL REATTACHED PART
21	99690	1/1/1990	12/31/2299	COMP REATTACH EXTREM NOS
21	99691	1/1/1990	12/31/2299	COMPL REATTACHED FOREARM
21	99692	1/1/1990	12/31/2299	COMPL REATTACHED HAND
21	99693	1/1/1990	12/31/2299	COMPL REATTACHED FINGER
21	99694	1/1/1990	12/31/2299	COMPL REATTACH ARM NEC/NO
21	99695	1/1/1990	12/31/2299	COMPL REATTACHED FOOT

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	99696	1/1/1990	12/31/2299	COMPL REATTACH LEG NEC/NO
21	99699	1/1/1990	12/31/2299	COMPL REATTACH PART NEC
21	997	1/1/1990	12/31/2299	SURG COMPL-OTH BODY SYST
21	9970	1/1/1990	12/31/2299	SURG COMPLICATION-CNS
21	99700	1/1/1900	12/31/2299	NERVOUS SYSTEM COMPLIC
21	99701	1/1/1900	12/31/2299	CENTRAL NERV SYST COMPLIC
21	99702	1/1/1900	12/31/2299	IATROGENIC CEREBROVASC
21	9971	1/1/1990	12/31/2299	SURG COMPL-HEART
21	9972	1/1/1990	12/31/2299	SURG COMP-PERI VASC SYST
21	9973	1/1/1990	12/31/2299	SURG COMPLIC-RESPIR SYST
21	9974	1/1/1990	12/31/2299	SURG COMPLIC-GI TRACT
21	9975	1/1/1990	12/31/2299	SURG COMPL-URINARY TRACT
21	9976	1/1/1990	12/31/2299	LATE AMPUTATION COMPLIC
21	99769	1/1/1990	12/31/2299	LATE AMPUTAT COMPLIC NEC
21	9979	1/1/1990	12/31/2299	SURG COMPL-BODY SYST NEC
21	99791	1/1/1900	12/31/2299	COMPLIC AFFECT OTHER BODY
21	998	1/1/1990	12/31/2299	OTH SURGICAL COMPL NEC
21	9980	1/1/1990	12/31/2299	POSTOPERATIVE SHOCK
21	9981	1/1/1990	12/31/2299	HEMORR COMPLIC PROCEDURE
21	99811	1/1/1900	12/31/2299	HEMORRHAGE COMPLICATING
21	9982	1/1/1990	12/31/2299	ACCIDENTAL OP LACERATION
21	9983	1/1/1990	12/31/2299	POSTOP WOUND DISRUPTION
21	9984	1/1/1990	12/31/2299	FB LEFT DURING PROCEDURE
21	9985	1/1/1990	12/31/2299	POSTOPERATIVE INFECTION
21	99851	1/1/1900	12/31/2299	INFECTED SEROMA
21	9986	1/1/1990	12/31/2299	PERSIST POSTOP FISTULA
21	9987	1/1/1990	12/31/2299	POSTOP FORGN SUBST REACT
21	9988	1/1/1990	12/31/2299	SURGICAL COMPLICAT NEC
21	9989	1/1/1990	12/31/2299	SURGICAL COMPLICAT NOS
21	999	1/1/1990	12/31/2299	COMPLIC MEDICAL CARE NEC
21	9990	1/1/1990	12/31/2299	GENERALIZED VACCINIA
21	9991	1/1/1990	12/31/2299	AIR EMBOLISM
21	9992	1/1/1990	12/31/2299	VASCULAR COMPL NEC
21	9993	1/1/1990	12/31/2299	INFECTION NEC
21	9994	1/1/1990	12/31/2299	ANAPHYLACTIC SHOCK-SERUM
21	9995	1/1/1990	12/31/2299	SERUM REACTION NEC
21	9997	1/1/1990	12/31/2299	RH INCOMPATIBILITY REACT

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	9998	1/1/1990	12/31/2299	TRANSFUSION REACTION NEC
21	9999	1/1/1990	12/31/2299	COMPL MEDICAL CARE NEC/NO
21	E8500	1/1/1900	12/31/2299	ACC POISON-HEROIN
21	E8501	1/1/1900	12/31/2299	ACC POISON-METHADONE
21	E8502	1/1/1990	12/31/2299	ACC POISON-OPIATES NEC
21	E8503	1/1/1990	12/31/2299	ACC POISON-SALICYLATES
21	E8504	1/1/1990	12/31/2299	ACC POISON-AROM ANALGESC
21	E8505	1/1/1990	12/31/2299	ACC POISON-PYRAZOLE DERV
21	E8506	1/1/1990	12/31/2299	ACC POISON-ANTIRHEUMATIC
21	E8507	1/1/1990	12/31/2299	ACC POISON-NONNARC ANALG
21	E8508	1/1/1990	12/31/2299	ACC POISON-ANALGESIC NEC
21	E8509	1/1/1990	12/31/2299	ACC POISON-ANALGESIC NOS
21	E851	1/1/1990	12/31/2299	ACC POISON-BARBITURATES
21	E852	1/1/1990	12/31/2299	ACC POISON-SEDATIVES NEC
21	E8520	1/1/1990	12/31/2299	ACC POISN-CHLORL HYDRATE
21	E8521	1/1/1990	12/31/2299	ACC POISON-PARALDEHYDE
21	E8522	1/1/1990	12/31/2299	ACC POISON-BROMINE CMPND
21	E8523	1/1/1990	12/31/2299	ACC POISON-METHAQUALONE
21	E8524	1/1/1990	12/31/2299	ACC POISON-GLUTETHIMIDE
21	E8525	1/1/1990	12/31/2299	ACC POISON-MIX SEDTV NEC
21	E8528	1/1/1990	12/31/2299	ACC POISON-SEDATIVES NEC
21	E8529	1/1/1990	12/31/2299	ACC POISON-SEDATIVES NOS
21	E853	1/1/1990	12/31/2299	ACC POISON-TRANQUILIZERS
21	E8530	1/1/1990	12/31/2299	ACC POIS-PHENTHIAZ TRANQ
21	E8531	1/1/1990	12/31/2299	ACC POIS-BUTYRPHEN TRANQ
21	E8532	1/1/1990	12/31/2299	ACC POISN-BENZDIAZ TRANQ
21	E8538	1/1/1990	12/31/2299	ACC POISN-TRANQUILZR NEC
21	E8539	1/1/1990	12/31/2299	ACC POISN-TRANQUILZR NOS
21	E854	1/1/1900	12/31/2299	ACC POISN-PSYCHTROPC NEC
21	E8540	1/1/1900	12/31/2299	ACC POISON-ANTIDEPRESSNT
21	E8541	1/1/1900	12/31/2299	ACC POISON-HALLUCINOGENS
21	E8542	1/1/1900	12/31/2299	ACC POISN-PSYCHSTIMULANT
21	E8543	1/1/1900	12/31/2299	ACC POISON-CNS STIMULANT
21	E855	1/1/1900	12/31/2299	ACC POISON-CNS DRUGS NEC
21	E8550	1/1/1900	12/31/2299	ACC POISN-ANTICONVULSANT
21	E8551	1/1/1900	12/31/2299	ACC POISN-CNS DEPRES NEC
21	E8552	1/1/1900	12/31/2299	ACC POISN-LOCAL ANESTHET

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	E8553	1/1/1900	12/31/2299	ACC POISON-CHOLINERGICS
21	E8554	1/1/1900	12/31/2299	ACC POISN-ANTICHOLINERG
21	E8555	1/1/1900	12/31/2299	ACC POISON-ADRENERGICS
21	E8556	1/1/1900	12/31/2299	ACC POISN-SYMPATHOLYTICS
21	E8558	1/1/1900	12/31/2299	ACC POISON-CNS DRUG NEC
21	E8559	1/1/1900	12/31/2299	ACC POISON-CNS DRUG NOS
21	E856	1/1/1900	12/31/2299	ACC POISON-ANTIBIOTICS
21	E857	1/1/1900	12/31/2299	ACC POIS-OTH ANTI-INFECT
21	E858	1/1/1900	12/31/2299	ACC POISONING-DRUGS NEC
21	E8580	1/1/1900	12/31/2299	ACC POISON-HORMONES
21	E8581	1/1/1900	12/31/2299	ACC POISN-SYSTEMIC AGENT
21	E8582	1/1/1900	12/31/2299	ACC POISON-BLOOD AGENT
21	E8583	1/1/1900	12/31/2299	ACC POISN-CARDIOVASC AGT
21	E8584	1/1/1900	12/31/2299	ACC POISON-GI AGENT
21	E8585	1/1/1900	12/31/2299	ACC POISN-METABOL AGNT
21	E8586	1/1/1900	12/31/2299	ACC POISN-MUSCL/RESP AGT
21	E8588	1/1/1900	12/31/2299	ACC POISONING-DRUG NEC
21	E8589	1/1/1900	12/31/2299	ACC POISONING-DRUG NOS
21	E860	1/1/1900	12/31/2299	ACC POISON-ALCOHOL NEC
21	E8600	1/1/1900	12/31/2299	ACC POISN-ALCOHOL BEVRAG
21	E8601	1/1/1900	12/31/2299	ACC POISON-ETHYL ALCOHOL
21	E8602	1/1/1900	12/31/2299	ACC POISN-METHYL ALCOHOL
21	E8603	1/1/1900	12/31/2299	ACC POISN-ISOPROPYL ALC
21	E8604	1/1/1900	12/31/2299	ACC POISON-FUSEL OIL
21	E8608	1/1/1900	12/31/2299	ACC POISON-ALCOHOL NEC
21	E8609	1/1/1900	12/31/2299	ACC POISON-ALCOHOL NOS
21	E861	1/1/1900	12/31/2299	ACC POISN-CLEANSING AGNT
21	E8610	1/1/1900	12/31/2299	ACC POIS-SYNTH DETERGENT
21	E8611	1/1/1900	12/31/2299	ACC POISON-SOAP PRODUCTS
21	E8612	1/1/1900	12/31/2299	ACC POISON-POLISHES
21	E8613	1/1/1900	12/31/2299	ACC POISON-CLEANSER NEC
21	E8614	1/1/1900	12/31/2299	ACC POISON-DISINFECT ANTS
21	E8615	1/1/1900	12/31/2299	ACC POISON-LEAD PAINTS
21	E8616	1/1/1900	12/31/2299	ACC POISON-PAINTS NEC
21	E8619	1/1/1900	12/31/2299	ACC POISON-CLEANSER NOS
21	E862	1/1/1900	12/31/2299	ACC POIS-PETRLEUM/SOLVNT
21	E8620	1/1/1900	12/31/2299	ACC POISN-PETROL SOLVENT

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	E8621	1/1/1900	12/31/2299	ACC POISN-PETROLEUM FUEL
21	E8622	1/1/1900	12/31/2299	ACC POIS-LUBRICATING OIL
21	E8623	1/1/1900	12/31/2299	ACC POIS-PETROLEUM SOLID
21	E8624	1/1/1900	12/31/2299	ACC POISN-SOLVENTS NEC
21	E8629	1/1/1900	12/31/2299	ACC POISN-SOLVENT NOS
21	E863	1/1/1900	12/31/2299	ACC POIS-AGRICUL AGT NEC
21	E8630	1/1/1900	12/31/2299	ACC POIS-CHLORINE PESTIC
21	E8631	1/1/1900	12/31/2299	ACC POIS-PHOSPH PESTICID
21	E8632	1/1/1900	12/31/2299	ACC POISON-CARBAMATES
21	E8633	1/1/1900	12/31/2299	ACC POISN-MIXED PESTICID
21	E8634	1/1/1900	12/31/2299	ACC POISON-PESTICIDE NEC
21	E8635	1/1/1900	12/31/2299	ACC POISON-HERBICIDES
21	E8636	1/1/1900	12/31/2299	ACC POISON-FUNGICIDES
21	E8637	1/1/1900	12/31/2299	ACC POISON-RODENTICIDES
21	E8638	1/1/1900	12/31/2299	ACC POISON-FUMIGANTS
21	E8639	1/1/1900	12/31/2299	ACC POIS-AGRCULT NEC/NOS
21	E864	1/1/1900	12/31/2299	ACC POISON-CAUSTIC NEC
21	E8640	1/1/1900	12/31/2299	ACC POIS-CORROSIV AROMAT
21	E8641	1/1/1900	12/31/2299	ACC POISON-ACIDS
21	E8642	1/1/1900	12/31/2299	ACC POISN-CAUSTIC ALKALI
21	E8643	1/1/1900	12/31/2299	ACC POISON-CAUSTIC NEC
21	E8644	1/1/1900	12/31/2299	ACC POISON-CAUSTIC NOS
21	E865	1/1/1900	12/31/2299	ACC POISON-FOOD & PLANTS
21	E8650	1/1/1900	12/31/2299	ACC POISON-MEAT
21	E8651	1/1/1900	12/31/2299	ACC POISON-SHELLFISH
21	E8652	1/1/1900	12/31/2299	ACC POISON-FISH NEC
21	E8653	1/1/1900	12/31/2299	ACC POISON-BERRIES/SEEDS
21	E8655	1/1/1900	12/31/2299	ACC POISON-MUSHROOMS
21	E8658	1/1/1900	12/31/2299	ACC POISON-FOOD NEC
21	E8659	1/1/1900	12/31/2299	ACC POISN-FOOD/PLANT NOS
21	E866	1/1/1900	12/31/2299	ACC POISN-SOLID/LIQ NEC
21	E8660	1/1/1900	12/31/2299	ACC POISONING-LEAD
21	E8661	1/1/1900	12/31/2299	ACC POISONING-MERCURY
21	E8662	1/1/1900	12/31/2299	ACC POISONING-ANTIMONY
21	E8663	1/1/1900	12/31/2299	ACC POISONING-ARSENIC
21	E8664	1/1/1900	12/31/2299	ACC POISON-METALS NEC
21	E8665	1/1/1900	12/31/2299	ACC POISON-PLANT FOOD

(Continued)

Table A-3.13 – Diagnosis Group 21 Table

Group Number	Code	Effective Date	End Date	Code Description
21	E8666	1/1/1900	12/31/2299	ACC POISON-GLUES
21	E8667	1/1/1900	12/31/2299	ACC POISON-COSMETICS
21	E8668	1/1/1900	12/31/2299	ACC POIS-SOLID/LIQ NEC
21	E8669	1/1/1900	12/31/2299	ACC POIS-SOLID/LIQ NOS
21	E867	1/1/1900	12/31/2299	ACC POISON-PIPED GAS
21	E8680	1/1/1900	12/31/2299	ACC POIS-LIQ PETROL GAS
21	E8681	1/1/1900	12/31/2299	ACC POIS-UTL GAS NEC/NOS
21	E8682	1/1/1900	12/31/2299	ACC POISON-EXHAUST GAS
21	E8683	1/1/1900	12/31/2299	ACC POIS-CO/DOMESTC FUEL
21	E8688	1/1/1900	12/31/2299	ACC POIS-CARBN MONOX NEC
21	E8689	1/1/1900	12/31/2299	ACC POIS-CARBN MONOX NOS
21	E869	1/1/1900	12/31/2299	ACC POISON-GAS/VAPOR NEC
21	E8690	1/1/1900	12/31/2299	ACC POISN-NITROGEN OXIDE
21	E8691	1/1/1900	12/31/2299	ACC POISN-SULFUR DIOXIDE
21	E8692	1/1/1900	12/31/2299	ACC POISON-FREON
21	E8693	1/1/1900	12/31/2299	ACC POISON-TEAR GAS
21	E8698	1/1/1900	12/31/2299	ACC POISON-GAS/VAPOR NEC
21	E8699	1/1/1900	12/31/2299	ACC POISON-GAS/VAPOR NOS
21	E8980	1/1/1993	12/31/2299	BURNING BEDCLOTHES

Table A-3.14 – Diagnosis Group 22 Table

Group Number	Code	Effective Date	End Date	Code Description
22	42	1/1/1900	12/31/2299	HIV INFECT W SPEC COND
22	7953	1/1/1900	12/31/2299	HUMAN IMMUNODEFICIENCY VI
22	901	1/1/1990	12/31/2299	EARLY CONGEN SYPH LATENT
22	902	1/1/1990	12/31/2299	EARLY CONGEN SYPH NOS
22	903	1/1/1990	12/31/2299	SYPHILITIC KERATITIS
22	904	1/1/1990	12/31/2299	JUVENILE NEUROSYPHILIS
22	9040	1/1/1990	12/31/2299	JUVENILE NEURO SYPHILLIS
22	9041	1/1/1990	12/31/2299	CONGEN SYPH ENCEPHALITIS
22	9042	1/1/1990	12/31/2299	CONGEN SYPH MENINGITIS
22	9049	1/1/1990	12/31/2299	CONGENITAL SYPHILIS NEC
22	905	1/1/1990	12/31/2299	LATE CONGEN SYPH SYMPTOM
22	906	1/1/1990	12/31/2299	LATE CONGEN SYPH LATENT
22	907	1/1/1990	12/31/2299	LATE CONGEN SYPH NOS
22	909	1/1/1990	12/31/2299	CONGENITAL SYPHILIS NOS
22	91	1/1/1990	12/31/2299	EARLY SYMPTOMATIC SYPHIL
22	910	1/1/1990	12/31/2299	PRIMARY GENITAL SYPHILIS
22	911	1/1/1990	12/31/2299	PRIMARY ANAL SYPHILIS
22	912	1/1/1990	12/31/2299	PRIMARY SYPHILIS NEC
22	913	1/1/1990	12/31/2299	SECONDARY SYPH SKIN
22	914	1/1/1990	12/31/2299	SYPHILITIC ADENOPATHY
22	915	1/1/1990	12/31/2299	SYPHILITIC UVEITIS
22	9150	1/1/1990	12/31/2299	SYPHILITIC UVEITIS NOS
22	9151	1/1/1990	12/31/2299	SYPHILIT CHORIORETINITIS
22	9152	1/1/1990	12/31/2299	SYPHILITIC IRIDOCYCLITIS
22	916	1/1/1990	12/31/2299	SECOND SYPH VISCERA/BONE
22	9161	1/1/1990	12/31/2299	SYPHILITIC PERIOSTITIS
22	9162	1/1/1990	12/31/2299	SYPHILITIC HEPATITIS
22	9169	1/1/1990	12/31/2299	VISCERA NEC
22	917	1/1/1990	12/31/2299	SECOND SYPHILIS RELAPSE
22	918	1/1/1990	12/31/2299	OTH SECONDARY SYPHILIS
22	9181	1/1/1990	12/31/2299	ACUTE SYPHIL MENINGITIS
22	9182	1/1/1990	12/31/2299	SYPHILITIC ALOPECIA
22	9189	1/1/1990	12/31/2299	SECONDARY SYPHILIS NEC
22	919	1/1/1990	12/31/2299	SECONDARY SYPHILIS NOS
22	92	1/1/1990	12/31/2299	EARLY SYPHILIS LATENT
22	920	1/1/1990	12/31/2299	EARLY SYPH LATENT RELAPS

