

## OHCA Guideline

<b>Policy:</b>	<b>Enhanced Services for Clinically High-risk Pregnancies</b>
Initial Implementation Date:	December 1, 2007
Last Review Date:	December 2025
Effective Date:	1/1/2026
Next Review/Revision Date:	January 2029
<p>* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.</p>	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria	
<b>Summary</b>	
<b>Purpose:</b>	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
<b>Definitions</b>	
<p><b>Accreditation Council for Graduate Medical Education (ACGME):</b> An independent, 501(c)(3), not-for-profit organization that sets and monitors voluntary professional educational standards essential in preparing physicians to deliver safe, high-quality medical care to all Americans. Graduate medical education (GME) refers to the period of education in a particular specialty (residency) or subspecialty (fellowship) following medical school; the ACGME oversees the accreditation of residency and fellowship programs in the US.</p> <p><b>Assessment:</b> A systematic process used to gather information about a patient's health status, medical history, and current health concerns. It typically involves a set of questions regarding personal behaviors, risks, and health practices, which helps healthcare providers ascertain baseline information for diagnosis and treatment. This assessment is a critical component of the nursing process and is essential for effective patient care.</p> <p><b>Basic Metabolic Profile (BMP):</b> Is a blood sample test that measures eight different substances in your blood. The panel provides helpful information about your body's chemical balance and metabolism, including electrolyte balance, sugar metabolism, and kidney function. Abnormal test results might be used to diagnose kidney disease, diabetes, or lung disease, among other conditions.</p> <p><b>Biophysical Profile:</b> Is a prenatal test that evaluates the fetus's movements, heart rate, breathing, muscle tone, and the amount of amniotic fluid in the womb. It is typically performed after 32 weeks of pregnancy to assess the fetus's health, especially in high-risk pregnancies or when irregular test results are observed.</p> <p><b>Chronic Hypertension:</b> Also known as high blood pressure, is a common yet serious medical condition where the force of the blood against the artery walls is persistently elevated. It can lead to significant health issues if left unmanaged. Lifestyle changes, medicines, or both may help lower blood pressure.</p> <p><b>Fetal:</b> Is an adjective relating to or meaning of FETUS: an unborn or unhatched vertebrate especially after attaining the basic structural plan of its kind; specifically: a developing human from usually two months after conception to birth.</p>	

**Family Practice Obstetrician (FPOB):** Is a primary care doctor with experience in reproductive healthcare who sees patients of all ages. They provide care before, during, and after childbirth, and may perform vaginal deliveries but not cesarean deliveries.

**Gestational Diabetes:** Is high blood sugar during pregnancy. Eating healthy, well-balanced foods and getting exercise can usually keep it well managed. But sometimes, insulin is necessary to help you manage your blood sugar levels. If left untreated, it can cause health problems for both you and the fetus.

**History and Physical:** Often called the "H&P", is the starting point of the patient's "story" as to why they sought medical attention or are now receiving medical attention. It is used to formulate clinical diagnoses, establish patient goals, plan care, and evaluate patient outcomes. Each patient must have a history and physical performance documented within 72 hours of admission as an inpatient.

**Low-Lying Placenta:** Is a condition where the edge of the placenta is positioned less than 2 centimeters from the cervix. This condition is typically identified during routine ultrasounds, often around the 20-week mark of pregnancy. While having a low-lying placenta does not usually cause pain, it may require monitoring as the pregnancy progresses.

**Maternal Fetal Medicine (MFM):** Is a subspecialty of obstetrics that focuses on managing pregnancy complications for both the mother and the developing fetus. Maternal-fetal medicine specialists, also known as perinatologists, are trained to handle high-risk pregnancies, providing diagnosis, treatment, and management to ensure the health of both mother and baby. This field addresses health concerns that may arise before, during, and immediately after pregnancy.

**Modifiers:** In medical coding there are two characters (letters or numbers) appended to a CPT ® or HCPCS Level II code. It provides additional information about the medical procedure, service, or supply involved without changing the meaning of the code. Modifiers are used to ensure accurate reimbursement for healthcare providers and provide additional information to payers. More than one modifier may be used with a single procedure code, but they are not applicable for every category of the CPT codes.

**Non-Stress Test (NST):** Is a prenatal test used to monitor a fetus's heart rate and its response to movement. It measures the fetal heart rate to see if it changes when the fetus moves or during uterine contractions, without placing any stress on the fetus. During the test, monitors are placed around the mother's abdomen to track the heart rate and contractions, typically performed after 28 weeks of gestation, especially in the third trimester. The NST helps ensure the health of the fetus before labor.

**Obstetrics (OB):** Is the field of study that focuses on pregnancy, childbirth, and the postpartum period. It is a branch of medical science that deals with caring for and treating women during pregnancy and childbirth.

