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### Disorders of the Eye and Adnexa (360-379)

Use additional external cause code, if applicable, to identify the cause of the eye condition.

#### 360 Disorders of the globe

#### 360.0 Purulent endophthalmitis

*Excludes* bleb associated endophthalmitis (379.63)

#### 360.00 Purulent endophthalmitis, unspecified

**Coding Tip:** Report 360.0 for blebitis

Purulent endophthalmitis

An inflammation of the tissues of the eye resulting in the formation of pus

#### 360.01 Acute endophthalmitis

#### 360.02 Panophthalmitis

**DEF:** Inflammation affecting all the structures or tissues of the eye.

#### 360.03 Chronic endophthalmitis

#### 360.04 Vitreous abscess

**Excludes** bleb associated endophthalmitis (379.63)

#### 360.1 Other endophthalmitis

**Excludes** bleb associated endophthalmitis (379.63)

#### 360.11 Sympathetic uveitis

**DEF:** Inflammation that occurs in an uninjured eye after the other eye has been injured.

#### 360.12 Panuveitis

**DEF:** Inflammation of the entire pigmented layer of the eye (uveal tract).

#### 360.13 Parasitic endophthalmitis NOS

**DEF:** Inflammation caused by a parasite in the eye.

#### 360.14 Ophthalmitis nodosa

**DEF:** Condition with nodules on the conjunctiva due to the hairs of a caterpillar, tarantula or other organism penetrating the tissues of the eye.

#### 360.19 Other

Phacoanaphylactic endophthalmitis

#### 360.2 Degenerative disorders of globe

**AHA:** 3Q 1991, 3

#### 360.20 Degenerative disorder of globe, unspecified

#### 360.21 Progressive high (degenerative) myopia

**Malignant myopia**

**DEF:** A steadily increasing nearsightedness due to disease in the choroid.

#### 360.23 Siderosis

**DEF:** Siderosis occurs when iron from the bloodstream accumulates in the eye, causing degeneration. This is usually caused by a high mineral content in the blood due to a metabolic disorder.

#### 360.24 Other metallosis

Chalcosis

#### 360.29 Other

*Excludes* xerophthalmia (264.7)

#### 360.3 Hypotony of eye

*Excludes* xerophthalmia (264.7)

#### 360.30 Hypotony, unspecified

**DEF:** Occurs when there is insufficient fluid within the eye to maintain its proper shape (similar to the effect of low air pressure in a tire).

#### 360.31 Primary hypotony

#### 360.32 Ocular fistula causing hypotony

**DEF:** An abnormal passageway or opening into the eye, often as a result of a prior acute infection. The fistula allows ocular fluid to drain from the eye, causing hypotony.

#### 360.33 Hypotony associated with other ocular disorders

**Coding Tip:** Report 360.33 for hypotony retinopathy

#### 360.34 Flat anterior chamber

#### 360.4 Degenerated conditions of globe

#### 360.40 Degenerated globe or eye, unspecified

#### 360.41 Blind hypertensive eye

Atrophy of globe

Phthisis bulbi

**DEF:** Loss of vision due to extremely low intraocular fluid causing the eye to lose its shape.

#### 360.42 Blind hypertensive eye

Absolute glaucoma

#### 360.43 Hemophthalmos, except current injury

**Excludes** traumatic (871.0-871.9, 921.0-921.9)

**DEF:** Accumulation of blood within the eyeball that is not due to a current injury.

#### 360.44 Leucocoria

**DEF:** Occurs when part or all of the vitreous becomes white and opaque, obscuring vision.

#### 360.5 Retained (old) intraocular foreign body, magnetic

**Excludes** current penetrating injury with magnetic foreign body (871.5) retained (old) foreign body of orbit (376.6)

#### 360.50 Foreign body, magnetic, intraocular, unspecified

#### 360.51 Foreign body, magnetic, in anterior chamber

#### 360.52 Foreign body, magnetic, in iris or ciliary body

#### 360.53 Foreign body, magnetic, in lens

#### 360.54 Foreign body, magnetic, in vitreous

#### 360.55 Foreign body, magnetic, in posterior wall

#### 360.59 Foreign body, magnetic, in other or multiple sites

#### 360.6 Retained (old) intraocular foreign body, nonmagnetic

**Retained (old) foreign body:**

**NOS**

**Excludes** current penetrating injury with (nonmagnetic) foreign body (871.6) retained (old) foreign body in orbit (376.6)

