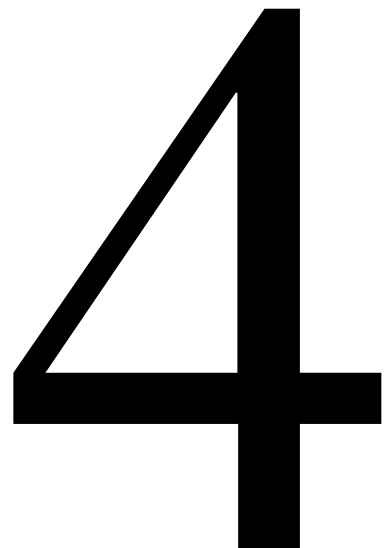


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## **4. CLAIMS SUBMISSION**

### **4.1 Overview**

This section provides an overview of the claims submission process, including:

- methods to submit claims
- process to register to submit
- submission of claims
- reports
- reconciliation and payment
- inquiries

### **4.2 Methods to Submit Claims**

Claims must be submitted in machine readable format. The Machine Readable Input (MRI)/Machine Readable Output (MRO) system was established by the Ministry of Health and Long-Term Care to facilitate and expedite processing of health data, including claims for medical services. With this system, health care providers submit information via Electronic Data Transfer (EDT), on diskette, magnetic tape or tape cartridges. Providers receive information from the ministry regarding the claims in the same medium as the claims are submitted.

Electronic Data Transfer (EDT) submission is preferred by the ministry over diskette. Effective January 01, 2003, physicians or medical laboratories registering with the ministry for the first time must submit claims via EDT. EDT confirms receipt of your claims files immediately and transfers claims reports to you quickly. The EDT service is available 24 hours a day, seven days a week.

## 4.3 Process to Register to Submit Claims

The ministry's requirements for submitting claims in machine readable format are outlined in the *Technical Specifications Interface to Health Systems* manual. These requirements ensure that input of claims is acceptable for processing by the mainframe computer in Kingston. Contact a software vendor to ensure your hardware and billing software conforms to ministry specifications as contained in the *Technical Specifications Interface to Health Systems* manual. Your vendor should have a copy of this manual.

You must complete the Application for Claims Submission and Remittance Advice in Machine Readable Form (form 7743-84) and Undertaking by Physician/Practitioner for Participation in Machine Readable Input letter. Send the completed MRI forms to your local ministry office.

As explained when you register for your billing number, you must submit a test diskette to confirm your data conforms to ministry standards as set out in the *Technical Specifications Interface to Health Systems* manual. The test disk is to be submitted to your local ministry office. For instructions on how to label the diskette properly, refer to Diskette Label Information within this section. When the test is successful, you will be notified that you can submit claims on diskette, magnetic tape or tape cartridges.

To submit claims via the EDT service you must complete the:

- Application for GONet Electronic Data Transfer (EDT) Service (form 3274-84)
- EDT Undertaking and Acknowledgement (form 3279-84)

Send the completed EDT and MRI forms to the address listed on the forms.

The ministry will send you an EDT User ID, temporary password and EDT user manual when your application has been processed.

**Note:**

*The MRI form and EDT forms described above may be submitted at the same time to expedite the process to register to submit claims.*

## 4.4 Submission of Claims

There are three types of claims a physician will submit:

- Health (HCP)
- Workplace Safety Insurance Board (WCB)
- Reciprocal Medical Billing (RMB)

### HCP Claim

Health claims are claims for services rendered by physicians or private medical labs to a patient with Ontario health coverage.

- Payment program “HCP”
- Payee - “P” for pay provider
- Payee - “S” for pay patient

**Note:** *Payee is dependent on whether you opted in or opted out when you registered.*

### WCB Claim

Workplace Safety and Insurance Board (former Workers’ Compensation Board (WCB)) claims are for services rendered to patients with Ontario health coverage who have work related injuries.

- Payment program is WCB.
- Payee is “P” for pay provider.
- If the patient is assessed for a non-WCB related problem during a WCB visit (minor assessment only), A008A (Mini Assessment) may be payable. Refer to the Schedule of Benefits, sections General Preamble and Consultations and Visits.
- A008A cannot be billed on the same claim as the WCB service. It must be billed on a separate HCP claim. A008A can be billed only when the WCB claim is for A001A.
- If the physician bills any service on a WCB claim other than a minor or partial assessment, no other assessment can be submitted as an HCP (MOH) claim.

**Note:** *Other than the payment program, the information required to bill is the same as for HCP claims.*

#### 4.4 Submission of Claims (Continued)

The following services are excluded from WCB submissions to the ministry:

- Service codes prefixed by “T” (dental) or “V” (i.e., chiropractic, osteopathy, podiatry, optometry, and physiotherapy)
- Lab services provided by private medical laboratory facilities
- Services provided by hospital diagnostic departments
- Services rendered to patients registered in other Canadian provincial plans
- Services rendered by out-of-province physicians
- Fee schedule codes: A008, K018, K021, K051, K053, K061, P004, P006
- Charges for completion of form, such as M640 (must be billed directly to WSIB)

#### RMB Claim

Reciprocal Medical Billing claims are used to bill for services rendered by physicians or private medical labs to a patient insured under another Canadian provincial health coverage plan, excluding Quebec.

- Payment program - RMB
- Payee - P for pay provider

**Note:** *Except for the section on patient information all other areas are identical to those on the regular HCP claim.*

#### 4.4 Submission of Claims (Continued)

##### Patient Information

Province	Two letter code representing the province of the patient's registration
Registration Number	Assigned to the patient in his or her province of residence (may be up to 12 characters without any spaces or special characters)
Date of Birth	YYYYMMDD format (e.g., 19491225)
Patient's Surname	Up to 13 characters of the patient's last name
Payment Program	Must be RMB
Payee	Must be P for pay provider
Patient's First Name	Up to six characters of the patient's first name
Sex	1 (male) or 2 (female)

Participation in the Reciprocal Medical Billing System (RMBS) is voluntary. Physicians who choose not to submit through the RMBS must complete and submit the standard Out of Province Claim (form 0000-80). This form is also used for claims for residents of Quebec and for RMB excluded services that are OHIP benefits.



#### 4.4 Submission of Claims (Continued)

The following services are excluded from RMB (but are not necessarily OHIP benefits) and should be billed directly to the non-resident patient:

- Surgery for alteration of appearance (cosmetic surgery)
- Sex reassignment surgery
- Surgery for reversal of sterilization
- Therapeutic abortion
- Routine periodic health examinations including routine eye examinations
- In-vitro fertilization, artificial insemination
- Lithotripsy for gall bladder stones
- Treatment of port wine stains on other than the face or neck, regardless of the mode of treatment
- Acupuncture, acupressure, transcutaneous electro-nerve stimulation (TENS), moxibustion, biofeedback, hypnotherapy
- Services to persons covered by other agencies (i.e., RCMP, Armed Forces, Workplace Safety and Insurance Board, Department of Veterans' Affairs, Correctional Services of Canada [Federal penitentiaries])
- Services requested by a third party
- Team conference(s)
- Genetic screening and other genetic investigation, including DNA probes
- Procedures still in the experimental/developmental phase
- Anaesthetic services and surgical assistant services associated with all of the above
- Services required by the Ministry of Community and Social Services and the Ministry of Attorney General or the Solicitor General

**Note:** *The patient may be eligible for direct reimbursement by his or her own provincial plan.*

#### Coding Requirements

Fee Schedule Codes are located in the ministry Schedule of Benefits. In addition, the following information will assist with the submission of claims:

- Diagnostic Codes
- Services Requiring Diagnostic Codes

#### **4.4 Submission of Claims** (Continued)

##### **Cut-Off Date for Claims Submission**

The ministry operates on a monthly billing cycle. Claims received by the 18th of the month will be processed for payment by the 15th of the following month. When the 18th falls on a weekend or holiday, the deadline will be extended to the next business day. However, if time and volumes permit, EDT claims received after the 18th will be processed for payment. Claims received after the 18th of the month may not be processed until the next billing cycle.

Claims must contain complete, valid and accurate information in order to be processed on time. Claims requiring internal review by ministry staff may have payment delayed.

The ministry recommends daily submission of claims via EDT or weekly submission via diskette.

##### **Resubmission of Unpaid Claims**

All claims must be submitted within six months of the date of service including original claims, resubmitted claims and Remittance Advice (RA) payment inquiries. This is in accordance with the *Health Insurance Act*. Claims submitted more than six months following the date of service are termed stale dated claims.

##### **Claims Requiring Documentation**

The manual review indicator is a field in your medical claims billing software which allows you to inform the ministry that special attention is required to process a specific claim.

Supporting documentation should be faxed to your local ministry office when the claim is submitted.

Supporting documentation may include an operative report, or Claims Flagged for Manual Review (form 2404-84). The reasons for submitting this form as supporting documentation are listed on the form.

A Request for Approval of Payment for Proposed Surgery (form 0691-84) is another supporting document; however, it is to be submitted to your local ministry office prior to the service being rendered.

## 4.5 Reports

Depending on your method of claims submission, there are four different reports you may receive, namely:

- File Reject Message (EDT claims submissions only)
- Batch Edit Report (EDT claims submissions only)
- Claims Error Report
- Remittance Advice Report

Generally, reports are issued in the same medium as the claims are submitted.

### **File Reject Message (EDT Only)**

A File Reject Message notifies you if the ministry has rejected an entire claims file. This report is usually sent within a few hours of the ministry receiving the claims submission. If the claims are submitted on diskette, your local ministry office will contact you by telephone.

### **Batch Edit Report (EDT Only)**

A Batch Edit Report notifies you of the acceptance or rejection of claims batches. This report is usually sent within 24 hours of the ministry receiving the claims submission via EDT. If claims are uploaded on a weekend, holiday or at month end, the Batch Edit Report is delivered on the next claims processing day for EDT submissions. If the claims are submitted on diskette, your local ministry office will contact you by telephone.

### **Claims Error Report**

Claims submitted may be rejected for a variety of error conditions. Each file submission processed by the ministry will generate an Error Report (if applicable), therefore, several error reports may be received throughout the month based on the frequency of claims submissions. Claims rejected to an Error Report are automatically deleted from the payment stream. Rejected claims must be corrected and resubmitted to be processed for payment.

A Claims Error Report provides a list of rejected claims and the appropriate error codes (refer to section – Error Codes) for each claim. Error codes appear on the right side of the report under the heading: ERROR CODE. As error codes may be reported at the header level of a claim and/or at the item, rejected claims may have more than one error code assigned.

## 4.5 Reports (Continued)

The Error Code is a three-character alpha/numeric code. The first character is an alpha and denotes the type of reject as follows:

- V Validity Error (applies to HCP/WCB/RMB payment programs)
- A Assessment Error (applies to HCP/WCB/RMB payment programs)
- E Eligibility Error (applies to HCP/WCB/RMB payment programs)
- R Reciprocal Medical Billing (RMB) Specific Errors

A rejected claims item may be internally re-routed to the Error Report by the ministry and will include an explanatory code message. The explanatory code message is generated to provide more detailed information as to why the claim is being returned. Explanatory code messages appear directly below the related claim item (refer to section – Explanatory Codes).

Rejected claims shown on the Error Reports are returned during the process month. The corrected information should be resubmitted immediately. If the resubmitted information is received prior to the 18th of the same month, the claim can be processed for payment in the same billing cycle. Claims must be resubmitted within six months of the date of service to avoid it being rejected as a stale dated claim.

Claims Error Reports should be retained on file in your office to assist in monthly payment reconciliations. If claims are not approved for payment on your monthly Remittance Advice Report, then check your Error Report for that month to determine if the claim was rejected and needs to be submitted again.

An EDT Claims Error Report is usually sent within 48 hours of claims file submission. If claims are uploaded on a weekend, holiday or at month end, the Error Report is delivered on the next claims processing day.

Diskette submission of claims will result in a paper Error Report that will be mailed to you. The billing software determines the layout of the report, but all reports contain the same information.

### Remittance Advice Report

A Remittance Advice Report (RA) is a monthly statement of approved claims. It is issued at the same time as your payment.

If you submit via EDT you will receive your RA between the 5<sup>TH</sup> and 7<sup>TH</sup> of the month. If the claims are submitted on diskette, you will receive your RA between the 12<sup>TH</sup> and 15<sup>TH</sup>.

## 4.6 Reconciliation and Payment

Your RA may contain codes that indicate if a service has been reduced or disallowed because of medical rules in our mainframe computer which control the payment of claims (refer to section – Explanatory Codes).

Inquiries on your RA report should be submitted within one month and no later than six months from the date of service.

New providers can complete an application for direct bank deposit to receive regular monthly payments. These arrangements can be made through the Provider's Registry section in the ministry offices.

Information updates will be transmitted via the message facility of the monthly Remittance Advice Report. It is important that your reconciliation software allows you to read information displayed in the RA message facility. Please read all communications to ensure you are up-to-date on topics relevant to your practice. Copies of communications should be kept for reference.

## 4.7 Inquiries

In the event of no payment, over payment or under payment of a claim, you are required to submit a Remittance Advice Inquiry (form 0918-84). Complete all areas of the form and mail or deliver it to your local ministry office.

## 4.8 Electronic Data Transfer

The Electronic Data Transfer (EDT) service is a vehicle for the electronic transmission of files from your personal computer (PC) to the ministry's mainframe computer. EDT has specific technical requirements and is currently accessed via a direct dial telephone call to which long-distance charges apply if you are outside the Kingston area.

There are currently two applications within the EDT service that the ministry offers:

- Fee for Service Medical Claims

Submit your file of fee-for-service medical claims for processing via EDT and receive your claims reports in your EDT mailbox.

- Overnight Batch Eligibility Checking (OBEC)

This application enables health care providers to verify the eligibility, status of a health number and version code before a health service is provided.

**4.8 Electronic Data Transfer** (Continued)

The EDT Guidebook has been prepared to assist you with registering for EDT. It contains the following information:

- Benefits of EDT
- Claims processing and payment scheduling
- How to register for EDT
- List and explanation of technical requirements
- Questions to ask your software vendor
- Glossary of terminology

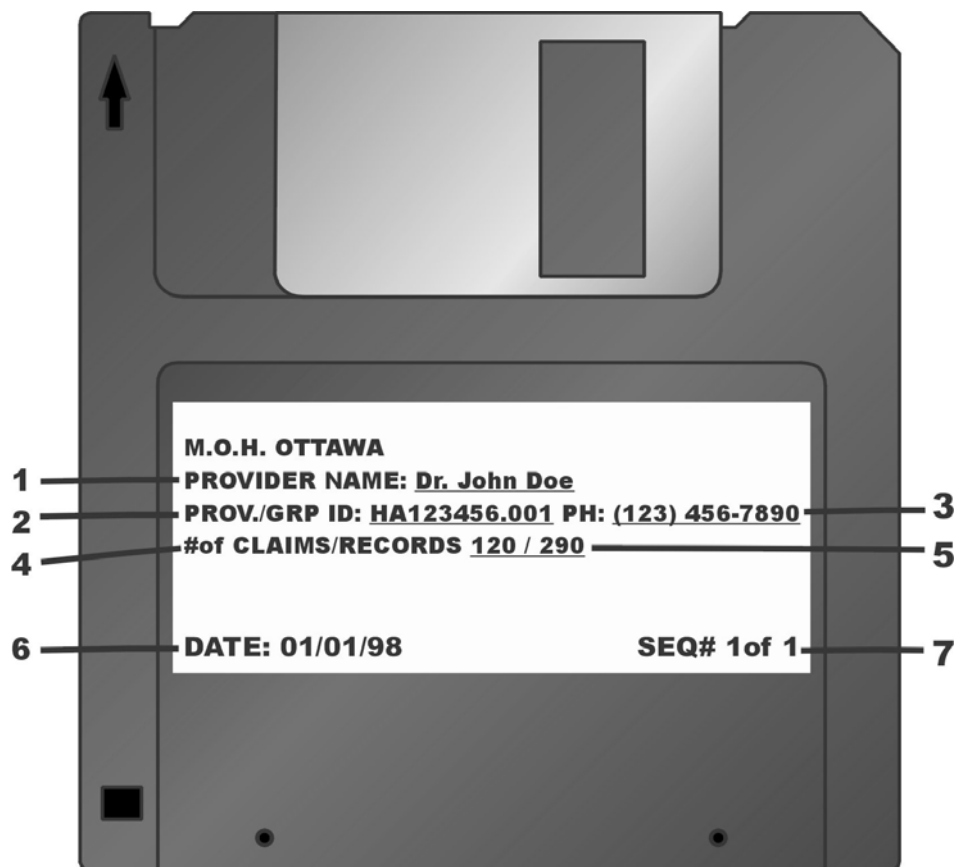
## 4.9 Province/Territory Codes

PROVINCE/TERRITORY	PROVINCE CODE	FORMAT
ALBERTA <ul style="list-style-type: none"> <li>Prior to June 1/94, 11 numerics</li> </ul>	AB	9 numerics - individual registration (effective June 1/94)
BRITISH COLUMBIA	BC	10 numerics - individual registration (effective Jan. 1/91)
MANITOBA	MB	6 numerics - individual registration (effective Nov. 1/93)
NEWFOUNDLAND	NF	12 numerics - individual registration
NEW BRUNSWICK	NB	9 numerics - individual registration
NORTHWEST TERRITORIES	NT	8 characters - individual registration One alpha (N, D, M or T and 7 numerics)
NOVA SCOTIA <ul style="list-style-type: none"> <li>Prior to Jan. 1/94, 11 numerics (Family Based)</li> </ul>	NS	10 numerics - individual registration (effective Jan. 1/94)
PRINCE EDWARD ISLAND	PE	9 numerics (SIN) - individual registration
SASKATCHEWAN	SK	9 numerics - individual registration (effective April 1/91)
TERRITORY OF NUNAVUT	NU	9 numerics - individual registration (effective April 1/99)
YUKON	YT	9 numerics - individual registration

