CPT CODE(S): 85004, 85007, 85008, 85013, 85014, 85018, 85025, 85027, 85032, 85048, 85049

BLOOD COUNTS

ICD-9 CODES LISTED IN THE NEXT SECTION "DO NOT SUPPORT MEDICAL NECESSITY" OR WILL BE "DENIED."

DLS TEST CODES AND NAMES	
518	CBC W/DIFF
520	CBC W/O DIFF
522	CBC W/PLATELET COUNT
530	EOSINOPHIL COUNT, TOTAL
536	HEMATOCRIT
538	HEMOGLOBIN
537	HEMOGLOBIN & HEMATROCRIT
51	HEMOGLOBIN W/PLATELET
4600	MANUAL BLOOD SMEAR EXAM
576	PLATELET AGGREGATION
539	RBC INDICES
88	RBC MORPHOLOGY
52	WBC & DIFF
564	WHITE BLOOD COUNT

CPT CODE(S): 85004, 85007, 85008, 85013, 85014, 85018, 85025, 85027, 85032, 85048, 85049

BLOOD COUNTS

ICD-9 CODES LISTED IN THIS SECTION "DO NOT SUPPORT MEDICAL NECESSITY" OR WILL BE "DENIED."

DESCRIPTION of **ICD-9 CODES NOT COVERED ICD 9 CODE** DESCRIPTION 735.0-735.9 ACQUIRED DEFORMITIES OF TOE 338.11 ACUTE PAIN DUE TO TRAUMA 338.12 ACUTE POST-THORACOTOMY PAIN V61.41 ALCOHOLISM IN FAMILY V72.61 ANTIBODY RESPONSE EXAMINATION V44.0-V44.9 ARTIFICIAL OPENING STATUS 440.0-440.1 ATHEROSCLEROSIS OF AORTA AND RENAL ARTERY 691.0-691.8 ATOPIC DERMATITIS AND RELATED DISORDERS ATROPHY OF TESTIS 608.3 ATTENTION TO ARTIFICIAL OPENINGS V55.0-V55.9 610.0-610.9 BENIGN MAMMARY DYSPLASIA 217 BENIGN NEOPLASM OF BREAST 224.0 BENIGN NEOPLASM OF EYEBALL, EXCEPT CONJUNCTIVA, CORNEA, RETINA, AND CHOROID BENIGN NEOPLASM OF LIP, ORAL CAVITY, AND PHARYNX 210.0-210.9 222.0-222.9 BENIGN NEOPLASM OF MALE GENITAL ORGANS 216.0-216.9 BENIGN NEOPLASM OF SKIN 448.1 CAPILLARY NEVUS, NON NEOPLASTIC 230.0 CARCINOMA IN SITU OF LIP, ORAL CAVITY AND PHARYNX 232.0-232.9 CARCINOMA IN SITU OF SKIN V57.3 CARE INVOLVING SPEECH-LANGUAGE THERAPY V57.0-V57.2 CARE INVOLVING USE OF REHABILITATION PROCEDURES 366.00-366.9

Source: www.cms.hhs.gov/mcd Effective date: October 1, 2011

338.0

575.6

CATARACT

CENTRAL PAIN SYNDROME

CHOLESTEROLOSIS OF GALLBLADDER

CPT CODE(S): 85004, 85007, 85008, 85013, 85014, 85018, 85025, 85027, 85032, 85048, 85049

BLOOD COUNTS

ICD-9 CODES LISTED IN THIS SECTION "DO NOT SUPPORT MEDICAL NECESSITY" OR WILL BE "DENIED."