#### 360.60 Foreign body, intraocular, unspecified

#### 360.61 Foreign body in anterior chamber

#### 360.62 Foreign body in iris or ciliary body

#### 360.63 Foreign body in lens

#### 360.64 Foreign body in vitreous

#### 360.65 Foreign body in posterior wall

#### 360.69 Foreign body in other or multiple sites
360.8 Other disorders of globe

360.81 Laxation of globe

360.89 Other

360.9 Unspecified disorder of globe

361 Retinal detachments and defects

361.0 Retinal detachment with retinal defect

Rhegmatogenous retinal detachment

Excludes detachment of retinal pigment epithelium (362.42-362.43)

Retinal detachment (serous) (without defect) (361.2)

DEF: Condition in which the retina separates from its underlying layer of cells in the back of the eye, resulting in a decrease in the visual field or blindness. Usually caused by a retinal tear and often requires immediate surgical repair. A partial detachment means the defect has not reached the macula.

361.00 Retinal detachment with retinal defect, unspecified

361.01 Recent detachment, partial, with single defect

Coding Tip: Report 361.01 for a small hole or tear in retina with detachment

361.02 Recent detachment, partial, with multiple defects

361.03 Recent detachment, partial, with giant tear

361.04 Recent detachment, partial, with retinal dialysis

Dialysis (juvenile) of retina (with detachment)

361.05 Recent detachment, total or subtotal

361.06 Old detachment, partial

Delimited old retinal detachment

361.07 Old detachment, total or subtotal

361.1 Retinoschisis and retinal cysts

Excludes juvenile retinoschisis (362.73)

Microcystoid degeneration of retina (362.62)

Parasitic cyst of retina (360.13)

DEF: Retinoschisis affects the nerve tissue in the macula and is considered a form of macular degeneration, causing the retina to split into two layers.

361.10 Retinoschisis, unspecified

361.11 Flat retinoschisis

361.12 Bullous retinoschisis

DEF: Occurs when vitreous fluid enters in between the layers of the macula through a defect, causing the outer layer to pull away in a manner much like retinal detachment.

361.13 Primary retinal cysts

361.14 Secondary retinal cysts

361.19 Other

Pseudocyst of retina

361.2 Serous retinal detachment

Retinal detachment without retinal defect

Excludes central serous retinopathy (362.41)

Retinal pigment epithelium detachment (362.42-362.43)

361.3 Retinal defects without detachment

Excludes chorioretinal scars after surgery for detachment (363.30-363.35)

Peripheral retinal degeneration without defect (362.50-362.66)

361.30 Retinal defect, unspecified

Retinal break(s) NOS

361.31 Round hole of retina without detachment

361.32 Horseshoe tear of retina without detachment

Oculerum of retina without mention of detachment

361.8 Other forms of retinal detachment

361.81 Traction detachment of retina

Tractipn detachment with vitreoretinal organization

361.89 Other

AHA: 3Q 1999, 12

361.9 Unspecified retinal detachment

AHA: NovDec 1987, 10

362 Other retinal disorders

Excludes chorioretinal scars (363.30-363.35)

Chorioretinitis (363.0-363.2)

362.0 Diabetic retinopathy

Code first diabetes (249.5, 250.5)

AHA: 4Q 2005, 65; 3Q 1991, 8; 4Q 2007, 156

362.01 Background diabetic retinopathy

Diabetic retinal microaneurysms

Diabetic retinopathy NOS

362.02 Proliferative diabetic retinopathy

AHA: 3Q 1996, 5;

