

# 4

## CLAIMS SUBMISSION

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## 4. CLAIMS SUBMISSION

### 4.1 Overview

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

- method of submitting claims
- process to submit claims
- submission of claims
- reports
- reconciliation and payment
- inquiries

### 4.2 Method of Submitting Claims

All claims must be submitted through medical claims electronic data transfer (MC EDT) in accordance with Regulation 552, Section 38.3 of the *Health Insurance Act (HIA)*.

#### Medical Claims Electronic Data Transfer (MC EDT)

The MC EDT is a secure web-enabled service that offers a:

- simple user interface (web page) with basic upload and download functions using an internet connection; and
- a web service for complete automation and integration with Electronic Medical Record (EMR)/Clinic Management System (CMS) software or billing software systems.

The web page is **not** intended for use with automated programs or scripts. The MC EDT web page is suitable for those with a low number of daily file uploads. File uploads and downloads are a manual process and cannot be scripted or integrated with a systems interface.

Users of the web service will require third party software/vendor to develop a fully automated system to submit and receive files. The MC EDT technical specifications for the web service is located on the ministry website at:

[http://www.health.gov.on.ca/english/providers/pub/pub\\_menus/pub\\_ohip.html](http://www.health.gov.on.ca/english/providers/pub/pub_menus/pub_ohip.html)

Some of the key benefits of the MC EDT service include:

- Secure user authentication;
- Ability to designate access to administrative staff, third party agents or other health care providers, to act on your behalf for the submission and/or reconciliation of claim files;
- Additional electronic reports.

The MC EDT service is available 24 hours a day, seven days a week with the exception of weekly scheduled system maintenance on Sunday mornings between the hours of 1:00 am and 5:00 am and Wednesday mornings between the hours of 5:00 am to 8:00 am.

The MC EDT service currently supports the following file types:

- Medical Claims
- Stale Dated Claims
- Overnight Batch Eligibility Checking (OBEC)

For further information on MC EDT and how to register, refer to the MC EDT Reference Manual located at:

[http://www.health.gov.on.ca/en/pro/publications/ohip/docs/mc\\_edt\\_reference\\_manual.pdf](http://www.health.gov.on.ca/en/pro/publications/ohip/docs/mc_edt_reference_manual.pdf)

### 4.3 Process to Submit Claims

Claim files must be submitted in a specific file format as outlined in the Technical Specifications-Interface to Health Care Systems manual.

You should contact a software vendor to determine the most appropriate hardware and billing software that would meet your needs based on your business practices and technical capabilities. All hardware and software must conform to the specifications as contained in the [Technical Specifications-Interface to Health Care Systems](#) manual.

### 4.4 Submission of Claims

There are three types of claims a physician will submit:

- Health (HCP)
- Workplace Safety Insurance Board (WSIB)
- 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 insurance 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.*

## WSIB Claim

Workplace Safety and Insurance Board (WSIB) (formerly Workers' Compensation Board (WCB)) claims are for services rendered to patients with Ontario health insurance 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 WSIB 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 claim.

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

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

- Service codes prefixed by "T" or "V"
- 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)
- Services provided by OPTED-OUT health care providers

## RMB Claim

Reciprocal Medical Billing claims are used to bill for services rendered by physicians to a patient insured under another Canadian provincial/territorial 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.*

**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 do not submit through the RMBS and bill the ministry directly must complete and submit the standard "Out of Province Claim for Physician Services" form (0000-80) available online at:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?openform&ENV=WWE&NO=014-0000-80>

This form is also used for claims for residents of Quebec and for RMB excluded services that are OHIP benefits.

The following services are excluded from RMB (but are not necessarily OHIP benefits) and should be billed directly to the non-resident patient (or to the non-resident's home province/territory if prior approval has been granted by the home province/territory):

- Surgery for alteration of appearance (cosmetic surgery)
- Sex reassignment surgery
- Surgery for reversal of sterilization
- 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 (e.g., 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
- PET scans and Gamma Knife Radiosurgery
- Telemedicine services

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

### **Coding Requirements**

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

- Diagnostic Codes
- Services Requiring Diagnostic Codes

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

The ministry operates on a monthly billing cycle. Claims received by the 18th of the month will typically 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. Claims received after the 18th of the month will be processed prior to month end if time and volumes permit.