**Obstetrician-Gynecologist (OB/GYN):** Is the medical specialty that encompasses two subspecialties: obstetrics, which covers pregnancy, childbirth, and the postpartum period, and gynecology, which focuses on the health of the female reproductive system including the vagina, uterus, ovaries, and breasts. OB-GYNs are medical doctors with expertise in female reproductive health, pregnancy, and childbirth.

**Placenta Previa:** This describes where the placenta completely covers the cervix. This condition is typically identified during routine ultrasounds, often around the 20-week mark of pregnancy. While having a low-lying placenta does not usually cause pain, it may require monitoring as the pregnancy progresses.

**Pre-eclampsia:** A serious medical condition that can occur during pregnancy, usually after 20 weeks. It is characterized by high blood pressure, protein in the urine, swelling, headaches, and blurred vision. Treatment is necessary to avoid life-threatening complications, and the only cure is to give birth.

**Qualified Healthcare Professional (QHP):** Is an individual who is qualified by education, training, licensure/regulation, and facility privileging to perform a professional service within their scope of practice and independently report that service. In the context of health insurance, a QHP refers to a plan that meets certain requirements under the Affordable Care Act and is certified by the Centers for Medicare and Medicaid Services (CMS).

**Transvaginal Ultrasound:** Is a type of pelvic ultrasound used by doctors to examine female reproductive organs, including the uterus, fallopian tubes, ovaries, cervix, and vagina. It is a safe, painless imaging procedure that provides detailed images of internal organs.  
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**Ultrasound:** A medical imaging method that uses high-frequency sound waves to produce images of structures within the human body. Ultrasonic waves are sound waves that are above the range of sound audible to humans. Ultrasound scans are also called sonography or diagnostic medical sonography. The images produced by ultrasound can provide valuable information for diagnosing and directing treatment for a variety of diseases and conditions.

**Uterus:** Is a pear-shaped muscular organ of the female reproductive system. It is located between the bladder and the rectum. The uterus functions to nourish and house a fertilized egg until the fetus is ready to be delivered. It is also responsible for the menstrual cycle.

#### Description

High Risk Obstetrics (OB) services are considered for members with a qualifying high-risk OB diagnosis. High Risk OB services are provided by SoonerSelect contracted Maternal Fetal Medicine specialist (MFM) and may also be provided by SoonerSelect contracted Obstetrician-Gynecologist (OB-GYN) and Family Practice Obstetrician (FPOB) with limitations.

#### CPT Codes Covered Requiring Prior Authorization (PA)

Prior Authorization Code/Unit Requests – In order to streamline the PA/Claims process, Group codes have been created. You will submit your PA request using the appropriate Group Code below (modifiers not required) and you will continue to file your claims using the appropriate CPT code and modifiers.

- A. Single Fetus – allowed billing modifiers TC and 26
  - Request MA001 (76815 + 76816 + 76817) may request up to 3 units
  - Request MA002 (59025 + 76818 + 76819) may request up to 5 units
- B. Twins – allowed billing modifiers 59, TC and 26
  - Request MA003 (76815 + 76816 + 76817) may request up to 6 units
  - Request MA004 (59025 + 76818 + 76819) may request up to 10 units
- C. Triplets – allowed billing modifiers 59, 76, TC and 26
  - Request MA005 (76815 + 76816 + 76817) may request up to 9 units
  - Request MA006 (59025 + 76818 + 76819) may request up to 15 units

Members may have up to 3 units (combined) for 76815 + 76816 + 76817 for each fetus and may have up to 5 units (combined) for 59025 + 76818 + and 76819 for each fetus.

**NOTE:** Please see CPT code book for full description of codes.

### Modifiers

**59-** Modifier 59 is the universal unbundling modifier. When used on a claim line, it unbundles two procedures that normally would be bundled and not paid together.

**TC-** Technical Component, used to indicate that the service or procedure being coded was performed in the Technical Component (TC) only. This means that only the technical aspect of the service or procedure was provided, and no professional component was involved.

**26-** Modifier 26 is defined as the professional component (PC), outlined as a physician's service, which may include technician supervision, interpretation of results and a written report.

**76-** Modifier 76 is the repeat procedure or service, on the same day, by the same physician or other qualified healthcare professional (QHP).

### Approval Criteria

#### GENERAL:

Online Submission via the OHCA Secure Provider Portal:

1. SoonerSelect Member ID number – member name and date of birth will auto populate
2. Diagnosis - Qualifying high-risk OB diagnosis code(s) (do not enter decimals)
3. Provider Information:
  - A. Do not use a group identification number;
  - B. MUST use the specific provider ID number for the prescribing/ordering provider:  
Maternal Fetal Medicine specialist (MFM), Obstetrician-Gynecologist (OB-GYN) or Family Practice Obstetrician (FPOB);
  - C. Prescribing/ordering providers must be contracted with SoonerSelect.