362.03 Nonproliferative diabetic retinopathy NOS

AHA; 4Q 2007, 14

362.04 Mild nonproliferative diabetic retinopathy

AHA: 4Q 2007, 14

362.05 Moderate nonproliferative diabetic retinopathy

AHA: 4Q 2007, 14

362.06 Severe nonproliferative diabetic retinopathy

AHA: 4Q 2005, 67; 4Q 2007, 14

362.07 Diabetic macular edema

Diabetic retinal edema

Note: Code 362.07 must be used with a code for diabetic retinopathy (362.01-362.06)

Coding Guidelines Note: Code 362.07, is only present with diabetic retinopathy. Another code from subcategory 362.0x, must be used with code 362.07. Codes under subcategory 362.0x are diabetes manifestation codes, so they must be used following the appropriate diabetes code. OG Ref I.C.7.a.4.a

AHA: 4Q 2007, 14, 156

362.1 Other background retinopathy and retinal vascular changes

362.10 Background retinopathy, unspecified

AHA: 1Q 2006, 12

362.11 Hypertensive retinopathy

Coding Guidelines Note: Two codes are necessary to identify hypertensive retinopathy. First assign the code 362.11. Hypertensive retinopathy, then the appropriate code from categories 401-405 to indicate the type of hypertension. OG Ref I.C.7.a.6

AHA: 3Q 1990, 3; 4Q 2007, 164

362.12 Exudative retinopathy

Coats’ syndrome

AHA: 3Q 1999, 12
OTHER DISORDERS OF FEMALE GENITAL TRACT (617-629)

617.0 Endometriosis of uterus
- Adenomyosis
- Endometriosis: cervix internal myometrium
  Excludes stromal endometriosis (236.0)
  AHA: 3Q 1992, 7

617.1 Endometriosis of ovary
- Chocolate cyst of ovary
- Endometrial cystoma of ovary

617.2 Endometriosis of fallopian tube

617.3 Endometriosis of pelvic peritoneum
- Endometriosis: broad ligament cul-de-sac (Douglas’)parametrium round ligament

617.4 Endometriosis of rectovaginal septum and vagina
- Endometriosis: appendix colon rectum

617.5 Endometriosis of intestine
- Endometriosis: bladder lung umbilicus vulva

617.9 Endometriosis, site unspecified

618.0 Prolapse of vaginal walls without mention of uterine prolapse
  Excludes that with uterine prolapse (618.2-618.4)
  vaginal vault prolapse following hysterectomy (618.5)
  DEF: Occurs when structures in the pelvis push through the vaginal wall.
  × 618.00 Unspecified prolapse of vaginal walls
  - Vaginal prolapse NOS
    AHA: 4Q 2007, 23

618.01 Cystocele, midline
- Cystocele NOS
  AHA: 4Q 2007, 23

618.02 Cystocele, lateral
- Paravaginal
  DEF: Bladder bulges through the side wall of the vagina.
  AHA: 4Q 2007, 23

618.03 Urethrocele
  AHA: 4Q 2007, 23

618.04 Rectocele
  Proctocele
  AHA: 4Q 2007, 23

618.05 Perineocele
  AHA: 4Q 2007, 23

× 618.09 Other prolapse of vaginal walls without mention of uterine prolapse
  Descensus uteri
  Uterine prolapse:
  - NOS complete first degree second degree third degree
  - Excludes that with mention of cystocele, urethrocele, or rectocele (618.2-618.4)
  DEF: Uterine displacement downwards into the vaginal canal.

