| Assessor's Parcel Number: N/A      | Doc Number: 0829209  08/20/2013 02:39 PM  OFFICIAL RECORDS  Requested By DC/SHERIFF |
|------------------------------------|---|
| Date: <u>AUGUST 20, 2013</u>       | DOUGLAS COUNTY RECORDERS<br>Karen Ellison - Recorder                                |
| Recording Requested By:            | Page: 1 Of 13 Fee: \$ 0.00 Bk: 0813 Pg: 5413  |
| Name: ROSS CHICHESTER, DCSO        | Deputy: sg  |
| Address:                           |   |
| City/State/Zip:                    |   |
| Real Property Transfer Tax: \$_N/A |   |
|                                    |   |
| AGREEMENT #2013.196                | · · · · · · · · · · · · · · · · · · ·   |
| (Title of Document)                |   |

0829209 Page: 2 of 13

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# AGREEMENT TO PROVIDE MEDICAL SERIVCES

**BETWEEN** 

DOUGLAS COUNTY, NEVADA

DR. MATTHEW J. BARULICH DBA

## DESERT ROSE OBSTETRICS AND GYNECOLOGY

Desert Rose Women's Care 1520 Virginia Ranch Rd. Ste. 1B Gardnerville, NV 89410

WHEREAS, Douglas County, is a political subdivision of the State of Nevada, and requires the services of independent contractors; and

WHEREAS, Douglas County desires to contract with a doctor licensed in Nevada to practice medicine to assist the Douglas County Sheriff's Office's Detention facility in providing for female inmates gynecological and obstetrics needs; and

WHEREAS, it is deemed that the services of Dr. Barulich as a Contractor herein specified are both necessary and desirable and in the best interest of Douglas Count; and

WHEREAS, Contractor represents that he is licensed to practice medicine in Nevada in good standing, experienced in providing gynecological and obstetrics needs and is also qualified, equipped, staffed, ready, willing and able to perform and render the services hereinafter described;

NOW, THEREFORE, in consideration of the agreements herein made, the parties mutually agree as follows:

- EFFECTIVE DATE OF CONTRACT. July 1, 2013 through June 30, 2014. This Contract
  may be extended for an additional one-year periods, provided that both parties agree in
  writing not less than 30 days prior to the date of expiration of this Contract. If extended, all
  provisions of this Contract remain in effect.
- WORK TO BE PERFORMED. The parties agree that the services to be performed by Contractor as follows:

The Contractor will evaluate and treat gynecological and obstetrics conditions for female inmates from the Douglas County Detention Facility. This treatment will occur on days designated by the Contractor at the Contractor's office in Carson City. All inmates must be escorted by a Douglas County Sheriff's Office deputy who must remain at the office until the visit is concluded.

3. PAYMENT FOR SERVICES. Contractor agrees to perform the work set forth in paragraph two at the set rate of sixty percent (60%) of the normal charge Contractor would assess for the treatment. This fee includes all medical procedures that are medically required in the professional opinion of the Doctor. In the event that a procedure or services are going to exceed \$2500, then the Contractor must receive approval from the Captain of the Jail Division or the Undersheriff prior to performing the procedure unless, in the opinion of the Contractor, immediate steps are necessary to protect the life of the patient. If this Contract is renewed for any successive one-year periods pursuant to Paragraph One, the same payment

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CLERK

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TYPE

provisions shall apply as set forth above. Douglas County will pay the claims submitted by Contractor within twenty-five (25) days of receipt. A list of the Contractor's normal charges, without discount, is attached as Exhibit B. All billing should be sent to:

Douglas County Detention Facility Attn: Jail Administration Secretary P.O. Box 218 Minden, NV 89423

- 4. INDEPENDENT CONTRACTOR STATUS AND PROVISION OF WORKERS COMPENSATION COVERAGE. The parties agree that contractor shall have the status of and shall perform all work under this contract as an independent contractor. The parties also agree that this contract, by explicit agreement of the parties, incorporates and applies the provision of NRS 284.173, as necessarily adapted, to the parties, including that Contractor is not a County employee and that there shall be no:
  - (1) Withholding of income taxes by the County;
  - (2) Industrial insurance coverage provided by the County;
  - (3) Participation in group insurance plans which may be available to employees of the County;
  - (4) Participation of contributions by either the independent contractor of the County to the public employee's retirement system;
  - (5) Accumulation of vacation leave or sick leave provided by the County;
  - (6) Unemployment compensation coverage provided by the County if the requirements of NRS 612.085 for independent contractors are met.
- 5. INDUSTRIAL INSURANCE. Contractor further agrees, as a precondition to the Performance of any work under this contract and as a precondition to any obligation of the County to make any payment under this contract, to provide the County with a work certificate and/or a certificate issued by a qualified insurer for workman's compensation (Chapter 616A of the Nevada Revised Statutes). Contractor also agrees, prior to commencing any work under the contract, to complete and to provide the following written request to the insurer::

<u>Dr. Matthew J. Barulich, dba Desert Rose</u> has entered into a contract with Douglas County to perform work from <u>July 1, 2013</u> to <u>June 30, 2014</u>, and requests that the insurer provide to Douglas County a certificate of coverage. The certificate and notice should be mailed to:

P.O. Box 218 Minden, NV 89423

Contractor agrees to maintain required workers compensation coverage throughout the entire tem of the contract. If Contractor does not maintain coverage throughout the entire term of the contract, Contractor agrees that County may, at any time the coverage is not maintained by contractor, immediately order the Contractor to stop work, suspend the contract or terminate the contract. For each six-month period this contract is in effect, Contractor agrees, prior to the expiration of the six-month period, to provide another written request to the insurer for the provision of a certificate and notice of lapse in or nonpayment of coverage. If Contractor does not make the request of does not provide the certificate before the expiration of the six-month period, Contractor aggress that County may order the Contractor to immediately stop work and may immediately suspend or terminate the contract.

6. PROFESSIONAL LIABILITY INSURANCE. Contractor agrees to maintain his Professional license in active status and good standing with the State of Nevada during the term of this Contract. Failure to maintain this license will result in immediate termination of this contract. Contractor also agrees to acquire and maintain professional liability insurance in the minimum amount of \$1,000,000.00 during the term of this contract. Copies of both the license and certificate of professional liability insurance must be sent to the:

P.O. Box 218 Minden, NV 89423

- 7. HIPPA REQUIREMENTS. Contractor shall fully and completely comply with all Applicable local, state and federal laws, regulations, orders, or requirements of any sort in carrying out the obligations of this contract, including, but not limited to, all federal, state, and local accounting procedures and requirements and all immigration and naturalization laws and compliance with the Health Information Portability and Accountability Act (HIPAA). Contractor must acknowledge and sign the HIPPA form, Exhibit A.
- 8. TERMINATION OF CONTRACT. Either party may revoke this contract without cause, Provided that a revocation shall not be effective until 30 days after the party has served written notice upon the other party. All monies due and owing up to the point of termination shall be paid by Douglas County unless otherwise agreed upon.
- 9. CONSTRUCTION OF CONTRACT. This contract shall be construed and interpreted according to the laws of the State of Nevada. Any dispute regarding this contract shall be resolved by binding arbitration, with an arbiter to be selected from a list maintained by the Nevada Supreme Court of senior judges, with both parties to pay an equal share for the senior judge and any other related court fees. Each party is responsible for their own attorney fees. There shall be no presumption for or against the drafter in interpreting or enforcing this contract.
- 10. COMPLIANCE WITH APPLICABLE LAWS. Contractor shall fully and completely comply with all applicable local, state and federal laws, regulations, orders, or requirements of any sort in carrying out the obligations of this contract, including but not limited to, all federal, state, and local accounting procedures and requirements and all immigration and naturalization laws.
- 11. ASSIGNMENT. Contractor shall not assign, transfer nor delegate any rights, obligations or duties under this contract.
- 12. COUNTY INSPECTION. The books, records, documents and accounting procedures and practices of Contractor related to this contract shall be subject to inspection, examination, copying and audit by the County, including, but not limited to, the contracting agency, the County Manager, the District Attorney, and, if applicable, the Comptroller General of the United States, or any authorized representative of those entities. Contractor must keep a copy of all materials and documents and patient information related to this contract for a period of at least five years from the date of providing service.

BK : 08 13 PG : 54 17 8/20/20 13

13. INDEMNIFICATION. Contractor agrees to indemnify and save and hold the County, its agents and employees harmless from any and all claims, causes of action or liability arising from the performance of this contract by Contractor or Contractor's agents or employees.

14. MODIFICATION OF CONTRACT. This contract constitutes the entire contract between the parties and may only be modified by a written amendment signed by the parties and approved by the Douglas county Board of County Commissioners.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement for Medical Services to be signed and intend to be legally bound thereby.

Matthew J. Baruliel MD 6/4/13

Dr. Matthey J. Barulich, dba Desert Rose (date)

Sheriff Ron Pierini

(data)

γ (α

Claiman Greg Lynn

8/15/13

(date)

**Douglas County Board of Commissioners** 

Attest:

8/15/13

Ted Thran, Douglas County Clerk

(date)

CLERK TO THE BOARD



BK: 0813 PG: 5418 8/20/2013

## **EXHIBIT A**

## HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT

#### 1. DEFINITIONS.

- 1.1 Contractor shall mean Dr. Matthew Barulich, M.D.
- 1.2 Covered Entity shall mean Douglas County.
- 1.3 Individual shall have the same meaning as the term "individual" in 45 CFR 164.501and shall include a person who qualifies as a personal representative in accordance with I 45 CFR 164.502(g).
- 1.4 Privacy Rule shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.
- 1.5 Protected Health Information shall have the same meaning as the term "protected health information" in 45 CFR 164.501, limited to the information created or received by Contractor from or on behalf of Covered Entity.
- 1.6 Required by Law shall have the same meaning as the term "required by law" in 45 CFR 164.501.
- 1.7 Secretary shall mean the Secretary of the Department of Health and Human Services or his designee.
- 1.8 Service Agreement or Agreement shall mean that certain agreement between Contractor and Covered Entity.

All other capitalized terms not defined herein shall have the meanings assigned in the Privacy Rule.