#### DOCUMENTATION REQUIRED: (Must be uploaded via the OHCA Secure Provider Portal)

1. Comprehensive history & physical and assessment of mother including current vitals (weight, height, blood pressure measurements, current medications, prior pregnancy history with dates/outcomes, etc.);
2. Ultrasound, lab or other diagnostic results supporting diagnosis;
3. Clinical documentation should include assessment and treatment recommendations and must be signed (electronic signature accepted) by a Board Eligible/Board Certified Maternal Fetal Medicine specialist, Board Eligible/Board Certified Obstetrician-Gynecologist, or Board Eligible/Board Certified Family Practice Physician with completion of Accreditation Council for Graduate Medical Education approved residency and credentialed by hospital where services will be performed.
4. PA requests with diagnosis codes which are not qualifying HROB codes will require additional review by Physician/Consultant.
5. PA requests submitted by an OB-GYN or FPOB without MFM consultation/participation with diagnosis other than those listed below will be denied - see document titled **OHCA Qualified HROB Diagnosis Codes**.

The obstetricians and family practice physicians must be Board eligible/Board certified. Additionally, the family practice physician must have completed an Accreditation Council for Graduate Medical Education (ACGME) approved residency which included appropriate obstetric training and must be credentialed by the hospital at which they provide obstetrical services in order to perform such services.

### Additional Information

Prior Authorization does not guarantee approval - additional documentation may be required.  
Supplier generated forms and Physician letters of medical necessity are not a substitute for the comprehensive medical record.

## OHCA Qualified HROB Diagnosis Codes

This list of ICD10 diagnosis codes is provided as a courtesy. It is the provider's responsibility to use the appropriate diagnosis code. Providers should consult their coding resources for clarification of diagnosis codes.

ICD-10-CM Diagnosis	Code Description
D57.1	Sickle-cell disease without crisis
D57.20	Sickle-cell/Hb-C disease without crisis
D57.00	Hb-SS disease with crisis, unspecified
D57.01	Hb-SS disease with acute chest syndrome
D57.02	Hb-SS disease with splenic sequestration
D57.211	Sickle-cell/Hb-C disease with acute chest syndrome
D57.212	Sickle-cell/Hb-C disease with splenic sequestration
D57.219	Sickle-cell/Hb-C disease with crisis, unspecified
D57.80	Other sickle-cell disorders without crisis
D57.811	Other sickle-cell disorders with acute chest syndrome
D57.812	Other sickle-cell disorders with splenic sequestration
D57.819	Other sickle-cell disorders with crisis, unspecified
O44.01	Placenta previa specified as without hemorrhage, first trimester
O44.02	Placenta previa specified as without hemorrhage, second trimester
O44.03	Placenta previa specified as without hemorrhage, third trimester
O44.11	Placenta previa with hemorrhage, first trimester
O44.12	Placenta previa with hemorrhage, second trimester
O44.13	Placenta previa with hemorrhage, third trimester
O45.8X1	Other premature separation of placenta, first trimester
O45.8X2	Other premature separation of placenta, second trimester
O45.8X3	Other premature separation of placenta, third trimester
O45.91	Premature separation of placenta, unspecified, first trimester
O45.92	Premature separation of placenta, unspecified, second trimester
O45.93	Premature separation of placenta, unspecified, third trimester
O10.011	Pre-existing essential hypertension complicating pregnancy, first trimester
O10.012	Pre-existing essential hypertension complicating pregnancy, second trimester
O10.013	Pre-existing essential hypertension complicating pregnancy, third trimester
O10.911	Unspecified pre-existing hypertension complicating pregnancy, first trimester

O10.912	Unspecified pre-existing hypertension complicating pregnancy, second trimester
O10.913	Unspecified pre-existing hypertension complicating pregnancy, third trimester
O10.411	Pre-existing secondary hypertension complicating pregnancy, first trimester
O10.412	Pre-existing secondary hypertension complicating pregnancy, second trimester
O10.413	Pre-existing secondary hypertension complicating pregnancy, third trimester
O10.111	Pre-existing hypertensive heart disease complicating pregnancy, first trimester
O10.112	Pre-existing hypertensive heart disease complicating pregnancy, second trimester
O10.113	Pre-existing hypertensive heart disease complicating pregnancy, third trimester
O10.211	Pre-existing hypertensive chronic kidney disease complicating pregnancy, first trimester
O10.212	Pre-existing hypertensive chronic kidney disease complicating pregnancy, second trimester
O10.213	Pre-existing hypertensive chronic kidney disease complicating pregnancy, third trimester
O10.311	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, first trimester
O10.312	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, second trimester
O10.313	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, third trimester
O13.1	Gestational [pregnancy-induced] hypertension without significant proteinuria, first trimester
O13.2	Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester
O13.3	Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester
O14.02	Mild to moderate pre-eclampsia, second trimester
O14.03	Mild to moderate pre-eclampsia, third trimester
O14.12	Severe pre-eclampsia, second trimester
O14.13	Severe pre-eclampsia, third trimester
O14.22	HELLP syndrome (HELLP), second trimester
O14.23	HELLP syndrome (HELLP), third trimester
O14.92	Unspecified pre-eclampsia, second trimester
O14.93	Unspecified pre-eclampsia, third trimester
O15.02	Eclampsia in pregnancy, second trimester
O15.03	Eclampsia in pregnancy, third trimester
O11.1	Pre-existing hypertension with pre-eclampsia, first trimester
O11.2	Pre-existing hypertension with pre-eclampsia, second trimester
O11.3	Pre-existing hypertension with pre-eclampsia, third trimester
O60.02	Preterm labor without delivery, second trimester
O60.03	Preterm labor without delivery, third trimester
O24.011	Pre-existing diabetes mellitus, type 1, in pregnancy, first trimester
O24.012	Pre-existing diabetes mellitus, type 1, in pregnancy, second trimester
O24.013	Pre-existing diabetes mellitus, type 1, in pregnancy, third trimester
O24.111	Pre-existing diabetes mellitus, type 2, in pregnancy, first trimester
O24.112	Pre-existing diabetes mellitus, type 2, in pregnancy, second trimester
O24.113	Pre-existing diabetes mellitus, type 2, in pregnancy, third trimester
O24.311	Unspecified pre-existing diabetes mellitus in pregnancy, first trimester
O24.312	Unspecified pre-existing diabetes mellitus in pregnancy, second trimester
O24.313	Unspecified pre-existing diabetes mellitus in pregnancy, third trimester