618.1 Uterine prolapse without mention of vaginal wall prolapse

618.2 Uterovaginal prolapse, incomplete

618.3 Uterovaginal prolapse, complete

× 618.4 Uterovaginal prolapse, unspecified

618.5 Prolapse of vaginal vault after hysterectomy

618.6 Vaginal enterocele, congenital or acquired
- Pelvic enterocele, congenital or acquired

618.7 Old laceration of muscles of pelvic floor

× 618.8 Other specified genital prolapse

618.81 Incompetence or weakening of pubocervical tissue
  AHA: 4Q 2007, 23

618.82 Incompetence or weakening of rectovaginal tissue
  AHA: 4Q 2007, 23

618.83 Pelvic muscle wasting
  Disuse atrophy of pelvic muscle and anal sphincter
  AHA: 4Q 2007, 23

618.84 Cervical stump prolapse
  Coding Tip: Code 618.84 occurs when the cervix falls into the vaginal vault following a supracervical hysterectomy.
  DEF: Occurs after a hysterectomy in which the cervix was not removed with the uterus.
  AHA: 4Q 2007, 23

618.89 Other specified genital prolapse
  AHA: 4Q 2007, 23

× 618.9 Unspecified genital prolapse

619 Fistula involving female genital tract
  vesicorectal and intestinovesical fistula (596.1)

619.0 Urinary-genital tract fistula, female
- Fistula:
  - cervicovesical
  - ureterovaginal
  - urethrovaginal
  - urethrovescicovaginal
  - uroteoreteric
  - urovesical
  - vesicocervicovaginal
  - vesicovaginal
  DEF: An abnormal passage between two organs of the urogenital system.

× 619.1 Digestive-genital tract fistula, female
- Fistula:
  - intestinouterine
  - intestinovaginal
  - rectovaginal
  - rectovulval
  - sigmoidovaginal
  - uteroureteric
619.2 Genital tract-skin fistula, female
Genital tract-skin fistula
An abnormal tube-like passage connecting the genital tract to the skin surface

- 619.8 Other specified fistulas involving female genital tract
  Fistula:
  - cervix
  - cul-de-sac (Douglas’)
  - uterus
  - vagina

- 619.9 Unspecified fistula involving female genital tract

620 Noninflammatory disorders of ovary, fallopian tube, and broad ligament

- 620.0 Follicular cyst of ovary
  Cyst of graafian follicle
  DEFL: Fluid-filled sac on the ovary caused by larger than normal growth of a follicle that does not rupture to release the egg.

- 620.1 Corpus luteum cyst or hematoma
  Corpus luteum hemorrhage or rupture
  Lutein cyst

- 620.2 Other and unspecified ovarian cyst
  Cyst of ovary:
  - NOS
  - corpus albicans
  - retention NOS
  - serous
  - theca-lutein
  Simple cystoma of ovary
  EXCLUDES cystadenoma (benign) (serous) (220)
  developmental cysts (752.0)
  neoplastic cysts (220)
  polycystic ovaries (256.4)
  Stein-Leventhal syndrome (256.4)

- 620.3 Acquired atrophy of ovary and fallopian tube
  Senile involution of ovary

- 620.4 Prolapse or hemia of ovary and fallopian tube
  Displacement of ovary and fallopian tube
  Salpingocele

- 620.5 Torsion of ovary, ovarian pedicle, or fallopian tube
  Torsion:
  - accessory tube
  - hydatid of Morgagni

- 620.6 Broad ligament laceration syndrome
  Masters-Allen syndrome

- 620.7 Hematoma of broad ligament
  Hematocele, broad ligament

- 620.8 Other noninflammatory disorders of ovary, fallopian tube, and broad ligament
  Cyst of broad ligament or fallopian tube
  Hematosalpinx of ovary or fallopian tube
  Infarction of ovary or fallopian tube
  Polyp of broad ligament or fallopian tube
  Rupture of ovary or fallopian tube
  EXCLUDES hematosalpinx in ectopic pregnancy (639.2)
  peritubal adhesions (614.6)
  torsion of ovary, ovarian pedicle, or fallopian tube (620.5)

- 620.9 Unspecified noninflammatory disorder of ovary, fallopian tube, and broad ligament

621 Disorders of uterus, not elsewhere classified

- 621.0 Polyp of corpus uteri
  Polyp:
  - endometrium
  - uterus NOS
  EXCLUDES cervical polyp NOS (622.7)

- 621.1 Chronic subinvolution of uterus
  EXCLUDES puerperal (674.8)
  AHA: 1Q 1991, 11

- 621.2 Hypertrophy of uterus
  Bulky or enlarged uterus
  EXCLUDES puerperal (674.8)

- 621.3 Endometrial hyperplasia
  Hyperplasia (adenomatous) (cystic) (glandular) of endometrium
  Hyperplastic endometritis
  DEFL: Overgrowth of cells lining the uterus.