## 4.10 Diskette Label Information

### 3.5" Diskette Labels

- 1 Health Care Provider or Group Name
- 2 Diskette Information - Name of the MS-DOS or Macintosh file that appears on the diskette, for example, HA123456.001.
- 3 Phone number of contact person (in case of file/batch rejection)
- 4 Number of Claims Submitted
- 5 Number of Records Submitted
- 6 Date of Submission to the ministry
- 7 Sequence Number (e.g., 1 of 3, 2 of 3, 3 of 3) if it is a multi-volume diskette submission





## 4.11 Rejection Conditions

### General

- AC4  A valid referring/requisitioning health care provider number must be present for this service code
- Referring number is 722900-744292 (Nurse Practitioner) and the billing provider is not a lab (5000 series) and the FSC's are not on the following table:

L005	L018	L030	L031	L040	L045	L053
L055	L067	L073	L075	L085	L093	L107
L111	L117	L139	L148	L157	L181	L191
L194	L204	L208	L215	L221	L222	L223
L226	L243	L252	L253	L254	L257	L306
L309	L310	L311	L315	L318	L319	L321
L324	L329	L330	L332	L341	L345	L372
L377	L393	L395	L396	L397	L398	L399
L417	L418	L419	L445	L452	L462	L481
L482	L490	L493	L500	L544	L605	L606
L622	L624	L625	L626	L627	L628	L629
L630	L631	L634	L636	L637	L638	L640
L641	L643	L650	L651	L652	L653	L654
L655	L656	L667	L668	L679	L683	L691
L700	L710	L713	L716	L718	L719	L733
L800	L808	L812	L815	L817	L842	

- acceptable codes for cardiology services for Nurse Practitioner referrals (others will reject): G310, G313, G700
- ADM  Emergency equivalent/other visits
- AH8  In-patient admission date and/or facility number are missing and are required for this service code
- AH9  In-patient diagnostic service is not allowed with a hospital assessment
- A2A  Patient is underage or overage for this service code
- A2B  This service is not normally performed for this sex. Please check your records.
- A3E  No such service code for date of service
- A3F  No fee exists for this service code on this date of service
- A34  Multiple duplicate claims
- A4D  Invalid specialty for this service code
- EH1  Service date is prior to eligibility start date
- EH2  Version code does not match health number version code for service date

**4.11 Rejection Conditions** (Continued)**General** (Continued)

- EH4  Service date is greater than eligibility end date
- EH5  Service date is not within an eligible period
- EPA  PCN billing not approved
- EPC  Patient not rostered / rostered to another PCN
- EPD  Roster / HRR payment discrepancy
- EQ1  Solo or affiliated health care provider is not registered with the Ministry of Health
- EQ2  Specialty code is inactive or not registered on date of service
- EQ3  Health care provider is registered as OPTED-IN for date of service – claim submitted as Pay Patient
- EQ4  Health care provider is registered as OPTED-OUT for date of service - claim submitted as Pay Provider
- EQ6  Referring/requisitioning health care provider number is not registered with the Ministry of Health
- EQ9  Laboratory licence number is not registered with the Ministry of Health
- EQB  Solo health care provider number is not actively registered with the Ministry of Health on this date of service
- Practitioner number is Midwife (700000 - 722899) referral only
- EQC  Group number is not registered with the Ministry of Health.
- EQD  Group number is not actively registered with the Ministry of Health on this date of service
- EQE  Health care provider is not registered with the Ministry of Health as an affiliate of this group on date of service
- EQF  Health care provider is not actively registered with the Ministry of Health as an affiliate of this group on date of service
- EQG  Referring laboratory is not registered with the Ministry of Health
- ERF  Referring physician number is currently ineligible for referrals
- VJ5  Date of Service is missing/not 8 numerics
- Month is not in the range 01 - 12
- Day is outside acceptable range for month
- Date of Service is greater than Ministry of Health system run date
- VJ7  Date of Service is 6 months prior to Ministry of Health system run date
- V02  Incorrect MOH office code - missing/not D, E, F, G, J, N, P, R or U
- V05  Date of service is greater than Ministry of Health system run date
- V07  Health care provider number is missing/not 6 numerics

**4.11 Rejection Conditions** (Continued)

**General** (Continued)

- V08  Specialty code is missing/not 2 numerics
- Not a valid specialty code
- Specialty code is 27 and provider number is not 599993
- Specialty code is 90 and provider number is not 991000
- Specialty code is 49, 50, 51, 52, 53, 54, 55, 70 and 71 and the health care provider number does not begin with 4
- Specialty code is 56 and health care provider number does not begin with 80 or 81
- Specialty code is 57 and health care provider number does not begin with 86 or 839985
- Specialty code is 58 and health care provider number does not begin with 87
- Specialty code is 59 and health care provider number does not begin with 88 or 89 or not in range 830000 – 839984
- Specialty code is 80 or 81 and health care provider number does not begin with 82
- V09  Referring health care provider number is not six (6) numerics
- Health care provider number is 82XXXX and referring health care provider number is missing or begins with 4 or 8
- Group number begins with 5 or 7 or 8000 - 8599 and referring health care provider is missing or begins with 4 or 8
- Group number is 8999 - 9XXX and referring health care provider number is missing or begins with 4 (except as noted for specialist 50 Dental Surgeon) or 8 (except for 830000 - 839984, 86XXXX, 88XXXX, 89XXXX)
- Referring number is 700000 - 722899 (MIDWIFE) and

(1) the billing provider is not a LAB (5000 series) and the FSCs are not on the following table:

L005	L030	L031	L103	L111	L253	L254
L309	L311	L318	L319	L329	L341	L372
L393	L396	L399	L417	L418	L431	L453
L471	L482	L490	L494	L495	L621	L622
L625	L628	L634	L636	L637	L638	L640
L653	L655	L679	L683	L691	L700	L713
L800	L812					

(2) for ultrasound's the FSCs are not on the following table:

J138/J438	J157/J457	J158/J458	J159/J459
J160/J460	J161/J141	J163/J463	

**4.11 Rejection Conditions** (Continued)

**General** (Continued)

(3) for special visit premium codes not on the following table:

	C900	C991	C992	C993	C994	C995	C996	C997
	<input type="checkbox"/>							
V10	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
V12	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
V13	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
V14	<input type="checkbox"/>							
	<input type="checkbox"/>							
V16	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
V17	<input type="checkbox"/>							
V18	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
V19	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
V20	<input type="checkbox"/>							
V21	<input type="checkbox"/>							
V22	<input type="checkbox"/>							
V23	<input type="checkbox"/>							

**4.11 Rejection Conditions** (Continued)**General** (Continued)

- V28  Facility number is not 4 numerics
- Facility number is not a valid number
- V30  FSC/DX Code Combination NAB
- V31  Missing all of the following: group number, health care provider number, specialty code, health number
- V34  Service code begins with 'V1' and health care provider number does not begin with 88 or 89, or in range 830000 - 839984 (and the reverse of this condition)
- Service code begins with 'V2' and health care provider number does not begin with 86 or is 839985 (and the reverse of this condition)
- Service code begins with 'V3' and health care provider number does not begin with 87 (and the reverse of this condition)
- Service code begins with 'V4' and health care provider number does not begin with 80, 81, 84 or 85 (and the reverse of this condition)
- Service code begins with 'V8' and health care provider number does not begin with 82 (and the reverse of this condition)
- Service code begins with 'T' and health care provider number does not begin with 4, excluding fee schedule codes J99-- (and the reverse of this condition)
- Service code begins with 'H4' and health number is not a sessional reference number
- V36  Check input criteria required for sessional billing
- V39  Number of items exceeds the maximum (99)
- V40  Service code is missing
- Service code is not in the format ANNNA where:
  - A is alphabetic (A - Z)
  - NNN is numeric (001 - 999)
  - A is alphabetic (A - C)
- V41  Fee submitted is missing/not 6 numerics
- Fee submitted is not in the range '000000' - '500000' (\$\$\$\$cc)
- V42  Number of services is missing/not 2 numerics
- Number of services is not in the range '01 - 99'
- V47  Fee submitted is not evenly divisible (to the cent) by the number of services
- V51  Invalid location code - must be blank or four numerics. If present, must be valid based on MOHLTC Residency Code Manual
- V63  Referring laboratory number must start with '5' (5####)
- V70  Date of service is greater than the file/batch creation date

#### 4.11 Rejection Conditions (Continued)

##### **Workplace Safety and Insurance Board**

(formerly the Workers' Compensation Board (WCB))

VW1  This service is not valid for WCB

##### **Independent Health Facilities (IHF)**

- AI4  Records show this service has been rendered by another practitioner, group or IHF
- EF1  IHF number not approved for billing on the date specified
- EF2  IHF not licensed or grandfathered to bill FSC on the date specified
- EF3  Insured services are excluded from IHF billings
- EF4  Provider is not approved to bill IHF fee on date specified
- EF5  IHF practitioner 991000 is not allowed to bill insured services
- EF7  Referring physician number is required for the IHF fee billed
- EF8  'I' service codes are exclusive to IHFs
- EF9  Mobile site number required

##### **Reciprocal Medical Billing (RMB)**

- R01  Missing registration number
- R02  Number of digits disagrees with the corresponding province code
- R03  Province code is missing/not a valid province code
- R04  Fee schedule code excluded from RMB
- R05  'ON' (Ontario province code) not valid for RMB
- R06  Wrong health care provider for RMB (begins with 3, 4, 8 or 9)
- R07  Invalid pay-type for RMB (must be 'P')
- R08  Invalid referral number (applies to Outaouais Region, Quebec only)
  - Not 7 numerics
- R09  Claim Header-2 is missing and the payment program is RMB

**4.11 Rejection Conditions** (Continued)**Health Number**

- VHO  Claim Header-2 present on MRI claim submitted with Health Number in Claim Header-1
- VH1  Health Number is missing/invalid (does not pass MOD 10 Check routine)
  - Health Number is a number reserved for testing purposes
- VH2  Health Number is not present (payment program is HCP or WCB)
- VH3  The payment program is missing or is not equal to HCP, RMB, WCB
- VH4  Invalid version code
- VH5  Claim Header-2 is missing (service is before January 1, 1991 and payment program is HCP)
- VH8  Date of birth does not match the health number submitted
- VH9  Health number is not registered with Ministry of Health

## 4.12 Error Codes

<b>Assessment Rejects</b>		<b>MRI</b>
AC4	Unacceptable Ref. No.	N
AD3	Not Allowed With Visit	Y
AD4	Refer to MC	Y
AD5	Proc. Allowed Prev.	Y
AD8	Not Allowed Alone	Y
ADC	Add.Proc. at 50%	Y
ADD	Add. Proc. At 50%	Y
ADM	Emerg. Equiv/other visits	Y
AF1	Multiple Frac/Dis.	Y
AF5	Fract. Fee Incl.	Y
AG1	Crit. Care Alrdy PD	Y
AG2	Crit. Care Alrdy PD	Y
AHB	Overlapping Visits	Y
AHD	Extra Visits in WK/MTH	Y
AHE	2 Specialties, Same Period	Y
AHF	CON/SUP Care Same Period	Y
AH6	Emerg. Assess. Same Day	Y
AH7	Hosp. Assess. Same Day	Y
AH8	Invalid ADM Dte/Hosp No.	N
AH9	Diagnostic Serv. Same Day	Y
AI4	Claimed by Other IHF/PHY IH	Y
AMO	Multiple Surg. Other Dr.	Y
AMS	Multiple Procedures	Y
A02	Prev. OBS. Service	Y
A08	One Assess. At Delivery	Y
AP2	Max Fee Prem/NB Care	Y
AP4	NIC Only Allowed	Y
ARD	Pos. Duplicate With RMBS	Y
AS8	Pre-op Cons/Assess	Y
AS9	Post-op Visits	Y
AV3	Proc. Only Allowed	Y
A2A	Outside of Age Limit	N



**4.12 Error Codes** (Continued)

<b>Assessment Rejects</b>		<b>MRI</b>
A2B	Wrong Sex for Service	N
A3E	No Such F.S. Code	N
A3F	No Fee For Service	N
A3G	Fee Billed Low - Check	Y
A3H	Max # Ser FSM Ref MC	Y
A3J	Fee Outside Accept Range	Y
A3K	Auto Adj. On Prev. Man Ad	Y
A34	Multiple Dup. Claims	N
A36	Claimed by Other Pract.	Y
A4A	To Assess. See Guideline	Y
A4D	Ineligible Specialty	N
A4E	Manual Assess - Code 9	Y
A4F	MRI Review by MC	Y
A6A	No Claims Ref File ... A	Y
A7A	Claim No. Not Found ... A	Y
A8A	Claim No. Previous. On File	Y
A81	Rule Err-Assess & Report	Y
A87	FSC Mismatch ... A	Y
A88	Adj. Payment Type	Y
A89	Pay OOP Pract. # Unequal. A	Y
A91	Max. 99 Pat. ID Records	Y
A93	Max. 5000 Claim Item Record	Y
A94	Claim Item Not On File ... A	Y
A95	Claim Item on File ... A	Y
A96	Claim No. Previous. On File A	Y
A97	Not All Items Changed. A	Y
A98	Pay Sub Disallowed Claim	Y
A99	Wrong Patient Info ... A	Y

**4.12 Error Codes** (Continued)**RMBS Rejects**

		<b>MRI</b>
R01	Missing HSN	N
R02	Invalid HSN	N
R03	Invalid/Missing Province Code	N
R04	Service Excluded from RMBS	N
R05	Service DT Prior 880401/PG/ON	N
R06	Wrong Provider for RMBS	N
R07	Invalid Pay Type for RMBS	N
R08	Invalid Referral Number	N
R09	Claim Header 2 Missing - RMB	N

**Eligibility Rejects**

		<b>MRI</b>
EF1	IHF Not Approved on S/D	N
EF2	IHF Not Lic. For FSC On S/D	N
EF3	Insured Service Excl. From IHF	N
EF4	Prov Not IHF on S/D	N
EF5	Ins. Srv. Excl. From #991000	N
EF7	Ref. Phys. # Required - IHF SRV	N
EF8	'I' FSC Claimed, Non IHF	N
EF9	Mobile Site Number Required	N
EH1	Srv. Date <Elig. Eff. Date	Y
EH2	Mismatched Version Code	N
EH4	Srv. Date > Elig. End Date	Y
EH5	Srv. Dt. Not in Elig. Period	Y
ENB	Unregistered Newborn	Y
EPA	PCN Billing Not Approved	N
EPC	Patient not Rostered/Rostered to another PCN	N
EPD	Roster EPD Payment Discrepancy	Y
EQA	Confirm Registered Spec.	Y

**4.12 Error Codes** (Continued)

<b>Eligibility Rejects</b> (Continued)		<b>MRI</b>
EQB	Solo Pract. Inact. On S/D	N
EQC	Group Not Registered on HRR	N
EQD	Group Inactive on S/D	N
EQE	Pract. Not In Group on S/D	N
EQF	Aff. Pract. Inact. On S/D	N
EQG	Ref. Lab. Not Req' on HRR	N
EQ1	Clinic/Dr Not On File	N
EQ2	Specialty Mismatch	N
EQ3	Pay Sub. Clm. - Dr. Option	N
EQ4	Pay Dr Claim - Sub Option	N
EQ5	Lab Inactive On S/Date	N
EQ6	Incorrect Referral No.	N
EQ8	Lab. Not Licenced for F.S.C.	Y
EQ9	Lab. No. Not On File	N
ERF	Ref. Phys. # Currently Ineligible for Referrals	N

<b>Validity Rejects</b>		<b>MRI</b>
VHA	OHIP#/Part.# Not on RPDB for HN	Y
VHO	Header 2 and HN Present	N
VH1	Health Number is Invalid	N
VH2	HN is Missing	N
VH3	Invalid Payment Program	N
VH4	Invalid Version Code	N
VH5	OHIP# Req'd for Serv Date	N
VH8	No Match on DOB with HN	N
VH9	HN Not Reg'd with MOH	N
VJ5	Invalid Service Date	N
VJ7	Stale-dated Claim	N
VW1	Invalid WCB Service	N
V02	Invalid Region Code	N
V04	Error in Claim Number	Y
V05	Error - Clm No/Serv Date	N