O24.811	Other pre-existing diabetes mellitus in pregnancy, first trimester
O24.812	Other pre-existing diabetes mellitus in pregnancy, second trimester
O24.813	Other pre-existing diabetes mellitus in pregnancy, third trimester
O24.911	Unspecified diabetes mellitus in pregnancy, first trimester
O24.912	Unspecified diabetes mellitus in pregnancy, second trimester
O24.913	Unspecified diabetes mellitus in pregnancy, third trimester
O99.411	Diseases of the circulatory system complicating pregnancy, first trimester
O99.412	Diseases of the circulatory system complicating pregnancy, second trimester
O99.413	Diseases of the circulatory system complicating pregnancy, third trimester
O99.810	Abnormal glucose complicating pregnancy
O24.410	Gestational diabetes mellitus in pregnancy, diet controlled
O24.414	Gestational diabetes mellitus in pregnancy, insulin controlled
O24.419	Gestational diabetes mellitus in pregnancy, unspecified control
O99.111	Other diseases of blood & blood-forming organs & certain disorders involving immune mechanism complicating pregnancy, 1st trimester
O99.112	Other diseases of blood & blood-forming organs & certain disorders involving immune mechanism complicating pregnancy, 2nd trimester
O99.113	Other diseases of blood & blood-forming organs & certain disorders involving immune mechanism complicating pregnancy, 3rd trimester
O26.872	Cervical shortening, second trimester
O26.873	Cervical shortening, third trimester
O30.001	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30.002	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30.003	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30.011	Twin pregnancy, monochorionic/monoamniotic, first trimester
O30.012	Twin pregnancy, monochorionic/monoamniotic, second trimester
O30.013	Twin pregnancy, monochorionic/monoamniotic, third trimester
O30.031	Twin pregnancy, monochorionic/diamniotic, first trimester
O30.032	Twin pregnancy, monochorionic/diamniotic, second trimester
O30.033	Twin pregnancy, monochorionic/diamniotic, third trimester
O30.041	Twin pregnancy, dichorionic/diamniotic, first trimester
O30.042	Twin pregnancy, dichorionic/diamniotic, second trimester
O30.043	Twin pregnancy, dichorionic/diamniotic, third trimester
O30.091	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O30.092	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30.093	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O30.101	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30.102	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30.103	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30.111	Triplet pregnancy with two or more monochorionic fetuses, first trimester
O30.112	Triplet pregnancy with two or more monochorionic fetuses, second trimester
O30.113	Triplet pregnancy with two or more monochorionic fetuses, third trimester

O30.121	Triplet pregnancy with two or more monoamniotic fetuses, first trimester
O30.122	Triplet pregnancy with two or more monoamniotic fetuses, second trimester
O30.123	Triplet pregnancy with two or more monoamniotic fetuses, third trimester
O30.191	Triplet pregnancy unable to determine number of placenta and number of amniotic sacs, first trimester
O30.192	Triplet pregnancy unable to determine number of placenta and number of amniotic sacs, second trimester
O30.193	Triplet pregnancy unable to determine number of placenta and number of amniotic sacs, third trimester
O30.201	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
O30.202	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
O30.203	Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
O30.211	Quadruplet pregnancy with two or more monochorionic fetuses, first trimester
O30.212	Quadruplet pregnancy with two or more monochorionic fetuses, second trimester
O30.213	Quadruplet pregnancy with two or more monochorionic fetuses, third trimester
O30.221	Quadruplet pregnancy with two or more monoamniotic fetuses, first trimester
O30.222	Quadruplet pregnancy with two or more monoamniotic fetuses, second trimester
O30.223	Quadruplet pregnancy with two or more monoamniotic fetuses, third trimester
O30.291	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
O30.292	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
O30.293	Quadruplet pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
O31.11X0	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, not applicable or unspecified
O31.11X1	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 1
O31.11X2	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 2
O31.11X3	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester, fetus 3
O31.12X0	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, not applicable or unspecified
O31.12X1	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 1
O31.12X2	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 2
O31.12X3	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester, fetus 3
O31.13X0	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, not applicable or unspecified
O31.13X1	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 1
O31.13X2	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 2
O31.13X3	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester, fetus 3
O31.21X0	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, not applicable or unspecified
O31.21X1	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 1
O31.21X2	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 2
O31.21X3	Continuing pregnancy after intrauterine death of one fetus or more, first trimester, fetus 3
O31.22X0	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, not applicable or unspecified
O31.22X1	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 1
O31.22X2	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 2
O31.22X3	Continuing pregnancy after intrauterine death of one fetus or more, second trimester, fetus 3