Endometrial hyperplasia

- 621.30 Endometrial hyperplasia, unspecified
  Endometrial hyperplasia NOS

- 621.31 Simple endometrial hyperplasia without atypia

- 621.32 Complex endometrial hyperplasia without atypia

- 621.4 Hemometra
  Hemometra
  EXCLUDES that in congenital anomaly (752.2-752.3)
  DEFL: Blood accumulation in the uterus.

- 621.5 Intrauterine synchie
  Adhesions of uterus
  Band(s) of uterus

- 621.6 Malposition of uterus
  Antversion of uterus
  Retroversion of uterus
  Retroversion of uterus
  EXCLUDES malposition complicating pregnancy, labor, or delivery (654.3-654.4)
  prolapse of uterus (618.1-618.4)

- 621.7 Chronic inversion of uterus
  EXCLUDES current obstetrical trauma (665.2)
  prolapse of uterus (618.1-618.4)

- 621.8 Other specified disorders of uterus, not elsewhere classified
  Atrophy, acquired of uterus
  Cyst of uterus
  Fibrosis NOS of uterus
  Old laceration (postpartum) of uterus
  Ulcer of uterus
  EXCLUDES bilharzial fibrosis (120.0-120.9)
  endometriosis (617.0)
  fistulas (619.0-619.8)
  inflammatory diseases (615.0-615.9)

- 621.9 Unspecified disorder of uterus

622 Noninflammatory disorders of cervix

- 622.0 Erosion and ectropion of cervix
  Eversion of cervix
  Ulcer of cervix
  EXCLUDES that in chronic cervicitis (616.0)
<table>
<thead>
<tr>
<th>V26.3</th>
<th>Genetic counseling and testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excludes</td>
<td>Nonpregnancy genetic screening (V82.71, V82.79)</td>
</tr>
<tr>
<td>AHA:</td>
<td>4Q 2005, 96; 4Q 2007, 201, 208</td>
</tr>
</tbody>
</table>

**Coding Guidelines Note:** If the purpose of genetic counseling is associated with preconception management, a code from V26.3 should be assigned as the primary code, followed by a code from category V84. Any additional codes would be assigned if there is a family/personal history. (OG Ref I.C.18.d.10)

V26.3. Testing of female for genetic disease carrier status ©

V26.3.2 Other genetic testing of female ©

*Use additional code to identify habitual aborter (E29.81, 646.3)*

AHA: 4Q 2007, 201, 208

**V26.3.3 Genetic counseling ©**

AHA: 4Q 2007, 35

**V26.3.4 Testing of male for genetic disease carrier status ©**

AHA: 4Q 2007, 35

**V26.3.5 Encounter for testing of male partner of habitual aborter ©**

AHA: 4Q 2007, 35

**V26.3.9 Other genetic testing of male ©**

AHA: 4Q 2007, 35

**V26.4 General counseling and advice**

**Coding Guidelines Note:** If the purpose of genetic counseling is associated with preconception management, a code from V26.3 should be assigned as the primary code, followed by a code from category V84. Any additional codes would be assigned if there is a family/personal history. (OG Ref I.C.18.d.3)

AHA: 4Q 2007, 201, 208

**V26.4.1 Procreative counseling and advice using natural family planning**

AHA: 4Q 2007, 35, 99

**V26.4.9 Other procreative management counseling and advice**

AHA: 4Q 2007, 35

**V26.5 Sterilization status**

**Coding Guidelines Note:** A status code should not be used with a diagnosis code from one of the body system chapters, if the diagnosis code includes the information provided by the status code. (OG Ref I.C.18.d.3)

AHA: 4Q 2007, 194, 208

**V26.5.1 Tubal ligation status ©**

*Excludes infertility not due to previous tubal ligation (622.0-628.9)*

AHA: 4Q 2007, 35

**V26.5.2 Vasectomy status ©**

AHA: 4Q 2007, 35

**V26.8 Other specified procreative management**

AHA: 4Q 2007, 100

**V26.8.1 Encounter for assisted reproductive fertility procedure cycle ©**

Patient undergoing in vitro fertilization cycle.