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 or weekly submissions of claims to ensure timely adjudication of claims files and to aid in the subsequent reconciliation of rejected claims.

### **Resubmission of Unpaid Claims**

In accordance with regulation under the *HIA*, all claims must be submitted within six months of the date of service. This includes original and resubmitted claims (i.e. corrected). 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 claims processing office when the claim is submitted:

<http://www.health.gov.on.ca/en/pro/programs/ohip/claimsoffice/default.aspx>

Supporting documentation may include an operative report, or a “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 claims processing office prior to the service being rendered.

This form is available at:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?openform&ENV=WWE&NO=014-0691-84>

## 4.5 Reports

The following reports are sent electronically from the ministry. Only reports applicable to your practice will be sent to you. All reports must be retrieved (downloaded) for review or appropriate action.

### File Reject Message

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 your claims submission.

### Batch Edit Report

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 your claims submission. If claims are uploaded on a weekend, holiday or at month end, the Batch Edit Report is delivered on the next claims processing day.

### 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 or error report message for each claim. Error codes may be reported at the header level of a claim and/or at the item level. Rejected claims may have more than one error code or error report message assigned (refer to section – [Error Codes](#) or [Error Report Messages](#) for further detailed explanation of the possible error codes).

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 error report message. The error report message is generated to provide more detailed information as to why the claim is being returned. Error report messages appear directly below the related claim item (refer to section – [Error Report Messages](#)).

Rejected claims shown on the Error Reports are returned during the processing 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 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 (RA), then check your Error Report for that month to determine if the claim was rejected and needs to be submitted again.

A 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.

### **Split Claims Error Report**

The Split Error Report is only available to physicians affiliated with a primary care group.

This report summarizes an individual physician's rejected claims that were submitted under the group number. A list of rejected claims and the appropriate error codes for each claim will appear on the report (refer to section – [Error Codes](#)).

**Remittance Advice Report (RA)**

An RA is a monthly statement of approved claims. You will receive your RA between the 5th and 7th of the month following the successful submission and processing of your claims.

Your RA is issued before you receive your payment on the 15th business day of each month.

**Group RA Split/Extract**

The group RA Split/Extract is only available to individual physicians within a Family Health Network (FHN) for reconciliation of their own claims.

The FHN primary care groups operate over a wide area of separate physical locations and every physician in a FHN may have a different billing package and submit claims from individual locations. The RA Split/Extract contains a FHN physician's own claim details only.

**OBEC Response File**

OBEC is a Health Card Validation (HCV) method that enables health care professionals to verify the eligibility of a patient's health number/version code before a health service is provided. A formatted file of health numbers/version codes can be sent to the ministry for processing and eligibility is verified against the ministry's database based on the date the file is submitted.

OBEC files received by the ministry by 4:00 pm are processed overnight and the response file will be sent to your MC EDT account by 7:00 am the following morning.

**Governance Reports**

Governance Reports are only sent to groups that provide specialty services in a hospital or an academic health sciences centre within specific communities. The following reports are generated monthly and sent to the MC EDT account for the governance at time of registration with the ministry.

- Academic Health Science Centre (AHSC) Governance Reports
- Northern Specialist Alternate Payment Program Governance Reports

**Primary Care Reports**

The following enrolment/consent reports are only sent to primary care physicians.

### Enrolment/Consent Outside Use Report

Outside Use is a core service that is provided to enrolled patients by any family physician who is not affiliated with the patient's primary care group. The report includes outside use details for each physician within a specific primary care group to assist in the calculation of their Access Bonus payment.

### Enrolment/Consent Patient Summary Report

This report is a summary of patient enrolment activity to date. The report includes total number of members, breaks down total numbers into member status (e.g. assigned, enrolled, pre-members) and unconfirmed total.

## 4.6 Reconciliation and Payment

Your RA may contain codes that indicate when a service has been reduced or disallowed because of medical rules which control the payment of claims (refer to section – [Explanatory Codes](#)).

Inquiries on your RA should be submitted within four months from the date of the RA on which the claim appears.

Information updates will be transmitted via the message facility of the monthly RA. 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

- Inquiries regarding underpayments must be made within four months of the date of the RA on which the payment appears and should include information/documentation to support the inquiry/request.
- Inquiries should be submitted to your claims processing office on a "Remittance Advice Inquiry" form (0918-84) which is available online at:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?openform&ENV=WWE&NO=014-0918-84>

- The ministry may determine that the decision is its final payment decision at any stage of the inquiry process.