**4.12 Error Codes** (Continued)

<b>Validity Rejects</b> (Continued)		<b>MRI</b>
V07	Invalid Pract. Number	N
V46	Invalid Fee Approved	Y
V47	Fee Not Divisible	N
V48	Missing Explanatory Code	N
V50	SVC DTE Pre Initial Visit	N
V51	Invalid Location Code	N
V60	Invalid Explanatory Code	N
V63	Invalid Ref. Lab. Number	N
V70	Create Date<Service Date	N
V94	Invalid Bill 94 Adjust	Y
V95	One Bill 94 Adj. Per Claim	N
V96	Invalid Bill 147 Adjust	Y
V97	One Bill 147 Adjustment per Claim	Y
V08	Invalid Specialty Code	N
V09	Invalid Referral Number	N
V10	Invalid Surname	N
V12	Invalid First Name	N
V13	Invalid Birth Date	N
V14	Invalid Sex	N
V16	Unacceptable Diagnostic Code	N
V17	Invalid Payment Type	N
V18	Invalid ADM/First Visit Date	N
V19	Invalid Chiro Diag Code	N
V20	Unaccept. Age/Diag. Code	N
V21	Diagnostic Code Required	N
V22	Invalid Diagnostic Code	N
V23	Check No. Of Services	N
V25	Invalid Action Code	Y
V26	Invalid Item Number	N
V27	Supply Same Action Code	N
V28	Invalid Hospital Number	N
V30	FSC/DX Code Combination NAB	N

**4.12 Error Codes** (Continued)

<b>Validity Rejects</b> (Continued)		<b>MRI</b>
V31	Error in Claim Header	N
V33	Missing Payee Address	Y
V34	Invalid Service Code	N
V35	Invalid OOP/OOC Service	N
V36	Check Sessional Input Criteria	N
V37	Incomplete Payee Address	N
V38	Inconsistent Claim Ident.	Y
V39	Allowed Items Only 99	N
V40	Invalid Fee Schedule Code	N
V41	Invalid Fee Billed	N
V42	Invalid Number of Services	N
V44	Invalid Assessment Code	Y

Indicators: MRI Y = Pending Online N = To Error Report

## 4.13 Explanatory Codes

### Eligibility

- EA Service date is not within an eligible period - services provided on or after the 20<sup>th</sup> of this month will not be paid unless eligibility status changes
- EV Check health card for current version code (applicable for service dates prior to Feb. 1/93)
- EF Incorrect version code - services provided on or after the 20th of this month will not be paid unless the current version code is provided
- E1 Service date prior to start of eligibility
- E2 Incorrect version code for service date
- E4 Service date after the eligibility termination date
- E5 Service date not within an eligible period
- GF Coverage lapsed - bill patient for future claims
- J3 Approved for stale dated processing
- J7 Claim submitted six months after service date

### General

- 30 Service is not a benefit of OHIP
- 32 OHIP records show service(s) on this day claimed previously
- 35 OHIP records show this service rendered has been claimed previously (used on Pay Practitioner duplicate claims)
- 36 OHIP records show service has been rendered by another Practitioner, Group, Lab
- 37 Effective April 1, 1993 the listed benefit for this code is 0 LMS units
- 40 Service allowed only once for same patient
- 48 Paid as submitted - clinical records may be requested for verification purposes
- 49 Paid according to the average fee for this service. Independent consideration will be given if clinical records/operative reports are presented.
- 50 Paid in accordance with the Schedule of Benefits
- 51 Fee Schedule Code changed in accordance with Schedule of Benefits
- 52 Fee-for-service assessed by medical consultant

**4.13 Explanatory Codes** (Continued)**General** (Continued)

- 53 Fee allowed according to appropriate item in a previous Schedule of Benefits
- 54 Interim payment - claim under review
- 55 Deduction is an adjustment on an earlier account
- 56 Claim under review
- 57 This payment is an adjustment on an earlier account
- 58 Claimed by another physician within group
- 59 Practitioner's notification - WCB claims
- 61 OOC claim paid at greater than \$9999.99 (prior approval on file)
- 65 Service included in approved hospital payment
- 68 Hospital accommodation paid at standards ward rate
- 69 Elective services paid at 75% of OHIP Schedule of Rates
- 70 OHIP records show corresponding procedure(s) on this day claimed previously by another physician
- 80 Technical fee adjustment for hospitals and Independent Health Facilities (IHF)
- AP This payment is in accordance with legislation - if you disagree with the payment you may appeal to the General Manager
- DM Paid/disallowed in accordance with MOH policy regarding an Emergency Department Equivalent
- EB Additional payment for the claim shown
- Q8 Lab not licensed to perform this test on date of service
- SR Fee reduced based on MOH utilization adjustment - contact your provider
- TH Fee reduced per MOH payment policy - contact your physician

**4.13 Explanatory Codes** (Continued)**Consultations**

- C1 Allowed as repeat/limited consultation
- C2 Allowed at re-assessment fee
- C3 Allowed at minor assessment fee
- C4 Consultation not allowed with this service - paid as assessment
- C5 Allowed as multiple systems assessment
- C6 Allowed as Type 2 admission assessment
- C7 An admission assessment (C003A) or general re-assessment (C004A) may not be claimed by any physician within 30 days following a pre-dental/pre-operative assessment

**Diagnostic and Therapeutic**

- D1 Allowed as repeat procedure - initial procedure previously claimed
- D2 Additional procedures allowed at 50%
- D3 Not allowed in addition to visit fee
- D4 Procedure allowed at 50% with visit
- D5 Procedure already allowed - visit fee adjusted
- D6 Limit of payment for this procedure reached
- D7 Not allowed in addition to other procedure
- D8 Allowed with specific procedures only
- D9 Not allowed to a hospital department
- DA Maximum for this procedure reached - paid as repeat/chronic procedure
- DC Procedure paid previously not allowed in addition to this procedure – fee adjusted to pay the difference
- DE Lab tests already paid - visit fee adjusted
- DH Ventilatory support allowed with Haemodialysis
- DG Diagnostic services for hospital in-patients are not payable on a fee-for-service basis - included in the hospital global budget



### 4.13 Explanatory Codes (Continued)

#### Diagnostic and Therapeutic (Continued)

- DL Allowed as laboratory tests in private office
- DM Paid/disallowed in accordance with MOH policy regarding an emergency department equivalent
- DN Allowed as prudential block in addition to procedure - as per stated OHIP policy
- DP Procedure paid previously allowed at 50% in addition to this procedure - fee adjusted to pay the difference

#### Fractures

- F1 Additional fractures/dislocations allowed at 85%
- F2 Allowed in accordance with transferred care
- F3 Previous attempted reductions (open or closed) allowed at 85%
- F5 Two weeks aftercare included in fracture fee
- F6 Allowed as Minor/Partial Assessment

#### Critical Care

- G1 Other critical/comprehensive care already paid

#### Hospital Visits

- H2 Allowed as subsequent visit - initial visit previously claimed
- H3 Maximum fee allowed per week after 5th week
- H4 Maximum fee allowed per week after 6th week to pediatricians
- H5 Maximum fee allowed per month after the 13th week
- H6 Allowed as supportive or concurrent care
- H7 Allowed as chronic care
- H8 Hospital number and/or admission date required for in-hospital service
- H9 Concurrent care already claimed by another doctor
- HA Admission assessment claimed by another physician - hospital visit fee applied
- HF Concurrent or supportive care already claimed in period

**4.13 Explanatory Codes** (Continued)**Independent Health Facilities Services**

- FF Additional payment for the claim shown
- I2 Service is globally funded
- I3 FSC is not on the IHF licence profile for the date specified
- I4 Records show service has been rendered by another Practitioner, Group or IHF
- I5 Service is globally funded and FSC is not on IHF licence profile

**Laboratory**

- L1 This service paid to another laboratory
- L2 Not allowed to non-medical Laboratory Director
- L3 Not allowed in addition to this laboratory procedure
- L4 Not allowed to attending physicians
- L5 Not allowed in addition to other procedure paid to another laboratory
- L6 Procedure paid previously to another laboratory, not allowed in addition this procedure - fee adjusted to pay the difference
- L7 Not allowed - referred specimen
- L8 Not to be claimed with prenatal/feotal assessment as of July 1, 1993
- L9 Laboratory services for hospital in-patients or out-patients are not payable on a fee-for-service basis - included in the hospital global budget
- LS Paid in accordance to special Lab Agreement

**Paediatric Care**

- P2 Maximum fee allowed for low birth weight care
- P3 Maximum fee allowed for newborn care
- P4 Fee for newborn care does not apply when newborn baby is ill
- P5 Over-age for paediatric rates of payment
- P6 Over-age for well-baby care

**4.13 Explanatory Codes** (Continued)**Obstetrics**

- O1 Fee for obstetric care apportioned
- O2 Previous prenatal care already claimed
- O3 Previous prenatal care already claimed by another doctor
- O4 Office visits relating to pregnancy and claimed prior to delivery included in obstetric fee
- O5 Not allowed in addition to delivery
- O6 Medical induction/stimulation of labour allowed once per pregnancy
- O7 Allowed as subsequent prenatal visit - initial prenatal visit already claimed
- O8 Allowed once per pregnancy
- O9 Not allowed in addition to post-natal care

**Office and Home Visits**

- V1 Allowed as repeat assessment - initial assessment previously claimed
- V2 Allowed as extra patient seen in the home
- V3 Not allowed in addition to procedural fee
- V4 Date of service was not a Saturday, Sunday or statutory holiday
- V5 Only one OVA allowed within a 12-month period for age 19 and under or 65 and over - and one within 24 months for age 20 - 64
- V6 Allowed as minor assessment - initial assessment already claimed
- V7 Allowed at specific re-assessment fee
- V8 This service paid at lower fee as per stated OHIP policy
- V9 Only one initial office visit allowed within a twelve-month period
- VA Procedure fee reduced - consultation/visit fees not allowed in addition
- VB Additional OVA is allowed once within the second year for patients aged 20-64, following a periodic OVA
- VS Date of service was a Saturday, Sunday or statutory holiday

**Radiology**

- X2 G.I. tract includes cine and video tape
- X3 G.I. tract includes survey film of abdomen

**4.13 Explanatory Codes** (Continued)**Reciprocal Medical Billing**

- RD Duplicate, paid in RMBS
- 60 Not a benefit of the Reciprocal Medical Billing Agreement

**Surgical Procedures**

- S1 Bilateral surgery, one stage, allowed at 85% higher than unilateral
- S2 Bilateral surgery, two stage, allowed at 85% higher than unilateral
- S3 Second surgical procedure allowed at 85%
- S4 Procedure fee reduced when paid with related surgery or anaesthetic
- S5 Not allowed in addition to major surgical fee
- S6 Allowed as subsequent procedure - initial procedure previously claimed
- S7 Normal pre-operative and post-operative care included in surgical fee
- SA Surgical procedure allowed at consultation fee
- SB Normal pre-operative visit included in surgical fee - visit fee previously paid - surgical fee adjusted
- SC Not allowed, major pre-operative visit already claimed
- SD Not allowed, Team/Assist Fee already claimed
- SE Major pre-operative visit previously paid and admission assessment previously paid - surgery reduced by the admission assessment

**Health Examinations**

- R1 Only one health exam allowed in a twelve-month period

**Maxima**

- M1 Maximum fee allowed for these services has been reached
- M2 Maximum allowance for radiographic examination(s) by one or more practitioners
- M3 Maximum fee allowed for prenatal care
- M4 Maximum fee allowed for these services by one or more practitioners has been reached
- M5 Monthly maximum has been reached
- M6 Maximum fee allowed for special visit premium - additional patient seen

**4.13 Explanatory Codes** (Continued)

**Dental Services**

T1 Fee allowed according to surgery claim

## 4.14 Specialty Codes

This is a list of specialities or disciplines recognized by the Royal College of Physicians and Surgeons of Canada relevant to services covered by the Ministry of Health and Long-Term Care.

<b>Code</b>	<b>Physician</b>
00	Family Practice and Practice in General
01	Anaesthesia
02	Dermatology
03	General Surgery
04	Neurosurgery
05	Community Medicine
06	Orthopaedic Surgery
07	Geriatrics
08	Plastic Surgery
09	Cardiovascular and Thoracic Surgery
12	Emergency Medicine
13	Internal Medicine
18	Neurology
19	Psychiatry
20	Obstetrics and Gynaecology
22	Genetics
23	Ophthalmology
24	Otolaryngology
26	Paediatrics
28	Pathology
29	Microbiology
30	Clinical Biochemistry
31	Physical Medicine
33	Diagnostic Radiology
34	Therapeutic Radiology
35	Urology
41	Gastroenterology
47	Respiratory Disease
48	Rheumatology
60	Cardiology
61	Haematology

**4.14 Specialty Codes** (Continued)**Code Physician**

- 62 Clinical Immunology
- 63 Nuclear Medicine
- 64 General Thoracic Surgery

**Code Dental**

- 49 Dental Surgery
- 50 Oral Surgery
- 51 Orthodontics
- 52 Paedodontics
- 53 Periodontics
- 54 Oral Pathology
- 55 Endodontics
- 70 Oral Radiology
- 71 Prosthodontics

**Code Practitioner**

- 56 Optometry
- 57 Osteopathy
- 58 Chiropody (Podiatry)
- 59 Chiropractics
- 75 Midwife (referral only)
- 80 Private Physiotherapy Facility  
(Approved to Provide Home Treatment Only)
- 81 Private Physiotherapy Facility  
(Approved to Provide Office and Home Treatment)

**Code Other**

- 27 Non-medical Laboratory Director  
(Provider Number Must Be 599993)
- 76 Nurse Practitioner
- 85 Alternate Health Care Profession
- 90 IHF Non-Medical Practitioner  
(Provider Number Must Be 991000)

## 4.15 Diagnostic Codes

### Alpha

<b>Abdominal</b>	Pain, Masses	787
	Adhesions	560
<b>Abortion</b>	Advice	895
	Complete, Incomplete	634
	Missed	632
	Therapeutic	635
	Threatened	640
<b>Abrasions</b>		919
<b>Abruptio Placenta</b>		641
<b>Abscess</b>	Anal or Rectal Regions	566
	Bartholin's Gland	616
	Brain	349
	Breast	611
	Dental	525
	Fallopian Tube, Ovary or Tubo-ovarian	614
	Pilonidal Tissue, Other	682
	Skin and Subcutaneous	685
	Urinary System	590
<b>Acariasis</b>		133
<b>Acne</b>		706
	Rosacea	695
	Vulgaris	706
<b>Acromegaly</b>		253
<b>Actinomycotic Infection</b>		039
<b>Addison's Disease</b>		255
<b>Adenitis Cervical</b>		289
<b>Adentis - see Lymphadenitis,</b>		
<b>Acute</b>		683
<b>Adenoids, Chronic Infection</b>		474
<b>Adenoma Parathyroid</b>		259
<b>Adjustment Reaction</b>		309
<b>Adrenogenital Syndrome</b>		255



**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Adverse Effects</b>	Of Drugs and Medications, including allergy, overdose, reactions	977
	Or Other Chemicals (e.g., lead pesticides and venomous bites)	989
	Of Surgical And Medical Care (e.g., wound infection, wound disruption, other iatrogenic disease)	994
	Of Physical Factors (e.g., heat, cold, frostbite, pressure)	998
<b>Agammaglobulinemia</b>		279
<b>Aged Parent Problem</b>		900
<b>Agranulocytosis</b>		288
<b>A.I.D.S.</b>	Acquired Immune Deficiency Syndrome	042
<b>A.I.D.S. (A.R.C.)</b>	Acquired Immune Deficiency Syndrome Related Complex	043
<b>Alcoholic Psychosis</b>		291
<b>Alcoholism</b>		303
<b>Allergy</b>	Bronchitis	493
	Drugs and Medication	977
	Rhinitis	477
<b>Alopecia</b>		704
<b>Alveolitis, Oral Cavity</b>		525
<b>Alveolitis, Lung</b>		518
<b>Amblyopia</b>		368
<b>Amoebiasis</b>		006
<b>Amenorrhea</b>		626
<b>Amino-acid - Acid Metabolism Disorder</b>		270
<b>Amputation, Traumatic</b>	Lower Limb(s)	894
	Upper Limb(s)	884
<b>Anal</b>	Fissure, Fistula	565
	Stricture	569

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Anemia</b>	Aplastic	284
	Hemolytic, acquired excluding hemolytic disease of newborn	283
	Hemolytic, Hereditary	282
	Iron Deficiency	280
	Pernicious	281
	Sickle Cell	282
	Other Anemias	285
<b>Aneurysm, Aortic (non-syphilitic)</b>		441
<b>Aneurysm, Others</b>		447
<b>Angina, Ludwig's</b>		529
<b>Angina Pectoris</b>		413
<b>Angina, Vincent's</b>		136
<b>Ankylosing Spondylitis</b>		720
<b>Ankylosis, Joint</b>		718
<b>Annual Health Examination</b>	Adolescent/Adult	917
<b>Anorexia</b>		787
<b>Anorexia Nervosa</b>		307
<b>Anuria</b>		788
<b>Anxiety Neurosis</b>		300
<b>Aphakia</b>		360
<b>Appendicitis, Acute</b>	With or without abscess or peritonitis	540
<b>Arrhythmias, Cardiac, Other</b>		427
<b>Arteriosclerosis</b>	Cerebral with psychoses	298
	Generalized	440
<b>Arteriosclerotic Cerebrovascular Disease, Chronic</b>		437
<b>Arteriosclerotic Heart Disease (A.S.H.D.) Without Symptoms</b>		412
<b>Arteritis, Temporal</b>		446
<b>Arthralgia</b>		781