(Continued)

Table A-3.14 – Diagnosis Group 22 Table

Group Number	Code	Effective Date	End Date	Code Description
22	929	1/1/1990	12/31/2299	EARLY SYPHIL LATENT NOS
22	93	1/1/1990	12/31/2299	CARDIOVASCULAR SYPHILIS
22	930	1/1/1990	12/31/2299	AORTIC ANEURYSM, SYPHIL
22	931	1/1/1990	12/31/2299	SYPHILITIC AORTITIS
22	932	1/1/1990	12/31/2299	SYPHILITIC ENDOCARDITIS
22	9320	1/1/1990	12/31/2299	SYPHIL ENDOCARDITIS NOS
22	9321	1/1/1990	12/31/2299	SYPHILITIC MITRAL VALVE
22	9322	1/1/1990	12/31/2299	SYPHILITIC AORTIC VALVE
22	9323	1/1/1990	12/31/2299	SYPHIL TRICUSPID VALVE
22	9324	1/1/1990	12/31/2299	SYPHIL PULMONARY VALVE
22	938	1/1/1990	12/31/2299	OTH CARDIOVASC ULAR SYPH
22	9381	1/1/1990	12/31/2299	SYPHILITIC PERICARDITIS
22	9382	1/1/1990	12/31/2299	SYPHILITIC MYOCARDITIS
22	9389	1/1/1990	12/31/2299	CARDIOVASCULAR SYPH NEC
22	939	1/1/1990	12/31/2299	CARDIOVASCULAR SYPH NOS
22	94	1/1/1990	12/31/2299	NEUROSYPHILIS
22	940	1/1/1990	12/31/2299	TABES DORSALIS
22	941	1/1/1990	12/31/2299	GENERAL PARESIS
22	942	1/1/1990	12/31/2299	SYPHILITIC MENINGITIS
22	943	1/1/1990	12/31/2299	ASYMPTOMAT NEUROSYPHILIS
22	948	1/1/1990	12/31/2299	OTHER NEUROSYPHILIS
22	9481	1/1/1990	12/31/2299	SYPHILITIC ENCEPHALITIS
22	9482	1/1/1990	12/31/2299	SYPHILITIC PARKINSONISM
22	9483	1/1/1990	12/31/2299	SYPH DISSEM RETINITIS
22	9484	1/1/1990	12/31/2299	SYPHILITIC OPTIC ATROPHY
22	9485	1/1/1990	12/31/2299	SYPH RETROBULB NEURITIS
22	9486	1/1/1990	12/31/2299	SYPHIL ACOUSTIC NEURITIS
22	9487	1/1/1990	12/31/2299	SYPH RUPT CEREB ANEURYSM
22	9489	1/1/1990	12/31/2299	NEUROSYPHILIS NEC
22	949	1/1/1990	12/31/2299	NEUROSYPHILIS NOS
22	95	1/1/1990	12/31/2299	OTH LATE SYMPT SYPHILIS
22	950	1/1/1990	12/31/2299	SYPHILITIC EPISCLERITIS
22	951	1/1/1990	12/31/2299	SYPHILIS OF LUNG
22	952	1/1/1990	12/31/2299	SYPHILITIC PERITONITIS
22	953	1/1/1990	12/31/2299	SYPHILIS OF LIVER
22	954	1/1/1990	12/31/2299	SYPHILIS OF KIDNEY
22	955	1/1/1990	12/31/2299	SYPHILIS OF BONE

(Continued)

Table A-3.14 – Diagnosis Group 22 Table

Group Number	Code	Effective Date	End Date	Code Description
22	956	1/1/1990	12/31/2299	SYPHILIS OF MUSCLE
22	957	1/1/1990	12/31/2299	SYPHILIS OF TENDON/BURSA
22	958	1/1/1990	12/31/2299	LATE SYMPT SYPHILIS NEC
22	959	1/1/1990	12/31/2299	LATE SYMPT SYPHILIS NOS
22	96	1/1/1990	12/31/2299	LATE SYPHILIS LATENT
22	97	1/1/1990	12/31/2299	OTH & UNSPEC SYPHILIS
22	970	1/1/1990	12/31/2299	LATE SYPHILIS NOS
22	971	1/1/1990	12/31/2299	LATENT SYPHILIS NOS
22	979	1/1/1990	12/31/2299	SYPHILIS NOS
22	98	1/1/1990	12/31/2299	GONOCOCCAL INFECTIONS
22	980	1/1/1990	12/31/2299	ACUTE GC INFECT LOWER GU
22	981	1/1/1990	12/31/2299	ACUTE GC INFECT UPPER GU
22	9810	1/1/1990	12/31/2299	GC INFECT UPPER GU NOS
22	9811	1/1/1990	12/31/2299	GC CYSTITIS (ACUTE)
22	9812	1/1/1990	12/31/2299	GC PROSTATITIS (ACUTE)
22	9813	1/1/1990	12/31/2299	GC ORCHITIS (ACUTE)
22	9814	1/1/1990	12/31/2299	GC SEM VESICULIT (ACUTE)
22	9815	1/1/1990	12/31/2299	GC CERVICITIS (ACUTE)
22	9816	1/1/1990	12/31/2299	GC ENDOMETRITIS (ACUTE)
22	9817	1/1/1990	12/31/2299	GC SALPINGITIS (ACUTE)
22	9819	1/1/1990	12/31/2299	GC INFECT UPPER GU NEC
22	982	1/1/1990	12/31/2299	CHR GC INFECT LOWER GU
22	983	1/1/1990	12/31/2299	CHR GC INFECT UPPER GU
22	9830	1/1/1990	12/31/2299	CHR GC UPPER GU NOS
22	9831	1/1/1990	12/31/2299	GC CYSTITIS, CHRONIC
22	9832	1/1/1990	12/31/2299	GC PROSTATITIS, CHRONIC
22	9833	10/10/1990	12/31/2299	GC ORCHITIS, CHRONIC
22	9834	1/1/1990	12/31/2299	GC SEM VESICULITIS, CHR
22	9835	1/1/1990	12/31/2299	GC CERVICITIS, CHRONIC
22	9836	1/1/1990	12/31/2299	GC ENDOMETRITIS, CHRONIC
22	9837	1/1/1990	12/31/2299	GC SALPINGITIS (CHRONIC)
22	9839	1/1/1990	12/31/2299	CHR GC UPPER GU NEC
22	984	1/1/1990	12/31/2299	GONOCOCCAL INFECTION EYE
22	9840	1/1/1990	12/31/2299	GONOCOCCAL CONJUNCTIVIT
22	9841	1/1/1990	12/31/2299	GONOCOCCAL IRIDOCYCLITIS
22	9842	1/1/1990	12/31/2299	GONOCOCCAL ENDOPHTHALMIA
22	9843	1/1/1990	12/31/2299	GONOCOCCAL KERATITIS

(Continued)

Table A-3.14 – Diagnosis Group 22 Table

Group Number	Code	Effective Date	End Date	Code Description
22	9849	1/1/1990	12/31/2299	GONOCOCCAL EYE NEC
22	985	1/1/1990	12/31/2299	GONOCOCCAL INFECT JOINT
22	9850	1/1/1990	12/31/2299	GONOCOCCAL ARTHRITIS
22	9851	1/1/1990	12/31/2299	GONOCOCCAL SYNOVITIS
22	9852	1/1/1990	12/31/2299	GONOCOCCAL BURSITIS
22	9853	1/1/1990	12/31/2299	GONOCOCCAL SPONDYLITIS
22	9859	1/1/1990	12/31/2299	GC INFECT JOINT NEC
22	986	1/1/1990	12/31/2299	GONOCOCCAL INFEC PHARYNX
22	987	1/1/1990	12/31/2299	GC INFECT ANUS & RECTUM
22	988	1/1/1990	12/31/2299	GONOCOCCAL INF OTH SITES
22	9881	1/1/1990	12/31/2299	GONOCOCCAL KERATOSIS
22	9882	1/1/1990	12/31/2299	GONOCOCCAL MENINGITIS
22	9883	1/1/1990	12/31/2299	GONOCOCCAL PERICARDITIS
22	9884	1/1/1990	12/31/2299	GONOCOCCAL ENDOCARDITIS
22	9885	1/1/1990	12/31/2299	GONOCOCCAL HEART DIS NEC
22	9886	1/1/1990	12/31/2299	GONOCOCCAL PERITONITIS
22	9889	1/1/1990	12/31/2299	GONOCOCCAL INF SITE NEC
22	99	1/1/1990	12/31/2299	OTHER VENEREAL DISEASE
22	990	1/1/1990	12/31/2299	CHANCROID
22	991	1/1/1990	12/31/2299	LYMPHOGRANULOMA VENEREUM
22	992	1/1/1990	12/31/2299	GRANULOMA INGUINALE
22	993	1/1/1990	12/31/2299	REITER'S DISEASE
22	994	1/1/1990	12/31/2299	NONGONOCOCC URETHRIT NEC
22	9940	1/1/1990	12/31/2299	UNSPECIFED NONGONOCOCCAL
22	9941	1/1/1990	12/31/2299	VENERAL URETHRITIS DUE TO
22	9949	1/1/1990	12/31/2299	DUE TO OTHER SPECIFIED OR
22	9950	1/1/1990	12/31/2299	CHLAMYDIA TRACHOMATIS INF
22	9951	1/1/1990	12/31/2299	CHLAMYDIA TRACHOMATIS INF
22	9952	1/1/1990	12/31/2299	CHLAMYDIA TRACHOMATISINFE
22	9953	1/1/1990	12/31/2299	CHLAMYDIA TRACHOMATIS INF
22	9954	1/1/1990	12/31/2299	CHLAMYDIA TRACHOMATIS INF
22	9955	1/1/1990	12/31/2299	CHLAMYDIA TRACHOMATIS INF
22	9956	1/1/1990	12/31/2299	CHLAMYDIA TRACHOMATIS INF
22	9959	1/1/1990	12/31/2299	CHYAMYDIA TRACHOMATIS INF
22	998	1/1/1990	12/31/2299	VENEREAL DISEASE NEC
22	999	1/1/1990	12/31/2299	VENEREAL DISEASE NOS
22	V25	7/1/1994	12/31/2299	CONTRACEPTIVE MANAGEMENT

(Continued)

Table A-3.14 – Diagnosis Group 22 Table

Group Number	Code	Effective Date	End Date	Code Description
22	V250	7/1/1994	12/31/2299	CONTRACEP MGMT-COUNSEL
22	V2501	7/1/1994	12/31/2299	PRESCRIP-ORAL CONTRACEPT
22	V2502	7/1/1994	12/31/2299	INITIATE CONTRACEPT NEC
22	V2509	7/1/1994	12/31/2299	CONTRACEPTIVE MANGMT NEC
22	V251	7/1/1994	12/31/2299	INSERTION OF IUD
22	V253	7/1/1994	12/31/2299	MENSTRUAL EXTRACTION
22	V254	7/1/1994	12/31/2299	CONTRACEPT SURVEILLANCE
22	V2540	7/1/1994	12/31/2299	CONTRACEPT SURVEILL NOS
22	V2541	7/1/1994	12/31/2299	CONTRACEPT PILL SURVEILL
22	V2542	7/1/1994	12/31/2299	IUD SURVEILLANCE
22	V2549	7/1/1994	12/31/2299	CONTRACEPT SURVEILL NEC
22	V255	7/1/1994	12/31/2299	INSERTION AND SURVEILLANC
22	V258	7/1/1994	12/31/2299	CONTRACEPTIVE MANGMT NEC
22	V259	7/1/1994	12/31/2299	CONTRACEPTIVE M ANGMT NOS

Table A-3.15 – Diagnosis Group 23 Table

Group Number	Code	Effective Date	End Date	Code Description
23	606	7/1/1994	12/31/2299	MALE INFERTILITY
23	6060	7/1/1994	12/31/2299	AZOOSPERMIA
23	6061	7/1/1994	12/31/2299	OLIGOSPERMIA
23	6068	7/1/1994	12/31/2299	MALE INFERTILITY NEC
23	6069	7/1/1994	12/31/2299	MALE INFERTILITY NOS
23	628	7/1/1994	12/31/2299	FEMALE INFERTILITY
23	6280	7/1/1994	12/31/2299	INFERTILITY-ANOVULATION
23	6281	7/1/1994	12/31/2299	INFERTIL-PITUITARY ORIG
23	6282	7/1/1994	12/31/2299	INFERTILITY-TUBAL ORIGIN
23	6283	7/1/1994	12/31/2299	INFERTILITY-UTERINE ORIG
23	6284	7/1/1994	12/31/2299	INFERTIL-CERVICAL ORIG
23	6288	7/1/1994	12/31/2299	FEMALE INFERTILITY NEC
23	6289	7/1/1994	12/31/2299	FEMALE INFERTILITY NOS
23	94857	1/1/1900	12/31/2299	*50-59% BD BRN/70-79% 3D

Table A-3.16 – Diagnosis Group 24 Table

Group Number	Code	Effective Date	End Date	Code Description
24	900	1/1/1990	12/31/2299	EARLY CONG SYPH SYMPTOM
24	901	1/1/1990	12/31/2299	EARLY CONGEN SYPH LATENT
24	902	1/1/1990	12/31/2299	EARLY CONGEN SYPH NOS
24	903	1/1/1990	12/31/2299	SYPHILITIC KERATITIS
24	904	1/1/1990	12/31/2299	JUVENILE NEUROSYPHILIS
24	9040	1/1/1990	12/31/2299	JUVENILE NEURO SYPHILLIS
24	9041	1/1/1990	12/31/2299	CONGEN SYPH ENCEPHALITIS
24	9042	1/1/1990	12/31/2299	CONGEN SYPH MENINGITIS
24	9049	1/1/1990	12/31/2299	CONGENITAL SYPHILIS NEC
24	905	1/1/1990	12/31/2299	LATE CONGEN SYPH SYMPTOM
24	906	1/1/1990	12/31/2299	LATE CONGEN SYPH LATENT
24	907	1/1/1990	12/31/2299	LATE CONGEN SYPH NOS
24	909	1/1/1990	12/31/2299	CONGENITAL SYPHILIS NOS
24	910	1/1/1990	12/31/2299	PRIMARY GENITAL SYPHILIS
24	911	1/1/1990	12/31/2299	PRIMARY ANAL SYPHILIS
24	912	1/1/1990	12/31/2299	PRIMARY SYPHILIS NEC
24	913	1/1/1990	12/31/2299	SECONDARY SYPH SKIN
24	914	1/1/1990	12/31/2299	SYPHILITIC ADENOPATHY
24	915	1/1/1990	12/31/2299	SYPHILITIC UVEITIS
24	9150	1/1/1990	12/31/2299	SYPHILITIC UVEITIS NOS
24	9151	1/1/1990	12/31/2299	SYPHILIT CHORIORETINITIS
24	9152	1/1/1990	12/31/2299	SYPHILITIC IRIDOCYCLITIS
24	916	1/1/1990	12/31/2299	SECOND SYPH VISCERA/BONE
24	9161	1/1/1990	12/31/2299	SYPHILITIC PERIOSTITIS
24	9162	1/1/1990	12/31/2299	SYPHILITIC HEPATITIS
24	9169	1/1/1990	12/31/2299	VISCERA NEC
24	917	1/1/1990	12/31/2299	SECOND SYPHILIS RELAPSE
24	918	1/1/1990	12/31/2299	OTH SECONDARY SYPHILIS
24	9181	1/1/1990	12/31/2299	ACUTE SYPHIL MENINGITIS
24	9182	1/1/1990	12/31/2299	SYPHILITIC ALOPECIA
24	9189	1/1/1990	12/31/2299	SECONDARY SYPHILIS NEC
24	919	1/1/1990	12/31/2299	SECONDARY SYPHILIS NOS
24	920	1/1/1990	12/31/2299	EARLY SYPH LATENT RELAPS
24	929	1/1/1990	12/31/2299	EARLY SYPHIL LATENT NOS
24	930	1/1/1990	12/31/2299	AORTIC ANEURYSM, SYPHIL
24	931	1/1/1990	12/31/2299	SYPHILITIC AORTITIS

(Continued)

Table A-3.16 – Diagnosis Group 24 Table

Group Number	Code	Effective Date	End Date	Code Description
24	932	1/1/1990	12/31/2299	SYPHILITIC ENDOCARDITIS
24	9320	1/1/1990	12/31/2299	SYPHIL ENDOCARDITIS NOS
24	9321	1/1/1990	12/31/2299	SYPHILITIC MITRAL VALVE
24	9322	1/1/1990	12/31/2299	SYPHILITIC AORTIC VALVE
24	9323	1/1/1990	12/31/2299	SYPHIL TRICUSPID VALVE
24	9324	1/1/1990	12/31/2299	SYPHIL PULMONARY VALVE
24	938	1/1/1990	12/31/2299	OTH CARDIOVASC ULAR SYPH
24	9381	1/1/1990	12/31/2299	SYPHILITIC PERICARDITIS
24	9382	1/1/1990	12/31/2299	SYPHILITIC MYOCARDITIS
24	9389	1/1/1990	12/31/2299	CARDIOVASCULAR SYPH NEC
24	939	1/1/1990	12/31/2299	CARDIOVASCULAR SYPH NOS
24	940	1/1/1990	12/31/2299	TABES DORSALIS
24	941	1/1/1990	12/31/2299	GENERAL PARESIS
24	942	1/1/1990	12/31/2299	SYPHILITIC MENINGITIS
24	943	1/1/1990	12/31/2299	ASYMPTOMAT NEUROSYPHILIS
24	948	1/1/1990	12/31/2299	OTHER NEUROSYPHILIS
24	9481	1/1/1990	12/31/2299	SYPHILITIC ENCEPHALITIS
24	9482	1/1/1990	12/31/2299	SYPHILITIC PARKINSONISM
24	9483	1/1/1990	12/31/2299	SYPH DISSEM RETINITIS
24	9484	1/1/1990	12/31/2299	SYPHILITIC OPTIC ATROPHY
24	9485	1/1/1990	12/31/2299	SYPH RETROBULB NEURITIS
24	9486	1/1/1990	12/31/2299	SYPHIL ACOUSTIC NEURITIS
24	9487	1/1/1990	12/31/2299	SYPH RUPT CEREB ANEURYSM
24	9489	1/1/1990	12/31/2299	NEUROSYPHILIS NEC
24	950	1/1/1990	12/31/2299	SYPHILITIC EPISCLERITIS
24	951	1/1/1990	12/31/2299	SYPHILIS OF LUNG
24	952	1/1/1990	12/31/2299	SYPHILITIC PERITONITIS
24	953	1/1/1990	12/31/2299	SYPHILIS OF LIVER
24	954	1/1/1990	12/31/2299	SYPHILIS OF KIDNEY
24	955	1/1/1990	12/31/2299	SYPHILIS OF BONE
24	956	1/1/1990	12/31/2299	SYPHILIS OF MUSCLE
24	957	1/1/1990	12/31/2299	SYPHILIS OF TENDON/BURSA
24	958	1/1/1990	12/31/2299	LATE SYMPT SYPHILIS NEC
24	959	1/1/1990	12/31/2299	LATE SYMPT SYPHILIS NOS
24	96	1/1/1990	12/31/2299	LATE SYPHILIS LATENT
24	970	1/1/1990	12/31/2299	LATE SYPHILIS NOS
24	971	1/1/1990	12/31/2299	LATENT SYPHILIS NOS