If the payment decision has **not** been identified as final, the physician may continue the inquiry process by providing new information or documentation in a timely manner to support the Ministry's review of the claim(s). This may continue so long as there is meaningful dialogue between the physician and the ministry (i.e., new documentation/information is provided). A new RAI should **not** be submitted.

- Where a physician disagrees with the Ministry's final payment decision, a hearing by the Physician Payment Review Board may be requested. This request must be made within 20 business days of receipt of the RAI or a payment decision letter from the Ministry (whichever is later). Instruction on requesting a review can be found on the RA in the messages section.

**Note:** *inquiries related to overpayments or correcting a claim (e.g., incorrect health number, service date, diagnostic code, service not provided) can also be submitted on the RAI form. These should be submitted within four months of the date of the RA; however they may still be considered after this time.*

## 4.8 Province/Territory Codes

<b>PROVINCE/TERRITORY</b>	<b>PROVINCE CODE</b>	<b>FORMAT</b>
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 <ul style="list-style-type: none"> <li>• Prior to Apr 1/05, 6 numerics</li> </ul>	MB	9 numerics – individual registration (effective Apr. 1/05)
NEWFOUNDLAND/LABRADOR	NL	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	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

## 4.9 Error Codes

### Error Code – Description(s) – “A” Codes

- 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
- A3L Other New Pt Fee Already Pd
- A34 Multiple duplicate claims
- A4D Invalid specialty for this service code
- AC1 Maximum reached – resubmit alternate fsc
- AC4 A valid referring/requisitioning health care provider number must be present for this service code.
- Referring number is 722900-744292 (Nurse Practitioner) and FSC are not any of the five following:
- Laboratory Services (L\*\*\*)
  - Cardiology codes G310, G313, G700
  - Physiotherapy Code
  - Xray - X codes
  - Ultra Sound Codes - J code
- AD1 Corresponding Procedure Not Claimed
- AD9 Premium not allowed alone
- ADF Corresponding Procedure Invalid, Omitted or Paid at zero
- AH5 Admit date mismatch
- AH8 Hospital and/or Admission date is missing or invalid. - Invalid Adm Dte/Hosp No
- AMR Minimum service requirements have not been met.

### Error Code – Description(s) – “C” and “D” Codes

- CNA Counselling Not Allowed
- DF Corresponding Procedure Invalid, Omitted or Paid at Zero

**Error Code – Description(s) – “E” Codes**

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
EH1	Srv. Date <Elig. Eff. Date
EH2	Mismatched Version Code
EH4	Srv. Date > Elig. End Date
EH5	Srv. Dt. Not in Elig. Period
ENP	Invalid FSC for NP
EPA	Network billing not approved
EPC	Patient not rostered/rostered to another Network
EPF	Enrlmt Date Mismatch
EPP	Incorrect Code for Eligibility (Ontario Works/Ontario Disability Support Program)
EPS	Patient Not Elig for Prog
EP1	Enrlmt Trans Not Allowed
EP2	Not for Enrol/Re Enrol
EP3	Check Srv Dte / Enrol Dte
EP4	Enrolmnt Restriction
EP5	Incorrect FSC for Grp Typ
EQ1	Practitioner not registered with OHIP - Clinic/Dr Not on File
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
EQ5	Lab inactive for service date
EQ6	Referring/requisitioning health care provider number is not registered with the Ministry of Health



- EQ9 Lab No. not on File
- 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  
Claims submitted by Chiropractors using their CSN
- 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
- EQJ New Graduate bills New Patient fee (q013) or Physician (not a new graduate) bills new Graduate – New Patient fee (Q033) - Pract. Not Elig. On S/D
- EQK A100 billed with a specialty code other than 00. - MNI Does not Meet Criteria
- EQL A100 billed with a speciality code other than 00 or billed by provider with any EDafa group number. - Phy Not Eligible to Claim
- EQM Not Registered for Use
- EQN Reg Usage Err on S/D
- EQS Provider does not have a sub-specialty of PSY. - Pract Criteria Not Met
- ERF Referring physician number is currently ineligible for referrals
- ESD APP group affiliation on service date
- ESF A non-encounter service claim submitted by a physician not eligible to bill FSC
- ESH If a claim is submitted by a Mental Health Sessional Group for a code other than K400A, reject the claim to the error report. - Not Elig. For Blank HN
- ESN If health number is on the claim for K400A- No HN required for FSC. Invalid Blank HN Claim
- ET1 The telemedicine billing is submitted by a physician who is not registered as a Telemedicine physician. - Not Reg for Telemedicine
- ET4 The telemedicine billing does not include a telemedicine premium code (B100, B101, B102, B200, B201, B202) - Telemed Fee code missing
- ET5 The telemedicine billing is submitted with a telemedicine premium/tracking code but the SLI code is not 'OTN' or is not present. - Telemed SLI Missing/Invid