DESCRIPTION of **ICD-9 CODES NOT COVERED ICD 9 CODE** DESCRIPTION 363.30-363.35 CHORIORETINAL SCARS 363.40-363.43 CHOROIDAL DEGENERATION 363.70-363.9 CHOROIDAL DETACHMENT 338.21 CHRONIC PAIN DUE TO TRAUMA 338.4 CHRONIC PAIN SYNDROME 338.22 CHRONIC POST-THORACOTOMY PAIN 389.00-389.06, 389.08 CONDUCTIVE HEARING LOSS CONSTITUTIONAL STATES IN DEVELOPMENT V21.0-V21.9 CONTACT DERMATITIS AND OTHER ECZEMA 692.0-692.9 CONVALESCENCE AND PALLIATIVE CARE V66.0-V66.9 371.00-371.9 CORNEAL OPACITY AND OTHER DISORDERS OF CORNEA 700 **CORNS AND CALLOSITIES** V61.10 COUNSELING FOR MARITAL AND PARTNER PROBLEMS, UNSPECIFIED V61.25 COUNSELING FOR PARENT (GUARDIAN)-FOSTER CHILD PROBLEM V61.24 COUNSELING FOR PARENT-ADOPTED CHILD PROBLEM V61.23 COUNSELING FOR PARENT-BIOLOGICAL CHILD PROBLEM V61.20 COUNSELING FOR PARENT-CHILD PROBLEM V61.22 COUNSELING FOR PERPETRATOR OF PARENTAL CHILD ABUSE V61.12 COUNSELING FOR PERPETRATOR OF SPOUSAL AND PARTNER ABUSE V61.21 COUNSELING FOR VICTIM OF CHILD ABUSE V61.11 COUNSELING FOR VICTIM OF SPOUSAL AND PARTNER ABUSE

CURVATURE OF SPINE

CYST OF BARTHOLIN'S GLAND

Source: www.cms.hhs.gov/mcd Effective date: October 1, 2011

737.0-737.9

616.2

CPT CODE(S): 85004, 85007, 85008, 85013, 85014, 85018, 85025, 85027, 85032, 85048, 85049

BLOOD COUNTS

ICD-9 CODES LISTED IN THIS SECTION "DO NOT SUPPORT MEDICAL NECESSITY" OR WILL BE "DENIED."

DESCRIPTION of	
ICD-9 CODES NOT COVERED	
ICD 9 CODE	DESCRIPTION
389.7	DEAF, NON-SPEAKING, NOT ELSEWHERE CLASSIFIABLE
799.81	DECREASED LIBIDO
388.00-388.32	DEGENERATIVE AND VASCULAR DISORDERS OF EAR; NOISE EFFECTS ON INNER EAR; SUDDEN HEARING LOSS, UNSPECIFIED; AND TINNITUS
V72.2	DENTAL EXAMINATION
524.00-524.9	DENTOFACIAL ANOMALIES, INCLUDING MALOCCLUSION
470	DEVIATED NASAL SEPTUM
V72.7	DIAGNOSTIC SKIN AND SENSITIZATION TESTS
V65.3	DIETARY SURVEILLANCE AND COUNSELING
521.00-521.15, 521.20-521.25, 521.30-521.35, 521.40- 521.42,521.49, 521.5-521.7, 521.81, 521.89,	
521.9	DISEASES OF HARD TISSUES OF TEETH
527.6-527.9	DISEASES OF SALIVARY GLANDS
706.0-706.9	DISEASES OF SEBACEOUS GLANDS
526.0-526.3	DISEASES OF THE JAWS
830.0-839.9	DISLOCATIONS
388.5	DISORDERS OF ACOUSTIC NERVE
375.00-375.9	DISORDERS OF LACRIMAL SYSTEM
728.10-728.85	DISORDERS OF MUSCLE LIGAMENT AND FASCIA

CPT CODE(S): 85004, 85007, 85008, 85013, 85014, 85018, 85025, 85027, 85032, 85048, 85049

BLOOD COUNTS

ICD-9 CODES LISTED IN THIS SECTION "DO NOT SUPPORT MEDICAL NECESSITY" OR WILL BE "DENIED."

DESCRIPTION		
	of	
ICD-9 CODES <u>NOT</u> COVERED		
ICD 9 CODE	DESCRIPTION	
367.0-367.9	DISORDERS OF REFRACTION AND ACCOMMODATION	
376.21-376.9	DISORDERS OF THE ORBIT, EXCEPT 376.3 OTHER EXOPHTHALMIC CONDITIONS	
520.0-520.9	DISORDERS OF TOOTH DEVELOPMENT AND ERUPTION	
312.00-312.9	DISTURBANCE OF CONDUCT, NOT ELSEWHERE CLASSIFIED	
313.0-313.9	DISTURBANCE OF EMOTIONS SPECIFIC TO CHILDHOOD AND ADOLESCENCE	
V59.01-V59.9	DONORS	
V26.81	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	
V51.0	MASTECTOMY	
V25.01-V25.04,	ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT	
V25.09, V25.11-		
V25.3, V25.40-		
V25.43, V25.49,		
V25.5, V25.8,		
V25.9		
V26.42	ENCOUNTER FOR FERTILITY PRESERVATION COUNSELING	
V26.82	ENCOUNTER FOR FERTILITY PRESERVATION PROCEDURE	
V72.11 - V72.12;	ENCOUNTER FOR HEARING CONSERVATION AND TREATMENT;	
V72.19	OTHER EXAMINATION OF EARS AND HEARING	
603	ENCYSTED HYDROCELE	
526.62	ENDODONTIC OVERFILL	
526.63	ENDODONTIC UNDERFILL	
V72.0	EXAMINATION OF EYES AND VISION	