#### 2. OBLIGATIONS AND ACTIVITIES OF CONTRACTOR.

- 2.1 Contractor agrees to not use or further disclose Protected Health Information other than as permitted or required by the Agreement or as Required by Law.
- 2.2 Contractor agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.
- 2.3 Contractor agrees to mitigate, to the extent practicable, any harmful effect that is known to Contractor of a use or disclosure of Protected Health Information by Contractor in violation of the requirements of



- this Agreement.
- 2.4 Contractor agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.
- 2.5 Contractor agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Contractor on behalf of Covered Entity agrees to the same restrictions and conditions that apply through this Agreement to Contractor with respect to such information.
- Contractor agrees to provide access, at the request of Covered Entity, and 2.6 in the time and manner designated by Covered Entity, to Protected Health Information in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR 164.524.
- 2.7 Contractor agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR 164.526 at the request of Covered Entity or an Individual, and in the time and manner designated by Covered Entity.
- 2.8 Contractor agrees to make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by Contractor on behalf of, Covered Entity available to the Covered Entity, or at the request of the Covered Entity to the Secretary, in a time and manner designated by the Covered Entity or the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.
- Contractor agrees to document such disclosures of Protected Health 2.9 Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with CFR 164.528.
- 2.10 Contractor agrees to provide to Covered Entity or an Individual, in time and manner designated by Covered Entity, information collected in accordance with Section 2.9 of this Agreement, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

## 3. PERMITTED USES AND DISCLOSURES BY Contractor.

General Use and Disclosure Provisions: Except as otherwise limited in this I Agreement, Contractor may use or disclose Protected Health Information on behalf of, or to provide services to, a Covered Entity for the following

purposes, if such use or disclosure of Protected Health Information would not violate the Privacy Rule if done by Covered Entity, or violate the minimum necessary policies and procedures of Covered Entity, for the purpose of performing the Service Agreement.

## 3.2 Specific Use and Disclosure Provisions:

- 3.2.1 Except as otherwise limited in this Agreement, Contractor may use Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Contractor.
- 3.2.2 Except as otherwise limited in this Agreement, Contractor may disclose Protected Health Information for the proper management and administration of the Contractor, provided that disclosures are required by law, or Contractor obtains reasonable assurances from the person to whom the information is disclosed that It will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Contractor of any instances of which it is aware in which the confidentiality of the information has been breached.
- 3.2.3 Except as otherwise limited in this Agreement, Contractor may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 42 CFR 164.504(e)(2)(i)(B).
- 3.2.4 Contractor may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 164.502(j)(1).

#### 4. OBLIGATIONS OF COVERED ENTITY.

- 4.1 Covered Entity shall notify Contractor of any limitation(s) in its notice of privacy practices to the extent that such limitation may effect Contractor's use or disclosure of Protected Health Information.
- 4.2 Covered Entity shall provide Contractor with any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, if such changes affect Contractor's permitted or required uses and disclosures.
- 4.3 Covered Entity shall notify Contractor of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that the same may effect Contractor's use or disclosure of Protected Health Information.
- 4.4 Permissible Requests by Covered Entity: Covered entity shall not request Contractor to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if

done by Covered Entity (unless permitted for a Contractor under the Rule for data aggregation or the management and administrative activities of Contractor.)

#### 5. TERM AND TERMINATION.

- 5.1 Term. The Term of this Agreement shall be effective as of the date first written above, and shall terminate when all of the Protected Health Information provided by Covered Entity to Contractor, or created or received by Contractor on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Section. Termination of this Agreement shall automatically terminate the Service Agreement.
- 5.2 Termination for Cause. Upon Covered Entity's knowledge of a material breach by Contractor, Covered Entity shall provide an opportunity for Contractor to cure the breach or end the violation, and Covered Entity shall:
  - 5.2.1 Provide an opportunity for Contractor to cure the breach or end the violation and terminate this Agreement if Contractor does not cure the breach or end the violation within the time specified by Covered Entity, or
  - 5.2.2 Immediately terminate this Agreement if Contractor has breached a material term of this Agreement and cure is not possible.
  - 5.2.3 If neither termination nor cure are feasible, Covered Entity will report the violation to the Secretary
- 5.3 Effect of Termination.
  - 5.3.1 Except as provided in the following paragraph, upon termination of this Agreement, for any reason, Contractor shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Contractor on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Contractor. Contractor shall retain no copies of the Protected Health Information.
  - 5.3.2 In the event that Contractor determines that returning or destroying the Protected Health Information is infeasible, Contractor shall provide to Covered Entity notification of the conditions that make return or destruction

infeasible. Upon mutual agreement of the Parties that return or destruction of Protected Health information is infeasible, Contractor shall extend the protections of this Agreement to such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Contractor maintains such

#### Protected Health Information.

## 6. MISCELLANEOUS.

- 6.1 Regulatory References. A reference in this Agreement to a section in the Privacy means the section as in effect or as amended, and for which compliance is required.
- Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act, Public Law 104-191.
- 6.3 Survival. The respective rights and obligations of Contractor under Section 5.3 of this Agreement shall survive the termination of this Agreement.
- 6.4 Interpretation. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity to comply with the Privacy Rule.

By: Matthew & Barn

Dr. Matthew Barulich, M.D. (Date)

Contractor



Desert Rose Obstetnics and Gynecoka.