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Arthritis</b>	Osteo	715
	Pyogenic	711
	Rheumatoid	714
	Traumatic	716
<b>Arthrogryposis (Contracture of Joint)</b>		728
<b>Asbestosis</b>		501
<b>Ascites</b>		787
<b>Asphyxia</b>		799
<b>Asthma</b>		493
<b>Astigmatism</b>		367
<b>Astroblastoma</b>		191
<b>Astrocytoma</b>		191
<b>Ataxia</b>		780
<b>Atelectasis</b>		518
<b>Atherosclerosis</b>		440
<b>Athlete's Foot</b>		110
<b>Atrial Fibrillation, Flutter</b>		427
<b>Autism</b>		299
<b>Baker's Cyst</b>		727
<b>Basal Cell Carcinoma</b>		173
<b>Battered Child</b>		899
<b>Bed Sore</b>		707
<b>Bee Sting</b>		989
<b>Behavior Disorders of Childhood and Adolescence</b>		313
<b>Bell's Palsy</b>		351
<b>Bends</b>		994
<b>Benign Prostatic Hypertrophy (B.P.H.)</b>		600
<b>Birth Trauma</b>		767
<b>Bites, Non-venomous</b>		919
<b>Bites, Venomous</b>		989
<b>Bleeding</b>	Post-menopausal	627
	Rectal	569
<b>Blepharitis</b>		373
<b>Blindness</b>		369

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Blood Poisoning</b>		038
<b>Boil</b>		680
<b>Botulism</b>		136
<b>Bradycardia</b>		427
<b>Branchial Cyst</b>		744
<b>Bronchiectasis</b>		494
<b>Bronchitis</b>	Acute	466
	Allergic	493
	Chronic	491
<b>Brucellosis</b>		023
<b>Bruises</b>		919
<b>Buerger's Disease</b>		443
<b>Bullet Wound</b>	If open wound use code for appropriate area – see Open Wounds If internal injury use	869
<b>Bunion</b>		727
<b>Burns</b>	Thermal or Chemical	949
<b>Bursitis</b>		727
<b>Calculus (Stone)</b>	Bile Duct	576
	Bladder	592
	Kidney	592
	Lacrimal Duct	368
	Liver	573
	Prostate	592
	Salivary Glands	527
	Ureter	592
<b>Calluses</b>		700
<b>Candidiasis</b>		112
<b>Canker Sore</b>		528
<b>Carbuncle</b>		680
<b>Cardiac Arrest</b>		427
<b>Cardiospasm</b>		530
<b>Carpal Tunnel Syndrome</b>		739
<b>Cartilage Tear</b>		718
<b>Cataract</b>	Congenita	744
	Excluding Diabetic or Congenital	366

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Carcinoma In Situ</b>	Breast	233
	Digestive Organs	230
	Genito-urinary System	233
	Skin	232
	Respiratory System	231
	Other	234
<b>Celiac Disease</b>		579
<b>Cellulitis</b>		682
<b>Cephalgia</b>		780
<b>Cephalo-pelvic Disproportion</b>		653
<b>Cerebral Degenerations, Other</b>		331
<b>Cerebral Haemorrhage</b>		432
<b>Cerebral Ischaemia, Transient</b>		435
<b>Cerebral Palsy</b>		343
<b>Cerbro-vascular Accident, Acute (C.V.A.)</b>		436
<b>Cerebral Thrombosis</b>		436
<b>Cerumen in Ear</b>		388
<b>Cervical Dysplasia</b>		622
<b>Cervical Erosion</b>		622
<b>Cervical Hyperplasia</b>		752
<b>Cervicitis</b>		616
	During Pregnancy	646
<b>Chalazion</b>		373
<b>Chicken Pox</b>		052
<b>Child Abuse, Child Neglect</b>		899
<b>Childhood Psychosis</b>		299
<b>Cholecystitis without Gallstones</b>		575
<b>Cholelithiasis (Gallstones)</b>	With or Without Cholecystitis	574
<b>Chorea</b>		363
<b>Chorioretinitis</b>		636
<b>Choroiditis</b>		363
<b>Circumcision, Newborn</b>		609

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Cirrhosis</b>	Liver, Alcoholic, Biliary	571
<b>Claudication, Intermittent</b>		443
<b>Claustrophobia</b>		300
<b>Cleft Palate, Lip</b>		749
<b>Club Foot</b>		754
<b>Coagulation Defects</b>		286
<b>Coarctation of Aorta</b>		747
<b>Coccydynia</b>		724
<b>Cold, Common</b>		460
<b>Cold Sore</b>		054
<b>Colic, Renal</b>		788
<b>Colitis</b>	Mucus	564
	Ulcerative	556
<b>Colon</b>	Spastic, Irritable	564
<b>Compression of Umbilical Cord</b>		762
<b>Concussion</b>		850
<b>Conduction Disorders, Other</b>		426
<b>Condyloma</b>		099
<b>Condylomata Accuminata</b>		079
<b>Congenital Anomalies</b>	Autosomal, Chromosomal	758
	Circulatory System	747
	Digestive System	751
	Ear, Face, Neck	744
	Eye	743
	Genital Organs	752
	Heart	746
	Limbs	755
	Musculoskeletal System	756
	Nose and Respiratory System	748
	Pylorus, Mouth, Esophagus, and Stomach	750
	Sex Chromosomes	758
	Urinary System	753
<b>Congestive Heart Failure</b>		428
<b>Conjunctiva Disorders</b>	(e.g., Conjunctivitis)	372
<b>Conn's Syndrome</b>		255

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Constipation</b>		564
<b>Contraceptive Advice</b>		895
<b>Contusions</b>		919
<b>Convulsions</b>		780
<b>Cord Prolapse</b>		762
<b>Corneal Ulcer</b>		370
<b>Corns</b>		700
<b>Coronary Artery Disease, Chronic, Without Symptoms</b>		412
<b>Coronary Insufficiency, Acute</b>		413
<b>Coronary Thrombosis</b>		410
<b>Cough</b>		786
<b>Coxsackie Pleurodynia</b>		074
<b>Cramps of Leg</b>		781
<b>Cretinism</b>		243
<b>Crohn's Disease</b>		555
<b>Croup</b>		464
<b>Cushing's Syndrome</b>		255
<b>C.V.A.</b>	Cerebrovascular Accident	436
<b>Cyst</b>	Baker's	727
	Bartholin's Gland	616
	Bone	213
	Branchial	745
	Breast	610
	Dental	525
	Dermoid	228
	Hydatid All Sites	122
	Lip (mucocele)	210
	Ovarian	220
	Pilonidal	685
	Renal	223
	Sebaceous	706
Urachal	753	
<b>Cystic Fibrosis</b>		277
<b>Cystic Disease, Chronic or Cystic Mastitis</b>		610
<b>Cystinuria</b>		270

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Cystitis</b>		595
	During Pregnancy	634
<b>Cystocele</b>		618
<b>Dacrocystitis</b>		375
<b>Deafness, All Types</b>		389
<b>Decubitus Ulcer</b>		707
<b>Deficiency</b>	Mental	319
	Iron	280
	Nutritional, Vitamin	269
<b>Dehydration</b>		277
<b>Delirium Tremens</b>		291
<b>Delivery</b>	Normal	650
	With Other Complications	669
	With Placenta Praevia, Abruptio Placenta	641
<b>Dementia</b>	Senile, Presenile	290
<b>Dental Caries</b>		521
<b>Depression, Reactive</b>		300
<b>Depressive or Other Non-psychotic Disorder, Not Classified Elsewhere</b>		311
<b>Dermatitis</b>	Allergic, Atopic	691
	Contact	692
	Neuro	691
	Seborrheic	690
<b>Dermatomyositis</b>		710
<b>Detachment, Retinal</b>		361
<b>Deviated Nasal Septum</b>		470
<b>Diabetes Mellitus (Including Complications)</b>		250
<b>Diabetes Insipidus</b>		253
<b>Diaper Rash</b>		691
<b>Diarrhea</b>		009
<b>Difficulty at Work</b>		905
<b>Diphtheria</b>		032
<b>Diplopia</b>		368



**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

Disease	Addison's	255
	A.I.D.S	042
	Arteriosclerotic	437
	Arteriosclerotic Heart	412
	Bacterial	040
	Buerger's	443
	Breast Cystic, Chronic	610
	Bright's	580
	Christmas	286
	Crohn's	555
	De Quervaine's	727
	Duchennes	099
	Graves	242
	Hansen's	030
	Hashimoto	245
	Hemolytic of Newborn	773
	Hirschsprung's Megacolon	751
	Hodgkin's	201
	Huntington's Chorea	349
	Hypertensive Heart	402
	Hypertensive Renal	403
	Ischaemic Heart	413
	Legg Perthes	732
	Lung, Other	518
	Marie Strumpell	720
	Meniere's	386
	Motor Neurone	349
	Osgood-Schlatter	732
	Paget's - of bone	731
	Parkinson's	332
	Pelvic - inflammatory, chronic (P.I.D.)	614
	Peripheral Vascular (P.V.D.)	443
	Raynaud's	519
	Respiratory System, other	398
	Still's	714
	Tay-Sachs	330
	Venereal	099
	Viral, Arthropod-borne	066

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Dislocation</b>	Elbow	832
	Finger	834
	Other	839
	Recurrent	718
	Shoulder	831
<b>Diverticulitis</b>	or Diverticulosis of small or large intestine	562
<b>Divorce</b>		901
<b>Dizziness</b>		780
<b>Down's Syndrome</b>		758
<b>Drug Addiction, Dependence</b>		304
<b>Drug Overdose</b>		977
<b>Drug Psychosis</b>		292
<b>Duodenal Ulcer, With or Without Haemorrhage or Perforation</b>		532
<b>Dupuytren's Contracture</b>		728
<b>Dwarfism</b>		253
<b>Dysentery</b>	Amoebic	006
<b>Dysfunction</b>	Ovarian	256
	Pituitary Gland	253
	Sexual	306
<b>Dyslalia</b>		315
<b>Dyslexia</b>		315
<b>Dysmenorrhea</b>		625
<b>Dyspareunia</b>		625
<b>Dyspepsia</b>		536
<b>Dysphagia</b>		787
<b>Dysplasia, Cervical</b>		622
<b>Dyspnea</b>		786
<b>Dystrophy, Muscular</b>		359
<b>Dysuria</b>		786
<b>Echinococcosis</b>		122
<b>Eclampsia</b>		642
<b>Economic Problems</b>		897
<b>Ectopic Pregnancy</b>		633
<b>Ectropion</b>		374
<b>Eczema</b>		691

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Edema</b>	Not yet diagnosed	785
<b>Educational Problems</b>		902
<b>Embolism</b>	Post-partum pulmonary	677
	Pulmonary	415
<b>Emphysema</b>		492
<b>Encephalitis</b>		323
	Viral, Mosquito Borne	062
<b>Encephalomyelitis</b>		323
<b>Encephalopathy, Hypertensive</b>		437
<b>Endocarditis</b>		429
<b>Endometriosis</b>		617
	Acute or Chronic	615
<b>Enteritis</b>	Regional	555
	Gastro	009
<b>Enterocoele</b>		618
<b>Entropion</b>		374
<b>Enuresis</b>	Mental Disorder	307
<b>Eosinophilia</b>		288
<b>Epididymitis</b>		604
<b>Epiglottitis, Acute</b>		464
<b>Epilepsy</b>		345
<b>Epistaxis</b>		786
<b>Erosion, Cervical</b>		622
<b>Erysipelas</b>		035
<b>Erythema, Multiforme or Nodosum</b>		695
<b>Esophagitis</b>		530
<b>Eustachian Tube Disorders</b>		381
<b>Eye Disorders, Other</b>		379
<b>Eyelid Disorders, Other</b>		374
<b>Facial Nerve Disorders</b>		351
<b>False Labour</b>		644
<b>Family Disruption</b>		901
<b>Family Planning</b>		895
<b>Fanconi Syndrome</b>		270

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Fever</b>	Glandular	075
	Hay	477
	Rheumatic with or without Endocarditis, Myocarditis or Pericarditis	391
	Scarlet	034
	Typhoid	002
<b>Fibrillation</b>		427
<b>Fibro-adenosis of Breast</b>		610
<b>Fibrosis</b>	Cystic	277
	Pulmonary	515
<b>Fissure, Anal</b>		565
<b>Fistula, Anal</b>		565
<b>Flat Foot</b>		734
<b>Flutter, Atrial or Ventricular</b>		427
<b>Food Poisoning</b>		005
<b>Foreign Body</b>	Eye or other tissues	930
<b>Fractures, Fracture- dislocation</b>	Ankle	824
	Carpal Bones	814
	Clavicle	810
	Facial Bones	802
	Femur	821
	Fibula	823
	Humerus	812
	Metacarpals	815
	Pelvis	808
	Phalanges	816
	Radius	813
	Ribs	807
	Skull	803
	Spontaneous	733
	Tibia	823
	Ulna	813
	Vertebral Column with spinal cord damage	806
Vertebral Column without spinal cord damage	805	
Other	829	

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Frigidity</b>		302
<b>Frostbite</b>		994
<b>Fungus - See Mycoses</b>		680
<b>Furunculosis</b>		
<b>Gallstones (Calculus)</b>	Cholelithiasis, with or without Cholecystitis	574
<b>Ganglion</b>		727
<b>Gastric Ulcer</b>		531
<b>Gastritis</b>		535
<b>Gastro-enteritis and Gastro-enteritis, Viral</b>		009
<b>German Measles (Rubella)</b>		056
<b>Gingivitis</b>		523
<b>Glandular Fever</b>		075
<b>Glaucoma</b>		365
<b>Glomerulonephritis, Acute</b>		580
<b>Glossitis</b>		529
<b>Goitre</b>	Exophthalmic	242
	Nontoxic Nodular	241
	Simple Thyroid	240
<b>Gonococcal Infections</b>		098
<b>Gout</b>		274
<b>Granuloma, Pyogenic</b>		686
<b>Gynecomastia</b>		611
<b>Habit Spasms</b>		307
<b>Haemorrhage, Eye</b>		379
<b>Haemorrhage, Intracranial</b>		432
<b>Haemorrhage in Early Pregnancy</b>		640
<b>Haemorrhage, Post Partum</b>		666
<b>Haemorrhagic Conditions, Other</b>		287
<b>Haemorrhoids</b>		455
<b>Halitosis</b>		787
<b>Hallux Valgus or Varus</b>		735
<b>Hammer Toe</b>		735
<b>Hansen's Disease (Leprosy)</b>		030
<b>Hay Fever</b>		477

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Headache (Cephalgia)</b>	Migraine	346
	Tension	307
	Except tension and migraine	780
<b>Heart Blocks</b>		426
<b>Heartburn</b>		787
<b>Heart Disease, All Other Forms</b>		429
<b>Heart Failure, Congestive</b>		428
<b>Helminthiases</b>		128
<b>Hemangioma</b>		228
<b>Hematemesis</b>		787
<b>Hematuria</b>		599
<b>Hemiplegia</b>		599
<b>Hemolytic Anemia, Hereditary</b>		282
<b>Hemolytic Disease of Newborn</b>		773
<b>Hemophilia</b>		286
<b>Hemoptysis</b>		786
<b>Hepatitis</b>		070
<b>Hernia</b>	Femoral, umbilical, ventral, diaphragmatic or hiatus hernia with obstruction	552
	Femoral, umbilical, ventral, diaphragmatic or hiatus hernia without obstruction	553
	Inguinal with or without obstruction	550
<b>Herpes Genitalis</b>		099
<b>Herpes Simplex</b>		054
<b>Herpes Zoster</b>		053
<b>Hiccough</b>		787
<b>High Birthweight Infant</b>		766
<b>High Myopia</b>	Greater than 9 diopters, irregular astigmatism resulting from post-corneal grafting or corneal scarring from disease	371
<b>Hirsutism</b>		709
<b>Histoplasmosis</b>		115
<b>Hives</b>		708
<b>Hodgkin's Disease</b>		201
<b>Hunner's Ulcer</b>		595

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Hyaline Membrane Disease</b>		769
<b>Hydrocele</b>		603
<b>Hydrocephalus</b>		742
<b>Hydronephrosis</b>		591
<b>Hyperactive Child</b>		314
<b>Hyperaldosteronism</b>		255
<b>Hypercalcemia</b>		259
<b>Hyperchlorhydria</b>		536
<b>Hypercholesterolemia</b>		272
<b>Hyperemesis Gravidarum</b>		643
<b>Hyperkeratosis</b>		701
<b>Hyperkinetic Syndrome of Childhood</b>		314
<b>Hypermenorrhea</b>		626
<b>Hypermentropia</b>		367
<b>Hyperopia</b>		367
<b>Hyperplasia</b>	Adrenal	259
	Endometrial	621
<b>Hypertension, Essential</b>		401
<b>Hypertensive Encephalopathy</b>		437
<b>Hypertensive Heart Disease</b>		402
<b>Hypertensive Renal Disease</b>		403
<b>Hypertensive Retinopathy</b>		362
<b>Hyperthyroidism</b>		242
<b>Hypertrophy</b>	Benign Prostatic (B.P.H.)	600
	Breast	611
	Tonsils, Adenoids	575
<b>Hyperventilation</b>		786
<b>Hypochlorhydria</b>		536
<b>Hypogammaglobulinemia</b>		279
<b>Hypoglycemia</b>		259
<b>Hypomenorrhea</b>		626
<b>Hypotension</b>		447
<b>Hypothyroidism</b>	Acquired	244
	Congenital	243
<b>Hysteria</b>		300