CPT CODE(S): 85004, 85007, 85008, 85013, 85014, 85018, 85025, 85027, 85032, 85048, 85049

BLOOD COUNTS

ICD-9 CODES LISTED IN THIS SECTION "DO NOT SUPPORT MEDICAL NECESSITY" OR WILL BE "DENIED."

DESCRIPTION of		
ICD-9 CODES NOT COVERED		
ICD 9 CODE	DESCRIPTION	
608.21	EXTRAVAGINAL TORSION OF SPERMATIC CORD	
V61.06	FAMILY DISRUPTION DUE TO CHILD IN FOSTER CARE OR IN CARE OF NON-PARENTAL FAMILY MEMBER	
V61.05	FAMILY DISRUPTION DUE TO CHILD IN WELFARE CUSTODY	
V61.07	FAMILY DISRUPTION DUE TO DEATH OF FAMILY MEMBER	
V61.03	FAMILY DISRUPTION DUE TO DIVORCE OR LEGAL SEPARATION	
V61.01	FAMILY DISRUPTION DUE TO FAMILY MEMBER ON MILITARY DEPLOYMENT	
V61.08	FAMILY DISRUPTION DUE TO OTHER EXTENDED ABSENCE OF FAMILY MEMBER	
V61.04	FAMILY DISRUPTION DUE TO PARENT-CHILD ESTRANGEMENT	
V61.02	FAMILY DISRUPTION DUE TO RETURN OF FAMILY MEMBER FROM MILITARY DEPLOYMENT	
V16.3	FAMILY HISTORY OF MALIGNANT NEOPLASM, BREAST	
V16.0	FAMILY HISTORY OF MALIGNANT NEOPLASM, GASTROINTESTINAL TRACT	
V53.31-V53.39	FITTING AND ADJUSTMENT OF CARDIAC DEVICE	
V53.01-V53.09	FITTING AND ADJUSTMENT OF DEVICES RELATED TO NERVOUS SYSTEM & SPECIAL SENSES	
V53.51	FITTING AND ADJUSTMENT OF GASTRIC LAP BAND	
V53.50	FITTING AND ADJUSTMENT OF INTESTINAL APPLIANCE AND DEVICE	
V53.4	FITTING AND ADJUSTMENT OF ORTHODONTIC DEVICES	
V53.7	FITTING AND ADJUSTMENT OF ORTHOPEDIC DEVICES	
V53.90-V53.99	FITTING AND ADJUSTMENT OF OTHER AND UNSPECIFIED DEVICE	

CPT CODE(S): 85004, 85007, 85008, 85013, 85014, 85018, 85025, 85027, 85032, 85048, 85049

BLOOD COUNTS

ICD-9 CODES LISTED IN THIS SECTION "DO NOT SUPPORT MEDICAL NECESSITY" OR WILL BE "DENIED."

DESCRIPTION of	
ICD-9 CODES <u>NOT</u> COVERED	
ICD 9 CODE	DESCRIPTION
V53.59	FITTING AND ADJUSTMENT OF OTHER GASTROINTESTINAL APPLIANCE AND DEVICE
V52.0-V52.9	FITTING AND ADJUSTMENT OF PROSTHETIC DEVICE AND IMPLANT
V53.1 V53.6	FITTING AND ADJUSTMENT OF UPINARY DEVICES
V53.8	FITTING AND ADJUSTMENT OF URINARY DEVICES FITTING AND ADJUSTMENT OF WHEELCHAIR
734	FLAT FOOT
V67.3	FOLLOW-UP EXAMINATION FOLLOWING PSYCHOTHERAPY
V67.4	FRACTURE
930.0-932	FOREIGN BODY ON EXTERNAL EYE, IN EAR, IN NOSE
618.00-618.05, 618.09, 618.1- 618.7, 618.81- 618.83, 618.84,	
618.89, 618.9	GENITAL PROLAPSE
389.8, 389.9	HEARING LOSS
363.50-363.57	HEREDITARY CHOROIDAL DYSTROPHIES
603.9	HYDROCELE, UNSPECIFIED
314.00-314.9	HYPERKINETIC SYNDROME OF CHILDHOOD
600.00-600.91	HYPERPLASIA OF PROSTATE
478.0	HYPERTROPHY OF NASAL TURBINATES
628.0-628.9	INFERTILITY, FEMALE
606.0-606.1	INFERTILITY, MALE AZOOSPERMIA AND OLIGOSPERMIA