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|             |  |  |      |                |                                       | ΕŻ               | M 5            | ER\          | VICES         |                                  |  |  |              |  |
|-------------|--|--|------|----------------|---------------------------------------|------------------|----------------|--------------|---------------|----------------------------------|--|--|--------------|--|
| PT          | EAM SERVICES   | FEE  | _/   | CPT            | CONSULTATIONS                         | FE               |                | И            | СРТ           | PREVENTIVE MEDICINE              | FEE  |  | CPT          |  |
|             | New Patient  |  |      |                | Office New or Establishe              | d                |                | † †          |               | New Patient                      | 1 700  | -                                      | T CF1        | OTHER  |
| 9201        |  | 75-  | -    | 99241          | Approx 15 minutes                     | 1                | 4 /7           | ╆            | 99384         | Age 12 -17                       |  | _                                      | -            | Obstetric Services   |
| 9202        |  | 11/5   | +    | 99242          |                                       |                  | 12             | ┰            | 99385         | Age 18 - 39                      | - 47   | ٠,                                     | 59425        | The state of the s |
| 3203        |  | 145  | 4    | 99243          | Approx 40 minutes                     | 1/               | <del>(2)</del> | Ð            | 99386         | Age 40 - 64                      |  | ۷                                      |              |  |
| 3204        |  | 210  | +    | 99244          | Approx 60 minutes                     | <u> </u>         | 4              | Ŀ            | 99387         | Age 65 and Over                  | 21_  |  | 59430        | Postpartum only (Sep proc.) 757  |
| 1205        | Approx 60 minutes  | 75   | 7    | 99245          | Approx 80 minutes                     | <del> </del>     | 1              | -            |               | Age os and over                  | <u> </u>   | إذ                                     | 121/1        | Counte- Milia-not 3  |
|             |  |  | Ţ    |                |                                       |                  |                | ╁┼           |               | Establish a d Basis - A          |  | 4                                      | <u> 575]</u> | 17-14-15-0 ST-25   |
|             | Established Patient  |  |      | E/M S          | ervice Reported by Time               |                  |                | H            | 99394         | Established Patient Age 12 · 17  |  | _                                      | +            | /- /   |
| 211         | Approx 5 minutes   | 2/   |      | 99024          | Post-op follow-up                     | <del></del> -    | -1             | -            | 99395         | Age 18 - 39                      | 15   |  |              | Medicare Services  |
| 212         | Approx 10 minutes  | 13   | Έ    |                |                                       |                  | $\dashv$       |              | 99396         | Age 40 - 64                      | 10   | 7                                      | G0101        | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  |
| 213         | Approx 15 minutes  | Α,   | -    |                | Prolonged Services (Face to F         | ace)             | 7              | _            | 99397         | Age 65 and Over                  | _ / / 7/4  | 1                                      | 00000        | V76 47, V76.49, or V15.89)   |
| 224         | Approx 25 minutes  | 130  | ŀ    | 99354          | First hour (30-74 mmutes)             |                  | 74             | 1            |               |                                  | -101   |  | ~ Q0091      | A A A A E'27'  |
| 215         | Approx 40 minutes  | 175  | +    | 99355          | Each added 30 min (75-104 minu        |                  | * 4            | 1            |               |                                  | <del></del>                                      | +                                      | G0328        | V76.2, V76.47, V76 49, V15.89)   |
|             | <u> </u>   |  | Ш    |                |                                       | _                | $\dashv$       | +            | 100           |                                  | <del></del> -                                    | ╬                                      | 100328       | 7  |
|             |  |  |      |                |                                       | . PRO            | irr            | nin          | RES           |                                  |  | _                                      | .l           | (V76.41, V76.51)   |
|             | PROCEDURE BY SITE  |  | П    |                | Vagina-Vulva                          |                  | 777            | 7            | in and        | INJECTIONS                       |  | Ŧ                                      |              |  |
|             | Breast   |  | -    |                | Bx vag mucosa, simple (sep proc       | 1 2.             | ار             | - 6          | 4435          | Admin paracervical block         | 11/23  | ╁                                      | 76856        | ULTRASOUND, NON-OB Complete pelvic   |
| 21          | Fine needle aspir w/o guidanci   | <u> </u>   | Ц    | 57105          | Bx vag mucosa, extensive              |                  |                | _            | 1055          | Depo-Provera 150 mg              | <del>  17 &amp;</del>                            | 1                                      | 76857        | Limited/follow-up pelvic   |
| 22<br>00    | Fine needle aspir w/ guidance  |  | -    |                | 8x vulva/perineum(sep proc) 1 le      | 18               | ₹              | 4,           | 6372          | Injection, therapy, diagnosis    | -  | ╁                                      | 58340        | SIS, catheterization   |
|             | Puncture aspiration cyst   |  |      |                | 8x vulva/perineum each add            |                  | <b>:</b> ‡     | - 2          | 0552          | Injection, trigger point         | + 5.   | 士                                      | 76831        | SIS, u/s superv & interp   |
| 57          | Screening mammography  |  | _    |                | Destruct vag lesion(s), simple        | T'%'             | 衦              | - 9          | 0471          | Injection, vaccine, any method   |  | F                                      | 76830        | Transvaginal   |
|             |  |  | _    |                | Destruct vag lesion(s), extensive     | Toil             |                | 1            | 7             |                                  | -/   | ╁                                      | 70030        | Transvaginar 21.5  |
|             | Cervin   |  |      |                | Destruct vulvar lesion(s), simple     | 1/2              | /15            | +            | $\rightarrow$ |                                  | /  | ╁                                      | <del> </del> |  |
| ~           | Cervical dilation  | ياليصيا  | _    |                | Destruct vulvar lesion(s), ext        | 570              | 1              | J            | L.            | LABORATORY                       | <u> </u>   | ┿                                      | 75818        | ULTRASOUND, OB   |
| 11          | Cryocautery of cervix  |  | _    | 56420          | &D Bartholin's gland abscess          | 77               | · -            | 85           | 018           | Blood count, Hgb                 | 7  | ۲                                      | 76819        | BPP (includes NST)   |
| <u>)5</u>   | Endocervical curettage   | 120  | _    | 56405 1        | &D vulva or perineal abscess          | 175              | Ξ              | 187          |               | Culture, bacteria urine          |  | ╁                                      | 76821        | 8PP (excludes NST)   |
| <u>v</u>    | Polypectomy  | T '200   |      | 6440 1         | Marsup of Bartholin's cyst            | 1575             | Œ              | 82           |               | Fetal fibronectic                |  | Ħ                                      | 76820        | Dappier velocimetor, MCA   |
| = 1         | Skin   |  | _ 5  | 7160 F         | essary/other device insert/fit        | 121              | +              | 82           | 9XX           | Glucose tests                    |  | Т                                      |              | Doppler velocimetry, UA  |
| 0           | I&D comp postop wound infect.  |  | 1    |                |                                       |                  | 1              | 89           | 300           | Huhner test                      | +  | Н                                      | 76828        | Fetal Doppler, complete  |
| <u> </u>    | Skin tag excision, 1-15  | 1:03   | 1    |                |                                       | No.              | 1              | 87           | 210           | KOH prep                         | 125  | Н                                      | 76816        | Fetal Doppier, follow-up/repeat  |
| <b>+</b> +  | Skin tag excision, ea. add 10  | <b> </b>   |      |                |                                       | The same of      | Т              | 800          | 076           | Liver function test              |  | H                                      |              | Follow-up, per fetus   |
|             | Skin bx, 1 lesion  | 120  | l    | /              | COLPOSCOPY                            | -                | V.             | 84           | 163           | PAPP-A                           | <b>\</b>   | Н                                      |              | Limited, ≥1 fetus 2  |
| 1           | Skin bx, ea, sep/add lesion  | 53   |      |                | ervix+upper/adjacent vagina           | T. U.            | 1              | 822          | 272           | Staal for occult blood, 3        | 1  | Н                                      |              | Maternal/fetal, 1st tri, 1 fetus 2   |
|             | <del></del>  |  | _    | 7455 C         | ervix+upper/adj vag + bx cervix       | 3611             | _              | 1            |               | pecimens (non-screening)         | +>-  | _                                      | 76802        | Mat/fetal, 1st tri, added fetus  |
|             | Urinary System   |  | _    | 454 C          | ervix+upper/adj vag + bx cervix + ECC | 12.32            | $\pm$          | 822          | 70            | stool for occult blood, 3        | -  | $\rightarrow$                          | 76805        | Maternal/fetal, tri 2-3, 1 fetus 3   |
|             | Bladder Instillation   | 250  | - 57 | 456 C          | ervix+upper/adj vag + ECC             | 2,5              | ╁              |              |               | pecimens (screening)             | -  | -                                      |              | Maternal/fetal, trl 2-3, added fetus 3   |
|             | CMG, simple  |  | 57   | 460 Ce         | ervix+upper/adj vag + leep bx cervi   | 76.7             | $\pm$          | 865          | -             | yphilis test; qual               | -  | _                                      | 76811        | Maternal/detailed fetal, 1 fetus   |
|             | CMG, complex   |  | 57   | 461 Ce         | rvix+upper/adj vag + leep cone        | 275              |                | 865          |               | 8 mantoux test                   | <del></del>                                      | _                                      |              | Mat/detailed fetal, added fetus  |
| _           | Cystourethroscopy (sep proc)   | 13.20  | 57   | 420 En         | tire vagina + cervix if present       | 6 3              |                |              | _             | riple screen (84702+82105+8267)  | - I  | _                                      |              | Nuchal translucency  |
| _           | Temp catheter, simple  | 72.0   | 57   | 423 En         | itire vagina + bx cervix & vagina     | 12 7             | L              | 810          |               | A, bacteriuria screen            | <del>"  </del>                                   | _                                      |              | Nuchal translucency, added fetus   |
|             | UPP studies  | - 1  | 56   | 820 Vu         | ilva                                  | 305              | 4              | 810          |               | A, dipstick w/microscopy         | <del></del>                                      | +                                      | 76817        | Transvaginal 21  |
| _           | Uroflowmetry, complex  |  | 56   | 821 Vu         | iva with biopsy                       | 277              |                | 810          |               | A, dipstick w/o microscopy       | 7.   | #                                      |              | MISCELLANGOUS ASSISSMENT   |
| +           | Uroflowmetry, simple   |  |      |                | CONTRACEPTION                         |                  | 17             | 810          |               | rine pregnancy test              | 1 201  | _                                      | 9641X        | MISCELLANEOUS / SUPPLIES Collect blood specimen  |
|             | //   | L  |      |                | aphragm/cervical cap fit              | 125              | 1              | 872          |               | Vet mount                        | 120  | _                                      |              | IUD, copper  |
| <del></del> | Uterus   |  | _    |                | Dinsertion                            |                  |                | 1            |               |                                  | <del>  2&gt;  </del>                             | -                                      |              |  |
|             | Endomet ablation, thermal  |  | 58   | <b>301</b> 100 | Premoval                              | 85               | -              | _            | 7             | <del></del>                      | +  | _                                      |              | IUD, levanogestrel   |
| -           | Endomet cryoablation, u/s guide  |  |      |                |                                       |                  | 11             | _            | 1000          |                                  | <del> </del>                                     | <b>—</b>                               |              | Supplies (IUD, pessary, drug)  |
| _           | Endometrial bx (includes ECC)  | 3/15   |      | jMi            | MUNE GLOBULINS / VACCINE              | -                |                | and the same |               |                                  | +  | _                                      |              | Pessary, rubber (Medicare)   |
| _           | ndometrial bx w/colposcopy   | 150  | 906  | 32 He          | patitis A vaccine, IM                 |                  | ΓŤ             |              |               |                                  | <del>├</del>                                     |  | <del></del>  | Pessary, non-rubber (Medicare)   |
| -           | lysteroscopy, dx (sep proc)  |  | 907  | 46 He          | oatitis B vaccine, IM                 |                  | 廾              |              | +             |                                  | <del> </del>                                     | ╀                                      | 3000         | Specimen handling  |
| -           |  | 2410   | 906  |                | V vaccine (bivalent) IM               |                  | 1              |              |               | <del></del>                      | +  | ــــــــــــــــــــــــــــــــــــــ | 2 10         | MODIFIERS  |
| +           | lysteroscopy w/sampling (bx)   | 1200   | 906  | 49 HP          | / vaccine (quadrivalent) (M           | 160              | Ħ              |              | +             | <del></del>                      | <del>                                     </del> |  | 2 increase   |  |
| <u> </u>    | fysteroscopy w/tubal occlusion   | 3100-  | 906  | 58 Infl        | uenza vaccine, split virus, IM        | + 111            | $\vdash$       |              |               | OB PROCEDURES                    | 4  |  |              | ed E/M postop 57 Decision for surger   |
| _           |  |  | 906  | 60 Influ       | uenza vaccine, live, intranasal       |                  | 15             | 900          | Q A           | mniocentesis, dx                 | 1380   | _                                      | I Multiple   | roc same day 59 Distinct proc  |
| L.          |  |  | 907  | 07 MN          | R vaccine, subq                       |                  | -              | 900          |               | mnlo fluid reduct w/guidance     |  |  |              |  |
| $\perp$     |  |  | 907  | 10 MM          | IRV vaccine, subq                     |                  | _              | 901          |               | norionic villus sampling         | 170+   | - 54                                   | 2 Reduces    | d services   |
| L           |  |  | 907  | 32 Pne         | umovax, subq or IM                    |                  | _              | 941          |               | ternal cephalic version          | -  | -                                      |              |  |
|             |  |  | 9031 | 84 Rho         | GAM, imm glob, full dose, IM          | 1-2-             | 5              | _            |               | tal contract stress test         | 500  | _                                      |              |  |
| !           | The same of the sa | The state of the local division in which the local division is not a second or the local division in the local | 9038 | S Rho          | GAM, Imm glob, mini-dose, IM          | <del>/ V  </del> | -              | 902          |               | tal non-stress test              | 108  | _                                      |              |  |
|             | ***************************************  |  | 9035 | 6 Vario        | cella-Zoster, immune glob, IM         |                  | <del></del> -  | 9200         |               |                                  | 182  |  |              |  |
|             |  |  |      |                |                                       |                  |                |              | 11.           | per ter vicar dilator (sep proc) | 373  | _                                      |              |  |
|             |  | ICD-9  |      |                |                                       |                  |                | _            |               | ICD-9:                           |  |  |              |  |
| <u> </u>    | 2 3  |  |      |                |                                       |                  |                |              |               | ICD-9:                           | Prev. Bal  | ŀ                                      |              |  |
| •           | 2 3  | EDC  | :    |                | LMP:                                  |                  |                |              |               | }                                |  |  |              | <del></del> · <del></del>  |
|             |  |  |      |                |                                       |                  |                |              |               | Tod                              | lay's Chg.                                       |  |              | <del></del>  |
| -           |  |  |      |                | To Dr.:                               |                  |                | _            |               | τ.                               | otal Chg.  |  |              |  |
|             | 15 30 45   | 60   |      |                |                                       |                  |                |              |               | į                                | . 1  |  |              | <del></del> · <del></del>  |
| )ays        | Weeks  | Мо   | nths | ·              | PRN                                   |                  |                |              | _             | ]                                | Amt. Pd.   | 1                                      |              | <del></del> •  |
|             |  |  |      |                |                                       |                  |                |              |               |                                  | ,  |  | □PD.         | Пелен Пени Пе  |
| #PE:        | <del></del>  |  |      |                |                                       |                  |                |              |               | }                                |  |  | wry.         | □CASH □CHK. □V □MC   |
|             | <del></del> -  |  |      |                |                                       |                  |                |              |               |                                  | Bal. Due   |  |              |  |
| pati        | ient Encounter Form  |  |      |                | <del></del>                           |                  |                | _            |               |                                  |  |  |              |  |