Use additional code to identify the type of infertility.

*Excludes pre-cycle diagnosis and testing – code to reason for encounter*

AHA: 4Q 2007, 35, 99-100, 208

**V26.8.9 Other specified procreative management ©**

AHA: 4Q 2007, 35, 208

**V26.9 Unspecified procreative management ©**

AHA: 4Q 2007, 208

**V27 Outcome of delivery**

**Note:** This category is intended for the coding of the outcome of delivery on the mother’s record.

**Coding Guidelines Note:** These codes are not to be used on subsequent maternal records or on the newborn record. (OG Ref I.C.11.a.5)

When an attempted termination of pregnancy results in a liveborn fetus assign code 644.21, with an appropriate code from category V27. The procedure code for the attempted termination of pregnancy should also be assigned. (OG Ref I.C.11.k.4)

The outcome of delivery should be included on all maternal delivery records. (OG Ref I.C.18.d.10)

AHA: 2Q 1991, 16; 4Q 2007, 178, 202, 238

**V27.0 Single liveborn ©**


**Coding Guidelines Note:** This code is the only outcome of delivery code appropriate for use with 650. (OG Ref I.C.11.c.5)

**V27.1 Single stillborn ©**

**V27.2 Twins, both liveborn ©**

**V27.3 Twins, one liveborn and one stillborn ©**

**V27.4 Twins, both stillborn ©**

**V27.5 Other multiple birth, all liveborn ©**

**V27.6 Other multiple birth, some liveborn ©**

**V27.7 Other multiple birth, all stillborn ©**

**V27.9 Unspecified outcome of delivery ©**

**V28 Encounter for antenatal screening of mother**

**Excludes**

- Abnormal findings on screening-code to findings suspected fetal conditions affecting management of pregnancy (655.00-655.93, 656.00-656.93, 657.00-657.03, 658.00-658.93) suspected fetal conditions not found (V89.01-V89.09)

**Coding Guidelines Note:** A screening code is listed as the primary code if the reason for the visit is a screening exam, but is not necessary if the screening is adherent to a routine examination. It may be used as an additional code if the screening is done during an office visit for other health problems. Should a condition be discovered during the screening, the code for the condition may be assigned as an additional diagnosis. The V code indicates that a screening exam is planned. (OG Ref I.C.18.d.5)

Use category V28 in those circumstances when none of the problems or complications included in the codes from the Obstetrics chapter exist. (OG Ref I.C.18.d.11)

AHA: 1Q 2004, 11; 4Q 2007, 197, 202, 208, 238

**V28.0 Screening for chromosomal anomalies by amniocentesis ©**

**V28.1 Screening for raised alpha-fetoprotein levels in amniotic fluid ©**

**V28.2 Other screening based on amniocentesis ©**

**V28.3 Encounter for routine screening for malformation using ultrasonos ©**

*Excludes* encounter for routine fetal ultrasound NOS.

**V28.4 Screening for fetal growth retardation using ultrasonos ©**

**V28.5 Screening for isoimmunization ©**

**V28.6 Screening for Streptococcus B ©**

AHA: 4Q 1997, 46; 4Q 2007, 35

**V28.8 Other specified antenatal screening ©**

**V28.8.1 Encounter for fetal anatomic survey ©**

**V28.8.2 Encounter for screening for risk of pre-term labor ©**

**V28.8.9 Other specified antenatal screening ©**

- Chorionic villus sampling
- Genomic screening
- Nuchal translucency testing
- Proteomic screening

AHA: 3Q 1999, 16

**V28.9 Unspecified antenatal screening ©**