(Continued)

Table A-3.16 – Diagnosis Group 24 Table

Group Number	Code	Effective Date	End Date	Code Description
24	979	1/1/1990	12/31/2299	SYPHILIS NOS
24	980	1/1/1990	12/31/2299	ACUTE GC INFECT LOWER GU
24	981	1/1/1990	12/31/2299	ACUTE GC INFECT UPPER GU
24	9810	1/1/1990	12/31/2299	GC INFECT UPPER GU NOS
24	9811	1/1/1990	12/31/2299	GC CYSTITIS (ACUTE)
24	9812	1/1/1990	12/31/2299	GC PROSTATITIS (ACUTE)
24	9813	1/1/1990	12/31/2299	GC ORCHITIS (ACUTE)
24	9814	1/1/1990	12/31/2299	GC SEM VESICULIT (ACUTE)
24	9815	1/1/1990	12/31/2299	GC CERVICITIS (ACUTE)
24	9816	1/1/1990	12/31/2299	GC ENDOMETRITIS (ACUTE)
24	9817	1/1/1990	12/31/2299	GC SALPINGITIS (ACUTE)
24	9819	1/1/1990	12/31/2299	GC INFECT UPPER GU NEC
24	982	1/1/1990	12/31/2299	CHR GC INFECT LOWER GU
24	983	1/1/1990	12/31/2299	CHR GC INFECT UPPER GU
24	9830	1/1/1990	12/31/2299	CHR GC UPPER GU NOS
24	9831	1/1/1990	12/31/2299	GC CYSTITIS, CHRONIC
24	9832	1/1/1990	12/31/2299	GC PROSTATITIS, CHRONIC
24	9833	1/1/1990	12/31/2299	GC ORCHITIS, CHRONIC
24	9834	1/1/1990	12/31/2299	GC SEM VESICULITIS, CHR
24	9835	1/1/1990	12/31/2299	GC CERVICITIS, CHRONIC
24	9836	1/1/1990	12/31/2299	GC ENDOMETRITIS, CHRONIC
24	9837	1/1/1990	12/31/2299	GC SALPINGITIS (CHRONIC)
24	9839	1/1/1990	12/31/2299	CHR GC UPPER GU NEC
24	984	1/1/1990	12/31/2299	GONOCOCCAL INFECTION EYE
24	9840	1/1/1990	12/31/2299	GONOCOCCAL CONJUNCTIVIT
24	9841	1/1/1990	12/31/2299	GONOCOCCAL IRIDOCYCLITIS
24	9842	1/1/1990	12/31/2299	GONOCOCCAL ENDOPHTHALMIA
24	9843	1/1/1990	12/31/2299	GONOCOCCAL KERATITIS
24	9849	1/1/1990	12/31/2299	GONOCOCCAL EYE NEC
24	985	1/1/1990	12/31/2299	GONOCOCCAL INFECT JOINT
24	9850	1/1/1990	12/31/2299	GONOCOCCAL ARTHRITIS
24	9851	1/1/1990	12/31/2299	GONOCOCCAL SYNOVITIS
24	9852	1/1/1990	12/31/2299	GONOCOCCAL BURSITIS
24	9853	1/1/1990	12/31/2299	GONOCOCCAL SPONDYLITIS
24	9859	1/1/1990	12/31/2299	GC INFECT JOINT NEC
24	986	1/1/1990	12/31/2299	GONOCOCCAL INFEC PHARYNX
24	987	1/1/1990	12/31/2299	GC INFECT ANUS & RECTUM

(Continued)

Table A-3.16 – Diagnosis Group 24 Table

Group Number	Code	Effective Date	End Date	Code Description
24	988	1/1/1990	12/31/2299	GONOCOCCAL INF OTH SITES
24	9881	1/1/1990	12/31/2299	GONOCOCCAL KERATOSIS
24	9882	1/1/1990	12/31/2299	GONOCOCCAL MENINGITIS
24	9883	1/1/1990	12/31/2299	GONOCOCCAL PERICARDITIS
24	9884	1/1/1990	12/31/2299	GONOCOCCAL ENDOCARDITIS
24	9885	1/1/1990	12/31/2299	GONOCOCCAL HEART DIS NEC
24	9886	1/1/1990	12/31/2299	GONOCOCCAL PERITONITIS
24	9889	1/1/1990	12/31/2299	GONOCOCCAL INF SITE NEC
24	99	1/1/1990	12/31/2299	OTHER VENEREAL DISEASE
24	990	1/1/1990	12/31/2299	CHANCROID
24	991	1/1/1990	12/31/2299	LYMPHOGRANULOMA VENEREUM
24	992	1/1/1990	12/31/2299	GRANULOMA INGUINALE
24	993	1/1/1990	12/31/2299	REITER'S DISEASE
24	994	1/1/1990	12/31/2299	NONGONOCOCC URETHRIT NEC
24	9940	1/1/1990	12/31/2299	UNSPECIFED NONGONOCOCCAL
24	9941	1/1/1990	12/31/2299	VENERAL URETHRITIS DUE TO
24	9949	1/1/1990	12/31/2299	DUE TO OTHER SPECIFIED OR
24	9950	1/1/1990	12/31/2299	CHLAMYDIA TRACHOMATIS INF
24	9951	1/1/1990	12/31/2299	CHLAMYDIA TRACHOMATIS INF
24	9952	1/1/1990	12/31/2299	CHLAMYDIA TRACHOMATISINFE
24	9953	1/1/1990	12/31/2299	CHLAMYDIA TRACHOMATIS INF
24	9954	1/1/1990	12/31/2299	CHLAMYDIA TRACHOMATIS INF
24	9955	1/1/1990	12/31/2299	CHLAMYDIA TRACHOMATIS INF
24	9956	1/1/1990	12/31/2299	CHLAMYDIA TRACHOMATIS INF
24	9959	1/1/1990	12/31/2299	CHYAMYDIA TRACHOMATIS INF
24	998	1/1/1990	12/31/2299	VENEREAL DISEASE NEC
24	999	1/1/1990	12/31/2299	VENEREAL DISEASE NOS
24	290	1/1/1990	12/31/2299	SENILE/PRESENILE PSYCHOS
24	2900	1/1/1990	12/31/2299	SENILE DEMENTIA UNCOMP
24	2901	1/1/1990	12/31/2299	PRESENILE DEMENTIA
24	29010	1/1/1990	12/31/2299	PRESENILE DEMENTIA, UNCOM
24	29011	1/1/1990	12/31/2299	PRESENILE DELIRIUM
24	29012	1/1/1990	12/31/2299	PRESENILE DELUSION
24	29013	1/1/1990	12/31/2299	PRESENILE DEPRESSION
24	2902	1/1/1990	12/31/2299	SENILE DELUSION/DEPRESS
24	29020	1/1/1990	12/31/2299	SENILE DELUSION
24	29021	1/1/1990	12/31/2299	SENILE DEPRESSIVE

(Continued)

Table A-3.16 – Diagnosis Group 24 Table

Group Number	Code	Effective Date	End Date	Code Description
24	2903	1/1/1990	12/31/2299	SENILE DELIRIUM
24	2904	1/1/1990	12/31/2299	ARTERIOSCLEROT DEMENTIA
24	29040	1/1/1990	12/31/2299	ARTERIOSCLER DEMENT NOS
24	29041	1/1/1990	12/31/2299	ARTERIOSCLER DELIRIUM
24	29042	1/1/1990	12/31/2299	ARTERIOSCLER DELUSION
24	29043	1/1/1990	12/31/2299	ARTERIOSCLER DEPRESSIVE
24	2908	1/1/1990	12/31/2299	SENILE PSYCHOSIS NEC
24	2909	1/1/1990	12/31/2299	SENILE PSYCHOT COND NOS
24	291	1/1/1900	12/31/2299	ALCOHOLIC PSYCHOSES
24	2910	1/1/1990	12/31/2299	DELIRIUM TREMENS
24	2911	1/1/1990	12/31/2299	ALCOHOL AMNESTIC SYND
24	2912	1/1/1990	12/31/2299	ALCOHOLIC DEMENTIA NEC
24	2913	1/1/1990	12/31/2299	ALCOHOL HALLUCINOSIS
24	2914	1/1/1990	12/31/2299	PATHOLOGIC ALCOHOL INTOX
24	2915	1/1/1990	12/31/2299	ALCOHOLIC JEALOUSY
24	2918	1/1/1990	12/31/2299	ALCOHOLIC PSYCHOSIS NEC
24	2919	1/1/1990	12/31/2299	ALCOHOLIC PSYCHOSIS NOS
24	292	1/1/1900	12/31/2299	DRUG PSYCHOSES
24	2920	1/1/1990	12/31/2299	DRUG WITHDRAWAL SYNDROME
24	2921	1/1/1990	12/31/2299	DRUG PARANOID/HALLUCINOS
24	29211	1/1/1990	12/31/2299	DRUG PARANOID STATE
24	29212	1/1/1990	12/31/2299	DRUG HALLUCINOSIS
24	2922	1/1/1990	12/31/2299	PATHOLOGIC DRUG INTOX
24	2928	1/1/1990	12/31/2299	OTHER DRUG MENTAL DIS
24	29281	1/1/1990	12/31/2299	DRUG-INDUCED DELIRIUM
24	29282	1/1/1990	12/31/2299	DRUG-INDUCED DEMENTIA
24	29283	1/1/1990	12/31/2299	DRUG AMNESTIC SYNDROME
24	29284	1/1/1990	12/31/2299	DRUG DEPRESSIVE SYNDROME
24	29289	1/1/1990	12/31/2299	DRUG MENTAL DISORDER NEC
24	2929	1/1/1990	12/31/2299	DRUG MENTAL DISORDER NOS
24	293	1/1/1900	12/31/2299	TRANSIENT ORG MENTAL DIS
24	2930	1/1/1990	12/31/2299	ACUTE DELIRIUM
24	2931	1/1/1990	12/31/2299	SUBACUTE DELIRIUM
24	2938	1/1/1990	12/31/2299	OTH TRANSIENT ORG MENTAL
24	29381	1/1/1990	12/31/2299	ORGANIC DELUSIONAL SYND
24	29382	1/1/1990	12/31/2299	ORGANIC HALLUCINOSIS SYND
24	29383	1/1/1990	12/31/2299	ORGANIC AFFECTIVE SYND

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Table A-3.16 – Diagnosis Group 24 Table

Group Number	Code	Effective Date	End Date	Code Description
24	29389	1/1/1990	12/31/2299	TRANSIENT ORG MENTAL NEC
24	2939	1/1/1990	12/31/2299	TRANSIENT ORG MENTAL NOS
24	294	1/1/1900	12/31/2299	OTHER ORGANIC PSYCH COND
24	2940	1/1/1990	12/31/2299	AMNESTIC SYNDROME
24	2941	1/1/1990	12/31/2299	DEMENTIA IN OTH DISEASES
24	2948	1/1/1990	12/31/2299	ORGANIC BRAIN SYND NEC
24	2949	1/1/1990	12/31/2299	ORGANIC BRAIN SYND NOS
24	295	1/1/1900	12/31/2299	SCHIZOPHRENIC DISORDERS
24	2950	1/1/1990	12/31/2299	SIMPLE SCHIZOPHRENIA
24	29500	1/1/1990	12/31/2299	SIMPL SCHIZOPHREN-UNSPEC
24	29501	1/1/1990	12/31/2299	SIMPL SCHIZOPHREN-SUBCHR
24	29502	1/1/1990	12/31/2299	SIMPLE SCHIZOPHREN-CHR
24	29503	1/1/1990	12/31/2299	SIMP SCHIZ-SUBCHR/EXACERB
24	29504	1/1/1990	11/23/2299	SIMPL SCHIZO-CHR/EXACERB
24	29505	1/1/1990	12/31/2299	SIMPL SCHIZOPHREN-REMISS
24	2951	1/1/1990	12/31/2299	HEBEPHRENIA
24	29510	1/1/1990	12/31/2299	HEBEPHRENIA-UNSPEC
24	29511	1/1/1990	12/31/2299	HEBEPHRENIA-SUBCHRONIC
24	29512	1/1/1990	12/31/2299	HEBEPHRENIA-CHRONIC
24	29513	1/1/1990	12/31/2299	HEBEPHREN-SUBCHR/EXACERB
24	29514	1/1/1990	12/31/2299	HEBEPHRENIA-CHR/EXACERB
24	29515	1/1/1990	12/31/2299	HEBEPHRENIA-REMISSION
24	2952	1/1/1990	12/31/2299	CATATONIC SCHIZOPHRENIA
24	29520	1/1/1990	12/31/2299	CATATONIA-UNSPEC
24	29521	1/1/1990	12/31/2299	CATATONIA-SUBCHRONIC
24	29522	1/1/1990	12/31/2299	CATATONIA-CHRONIC
24	29523	1/1/1990	12/31/2299	CATATONIA-SUBCHR/EXACERB
24	29524	1/1/1990	12/31/2299	CATATONIA-CHR/EXACERB
24	29525	1/1/1990	12/31/2299	CATATONIA-REMISSION
24	2953	1/1/1990	12/31/2299	PARANOID SCHIZOPHRENIA
24	29530	1/1/1990	12/31/2299	PARANOID SCHIZO-UNSPEC
24	29531	1/1/1990	12/31/2299	PARANOID SCHIZO-SUBCHR
24	29532	1/1/1990	12/31/2299	PARANOID SCHIZO-CHRONIC
24	29533	1/1/1990	12/31/2299	PARAN SCHIZO-SUBCHR/EXAC
24	29534	1/1/1990	12/31/2299	PARAN SCHIZO-CHR/EXACERB
24	29535	1/1/1990	12/31/2299	PARANOID SCHIZO-REMISS
24	2954	1/1/1990	12/31/2299	AC SCHIZOPHRENIC EPISODE

(Continued)

Table A-3.16 – Diagnosis Group 24 Table

Group Number	Code	Effective Date	End Date	Code Description
24	29540	1/1/1990	12/31/2299	AC SCHIZOPHRENIA-UNSPEC
24	29541	1/1/1990	12/31/2299	AC SCHIZOPHRENIA-SUBCHR
24	29542	1/1/1990	12/31/2299	AC SCHIZOPHRENIA-CHR
24	29543	1/1/1990	12/31/2299	AC SCHIZO-SUBCHR/EXACERB
24	29544	1/1/1990	12/31/2299	AC SCHIZOPHR-CHR/EXACERB
24	29545	1/1/1990	12/31/2299	AC SCHIZOPHRENIA-REMISS
24	2955	1/1/1990	12/31/2299	LATENT SCHIZOPHRENIA
24	29550	1/1/1990	12/31/2299	LATENT SCHIZOPHREN-UNSP
24	29551	1/1/1990	12/31/2299	LAT SCHIZOPHREN-SUBCHR
24	29552	1/1/1990	12/31/2299	LATENT SCHIZOPHREN-CHR
24	29553	1/1/1990	12/31/2299	LAT SCHIZO-SUBCHR/EXACER
24	29554	1/1/1990	12/31/2299	LATENT SCHIZO-CHR/EXACER
24	29555	1/1/1990	12/31/2299	LAT SCHIZOPHREN-REMISS
24	2956	1/1/1990	12/31/2999	RESIDUAL SCHIZOPHRENIA
24	29560	1/1/1990	12/31/2299	RESID SCHIZOPHREN-UNSP
24	29561	1/1/1990	12/31/2299	RESID SCHIZOPHREN-SUBCHR
24	29562	1/1/1990	12/31/2299	RESIDUAL SCHIZOPHREN-CHR
24	29563	1/1/1990	12/31/2299	RESID SCHIZO-SUBCHR/EXAC
24	29564	1/1/1990	12/31/2299	RESID SCHIZO-CHR/EXACERB
24	29565	1/1/1990	12/31/2299	RESID SCHIZOPHREN-REMISS
24	2957	1/1/1990	12/31/2299	SCHIZOAFFECTIVE TYPE
24	29570	1/1/1990	12/31/2299	SCHIZOAFFECTIVE-UNSPEC
24	29571	1/1/1990	12/31/2299	SCHIZOAFFECTIVE-SUBCHR
24	29572	1/1/1990	12/31/2299	SCHIZOAFFECTIVE-CHRONIC
24	29573	1/1/1990	12/31/2299	SCHIZOAFF-SUBCHR/EXACER
24	29574	1/1/1990	12/31/2299	SCHIZOAFFECT-CHR/EXACER
24	29575	1/1/1990	12/31/2299	SCHIZOAFFECTIVE-REMISS
24	2958	1/1/1990	12/31/2299	SCHIZOPHRENIA NEC
24	29580	1/1/1990	12/31/2299	SCHIZOPHRENIA NEC-UNSPEC
24	29581	1/1/1990	12/31/2299	SCHIZOPHRENIA NEC-SUBCHR
24	29582	1/1/1990	12/31/2299	SCHIZOPHRENIA NEC-CHR
24	29583	1/1/1990	12/31/2299	SCHIZO NEC-SUBCHR/EXACER
24	29584	1/1/1990	12/31/2299	SCHIZO NEC-CHR/EXACERB
24	29585	1/1/1990	12/31/2299	SCHIZOPHRENIA NEC-REMISS
24	2959	1/1/1990	12/31/2299	SCHIZOPHRENIA NOS
24	29590	1/1/1990	12/31/2299	SCHIZOPHRENIA NOS-UNSPEC
24	29591	1/1/1990	12/31/2299	SCHIZOPHRENIA NOS-SUBCHR

(Continued)