|   | •  |  | 4.1  |  | AND GENERAL MEDICINE DIAG   | 10323  | EXH B (PG 2 (   | OF 2)  | 1.  |
|---|--|--|--|--|---|--|---|--|---|
| ъT  | •  |  | E SYSTEM   |  | - PERSONAL<br>CA, breast  | OVIDUCTS<br>221 0  | AND OVARIES   | SCREENIN<br>V76 2  | NG SERVICES   |
|   | CA<br>Ca-in-situ   | 565 X<br>569 43  | Anal fissure/fistula<br>Anal sphincter tear (old)  | V10 3<br>V10 41  | CA, cervix  | 220  | Benign neoplasm, fallopian tube<br>Benign neoplasm, ovary   | V76 51   | CA, cervix<br>CA, colon   |
| 3   | Calcification  | 569 3<br>564 9   | Bleeding, rectal or anal<br>Bowel disease, functional  | V10 44<br>V10 43   | CA, fallopian tube<br>CA, ovary   | 233 3<br>183 2   | CA-in-situ<br>CA of fallopian tube  | V76 41<br>V76 49   | CA, rectum<br>CA, other site (G0101/Q009  |
|   | Cyst, solitary<br>Fibroadenosis  | 787 91   | Diarrhea   | V10 47   | CA, uterus  | 183 0  | CA of ovary   | V76 46   | CA, ovary   |
|   | Fibrocystic disease<br>Galactorrhea  | EXAMINA  | ATIONS/ENCOUNTERS  | V13 22<br>629 81   | Cervical dysplasia<br>Habitual aborter (non-ob pt)  | 620.1<br>620.0   | Cyst, corpus luteum, hemorrhagic<br>Cyst, foilicular, ovary   | V76 47<br>VB1 X  | CA, vagina (G0101/Q0091)<br>Cardiovascular blood test   |
|   | Inflammatory disease   | 995.8X   | Abuse, sexual or physical<br>Alleged rape, exam following  | V15.81<br>V13.21   | Noncompliance with med tx  Pre-term labor, (non-ob pt)  | 620.2<br>256.8   | Cyst, other, ovary Dysfunction, ovary, other  | V77 1<br>V15 89  | Diabetes<br>High risk (Medicare)  |
| Ĺ   | Lump or mass<br>Microcalcification   | V71 5<br>V72.86  | Blood typing   | V12 09   | STD   | 617.2  | Endometriosis, fallopian tube   |  | (G0101/Q0091)   |
| 1   | Mammogram abn<br>Mastodynia  | V72 31<br>V58 69   | General gyn exam, w/wo pap<br>High-risk drug, current use  | V15 82   | Tobacco use   | 2564   | Endometriosis, ovary<br>Polycystic ovaries  | V73,81<br>V76,11   | HPV<br>Mammography, high risk   |
|   | Nipple discharge   | V67.51<br>793.91   | High-risk drug, completed tx<br>Image inconclusive due to body fat   | V05.3  | ATIONS/PROPHYLACTIC AGENTS Hegatitis, viral   | 614.0  | Salpingitis/oophoritis, acute<br>Salpingitis/oophoritis, chronic  | V76 12<br>V82.81   | Mammography, not high rist<br>Osteoporosis  |
| Κ.,   | A Suran Basiles (705 OV)   | V66.7  | Pailiative care  | V04 89   | Human padillomavirus  | 620.5  | Torsion of avary, tube, pedicle   | V73.3<br>V78 2   | Rubella   |
| 7101  <br> -  | Pap Smear Results (795 0X)<br>Abn glandular  | V72 41<br>V72 40   | Pregnancy exam, negative<br>Pregnancy exam, unconfirmed  | V04.81<br>V06.4  | influenza<br>MMR  |  | OTHER SYMPTOMS  | V74.5  | Sickle cell anemia<br>STD (bacterial, spirochetal)  |
|   | ASC-H<br>ASC-US  | V72 42<br>V68 1  | Pregnancy exam, positive<br>Repeat Rx for medications  | V03 82<br>V07 51   | Pneumonia, strep<br>Prophylactic use of SERMs   | 789.0X<br>789.6X   | Abdom pain (specify site) Abdom tenderness (specify site)   | V73 8X   | STD (viral, chlamydial)   |
| i   | Cytologic evidence of malig  | V71.1  | Suspected neoplasm, not found  | V07 52   | Prophylactic use of aromatase inhibitors  | 338.19<br>338.18   | Acute pain, other<br>Acute pain, post-op  | URINARY<br>595 X   | r TRACT<br>Cystitis   |
| 1   | HGSIL<br>LGSIL   | FACTORS  | INFLUENCING HEALTH STATUS  | V07 2  | RhoGAM  | 338 29   | Chronic pain  | 788 1<br>791 5   | Dysuria<br>Glycosuria   |
|   | Positive high risk HPV<br>Positive low risk HPV  | V45.77<br>V45.86   | Absence of genital organs, acquired<br>Sgriatric surgery status  | V04.3<br>V05.4   | Rubella<br>Varicella-Zoster   | 625 0<br>780.96  | Dyspareunia<br>Generalized pain   | 599 7  | Hematuria   |
| t   | Unsatisfactory Pap smear<br>Satisfactory, lacking trans zone   | V85 XX   | Body mass index  | INFECTIO   |   | 784.0<br>724.2   | Headache<br>Lowback   | 791 2<br>599.0   | Hemoglobinuria<br>Infection   |
|   | Adenocarcinoma in situ   | 760.76<br>250.XX   | OES exposure<br>Drabetes mellitus  | 112 1  | Candidiasis, vulva/vagina   | 625 2  | Mittelschmerz   | 599 82<br>788 33   | Intrinsic sphincter def Mixed incontinence  |
|   | CA, endocervix CA, exocervix   | 795.82<br>795.81   | Elevated CA 12S<br>Elevated CEA  | 099 5X<br>078 11   | Chlamydia<br>Condyloma acuminatum   | 729 1<br>338.3   | Myofascial pain<br>Neoplasm related pain  | 625 6  | Stress incontinence   |
|   | CA, other sites<br>Dysplasia, mild (CIN I)   | V86 0  | ER + status  | 615 9<br>054 12  | Endometritia<br>Genital herpes, vulva   | 625.5<br>625.9   | Pelvic congestion syndrome<br>Pelvic pain   | 788 31<br>788 41   | Urge incontinence Urinary frequency   |
|   | Dyspiasia, moderate (CIN II)   | V85.1<br>629 21  | ER - status<br>FGM status Type i (clitorectomy)  | 054 11   | Genital herpes, vulvovaginitis  | l  | AL CAVITY   | 788 63<br>619 0  | Urinary urgency<br>Vesicovaginal fistula  |
|   | Dysplasia, severe (CIN III)<br>Dysplasia, unspecified  | 629 22   | FGM status Type il (clitoris + labia<br>minora)  | 098 XX<br>V08  | Gonorrhea<br>HIV, asymptomatic  | 617.3<br>614.3   | Endometriosis Parametritis/cellulitis, acute  | UTERUS   |   |
|   | Cervicitis and endocervicitis Erosion and ectropion  | 629 23<br>629.81   | FGM status Type III (infibulation)<br>Habitual aborter (non-ob pt)   | 795 71<br>042  | HIV, nonspecific evidence HIV, symptomatic  | 614 4  | Parametritis/cellulitis, chronic  | 219 1  | Benign neoplasm   |
|   | Inflammatory disease, other<br>Intraepith glandular neoplasia  | 781.91   | Lass of height   | 079.4  | Human papilloma virus   | 614 9<br>614 6   | Pelvic inflammatory disease<br>Pelvic peritoneal adhesions  | 752 3<br>233.2   | Bicornuate<br>CA-ın-situ  |
|   | Laceration, old  | 278.01<br>733 90   | Obesity, morbid, severe<br>Osteopenia  | 078.0<br>131.01  | Molluscum contagiosum Trichomonas, vulvovaginitis   | 614.5<br>568.0   | Pelvic peritonitis, acute<br>Peritoneal/omental adhesions   | 752.2<br>182 0   | Doubling<br>Endomet CA  |
|   | Leukoplakia<br>Mucositis   | 795.89<br>278.02   | Other abn tumor markers Overweight   | 599 D  | Urmary tract  | 793.6  | U/S abn, abdomen/retroperitoneum  | 621 32   | Endomet hyperplasis, compl  |
|   | Polyp, mucous<br>Stricture/stenosis  | V69 2  | Sexual behavior, high-risk   | INFERTILIT   |   | 793.5  | U/S abn, genitourinary  | 621 31<br>621.33   | Endomet hyperplasia, simple<br>Endomet hyperplasia, with a  |
|   | i  | 305.1  | Tobacco use, current   | 528 0<br>V26 1   | Anovulation Artificial insemination   | PROLAPSE<br>618 84   | Cervical stump  | 617 0<br>621 2   | Endometriosis, adenomyosi-<br>Hypertrophy   |
|   | DRY SYSTEM<br>Hemorrhoids  | GENETICS<br>VB3 81   | Cystic fibrosis carrier  | 628 4<br>V59 7X  | Cervical or vaginal origin Egg donor or recipient   | 618 01<br>618.02   | Cystocele, midline<br>Cystocele, lateral  | 615 0<br>615 1   | Inflam disease, acute   |
|   | Hypertension, essential<br>Vancose veins, symptomatic  | V26 33   | Counseling Disease carrier, family hx  | V26 81<br>V26.41   | Encounter for in vitro proc<br>Natural family planning  | 618.09   | Cystourethrocele  | 218 1  | Inflam disease, chronic<br>Leiomyoma, intramurat  |
| TIO   | N OF PAP SMEAR   | V18.9<br>V83.89  | Disease carrier status, other  | V26.49   | Other counseling/advice   | 618.89<br>618.81   | Incomp, weak, pelvic fundus Incomp, weak, pubocervical tissue   | 218 0<br>218 2   | Leiomyoma, submucous<br>Leiomyoma, subserous  |
|   | General gyn exam, w/wo Pap<br>Cervical, w/o gyn exam   | V82.71<br>V82.79   | Screen, disease status<br>Screening, other   | 628.1<br>V26.21  | Pituitary-hypothalamic origin<br>Testing  | 618 82<br>618 83   | Incomp, weak, retrovaginal tissue<br>Pelvic muscle wasting  | 6210   | Polyps  |
|   | Vaginal, post-hyst for malig.  | V84.01<br>V84.62   | Susceptibility, malig, breast<br>Susceptibility, malig, ovary  | 628.2<br>628.3   | Tubal origin<br>Uterine origin  | 618.05   | Perineocele   | VAGINA<br>184 0  | CA  |
|   | Vaginal, post-hyst for nonmalig<br>To confirm in after initial abn   | V84,04   | Susceptibility, malig, endometrium   | 628.9  | Unspecified origin  | 618 04<br>618 89   | Rectocele Relaxation, vaginal outlet  | 198 82   | CA, primary<br>CA, secondary  |
| JCA'  | TIONS  | √84.09<br>√84.8  | Susceptibility, malig, other<br>Susceptibility, other disease  |  | JSE AND POSTMENDPAUSE   | 618 03<br>618 1  | Urethracele<br>Uterine only   | 617.4<br>623.6   | Endometriosis<br>Hematoma   |
|   | Disruption, external wound<br>Disruption, internal wound   | V26.31<br>V26.32   | Testing female, carrier status<br>Testing female, other  | 627 3<br>V49 81  | Atrophic vaginitis, postmenopausal<br>Asymptomatic menopause (natural)  | 6183<br>618.2  | Uterovaginal, complete<br>Uterovaginal, incomplete  | 623.1<br>623.5   | Leukoplakia<br>Leukorrhea, not infective  |