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Ileitis, Regional</b>		555
<b>Ileus, Paralytic</b>		560
<b>Illegitimacy</b>		903
<b>Immunity Disorders</b>		279
<b>Immunization</b>	All types	896
<b>Impaction of Intestine</b>		560
<b>Impetigo</b>		684
<b>Imprisonment</b>		906
<b>Incontinence of Urine</b>		788
<b>Indigestion</b>		536
<b>Inertia, Uterine</b>		661
<b>Infarction</b>	Myocardial Acute	410
	Myocardial Old, Without Symptoms	412
	Pulmonary	415
<b>Infection</b>	Actinomycotic	098
	Gonococcal	039
	Intracranial	298
	Meningococcal	036
	Monilia all sites	112
	Nipple, Post-partum, Salmonella	003
	Other Human Immunodeficiency Virus Infection	044
	Tonsils, Adenoids Chronic	474
	Trichomonas Vaginalis	131
	Tuberculous, Primary, Including Recent Positive T.B. Skin Test Conversion	010
	Upper Respiratory	460
	Wound	998
<b>Infertility</b>		628
<b>Infestation</b>	Pinworm	127
	Tapeworm - all types	123
<b>Influenza</b>		147
<b>Ingrown Nail</b>		703
<b>Inguinal Hernia with or without Obstruction</b>		550



**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Injury</b>	Head	854
	Internal to Organ	869
	Superficial	919
	Other	959
<b>In-laws Problem</b>		900
<b>Insufficiency</b>	Acute Coronary	413
	Mitral	394
<b>Intertrigo</b>		695
<b>Intervertebral Disc Disorders</b>		722
<b>Intussusception</b>		560
<b>Iritis</b>		364
<b>Irregular Astigmatism</b>	Resulting from post corneal grafting or corneal scarring from disease	371
<b>Ischaemic Heart Disease, Acute</b>		413
<b>Ischamia, Transient Cerebral</b>		435
<b>Itchy Condition, Other</b>		698
<b>Jaundice</b>		787
<b>Joint</b>	Ankylosis	718
	Arthrogyriposis	728
	Contracture	718
	Derangement, Loose Bodies	718
	Pain	781
	Swelling, Masses	781
	Tuberculosis	015
	Other Disease of	739
	Keloid	701
	Keratitis	370
	Keratoconus	376
Klinefelter's Syndrome	758	
<b>Korsakov's Psychosis</b>		291
<b>Kyphosis</b>		737
<b>Labyrinthitis</b>		386
<b>Laceration</b>	Perineal	664
	Except Limbs	879
	Lower Limb(s)	894
	Upper Limb(s)	884

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Lactic Acidosis</b>		259
<b>Laryngitis, Acute</b>		464
<b>Legg-perthes Disease</b>		732
<b>Leiomyoma</b>		218
<b>Legal Problems</b>		906
<b>Leprosy (Hansen's Disease)</b>		030
<b>Leukoplakia</b>	Oral Mucosa	528
	Tongue	529
<b>Lice, Head or Body</b>		132
<b>Lipoid Metabolism Disorder</b>		272
<b>Lipoma</b>		214
<b>Lipoprotein Disorders</b>		272
<b>Lips, Diseases of</b>		528
<b>Litigation</b>		906
<b>Lordosis</b>		737
<b>Low Birthweight Infant</b>		765
<b>Low Vision</b>		369
<b>Ludwig's Angina</b>		529
<b>Lumbago</b>		724
<b>Lumbar Strain</b>		724
<b>Lupus Erythematosus</b>		695
<b>Lupus Erythematosus Disseminated</b>		710
<b>Lymphadenitis Acute</b>		683
<b>Lymphangioma</b>		228
<b>Lymphangitis</b>		457
<b>Lymphedema</b>		457
<b>Lymphosarcoma</b>		200
<b>Macrogathism</b>		524
<b>Malabsorption Syndrome</b>		579
<b>Malaria</b>		136
<b>Malnutrition, Unspecified</b>		263
<b>Malocclusion</b>		524
<b>Malpresentation</b>		652
<b>Manic Depressive Psychosis</b>		296
<b>Marie-Strumpell Spondylitis</b>		720
<b>Marital Difficulties</b>		898

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Masses</b>	Circulatory System	785
	Respiratory System	786
	Digestive System	787
	Genito-urinary System	788
<b>Mastitis</b>	Cystic	610
	Post-partum	675
<b>Mastoiditis</b>		383
<b>Measles</b>		055
	German, Rubella	056
<b>Melancholia, Involutional</b>		296
<b>Melena</b>		787
<b>Meniere's Disease</b>		386
<b>Meningioma (Benign)</b>		225
<b>Meningitis</b>	Bacterial, Central Nervous System	320
	Due to Other Organisms	321
	Enterovirus	047
	Infectious	036
<b>Menigocele</b>		741
<b>Meningococcal Infection</b>		036
<b>Meningomyelocele</b>		741
<b>Meniscus or Cartilage Tear</b>		718
<b>Menopause</b>		627
<b>Menorrhagia</b>		626
<b>Menstruation Disorders</b>		626
<b>Mental Deficiency, Retardation</b>		319
<b>Mesenteric Artery Occlusion</b>		557
<b>Metabolic Disorders, Other</b>		277
<b>Metrorrhagia</b>		626
<b>Micrognathism</b>		524
<b>Migraine</b>		346
<b>Mitral Insufficiency or Stenosis</b>		394
<b>Mole</b>		216
<b>Monilia Infection, All Sites</b>		112
<b>Mononucleosis, Infectious</b>		075
<b>Monoplegia</b>		349

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Motor Neurone Disease</b>		349
<b>Motor Retardation</b>		315
<b>Multiple Pregnancy</b>		651
<b>Multiple Sclerosis</b>		340
<b>Mumps</b>		072
<b>Muscle Spasms</b>		728
<b>Muscular Dystrophy</b>		359
<b>Muscular Rheumatism</b>		729
<b>Myasthenia Gravis</b>		358
<b>Mycoses, All Types</b>		117
<b>Myocarditis</b>	Artherosclerotic	429
	Rheumatic	391
	Coxsackie	074
<b>Myocardial Infarction</b>	Acute	410
	Old	412
<b>Myoneural Disorders</b>		367
<b>Myopia</b>		367
<b>Myositis</b>		729
<b>Myxedema</b>		244
<b>Naevus, Pigmented</b>		216
<b>Narcolepsy</b>		349
<b>Nasal Polyp</b>		471
<b>Nasopharyngitis, Acute</b>		460
<b>Nausea</b>		787
<b>Neck Sprain/Strain</b>		847
<b>Neoplasm (Benign)</b>	Bladder	223
	Bone	213
	Brain	225
	Breast	217
	Cartilage	213
	Cervical Polyp	218
	Connective and other soft tissue	215
	Dermato Fibroma	216
	Digestive System, other parts	230
	Eye	224
	Genital Organs, female, other	221
	Genital Organs, male, other	222

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Neoplasm (Benign)</b> (Continued)	Hemangioma	228	
	Intrathoracic Organs	212	
	Kidney	223	
	Leiomyoma	218	
	Lip	210	
	Lipoma	214	
	Lymphangioma	228	
	Oral Cavity	210	
	Other Endocrine Glands/related structures	227	
	Ovary, e.g. Ovarian Cyst	220	
	Peripheral Nerves	225	
	Peritoneum	211	
	Pharynx	210	
	Respiratory System	212	
	Seborrheic Wart	216	
	Skin	216	
	Spinal Cord	225	
	Thyroid	226	
	Ureter	223	
	Uterine Fibroid	218	
	Other	229	
	<b>Neoplasm (Malignant)</b>	Anus	154
		Astroblastoma, Astrocytoma	191
Basal Cell		173	
Bladder		188	
Bone		170	
Brain		191	
Breast, Female		174	
Broad, Ligament		183	
Bronchus		162	
Cancer, Multiple Sites		199	
Carcinomatosis		198	
Cervix		180	
Connective and other soft tissue		171	
Cranial Nerves		192	
Esophagus		150	
Eye		190	

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Neoplasm (Malignant)</b> (Continued)	Fallopian Tube	183
	Gallbladder and Extra Hepatic Bile Ducts	156
	Genital Organs, female, other	184
	Genital Organs, male, other	187
	Gum	143
	Hodgkin's Disease	201
	Hypopharynx	148
	Kidney	189
	Large Intestine Excluding Rectum	153
	Larynx	161
	Leukemia, Lymphatic, Lymphocytic, Lymphoid	204
	Leukemia, Monocytic	206
	Leukemia, myeloid including granulocytic and myelogenous	205
	Leukemia, other types	208
	Leukemia, plasma cell	203
	Lip	140
	Liver, primary malignancy (not secondary spread or metastatic)	155
	Lung	162
	Lymphoid and Histiocytic Tissue, other	202
	Lymphosarcoma	200
	Major Salivary Glands	142
	Male Breast	175
	Melanoma of Skin	172
	Metastatic Disease, secondary spread	199
	Mouth, Floor of	144
	Multiple Myeloma	203
	Nasal Cavities, middle ear and accessory sinuses	160
	Nasopharynx	147
	Oropharynx	146
	Other Endocrine Glands and related structures	194
	Other and ill-defined sites within the digestive organs and peritoneum	159

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Neoplasm (Malignant)</b> (Continued)	Other and ill-defined sites within the lip, oral cavity and pharynx	149
	Other and ill-defined sites	195
	Other and unspecified parts of mouth	145
	Other sites within the respiratory system and intrathoracic organs	165
	Other Specified Leukaemia	207
	Ovary	183
	Pancreas	157
	Placenta	181
	Pleura	163
	Prostate	185
	Recto Sigmoid	154
	Rectum	154
	Reticulosarcoma	200
	Retroperitoneum and Peritoneum	158
	Secondary Cancer	198
	Secondary Neoplasm of Lymph Nodes	196
	Secondary Neoplasm of Respiratory and Digestive System	197
	Skin Malignancies, other	173
	Small Intestine, including duodenum	152
	Spinal Cord	192
	Stomach	151
	Testis	186
	Thymus, Heart and Mediastinum	164
	Thyroid	193
	Tongue	141
	Urinary Organs, other	189
	Uterus, body of	182
	Uterus, part unspecified	179
	Vagina	184
	Vulva	184
	Other Malignant Tumours	199
<b>Neoplasm Unspecified</b>	(e.g., Polycythemia Vera)	239

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Neoplasm Of Uncertain Behaviour</b>	Digestive and Respiratory Systems	235
	Endocrine Glands and Nervous System	237
	Genitourinary Organs	236
	Other and Unspecified Sites and Tissues	238
<b>Nephrotic Syndrome</b>		581
<b>Neuralgia, Trigeminal</b>		350
<b>Neurasthenia</b>		300
<b>Neuritis, Idiopathic Peripheral</b>		356
<b>Neuritis, Optic</b>		377
<b>Neurodermatitis</b>		691
<b>Neurosis</b>	Anxiety, Obsessive Compulsive	300
<b>Neutropenia</b>		288
<b>Nocturia</b>		788
<b>Non-psychotic Disorder Not Classified Elsewhere</b>		311
<b>Nutritional and Vitamin Deficiencies</b>		269
<b>Obesity</b>		278
<b>Obsessive Compulsive Neurosis</b>		300
<b>Obsessive Compulsive Personality</b>		301
<b>Obstipation</b>		564
<b>Obstructed Labour</b>		660
<b>Obstruction</b>	Esophagus	530
	Intestine	560
	Lacrimal Duct	375
<b>Obstructive Pulmonary Disease</b>	Chronic, other	496
<b>Occupational Problems</b>	Unemployment, difficulty at work	905
<b>Oligomenorrhea</b>		626
<b>Oligouria</b>		786
<b>Onychogryposis</b>		703
<b>Oophoritis</b>	Acute or chronic	614



**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Open Wounds</b>	Except Limbs	879
	Lower Limb(s)	894
	Upper Limb(s)	884
<b>Orchitis</b>		604
<b>Osgood-Schlatter Disease</b>		732
<b>Osteitis Deformans</b>		731
<b>Osteoarthritis</b>		715
<b>Osteochondritis, Osteochondritis Dissecans</b>		732
<b>Osteomyelitis</b>		730
<b>Osteoporosis</b>		730
<b>Otitis Externa</b>		380
<b>Otitis Media, Serous</b>		381
<b>Otitis Media, Suppurative</b>		382
<b>Otosclerosis</b>		387
<b>Ovarian Dysfunction</b>	Failure	256
<b>Overdose, Drug</b>		977
<b>Pain</b>	Abdominal	787
	Chest	785
	Joint, Leg, Muscle	781
<b>Palsy</b>	Bell's	351
	Cerebral	343
<b>Pancreas Endocrine Disorders</b>		251
<b>Paralysis, Facial</b>		351
<b>Paralytic Ileus</b>		560
<b>Paranoid Personality Disorder</b>		301
<b>Paranoid States</b>		297
<b>Paraphimosis</b>		605
<b>Paraplegia</b>		349
<b>Paratyphoid Fever</b>		002
<b>Parathyroid Gland Disorders</b>		252
<b>Parent-child Problems</b>	(e.g., Child Abuse, Battered Child, Child Neglect)	899
<b>Parkinson's Disease</b>		332
<b>Paronychia</b>		686
<b>Paroxysmal Tachycardia</b>		427

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Patent Ductus Arteriosus</b>		747
<b>Pediculosis</b>		132
<b>Pelvic Inflammatory Disease (P.I.D.)</b>		614
<b>Perforation of Tympanic Membrane</b>		384
<b>Pericarditis</b>		429
<b>Perinatal Morbidity &amp; Mortality, Due to Complications of Labour or Delivery</b>		763
<b>Perinatal Disorders of Digestive System</b>		777
<b>Periodontal Disease</b>		523
<b>Peripheral Vascular Disease</b>		443
<b>Peritonitis, With Or Without Abscess</b>		567
<b>Personality Disorder</b>	(e.g., Obsessive Compulsive)	301
	Paranoid	301
	Schizoid	301
<b>Pertussis</b>		033
<b>Pes Planus</b>		734
<b>Pharyngitis</b>		460
<b>Phimosis</b>		605
<b>Phlebitis</b>		451
<b>Phobias, All Types</b>		300
<b>P.I.D.</b>	Pelvic Inflammatory Disease	614
	During Pregnancy	646
<b>Pilonidal Cyst or Abscess</b>		685
<b>Pinworm Infestation</b>		127
<b>Pituitary Gland Dysfunction</b>		253
<b>Placenta Previa</b>		641
<b>Pleurisy</b>	With or Without Effusion	511
	Tuberculosis	012
<b>Pleurodynia, Bronholm's Disease</b>		074
<b>Pneumonia, All Types</b>		486

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Pneumothorax, Spontaneous or Tension</b>		512
<b>Poisoning</b>	Food	005
	Blood	038
<b>Poliomyelitis, Acute</b>		045
<b>Polyarteritis Nodosa</b>		446
<b>Polycythemia Vera</b>		239
<b>Polycystic Ovaries</b>		256
<b>Polymyositis</b>		710
<b>Polyp</b>	Anal or Rectal	569
	Cervical	219
	Nasal	471
<b>Porphyria</b>		277
<b>Positive Conversion of T.B. Skin Test</b>		010
<b>Postmaturity</b>		766
<b>Pre-eclampsia (P.E.T.)</b>		642
<b>Pregnancy</b>	Abnormality Bony Pelvis	653
	Anemia of	646
	Ectopic	633
	Foetal Distress	656
	Multiple	651
	Other complications (e.g., Vulvitis, Vaginitis, Cervicitis, Pyelitis)	646
	Premature Rupture of Membranes	658
	Prolonged Pregnancy (post dates/post maturity pregnancy)	645
	Cystitis	646
	Uncomplicated	650
<b>Premature Labour</b>		644
<b>Prematurity</b>		765
<b>Premenstrual Tension</b>		625
<b>Presbyopia</b>		367
<b>Presenile Dementia</b>		290

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Problems</b>	Aged Parent(s)	900
	Economic	897
	Educational	902
	Family Disruption, Divorce	901
	Illegitimacy	903
	In-laws	900
	Legal Problems, Litigation, Imprisonment	906
	Occupational, Unemployment, Difficulty at Work	905
	Parent/child (e.g., child-abuse, battered child, child neglect)	899
	Social Maladjustment	904
	Other problems of social adjustment	909
<b>Prognathism</b>		524
<b>Prolapse</b>	Rectal	569
	Umbilical Cord	762
	Uterine	618
<b>Prolonged Labour</b>		662
<b>Prostatitis</b>		601
<b>Pruritic (Itchy) Condition, Other</b>		698
<b>Pruritus Ani</b>		698
<b>Psoriasis</b>		696
<b>Psychosis</b>	Alcoholic	291
	Childhood	299
	Drug	292
	Korsakov's	291
	Manic Depressive	296
	Other	298
<b>Psychosomatic Disturbances</b>		306
<b>Pterygium</b>		372
<b>Ptosis, Eyelid</b>		374
<b>Pulmonary Tuberculosis</b>		011
<b>Pulmonary Embolism, Infarction</b>		415
<b>P.U.O. (Pyrexia of Unknown Origin)</b>		780
<b>Purpura</b>		287