O31.23X0	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, not applicable or unspecified
O31.23X1	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 1
O31.23X2	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 2
O31.23X3	Continuing pregnancy after intrauterine death of one fetus or more, third trimester, fetus 3
O36.0110	Maternal care for anti-D [Rh] antibodies, first trimester, not applicable or unspecified
O36.0111	Maternal care for anti-D [Rh] antibodies, first trimester, fetus 1
O36.0112	Maternal care for anti-D [Rh] antibodies, first trimester, fetus 2
O36.0113	Maternal care for anti-D [Rh] antibodies, first trimester, fetus 3
O36.0114	Maternal care for anti-D [Rh] antibodies, first trimester, fetus 4
O36.0115	Maternal care for anti-D [Rh] antibodies, first trimester, fetus 5
O36.0119	Maternal care for anti-D [Rh] antibodies, first trimester, other fetus
O36.0120	Maternal care for anti-D [Rh] antibodies, second trimester, not applicable or unspecified
O36.0121	Maternal care for anti-D [Rh] antibodies, second trimester, fetus 1
O36.0122	Maternal care for anti-D [Rh] antibodies, second trimester, fetus 2
O36.0123	Maternal care for anti-D [Rh] antibodies, second trimester, fetus 3
O36.0124	Maternal care for anti-D [Rh] antibodies, second trimester, fetus 4
O36.0125	Maternal care for anti-D [Rh] antibodies, second trimester, fetus 5
O36.0129	Maternal care for anti-D [Rh] antibodies, second trimester, other fetus
O36.0130	Maternal care for anti-D [Rh] antibodies, third trimester, not applicable or unspecified
O36.0131	Maternal care for anti-D [Rh] antibodies, third trimester, fetus 1
O36.0132	Maternal care for anti-D [Rh] antibodies, third trimester, fetus 2
O36.0133	Maternal care for anti-D [Rh] antibodies, third trimester, fetus 3
O36.0134	Maternal care for anti-D [Rh] antibodies, third trimester, fetus 4
O36.0135	Maternal care for anti-D [Rh] antibodies, third trimester, fetus 5
O36.0139	Maternal care for anti-D [Rh] antibodies, third trimester, other fetus
O36.0910	Maternal care for other rhesus isoimmunization, first trimester, not applicable or unspecified
O36.0911	Maternal care for other rhesus isoimmunization, first trimester, fetus 1
O36.0912	Maternal care for other rhesus isoimmunization, first trimester, fetus 2
O36.0913	Maternal care for other rhesus isoimmunization, first trimester, fetus 3
O36.0914	Maternal care for other rhesus isoimmunization, first trimester, fetus 4
O36.0915	Maternal care for other rhesus isoimmunization, first trimester, fetus 5
O36.0919	Maternal care for other rhesus isoimmunization, first trimester, other fetus
O36.0920	Maternal care for other rhesus isoimmunization, second trimester, not applicable or unspecified
O36.0921	Maternal care for other rhesus isoimmunization, second trimester, fetus 1
O36.0922	Maternal care for other rhesus isoimmunization, second trimester, fetus 2
O36.0923	Maternal care for other rhesus isoimmunization, second trimester, fetus 3
O36.0924	Maternal care for other rhesus isoimmunization, second trimester, fetus 4
O36.0925	Maternal care for other rhesus isoimmunization, second trimester, fetus 5
O36.0929	Maternal care for other rhesus isoimmunization, second trimester, other fetus
O36.0930	Maternal care for other rhesus isoimmunization, third trimester, not applicable or unspecified