| 1   | Hernatoma<br>Hernorrhage   | V26.34<br>V26.39   | Testing male, carrier status<br>Testing male, other  | 627.1<br>V07.4   | Bleeding, postmenopausal HRT, postmenopausal  | 7%   | **************************************  | 616.81   | Mucositis   |
| -   | Granulation tissue   | V26 35   | Testing, partner of habitual aborter   | 627 0  | Menorrhagia, perimenopausal   | RESPIRATO<br>493.0X  | ORY SYSTEM Asthma, extrinsic  | 619 1<br>625.1   | Rectovaginal fistula<br>Vaginismus  |
|   | Infected seroma<br>Non-healing surgical wound  | HISTORY -  | FAMILY   | 733.01<br>256 31   | Osteoporosis, postmenopausal<br>Premature menopause   | 466,0<br>485   | Bronchitis, acute<br>Bronchopneumonia   | 616.1X<br>623.0<br>233.31  | Vaginitis/vaginosis<br>VAIN I and II  |
|   | PTION  | V16.52<br>V16.3  | CA, bladder<br>CA, breast  | 627.2<br>627.4   | Symptomatic menopause (natural)<br>Symptomatic menopause (artificial)   | 460  | Common cold   |  | VAIN III  |
|   | Diaphragm fitting<br>Emergency contraception   | V16 49<br>V16 41   | CA, cervix<br>CA, fallopian tube   | MENETRI  | ATION/OTHER BLEEDING  | 487.X  | Influenza   | VULVA P<br>616 4   | ERINEUM AND INTROITUS Abscess of vulva  |
|   | Family planning advice<br>IUD check, reinsert, remove  | V16 0  | CA, GI tract   | 626.0  | Amenorrhea Dysfunctional utenne bleeding  |  | ~   | 6163   | Bartholin's gland abscess   |
| - 1   | IUD, insertion only  | V16.49   | CA, ovary<br>CA, uterus  | 626.8<br>625.3   | Dysmenorrhea  |  |   | 616 2<br>221 2   | Bartholin's gland cyst<br>Benign neoplasm, vulva  |
| - (   | IUD, presence of<br>Natural family planning  | V18.51<br>V18 0  | Colonic polyps Diabetes  | 626.4<br>626.2   | Irregular menstrual cycle<br>Menorrhagia  |  |   | 184 4<br>198 82  | CA of vulva, primary CA of vulva, secondary   |
| 1   | Prescription of OCPs Repeat Rx for OCPs  | V17.X<br>V18 59  | Heart disease<br>Other digestive disorders   | 626.6<br>626.1   | Metrorrhagia<br>Oligomenorrhea  |  |   | 617.8  | Endometriosis of vulva  |
| •   | Tubal ligation status  | 710 33   | Communication of the Communica | 626 5  | Ovulation bleeding<br>PMS/PMDD  |  |   | 624.5<br>624.09  | Hematoma of vulva<br>Kraurosis, leukoplakia   |
| ELIN  | iG<br>Abuse, physical, sexual  |  | 7 / /  | 625.4<br>626.7   | Postcoital bleeding   |  |   | 701.0<br>616.81  | LSA, scieroderma<br>Mucositis   |
|   | Anxiety, generalized<br>Decreased libido   | AND DESCRIPTION OF THE PERSON  |  | 626 3  | Puberty bleeding  |  |   | 524 01   | VIN I   |
|   | Depression   |  |  | The same of the sa   |   |  |   | 624 02<br>233.32   | VIN II<br>VIN III   |
|   | Diet<br>Sexually transmitted diseases  |  |  | The state of the s   | _//   | I  |   |  |   |
|   | Substance use/abuse  |  |  |  |   | i  |   | 625 7X<br>616.1X   | Vulvodynia<br>Vulvovaginitis  |
|   |  |  | OBSTETRI   | C DIAGNOS  | ES  |  | <del></del> -   | 625 7X<br>616.1X   | Vulvovaginitis  |
|   | L FINDINGS   | MATERNA  | L AGE  | C DIAGNOS  | Hypertension, benign essential  | 671.1X   | Varicose veins, vulva and permeum   | 616.1X<br>V28.81   | Vulvovaginitis  Fetal anatomic survey   |
|   | L FINDINGS<br>Antenatal screen<br>Chromosomal analysis   | 659.6X   | L AGE<br>Elderly multigravida  | 642 0X<br>642 2X<br>642.3X   | Hypertension, benign essential<br>Hypertension, pre-existing<br>Hypertension, transient, of preg  | PERSONAL   | HISTORY OF/HIGH RISK  | 616.1X   | Vulvovaginitis  |
| (   | Antenatal screen<br>Chromosomal analysis<br>Fasting glucose  | 659.6X<br>V23.82<br>659 5X   | L AGE<br>Elderly multigravida<br>Elderly multigravida, status<br>Elderly primigravida  | 642 0X<br>642 2X<br>642.3X<br>V23.7  | Hypertension, benign essential<br>Hypertension, pre-existing<br>Hypertension, transient, of preg<br>Insufficient prenatal care  | PERSONAI<br>V23.2<br>V23.0   | . HISTORY OF/HIGH RISK<br>Abartion<br>Infertility   | V28 81<br>V28 4<br>V28 5<br>V28 3  | Fetal anatomic survey<br>Fetal growth retardation (u/s<br>Isoummunization<br>Maiformations (u/s)  |
| (<br>   | Antenatal screen<br>Chromosomal analysis<br>Fasting glucose<br>Fetal heart rate/rhythm<br>Glucose tolerance test   | 659.6X<br>V23.82<br>659.5X<br>V23.81<br>659.8X   | L AGE Elderly multigravida Elderly multigravida, status Elderly primigravida Elderly primigravida Elderly primigravida, status Maternal age < 16   | 642 0X<br>642 2X<br>642.3X<br>V23.7<br>656 5X<br>655.XX  | Hypertension, benign essential<br>Hypertension, pre-existing<br>Hypertension, transient, of preg<br>insufficient prenatal care<br>intrauterine growth retardation<br>Known or suspected fetal abn   | PERSONAI<br>V23.2  | L HISTORY OF/HIGH RISK<br>Abortion  | V28 81<br>V28 4<br>V28 5<br>V28 3<br>V28 2<br>V28 89   | Fetal anatomic survey Fetal growth retardation (u/s Isoummization Maiformations (u/s) Other screening (amnio) Other antenatal screen  |
| (<br>   | Antenatal screen<br>Chromosomal analysis<br>Fasting glucose<br>Fetal heart rate/rhythm<br>Glucose tolerance test<br>Placenta   | 659.6X<br>V23.82<br>659.5X<br>V23.81<br>659.8X<br>V23.84   | L AGE Elderly multigravida Elderly multigravida Elderly primigravida, status Elderly primigravida, status Maternal age <16 Young multigravida, status  | 642 0X<br>642 2X<br>642.3X<br>V23.7<br>656 5X<br>655.XX<br>664 2<br>664 3  | Hypertension, benign essential<br>Hypertension, pra-existing<br>Hypertension, transient, of preg<br>Insufficient prenatal care<br>Intrauterine growth retardation<br>Known or suspected fetal abn<br>Laceration, 3rd degree perineal<br>Laceration, 4th degree perineal   | PERSONAI<br>V23.2<br>V23.0<br>V23.86<br>V23.49<br>V23.5  | HISTORY OF/HIGH RISK<br>Abortion<br>Infectility<br>In-utero px during previous pregnanc<br>Other poor ob hx<br>Other poor reproductive hx   | V28 81<br>V28 4<br>V28 5<br>V28 3<br>V28 2<br>V28 89<br>V26 32   | Fetal anatomic survey Fetal growth retardation (u/s Isoimmunization Maiformations (u/s) Other screening (amnio) Other antenatal screen Other genetic testing  |
| ON  | Antenatal screen Chromosomal analysis Fasting glucose Fetal heart rate/rhythm Glucose tolerance test Placenta PREGNANCY LOSS Habitual aborter  | 659.6X<br>V23.82<br>659.5X<br>V23.81<br>659.8X<br>V23.84<br>V23.83<br>MULTIPLE   | L AGE Elderly multigravida Elderly multigravida, status Elderly primigravida Elderly primigravida Elderly primigravida, status Maternal age < 16 Young multigravida, status Young primigravida, status GESTATION   | 642 0X<br>642 2X<br>642.3X<br>V23.7<br>656 5X<br>655.XX<br>664 2<br>664 3<br>664.6   | Hypertension, benign essential<br>Hypertension, pra-existing<br>Hypertension, transient, of preg<br>Insufficient prenatal care<br>Intrauterine growth retardation<br>Known or suspected fetal abn<br>Laceration, 3rd degree perineal  | PERSONAL<br>V23.2<br>V23.0<br>V23.86<br>V23.49<br>V23.5<br>V23.85<br>V23.41  | HISTORY OF/HIGH RISK Abortion Infertility In-utero px during previous pregnanc Other poor ob hx Other poor reproductive hx Pregnancy resulting from ART Pre-term labor  | V28 81<br>V28 4<br>V28 5<br>V28 3<br>V28 2<br>V28 89   | Fetal anatomic survey Fetal growth retardation (u/s Isoummication Maiformations (u/s) Other screening (amnio) Other antenatal screen  |
| ON  | Antenatal screen Chromosomal analysis Fasting glucose Fetal heart rate/rythm Slucose tolerance test Placenta  /PREGNANCY LOSS 4abitual aborter ntrauterine demise > 22 wks   | 659.6X<br>V23.82<br>659.5X<br>V23.81<br>659.8X<br>V23.84<br>V23.83<br>MULTIPLE<br>651.7X   | L AGE Elderly multigravida Elderly multigravida, status Elderly primigravida Elderly primigravida Elderly primigravida, status Maternal age <16 Young multigravida, status Young primigravida, status GESTATION After fetal reduction  | 642 0X<br>642 2X<br>642.3X<br>V23.7<br>656 5X<br>655.XX<br>664 2<br>664 3<br>664.6<br>665 5X<br>656 6X   | Hypertension, benign essential<br>Hypertension, pre-existing<br>Hypertension, transient, of preg<br>Insufficient prenatal care<br>Intrauterine growth retardation<br>Known or suspected fetal abn<br>Laceration, and degree perineal<br>Laceration, 4th degree perineal<br>Laceration, and sphincter<br>Laceration, uterus<br>Large for dates   | PERSONAL<br>V23.2<br>V23.0<br>V23.86<br>V23.49<br>V23.5<br>V23.85  | HISTORY OF/HIGH RISK Abortion Infertility In-utero px during previous pregnanc Other poor ob hx Other poor reproductive hx Pregnancy resulting from ART Pre-term labor Trophoblastic disease Undergoing in utero px during  | V28 81<br>V28 4<br>V28 5<br>V28 3<br>V28 2<br>V28 89<br>V26 32<br>V26 32<br>V28 82<br>V28 6  | Fetal anatomic survey Fetal growth retardation (u/s Isoumunization Maiformations (u/s) Other screening (amnio) Other antenatal screen Other genetic testing Risk of pre-term lab  |