**Error Code – Description(s) – “H” and “P” Codes**

HCC	Not on Health Care Connect (HCC) database - Not Eligible On HCC database but not Complex-Vulnerable On HCC database but not in 'referred to' status
HCE	Patient enrolled to billing physician but later than 3 months from the “referred to” date on Health Care Connect database - Enrolment after 3 Months
PAA	To ensure the smoking cessation initial discussion fee (E079) has been paid within 365 days prior to the smoking cessation counseling fee (Q042) or the smoking cessation follow up fee (K039) - No Initial Fee Prev. Pd.
PA1	Physician Assistant (PA) Pilot claim submissions may contain one or more PA Tracking FSC’s but other OHIP insured service FSCs are not allowed on the same claim. - Invalid PA Srv
PA2	Physician Assistant Pilot (PA) claim submissions with the PA as the submitting physician must identify the solo billing number of the supervising physician in the “Refer Physician” field. - Invalid PA Claim
PA3	The physician and/or referring physician fields on the PA Pilot claim submission contain billing numbers which are not affiliated to the PA Pilot group number. Not registered for PA
PA4	PA Registrn on S/D Err
PA5	PA Affiliation Error
PA6	PA Affil’n on S/D Err

**Error Code – Description(s) – “R” and “T” Codes**

R01	Missing HSN
R02	Invalid HSN
R03	Invalid/Missing Province Code
R04	Service Excluded from RMBS
R05	Provincial code is 'ON' (Ontario) which is not valid for RMBS
R06	Wrong Provider for RMBS
R07	Invalid Pay Type for RMBS
R08	Invalid Referral Number
TM1	Dup Telemed Claim, Same patient (uninsured)
TM2	Can't Bill with MSD/CNC AP
TM3	Service not Telemedicine Payable
TM4	Non Telemed Claim paid for same patient

TM5	Telemed Claim Paid for same patient
TM6	Registration not in effect on Service Date
TM7	Dental Service not eligible for Telemedicine
TM8	Not eligible for Store FD

**Error Code – Description(s) – “V” Codes**

V02	Invalid Region Code
V05	Error - Clm No/Serv Date
V06	Incorrect Clinic Code
V07	Invalid Pract. Number
V08	Invalid Specialty Code <ul style="list-style-type: none"><li>• Specialty code is missing/not 2 numerics</li><li>• Not a valid specialty code</li><li>• Specialty code is 27 and provider number is not 599993</li><li>• Specialty code is 90 and provider number is not 991000</li><li>• Specialty code is 49, 50, 51, 52, 53, 54, 55, 70 and 71 and the health care provider number does not begin with 4</li><li>• Specialty code is 56 and health care provider number does not begin with 80 or 81</li><li>• Specialty code is 57 and health care provider number does not begin with 86 or 839985</li><li>• Specialty code is 58 and health care provider number does not begin with 87</li><li>• Specialty code is 59 and health care provider number does not begin with 88 or 89 or not in range 830000 – 839984</li><li>• Specialty code is 80 or 81 and health care provider number does not begin with 82</li></ul>
V09	Invalid Referral Number
V10	Patient’s last name is missing/not alphabetic (A - Z) First field position is blank RMB claim only
V12	Patient’s first name is missing/not alphabetic (A - Z) First field position is blank RMB claim only
V13	Patient’s date of birth is missing/invalid format Month not in the range of 01 – 12