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Pyelitis</b>		590
	During Pregnancy	634
<b>Pyelonephritis, Acute or Chronic</b>		590
<b>Pyoderma</b>		686
<b>Pyogenic Arthritis</b>		711
<b>Pyogenic Granuloma</b>		686
<b>Quadriplegia</b>		349
<b>Rabies</b>		079
<b>Rash</b>		691
<b>Raynaud's Disease</b>		443
<b>Rectal Stricture, Prolapse, Bleeding</b>		569
<b>Rectocele</b>		618
<b>Refraction and Accommodation Disorder</b>		367
<b>Renal Colic</b>		788
<b>Renal Failure Acute</b>		584
<b>Renal Failure Chronic</b>		585
<b>Respiratory Distress Syndrome</b>		769
<b>Retained Placenta</b>		667
<b>Retinal Detachment</b>		361
<b>Retinitis</b>		363
<b>Retrognathism</b>		524
<b>Retroversion of Uterus</b>		621
<b>Rheumatic Fever With Endocarditis, Myocarditis or Pericarditis</b>		391
<b>Rheumatic Fever Without Endocarditis, Myocarditis or Pericarditis</b>		390
<b>Rheumatic Heart Disease</b>	Other	398
<b>Rheumatism, Muscular</b>		729
<b>Rhinitis, Allergic</b>		477
<b>Ringworm</b>	Scalp, Beard, Foot	110
	Other	117
<b>Roseola</b>		057

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Rubella (German Measles)</b>		056
<b>Rubeolosa (Measles)</b>		055
<b>Salivary Gland, Diseases of</b>		527
<b>Salmonella Infections</b>		003
<b>Salpingitis</b>	Acute, or chronic (fallopian tube)	614
	Eustachian	384
<b>Sarcoidosis</b>		135
<b>Scabies</b>		133
<b>Scar, Scarring</b>		709
<b>Scarlet Fever</b>		034
<b>Schizoid Personality Disorder</b>		301
<b>Schizophrenia</b>		295
<b>Sciatica</b>		724
<b>Scleroderma</b>	Localized	701
	Generalized	710
<b>Scoliosis</b>		737
<b>Sebaceous Cyst</b>		706
<b>Seborrheic Dermatitis</b>		690
<b>Seminal Vesiculitis</b>		608
<b>Senescence</b>		797
<b>Senile Dementia</b>		290
<b>Senility</b>		797
<b>Septal Defect, Atrial or Ventricular</b>		745
<b>Septicemia</b>		038
<b>Sexual Deviations</b>		302
<b>Sexual Dysfunction</b>		306
<b>Shingles</b>		053
<b>Shock</b>		785
<b>Shortness of Breath</b>		786
<b>Silicosis</b>		502
<b>Sinusitis Acute</b>		461
<b>Sinusitis Chronic</b>		473
<b>Skin, Dry</b>		701
<b>Sleep Disorders</b>		307
<b>Social Adjustment Problem</b>	Other than those individually specified in this list	909
<b>Social Maladjustment</b>		904

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Spasms, Muscle</b>		728
<b>Spastic Colon</b>		564
<b>Spermatocele</b>		608
<b>Spina Bifida With or Without Hydrocephalus</b>		741
<b>Spondylitis</b>	Ankylosing	720
<b>Spondylosis</b>		718
<b>Sprains - See Strains</b>		
<b>Sprue</b>		579
<b>Staphylococcal Infection</b>		038
<b>Stasis Ulcer</b>		454
<b>Stein-Leventhal Syndrome</b>		256
<b>Stenosis</b>	Esophagus	530
	Mitral	394
	Pulmonary Artery	747
	Vagina	623
<b>Sterilization Advice</b>		895
<b>Sterility</b>		628
<b>Still's Disease</b>		714
<b>Sting, Bee Or Wasp</b>		989
<b>Stomal Ulcer</b>		534
<b>Stomatitis</b>		528
<b>Stone (Calculus)</b>	In Kidney or Ureter	592
	(Cholelithiasis) with or without Cholecystitis	574
<b>Strabismus</b>		378
<b>Strains, Sprains and Other Trauma</b>	Ankle, Foot, Toes	845
	Coccyx	847
	Knee, Leg	844
	Neck	847
	Shoulder, Upper Arm	840
	Wrist, Hand, Fingers	842
	Other	848
<b>Streptococcal Sore Throat</b>		034
<b>Stress Incontinence</b>		625

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Stricture</b>	Anal or Rectal	569
	Esophagus	530
	Urethral	598
	Vagina	623
<b>Stroke, C.V.A.</b>		436
<b>Stuttering</b>		307
<b>Stye</b>		373
<b>Sudden Death, Cause Unknown</b>		798
<b>Suicide, Attempted</b>	Chemicals	989
	Drugs	977
	Tendencies	300
	Trauma	959
<b>Sweating, Excessive</b>		799
<b>Swine Flu</b>		487
<b>Syncope</b>		785
<b>Synovitis</b>		727
<b>Syphilis, All Sites and Stages</b>		097
<b>Syringomyelia</b>		349
<b>Tachycardia</b>	Not yet diagnosed	785
	Paroxysmal	427
<b>Taenia</b>		123
<b>Tapeworm Infestation, All Types</b>		123
<b>Tay-Sachs Disease</b>		330
<b>Teeth, Other Diseases of Hard Tissues</b>		521
<b>Teeth and Supporting Structures Other Conditions</b>		525
<b>Teething</b>		525
<b>Temporomandibular Joint Disorders</b>		524
<b>Tenosynovitis</b>		727
<b>Testicular Dysfunction</b>		257
<b>Tetanus</b>		037
<b>Tetralogy of Fallot</b>		745



**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Thalassemia</b>		282
<b>Threatened Labour</b>		644
<b>Thrombocytopenia</b>		287
<b>Thrombophlebitis</b>		451
	Post Partum	671
<b>Thrombosis</b>	Cerebral	436
	Coronary	410
<b>Thrombosis of Portal Vein</b>		452
<b>Thrush</b>		112
<b>Thyroiditis</b>		245
<b>Thyrotoxicosis</b>		242
<b>Tic Douloureux</b>		350
<b>Tics</b>		307
<b>Tinnitus</b>		388
<b>Tobacco Abuse</b>		305
<b>Tongue, Other Conditions of</b>		529
<b>Tonsillitis</b>	Acute	463
<b>Tonsils And/or Adenoids, Hypertrophy or Chronic Infection</b>		474
<b>Torsion of Cord or Testis</b>		608
<b>Torticollis (Wry Neck)</b>		739
<b>Toxaemia of Pregnancy</b>		642
<b>Toxoplasmosis</b>		130
<b>Tracheitis, Acute</b>		464
<b>Transient Cerebral Ischaemia</b>		435
<b>Transportation of Great Vessels</b>		745
<b>Traumatic Arthritis</b>		716
<b>Trichomonas Infection</b>		131
<b>Tuberculosis</b>	Bones and Joints	015
	Other Organs	017
	Pleurisy - with or without effusion	012
	Pulmonary	011
	Recent positive conversion of T.B. skin Respiratory	012
	Test	010

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Turner's Syndrome</b>		758
<b>Typhoid Fever, Paratyphoid</b>		002
<b>Ulcer</b>	Aphthous	528
	Corneal	370
	Decubitus	707
	Duodenal with or without haemorrhage or perforation	532
	Esophagus	530
	Gastric with or without haemorrhage or perforation	531
	Stasis	454
	Stomal, Gastrojejunal	534
	Hunner's	595
<b>Undescended Testicle</b>		608
<b>Unemployment Problems</b>		905
<b>Unusual Position Of Fetus</b>		652
<b>Upper Respiratory Infection</b>		460
<b>Urachal Cyst</b>		753
<b>Uremia</b>		585
<b>Urethral Stricture</b>		598
<b>Urethritis, Non-specific</b>	Not sexually transmitted	597
<b>Urethrocele</b>		618
<b>Urinary Retention</b>		788
<b>Urticaria, Allergic</b>		708
<b>Uterine</b>	Fibroid	218
	Inertia	661
	Prolapse	618
<b>Vaginitis</b>	(Not trichomonas - see 131)	616
	With Pregnancy	646
<b>Varicose Veins</b>	With Pregnancy	646
	Of lower extremities, with or without ulcer	454
<b>Vasculitis</b>		447
<b>Vaso Vagal Attack</b>		780
<b>Ventricular Flutter, Fibrillation</b>		427
<b>Verruca</b>		078
<b>Vertigo</b>		780
<b>Vesiculitis, Seminal</b>		608
<b>Vestibulitis</b>		386

**4.15 Diagnostic Codes** (Continued)**Alpha** (Continued)

<b>Vincent's Angina</b>		136
<b>Viremia</b>		790
<b>Visual Field Defects</b>		368
<b>Vitamin and Other Nutritional Deficiencies</b>		269
<b>Volvulus</b>		560
<b>Vomiting</b>		787
<b>Vomiting, as a Complication of Pregnancy</b>		643
<b>Vulvitis</b>	Unrelated to Pregnancy	616
	With Pregnancy	646
<b>Warts</b>	All Types	078
	Seborrheic	216
	Venereal, Other Disorders	629
<b>Wasp Sting</b>		989
<b>Wax in Ear</b>		388
<b>Well Vision Care</b>		917
<b>Whiplash</b>		847
<b>Whooping Cough</b>		033
<b>Wry Neck (Torticollis)</b>		739

**Other Diseases or Disorders - Not Specified Elsewhere**

<b>Adrenal Gland</b>		255
<b>Amino Acid Metabolism</b>		270
<b>Arteries</b>		447
<b>Bacterial Diseases</b>	Other	040
<b>Behaviour of Childhood and Adolescence</b>		313
<b>Bile Ducts</b>		576
<b>Blood</b>		289
<b>Bone and Cartilage</b>		733
<b>Breast</b>		611
<b>Circulatory System</b>		459
<b>Conduction</b>		426
<b>Congenital Anomalies</b>		759
<b>Conjunctiva</b>		372

**4.15 Diagnostic Codes** (Continued)**Other Diseases or Disorders - Not Specified Elsewhere** (Continued)

<b>Connective Tissue</b>		739
<b>Cranial Nerves</b>		352
<b>Depressive</b>	Not elsewhere classified	311
<b>Digestive System</b>	Signs and symptoms not yet diagnosed	787
<b>Duodenum</b>		537
<b>Ear</b>		388
<b>Endocrine</b>		259
<b>Eustachian Tube</b>		381
<b>Eye</b>		379
<b>Eyelid</b>		374
<b>Facial Nerves</b>		351
<b>Fetus or Newborn</b>		779
<b>Gallbladder</b>		576
<b>General Symptoms</b>		799
<b>Genital Organs, Female</b>		629
<b>Genital Organs, Male</b>		608
<b>Genito-urinary System</b>	Signs and symptoms not yet diagnosed	788
<b>Heart Disease</b>		429
<b>Helminthiasis</b>		128
<b>Immunity</b>		279
<b>Infective Disease</b>		136
<b>Injuries</b>		959
<b>Intervertebral Disc</b>		722
<b>Intestine</b>		569
<b>Intestines</b>	Other vascular conditions	557
<b>Kidney</b>		593
<b>Lipoid Metabolism</b>		272
<b>Liver</b>		573
<b>Marrow</b>		289
<b>Mastoid</b>		388
<b>Menstruation</b>		626
<b>Metabolic Disorders</b>		277
<b>Musculoskeletal System</b>		739
<b>Mycoses</b>		117
<b>Myoneural</b>		358
<b>Nervous System, Central</b>		349
<b>Newborn</b>		779

**4.15 Diagnostic Codes** (Continued)**Other Diseases or Disorders - Not Specified Elsewhere** (Continued)

<b>Non-psychotic</b>	Not elsewhere classified	311
<b>Pancreas</b>		577
<b>Parasitic Diseases</b>		136
<b>Personality Disorders</b>		301
<b>Pituitary Gland</b>		253
<b>Psychoses</b>		298
<b>Refraction and Accommodation</b>		367
<b>Respiratory System</b>		519
	Signs and Symptoms not yet diagnosed	786
<b>Skin and Subcutaneous Tissue</b>	Other disorders	709
	Other itchy conditions	698
	Other local infections	686
<b>Sleep</b>		307
<b>Spleen</b>		289
<b>Stomach</b>		537
<b>Teeth and Supporting Structures</b>		525
<b>Trauma</b>		959
<b>Ureter</b>		593
<b>Urinary Tract</b>		599
<b>Uterus</b>		621
<b>Venereal</b>		099
<b>Viral Disease</b>		079
	Of central nervous system, non-arthropod-borne	049
<b>Well Baby Care</b>		916

**Infections and Parasitic Diseases**

<b>Intestinal Infectious Diseases</b>	Typhoid and paratyphoid fevers	002
	Other salmonella infections	003
	Food poisoning	005
	Amoebiasis, amoebic dysentery	006
	Diarrhea, gastro-enteritis, viral gastro-enteritis	009

**4.15 Diagnostic Codes** (Continued)**Infections and Parasitic Diseases** (Continued)

<b>Tuberculosis</b>	Primary tuberculous infection, including recent positive TB skin test conversion	010
	Pulmonary tuberculosis	011
	Other respiratory tuberculosis, tuberculous pleurisy with or without effusion	012
	Tuberculosis of bones and joints	015
	Tuberculosis of other organs	017
<b>Other Bacterial Diseases</b>	Brucellosis	023
	Leprosy (Hansen's Disease)	030
	Diphtheria	032
	Whooping cough, pertussis	033
	Streptococcal sore throat, scarlet fever	034
	Erysipelas	035
	Meningococcal infection or meningitis	036
	Tetanus	037
	Septicemia, blood poisoning	038
	Actinomycotic infections	039
Other bacterial diseases	040	
<b>Human Immunodeficiency Virus (HIV) Infection</b>	AIDS	042
	AIDS-related complex (ARC)	043
	Other human immunodeficiency virus infection	044
<b>Non-arthropod-borne Viral Diseases of Central Nervous System</b>	Acute poliomyelitis	045
	Meningitis due to enterovirus	047
	Other non-arthropod-borne viral diseases of central nervous system	049
<b>Viral Diseases Accompanied by Rash</b>	Chickenpox	052
	Herpes zoster, shingles	053
	Herpes simplex, cold sore	054
	Measles	055
	German measles, rubella	056
	Other viral disorders accompanied by rash (e.g., roseola)	057

**4.15 Diagnostic Codes** (Continued)**Infections and Parasitic Diseases** (Continued)

<b>Other Viral Diseases</b>	Mosquito-borne viral encephalitis	062
	Other arthropod-borne viral diseases	066
	Viral hepatitis	070
	Mumps	072
	Diseases due to Coxsackie virus: pleurodynia, myocarditis	074
	Infectious mononucleosis, glandular fever	075
	Warts	078
	Other viral diseases	079
	<b>Venereal Diseases</b>	Syphilis - all sites and stages
Gonococcal infections		098
Other venereal diseases (e.g., herpes genitalis)		099
Diagnostic code 100 is for internal use only and should be used when it is requested that the service or diagnosis on the incoming claim be suppressed from verification. The usage of the code is monitored		100
<b>Mycoses</b>		Ringworm of scalp, beard, or foot
	Candidiasis, monilia infection - all sites, thrush	112
	Histoplasmosis	115
	Other mycoses	117
<b>Helminthiases</b>	Echinococcosis, hydatid cyst - all sites	122
	Taenia or tapeworm infestation - all types	123
	Pinworm infestation	127
	Other helminthiases	128
<b>Other Infectious and Parasitic Diseases</b>	Toxoplasmosis	130
	Trichomonas infection	131
	Head or body lice, pediculosis	132
	Scabies, acariasis	133
	Sarcoidosis	135
	Other infectious or parasitic diseases	136

**4.15 Diagnostic Codes** (Continued)**Neoplasms**

<b>Malignant Neoplasms</b>	Lip	140
	Tongue	141
	Major salivary glands	142
	Gum	143
	Floor of mouth	144
	Other and unspecified parts of mouth	145
	Oropharynx	146
	Nasopharynx	147
	Hypopharynx	148
	Other and ill-defined sites within the lip, oral cavity, and pharynx	149
	Esophagus	150
	Stomach	151
	Small intestine, including duodenum	152
	Large intestine - excluding rectum	153
	Rectum, rectosigmoid and anus	154
	Primary malignancy of liver (not secondary spread or metastatic disease)	155
	Gallbladder and extra hepatic bile ducts	156
	Pancreas	157
	Retroperitoneum and peritoneum	158
	Other and ill-defined sites within the digestive organs and peritoneum	159
	Nasal cavities, middle ear, and accessory sinuses	160
	Larynx, trachea	161
	Bronchus, lung	162
	Pleura	163
	Thymus, heart, and mediastinum	164
	Other sites within the respiratory system and intrathoracic organs	165
	Bone	170
	Connective and other soft tissue	171
	Melanoma of skin	172
	Other skin malignancies	173
	Female breast	174
	Male breast	175
	Uterus, part unspecified	179