| ON,   | Antenatal screen Chromosomal analysis Fasting glucose Fetal heart rate/rythm Glucose toleranice test Placenta PREGNANCY LOSS Habitual aborter Intrauterine demise - 22 wks Wissed abortion < 22 wks Inpontaneous abortion  | 659.6X<br>V23.82<br>659 5X<br>V23.81<br>659.8X<br>V23.84<br>V23 83<br>MULTIPLE<br>651.7X<br>V23.3<br>651.2X  | L AGE Elderly multigravida Elderly multigravida, status Elderly primigravida Elderly primigravida, status Maternal age < 16 Young multigravida, status Young multigravida, status GESTATION After fetal reduction Grand multiparity Quadrupilet pregnancy  | 642 0X<br>642 2X<br>642.3X<br>723.7<br>656 5X<br>655 XX<br>664 2<br>664 3<br>664.6<br>665 5X<br>656 6X<br>679 0X<br>649 1X   | Hypertension, benign essential Hypertension, pre-existing Hypertension, transient, of preg Insufficient prenatal care Intrauterine growth retardation Known or suspected fetal abn Laceration, 3rd degree perineal Laceration, 4th degree perineal Laceration, uterus Large for dates Maternal complifrom in utero px Obesity   | PERSONAI<br>V23.2<br>V23.0<br>V23.86<br>V23.49<br>V23.5<br>V23.85<br>V23.41<br>V23.1   | HISTORY OF/HIGH RISK Abortion Infectility In-utero px during previous pregnanc Other poor ob hx Other poor reproductive hx Pregnancy resulting from ART Pre-term labor Trophoblastic disease  | V28 81<br>V28 4<br>V28 5<br>V28 3<br>V28 2<br>V28 89<br>V26 32<br>V28 82<br>V28 82<br>V28 6<br>SUSPECT   | Fetal anatomic survey Fetal growth retardation (u/s Isoummization Maiformations (u/s) Other screening (amnio) Other antenatal screen Other genetic testing Risk of pre-term lab Streptococcus B   |
| ON,   | Antenatal screen Chromosomal analysis Fasting glucose Fetal heart rate/rhythm Silucose tolerance test Placenta PREGNANCY LOSS Fabilitual aborter Intrauterine demise > 22 wks Missed abortion < 22 wks   | 659.6X<br>V23.82<br>659.5X<br>V23.81<br>659.8X<br>V23.84<br>V23.83<br>MULTIPLE<br>651.7X<br>V23.3<br>651.2X<br>651.1X  | L AGE Elderly multigravida Elderly multigravida, status Elderly primigravida Elderly primigravida Elderly primigravida, status Maternal age < 16 Young multigravida, status Young primigravida, status GESTATION After fetal reduction Grand multiparity Quadruplet pregnancy Triple pregnancy Triple pregnancy Twin gregnancy   | 642 0X<br>642 2X<br>642.3X<br>V23.7<br>656 5X<br>655.XX<br>664 2<br>664 3<br>664.6<br>665 5X<br>656 6X<br>679 DX   | Hypertension, benign essential Hypertension, pre-existing Hypertension, transient, of preg insufficient prenatal care intrauterine growth retardation Known or suspected fetal abn Laceration, 3rd degree perineal Laceration, 4rh degree perineal Laceration, anal sphincter Laceration, uterus Large for dates Maternal complifrom in utero px Obesity Oligohydramnios Placeration previa   | PERSONAI<br>V23.2<br>V23.0<br>V23.86<br>V23.49<br>V23.5<br>V23.85<br>V23.41<br>V23.1<br>V15.21<br>V15.22<br>POSTPART   | HISTORY OF/HIGH RISK Abortion Infectility In-utero px during previous pregnanc Other poor reproductive hx Pregnancy resulting from ART Pre-term labor Trophoblastic disease Undergoing in utero px during pregnancy Undergoing in utero px while a fetus  | V28 81<br>V28 4<br>V28 5<br>V28 2<br>V28 3<br>V26 32<br>V28 82<br>V28 82<br>V28 63<br>SUSPECT<br>NOT FO<br>V89 05<br>V89 03  | Fetal anatomic survey Fetal growth retardation (u/s Isoummunization Maiformations (u/s) Other screening (amnio) Other antenatal screen Other genetic testing Risk of pre-term lab Streptococcus B  FED MATERNAL & FETAL CONDI- UND Cervical shortening Fetal anomaly  |
| ON/<br>ON/<br>I   | Antenatal screen Chromosomal analysis asting glucose retal heart rate/rhythm Glucose tolerance test Placenta PREGNANCY LOSS 4abitual aborter ntrauterine demise >22 wks Missed abortion <22 wks pontaneous abortion ihreatened < 22 wks  | 659.6X<br>V23.82<br>659.5X<br>V23.81<br>659.8X<br>V23.84<br>V23.84<br>V23.83<br>MULTIPLE<br>651.7X<br>V23.3<br>651.2X<br>651.1X<br>651.0X  | L AGE Elderly multigravida Elderly multigravida Elderly primigravida, status Elderly primigravida, status Maternal age < 16 Young multigravida, status Young multigravida, status Young primigravida, status GESTATION After fetal reduction Grand multiparity Quadruplet pregnancy Tryin gregaadcy Tryin gregaadcy Tivin gregaadcy Statistical Researce Twin gregaadcy Statistical Researce Twin gregaadcy Statistical Researce Statistical  | 642 0X<br>642 2X<br>642 3X<br>V23.7<br>655 5X<br>655 5X<br>664 2<br>665 5X<br>656 6X<br>679 DX<br>649 1X<br>658.0X<br>641.XX<br>657 0X   | Hypertension, benign essential Hypertension, pre-existing Hypertension, transient, of preg Insufficient prenatal care Intrauterine growth retardation Known or suspected fetal abn Laceration, 3rd degree perineal Laceration, 4th degree perineal Laceration, and sphincter Laceration, uterus Large for dates Maternal compl from in utero px Obesity Oligohydramnios Placenta previa Polyhydramnios  | PERSONAI<br>V23.2<br>V23.0<br>V23.86<br>V23.49<br>V23.5<br>V23.41<br>V23.1<br>V15.21<br>V15.21<br>POSTPART<br>648.2X   | HISTORY OF/HIGH RISK Abortion Infertility In-utero px during previous pregnance Other poor reproductive hx Pregnancy resulting from ART Pre-term labor Trophoblastic disease Undergoing in utero px during pregnancy Undergoing in utero px while a fetus UM CARE Anemia  | V28 81<br>V28 4<br>V28 5<br>V28 3<br>V28 2<br>V28 89<br>V28 82<br>V28 6<br>V28 6<br>SUSPECT<br>NOT FO'<br>V89 05<br>V89 03<br>V89 04<br>V89 02   | Fetal anatomic survey Fetal growth retardation (u/s Isommunization Maiformations (u/s) Other screening (amnio) Other antenatal screen Other genetic testing Risk of pre-term lab Streptococcus B  TED MATERNAL & FETAL CONDI UND Cervical shortening Fetal anomaly Fetal growth Placental problem   |
| ON/<br>6<br>1<br>1<br>1<br>1<br>2<br>1  | Antenatal screen Chromosomal analysis asting glucose retal heart rate/rythm Glucose tolerance test Placenta PREGIMANCY LOSS 4abitual aborter ntrauterine demise >22 wks Missed abortion <22 wks pontaneous abortion Threatened < 22 wks Abscess of breast Cracked nipple Engorgement of breasts  | 659.6X<br>V23.82<br>659.5X<br>V23.81<br>659.8X<br>V23.84<br>V23.84<br>V23.83<br>MULTIPLE<br>651.7X<br>V23.3<br>651.2X<br>651.1X<br>651.0X  | LAGE Elderly multigravida Elderly multigravida Elderly primigravida Elderly primigravida Elderly primigravida Elderly primigravida Maternal age < 16 Young multigravida, status Young primigravida, status Young frimigravida, status GESTATION After fetal reduction Grand multiparity Quadruplet pregnancy Triple pregnancy Triple pregnancy Triple pregnancy Livin pregnanc | 642 0X<br>642 2X<br>642.3X<br>V23.7<br>656 5X<br>655 XX<br>664 2<br>664 3<br>664.6<br>665 5X<br>656 6X<br>679 DX<br>649 1X<br>649 1X<br>641.XX<br>657 0X.  | Hypertension, benign essential Hypertension, pre-existing Hypertension, transient, of preg Insufficient prenatal care Intrauterine growth retardation Known or suspected fetal abn Laceration, 3rd degree perineal Laceration, 4th degree perineal Laceration, anal sphincter Laceration, uterus Large for dates Maternal compl from in utero px Obesity Oligohydramnios Placenta previa Polyhydramnios Post term preg 40-42 compl wks Pre-eclampsia, mild  | PERSONAI<br>V23.2<br>V23.0<br>V23.86<br>V23.49<br>V23.5<br>V23.41<br>V23.1<br>V15.21<br>V15.21<br>V15.22<br>POSTPART<br>648.2X<br>674.1X<br>674.2X   | HISTORY OF/HIGH RISK Abortion Infertility In-utero px during previous pregnanc Other poor ob hx Other poor reproductive hx Pregnancy resulting from ART Pre-term labor Trophobilastic disease Undergoing in utero px during pregnancy Undergoing in utero px while a fetus UM CARE Anemia Disruption, cesarean wound Disruption, perineal wound   | V28 81<br>V28 4<br>V28 5<br>V28 3<br>V28 2<br>V28 82<br>V26 83<br>V26 83<br>V28 6<br>SUSPECT<br>NOT FO<br>V89 05<br>V89 03<br>V89 04   | Fetal anatomic survey Fetal growth retardation (u/s Isoummunization Maiformations (u/s) Other screening (amnio) Other antenatal screen Other genetic testing Risk of pre-term lab Streptococcus B  TED MATERNAL & FFTAL CONDI- UND Cervical shortening Fetal anomaly Fetal growth   |