Table A-3.16 – Diagnosis Group 24 Table

Group Number	Code	Effective Date	End Date	Code Description
24	29592	1/1/1990	12/31/2299	SCHIZOPHRENIA NOS-CHR
24	29593	1/1/1990	12/31/2299	SCHIZO NOS-SUBCHR/EXACER
24	29594	1/1/1990	12/31/2299	SCHIZO NOS-CHR/EXACERB
24	29595	1/1/1990	12/31/2299	SCHIZOPHRENIA NOS-REMISS
24	296	1/1/1900	12/31/2299	2961
24	2960	1/1/1990	12/31/2299	MANIC DIS, SINGLE EPISODE
24	29600	1/1/1990	12/31/2299	MANIC DISORDER-UNSPEC
24	29601	1/1/1990	12/31/2299	MANIC DISORDER-MILD
24	29602	1/1/1990	12/31/2299	MANIC DISORDER-MOD
24	29603	1/1/1990	12/31/2299	MANIC DISORDER-SEVERE
24	29604	1/1/1990	12/31/2299	MANIC DIS-SEVERE W PSYCH
24	29605	1/1/1990	12/31/2299	MANIC DIS-PARTIAL REMISS
24	29606	1/1/1990	12/31/2299	MANIC DIS-FULL REMISSION
24	2961	1/1/1990	12/31/2299	MANIC, RECURRENT EPISODE
24	29610	1/1/1990	12/31/2299	RECUR MANIC DIS-UNSPEC
24	29611	1/1/1990	12/31/2299	RECUR MANIC DIS-MILD
24	29612	1/1/1990	12/31/2299	RECUR MANIC DIS-MOD
24	29613	1/1/1990	12/31/2299	RECUR MANIC DIS-SEVERE
24	29614	1/1/1990	12/31/2299	RECUR MANIC-SEV W PSYCH
24	29615	1/1/1990	12/31/2299	RECUR MANIC-PART REMISS
24	29616	1/1/1990	12/31/2299	RECUR MANIC-FULL REMISS
24	2962	1/1/1990	12/31/2299	DEPR PSYCH, SINGLE EPISOD
24	29620	1/1/1990	12/31/2299	DEPRESS PSYCHOSIS-UNSPEC
24	29621	1/1/1990	12/31/2299	DEPRESS PSYCHOSIS-MILD
24	29622	1/1/1990	12/31/2299	DEPRESSIVE PSYCHOSIS-MOD
24	29623	1/1/1990	12/31/2299	DEPRESS PSYCHOSIS-SEVERE
24	29624	1/1/1990	12/31/2299	DEPR PSYCHOS-SEV W PSYCH
24	29625	1/1/1990	12/31/2299	DEPR PSYCHOS-PART REMISS
24	29626	1/1/1990	12/31/2299	DEPR PSYCHOS-FULL REMISS
24	2963	1/1/1990	12/31/2299	DEPR PSYCH, RECUR EPISODE
24	29630	1/1/1990	12/31/2299	RECURR DEPR PSYCHOS-UNSP
24	29631	1/1/1990	12/31/2299	RECURR DEPR PSYCHOS-MILD
24	29632	1/1/1990	12/31/2299	RECURR DEPR PSYCHOS-MOD
24	29633	1/1/1990	12/31/2299	RECUR DEPR PSYCH-SEVERE
24	29634	1/1/1990	12/31/2299	REC DEPR PSYCH-PSYCHOTIC
24	29635	1/1/1990	12/31/2299	RECUR DEPR PSYC-PART REM
24	29636	1/1/1990	12/31/2299	RECUR DEPR PSYC-FULL REM

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Table A-3.16 – Diagnosis Group 24 Table

Group Number	Code	Effective Date	End Date	Code Description
24	2964	1/1/1990	12/31/2299	BIPOLAR AFFECTIVE, MANIC
24	29640	1/1/1990	12/31/2299	BIPOL AFF, MANIC-UNSPEC
24	29641	1/1/1990	12/31/2299	BIPOLAR AFF, MANIC-MILD
24	29642	1/1/1990	12/31/2299	BIPOLAR AFFEC, MANIC-MOD
24	29643	1/1/1990	12/31/2299	BIPOL AFF, MANIC-SEVERE
24	29644	1/1/1990	12/31/2299	BIPOL MANIC-SEV W PSYCH
24	29645	1/1/1990	12/31/2299	BIPOL AFF MANIC-PART REM
24	29646	1/1/1990	12/31/2299	BIPOL AFF MANIC-FULL REM
24	2965	1/1/1990	12/31/2299	BIPOLAR AFFECT, DEPRESS
24	29650	1/1/1990	12/31/2299	BIPOLAR AFF, DEPR-UNSPEC
24	29651	1/1/1990	12/31/2299	BIPOLAR AFFEC, DEPR-MILD
24	29652	1/1/1990	12/31/2299	BIPOLAR AFFEC, DEPR-MOD
24	29653	1/1/1990	12/31/2299	BIPOL AFF, DEPR-SEVERE
24	29654	1/1/1990	12/31/2299	BIPOL DEPR-SEV W PSYCH
24	29655	1/1/1990	12/31/2299	BIPOL AFF DEPR-PART REM
24	29656	1/1/1990	12/31/2299	BIPOL AFF DEPR-FULL REM
24	2966	1/1/1990	12/31/2299	BIPOLAR AFFECTIVE, MIXED
24	29660	1/1/1990	12/31/2299	BIPOL AFF, MIXED-UNSPEC
24	29661	1/1/1990	12/31/2299	BIPOLAR AFF, MIXED-MILD
24	29662	1/1/1990	12/31/2299	BIPOLAR AFFEC, MIXED-MOD
24	29663	1/1/1990	12/31/2299	BIPOL AFF, MIXED-SEVERE
24	29664	1/1/1990	12/31/2299	BIPOL MIXED-SEV W PSYCH
24	29665	1/1/1990	12/31/2299	BIPOL AFF, MIX-PART REM
24	29666	1/1/1990	12/31/2299	BIPOL AFF, MIX-FULL REM
24	2967	1/1/1990	12/31/2299	BIPOLAR AFFECTIVE NOS
24	2968	1/1/1990	12/31/2299	MANIC-DEPRESSIVE NEC/NOS
24	29680	1/1/1990	12/31/2299	MANIC-DEPRESSIVE NOS
24	29681	1/1/1990	12/31/2299	ATYPICAL MANIC DISORDER
24	29682	1/1/1990	12/31/2299	ATYPICAL DEPRESSIVE DIS
24	29689	1/1/1990	12/31/2299	MANIC-DEPRESSIVE NEC
24	2969	1/1/1990	12/31/2299	AFFECT PSYCHOSES NEC/NOS
24	29690	1/1/1990	12/31/2299	AFFECTIVE PSYCHOSIS NOS
24	29699	1/1/1990	12/31/2299	AFFECTIVE PSYCHOSES NEC
24	297	1/1/1900	12/31/2299	PARANOID STATES
24	2970	1/1/1990	12/31/2299	PARANOID STATE, SIMPLE
24	2971	1/1/1990	12/31/2299	PARANOIA
24	2972	1/1/1990	12/31/2299	PARAPHRENIA

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Table A-3.16 – Diagnosis Group 24 Table

Group Number	Code	Effective Date	End Date	Code Description
24	2973	1/1/1990	12/31/2299	SHARED PARANOID DISORDER
24	2978	1/1/1990	12/31/2299	PARANOID STATES NEC
24	2979	1/1/1990	12/31/2299	PARANOID STATE NOS
24	298	1/1/1900	12/31/2299	OTH NONORGANIC PSYCHOSES
24	2980	1/1/1990	12/31/2299	REACT DEPRESS PSYCHOSIS
24	2981	1/1/1990	12/31/2299	EXCITATIVE TYDE PSYCHOSIS
24	2982	1/1/1990	12/31/2299	REACTIVE CONFUSION
24	2983	1/1/1990	12/31/2299	ACUTE PARANOID REACTION
24	2984	1/1/1990	12/31/2299	PSYCHOGEN PARANOID PSYCH
24	2988	1/1/1990	12/31/2299	REACT PSYCHOSIS NEC/NOS
24	2989	1/1/1990	12/31/2299	PSYCHOSIS NOS
24	299	1/1/1900	12/31/2299	PSYCHOSES OF CHILDHOOD
24	2990	1/1/1990	12/31/2299	INFANTILE AUTISM
24	29900	1/1/1990	12/31/2299	INFANTILE AUTISM -ACTIVE
24	29901	1/1/1990	12/31/2299	INFANTILE AUTISM -RESID
24	2991	1/1/1990	12/31/2299	DISINTEGRATIVE PSYCHOSIS
24	29910	1/1/1990	12/31/2299	DISINTEGR PSYCH-ACTIVE
24	29911	1/1/1990	12/31/2299	DISINTEGR PSYCH-RESIDUAL
24	2998	1/1/1990	12/31/2299	EARLY CHILD PSYCHOSES NEC
24	29980	1/1/1990	12/31/2299	CHILD PSYCHOS NEC-ACTIVE
24	29981	1/1/1990	12/31/2299	CHILD PSYCHOS NEC-RESID
24	2999	1/1/1990	12/31/2299	EARLY CHILD PSYCHOSIS NOS
24	29990	1/1/1990	12/31/2299	CHILD PSYCHOS NOS-ACTIVE
24	29991	1/1/1990	12/31/2299	CHILD PSYCHOS NOS-RESID
24	300	1/1/1900	12/31/2299	NEUROTIC DISORDERS
24	3000	1/1/1990	12/31/2299	ANXIETY STATES
24	30000	1/1/1990	12/31/2299	ANXIETY STATE NOS
24	30001	1/1/1990	12/31/2299	PANIC DISORDER
24	30002	1/1/1990	12/31/2299	GENERALIZED ANXIETY DIS
24	30009	1/1/1990	12/31/2299	ANXIETY STATE NEC
24	3001	1/1/1990	12/31/2299	HYSTERIA
24	30011	1/1/1990	12/31/2299	CONVERSION DISORDER
24	30012	1/1/1990	12/31/2299	PSYCHOGENIC AMNESIA
24	30013	1/1/1990	12/31/2299	PSYCHOGENIC FUGUE
24	30014	1/1/1990	12/31/2299	MULTIPLE PERSONALITY
24	30015	1/1/1990	12/31/2299	DISSOCIATIVE REACT NOS
24	30016	1/1/1990	12/31/2299	FACTITIOUS ILL W SYMPTOM

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Table A-3.16 – Diagnosis Group 24 Table

Group Number	Code	Effective Date	End Date	Code Description
24	30019	1/1/1990	12/31/2299	FACTITIOUS ILL NEC/NOS
24	3002	1/1/1990	12/31/2299	PHOBIC DISORDERS
24	30020	1/1/1990	12/31/2299	PHOBIA NOS
24	30021	1/1/1990	12/31/2299	AGORAPHOBIA WITH PANIC
24	30022	1/1/1990	12/31/2299	AGORAPHOBIA W/O PANIC
24	30023	1/1/1990	12/31/2299	SOCIAL PHOBIA
24	30029	1/1/1990	12/31/2299	ISOLATED PHOBIAS NEC
24	3003	1/1/1990	12/31/2299	OBSESSIVE-COMPULSIVE DIS
24	3004	1/1/1990	12/31/2299	NEUROTIC DEPRESSION
24	3005	1/1/1990	12/31/2299	NEURASTHENIA
24	3006	1/1/1990	12/31/2299	DEPERSONALIZATION SYND
24	3007	1/1/1990	12/31/2299	HYPOCHONDRIASIS
24	3008	1/1/1990	12/31/2299	NEUROTIC DISORDERS NEC
24	30081	1/1/1990	12/31/2299	SOMATIZATION DISORDER
24	30089	1/1/1990	12/31/2299	NEUROTIC DISORDERS NEC
24	3009	1/1/1990	12/31/2299	NEUROTIC DISORDER NOS
24	301	1/1/1900	12/31/2299	PERSONALITY DISORDERS
24	3010	1/1/1990	12/31/2299	PARANOID PERSONALITY
24	3011	1/1/1990	12/31/2299	AFFECTIVE PERSONALITY
24	30110	1/1/1990	12/31/2299	AFFECTIVE PERSONALITY NOS
24	30111	1/1/1990	12/31/2299	CHRONIC HYPOMANIC PERSON
24	30112	1/1/1990	12/31/2999	CHR DEPRESSIVE PERSON
24	30113	1/1/1990	12/31/2299	CYCLOTHYMIC DISORDER
24	3012	1/1/1990	12/31/2299	SCHIZOID PERSONALITY
24	30120	1/1/1990	12/31/2299	SCHIZOID PERSONALITY NOS
24	30121	1/1/1990	12/31/2299	INTROVERTED PERSONALIT Y
24	30122	1/1/1990	12/31/2299	SCHIZOTYPAL PERSONALITY
24	3013	1/1/1990	12/31/2299	EXPLOSIVE PERSONALITY
24	3014	1/1/1990	12/31/2299	COMPULSIVE PERSONALITY
24	3015	1/1/1990	12/31/2299	HISTRIONIC PERSONALITY
24	30150	1/1/1990	12/31/2299	HISTRIONIC PERSON NOS
24	30151	1/1/1990	12/31/2299	CHR FACTITIOUS ILLNESS
24	30159	1/1/1990	12/31/2299	HISTRIONIC PERSON NEC
24	3016	1/1/1990	12/31/2299	DEPENDENT PERSONALITY
24	3017	1/1/1990	12/31/2299	ANTISOCIAL PERSONALITY
24	3018	1/1/1990	12/31/2299	OTHER PERSONALITY DIS
24	30181	1/1/1990	12/31/2299	NARCISSISTIC PERSONALITY

(Continued)

Table A-3.16 – Diagnosis Group 24 Table

Group Number	Code	Effective Date	End Date	Code Description
24	30182	1/1/1990	12/31/2299	AVOIDANT PERSONALITY
24	30183	1/1/1990	12/31/2299	BORDERLINE PERSONALITY
24	30184	1/1/1990	12/31/2299	PASSIVE-AGGRESSIVE PERSON
24	30189	1/1/1990	12/31/2299	PERSONALITY DISORDER NEC
24	3019	1/1/1990	12/31/2299	PERSONALITY DISORDER NOS
24	302	1/1/1900	12/31/2299	SEXUAL DISORDERS
24	3020	1/1/1990	12/31/2299	EGO-DYSTONIC HOMOSEXUALIT
24	3021	1/1/1990	12/31/2299	ZOOPHILIA
24	3022	1/1/1990	12/31/2299	PEDOPHILIA
24	3023	1/1/1990	12/31/2299	TRANSVESTISM
24	3024	1/1/1990	12/31/2299	EXHIBITIONISM
24	3025	1/1/1990	12/31/2299	TRANS-SEXUALISM
24	30250	1/1/1990	12/31/2299	TRANS-SEXUALISM NOS
24	30251	1/1/1990	12/31/2299	TRANS-SEXUALISM, ASEXUAL
24	30252	1/1/1990	12/31/2299	TRANS-SEXUAL, HOMOSEXUAL
24	30253	1/1/1990	12/31/2299	TRANS-SEX, HETEROSEXUAL
24	3026	1/1/1990	12/31/2299	PSYCHOSEX IDENTITY DIS
24	3027	1/1/1990	12/31/2299	PSYCHOSEXUAL DYSFUNCTION
24	30270	1/1/1990	12/31/2299	PSYCHOSEXUAL DYSFUNC NOS
24	30271	1/1/1990	12/31/2299	INHIBITED SEXUAL DESIRE
24	30272	1/1/1990	12/31/2299	INHIBITED SEX EXCITEMENT
24	30273	1/1/1990	12/31/2299	INHIBITED FEMALE ORGASM
24	30274	1/1/1990	12/31/2299	INHIBITED MALE ORGASM
24	30275	1/1/1990	12/31/2299	PREMATURE EJACULATION
24	30276	1/1/1990	12/31/2299	FUNCTIONAL DYSPAREUNIA
24	30279	1/1/1990	12/31/2299	PSYCHOSEXUAL DYSFUNC NEC
24	3028	1/1/1990	12/31/2299	PSYCHOSEXUAL DIS NEC
24	30281	1/1/1990	12/31/2299	FETISHISM
24	30282	1/1/1990	12/31/2299	VOYEURISM
24	30283	1/1/1990	12/31/2299	SEXUAL MASOCHISM
24	30284	1/1/1990	12/31/2299	SEXUAL SADISM
24	30285	1/1/1990	12/31/2299	GENDER IDENT DIS, ADULT
24	30289	1/1/1990	12/31/2299	PSYCHOSEXUAL DIS NEC
24	3029	1/1/1990	12/31/2299	PSYCHOSEXUAL DIS NOS
24	303	1/1/1900	12/31/2299	ALCOHOL DEPENDENCE SYNDR
24	3030	1/1/1990	12/31/2299	AC ALCOHOL INTOXICATION
24	30300	1/1/1990	12/31/2299	AC ALCOHOL INTOX-UNSPEC

(Continued)

Table A-3.16 – Diagnosis Group 24 Table

Group Number	Code	Effective Date	End Date	Code Description
24	30301	1/1/1990	12/31/2299	AC ALCOHOL INTOX-CONTIN
24	30302	1/1/1990	12/31/2299	AC ALCOHOL INTOX-EPISOD
24	30303	1/1/1990	12/31/2299	AC ALCOHOL INTOX-REMISS
24	3039	1/1/1990	12/31/2299	ALCOHOL DEPEND NEC/NOS
24	30390	1/1/1990	12/31/2299	ALCOH DEP NEC/NOS-UNSPEC
24	30391	1/1/1990	12/31/2299	ALCOH DEP NEC/NOS-CONTIN
24	30392	1/1/1990	12/31/2299	ALCOH DEP NEC/NOS-EPISOD
24	30393	1/1/1990	12/31/2299	ALCOH DEP NEC/NOS-REMISS
24	304	1/1/1900	12/31/2299	3041
24	3040	1/1/1990	12/31/2299	OPIOID TYPE DEPENDENCE
24	30400	1/1/1990	12/31/2299	OPIOID DEPENDENCE-UNSPEC
24	30401	1/1/1990	12/31/2299	OPIOID DEPENDENCE-CONTIN
24	30402	1/1/1990	12/31/2299	OPIOID DEPENDENCE-EPISOD
24	30403	1/1/1990	12/31/2299	OPIOID DEPENDENCE-REMISS
24	3041	1/1/1990	12/31/2299	BARBITURATE DEPENDENCE
24	30410	1/1/1990	12/31/2299	BARBITURAT DEPEND-UNSPEC
24	30411	1/1/1990	12/31/2299	BARBITURAT DEPEND-CONTIN
24	30412	1/1/1990	12/31/2299	BARBITURAT DEPEND-EPISOD
24	30413	1/1/1990	12/31/2299	BARBITURAT DEPEND-REMISS
24	3042	1/1/1990	12/31/2299	COCAINE DEPENDENCE
24	30420	1/1/1990	12/31/2299	COCAINE DEPEND-UNSPEC
24	30421	1/1/1990	12/31/2299	COCAINE DEPEND-CONTIN
24	30422	1/1/1990	12/31/2299	COCAINE DEPEND-EPISODIC
24	30423	1/1/1990	12/31/2299	COCAINE DEPEND-REMISS
24	3043	1/1/1990	12/31/2299	CANNABIS DEPENDENCE
24	30430	1/1/1990	12/31/2299	CANNABIS DEPEND-UNSPEC
24	30431	1/1/1990	12/31/2299	CANNABIS DEPEND-CONTIN
24	30432	1/1/1990	12/31/2299	CANNABIS DEPEND-EPISODIC
24	30433	1/1/1990	12/31/2299	CANNABIS DEPEND-REMISS
24	3044	1/1/1990	12/31/2299	AMPHETAMINE DEPENDENCE
24	30440	1/1/1990	12/31/2299	AMPHETAMIN DEPEND-UNSPEC
24	30441	1/1/1990	12/31/2299	AMPHETAMIN DEPEND-CONTIN
24	30442	1/1/1990	12/31/2299	AMPHETAMIN DEPEND-EPISOD
24	30443	1/1/1990	12/31/2299	AMPHETAMIN DEPEND-REMISS
24	3045	1/1/1990	12/31/2299	HALLUCINOGEN DEPENDENCE
24	30450	1/1/1990	12/31/2299	HALLUCINOGEN DEP-UNSPEC
24	30451	1/1/1990	12/31/2299	HALLUCINOGEN DEP-CONTIN