O36.0931	Maternal care for other rhesus isoimmunization, third trimester, fetus 1
O36.0932	Maternal care for other rhesus isoimmunization, third trimester, fetus 2
O36.0933	Maternal care for other rhesus isoimmunization, third trimester, fetus 3
O36.0934	Maternal care for other rhesus isoimmunization, third trimester, fetus 4
O36.0935	Maternal care for other rhesus isoimmunization, third trimester, fetus 5
O36.0939	Maternal care for other rhesus isoimmunization, third trimester, other fetus
O36.1110	Maternal care for Anti-A sensitization, first trimester, not applicable or unspecified
O36.1111	Maternal care for Anti-A sensitization, first trimester, fetus 1
O36.1112	Maternal care for Anti-A sensitization, first trimester, fetus 2
O36.1113	Maternal care for Anti-A sensitization, first trimester, fetus 3
O36.1114	Maternal care for Anti-A sensitization, first trimester, fetus 4
O36.1115	Maternal care for Anti-A sensitization, first trimester, fetus 5
O36.1119	Maternal care for Anti-A sensitization, first trimester, other fetus
O36.1120	Maternal care for Anti-A sensitization, second trimester, not applicable or unspecified
O36.1121	Maternal care for Anti-A sensitization, second trimester, fetus 1
O36.1122	Maternal care for Anti-A sensitization, second trimester, fetus 2
O36.1123	Maternal care for Anti-A sensitization, second trimester, fetus 3
O36.1124	Maternal care for Anti-A sensitization, second trimester, fetus 4
O36.1125	Maternal care for Anti-A sensitization, second trimester, fetus 5
O36.1129	Maternal care for Anti-A sensitization, second trimester, other fetus
O36.1130	Maternal care for Anti-A sensitization, third trimester, not applicable or unspecified
O36.1131	Maternal care for Anti-A sensitization, third trimester, fetus 1
O36.1132	Maternal care for Anti-A sensitization, third trimester, fetus 2
O36.1133	Maternal care for Anti-A sensitization, third trimester, fetus 3
O36.1134	Maternal care for Anti-A sensitization, third trimester, fetus 4
O36.1135	Maternal care for Anti-A sensitization, third trimester, fetus 5
O36.1139	Maternal care for Anti-A sensitization, third trimester, other fetus
O36.1910	Maternal care for other isoimmunization, first trimester, not applicable or unspecified
O36.1911	Maternal care for other isoimmunization, first trimester, fetus 1
O36.1912	Maternal care for other isoimmunization, first trimester, fetus 2
O36.1913	Maternal care for other isoimmunization, first trimester, fetus 3
O36.1914	Maternal care for other isoimmunization, first trimester, fetus 4
O36.1915	Maternal care for other isoimmunization, first trimester, fetus 5
O36.1919	Maternal care for other isoimmunization, first trimester, other fetus
O36.1920	Maternal care for other isoimmunization, second trimester, not applicable or unspecified
O36.1921	Maternal care for other isoimmunization, second trimester, fetus 1
O36.1922	Maternal care for other isoimmunization, second trimester, fetus 2
O36.1923	Maternal care for other isoimmunization, second trimester, fetus 3
O36.1924	Maternal care for other isoimmunization, second trimester, fetus 4
O36.1925	Maternal care for other isoimmunization, second trimester, fetus 5
O36.1929	Maternal care for other isoimmunization, second trimester, other fetus

O36.1930	Maternal care for other isoimmunization, third trimester, not applicable or unspecified
O36.1931	Maternal care for other isoimmunization, third trimester, fetus 1
O36.1932	Maternal care for other isoimmunization, third trimester, fetus 2
O36.1933	Maternal care for other isoimmunization, third trimester, fetus 3
O36.1934	Maternal care for other isoimmunization, third trimester, fetus 4
O36.1935	Maternal care for other isoimmunization, third trimester, fetus 5
O36.1939	Maternal care for other isoimmunization, third trimester, other fetus
O36.5110	Maternal care for known or suspected placental insufficiency, first trimester, not applicable or unspecified
O36.5111	Maternal care for known or suspected placental insufficiency, first trimester, fetus 1
O36.5112	Maternal care for known or suspected placental insufficiency, first trimester, fetus 2
O36.5113	Maternal care for known or suspected placental insufficiency, first trimester, fetus 3
O36.5114	Maternal care for known or suspected placental insufficiency, first trimester, fetus 4
O36.5115	Maternal care for known or suspected placental insufficiency, first trimester, fetus 5
O36.5119	Maternal care for known or suspected placental insufficiency, first trimester, other fetus
O36.5120	Maternal care for known or suspected placental insufficiency, second trimester, not applicable or unspecified
O36.5121	Maternal care for known or suspected placental insufficiency, second trimester, fetus 1
O36.5122	Maternal care for known or suspected placental insufficiency, second trimester, fetus 2
O36.5123	Maternal care for known or suspected placental insufficiency, second trimester, fetus 3
O36.5124	Maternal care for known or suspected placental insufficiency, second trimester, fetus 4
O36.5125	Maternal care for known or suspected placental insufficiency, second trimester, fetus 5
O36.5129	Maternal care for known or suspected placental insufficiency, second trimester, other fetus
O36.5130	Maternal care for known or suspected placental insufficiency, third trimester, not applicable or unspecified
O36.5131	Maternal care for known or suspected placental insufficiency, third trimester, fetus 1
O36.5132	Maternal care for known or suspected placental insufficiency, third trimester, fetus 2
O36.5133	Maternal care for known or suspected placental insufficiency, third trimester, fetus 3
O36.5134	Maternal care for known or suspected placental insufficiency, third trimester, fetus 4
O36.5135	Maternal care for known or suspected placental insufficiency, third trimester, fetus 5
O36.5139	Maternal care for known or suspected placental insufficiency, third trimester, other fetus
O36.5190	Maternal care for known or suspected placental insufficiency, unspecified trimester, not applicable or unspecified
O36.5191	Maternal care for known or suspected placental insufficiency, unspecified trimester, fetus 1
O36.5192	Maternal care for known or suspected placental insufficiency, unspecified trimester, fetus 2
O36.5193	Maternal care for known or suspected placental insufficiency, unspecified trimester, fetus 3
O36.5194	Maternal care for known or suspected placental insufficiency, unspecified trimester, fetus 4
O36.5195	Maternal care for known or suspected placental insufficiency, unspecified trimester, fetus 5
O36.5199	Maternal care for known or suspected placental insufficiency, unspecified trimester, other fetus
O36.5910	Maternal care for other known or suspected poor fetal growth, first trimester, not applicable or unspecified
O36.5911	Maternal care for other known or suspected poor fetal growth, first trimester, fetus 1
O36.5912	Maternal care for other known or suspected poor fetal growth, first trimester, fetus 2
O36.5913	Maternal care for other known or suspected poor fetal growth, first trimester, fetus 3
O36.5914	Maternal care for other known or suspected poor fetal growth, first trimester, fetus 4