| ON/<br>6<br>1<br>1<br>1<br>1<br>2<br>1  | Antenatal screen Chromosomal analysis Fasting glucose Fetal heart rate/rythm Glucose tolerance test Placenta PREGNANCY LOSS Fabilitual aborter Missed abortion <22 wks Missed abortion <22 wks Intraterine demise < 22 wks Missed abortion <22 wks Missed abortion <22 wks Missed abortion Freatened < 22 wks Missed abortion Freatened < 22 wks Missed abortion Freatened < 22 wks  | 659.6X<br>V23.82<br>659.5X<br>V23.81<br>659.8X<br>V23.84<br>V23.84<br>V23.83<br>MULTIPLE<br>651.7X<br>V23.3<br>651.2X<br>651.1X<br>651.0X  | LAGE Elderly multigravida Elderly multigravida Elderly primigravida Elderly primigravida Elderly primigravida Elderly primigravida Maternal age < 16 Young multigravida, status Young primigravida, status Young frimigravida, status GESTATION After fetal reduction Grand multiparity Quadruplet pregnancy Triple pregnancy Triple pregnancy Triple pregnancy Livin pregnanc | 642 0X<br>642 2X<br>642.3X<br>V23.7<br>656 5X<br>655 XX<br>664 2<br>664 3<br>664.6<br>665 5X<br>656 6X<br>679 DX<br>649 1X<br>649 1X<br>641.XX<br>657 0X.  | Hypertension, benign essential Hypertension, pre-existing Hypertension, transient, of preg insufficient prenatal care intrauterine growth retardation Known or suspected fetal abn Laceration, 3rd degree perineal Laceration, 4th degree perineal Laceration, anal sphintter Laceration, uterus Large for dates Maternal complifrom in utero px Obesity Oligohydramnios Placenta previa Polyhydramnios Post term preg 40-42 compliwks Pre-eclampsia, mild Pre-eclampsia, severe Premature Typture of membranes   | PERSONAI<br>V23.2<br>V23.0<br>V23.86<br>V23.45<br>V23.5<br>V23.41<br>V73.1<br>V15.21<br>V15.21<br>V15.22<br>POSTPART<br>648.2X<br>674.2X<br>670.0X   | HISTORY OF/HIGH RISK Abortion Infectility In-utero px during previous pregnance Other poor reproductive hx Pregnancy resulting from ART Pre-term labor Trophoblastic disease Undergoing in utero px during pregnancy Undergoing in utero px while a fetus UM CARE Anemia Disruption, cesarean wound Disruption, perineal wound Endometritis, puerperal infection Hemorrholds  | V28 81<br>V28 4<br>V28 5<br>V28 3<br>V28 2<br>V28 89<br>V28 82<br>V28 6<br>V28 6<br>SUSPECT<br>NOT FO'<br>V89 05<br>V89 03<br>V89 04<br>V89 02   | Fetal anatomic survey Fetal growth retardation (u/s Isoumunization Maiformations (u/s) Other screening (amnio) Other antenatal screen Other genetic testing Risk of pre-term lab Streptococcus B  FED MATERNAL & FETAL CONDI UND Cervical shortening Fetal anomaly Fetal growth Placental problem Problem w/ amniotic cavity a  |
| ON/<br>6<br>7<br>0<br>1<br>1<br>1<br>2<br>2<br>1<br>2<br>4<br>4<br>4<br>6<br>6<br>7<br>7<br>7<br>8<br>7<br>8<br>7<br>8<br>7<br>8<br>7<br>8<br>7<br>8<br>7<br>8<br>7<br>8  | Antenatal screen Chromosomal analysis asting glucose retal heart rate/rhythm Slucose tolerance test Placenta PREGNANCY LOSS 4abitual aborter ntrauterine demise; 22 wks Missed abortion <22 wks pontaneous abortion rhreatened < 22 wks Abscess of breast Cracked nipple ingorgement of breasts Assittis nonpurulent hipple infections MOLAR PREGNANCY   | 659.6X<br>V23.82<br>659.5X<br>V23.81<br>659.8X<br>V23.84<br>V23.83<br>MULTIPLE<br>651.7X<br>V23.3<br>651.2X<br>651.1X<br>651.0X<br>651.0X<br>651.0X<br>651.0X<br>651.0X<br>651.0X<br>651.0X<br>651.0X<br>651.0X  | LAGE Elderly multigravida Elderly multigravida Elderly primigravida Elderly primigravida Elderly primigravida Elderly primigravida Maternal age < 16 Young multigravida, status Young primigravida, status Young frimigravida, status GESTATION After fetal reduction Grand multiparity Quadruplet pregnancy Triple pregnancy Triple pregnancy Triple pregnancy Livin pregnanc | 642 0X<br>642 2X<br>642.3X<br>V23.7<br>656 5X<br>655 XX<br>664 2<br>664 3<br>664.6<br>665 5X<br>656 6X<br>679 DX<br>649 1X<br>649 1X<br>641.XX<br>657 0X.  | Hypertension, benign essential Hypertension, pre-existing Hypertension, transient, of preg Insufficient prenatal care Intrauterine growth retardation Known or suspected fetal abn Laceration, 3rd degree perineal Laceration, 4th degree perineal Laceration, and sphincter Laceration, uterus Large for dates Maternal compl from in utero px Obesity Oligohydramnios Placenta previa Polyhydramnios Post term preg 40-42 compl wks Pre-eclampsia, mid Pre-eclampsia, severe  | PERSONAI V23.2 V23.0 V23.86 V23.49 V23.45 V23.41 V15.21 V15.21 V15.22 POSTPART 648.4X 674.1X  | HISTORY OF/HIGH RISK Abortion Infectility In-utero px during previous pregnanc Other poor reproductive hx Pregnancy resulting from ART Pre-term labor Trophoblastic disease Undergoing in utero px during pregnancy Undergoing in utero px while a fetus UM CARE Anemia Disruption, cesarean wound Disruption, perinal wound Endometritis, puerperal infection  | V28 84<br>V28 4<br>V28 5<br>V28 3<br>V28 2<br>V28 89<br>V26 32<br>V28 6<br>SUSPECT<br>NOT FO'<br>V89 03<br>V89 02<br>V89 02<br>V89 01<br>V89 09<br>V89 09  | Fetal anatomic survey Fetal growth retardation (u/s Isoummunization Maiformations (u/s) Other screening (amnio) Other antenatal screen Other genetic testing Risk of pre-term lab Streptococcus B  TED MATERNAL & FFTAL CONDI UND Cervical shortening Fetal growth Placental problem Problem w/ amniotic cavity a membrane Other, suspected not found   |
| ON/<br>6<br>7<br>0<br>1<br>1<br>1<br>2<br>2<br>3<br>1<br>3<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4   | Antenatal screen Chromosomal analysis Fasting glucose Fetal heart rate/rythm Glucose tolerance test Placenta PREGNANCY LOSS Habitual aborter Intrauterine demise > 22 wks Missed abortion < 22 wks Missed abortion of breatts Abscess of breast Fracked nipple Ingergement of breasts Mastritis nonpurulent Mipple infections MOLAR PREGNANCY M | 659.6X<br>V23.82<br>659.5X<br>V23.81<br>659.8X<br>V23.84<br>V23.84<br>V23.84<br>V23.84<br>V23.85<br>S51.7X<br>V23.3<br>651.1X<br>651.1X<br>641.2X<br>641.2X<br>642.3X<br>642.3X<br>642.3X<br>642.3X  | L AGE Elderly multigravida Elderly multigravida Elderly primigravida Elderly primigravida Elderly primigravida Elderly primigravida Maternal age < 16 Young multigravida, status Young primigravida, status Young primigravida, status GESTATION After fetal reduction Grand multiparity Quadruplet pregnancy Triple pregnancy Triple pregnancy Triple pregnancy Withi fetal loss & retention COMBIGATION  COMBIGATION  Combigation in human rhage Bacteriuria, asymptomatic Bariatric strigery estatus Cardiomypoatty Cervical Introduce ende   | 642 0X<br>642 2X<br>642 3X<br>V23.7<br>656 5X<br>655.XX<br>664 2<br>664 3<br>664.6<br>665 5X<br>656 6X<br>679 DX<br>641.XX<br>657 0X<br>645.1X:<br>642.5X<br>654.2X<br>655.2X  | Hypertension, benign essential Hypertension, pre-existing Hypertension, transient, of preg Insufficient prenatal care Intrauterine growth retardation Known or suspected fetal abn Laceration, 3rd degree perineal Laceration, 4th degree perineal Laceration, anal sphintter Laceration, uterus Large for dates Maternal compl from in utero px Obesity Oligohydramnios Placenta previa Polyhydramnios Post term preg 40-42 compl wks Pre-eclampsia, mild Pre-eclampsia, mild Pre-eclampsia, mild Premature rupture of membranes Previous cesarean, affecting preg Prolonged preg >42 compl wks Rt disease.  | PERSONAI V23.2 V23.0 V23.86 V23.45 V23.45 V23.41 V23.1 V15.21 V15.22 POSTPAR1 648.2X 674.1X 670.0X 671.8X 674.3X 644.3X 644.3X   | HISTORY OF/HIGH RISK Abortion Infertility In-utero px during previous pregnance Other poor ob hx Pregnancy resulting from ART Pre-term labor Trophoblastic disease Undergoing in utero px during pregnancy Undergoing in utero px while a fetus UN CARE Anemia Disruption, cesarean wound Disruption, perineal wound Endometritis, puerperal infection Hemorrholds Infection, cesarean wound Postpartum depression Routine postpartum follow-up                        | V28 81<br>V28 84<br>V28 4<br>V28 5<br>V28 3<br>V26 32<br>V28 6<br>V28 92<br>V28 6<br>SUSPECT<br>NOT FO<br>V89 03<br>V89 04<br>V89 02<br>V89 07<br>V89 09<br>V89 07<br>V89 09<br>V89 09<br>V89 09<br>V89 09<br>V89 09<br>V89 09<br>V89 09<br>V89 09<br>V89 09   | Fetal anatomic survey Fetal growth retardation (u/s Isoumunization Maiformations (u/s) Other screening (amnio) Other antenatal screen Other genetic testing Risk of pre-term lab Streptococcus 8  FED MATERNAL & FETAL CONDI UND Cervical shortening Fetal anomaly Fetal growth Placental problem Problem w/ amniotic cavity a membrane Other, suspected not found  |
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Pre-eclampsia, mid Pre-eclampsia, mid Pre-eclampsia, gevere Premature rupture of membranes Previous cesarean, affecting preg Prolonged preg >42 compl wks Rh disease Spotting Threat premat/early labor >22 wks Thrombophlebitis, superficial Tobacco use disorder Uterine size/date discrepancy   | PERSONAI V23.2 V23.0 V23.86 V23.45 V23.45 V23.41 V15.21 V15.21 V15.22 POSTPAR1 648.2X 674.1X 674.1X 674.1X 674.2X 674.2X 674.8X V24.2 674.8X V24.2 674.8X V28.1 V28.1  | HISTORY OF/HIGH RISK Abortion Infectility In-utero px during previous pregnance Other poor ob hx Other poor reproductive hx Pregnancy resulting from ART Pre-term labor Trophoblastic disease Undergoing in utero px during pregnancy Undergoing in utero px while a fetus Undergoing in utero px while a fetus UM CARE Anemia Disruption, cesarean wound Disruption, perineal wound Endometritis, puerperal infection Hemorrholds Infection, cesarean wound Postpartum depression Routine postpartum follow-up Subinivolution of uterus  8 AFP (amnio) Chromosomal anomalies (amnio) | V28 81<br>V28 84<br>V28 5<br>V28 3<br>V28 3<br>V28 82<br>V26 32<br>V28 82<br>V28 6<br>SUSPECT<br>NOT FO'<br>V89 03<br>V89 03<br>V89 02<br>V89 01<br>V89 02<br>V89 02<br>V89 03<br>V89 02<br>V89 03<br>Sth Digiti<br>O=unspect  | Fetal anatomic survey Fetal growth retardation (u/s Isourmunization Maiformations (u/s) Other screening (amnio) Other antenatal screen Other genetic testing Risk of pre-term lab Streptococcus B  FED MATERNAL & FFTAL CONDI UND Cervical shortening Fetal anomaly Fetal growth Placental problem Problem w/ amniotic cavity a membrane Other, suspected not found Bit required s for codes 634-637 ccifed abortive outcome plete abortive outcome ete abortive outcome s for codes 640-649 and 651-67; ccifed episode of care   |