- Not 8 numerics (new MRI format)  
Day is outside acceptable range for month
- V14 Patient sex must be '1' (male) or '2' (female)  
RMB claim only
- V16 Unacceptable Diagnostic Code  
Not numeric  
Health care provider number is 82XXXX and diagnostic code is not 4 numerics or is 3 numerics and not 070, 072, 880 or 971  
Fee schedule code is G423, G424 and diagnostic code is not 360, 371 or 376
- V17 Payee must be 'P' (Provider) or 'S' (Patient)
- V18 In-patient admission date is not 8 numerics  
Month of admission is not in the range of 01 - 12  
Day of admission is outside the acceptable range for month  
In-patient admission date is later than Ministry of Health system run date
- V20 Service code is A007, patient is over 2 years old and diagnostic code is '916' or service code is A003 and the patient is under 16 years old and the diagnostic code is '917'
- V21 Diagnostic Code Required
- V22 Invalid Diagnostic Code
- V23 Check No. Of Services
- V28 Invalid Hospital Number
- V29 Invalid In-Out-Pat-Ind
- V30 FSC/DX Code Combination NAB
- V31 Missing any of the following: group number, health care provider number, specialty code
- 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
- V35 Invalid OOP/OOC Service
- 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
- V50 Service Date Pre Initial Visit
- V51 Invalid location code - must be blank or four numerics. If present, must be valid based on MOHLTC Residency Code Manual
- V53 Invalid FSC-Magnetic Tape/Disk
- V62 Invalid service location indicator – assigned when a Service Location Indicator (SLI) code included with a hospital diagnostic service billing from a participating hospital physician/group is not of the five valid SLI codes (HDS, HED, HIP, HOP or HRP)
- V63 Referring Laboratory Number must start with 5 (5####)
- V64 Missing service location indicator – assigned when a hospital diagnostic service is billed by a participating hospital physician/group but a service location indicator code was not included
- V65 Missing master number – assigned when SLI code HDS, HED, HIP, HOP or HRP is included with a diagnostic service billing from a participating hospital physician/group but a master number was not included
- V66 Missing admission date – assigned when SLI code HIP is included with a diagnostic service billing from a participating hospital physician/group but an admission date was not included

- V67 Missing master number and admission date – assigned when a SLI code HIP is included with a diagnostic service billing from a participating hospital/group but a master number and admission date were both not included
- V68 Incorrect service location indicator – assigned when a diagnostic service is billed from a participating hospital physician/group with a master number and admission date but the SLI code is not HIP
- V69 Serv Dte Invalid for SLI
- V70 Date of service is greater than the file/batch creation date
- V71 Invalid Dental Master No.

**Error Code – Description(s) – Other “V” Codes**

- VHB No HN Req'd for FSC
- VH1 Health Number is Invalid
- VH2 HN is Missing
- VH3 Invalid Payment Program
- VH4 Invalid Version Code
- VH8 No Match on DOB with HN
- VH9 HN Not Reg'd with MOH
- 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 Stale-dated Claim
- VJ8 Stale-dated Claim Encounter
- VS1 Invalid SEAMO Prvdr Code
- VS2 Invalid Venue Type
- VS3 Invalid Clinic Number
- VS4 Invalid Healthcare Item
- VS5 Invalid IP/OP Indicator
- VS6 Invalid HC Item Cde Fmt
- VW1 Invalid WCB Service

## 4.10 Error Report Messages

### Error Report Message – Description(s) – Numeric Codes

- |    |  |
|----|--|
| 02 | Incorrect District code 0 Correct & resubmit   |
| 03 | Date of service does not match OP report - correct & resubmit  |
| 04 | Special Visit premium payable only when submitting with FSC from the general listings  |
| 05 | No receipt of supporting documentation requested by MOH  |
| 09 | Fee Schedule Code(s) used is not correct. Please resubmit using appropriate code(s) from OHIP Schedule of Benefits                                       |
| 10 | Resubmit as RMB Claim  |
| 11 | Bill Patient or Quebec Medicare  |
| 12 | Please advise Patient to contact MOH re eligibility /card status/address   |
| 13 | Service date is prior to newborn's date of birth   |
| 14 | Fee billed low – check for current SOB fee   |
| 15 | No. of Services exceed Maximum allowed   |
| 16 | Cannot be claimed alone/service date mismatch  |
| 17 | E409/E410 N/A – Resubmit with appropriate assist/anaesthetic premium codes   |
| 18 | Resubmit with man review indicator and provide supporting documentation for two assistants   |
| 19 | Resubmit with manual review indicator and forward copy of OP Report  |
| 20 | Resubmit with manual review documentation i.e. consultation report/Hospital Records  |
| 21 | Records indicate patient deceased/ Please clarify or confirm.  |
| 22 | Code submitted requires prior approval   |
| 23 | Hospital visits claimed by more than one physician – please clarify role in patient's care   |
| 24 | Claims appearing on previous RA's as Over/Under Payments should not be resubmitted; please use inquiry form for payment adjustment requests.             |
| 25 | Incomplete newborn registration – have parent/guardian contact MOH   |
| 26 | One house call assessment (A901) allowed per visit. Please resubmit claim with appropriate service code  |
| 27 | This duplication submission is being returned; Original submission currently on file pending medical consultant adjudication                             |
| 28 | Resubmit with manual review indicator with written explanation for detention. Total time spent with patient including consultation/assessment indicated. |
| 29 | Discrepancy between claim and documentation. Resubmit claim and documentation.   |