CPT CODE(S): 85004, 85007, 85008, 85013, 85014, 85018, 85025, 85027, 85032, 85048, 85049

BLOOD COUNTS

ICD-9 CODES LISTED IN THIS SECTION "DO NOT SUPPORT MEDICAL NECESSITY" OR WILL BE "DENIED."

DESCRIPTION of **ICD-9 CODES NOT COVERED ICD 9 CODE** DESCRIPTION 373.00-373.9 INFLAMMATION OF EYELIDS 955.0-957.9 INJURY TO PERIPHERAL NERVE 608.22 INTRAVAGINAL TORSION OF SPERMATIC CORD V72.62 LABORATORY EXAMINATION ORDERED AS PART OF A ROUTINE GENERAL MEDICAL EXAMINATION V72.60 LABORATORY EXAMINATION, UNSPECIFIED 905.0-909.9 LATE EFFECTS OF MUSCULOSKELETAL AND CONNECTIVE TISSUE **INJURIES** 214.0 LIPOMA, SKIN AND SUBCUTANEOUS TISSUE OF FACE 621.6-621.7 MALPOSITION OR CHRONIC INVERSION OF UTERUS 627.2-627.9 MENOPAUSAL AND POST MENOPAUSAL DISORDERS V40.0-V40.9 MENTAL AND BEHAVIORAL PROBLEMS 389.20-389.22 MIXED HEARING LOSS 478.11 NASAL MUCOSITIS (ULCERATIVE) 471.0-471.9 NASAL POLYPS V03.0-V06.9 NEED FOR PROPHYLACTIC VACCINATION 300.00-300.09 **NEUROTIC DISORDERS** 739.0-739.9 NONALLOPATHIC LESIONS, NOT ELSEWHERE CLASSIFIED V45.12 NON-COMPLIANCE WITH RENAL DIALYSIS 620.0-620.3 NONINFLAMMATORY DISORDERS OF OVARY, FALLOPIAN TUBE, & **BROAD LIGAMENT** V71.01 - V71.09 OBSERVATION AND EVALUATION FOR SUSPECTED CONDITIONS NOT FOUND, MENTAL 377.10-377.16 OPTIC ATROPHY

CPT CODE(S): 85004, 85007, 85008, 85013, 85014, 85018, 85025, 85027, 85032, 85048, 85049

BLOOD COUNTS

ICD-9 CODES LISTED IN THIS SECTION "DO NOT SUPPORT MEDICAL NECESSITY" OR WILL BE "DENIED."

DESCRIPTION	
	of
	ICD-9 CODES <u>NOT</u> COVERED
ICD 9 CODE	DESCRIPTION
V43.0-V43.1	ORGAN OR TISSUE REPLACED BY OTHER MEANS, EYE GLOBE OR LENS
V58.5	ORTHODONTICS
V57.4-V57.9	ORTHOPTIC TRAINING, OTHER SPECIFIED, AND UNSPECIFIED REHABILITATION PROCEDURE
525.71	OSSEOINTEGRATION FAILURE OF DENTAL IMPLANT
715.00-715.98	OSTEOARTHROSIS
732.0-732.9	OSTEOCHONDROPATHIES
733.00-733.09	OSTEOPOROSIS
388.40-388.45	OTHER ABNORMAL AUDITORY PERCEPTION
736.00-736.9	OTHER ACQUIRED DEFORMITIES OF LIMB
738.0-738.9	OTHER ACQUIRED DEFORMITY
338.19	OTHER ACUTE PAIN
338.18	OTHER ACUTE POSTOPERATIVE PAIN
V51.8	OTHER AFTERCARE INVOLVING THE USE OF PLASTIC SURGERY
716.00-716.99	OTHER AND UNSPECIFIED ARTHROPATHIES
443.81-443.9	OTHER AND UNSPECIFIED PERIPHERAL VASCULAR DISEASE
338.29	OTHER CHRONIC PAIN
338.28	OTHER CHRONIC POSTOPERATIVE PAIN
V49.0 - V49.9	OTHER CONDITIONS INFLUENCING HEALTH STATUS
V65.40-V65.49	OTHER COUNSELING, NOT ELSEWHERE CLASSIFIED
718.00-718.99	OTHER DERANGEMENT OF JOINT
702.0-702.8	OTHER DERMATOSES
478.19	OTHER DISEASE OF NASAL CAVITY AND SINUSES