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Laceration, 3rd degree perineal Laceration, 4rh degree perineal Laceration, anal sphintter Laceration, uterus Large for dates Maternal compl from in utero px Obesity Oligohydramnios Placenta previa Polyhydramnios Post term preg 40-42 compl wks Pre-eclampsia, mild Pre-eclampsia, severe Premature rupture of membranes Previous cesarean, affecting preg Prolonged preg >42 compl wks Rh disease Spotting Threat premat/early labor >22 wks Thrombophlebilis, superficial Tobacco use disorder Uterine size/date discrepancy Vomiting, severe <22 wks Vomiting, severe <22 wks                              | PERSONAI V23.2 V23.0 V23.86 V23.49 V23.5 V23.41 V15.21 V15.21 V15.22 POSTEAL 674.1X 674.1X 674.1X 674.1X 674.2X 674.1X 674.2X 674.1X 67 | HISTORY OF/HIGH RISK Abortion Infectility In-utero px during previous pregnanc Other poor ob hx Pregnancy resulting from ART Pre-term labor Trophoblastic disease Undergoing in utero px during pregnancy Undergoing in utero px while a fetus UM CARE Anemia Disruption, cesarean wound Disruption, perineal wound Endometritis, puerperal infection Hemorrholds Infection, cesarean wound Postpartum depression Routine postpartum follow-up Subinivolution of uterus  3 AFP (amnio)  | V28 81 V28 82 V28 92 V28 92 V28 82 V28 82 V28 6 SUSPECT NOT FO V89 03 V89 04 V89 09 X=5th dri Sth Digit O=unspen 2=compl 5th Digit O=unspen 1=incompl  | Fetal anatomic survey Fetal growth retardation (u/s Isoummunization Maiformations (u/s) Other screening (amnio) Other antenatal screen Other genetic lesting Risk of pre-term lab Streptococcus B  FED MATERNAL & FETAL CONDI UND Cervical shortening Fetal anomaly Fetal growth Placental problem Problem w/ amniotic cavity a membrane Other, suspected not found git required s for codes 634-637 culied abortive outcome plete abortive outcome ete abortive outcome et abortive outcome s for codes 640-649 and 651-67; culied episode of care red w/wo mention of antepartui  |
| ON/H  | Antenatal screen Chromosomal analysis Fasting glucose Fetal heart rate/rythm Slucose tolerance test Placenta Placenta PREGNANCY LOSS Habitual aborter Intrauterine demise - 22 wks Wissed abortion < 22 wks Spontaneous abortion Intracted abortion < 22 wks Abscess of breast Fracked nipple Ingorgement of breasts Mastritis nonpurulent Dipple infections MOLAR PREGNANCY Libdominal, with IUP L | 659.6X<br>V23.82<br>V23.81<br>V23.84<br>V23.84<br>V23.84<br>V23.84<br>V23.85<br>V23.84<br>V23.86<br>S51.2X<br>S51.1X<br>S51.1X<br>S51.1X<br>S51.1X<br>S51.1X<br>S51.1X<br>S51.1X<br>S51.2X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S61.4X<br>S6 | LAGE Elderly multigravida Elderly multigravida Elderly primigravida Elderly primigravida Elderly primigravida Elderly primigravida Elderly primigravida Elderly primigravida Status Young multigravida Status Young multigravida Status Young miltigravida Status Young miltigravida GESTATION After fetal reduction Grand multiparity Quadrupilet pregnancy Triple pregnan | 642 0X<br>642 2X<br>642 2X<br>V23.7<br>655 5X<br>655.XX<br>664 2<br>664 3<br>664.6<br>655 5X<br>658 6X<br>679 DX<br>641.XX<br>641.XX<br>645.1X<br>645.1X<br>645.1X<br>645.1X<br>645.1X<br>649.5X<br>649.5X<br>649.5X<br>649.6X<br>649.6X<br>649.6X<br>643.6X<br>643.2X<br>643.2X<br>643.2X<br>643.2X<br>643.2X<br>643.2X<br>643.2X<br>643.2X<br>643.2X<br>643.2X<br>643.2X<br>643.2X<br>644.6X   | Hypertension, benign essential Hypertension, pra-existing Hypertension, transient, of preg Insufficient prenatal care Intrauterine growth retardation Known or suspected fetal abn Laceration, and degree perineal Laceration, 4th degree perineal Laceration, 4th degree perineal Laceration, uterus Large for dates Maternal compl from in utero px Obesity Oligohydramnios Placenta previa Polyhydramnios Post term preg 40-42 compl wks Pre-eclampsia, mid Pre-eclampsia, mid Pre-eclampsia, severe Premature rupture of membranes Previous cesarean, affecting preg Prolonged preg >42 compl wks Rh disease Spotting Threat premat/early labor >22 wks Thrombophlebitis, superficial Tobacco use disorder Uterine size/date discrepancy Vomiting, mid <22 wks  | PERSONAI V23.2 V23.0 V23.86 V23.45 V23.45 V23.41 V15.21 V15.21 V15.22 POSTPAR1 648.2X 674.1X 674.1X 674.1X 674.2X 674.2X 674.8X V24.2 674.8X V24.2 674.8X V28.1 V28.1  | HISTORY OF/HIGH RISK Abortion Infectility In-utero px during previous pregnance Other poor ob hx Other poor reproductive hx Pregnancy resulting from ART Pre-term labor Trophoblastic disease Undergoing in utero px during pregnancy Undergoing in utero px while a fetus Undergoing in utero px while a fetus UM CARE Anemia Disruption, cesarean wound Disruption, perineal wound Endometritis, puerperal infection Hemorrholds Infection, cesarean wound Postpartum depression Routine postpartum follow-up Subinivolution of uterus  8 AFP (amnio) Chromosomal anomalies (amnio) | V28 81 V28 4 V28 5 V28 3 V28 82 V28 82 V28 6 SUSPECT NOT FO V89 03 V89 03 V89 02 V89 01 V89 09  x=51h dgg to ounspect 1=incom 2=compi Sth Digst 0=unspect 1=delive 1=delive 1=delive 1=delive 1=delive 1=delive 1=delive   | Fetal anatomic survey Fetal growth retardation (u/s Isoummunization Maiformations (u/s) Other screening (amnio) Other antenatal screen Other genetic testing Risk of pre-term lab Streptococcus B  FED MATERNAL & FFTAL CONDI UND Cervical shortening Fetal anomaly Fetal growth Placental problem Problem w/ amniotic cavity a membrane Other, suspected not found Rit required s for codes 634-637 Coffed abortive outcome plete abortive outcome ete abortive outcome et abortive outcome ete w/wo mention of antepartui red w/mention of postpartum co 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659.6X<br>V23.82<br>659.5X<br>V23.81<br>659.5X<br>V23.84<br>V23.84<br>V23.83<br>MULTIPLE<br>651.7X<br>V23.3<br>651.7X<br>V23.3<br>651.0X<br>651.0X<br>651.0X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>640.1X<br>64 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OX<br>642.5X<br>642.5X<br>642.5X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X<br>656.1X  | Hypertension, benign essential Hypertension, praexisting Hypertension, praexisting Hypertension, transient, of preg Insufficient prenatal care Intrauterine growth retardation Known or suspected fetal abn Laceration, 3rd degree perineal Laceration, 4th degree perineal Laceration, ath degree perineal Laceration, uterus Large for dates Maternal compl from in utero px Obesity Oligohydramnios Placenta previa Polyhydramnios Post term previa Polyhydramnios Post term preg 40-42 compl wks Pre-eclampsia, mild Pre-eclampsia, mild Pre-eclampsia, severe Premature rupture of membranes Previous cesarean, affecting preg Prolonged preg >42 compl wks Thrombophlebitis, superficial Tobacco use disorder Uterine size/date discrepancy Vomiting, mild <22 wks Vomiting, pregnancy >22 wks Urinary tract infection    | PERSONAI V23.2 V23.86 V23.86 V23.49 V23.41 V23.1 V15.21 V15.21 V15.21 POSTPART 648.2X 674.1X 674.1X 674.0X 674.8X 648.4X V24.2 674.8X SCREENIN V28.1 V28.0   | HISTORY OF/HIGH RISK Abortion Infercitity In-utero px during previous pregnanc Other poor ob hx Other poor reproductive hx Pregnancy resulting from ART Pre-term labor Trophoblastic disease Undergoing in utero px during pregnancy Undergoing in utero px while a fetus UM CARE Anemia Disruption, cesarean wound Disruption, perineal wound Endometritis, puerperal infection Hemorrholds Infection, cesarean wound Postpartum depression Routine postpartum follow-up Subinvolution of uterus  3 AFP (ammio) Cystic fibrosis carrier status                                       | V28 81 V28 4 V28 5 V28 3 V28 2 V28 82 V28 82 V28 6 SUSPECT NOT FO V89 03 V89 03 V89 04 V89 09 X=5th duspen 2=compi 5th Digit 0=unspen 2=compi 5th Digit 0=unspen 2=cellvei 3=antepe 4=postpi   | Fetal anatomic survey Fetal growth retardation (u/s Isoumunization Maiformations (u/s) Other screening (amnio) Other antenatal screen Other genetic lesting Risk of pre-term lab Streptococcus B  IED MATERNAL & FETAL CONDI UND Cervical shortening Fetal anomaly Fetal growth Placental problem Problem w/ amniotic cavity a membrane Other, suspected not found sit required s for codes 634-637 culied abortive outcome plete abortive outcome ete abortive outcome ete abortive outcome et abortive outcome  |
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