**4.15 Diagnostic Codes** (Continued)**Neoplasms** (Continued)

<b>Malignant Neoplasms</b> Continued	Cervix	180
	Placenta	181
	Body of uterus	182
	Ovary, fallopian tube, broad ligament	183
	Vagina, vulva, other female genital organs	184
	Prostate	185
	Testis	186
	Other male genital organs	187
	Bladder	188
	Kidney, other urinary organs	189
	Eye	190
	Brain	191
	Cranial nerves, spinal cord, other parts of nervous system	192
	Thyroid	193
	Other endocrine glands and related structures	194
	Other ill-defined sites	195
	Secondary neoplasm of lymph nodes	196
	Secondary neoplasm of respiratory and digestive systems	197
	Metastatic or secondary malignant neoplasm, carcinomatosis	198
	Other malignant neoplasms	199
	Lymphosarcoma, reticulosarcoma	200
	Hodgkin's disease	201
	Other malignant neoplasms of lymphoid and histiocytic tissue	202
	Multiple myeloma, plasma cell leukemia	203
	Lymphoid leukemia (including lymphatic and histiocytic leukemia)	204
	Myeloid leukemia (including granulocytic and myelogenous leukemia)	205
	Monocytic leukemia	206
	Other specified leukemia	207
	Other types of leukemia	208

**4.15 Diagnostic Codes** (Continued)**Neoplasms** (Continued)

<b>Benign Neoplasms</b>	Lip, oral cavity, pharynx	210	
	Other parts of digestive system, peritoneum	211	
	Respiratory and intra-thoracic organs	212	
	Bone, cartilage	213	
	Lipoma	214	
	Connective and other soft tissue	215	
	Skin (e.g., pigmented naevus, dermatofibroma)	216	
	Breast	217	
	Uterine fibroid, leiomyoma	218	
	Other benign neoplasms of uterus (e.g., cervical polyp)	219	
	Ovary (e.g., ovarian cyst)	220	
	Other benign neoplasms of female genital organs	221	
	Benign neoplasms of male genital organs	222	
	Kidney, ureter, bladder	223	
	Eye	224	
	Brain, spinal cord, peripheral nerves	225	
	Thyroid (e.g., adenoma or cystadenoma)	226	
	Other endocrine glands and related structures	227	
	Haemangioma and lymphangiomas	228	
	Other benign neoplasms	229	
	<b>Carcinoma in Situ</b>	Digestive organs	230
		Respiratory system	231
		Skin	232
Breast and genito-urinary system		233	
Other		234	
<b>Neoplasms of Uncertain Behavior</b>	Digestive and respiratory systems	235	
	Genitourinary organs	236	
	Endocrine glands and nervous system	237	
	Other and unspecified sites and tissues	238	
	Unspecified neoplasms (e.g., polycythemia vera)	239	

**4.15 Diagnostic Codes** (Continued)**Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders**

<b>Endocrine Glands</b>	Simple thyroid goitre	240	
	Nontoxic nodular goitre	241	
	Hyperthyroidism, thyrotoxicosis, exophthalmic goitre	242	
	Hypothyroidism - congenital (i.e., cretinism)	243	
	Hypothyroidism - acquired (i.e., myxedema)	244	
	Thyroiditis	245	
	Diabetes mellitus, including complications	250	
	Other disorders of pancreatic internal secretions (e.g., insulinoma neo-natal hypoglycemia, Zollinger -Ellison syndrome)	251	
	Parathyroid gland disorders (e.g., hyperparathyroidism, hypoparathyroidism)	252	
	Pituitary gland disorders (e.g., acromegaly, dwarfism, diabetes insipidus)	253	
	Adrenal gland disorders (e.g., Cushing's syndrome, hyperaldosteronism, Conn's syndrome, adrenogenital syndrome, Addison's disease)	255	
	Ovarian dysfunction (e.g., ovarian failure, polycystic ovaries, Stein-Leventhal syndrome)	256	
	Testicular dysfunction	257	
	Other endocrine disorders	259	
	<b>Nutritional and Metabolic Disorders</b>	Unspecified malnutrition	263
		Vitamin and other nutritional deficiencies	269
Disorders of amino-acid metabolism (e.g., cystinuria, Fanconi syndrome)		270	
Disorders of lipid metabolism (e.g., hypercholesterolemia, lipoprotein disorders)		272	
Gout		274	
Other metabolic disorders		277	
Obesity		278	
<b>Immunity Disorders</b>	Hypogammaglobulinemia, agammaglobulinemia, other immunity disorders	279	

**4.15 Diagnostic Codes** (Continued)**Diseases of Blood And Blood-Forming Organs**

Iron deficiency anaemia	280
Pernicious anaemia	281
Hereditary hemolytic anaemia (e.g., thalassemia, sickle-cell anaemia)	282
Acquired hemolytic anaemia, excluding hemolytic disease of newborn	283
Aplastic anaemia	284
Other anaemias	285
Coagulation defects (e.g., hemophilia, other factor deficiencies)	286
Purpura, thrombocytopenia, other hemorrhagic conditions	287
Neutropenia, acranulocytosis, eosinophilia	288
Other diseases of blood, marrow, spleen	289

**Mental Disorders**

<b>Psychoses</b>	Senile dementia, presenile dementia	290
	Alcoholic psychosis, delirium tremens, Korsakov's psychosis	291
	Drug psychosis	292
	Schizophrenia	295
	Manic depressive psychosis, involutional melancholia	296
	Paranoid states	297
	Other psychoses	298
	Childhood psychoses (e.g., autism)	299
<b>Neuroses and Personality Disorders</b>	Anxiety neurosis, hysteria, neurasthenia, obsessive compulsive neurosis, reactive depression	300
	Personality disorders (e.g., paranoid personality, schizoid personality, obsessive compulsive personality)	301
	Sexual deviations	302
	Alcoholism	303
	Drug dependence, drug addiction	304
	Tobacco abuse	305
	Psychosomatic disturbances	306
	Habit spasms, tics, stuttering, tension headaches, anorexia nervosa, sleep disorders, enuresis	307

**4.15 Diagnostic Codes** (Continued)**Mental Disorders** (Continued)

<b>Neuroses and Personality Disorders</b> (Continued)	Adjustment reaction	309
	Depressive or other non-psychotic disorders, not elsewhere classified	311
	Behaviour disorders of childhood and adolescence	313
	Hyperkinetic syndrome of childhood	314
	Specified delays in development (e.g., dyslexia, dyslalia, motor retardation)	315
	Mental retardation	319

**Diseases of the Nervous System and Sense Organs**

<b>Central Nervous System</b>	Bacterial meningitis	320
	Meningitis due to other organisms	321
	Encephalitis, encephalomyelitis	323
	Tay-Sachs disease	330
	Other cerebral degenerations	331
	Parkinson's disease	332
	Multiple sclerosis	340
	Cerebral palsy	343
	Epilepsy	345
	Migraine	346
	Other diseases of central nervous system (e.g., brain abscess, narcolepsy, motor neuron disease, syringomyelia)	349
<b>Peripheral Nervous System</b>	Trigeminal neuralgia, tic douloureux	350
	Bell's palsy, facial nerve disorders	351
	Disorders of other cranial nerves	352
	Idiopathic peripheral neuritis	356
	Myoneural disorders (e.g., myasthenia gravis)	358
	Muscular dystrophies	359

**4.15 Diagnostic Codes (Continued)****Diseases of the Nervous System and Sense Organs (Continued)**

<b>Eye</b>	Aphakia	360
	Retinal detachment	361
	Hypertensive retinopathy	362
	Chorioretinitis	363
	Iritis	364
	Glaucoma	365
	Cataract, excludes diabetic or congenital	366
	Myopia, astigmatism (except for the specific conditions defined by diagnostic code 371), presbyopia and other disorders of refraction and accommodation	367
	Amblyopia, visual field defects	368
	Blindness and low vision	369
	Keratitis, corneal ulcer	370
	High Myopia greater than 9 diopters; Irregular Astigmatism resulting from corneal grafting or corneal scarring from diseases	371
	Conjunctiva disorders (e.g., conjunctivitis, pterygium)	372
	Blepharitis, chalazion, sty	373
	Other eyelid disorders (e.g., entropion, ectropion, ptosis)	374
	Dacryocystitis, obstruction of lacrimal duct	375
	Keratoconus	376
	Optic neuritis	377
	Strabismus	378
	Other disorders of the eye	379
	<b>Ear and Mastoid</b>	Otitis externa
Serous otitis media, eustachian tube disorders		381
Suppurative otitis media		382
Mastoiditis		383
Perforation of tympanic membrane		384
Meniere's disease, labyrinthitis		386
Otosclerosis		387
Wax or cerumen in ear, other disorders of ear and mastoid, tinnitus		388
Deafness		389
<b>Signs and Symptoms Not Yet Diagnosed</b>		Convulsions, ataxia, vertigo, headache, except tension headache and migraine

**4.15 Diagnostic Codes** (Continued)**Diseases of The Circulatory System**

<b>Rheumatic Fever and Rheumatic Heart Disease</b>	Rheumatic fever without endocarditis, myocarditis or pericarditis	390
	Rheumatic fever with endocarditis, myocarditis, or pericarditis	391
	Chorea	392
	Mitral stenosis, mitral insufficiency	394
	Other rheumatic heart disease	398
<b>Hypertensive Disease</b>	Essential, benign hypertension	401
	Hypertensive heart disease	402
	Hypertensive renal disease	403
<b>Ischaemic and Other Forms of Heart Disease</b>	Acute myocardial infarction	410
	Old myocardial infarction, chronic coronary artery disease of arteriosclerotic heart disease, without symptoms	412
	Acute coronary insufficiency, angina pectoris, acute ischaemic heart disease	413
	Pulmonary embolism, pulmonary infarction	415
<b>Ischaemic and Other Forms of Heart Disease</b>	Heart blocks, other conduction disorders	426
	Paroxysmal tachycardia, atrial or ventricular flutter or fibrillation, cardiac arrest, other arrhythmias	427
	Congestive heart failure	428
	All other forms of heart disease	429
<b>Cerebrovascular Disease</b>	Intracranial Haemorrhage	432
	Transient cerebral ischaemia	435
	Acute cerebrovascular accident, C.V.A., stroke	436
	Chronic arteriosclerotic cerebrovascular disease, hypertensive encephalopathy	437
	Generalized arteriosclerosis, atherosclerosis	440
<b>Diseases of Arteries</b>	Aortic aneurysm (non-syphilitic)	441
	Raynaud's disease, Buerger's disease, peripheral vascular disease, intermittent claudication	443
	Polyarteritis nodosa, temporal arteritis	446
	Other disorders of arteries	447

**4.15 Diagnostic Codes** (Continued)**Diseases of The Circulatory System** (Continued)

<b>Diseases of Veins and Lymphatics</b>	Phlebitis, thrombophlebitis	451
	Portal vein thrombosis	452
	Varicose veins of lower extremities with or without ulcer	454
	Haemorrhoids	455
	Lymphangitis, lymphedema	457
	Other disorders of circulatory system	459
<b>Signs and Symptoms Not Yet Diagnosed</b>	Chest pain, tachycardia, syncope, shock, edema, masses	785

**Diseases of the Respiratory System**

	Acute nasopharyngitis, common cold	460
	Acute sinusitis	461
	Acute tonsillitis	463
	Acute laryngitis, tracheitis, croup, epiglottitis	464
	Acute bronchitis	466
	Deviated nasal septum	470
	Nasal polyp	471
	Chronic sinusitis	473
	Hypertrophy or chronic infection of tonsils and/or adenoids	474
	Allergic rhinitis, hay fever	477
	Pneumonia - all types	486
	Influenza	487
	Chronic bronchitis	491
	Emphysema	492
	Asthma, allergic bronchitis	493
	Bronchiectasis	494
	Other chronic obstructive pulmonary disease	496
	Asbestosis	501
	Silicosis	502
	Pleurisy with or without effusion	511
	Spontaneous pneumothorax, tension pneumothorax	512
	Pulmonary fibrosis	515
	Atelectasis, other diseases of lung	518
	Other diseases of respiratory system	519



**4.15 Diagnostic Codes** (Continued)**Diseases of the Respiratory System** (Continued)

<b>Signs and Symptoms Not Yet Diagnosed</b>	Epistaxis, hemoptysis, cough, dyspnea, masses, shortness of breath, hyperventilation, sleep apnea	786
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**Diseases of the Digestive System**

<b>Diseases of Oral Cavity, Salivary Glands and Jaws</b>	Dental caries, other diseases of hard tissues of teeth (system inserted for dentists' claims)	521
	Gingivitis, periodontal disease	523
	Prognathism, micrognathism, macrognathism, retrognathism, malocclusion, temporomandibular joint disorders	524
	Other conditions of teeth and supporting structure	525
	Disease of salivary glands	527
	Stomatitis, aphthous ulcers, canker sore, diseases of lips	528
	Glossitis, other conditions of the tongue	529
<b>Diseases of Esophagus, Stomach and Duodenum</b>	Esophagitis, cardiospasm, ulcer of esophagus; stricture, stenosis, or obstruction of esophagus	530
	Gastric ulcer, with or without haemorrhage or perforation	531
	Duodenal ulcer, with or without haemorrhage or perforation	532
	Stomal ulcer, gastrojejunal ulcer	534
	Gastritis	535
	Hyperchlorhydria, hypochlorhydria, dyspepsia, indigestion	536
	Other disorders of stomach and duodenum	537
<b>Hernia</b>	Inguinal hernia, with or without obstruction	550
	Femoral, umbilical, ventral, diaphragmatic or hiatus hernia with obstruction	552
	Femoral, umbilical, ventral, diaphragmatic or hiatus hernia without obstruction	553

**4.15 Diagnostic Codes** (Continued)**Diseases of the Digestive System** (Continued)

<b>Other Diseases of Intestine and Peritoneum</b>	Acute appendicitis, with or without abscess or peritonitis	540	
	Regional enteritis, Crohn's disease	555	
	Ulcerative colitis	556	
	Mesenteric artery occlusion, other vascular conditions of intestine	557	
	Intestinal obstruction, intussusception, paralytic ileus, volvulus, impaction of intestine	560	
	Diverticulitis or diverticulosis of large or small intestine	562	
	Spastic colon, irritable colon, mucous colitis, constipation	564	
	Anal fissure, anal fistula	565	
	Abscess of anal or rectal regions	566	
	Peritonitis, with or without abscess	567	
	Anal or rectal polyp, rectal prolapse, anal or rectal stricture, rectal bleeding, other disorders of intestine	569	
	<b>Other Diseases of Digestive System</b>	Cirrhosis of the liver (e.g., alcoholic cirrhosis, biliary cirrhosis)	571
		Other diseases of the liver	573
		Cholelithiasis (gall stones) with or without cholecystitis	574
Cholecystitis, without gall stones		575	
Other diseases of gallbladder and biliary ducts		576	
Diseases of pancreas		577	
Malabsorption syndrome, sprue, celiac disease		579	
<b>Signs and Symptoms Not Yet Diagnosed</b>	Anorexia, nausea and vomiting, heartburn, dysphagia, hiccough, hematemesis, jaundice, ascites, abdominal pain, melena, masses	787	

**Diseases of the Genito - Urinary System**

<b>Diseases of the Urinary System</b>	Acute glomerulonephritis	580
	Nephrotic Syndrome	581
	Acute renal failure	584
	Chronic renal failure, uremia	585
	Acute or chronic pyelonephritis, pyelitis, abscess	590
	Hydronephrosis	591
	Stone in kidney or ureter	592

**4.15 Diagnostic Codes** (Continued)**Diseases of the Genito - Urinary System** (Continued)

<b>Diseases of the Urinary System</b> (Continued)	Other disorders of kidney or ureter	593
	Cystitis	595
	Non-specific urethritis (not sexually transmitted)	597
	Urethral stricture	598
	Other disorders of urinary tract	599
<b>Diseases of Male Genital Organs</b>	Benign prostatic hypertrophy	600
	Prostatitis	601
	Hydrocele	603
	Orchitis, epididymitis	604
	Phimosis, paraphimosis	605
	Male infertility, oligospermia, azoospermia	606
	Seminal vesiculitis, spermatocele, torsion of cord or testis, undescended testicle, other disorders of male genital organs	608
	Newborn circumcision	609
	<b>Diseases of Breast and Female Pelvic Organs</b>	Cystic mastitis, chronic cystic disease, breast cyst, fibro-adenosis of breast
Breast abscess, gynecomastia, hypertrophy, other disorders of breast		611
Acute or chronic salpingitis or oophoritis or abscess, pelvic inflammatory disease		614
Acute or chronic endometritis		615
Cervicitis, vaginitis, cyst or abscess of Bartholin's gland, vulvitis		616
<b>Other Disorders of Female Genital Tract</b>		Endometriosis
	Cystocele, rectocele, urethrocele, enterocele, uterine prolapse	618
	Retroversion of uterus, endometrial hyperplasia, other disorders of uteru	621
	Cervical erosion, cervical dysplasia	622
	Stricture or stenosis of vagina	623
	Dyspareunia, dysmenorrhea, premenstrual tension, stress incontinence	625
	Disorders of menstruation	626
	Menopause, post-menopausal bleeding	627
	Infertility	628