(Continued)

Table A-3.16 – Diagnosis Group 24 Table

Group Number	Code	Effective Date	End Date	Code Description
24	30452	1/1/1990	12/31/2299	HALLUCINOGEN DEP-EPISOD
24	30453	1/1/1990	12/31/2299	HALLUCINOGEN DEP-REMISS
24	3046	1/1/1990	12/31/2299	DRUG DEPENDENCE NEC
24	30460	1/1/1990	12/31/2299	DRUG DEPEND NEC-UNSPEC
24	30461	1/1/1990	12/31/2299	DRUG DEPEND NEC-CONTIN
24	30462	1/1/1990	12/31/2299	DRUG DEPEND NEC-EPISODIC
24	30463	1/1/1990	12/31/2299	DRUG DEPEND NEC-REMISS
24	3047	1/1/1990	12/31/2299	OPIOID/OTHER DRUG DEPEND
24	30470	1/1/1990	12/31/2299	OPIOID/OTHER DEP-UNSPEC
24	30471	1/1/1990	12/31/2299	OPIOID/OTHER DEP-CONTIN
24	30472	1/1/1990	12/31/2299	OPIOID/OTHER DEP-EPISOD
24	30473	1/1/1990	12/31/2299	OPIOID/OTHER DEP-REMISS
24	3048	1/1/1990	12/31/2299	COMB DRUG DEPENDENCE NEC
24	30480	1/1/1990	12/31/2299	COMB DRUG DEP NEC-UNSPEC
24	30481	1/1/1990	12/31/2299	COMB DRUG DEP NEC-CONTIN
24	30482	1/1/1990	12/31/2299	COMB DRUG DEP NEC-EPISOD
24	30483	1/1/1990	12/31/2299	COMB DRUG DEP NEC-REMISS
24	3049	1/1/1990	12/31/2299	DRUG DEPENDENCE NOS
24	30490	1/1/1990	12/31/2299	DRUG DEPEND NOS-UNSPEC
24	30491	1/1/1990	12/31/2299	DRUG DEPEND NOS-CONTIN
24	30492	1/1/1990	12/31/2299	DRUG DEPEND NOS-EPISODIC
24	30493	1/1/1990	12/31/2299	DRUG DEPEND NOS-REMISS
24	305	1/1/1900	12/31/2299	NONDEPENDENT DRUG ABUSE
24	3050	1/1/1990	12/31/2299	ALCOHOL ABUSE
24	30500	1/1/1990	12/31/2299	ALCOHOL ABUSE-UNSPEC
24	30501	1/1/1990	12/31/2299	ALCOHOL ABUSE-CONTINUOUS
24	30502	1/1/1990	12/31/2299	ALCOHOL ABUSE-EPISODIC
24	30503	1/1/1990	12/31/2299	ALCOHOL ABUSE-IN REMISS
24	3051	1/1/1990	12/31/2299	TOBACCO USE DISORDER
24	30510	1/1/1990	12/31/2299	TOBACCO ABUSE-UNSPEC
24	30511	1/1/1990	12/31/2299	TOBACCO ABUSE-CONTINUOUS
24	30512	1/1/1990	12/31/2299	TOBACCO ABUSE-EPISODIC
24	30513	1/1/1990	12/31/2299	TOBACCO ABUSE-IN REMISS
24	3052	1/1/1990	12/31/2299	CANNABIS ABUSE
24	30520	1/1/1990	12/31/2299	CANNABIS ABUSE-UNSPEC
24	30521	1/1/1990	12/31/2299	CANNABIS ABUSE-CONTIN
24	30522	1/1/1990	12/31/2299	CANNABIS ABUSE-EPISODIC

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Table A-3.16 – Diagnosis Group 24 Table

Group Number	Code	Effective Date	End Date	Code Description
24	30523	1/1/1990	12/31/2299	CANNABIS ABUSE-IN REMISS
24	3053	1/1/1990	12/31/2299	HALLUCINOGEN ABUSE
24	30530	1/1/1990	12/31/2299	HALLUCINOG ABUSE-UNSPEC
24	30531	1/1/1990	12/31/2299	HALLUCINOG ABUSE-CONTIN
24	30532	1/1/1990	12/31/2299	HALLUCINOG ABUSE-EPISOD
24	30533	1/1/1990	12/31/2299	HALLUCINOG ABUSE-REMISS
24	3054	1/1/1990	12/31/2299	BARBITURATE ABUSE
24	30540	1/1/1990	12/31/2299	BARBITURATE ABUSE-UNSPEC
24	30541	1/1/1990	12/31/2299	BARBITURATE ABUSE-CONTIN
24	30542	1/1/1990	12/31/2299	BARBITURATE ABUSE-EPISOD
24	30543	1/1/1990	12/31/2299	BARBITURATE ABUSE-REMISS
24	3055	1/1/1990	12/31/2299	OPIOID ABUSE
24	30550	1/1/1990	12/31/2299	OPIOID ABUSE-UNSPEC
24	30551	1/1/1990	12/31/2299	OPIOID ABUSE-CONTINUOUS
24	30552	1/1/1990	12/31/2299	OPIOID ABUSE-EPISODIC
24	30553	1/1/1990	12/31/2299	OPIOID ABUSE-IN REMISS
24	3056	1/1/1990	12/31/2299	COCAINE ABUSE
24	30560	1/1/1990	12/31/2299	COCAINE ABUSE-UNSPEC
24	30561	1/1/1990	12/31/2299	COCAINE ABUSE-CONTINUOUS
24	30562	1/1/1990	12/31/2299	COCAINE ABUSE-EPISODIC
24	30563	1/1/1990	12/31/2299	COCAINE ABUSE-IN REMISS
24	3057	1/1/1990	12/31/2299	AMPHETAMINE ABUSE
24	30570	1/1/1990	12/31/2299	AMPHETAMINE ABUSE-UNSPEC
24	30571	1/1/1990	12/31/2299	AMPHETAMINE ABUSE-CONTIN
24	30572	1/1/1990	12/31/2299	AMPHETAMINE ABUSE-EPISOD
24	30573	1/1/1990	12/31/2299	AMPHETAMINE ABUSE-REMISS
24	3058	1/1/1990	12/31/2299	ANTIDEPRESSANT ABUSE
24	30580	1/1/1990	12/31/2299	ANTIDEPRESS ABUSE-UNSPEC
24	30581	1/1/1990	12/31/2299	ANTIDEPRESS ABUSE-CONTIN
24	30582	1/1/1990	12/31/2299	ANTIDEPRESS ABUSE-EPISOD
24	30583	1/1/1990	12/31/2299	ANTIDEPRESS ABUSE-REMISS
24	3059	1/1/1990	12/31/2299	DRUG ABUSE NEC/NOS
24	30590	1/1/1990	12/31/2299	DRUG ABUSE NEC-UNSPEC
24	30591	1/1/1990	12/31/2299	DRUG ABUSE NEC-CONTIN
24	30592	1/1/1990	12/31/2299	DRUG ABUSE NEC-EPISODIC
24	30593	1/1/1990	12/31/2299	DRUG ABUSE NEC-IN REMISS
24	306	1/1/1900	12/31/2299	PSYCHOPHYSIOLOGIC DIS

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Table A-3.16 – Diagnosis Group 24 Table

Group Number	Code	Effective Date	End Date	Code Description
24	3060	1/1/1990	12/31/2299	PSYCHOGEN MUSCULSKEL DIS
24	3061	1/1/1990	12/31/2299	PSYCHOGENIC RESPIR DIS
24	3062	1/1/1990	12/31/2299	PSYCHOGEN CARDIOVASC DIS
24	3063	1/1/1990	12/31/2299	PSYCHOGENIC SKIN DISEASE
24	3064	1/1/1990	12/31/2299	PSYCHOGENIC GI DISEASE
24	3065	1/1/1990	12/31/2299	PSYCHOGEN GENITOUR DIS
24	30650	1/1/1990	12/31/2299	PSYCHOGEN GENITOUR DIS NO
24	30651	1/1/1990	12/31/2299	PSYCHOGENIC VAGINISMUS
24	30652	1/1/1990	12/31/2299	PSYCHOGENIC DYSMENORRHEA
24	30653	1/1/1990	12/31/2299	PSYCHOGENIC DYSURIA
24	30659	1/1/1990	12/31/2299	PSYCHOGEN GENITOUR DIS NE
24	3066	1/1/1990	12/31/2299	PSYCHOGEN ENDOCRINE DIS
24	3067	1/1/1990	12/31/2299	PSYCHOGENIC SENSORY DIS
24	3068	1/1/1990	12/31/2299	PSYCHOGENIC DISORDER NEC
24	3069	1/1/1990	12/31/2299	PSYCHOGENIC DISORDER NOS
24	307	1/1/1900	12/31/2299	SPECIAL SYMPTOM NEC
24	3070	1/1/1990	12/31/2299	STAMMERING & STUTTERING
24	3071	1/1/1990	12/31/2299	ANOREXIA NERVOSA
24	3072	1/1/1990	12/31/2299	TICS
24	30720	1/1/1990	12/31/2299	TIC DISORDER NOS
24	30721	1/1/1990	12/31/2299	TRANSIENT TIC, CHILDHOOD
24	30722	1/1/1990	12/31/2299	CHRONIC MOTOR TIC DIS
24	30723	1/1/1990	12/31/2299	GILLES TOURETTE DISORDER
24	3073	1/1/1990	12/31/2299	STEREOTYPED MOVEMENTS
24	3074	1/1/1990	12/31/2299	NONORGANIC SLEEP DISORD
24	30740	1/1/1990	12/31/2299	NONORGANIC SLEEP DIS NOS
24	30741	1/1/1990	12/31/2299	TRANSIENT INSOMNIA
24	30742	1/1/1990	12/31/2299	PERSISTENT INSOMNIA
24	30743	1/1/1990	12/31/2299	TRANSIENT HYPERSOMNIA
24	30744	1/1/1990	12/31/2299	PERSISTENT HYPERSOMNIA
24	30745	1/1/1990	12/31/2299	DISRUPT SLEEP-WAKE CYCLE
24	30746	1/1/1990	12/31/2299	SOMNAMBULISM/NGHT TERROR
24	30747	1/1/1990	12/31/2299	SLEEP STAGE DYSFUNC NEC
24	30748	1/1/1990	12/31/2299	REPETIT SLEEP INTRUSION
24	30749	1/1/1990	12/31/2299	NONORGANIC SLEEP DIS NEC
24	3075	1/1/1990	12/31/2299	EATING DISORDERS NEC/NOS
24	30750	1/1/1990	12/31/2299	EATING DISORDER NOS

(Continued)

Table A-3.16 – Diagnosis Group 24 Table

Group Number	Code	Effective Date	End Date	Code Description
24	30751	1/1/1990	12/31/2299	BULIMIA
24	30752	1/1/1990	12/31/2299	PICA
24	30753	1/1/1990	12/31/2299	PSYCHOGENIC RUMINATION
24	30754	1/1/1990	12/31/2299	PSYCHOGENIC VOMITING
24	30759	1/1/1990	12/31/2299	EATING DISORDER NEC
24	3076	1/1/1990	12/31/2299	ENURESIS
24	3077	1/1/1990	12/31/2299	ENCOPRESIS
24	3078	1/1/1990	12/31/2299	PSYCHALGIA
24	30780	1/1/1990	12/31/2299	PSYCHOGENIC PAIN NOS
24	30781	1/1/1990	12/13/2299	TENSION HEADACHE
24	30789	1/1/1990	12/31/2299	PSYCHOGENIC PAIN NEC
24	3079	1/1/1990	12/31/2299	SPECIAL SYMPTOM NEC/NOS
24	308	1/1/1900	12/31/2299	ACUTE REACTION TO STRESS
24	3080	1/1/1990	12/31/2299	STRESS REACT, EMOTIONAL
24	3081	1/1/1990	12/31/2299	STRESS REACTION, FUGUE
24	3082	1/1/1990	12/31/2299	STRESS REACT, PSYCHOMOT
24	3083	1/1/1990	12/31/2299	ACUTE STRESS REACT NEC
24	3084	1/1/1990	12/31/2299	STRESS REACT, MIXED DIS
24	3089	1/1/1990	12/31/2299	ACUTE STRESS REACT NOS
24	309	1/1/1900	12/31/2299	ADJUSTMENT REACTION
24	3090	1/1/1990	12/31/2299	BRIEF DEPRESSIVE REACT
24	3091	1/1/1990	12/31/2299	PROLONG DEPRESSIVE REACT
24	3092	1/1/1990	12/31/2299	ADJUST REACT/OTH EMOTION
24	30921	1/1/1990	12/31/2299	SEPARATION ANXIETY
24	30922	1/1/1990	12/31/2299	EMANCIPATION DISORDER
24	30923	1/1/1990	12/31/2299	ACADEMIC/WORK INHIBITION
24	30924	1/1/1990	12/31/2299	ADJ REACT -ANXIOUS MOOD
24	30928	1/1/1990	12/31/2299	ADJ REACT -MIXED EMOTION
24	30929	1/1/1990	12/31/2299	ADJ REACT -EMOTION NEC
24	3093	1/1/1990	12/31/2299	ADJUST REACT -CONDUCT DIS
24	3094	1/1/1990	12/31/2299	ADJ REACT -EMOTION/CONDUCT
24	3098	1/1/1990	12/31/2299	OTHER ADJUST REACTION
24	30981	1/1/1990	12/31/2299	PROLONG POSTTRAUM STRESS
24	30982	1/1/1990	12/31/2299	ADJUST REACT -PHYS SYMPT
24	30983	1/1/1990	12/31/2299	ADJUST REACT -WITHDRAWAL
24	30989	1/1/1990	12/31/2299	ADJUSTMENT REACTION NEC
24	3099	1/1/1990	12/31/2299	ADJUSTMENT REACTION NOS

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Table A-3.16 – Diagnosis Group 24 Table

Group Number	Code	Effective Date	End Date	Code Description
24	310	1/1/1900	12/31/2299	NONPSYCHOTIC BRAIN SYND
24	3100	1/1/1990	12/31/2299	FRONTAL LOBE SYNDROME
24	3101	1/1/1990	12/31/2299	ORGANIC PERSONALITY SYND
24	3102	1/1/1990	12/31/2299	POSTCONCUSSION SYNDROME
24	3108	1/1/1990	12/31/2299	NONPSYCHOT BRAIN SYN NEC
24	3109	1/1/1990	12/31/2299	NONPSYCHOT BRAIN SYN NOS
24	311	1/1/1900	12/31/2299	DEPRESSIVE DISORDER NEC
24	312	1/1/1900	12/31/2299	CONDUCT DISTURBANCE NEC
24	3120	1/1/1990	12/31/2299	UNSOCIALIZED AGGRESSION
24	31200	1/1/1990	12/31/2299	UNSOCIAL AGGRESS-UNSPEC
24	31201	1/1/1990	12/31/2299	UNSOCIAL AGGRESSION-MILD
24	31202	1/1/1990	12/31/2299	UNSOCIAL AGGRESSION-MOD
24	31203	1/1/1990	12/31/2299	UNSOCIAL AGGRESS-SEVERE
24	3121	1/1/1990	12/31/2299	UNSOCIALIZ, UNAGGRESSIVE
24	31210	1/1/1990	12/31/2299	UNSOCIAL UNAGGRESS-UNSP
24	31211	1/1/1990	12/31/2299	UNSOCIAL UNAGGRESS-MILD
24	31212	1/1/1990	12/31/2299	UNSOCIAL UNAGGRESS-MOD
24	31213	1/1/1990	12/31/2299	UNSOCIAL UNAGGRESS-SEVERE
24	3122	1/1/1990	12/31/2299	SOCIALIZED CONDUCT DIS
24	31220	1/1/1990	12/31/2299	SOCIAL CONDUCT DIS-UNSP
24	31221	1/1/1990	12/31/2299	SOCIAL CONDUCT DIS-MILD
24	31222	1/1/1990	12/31/2299	SOCIAL CONDUCT DIS-MOD
24	31223	1/1/1990	12/31/2299	SOCIAL CONDUCT DIS-SEV
24	3123	1/1/1990	12/31/2299	IMPULSE CONTROL NEC
24	31230	1/1/1990	12/31/2299	IMPULSE CONTROL DIS NOS
24	31231	1/1/1990	12/31/2299	PATHOLOGICAL GAMBLING
24	31232	1/1/1990	12/31/2299	KLEPTOMANIA
24	31233	1/1/1990	12/31/2299	PYROMANIA
24	31234	1/1/1990	12/31/2299	INTERMITT EXPLOSIVE DIS
24	31235	1/1/1990	12/31/2299	ISOLATED EXPLOSIVE DIS
24	31239	1/1/1990	12/31/2299	IMPULSE CONTROL DIS NEC
24	3124	1/1/1990	12/31/2299	MIX DIS CONDUCT/EMOTION
24	3128	1/1/1990	12/31/2299	CONDUCT DISTURBANCE NEC
24	3129	1/1/1990	12/31/2299	CONDUCT DISTURBANCE NOS
24	313	1/1/1900	12/31/2299	EMOTIONAL DIS CHILD/ADOL
24	3130	1/1/1990	12/31/2299	OVERANXIOUS DISORDER
24	3131	1/1/1990	12/31/2299	MISERY & UNHAPPINESS DIS

(Continued)