CPT CODE(S): 85004, 85007, 85008, 85013, 85014, 85018, 85025, 85027, 85032, 85048, 85049

BLOOD COUNTS

ICD-9 CODES LISTED IN THIS SECTION "DO NOT SUPPORT MEDICAL NECESSITY" OR WILL BE "DENIED."

DESCRIPTION of **ICD-9 CODES NOT COVERED ICD 9 CODE** DESCRIPTION 525.0, 525.10-525.13, 525.19, 525.20-525.26. 525.3, 525.40-525.44, 525.50-525.54, 525.60-OTHER DISEASES AND CONDITIONS OF TEETH AND SUPPORTING 525.67, 525.69 STRUCTURES 611.1-611.6 OTHER DISORDERS OF BREAST 676.00-676.94 DISORDERS OF LACTATION 385.00-385.9 OTHER DISORDERS OF MIDDLE EAR AND MASTOID 377.21-377.24 OTHER DISORDERS OF OPTIC DISC 709.00-709.4 OTHER DISORDERS OF SKIN AND SUBCUTANEOUS TISSUE 727.00-727.9 OTHER DISORDERS OF SYNOVIUM, TENDON, AND BURSA V61.09 OTHER FAMILY DISRUPTION OTHER HYPERTROPHIC AND ATROPHIC CONDITIONS OF SKIN 701.0-701.9 V72.69 OTHER LABORATORY EXAMINATION V62.29 OTHER OCCUPATIONAL CIRCUMSTANCES OR MALADJUSTMENT OTHER ORTHOPEDIC AFTERCARE V54.01-V54.9 V61.29 OTHER PARENT-CHILD PROBLEMS 526.69 OTHER PERIRADICULAR PATHOLOGY ASSOCIATED WITH PREVIOUS ENDODONTIC TREATMENT V45.00-V45.02. V45.09 OTHER POST SURGICAL STATES

CPT CODE(S): 85004, 85007, 85008, 85013, 85014, 85018, 85025, 85027, 85032, 85048, 85049

BLOOD COUNTS

ICD-9 CODES LISTED IN THIS SECTION "DO NOT SUPPORT MEDICAL NECESSITY" OR WILL BE "DENIED."

DESCRIPTION	
of ICD-9 CODES <u>NOT</u> COVERED	
ICD 9 CODE	DESCRIPTION
V45.2-V45.4,	
V45.51, V45.52,	
V45.59, V45.61,	
V45.69, V45.71-	
V45.79, V45.81-	
V45.85, V45.86,	
V45.89	OTHER POST SURGICAL STATES
V26.41	OTHER PROCREATIVE COUNSELING AND ADVICE USING NATURAL FAMILY PLANNING
V26.49	OTHER PROCREATIVE MANAGEMENT, COUNSELING AND ADVICE
V62.3-V62.9	OTHER PSYCHOSOCIAL CIRCUMSTANCES
V65.8	OTHER REASONS FOR SEEKING CONSULTATION
V61.49, V61.5-	
V61.9	OTHER SPECIFIED AND UNSPECIFIED FAMILY PROBLEMS
V26.89-V26.9	
	OTHER SPECIFIED AND UNSPECIFIED PROCREATIVE MANAGEMENT
525.8	OTHER SPECIFIED DISORDERS OF THE TEETH AND SUPPORTING
	STRUCTURES
384.81-384.82	OTHER SPECIFIED DISORDERS OF TYMPANIC MEMBRANE
603.8	OTHER SPECIFIED TYPES OF HYDROCELE
387.0-387.9	OTOSCLEROSIS
307.80-307.89	PAIN DISORDERS RELATED TO PSYCHOLOGICAL FACTORS
526.61	PERFORATION OF ROOT CANAL SPACE
384.20-384.25	PERFORATION OF TYMPANIC MEMBRANE
726.0-726.91	PERIPHERAL ENTHESOPATHIES AND ALLIED SYNDROMES

CPT CODE(S): 85004, 85007, 85008, 85013, 85014, 85018, 85025, 85027, 85032, 85048, 85049

BLOOD COUNTS

ICD-9 CODES LISTED IN THIS SECTION "DO NOT SUPPORT MEDICAL NECESSITY" OR WILL BE "DENIED."