O36.5915	Maternal care for other known or suspected poor fetal growth, first trimester, fetus 5
O36.5919	Maternal care for other known or suspected poor fetal growth, first trimester, other fetus
O36.5920	Maternal care for other known or suspected poor fetal growth, second trimester, not applicable or unspecified
O36.5921	Maternal care for other known or suspected poor fetal growth, second trimester, fetus 1
O36.5922	Maternal care for other known or suspected poor fetal growth, second trimester, fetus 2
O36.5923	Maternal care for other known or suspected poor fetal growth, second trimester, fetus 3
O36.5924	Maternal care for other known or suspected poor fetal growth, second trimester, fetus 4
O36.5925	Maternal care for other known or suspected poor fetal growth, second trimester, fetus 5
O36.5929	Maternal care for other known or suspected poor fetal growth, second trimester, other fetus
O36.5930	Maternal care for other known or suspected poor fetal growth, third trimester, not applicable or unspecified
O36.5931	Maternal care for other known or suspected poor fetal growth, third trimester, fetus 1
O36.5932	Maternal care for other known or suspected poor fetal growth, third trimester, fetus 2
O36.5933	Maternal care for other known or suspected poor fetal growth, third trimester, fetus 3
O36.5934	Maternal care for other known or suspected poor fetal growth, third trimester, fetus 4
O36.5935	Maternal care for other known or suspected poor fetal growth, third trimester, fetus 5
O36.5939	Maternal care for other known or suspected poor fetal growth, third trimester, other fetus
O36.5990	Maternal care for other known or suspected poor fetal growth, unspecified trimester, not applicable or unspecified
O36.5991	Maternal care for other known or suspected poor fetal growth, unspecified trimester, fetus 1
O36.5992	Maternal care for other known or suspected poor fetal growth, unspecified trimester, fetus 2
O36.5993	Maternal care for other known or suspected poor fetal growth, unspecified trimester, fetus 3
O36.5994	Maternal care for other known or suspected poor fetal growth, unspecified trimester, fetus 4
O36.5995	Maternal care for other known or suspected poor fetal growth, unspecified trimester, fetus 5
O36.5999	Maternal care for other known or suspected poor fetal growth, unspecified trimester, other fetus
O36.61X0	Maternal care for excessive fetal growth, first trimester, not applicable or unspecified
O36.61X1	Maternal care for excessive fetal growth, first trimester, fetus 1
O36.61X2	Maternal care for excessive fetal growth, first trimester, fetus 2
O36.61X3	Maternal care for excessive fetal growth, first trimester, fetus 3
O36.61X4	Maternal care for excessive fetal growth, first trimester, fetus 4
O36.61X5	Maternal care for excessive fetal growth, first trimester, fetus 5
O36.61X9	Maternal care for excessive fetal growth, first trimester, other fetus
O36.62X0	Maternal care for excessive fetal growth, second trimester, not applicable or unspecified
O36.62X1	Maternal care for excessive fetal growth, second trimester, fetus 1
O36.62X2	Maternal care for excessive fetal growth, second trimester, fetus 2
O36.62X3	Maternal care for excessive fetal growth, second trimester, fetus 3
O36.62X4	Maternal care for excessive fetal growth, second trimester, fetus 4
O36.62X5	Maternal care for excessive fetal growth, second trimester, fetus 5
O36.62X9	Maternal care for excessive fetal growth, second trimester, other fetus
O36.63X0	Maternal care for excessive fetal growth, third trimester, not applicable or unspecified
O36.63X1	Maternal care for excessive fetal growth, third trimester, fetus 1
O36.63X2	Maternal care for excessive fetal growth, third trimester, fetus 2