Table A-3.16 – Diagnosis Group 24 Table

Group Number	Code	Effective Date	End Date	Code Description
24	3132	1/1/1990	12/31/2299	SENSITIVITY & WITHDRAWAL
24	31321	1/1/1990	12/31/2299	SHYNESS DISORDER-CHILD
24	31322	1/1/1990	12/31/2299	INTROVERTED DIS-CHILD
24	31323	1/1/1990	12/31/2299	ELECTIVE MUTISM
24	3133	1/1/1990	12/31/2299	RELATIONSHIP PROBLEMS
24	3138	1/1/1990	12/31/2299	OTH EMOTIONAL DIS CHILD
24	31381	1/1/1990	12/31/2299	OPPOSITIONAL DISORDER
24	31382	1/1/1990	12/31/2299	IDENTITY DISORDER
24	31383	1/1/1990	12/31/2299	ACADEMIC UNDERACHIEVMENT
24	3139	1/1/1990	12/31/2299	EMOTIONAL DIS CHILD NOS
24	314	1/1/1900	12/31/2299	HYPERKINETIC SYNDROME
24	3140	1/1/1990	12/31/2299	ATTENTION DEFICIT DIS
24	31400	1/1/1990	12/31/2299	ATTN DEFIC NONHYPERACT
24	31401	1/1/1990	12/31/2299	ATTN DEFICIT W HYPERACT
24	3141	1/1/1990	12/31/2299	HYPERKINET W DEVEL DELAY
24	3142	1/1/1990	12/31/2299	HYPERKINETIC CONDUCT DIS
24	3148	1/1/1990	12/31/2299	OTHER HYPERKINETIC SYND
24	3149	1/1/1990	12/31/2299	HYPERKINETIC SYND NOS
24	315	1/1/1900	12/31/2299	SPECIFIC DEVELOP DELAYS
24	3150	1/1/1990	12/31/2299	SPECIFIC READING DIS
24	31500	1/1/1990	12/31/2299	READING DISORDER NOS
24	31501	1/1/1990	12/31/2299	ALEXIA
24	31502	1/1/1990	12/31/2299	DEVELOPMENTAL DYSLEXIA
24	31509	1/1/1990	12/31/2299	READING DISORDER NEC
24	3151	1/1/1990	12/31/2299	ARITHMETICAL DISORDER
24	3152	1/1/1990	12/31/2299	OTH LEARNING DIFFICULTY
24	3153	1/1/1990	12/31/2299	SPEECH/LANGUAGE DISORDER
24	31531	1/1/1990	12/31/2299	DEVELOPMENT LANGUAGE DIS
24	31539	1/1/1990	12/31/2299	SPEECH/LANGUAGE DIS NEC
24	3154	1/1/1990	12/31/2299	COORDINATION DISORDER
24	3155	1/1/1990	12/31/2299	MIXED DEVELOPMENT DIS
24	3158	1/1/1990	12/31/2299	DEVELOPMENT DELAYS NEC
24	3159	1/1/1990	12/31/2299	DEVELOPMENT DELAY NOS
24	316	1/1/1900	12/31/2299	PSYCHIC FACTOR W OTH DIS
24	317	1/1/1900	12/31/2299	MILD MENTAL RETARDATION
24	318	1/1/1900	12/31/2299	OTHER MENTAL RETARDATION
24	3180	1/1/1990	12/31/2299	MOD MENTAL RETARDATION

(Continued)

Table A-3.16 – Diagnosis Group 24 Table

Group Number	Code	Effective Date	End Date	Code Description
24	3181	1/1/1990	12/31/2299	SEVERE MENTAL RETARDAT
24	3182	1/1/1990	12/31/2299	PROFOUND MENTAL RETARDAT
24	319	1/1/1900	12/31/2299	MENTAL RETARDATION NOS
24	V600	1/1/1996	12/31/2299	LACK OF HOUSING

Table A-3.17 – Diagnosis Group 26 Table

Group Number	Code	Effective Date	End Date	Code Description
26	290	1/1/1900	12/31/2299	SENILE/PRESENILE PSYCHOS
26	2900	1/1/1900	12/31/2299	SENILE DEMENTIA UNCOMP
26	2901	1/1/1900	12/31/2299	PRESENILE DEMENTIA
26	29010	1/1/1900	12/31/2299	PRESENILE DEMENTIA, UNCOM
26	29011	1/1/1900	12/31/2299	PRESENILE DELIRIUM
26	29012	1/1/1900	12/31/2299	PRESENILE DELUSION
26	29013	1/1/1900	12/31/2299	PRESENILE DEPRESSION
26	2902	1/1/1900	12/31/2299	SENILE DELUSION/DEPRESS
26	29020	1/1/1900	12/31/2299	SENILE DELUSION
26	29021	1/1/1900	12/31/2299	SENILE DEPRESSIVE
26	2903	1/1/1900	12/31/2299	SENILE DELIRIUM
26	2904	1/1/1900	12/31/2299	ARTERIOSCLEROT DEMENTIA
26	29040	1/1/1900	12/31/2299	ARTERIOSCLER DEMENT NOS
26	29041	1/1/1900	12/31/2299	ARTERIOSCLER DELIRIUM
26	29042	1/1/1900	12/31/2299	ARTERIOSCLER DELUSION
26	29043	1/1/1900	12/31/2299	ARTERIOSCLER DEPRESSIVE
26	2908	1/1/1900	12/31/2299	SENILE PSYCHOSIS NEC
26	2909	1/1/1900	12/31/2299	SENILE PSYCHOT COND NOS
26	291	1/1/1900	12/31/2299	ALCOHOLIC PSYCHOSES
26	2910	1/1/1900	12/31/2299	DELIRIUM TREMENS
26	2911	1/1/1900	12/31/2299	ALCOHOL AMNESTIC SYND
26	2912	1/1/1900	12/31/2299	ALCOHOLIC DEMENTIA NEC
26	2913	1/1/1900	12/31/2299	ALCOHOL HALLUCINOSIS
26	2914	1/1/1900	12/31/2299	PATHOLOGIC ALCOHOL INTOX
26	2915	1/1/1900	12/31/2299	ALCOHOLIC JEALOUSY
26	2918	1/1/1900	12/31/2299	ALCOHOLIC PSYCHOSIS NEC
26	2919	1/1/1900	12/31/2299	ALCOHOLIC PSYCHOSIS NOS
26	292	1/1/1900	12/31/2299	DRUG PSYCHOSES
26	2920	1/1/1900	12/31/2299	DRUG WITHDRAWAL SYNDROME
26	2921	1/1/1900	12/31/2299	DRUG PARANOID/HALLUCINOS
26	29211	1/1/1900	12/31/2299	DRUG PARANOID STATE
26	29212	1/1/1900	12/31/2299	DRUG HALLUCINOSIS
26	2922	1/1/1900	12/31/2299	PATHOLOGIC DRUG INTOX
26	2928	1/1/1900	12/31/2299	OTHER DRUG MENTAL DIS
26	29281	1/1/1900	12/31/2299	DRUG-INDUCED DELIRIUM
26	29282	1/1/1900	12/31/2299	DRUG-INDUCED DEMENTIA

(Continued)

Table A-3.17 – Diagnosis Group 26 Table

Group Number	Code	Effective Date	End Date	Code Description
26	29283	1/1/1900	12/31/2299	DRUG AMNESTIC SYNDROME
26	29284	1/1/1900	12/31/2299	DRUG DEPRESSIVE SYNDROME
26	29289	1/1/1900	12/31/2299	DRUG MENTAL DISORDER NEC
26	2929	1/1/1900	12/31/2299	DRUG MENTAL DISORDER NOS
26	293	1/1/1900	12/31/2299	TRANSIENT ORG MENTAL DIS
26	2930	1/1/1900	12/31/2299	ACUTE DELIRIUM
26	2931	1/1/1900	12/31/2299	SUBACUTE DELIRIUM
26	2938	1/1/1900	12/31/2299	OTH TRANSIENT ORG MENTAL
26	29381	1/1/1900	12/31/2299	ORGANIC DELUSIONAL SYND
26	29382	1/1/1900	12/31/2299	ORGANIC HALLUCINOSIS SYND
26	29383	1/1/1900	12/31/2299	ORGANIC AFFECTIVE SYND
26	29389	1/1/1900	12/31/2299	TRANSIENT ORG MENTAL NEC
26	294	1/1/1900	12/31/2299	OTHER ORGANIC PSYCH COND
26	2940	1/1/1900	12/31/2299	AMNESTIC SYNDROME
26	2941	1/1/1900	12/31/2299	DEMENTIA IN OTH DISEASES
26	2948	1/1/1900	12/31/2299	ORGANIC BRAIN SYND NEC
26	295	1/1/1900	12/31/2299	SCHIZOPHRENIC DISORDERS
26	2950	1/1/1900	12/31/2299	SIMPLE SCHIZOPHRENIA
26	29500	1/1/1900	12/31/2299	SIMPL SCHIZOPHREN-UNSPEC
26	29501	1/1/1900	12/31/2299	SIMPL SCHIZOPHREN-SUBCHR
26	29502	1/1/1900	12/31/2299	SIMPLE SCHIZOPHREN-CHR
26	29503	1/1/1900	12/31/2299	SIMP SCHIZ-SUBCHR/EXACERB
26	29504	1/1/1900	12/31/2299	SIMPL SCHIZO-CHR/EXACERB
26	29505	1/1/1900	12/31/2299	SIMPL SCHIZOPHREN-REMISS
26	2951	1/1/1900	12/31/2299	HEBEPHRENIA
26	29510	1/1/1900	12/31/2299	HEBEPHRENIA-UNSPEC
26	29511	1/1/1900	12/31/2299	HEBEPHRENIA-SUBCHRONIC
26	29512	1/1/1900	12/31/2299	HEBEPHRENIA-CHRONIC
26	29513	1/1/1900	12/31/2299	HEBEPHREN-SUBCHR/EXACERB
26	29514	1/1/1900	12/31/2299	HEBEPHRENIA-CHR/EXACERB
26	29515	1/1/1900	12/31/2299	HEBEPHRENIA-REMISSION
26	2952	1/1/1900	12/31/2299	CATATONIC SCHIZOPHRENIA
26	29520	1/1/1900	12/31/2299	CATATONIA-UNSPEC
26	29521	1/1/1900	12/31/2299	CATATONIA-SUBCHRONIC
26	29522	1/1/1900	12/31/2299	CATATONIA-CHRONIC
26	29523	1/1/1900	12/31/2299	CATATONIA-SUBCHR/EXACERB
26	29524	1/1/1900	12/31/2299	CATATONIA-CHR/EXACERB

(Continued)

Table A-3.17 – Diagnosis Group 26 Table

Group Number	Code	Effective Date	End Date	Code Description
26	29525	1/1/1900	12/31/2299	CATATONIA-REMISSION
26	2953	1/1/1900	12/31/2299	PARANOID SCHIZOPHRENIA
26	29530	1/1/1900	12/31/2299	PARANOID SCHIZO-UNSPEC
26	29531	1/1/1900	12/31/2299	PARANOID SCHIZO-SUBCHR
26	29532	1/1/1900	12/31/2299	PARANOID SCHIZO-CHRONIC
26	29533	1/1/1900	12/31/2299	PARAN SCHIZO-SUBCHR/EXAC
26	29534	1/1/1900	12/31/2299	PARAN SCHIZO-CHR/EXACERB
26	29535	1/1/1900	12/31/2299	PARANOID SCHIZO-REM ISS
26	2954	1/1/1900	12/31/2299	AC SCHIZOPHRENIC EPISODE
26	29540	1/1/1900	12/31/2299	AC SCHIZOPHRENIA-UNSPEC
26	29541	1/1/1900	12/31/2299	AC SCHIZOPHRENIA-SUBCHR
26	29542	1/1/1900	12/31/2299	AC SCHIZOPHRENIA-CHR
26	29543	1/1/1900	12/31/2299	AC SCHIZO-SUBCHR/EXACERB
26	29544	1/1/1900	12/31/2299	AC SCHIZOPHR-CHR/EXACERB
26	29545	1/1/1900	12/31/2299	AC SCHIZOPHRENIA-REMISS
26	2955	1/1/1900	12/31/2299	LATENT SCHIZOPHRENIA
26	29550	1/1/1900	12/31/2299	LATENT SCHIZOPHREN-UNSP
26	29551	1/1/1900	12/31/2299	LAT SCHIZOPHREN-SUBCHR
26	29552	1/1/1900	12/31/2299	LATENT SCHIZOPHREN-CHR
26	29553	1/1/1900	12/31/2299	LAT SCHIZO-SUBCHR/EXACER
26	29554	1/1/1900	12/31/2299	LATENT SCHIZO-CHR/EXACER
26	29555	1/1/1900	12/31/2299	LAT SCHIZOPHREN-REMISS
26	2956	1/1/1900	12/31/2299	RESIDUAL SCHIZOPHRENIA
26	29561	1/1/1900	12/31/2299	RESID SCHIZOPHREN-SUBCHR
26	29562	1/1/1900	12/31/2299	RESIDUAL SCHIZOPHREN-CHR
26	29563	1/1/1900	12/31/2299	RESID SCHIZO-SUBCHR/EXAC
26	29564	1/1/1900	12/31/2299	RESID SCHIZO-CHR/EXACERB
26	29565	1/1/1900	12/31/2299	RESID SCHIZOPHREN-REMISS
26	2957	1/1/1900	12/31/2299	SCHIZOAFFECTIVE TYPE
26	29570	1/1/1900	12/31/2299	SCHIZOAFFECTIVE-UNSPEC
26	29571	1/1/1900	12/31/2299	SCHIZOAFFECTIVE-SUBCHR
26	29572	1/1/1900	12/31/2299	SCHIZOAFFECTIVE-CHRONIC
26	29573	1/1/1900	12/31/2299	SCHIZOAFF-SUBCHR/EXACER
26	29574	1/1/1900	12/31/2299	SCHIZOAFFECT-CHR/EXACER
26	29575	1/1/1900	12/31/2299	SCHIZOAFFECTIVE-REMISS
26	2958	1/1/1900	12/31/2299	SCHIZOPHRENIA NEC
26	29580	1/1/1900	12/31/2299	SCHIZOPHRENIA NEC-UNSPEC

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Table A-3.17 – Diagnosis Group 26 Table

Group Number	Code	Effective Date	End Date	Code Description
26	29581	1/1/1900	12/31/2299	SCHIZOPHRENIA NEC-SUBCHR
26	29582	1/1/1900	12/31/2299	SCHIZOPHRENIA NEC-CHR
26	29583	1/1/1900	12/31/2299	SCHIZO NEC-SUBCHR/EXACER
26	29584	1/1/1900	12/31/2299	SCHIZO NEC-CHR/EXACERB
26	29585	1/1/1900	12/31/2299	SCHIZOPHRENIA NEC-REMISS
26	2959	1/1/1900	12/31/2299	SCHIZOPHRENIA NOS
26	29590	1/1/1900	12/31/2299	SCHIZOPHRENIA NOS-UNSPEC
26	29591	1/1/1900	12/31/2299	SCHIZOPHRENIA NOS-SUBCHR
26	29592	1/1/1900	12/31/2299	SCHIZOPHRENIA NOS-CHR
26	29593	1/1/1900	12/31/2299	SCHIZO NOS-SUBCHR/EXACER
26	29594	1/1/1900	12/31/2299	SCHIZO NOS-CHR/EXACERB
26	29595	1/1/1900	12/31/2299	SCHIZOPHRENIA NOS-REMISS
26	296	1/1/1900	12/31/2299	2961
26	2960	1/1/1900	12/31/2299	MANIC DIS, SINGLE EPISODE
26	29600	1/1/1900	12/31/2299	MANIC DISORDER-UNSPEC
26	29601	1/1/1900	12/31/2299	MANIC DISORDER-MILD
26	29602	1/1/1900	12/31/2299	MANIC DISORDER-MOD
26	29603	1/1/1900	12/31/2299	MANIC DISORDER-SEVERE
26	29604	1/1/1900	12/31/2299	MANIC DIS-SEVERE W PSYCH
26	29605	1/1/1900	12/31/2299	MANIC DIS-PARTIAL REMISS
26	29606	1/1/1900	12/31/2299	MANIC DIS-FULL REMISSION
26	2961	1/1/1900	12/31/2299	MANIC, RECURRENT EPISODE
26	29610	1/1/1900	12/31/2299	RECUR MANIC DIS-UNSPEC
26	29611	1/1/1900	12/31/2299	RECUR MANIC DIS-MILD
26	29612	1/1/1900	12/31/2299	RECUR MANIC DIS-MOD
26	29613	1/1/1900	12/31/2299	RECUR MANIC DIS-SEVERE
26	29614	1/1/1900	12/31/2299	RECUR MANIC-SEV W PSYCH
26	29615	1/1/1900	12/31/2299	RECUR MANIC-PART REMISS
26	29616	1/1/1900	12/31/2299	RECUR MANIC-FULL REMISS
26	2962	1/1/1900	12/31/2299	DEPR PSYCH, SINGLE EPISOD
26	29620	1/1/1900	12/31/2299	DEPRESS PSYCHOSIS-UNSPEC
26	29621	1/1/1900	12/31/2299	DEPRESS PSYCHOSIS-MILD
26	29622	1/1/1900	12/31/2299	DEPRESSIVE PSYCHOSIS-MOD
26	29623	1/1/1900	12/31/2299	DEPRESS PSYCHOSIS-SEVERE
26	29624	1/1/1900	12/31/2299	DEPR PSYCHOS-SEV W PSYCH
26	29625	1/1/1900	12/31/2299	DEPR PSYCHOS-PART REMISS
26	29626	1/1/1900	12/31/2299	DEPR PSYCHOS-FULL REMISS

(Continued)