**4.15 Diagnostic Codes** (Continued)**Diseases of the Genito - Urinary System** (Continued)

<b>Other Disorders of Female Genital Tract</b> (Continued)	Other disorders of female genital organs	629
	Chorioretinitis	636
<b>Signs and Symptoms Not Yet Diagnosed</b>	Renal colic, urinary retention, nocturia, masses	788

**Complications of Pregnancy, Childbirth and the Puerperium**

	Missed abortion	632
	Ectopic pregnancy	633
	Incomplete abortion, complete abortion	634
	Therapeutic abortion	635
	Threatened abortion, haemorrhage in early pregnancy	640
	Abruptio placentae, placenta praevia	641
	Pre-eclampsia, eclampsia, toxaemia	642
	Vomiting, hyperemesis gravidarum	643
	False labour, threatened labour	644
	Prolonged pregnancy	645
	Other complications of pregnancy (e.g., vulvitis, vaginitis, cervicitis, pyelitis, cystitis)	646
	Normal delivery, uncomplicated pregnancy	650
	Multiple pregnancy	651
	Unusual position of fetus, malpresentation	652
	Cephalo-pelvic disproportion	653
	Foetal distress	656
	Premature rupture of membrane	658
	Obstructed labour	660
	Uterine inertia	661
	Prolonged labour	662
	Perineal lacerations	664
	Post-Partum haemorrhage	666
	Retained placenta	667
	Delivery with other complications	669
	Post-Partum thrombophlebitis	671
	Post-Partum mastitis or nipple infection	675
	Post-Partum pulmonary	677

**4.15 Diagnostic Codes** (Continued)**Diseases of the Skin and Subcutaneous Tissue**

<b>Infections</b>	Boil, carbuncle, furunculosis	680
	Cellulitis, abscess	682
	Acute lymphadenitis	683
	Impetigo	684
	Pilonidal cyst or abscess	685
	Pyoderma, pyogenic granuloma, other local infections	686
<b>Other Inflammatory Conditions</b>	Seborrheic dermatitis	690
	Eczema, atopic dermatitis, neurodermatitis	691
	Contact dermatitis	692
	Erythema multiforme, erythema nodosum, acne, rosacea, lupus erythematosus, intertrigo	695
	Psoriasis	696
	Pruritus ani, other itchy conditions	698
<b>Other Diseases of Skin and Subcutaneous Tissue</b>	Corns, calluses	700
	Hyperkeratosis, scleroderma, keloid	701
	Ingrown nail, onychogryposis	703
	Alopecia	704
	Acne, acne vulgaris, sebaceous cyst	706
	Decubitus ulcer, bed sore	707
	Allergic urticaria	708
	Other disorders of skin and subcutaneous tissue	709

**Diseases of Musculoskeletal System and Connective Tissue**

	Desseminated lupus erythematosus, generalized scleroderma, dermatomyositis, polymyositis	710
	Pyogenic arthritis	711
	Rheumatoid arthritis, Still's disease	714
	Osteoarthritis	715
	Traumatic arthritis	716
	Joint derangement, recurrent dislocation, ankylosis, meniscus or cartilage tear, loose body in joint	718
	Ankylosing spondylitis	720
	Intervertebral disc disorders	722
	Lumbar strain, lumbago, coccydynia, sciatica	724
	Synovitis, tenosynovitis, bursitis, bunion, ganglion	727
	Dupuytren's contracture	728

**4.15 Diagnostic Codes** (Continued)**Diseases of Musculoskeletal System and Connective Tissue** (Continued)

Fibrositis, myositis, muscular rheumatism	729
Osteomyelitis	730
Osteitis deformans, Paget's disease of bone	731
Osteochondritis, Legg-Perthes disease, Osgood-Schlatter disease, osteochondritis dissecans	732
Osteoporosis, spontaneous fracture, other disorders of bone and cartilage	733
Flat foot, pes planus	734
Hallux valgus, hallux varus, hammer toe	735
Scoliosis, kyphosis, lordosis	737
Other diseases of musculoskeletal system and connective tissue	739
<b>Signs and Symptoms Not Yet Diagnosed</b>	
Leg cramps, leg pain, muscle pain, joint pain, arthralgia, joint swelling, masses	781

**Congenital Anomalies**

Spina bifida, with or without hydrocephalus, meningocele, meningomyelocele	741
Hydrocephalus	742
Congenital anomalies of eye	743
Congenital anomalies of ear, face, and neck	744
Transposition of great vessels, tetralogy of Fallot, ventricular septal defect, atrial septal defect	745
Other congenital anomalies of heart	746
Patent ductus arteriosus, coarctation of aorta, pulmonary artery stenosis, other anomalies of circulatory system	747
Congenital anomalies of nose and respiratory system	748
Cleft palate, cleft lip	749
Other congenital anomalies of mouth esophagus, stomach and pylorus	750
Digestive system	751
Genital organs	752
Urinary system	753
Club foot	754
Other congenital anomalies of limbs	755

**4.15 Diagnostic Codes** (Continued)**Congenital Anomalies** (Continued)

Other musculoskeletal anomalies	756
Chromosomal anomalies (e.g., Down's syndrome, other autosomal anomalies, Klinefelter's syndrome, Turner's syndrome, other anomalies of sex chromosomes)	758
Other congenital anomalies	759

**Perinatal Morbidity and Mortality**

Compression of umbilical cord, prolapsed cord	762
Due to complications of labour or delivery	763
Prematurity, low-birthweight infant	765
Postmaturity, high-birthweight infant	766
Birth trauma	767
Hyaline membrane disease, respiratory distress syndrome	769
Hemolytic disease of newborn	773
Perinatal disorders of digestive system	777
Other conditions of fetus or newborn	779

**Symptoms, Signs and Ill-Defined Conditions**

<b>Non-specific Abnormal Findings</b>	Non-specific findings on examination of blood	790
	Non-specific findings on examination of urine	791
	Other non-specific abnormal findings	796
	Senility, senescence	797
	Sudden death, cause unknown	798
	Other ill-defined conditions	799

**Accidents, Poisonings and Violence**

<b>Fractures and Fracture-dislocations</b>	Facial bones	802
	Skull	803
	Vertebral column - without spinal cord damage	805
	Vertebral column - with spinal cord damage	806
	Ribs	807
	Pelvis	808
	Clavicle	810

**4.15 Diagnostic Codes** (Continued)**Accidents, Poisonings and Violence** (Continued)

<b>Fractures and Fracture-dislocations</b> (Continued)	Humerus	812
	Radius and/or ulna	813
	Carpal bones	814
	Metacarpals	815
	Phalanges - foot or hand	816
	Femur	821
	Tibia and/or fibula	823
	Ankle	824
	Other fractures	829
	<b>Dislocations</b>	Shoulder
Elbow		832
Finger		834
Other dislocations		839
<b>Sprains, Strains and Other Trauma</b>	Shoulder, upper arm	840
	Wrist, hand, fingers	842
	Knee, leg	844
	Ankle, foot, toes	845
	Neck, low back, coccyx	847
	Other sprains and strains	848
	Concussion	850
	Other head injuries	854
	Internal injuries to organ(s)	869
	Lacerations, open wounds - except limbs	879
	Lacerations, open wounds, traumatic amputations upper limb(s)	884
	Lacerations, open wounds, traumatic amputations - lower limb(s)	894
	Abrasions, bruises, contusions and other superficial injury including non-venomous bites	919
	Foreign body in eye, or other tissues	930
	Burns - thermal or chemical	949
	Other injuries or trauma	959



**4.15 Diagnostic Codes** (Continued)**Accidents, Poisonings and Violence** (Continued)

<b>Adverse Effects</b>	Of drugs and medications - including allergy, overdose, reactions	977
	Of other chemicals (e.g., lead, pesticides, and venomous bites)	989
	Of physical factors (e.g., heat, cold, frostbite, pressure)	994
	Of surgical and medical care (e.g., wound infection, wound disruption, other iatrogenic disease)	998

**Supplementary Classifications**

<b>Family Planning</b>	Family planning, contraceptive advice, advice on sterilization or abortion	895
<b>Immunization</b>	Immunization - all types	896
<b>Social, Marital and Family Problems</b>	Economic problems	897
	Marital difficulties	898
	Parent-child problems (e.g., child-abuse, battered child, child neglect)	899
	Problems with aged parents or in-laws	900
	Family disruption, divorce	901
	Educational problems	902
	Illegitimacy	903
	Social maladjustment	904
	Occupational problems, unemployment, difficulty at work	905
<b>Other</b>	Legal problems, litigation, imprisonment	906
	Other problems of social adjustment	909
	Well baby care	916
	Annual health examination adolescent/adult Well Vision Care	917

**Chiropractor**

<b>Cervical</b>	Acute	C01
	Chronic	C02
	Recurrent	C03
<b>Cervicothoracic, Thoracic</b>	Acute	C04
	Chronic	C05
	Recurrent	C06

**4.15 Diagnostic Codes** (Continued)**Chiropractor** (Continued)

<b>Lumbar, Lumbosacral, Sacroiliac, Coccyx</b>	Acute	C07
	Chronic	C08
	Recurrent	C09
<b>Non-spinal Articulations</b>	Acute	C10
	Chronic	C11
	Recurrent	C12
<b>Multiple Site Subluxations</b>	Acute	C13
	Chronic	C14
	Recurrent	C15
<b>Spinal Curvature</b>	Acquired or postural scoliosis	C20
	Acquired or postural kyphosis	C21
	Acquired or postural kyphoscoliosis	C22
	Acquired or postural lordosis	C23
	Congenital curvature	C24
<b>Sprains and Strain Injuries</b>	Cervical, cervicothoracic	C30
	Thoracic, lumbar, sacral, coccyx	C31
	Lumocral, sacroiliac	C32
	Other site articulations	C33
<b>Neuritis and Neuralgia</b>	Cervical, occipital	C40
	Thoracic, costal, intercostal	C41
	Lumbar	C42
	Pelvic, ileo-inguinal	C43
	Arm	C44
<b>Sciatic</b>	Acute	C45
	Chronic	C46
	Leg, other than sciatic	C47
	Discopathic or discogenic	C48
<b>Radiculitis</b>	Brachial	C50
	Cervical	C51
	Lumbar, lumbosacral	C52
	Throacic (with visceral)	C53
	Vertebrogenic or pressure	C54
<b>General</b>	Headache	C60
	Autonomic nerve dysfunction of organ systems	C61
	Other conditions (condition must be specified)	C62

**4.15 Diagnostic Codes** (Continued)**Physiotherapy**

<b>Operations on the Musculoskeletal System</b>	Osteotomy	893
	Excision Bunion	894
	Excision of Bone Partial	897
	Excision of Bone Complete (e.g. Patellectomy)	898
	Excision or Destruction of Intervertebral Disc Excision of Semilunar Cartilage of Knee	923
	Synovectomy	924
	Spinal Fusion	930
	Arthrodesis of Foot and Ankle	931
	Arthrodesis of Other Joints	932
	Arthroplasty of Foot and Toe	933
	Arthroplasty of Knee and Ankle (e.g. Hauser Repair)	934
	Total Hip Replacement	935
	Other Arthroplasty of Hip	936
	Incision of Muscle, Tendon, Fascia, and Bursa of Hand	940
	Division of Muscle, Tendon, and Fascia of Hand	941
	Suture of Muscle, Tendon, and Fascia of Hand	944
	Transplantation of Muscle and Tendon of Hand	945
<b>Other Acceptable Diagnosis</b>	Gait Training or CrutchWalking Instruction (acceptable for a <u>1</u> visit treatment only)	072
	Perceptual Motor Testing or Perceptual Motor Assessment of Dysfunction	070
	Prenatal Care	970
	Post-Partum Observation	971
<b>Common Diagnostic Codes</b>		
<b>Arthritis</b>	Osteo-degenerative	7159
	Cervical	7210
	Gouty	7120
	Rheumatic	7149
	Non-specified Acute	7169
	Non-specified Chronic	7150
<b>Bells Palsy</b>		3510
<b>Bursitis</b>		7310
<b>Calcaneal</b>	Spur	7267
	Bone	7269
<b>Calcium</b>	Bursa	7278
	Joint	7198

**4.15 Diagnostic Codes** (Continued)

**Physiotherapy** (Continued)

<b>Common Diagnostic Codes</b> (Continued)		
<b>Capsulitis</b>		7260
<b>Cervical Disc Disease</b>		7224
<b>Cervical Strain</b>		8470
<b>Chest Disease</b>		5199
<b>Chondromalacia</b>		7177
<b>Compression Fracture - Cervical</b>		7220
<b>Contusion Knee</b>		9241
<b>Dislocated Shoulder</b>		8310
<b>Epicondylitis</b>		7263
<b>Fibrositis</b>		7290
<b>Frozen Shoulder</b>		7260
<b>Fracture</b>	Ankle (closed)	8248
	Humerus (unspecified)	8122
	Leg	8270
	Vertebra	8058
	Wrist	8140
<b>Gout</b>		2740
<b>Hamstring - Tendon</b>		8409
<b>Headache</b>		7840
<b>Injury</b>	Elbow	9593
	Shoulder	9592
<b>Kyphosis (acquired)</b>		7371
<b>Lumbago</b>		7242
<b>Lumbar Disc Disease (degenerative)</b>		7251
<b>Lumbar Strain</b>		8472
<b>Lymphedema</b>		4579
<b>Muscle Spasm</b>		7288
<b>Muscle Strain</b>		8489
<b>Myositis Plain and Trauma</b>		7291
<b>Neuralgia (unspecified)</b>		7292
<b>Pagets Disease</b>		7310

**4.15 Diagnostic Codes** (Continued)**Physiotherapy** (Continued)

<b>Common Diagnostic Codes</b> (Continued)		
<b>Pain</b>	Arch	7295
	Back (posterial)	7245
	Back (low)	7242
	Neck	7231
<b>Plantar Fascitis</b>		7287
<b>Pelvis Inflammatory Disease/ Salpingitis</b>		6142
<b>PVD</b>		4439
<b>Rheumatism (muscle)</b>		7290
<b>Sacro-iliac Strain - Hip</b>		8439
<b>Scoliosis (unspecified)</b>		7379
<b>Spondylolisthese</b>		7561
<b>Strained</b>	Ankle	8450
	Elbow	8419
	Hip	8439
	Knee and Leg	8449
	Metacarpal	8421
	Shoulder	8409
<b>Shin Splints</b>		8449
<b>Stiff Neck</b>		7235
<b>Synovitis</b>		7270
<b>Temporomandibular Strain/Sprain</b>		8481
<b>Tendinitis</b>		7269
<b>Tennis Elbow</b>		7263
<b>Thoracic Strain</b>		8471
<b>Torn Rotator Cuff</b>		8404
<b>Torticollis</b>		8407
<b>Trapezius Sprain</b>		8408
<b>Whiplash Injury</b>		8470

## 4.16 Questions and Answers

### **What is the monthly cut-off for claims submission and when will I receive payment?**

Machine readable claims (diskettes or Electronic Data Transfer) received by the ministry by the 18<sup>TH</sup> of the month will be processed for payment by the 15<sup>TH</sup> of the following month. When the submission cut-off (18<sup>TH</sup>) date falls on a weekend or holiday, the deadline will be extended to the next business day. EDT claims will be processed after the 18<sup>TH</sup> where time and volumes permit.

### **My software program includes a field for “Manual Review Indicator”. What is it and when would I use it?**

For most claims, this field would be blank; however, if the claim requires special consideration (e.g., two identical services billed same day), a **Y** indicator should be entered in this field. If **Y** is used, the claim will be flagged for internal manual reviewed and adjudication.

Supporting documentation must be sent to the ministry and must contain specific information so that it can be matched to the claim submission. The form Claims Flagged for Manual Review indicates the information that is required for claims submitted with a **Y** indicator. The supporting documentation may be submitted with your diskette/tape submission. If submitting on Electronic Data Transfer (EDT), the form can be faxed to your local ministry office.

### **When claims are submitted, how do I get notified of submission errors?**

For diskette/tape input, claim errors are returned to the provider on a Machine Readable Input Claims Error Report. Errors reported must be corrected and resubmitted in order for payment to be made. Error reports should be retained in order to track claims that may not appear on the next remittance advice.

For EDT claims submissions, a Batch Edit Report will be sent to acknowledge receipt of your claims file, usually within 24 hours of file transfer. An EDT Claims Error Report will be sent to you within 48 hours after file transfer.

### **When is a claim considered stale dated?**

Claims must be submitted within six months of the service date. Claims submitted more than six months after the service has been rendered will not be accepted for payment.

**4.17            Questions and Answers** (Continued)**How do I inquire on a claim that has been overpaid/underpaid?**

Any discrepancies in payment that appear on your Remittance Advice (RA) may be questioned on a Remittance Advice Inquiry Form. Payment adjustments will be made by ministry staff when appropriate.