DESCRIPTION of ICD-9 CODES <u>NOT</u> COVERED	
ICD 9 CODE	DESCRIPTION
V65.2	PERSON FEIGNING ILLNESS
V65.5	PERSON WITH FEARED COMPLAINT IN WHOM NO DIAGNOSIS WAS MADE
V62.21	PERSONAL CURRENT MILITARY DEPLOYMENT
V14.0-V14.8	PERSONAL HISTORY OF ALLERGY TO MEDICINAL AGENTS
V11.0-V11.9	PERSONAL HISTORY OF MENTAL DISORDER
V62.22	PERSONAL HISTORY OF RETURN FROM MILITARY DEPLOYMENT
301.0-301.9	PERSONALITY DISORDERS
478.4	POLYP OF VOCAL CORD OR LARYNX
457.0	POSTMASTECTOMY LYMPHEDEMA SYNDROME
525.72	POST-OSSEOINTEGRATION BIOLOGICAL FAILURE OF DENTAL IMPLANT
525.73	POST-OSSEOINTEGRATION MECHANIC FAILURE OF DENTAL IMPLANT
V72.40, V72.41, V72.42	PREGNANCY EXAMINATION OR TEST; PREGNANCY UNCONFIRMED; NEGATIVE RESULT; POSITIVE RESULT.
V72.63	PRE-PROCEDURAL LABORATORY EXAMINATION
V69.3	PROBLEMS RELATED TO LIFESTYLE, GAMBLING AND BETTING
V61.3	PROBLEMS WITH AGED PARENTS OR IN-LAWS
V48.0-V48.9	PROBLEMS WITH HEAD, NECK, AND TRUNK
V41.0-V41.9	PROBLEMS WITH SPECIAL SENSES AND OTHER SPECIAL FUNCTIONS
V26.0-V26.39	PROCREATIVE MANAGEMENT
V72.5	RADIOLOGICAL EXAMINATION, NOT ELSEWHERE CLASSIFIED
605	REDUNDANT PREPUCE AND PHIMOSIS

CPT CODE(S): 85004, 85007, 85008, 85013, 85014, 85018, 85025, 85027, 85032, 85048, 85049

BLOOD COUNTS

ICD-9 CODES LISTED IN THIS SECTION "DO NOT SUPPORT MEDICAL NECESSITY" OR WILL BE "DENIED."

ICD-9 CODES NOT COVERED ICD 9 CODE V45.11 RENAL DIALYSIS STATUS 389.10-389.18 SENSORINEURAL HEARING LOSS

SEXUAL AND GENDER IDENTITY DISORDERS

V81.0-V81.2 SPECIAL SCREENING FOR CARDIOVASCULAR DISEASES V77.1 SPECIAL SCREENING FOR DIABETES MELLITUS V76.10-V76.19 SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, BREAST V76.2 SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, CERVIX V76.51 SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, INTESTINE, COLON V76.44 SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, OTHER SITES, PROSTATE 608.1 SPERMATOCELE 840.0-848.9 SPRAINS AND STRAINS OF JOINTS AND ADJACENT MUSCLES 307.3 STEREOTYPIC MOVEMENT DISORDER V26.5 STERILIZATION STATUS 307.0 STUTTERING V61.42 SUBSTANCE ABUSE IN FAMILY 910.0-919.9 SUPERFICIAL INJURIES 307.20-307.23 TICS 608.24 TORSION OF APPENDIX EPIDIDYMIS 608.23 TORSION OF APPENDIX TESTIS 608.2 TORSION OF TESTIS, UNSPECIFIED 611.9 UNSPECIFIED BREAST DISORDER

Source: www.cms.hhs.gov/mcd Effective date: October 1, 2011

302.0-302.9