Table A-3.17 – Diagnosis Group 26 Table

Group Number	Code	Effective Date	End Date	Code Description
26	2963	1/1/1900	12/31/2299	DEPR PSYCH, RECUR EPISODE
26	29630	1/1/1900	12/31/2299	RECURR DEPR PSYCHOS-UNSP
26	29631	1/1/1900	12/31/2299	RECURR DEPR PSYCHOS-MILD
26	29632	1/1/1900	12/31/2299	RECURR DEPR PSYCHOS-MOD
26	29633	1/1/1900	12/31/2299	RECUR DEPR PSYCH-SEVERE
26	29634	1/1/1900	12/31/2299	REC DEPR PSYCH-PSYCHOTIC
26	29635	1/1/1900	12/31/2299	RECUR DEPR PSYC-PART REM
26	29636	1/1/1900	12/31/2299	RECUR DEPR PSYC-FULL REM
26	2964	1/1/1900	12/31/2299	BIPOLAR AFFECTIVE, MANIC
26	29640	1/1/1900	12/31/2299	BIPOL AFF, MANIC-UNSPEC
26	29641	1/1/1900	12/31/2299	BIPOLAR AFF, MANIC-MILD
26	29642	1/1/1900	12/31/2299	BIPOLAR AFFEC, MANIC-MOD
26	29643	1/1/1900	12/31/2299	BIPOL AFF, MANIC-SEVERE
26	29644	1/1/1900	12/31/2299	BIPOL MANIC-SEV W PSYCH
26	29645	1/1/1900	12/31/2299	BIPOL AFF MANIC-PART REM
26	29646	1/1/1900	12/31/2299	BIPOL AFF MANIC-FULL REM
26	2965	1/1/1900	12/31/2299	BIPOLAR AFFECT, DEPRESS
26	29650	1/1/1900	12/31/2299	BIPOLAR AFF, DEPR-UNSPEC
26	29651	1/1/1900	12/31/2299	BIPOLAR AFFEC, DEPR-MILD
26	29652	1/1/1900	12/31/2299	BIPOLAR AFFEC, DEPR-MOD
26	29653	1/1/1900	12/31/2299	BIPOL AFF, DEPR-SEVERE
26	29654	1/1/1900	12/31/2299	BIPOL DEPR-SEV W PSYCH
26	29655	1/1/1900	12/31/2299	BIPOL AFF DEPR-PART REM
26	29656	1/1/1900	12/31/2299	BIPOL AFF DEPR-FULL REM
26	2966	1/1/1900	12/31/2299	BIPOLAR AFFECTIVE, MIXED
26	29660	1/1/1900	12/31/2299	BIPOL AFF, MIXED-UNSPEC
26	29661	1/1/1900	12/31/2299	BIPOLAR AFF, MIXED-MILD
26	29662	1/1/1900	12/31/2299	BIPOLAR AFFEC, MIXED-MOD
26	29663	1/1/1900	12/31/2299	BIPOL AFF, MIXED-SEVERE
26	29664	1/1/1900	12/31/2299	BIPOL MIXED-SEV W PSYCH
26	29665	1/1/1900	12/31/2299	BIPOL AFF, MIX-PART REM
26	29666	1/1/1900	12/31/2299	BIPOL AFF, MIX-FULL REM
26	2967	1/1/1900	12/31/2299	BIPOLAR AFFECTIVE NOS
26	2968	1/1/1900	12/31/2299	MANIC-DEPRESSIVE NEC/NOS
26	29680	1/1/1900	12/31/2299	MANIC-DEPRESSIVE NOS
26	29681	1/1/1900	12/31/2299	ATYPICAL MANIC DISORDER
26	29682	1/1/1900	12/31/2299	ATYPICAL DEPRESSIVE DIS

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Table A-3.17 – Diagnosis Group 26 Table

Group Number	Code	Effective Date	End Date	Code Description
26	29689	1/1/1900	12/31/2299	MANIC-DEPRESSIVE NEC
26	2969	1/1/1900	12/31/2299	AFFECT PSYCHOSES NEC/NOS
26	29690	1/1/1900	12/31/2299	AFFECTIVE PSYCHOSIS NOS
26	29699	1/1/1900	12/31/2299	AFFECTIVE PSYCHOSES NEC
26	297	1/1/1900	12/31/2299	PARANOID STATES
26	2970	1/1/1900	12/31/2299	PARANOID STATE, SIMPLE
26	2971	1/1/1900	12/31/2299	PARANOIA
26	2972	1/1/1900	12/31/2299	PARAPHRENIA
26	2973	1/1/1900	12/31/2299	SHARED PARANOID DISORDER
26	2978	1/1/1900	12/31/2299	PARANOID STATES NEC
26	2979	1/1/1900	12/31/2299	PARANOID STATE NOS
26	298	1/1/1900	12/31/2299	OTH NONORGANIC PSYCHOSES
26	2980	1/1/1900	12/31/2299	REACT DEPRESS PSYCHOSIS
26	2981	1/1/1900	12/31/2299	EXCITATIVE TYDE PSYCHOSIS
26	2982	1/1/1900	12/31/2299	REACTIVE CONFUSION
26	2983	1/1/1900	12/31/2299	ACUTE PARANOID REACTION
26	2984	1/1/1900	12/31/2299	PSYCHOGEN PARANOID PSYCH
26	2988	1/1/1900	12/31/2299	REACT PSYCHOSIS NEC/NOS
26	2989	1/1/1900	12/31/2299	PSYCHOSIS NOS
26	299	1/1/1900	12/31/2299	PSYCHOSES OF CHILDHOOD
26	2990	1/1/1900	12/31/2299	INFANTILE AUTISM
26	29900	1/1/1900	12/31/2299	INFANTILE AUTISM-ACTIVE
26	29901	1/1/1900	12/31/2299	INFANTILE AUTISM-RESID
26	2991	1/1/1900	12/31/2299	DISINTEGRATIVE PSYCHOSIS
26	29910	1/1/1900	12/31/2299	DISINTEGR PSYCH-ACTIVE
26	29911	1/1/1900	12/31/2299	DISINTEGR PSYCH-RESIDUAL
26	2998	1/1/1900	12/31/2299	EARLY CHILD PSYCHOSES NEC
26	29980	1/1/1900	12/31/2299	CHILD PSYCHOS NEC-ACTIVE
26	29981	1/1/1900	12/31/2299	CHILD PSYCHOS NEC-RESID
26	2999	1/1/1900	12/31/2299	EARLY CHILD PSYCHOSIS NOS
26	29990	1/1/1900	12/31/2299	CHILD PSYCHOS NOS-ACTIVE
26	29991	1/1/1900	12/31/2299	CHILD PSYCHOS NOS-RESID
26	300	1/1/1900	12/31/2299	NEUROTIC DISORDERS
26	3000	1/1/1900	12/31/2299	ANXIETY STATES
26	30001	1/1/1900	12/31/2299	PANIC DISORDER
26	30002	1/1/1900	12/31/2299	GENERALIZED ANXIETY DIS
26	30009	1/1/1900	12/31/2299	ANXIETY STATE NEC

(Continued)

Table A-3.17 – Diagnosis Group 26 Table

Group Number	Code	Effective Date	End Date	Code Description
26	3001	1/1/1900	12/31/2299	HYSTERIA
26	30010	1/1/1900	12/31/2299	HYSTERIA NOS
26	30011	1/1/1900	12/31/2299	CONVERSION DISORDER
26	30012	1/1/1900	12/31/2299	PSYCHOGENIC AMNESIA
26	30013	1/1/1900	12/31/2299	PSYCHOGENIC FUGUE
26	30014	1/1/1900	12/31/2299	MULTIPLE PERSONALITY
26	30015	1/1/1900	12/31/2299	DISSOCIATIVE REACT NOS
26	30016	1/1/1900	12/31/2299	FACTITIOUS ILL W SYMPTOM
26	30019	1/1/1900	12/31/2299	FACTITIOUS ILL NEC/NOS
26	3002	1/1/1900	12/31/2299	PHOBIC DISORDERS
26	30020	1/1/1900	12/31/2299	PHOBIA NOS
26	30021	1/1/1900	12/31/2299	AGORAPHOBIA WITH PANIC
26	30022	1/1/1900	12/31/2299	AGORAPHOBIA W/O PANIC
26	30023	1/1/1900	12/31/2299	SOCIAL PHOBIA
26	30029	1/1/1900	12/31/2299	ISOLATED PHOBIAS NEC
26	3003	1/1/1900	12/31/2299	OBSESSIVE-COMPULSIVE DIS
26	3004	1/1/1900	12/31/2299	NEUROTIC DEPRESSION
26	3005	1/1/1900	12/31/2299	NEURASTHENIA
26	3006	1/1/1900	12/31/2299	DEPERSONALIZATION SYND
26	3007	1/1/1900	12/31/2299	HYPOCHONDRIASIS
26	3008	1/1/1900	12/31/2299	NEUROTIC DISORDERS NEC
26	30081	1/1/1900	12/31/2299	SOMATIZATION DISORDER
26	30089	1/1/1900	12/31/2299	NEUROTIC DISORDERS NEC
26	3009	1/1/1900	12/31/2299	NEUROTIC DISORDER NOS
26	301	1/1/1900	12/31/2299	PERSONALITY DISORDERS
26	3010	1/1/1900	12/31/2299	PARANOID PERSONALITY
26	3011	1/1/1900	12/31/2299	AFFECTIVE PERSONALITY
26	30110	1/1/1900	12/31/2299	AFFECTIVE PERSONALITY NOS
26	30111	1/1/1900	12/31/2299	CHRONIC HYPOMANIC PERSON
26	30112	1/1/1900	12/31/2299	CHR DEPRESSIVE PERSON
26	30113	1/1/1900	12/31/2299	CYCLOTHYMIC DISORDER
26	3012	1/1/1900	12/31/2299	SCHIZOID PERSONALITY
26	30120	1/1/1900	12/31/2299	SCHIZOID PERSONALITY NOS
26	30121	1/1/1900	12/31/2299	INTROVERTED PERSONALITY
26	30122	1/1/1900	12/31/2299	SCHIZOTYPAL PERSONALITY
26	3013	1/1/1900	12/31/2299	EXPLOSIVE PERSONALITY
26	3014	1/1/1900	12/31/2299	COMPULSIVE PERSONALITY

(Continued)

Table A-3.17 – Diagnosis Group 26 Table

Group Number	Code	Effective Date	End Date	Code Description
26	3015	1/1/1900	12/31/2299	HISTRIONIC PERSONALITY
26	30150	1/1/1900	12/31/2299	HISTRIONIC PERSON NOS
26	30151	1/1/1900	12/31/2299	CHR FACTITIOUS ILLNESS
26	30159	1/1/1900	12/31/2299	HISTRIONIC PERSON NEC
26	3016	1/1/1900	12/31/2299	DEPENDENT PERSONALITY
26	3017	1/1/1900	12/31/2299	ANTISOCIAL PERSONALITY
26	3018	1/1/1900	12/31/2299	OTHER PERSONALITY DIS
26	30181	1/1/1900	12/31/2299	NARCISSISTIC PERSONALITY
26	30182	1/1/1900	12/31/2299	AVOIDANT PERSONALITY
26	30183	1/1/1900	12/31/2299	BORDERLINE PERSONALITY
26	30184	1/1/1900	12/31/2299	PASSIVE-AGGRESSIVE PERSON
26	30189	1/1/1900	12/31/2299	PERSONALITY DISORDER NEC
26	3019	1/1/1900	12/31/2299	PERSONALITY DISORDER NOS
26	302	1/1/1900	12/31/2299	SEXUAL DISORDERS
26	3020	1/1/1900	12/31/2299	EGO-DYSTONIC HOMOSEXUALIT
26	3021	1/1/1900	12/31/2299	ZOOPHILIA
26	3022	1/1/1900	12/31/2299	PEDOPHILIA
26	3023	1/1/1900	12/31/2299	TRANSVESTISM
26	3024	1/1/1900	12/31/2299	EXHIBITIONISM
26	3025	1/1/1900	12/31/2299	TRANS-SEXUALISM
26	30250	1/1/1900	12/31/2299	TRANS-SEXUALISM NOS
26	30251	1/1/1900	12/31/2299	TRANS-SEXUALISM, ASEXUAL
26	30252	1/1/1900	12/31/2299	TRANS-SEXUAL, HOMOSEXUAL
26	30253	1/1/1900	12/31/2299	TRANS-SEX, HETEROSEXUAL
26	3026	1/1/1900	12/31/2299	PSYCHOSEX IDENTITY DIS
26	3027	1/1/1900	12/31/2299	PSYCHOSEXUAL DYSFUNCTION
26	30270	1/1/1900	12/31/2299	PSYCHOSEXUAL DYSFUNC NOS
26	30271	1/1/1900	12/31/2299	INHIBITED SEXUAL DESIRE
26	30272	1/1/1900	12/31/2299	INHIBITED SEX EXCITEMENT
26	30273	1/1/1900	12/31/2299	INHIBITED FEMALE ORGASM
26	30274	1/1/1900	12/31/2299	INHIBITED MALE ORGASM
26	30275	1/1/1900	12/31/2299	PREMATURE EJACULATION
26	30276	1/1/1900	12/31/2299	FUNCTIONAL DYSPAREUNIA
26	30279	1/1/1900	12/31/2299	PSYCHOSEXUAL DYSFUNC NEC
26	3028	1/1/1900	12/31/2299	PSYCHOSEXUAL DIS NEC
26	30281	1/1/1900	12/31/2299	FETISHISM
26	30282	1/1/1900	12/31/2299	VOYEURISM

(Continued)

Table A-3.17 – Diagnosis Group 26 Table

Group Number	Code	Effective Date	End Date	Code Description
26	30283	1/1/1900	12/31/2299	SEXUAL MASOCHISM
26	30284	1/1/1900	12/31/2299	SEXUAL SADISM
26	30285	1/1/1900	12/31/2299	GENDER IDENT DIS, ADULT
26	30289	1/1/1900	12/31/2299	PSYCHOSEXUAL DIS NEC
26	3029	1/1/1900	12/31/2299	PSYCHOSEXUAL DIS NOS
26	303	1/1/1900	12/31/2299	ALCOHOL DEPENDENCE SYNDR
26	3030	1/1/1900	12/31/2299	AC ALCOHOL INTOXICATION
26	30300	1/1/1900	12/31/2299	AC ALCOHOL INTOX-UNSPEC
26	30301	1/1/1900	12/31/2299	AC ALCOHOL INTOX-CONTIN
26	30302	1/1/1900	12/31/2299	AC ALCOHOL INTOX-EPISOD
26	30303	1/1/1900	12/31/2299	AC ALCOHOL INTOX-REMISS
26	3039	1/1/1900	12/31/2299	ALCOHOL DEPEND NEC/NOS
26	30390	1/1/1900	12/31/2299	ALCOH DEP NEC/NOS-UNSPEC
26	30391	1/1/1900	12/31/2299	ALCOH DEP NEC/NOS-CONTIN
26	30392	1/1/1900	12/31/2299	ALCOH DEP NEC/NOS-EPISOD
26	30393	1/1/1900	12/31/2299	ALCOH DEP NEC/NOS-REMISS
26	3040	1/1/1900	12/31/2299	OPIOID TYPE DEPENDENCE
26	30400	1/1/1900	12/31/2299	OPIOID DEPENDENCE-UNSPEC
26	30401	1/1/1900	12/31/2299	OPIOID DEPENDENCE-CONTIN
26	30402	1/1/1900	12/31/2299	OPIOID DEPENDENCE-EPISOD
26	30403	1/1/1900	12/31/2299	OPIOID DEPENDENCE-REMISS
26	3041	1/1/1900	12/31/2299	BARBITURATE DEPENDENCE
26	30410	1/1/1900	12/31/2299	BARBITURAT DEPEND-UNSPEC
26	30411	1/1/1900	12/31/2299	BARBITURAT DEPEND-CONTIN
26	30412	1/1/1900	12/31/2299	BARBITURAT DEPEND-EPISOD
26	30413	1/1/1900	12/31/2299	BARBITURAT DEPEND-REMISS
26	3042	1/1/1900	12/31/2299	COCAINE DEPENDENCE
26	30420	1/1/1900	12/31/2299	COCAINE DEPEND-UNSPEC
26	30421	1/1/1900	12/31/2299	COCAINE DEPEND-CONTIN
26	30422	1/1/1900	12/31/2299	COCAINE DEPEND-EPISODIC
26	30423	1/1/1900	12/31/2299	COCAINE DEPEND-REMISS
26	3043	1/1/1900	12/31/2299	CANNABIS DEPENDENCE
26	30430	1/1/1900	12/31/2299	CANNABIS DEPEND-UNSPEC
26	30431	1/1/1900	12/31/2299	CANNABIS DEPEND-CONTIN
26	30432	1/1/1900	12/31/2299	CANNABIS DEPEND-EPISODIC
26	30433	1/1/1900	12/31/2299	CANNABIS DEPEND-REMISS
26	3044	1/1/1900	12/31/2299	AMPHETAMINE DEPENDENCE

(Continued)

Table A-3.17 – Diagnosis Group 26 Table

Group Number	Code	Effective Date	End Date	Code Description
26	30440	1/1/1900	12/31/2299	AMPHETAMIN DEPEND-UNSPEC
26	30441	1/1/1900	12/31/2299	AMPHETAMIN DEPEND-CONTIN
26	30442	1/1/1900	12/31/2299	AMPHETAMIN DEPEND-EPISOD
26	30443	1/1/1900	12/31/2299	AMPHETAMIN DEPEND-REMISS
26	3045	1/1/1900	12/31/2299	HALLUCINOGEN DEPENDENCE
26	30450	1/1/1900	12/31/2299	HALLUCINOGEN DEP-UNSPEC
26	30451	1/1/1900	12/31/2299	HALLUCINOGEN DEP-CONTIN
26	30452	1/1/1900	12/31/2299	HALLUCINOGEN DEP-EPISOD
26	30453	1/1/1900	12/31/2299	HALLUCINOGEN DEP-REMISS
26	3046	1/1/1900	12/31/2299	DRUG DEPENDENCE NEC
26	30460	1/1/1900	12/31/2299	DRUG DEPEND NEC-UNSPEC
26	30461	1/1/1900	12/31/2299	DRUG DEPEND NEC-CONTIN
26	30462	1/1/1900	12/31/2299	DRUG DEPEND NEC-EPISODIC
26	30463	1/1/1900	12/31/2299	DRUG DEPEND NEC-REMISS
26	3047	1/1/1900	12/31/2299	OPIOID/OTHER DRUG DEPEND
26	30470	1/1/1900	12/31/2299	OPIOID/OTHER DEP-UNSPEC
26	30471	1/1/1900	12/31/2299	OPIOID/OTHER DEP-CONTIN
26	30472	1/1/1900	12/31/2299	OPIOID/OTHER DEP-EPISOD
26	30473	1/1/1900	12/31/2299	OPIOID/OTHER DEP-REMISS
26	3048	1/1/1900	12/31/2299	COMB DRUG DEPENDENCE NEC
26	30480	1/1/1900	12/31/2299	COMB DRUG DEP NEC-UNSPEC
26	30481	1/1/1900	12/31/2299	COMB DRUG DEP NEC-CONTIN
26	30482	1/1/1900	12/31/2299	COMB DRUG DEP NEC-EPISOD
26	30483	1/1/1900	12/31/2299	COMB DRUG DEP NEC-REMISS
26	3049	1/1/1900	12/31/2299	DRUG DEPENDENCE NOS
26	30490	1/1/1900	12/31/2299	DRUG DEPEND NOS-UNSPEC
26	30491	1/1/1900	12/31/2299	DRUG DEPEND NOS-CONTIN
26	30492	1/1/1900	12/31/2299	DRUG DEPEND NOS-EPISODIC
26	30493	1/1/1900	12/31/2299	DRUG DEPEND NOS-REMISS
26	305	1/1/1900	12/31/2299	NONDEPENDENT DRUG ABUSE
26	3050	1/1/1900	12/31/2299	ALCOHOL ABUSE
26	30500	1/1/1900	12/31/2299	ALCOHOL ABUSE-UNSPEC
26	30501	1/1/1900	12/31/2299	ALCOHOL ABUSE-CONTINUOUS
26	30502	1/1/1900	12/31/2299	ALCOHOL ABUSE-EPISODIC
26	30503	1/1/1900	12/31/2299	ALCOHOL ABUSE-IN REMISS
26	3051	1/1/1900	12/31/2299	TOBACCO USE DISORDER
26	30510	1/1/1900	12/31/2299	TOBACCO ABUSE-UNSPEC