O36.63X3	Maternal care for excessive fetal growth, third trimester, fetus 3
O36.63X4	Maternal care for excessive fetal growth, third trimester, fetus 4
O36.63X5	Maternal care for excessive fetal growth, third trimester, fetus 5
O36.63X9	Maternal care for excessive fetal growth, third trimester, other fetus
O40.1XX0	Polyhydramnios, first trimester, not applicable or unspecified
O40.1XX1	Polyhydramnios, first trimester, fetus 1
O40.1XX2	Polyhydramnios, first trimester, fetus 2
O40.1XX3	Polyhydramnios, first trimester, fetus 3
O40.1XX4	Polyhydramnios, first trimester, fetus 4
O40.1XX5	Polyhydramnios, first trimester, fetus 5
O40.1XX9	Polyhydramnios, first trimester, other fetus
O40.2XX0	Polyhydramnios, second trimester, not applicable or unspecified
O40.2XX1	Polyhydramnios, second trimester, fetus 1
O40.2XX2	Polyhydramnios, second trimester, fetus 2
O40.2XX3	Polyhydramnios, second trimester, fetus 3
O40.2XX4	Polyhydramnios, second trimester, fetus 4
O40.2XX5	Polyhydramnios, second trimester, fetus 5
O40.2XX9	Polyhydramnios, second trimester, other fetus
O40.3XX0	Polyhydramnios, third trimester, not applicable or unspecified
O40.3XX1	Polyhydramnios, third trimester, fetus 1
O40.3XX2	Polyhydramnios, third trimester, fetus 2
O40.3XX3	Polyhydramnios, third trimester, fetus 3
O40.3XX4	Polyhydramnios, third trimester, fetus 4
O40.3XX5	Polyhydramnios, third trimester, fetus 5
O40.3XX9	Polyhydramnios, third trimester, other fetus
O41.01X0	Oligohydramnios, first trimester, not applicable or unspecified
O41.01X1	Oligohydramnios, first trimester, fetus 1
O41.01X2	Oligohydramnios, first trimester, fetus 2
O41.01X3	Oligohydramnios, first trimester, fetus 3
O41.01X4	Oligohydramnios, first trimester, fetus 4
O41.01X5	Oligohydramnios, first trimester, fetus 5
O41.01X9	Oligohydramnios, first trimester, other fetus
O41.02X0	Oligohydramnios, second trimester, not applicable or unspecified
O41.02X1	Oligohydramnios, second trimester, fetus 1
O41.02X2	Oligohydramnios, second trimester, fetus 2
O41.02X3	Oligohydramnios, second trimester, fetus 3
O41.02X4	Oligohydramnios, second trimester, fetus 4
O41.02X5	Oligohydramnios, second trimester, fetus 5
O41.02X9	Oligohydramnios, second trimester, other fetus
O41.03X0	Oligohydramnios, third trimester, not applicable or unspecified
O41.03X1	Oligohydramnios, third trimester, fetus 1

O41.03X2	Oligohydramnios, third trimester, fetus 2
O41.03X3	Oligohydramnios, third trimester, fetus 3
O41.03X4	Oligohydramnios, third trimester, fetus 4
O41.03X5	Oligohydramnios, third trimester, fetus 5
O41.03X9	Oligohydramnios, third trimester, other fetus
M32.0	Drug-induced systemic lupus erythematosus
M32.10	Systemic lupus erythematosus, organ or system involvement unspecified
M32.11	Endocarditis in systemic lupus erythematosus
M32.12	Pericarditis in systemic lupus erythematosus
M32.13	Lung involvement in systemic lupus erythematosus
M32.14	Glomerular disease in systemic lupus erythematosus
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus
M32.19	Other organ or system involvement in systemic lupus erythematosus
M32.8	Other forms of systemic lupus erythematosus
M32.9	Systemic lupus erythematosus, unspecified
O09.211	Supervision of pregnancy with history of pre-term labor, first trimester
O09.212	Supervision of pregnancy with history of pre-term labor, second trimester
O09.213	Supervision of pregnancy with history of pre-term labor, third trimester
O09.219	Supervision of pregnancy with history of pre-term labor, unspecified trimester
O09.291	Supervision of pregnancy with other poor reproductive or obstetric history, first trimester
O09.292	Supervision of pregnancy with other poor reproductive or obstetric history, second trimester
O09.293	Supervision of pregnancy with other poor reproductive or obstetric history, third trimester
O09.299	Supervision of pregnancy with other poor reproductive or obstetric history, unspecified trimester