(Continued)

Table A-3.17 – Diagnosis Group 26 Table

Group Number	Code	Effective Date	End Date	Code Description
26	30511	1/1/1900	12/31/2299	TOBACCO ABUSE-CONTINUOUS
26	30512	1/1/1900	12/31/2299	TOBACCO ABUSE-EPISODIC
26	30513	1/1/1900	12/31/2299	TOBACCO ABUSE-IN REMISS
26	3052	1/1/1900	12/31/2299	CANNABIS ABUSE
26	30520	1/1/1900	12/31/2299	CANNABIS ABUSE-UNSPEC
26	30521	1/1/1900	12/31/2299	CANNABIS ABUSE-CONTIN
26	30522	1/1/1900	12/31/2299	CANNABIS ABUSE-EPISODIC
26	30523	1/1/1900	12/31/2299	CANNABIS ABUSE-IN REMISS
26	3053	1/1/1900	12/31/2299	HALLUCINOGEN ABUSE
26	30530	1/1/1900	12/31/2299	HALLUCINOG ABUSE-UNSPEC
26	30531	1/1/1900	12/31/2299	HALLUCINOG ABUSE-CONTIN
26	30532	1/1/1900	12/31/2299	HALLUCINOG ABUSE-EPISOD
26	30533	1/1/1900	12/31/2299	HALLUCINOG ABUSE-REM ISS
26	3054	1/1/1900	12/31/2299	BARBITURATE ABUSE
26	30540	1/1/1900	12/31/2299	BARBITURATE ABUSE-UNSPEC
26	30541	1/1/1900	12/31/2299	BARBITURATE ABUSE-CONTIN
26	30542	1/1/1900	12/31/2299	BARBITURATE ABUSE-EPISOD
26	30543	1/1/1900	12/31/2299	BARBITURATE ABUSE-REMISS
26	3055	1/1/1900	12/31/2299	OPIOID ABUSE
26	30550	1/1/1900	12/31/2299	OPIOID ABUSE-UNSPEC
26	30551	1/1/1900	12/31/2299	OPIOID ABUSE-CONTINUOUS
26	30552	1/1/1900	12/31/2299	OPIOID ABUSE-EPISODIC
26	30553	1/1/1900	12/31/2299	OPIOID ABUSE-IN REMISS
26	3056	1/1/1900	12/31/2299	COCAINE ABUSE
26	30560	1/1/1900	12/31/2299	COCAINE ABUSE-UNSPEC
26	30561	1/1/1900	12/31/2299	COCAINE ABUSE-CONTINUOUS
26	30562	1/1/1900	12/31/2299	COCAINE ABUSE-EPISODIC
26	30563	1/1/1900	12/31/2299	COCAINE ABUSE-IN REMISS
26	3057	1/1/1900	12/31/2299	AMPHETAMINE ABUSE
26	30570	1/1/1900	12/31/2299	AMPHETAMINE ABUSE-UNSPEC
26	30571	1/1/1900	12/31/2299	AMPHETAMINE ABUSE-CONTIN
26	30572	1/1/1900	12/31/2299	AMPHETAMINE ABUSE-EPISOD
26	30573	1/1/1900	12/31/2299	AMPHETAMINE ABUSE-REMISS
26	3058	1/1/1900	12/31/2299	ANTIDEPRESSANT ABUSE
26	30580	1/1/1900	12/31/2299	ANTIDEPRESS ABUSE-UNSPEC
26	30581	1/1/1900	12/31/2299	ANTIDEPRESS ABUSE-CONTIN
26	30582	1/1/1900	12/31/2299	ANTIDEPRESS ABUSE-EPISOD

(Continued)

Table A-3.17 – Diagnosis Group 26 Table

Group Number	Code	Effective Date	End Date	Code Description
26	30583	1/1/1900	12/31/2299	ANTIDEPRESS ABUSE-REMISS
26	3059	1/1/1900	12/31/2299	DRUG ABUSE NEC/NOS
26	30590	1/1/1900	12/31/2299	DRUG ABUSE NEC-UNSPEC
26	30591	1/1/1900	12/31/2299	DRUG ABUSE NEC-CONTIN
26	30592	1/1/1900	12/31/2299	DRUG ABUSE NEC-EPISODIC
26	30593	1/1/1900	12/31/2299	DRUG ABUSE NEC-IN REMISS
26	306	1/1/1900	12/31/2299	PSYCHOPHYSIOLOGIC DIS
26	3060	1/1/1900	12/31/2299	PSYCHOGEN MUSCULSKEL DIS
26	3061	1/1/1900	12/31/2299	PSYCHOGENIC RESPIR DIS
26	3062	1/1/1900	12/31/2299	PSYCHOGEN CARDIOVASC DIS
26	3063	1/1/1900	12/31/2299	PSYCHOGENIC SKIN DISEASE
26	3064	1/1/1900	12/31/2299	PSYCHOGENIC GI DISEASE
26	3065	1/1/1900	12/31/2299	PSYCHOGEN GENITOUR DIS
26	30650	1/1/1900	12/31/2299	PSYCHOGEN GENITOUR DIS NO
26	30651	1/1/1900	12/31/2299	PSYCHOGENIC VAGINISMUS
26	30652	1/1/1900	12/31/2299	PSYCHOGENIC DYSMENORRHEA
26	30653	1/1/1900	12/31/2299	PSYCHOGENIC DYSURIA
26	30659	1/1/1900	12/31/2299	PSYCHOGEN GENITOUR DIS NE
26	3066	1/1/1900	12/31/2299	PSYCHOGEN ENDOCRINE DIS
26	3067	1/1/1900	12/31/2299	PSYCHOGENIC SENSORY DIS
26	3068	1/1/1900	12/31/2299	PSYCHOGENIC DISORDER NEC
26	3069	1/1/1900	12/31/2299	PSYCHOGENIC DISORDER NOS
26	307	1/1/1900	12/31/2299	SPECIAL SYMPTOM NEC
26	3070	1/1/1900	12/31/2299	STAMMERING & STUTTERING
26	3071	1/1/1900	12/31/2299	ANOREXIA NERVOSA
26	3072	1/1/1900	12/31/2299	TICS
26	30720	1/1/1900	12/31/2299	TIC DISORDER NOS
26	30721	1/1/1900	12/31/2299	TRANSIENT TIC, CHILDHOOD
26	30722	1/1/1900	12/31/2299	CHRONIC MOTOR TIC DIS
26	30723	1/1/1900	12/31/2299	GILLES TOURETTE DISORDER
26	3073	1/1/1900	12/31/2299	STEREOTYPED MOVEMENTS
26	3074	1/1/1900	12/31/2299	NONORGANIC SLEEP DISORD
26	30740	1/1/1900	12/31/2299	NONORGANIC SLEEP DIS NOS
26	30741	1/1/1900	12/31/2299	TRANSIENT INSOMNIA
26	30742	1/1/1900	12/31/2299	PERSISTENT INSOMNIA
26	30743	1/1/1900	12/31/2299	TRANSIENT HYPERSOMNIA
26	30744	1/1/1900	12/31/2299	PERSISTENT HYPERSOMNIA

(Continued)

Table A-3.17 – Diagnosis Group 26 Table

Group Number	Code	Effective Date	End Date	Code Description
26	30745	1/1/1900	12/31/2299	DISRUPT SLEEP-WAKE CYCLE
26	30746	1/1/1900	12/31/2299	SOMNAMBULISM/NGHT TERROR
26	30747	1/1/1900	12/31/2299	SLEEP STAGE DYSFUNC NEC
26	30748	1/1/1900	12/31/2299	REPETIT SLEEP INTRUSION
26	30749	1/1/1900	12/31/2299	NONORGANIC SLEEP DIS NEC
26	3075	1/1/1900	12/31/2299	EATING DISORDERS NEC/NOS
26	30750	1/1/1900	12/31/2299	EATING DISORDER NOS
26	30751	1/1/1900	12/31/2299	BULIMIA
26	30752	1/1/1900	12/31/2299	PICA
26	30753	1/1/1900	12/31/2299	PSYCHOGENIC RUMINATION
26	30754	1/1/1900	12/31/2299	PSYCHOGENIC VOMITING
26	30759	1/1/1900	12/31/2299	EATING DISORDER NEC
26	3076	1/1/1900	12/31/2299	ENURESIS
26	3077	1/1/1900	12/31/2299	ENCOPRESIS
26	3078	1/1/1900	12/31/2299	PSYCHALGIA
26	30780	1/1/1900	12/31/2299	PSYCHOGENIC PAIN NOS
26	30781	1/1/1900	12/31/2299	TENSION HEADACHE
26	30789	1/1/1900	12/31/2299	PSYCHOGENIC PAIN NEC
26	3079	1/1/1900	12/31/2299	SPECIAL SYMPTOM NEC/NOS
26	308	1/1/1900	12/31/2299	ACUTE REACTION TO STRESS
26	3080	1/1/1900	12/31/2299	STRESS REACT, EMOTIONAL
26	3081	1/1/1900	12/31/2299	STRESS REACTION, FUGUE
26	3082	1/1/1900	12/31/2299	STRESS REACT, PSYCHOMOT
26	3083	1/1/1900	12/31/2299	ACUTE STRESS REACT NEC
26	3084	1/1/1900	12/31/2299	STRESS REACT, MIXED DIS
26	3089	1/1/1900	12/31/2299	ACUTE STRESS REACT NOS
26	309	1/1/1900	12/31/2299	ADJUSTMENT REACTION
26	3090	1/1/1900	12/31/2299	BRIEF DEPRESSIVE REACT
26	3091	1/1/1900	12/31/2299	PROLONG DEPRESSIVE REACT
26	3092	1/1/1900	12/31/2299	ADJUST REACT/OTH EMOTION
26	30921	1/1/1900	12/31/2299	SEPARATION ANXIETY
26	30922	1/1/1900	12/31/2299	EMANCIPATION DISORDER
26	30923	1/1/1900	12/31/2299	ACADEMIC/WORK INHIBITION
26	30924	1/1/1900	12/31/2299	ADJ REACT -ANXIOUS MOOD
26	30928	1/1/1900	12/31/2299	ADJ REACT -MIXED EMOTION
26	30929	1/1/1900	12/31/2299	ADJ REACT -EMOTION NEC
26	3093	1/1/1900	12/31/2299	ADJUST REACT -CONDUCT DIS

(Continued)

Table A-3.17 – Diagnosis Group 26 Table

Group Number	Code	Effective Date	End Date	Code Description
26	3094	1/1/1900	12/31/2299	ADJ REACT -EMOTION/CONDUCT
26	3098	1/1/1900	12/31/2299	OTHER ADJUST REACTION
26	30981	1/1/1900	12/31/2299	PROLONG POSTTRAUM STRESS
26	30982	1/1/1900	12/31/2299	ADJUST REACT -PHYS SYMPT
26	30983	1/1/1900	12/31/2299	ADJUST REACT -WITHDRAWAL
26	30989	1/1/1900	12/31/2299	ADJUSTMENT REACTION NEC
26	3099	1/1/1900	12/31/2299	ADJUSTMENT REACTION NOS
26	310	1/1/1900	12/31/2299	NONPSYCHOTIC BRAIN SYND
26	3100	1/1/1900	12/31/2299	FRONTAL LOBE SYNDROME
26	3101	1/1/1900	12/31/2299	ORGANIC PERSONALITY SYND
26	3102	1/1/1900	12/31/2299	POSTCONCUSSION SYNDROME
26	3108	1/1/1900	12/31/2299	NONPSYCHOT BRAIN SYN NEC
26	3109	1/1/1900	12/31/2299	NONPSYCHOT BRAIN SYN NOS
26	311	1/1/1900	12/31/2299	DEPRESSIVE DISORDER NEC
26	312	1/1/1900	12/31/2299	CONDUCT DISTURBANCE NEC
26	3120	1/1/1900	12/31/2299	UNSOCIALIZED AGGRESSION
26	31200	1/1/1900	12/31/2299	UNSOCIAL AGGRESS-UNSPEC
26	31201	1/1/1900	12/31/2299	UNSOCIAL AGGRESSION-MILD
26	31202	1/1/1900	12/31/2299	UNSOCIAL AGGRESSION-MOD
26	31203	1/1/1900	12/31/2299	UNSOCIAL AGGRESS-SEVERE
26	3121	1/1/1900	12/31/2299	UNSOCIALIZ, UNAGGRESSIVE
26	31210	1/1/1900	12/31/2299	UNSOCIAL UNAGGRESS-UNSP
26	31211	1/1/1900	12/31/2299	UNSOCIAL UNAGGRESS-MILD
26	31212	1/1/1900	12/31/2299	UNSOCIAL UNAGGRESS-MOD
26	31213	1/1/1900	12/31/2299	UNSOCIAL UNAGGRESS-SEVERE
26	3122	1/1/1900	12/31/2299	SOCIALIZED CONDUCT DIS
26	31220	1/1/1900	12/31/2299	SOCIAL CONDUCT DIS-UNSP
26	31221	1/1/1900	12/31/2299	SOCIAL CONDUCT DIS-MILD
26	31222	1/1/1900	12/31/2299	SOCIAL CONDUCT DIS-MOD
26	31223	1/1/1900	12/31/2299	SOCIAL CONDUCT DIS-SEV
26	3123	1/1/1900	12/31/2299	IMPULSE CONTROL NEC
26	31230	1/1/1900	12/31/2299	IMPULSE CONTROL DIS NOS
26	31231	1/1/1900	12/31/2299	PATHOLOGICAL GAMBLING
26	31232	1/1/1900	12/31/2299	KLEPTOMANIA
26	31233	1/1/1900	12/31/2299	PYROMANIA
26	31234	1/1/1900	12/31/2299	INTERMITT EXPLOSIVE DIS
26	31235	1/1/1900	12/31/2299	ISOLATED EXPLOSIVE DIS

(Continued)

Table A-3.17 – Diagnosis Group 26 Table

Group Number	Code	Effective Date	End Date	Code Description
26	31239	1/1/1900	12/31/2299	IMPULSE CONTROL DIS NEC
26	3124	1/1/1900	12/31/2299	MIX DIS CONDUCT/EM OTION
26	3128	1/1/1900	12/31/2299	CONDUCT DISTURBANCE NEC
26	3129	1/1/1900	12/31/2299	CONDUCT DISTURBANCE NOS
26	313	1/1/1900	12/31/2299	EMOTIONAL DIS CHILD/ADOL
26	3130	1/1/1900	12/31/2299	OVERANXIOUS DISORDER
26	3131	1/1/1900	12/31/2299	MISERY & UNHAPPINESS DIS
26	3132	1/1/1900	12/31/2299	SENSITIVITY & WITHDRAWAL
26	31321	1/1/1900	12/31/2299	SHYNESS DISORDER-CHILD
26	31322	1/1/1900	12/31/2299	INTROVERTED DIS-CHILD
26	31323	1/1/1900	12/31/2299	ELECTIVE MUTISM
26	3138	1/1/1900	12/31/2299	OTH EMOTIONAL DIS CHILD
26	31381	1/1/1900	12/31/2299	OPPOSITIONAL DISORDER
26	31382	1/1/1900	12/31/2299	IDENTITY DISORDER
26	31383	1/1/1900	12/31/2299	ACADEMIC UNDERACHIEVMENT
26	31389	1/1/1900	12/31/2299	EMOTIONAL DIS CHILD NEC
26	3139	1/1/1900	12/31/2299	EMOTIONAL DIS CHILD NOS
26	314	1/1/1900	12/31/2299	HYPERKINETIC SYNDROME
26	3140	1/1/1900	12/31/2299	ATTENTION DEFICIT DIS
26	31400	1/1/1900	12/31/2299	ATTN DEFIC NONHYPERACT
26	31401	1/1/1900	12/31/2299	ATTN DEFICIT W HYPERACT
26	3141	1/1/1900	12/31/2299	HYPERKINET W DEVEL DELAY
26	3142	1/1/1900	12/31/2299	HYPERKINETIC CONDUCT DIS
26	3148	1/1/1900	12/31/2299	OTHER HYPERKINETIC SYND
26	3149	1/1/1900	12/31/2299	HYPERKINETIC SYND NOS
26	315	1/1/1900	12/31/2299	SPECIFIC DEVELOP DELAYS
26	3150	1/1/1900	12/31/2299	SPECIFIC READING DIS
26	31501	1/1/1900	12/31/2299	ALEXIA
26	31502	1/1/1900	12/31/2299	DEVELOPMENTAL DYSLEXIA
26	31509	1/1/1900	12/31/2299	READING DISORDER NEC
26	3151	1/1/1900	12/31/2299	ARITHMETICAL DISORDER
26	3152	1/1/1900	12/31/2299	OTH LEARNING DIFFICULTY
26	3153	1/1/1900	12/31/2299	SPEECH/LANGUAGE DISORDER
26	31531	1/1/1900	12/31/2299	DEVELOPMENT LANGUAGE DIS
26	31539	1/1/1900	12/31/2299	SPEECH/LANGUAGE DIS NEC
26	3154	1/1/1900	12/31/2299	COORDINATION DISORDER
26	3155	1/1/1900	12/31/2299	MIXED DEVELOPMENT DIS

(Continued)

Table A-3.17 – Diagnosis Group 26 Table

Group Number	Code	Effective Date	End Date	Code Description
26	3158	1/1/1900	12/31/2299	DEVELOPMENT DELAYS NEC
26	3159	1/1/1900	12/31/2299	DEVELOPMENT DELAY NOS
26	316	1/1/1900	12/31/2299	PSYCHIC FACTOR W OTH DIS
26	317	1/1/1900	12/31/2299	MILD MENTAL RETARDATION
26	318	1/1/1900	12/31/2299	OTHER MENTAL RETARDATION
26	3180	1/1/1900	12/31/2299	MOD MENTAL RETARDATION
26	3181	1/1/1900	12/31/2299	SEVERE MENTAL RETARDAT
26	3182	1/1/1900	12/31/2299	PROFOUND MENTAL RETARDAT
26	319	1/1/1900	12/31/2299	MENTAL RETARDATION NOS

Table A-3.18 – Diagnosis Group 28 Table

Group Number	Code	Effective Date	End Date	Code Description
28	28260	1/1/1900	12/31/2299	SICKLE-CELL ANEMIA NOS
28	28261	1/1/1900	12/31/2299	HB-S DISEASE W/O CRISIS
28	28262	1/1/1900	12/31/2299	HB-S DISEASE WITH CRISIS
28	28263	1/1/1900	12/31/2299	SICKLE-CELL/HB-C DISEASE
28	28269	1/1/1900	12/31/2299	SICKLE-CELL ANEMIA NEC

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