## 4.11 Explanatory Codes

### Explanatory Code – Description(s) – Numeric Codes

- 30 Service is not a benefit of OHIP
- 31 Not a valid network service
- 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 or related service allowed only once for same patient
- 45 Specialty code restriction on FSC
- 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 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
- 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
- 60 Not a benefit of the Reciprocal Medical Billing Agreement
- 62 Claim assessed by Assessment Officer
- 66 Reduced per APP Funding Contract
- 70 OHIP records show corresponding procedure(s) on this day claimed previously by another physician
- 80 Technical fee adjustment for hospitals



**Explanatory Code – Description(s) – “C” and “D” Codes**

- C1 Allowed as repeat/limited consultation/midwife-requested emergency assessment
- 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
- C8 Payment reduced to geriatric consultation fee – maximum number of comprehensive geriatric consultations has been reached
- C9 Allowed as in-patient interim admission orders – initial assessment already claimed by other physician
- 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
- DB Other dialysis procedure already paid
- DC Procedure paid previously not allowed in addition to this procedure – fee adjusted to pay the difference
- DD Not allowed as diagnostic code is unrelated to original eye exam
- DE Lab tests already paid - visit fee adjusted
- DF Corresponding fee code was not billed or paid at zero
- DG Diagnostic/Miscellaneous services for hospital patients are not payable on a fee-for-service basis in the Hospital Global budget.
- DH Ventilatory support allowed with Haemodialysis
- DL Allowed as laboratory tests in private office

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DM	Paid/disallowed in accordance with MOH policy regarding an Emergency Department Equivalent
DN	Allowed as pudenal 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
DS	Not allowed – mutually exclusive code billed
DT	In-patient technical fee not allowed
DV	Service is included in Monthly Management Fee for LTC patients
DX	Diagnostic code not eligible with FSC

**Explanatory Code – Description(s) – “E”, “F” and “G” Codes**

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
EA	Service date is not within an eligible period - services provided on or after the 20th of this month will not be paid unless eligibility status changes
EB	Coding added/changed in accordance with Schedule of Benefits
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
EV	Check health card for current version code
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
FF	Additional payment for the claim shown
G1	Other critical/comprehensive care already paid
GF	Coverage lapsed - bill patient for future claims

**Explanatory Code – Description(s) – “H”, “I” and “J” Codes**

H1	Admission assessment or ER assessment already paid
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
- HM Invalid master number used on date of service
- 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
- I6 Premium not applicable
- I7 Claim date does not match patient enrolment date
- I8 Confirmation not received
- I9 Payment not applicable/expired
- J3 Approved for stale dated processing
- J7 Claim submitted six months after service date

**Explanatory Code – Description(s) – “L” and “M” Codes**

- L1 This service paid to another laboratory
- L2 Not allowed to medical Laboratory Director
- L3 Not allowed in addition to other laboratory procedure(s)
- 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/fetal assessment
- 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
- LA Lab service is funded by special Lab Agreement

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LS	Paid in accordance to special Lab Agreement
M1	Maximum fee allowed or maximum number of service has been reached same/any provider
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
MA	Maximum number of sessions has been reached
MC	Maximum number of case conferences has been reached in a 12 month period
MD	Daily maximum has been exceeded
MN	Maximum number of occipital nerve block sessions has been reached
MR	Minimum service requirements have not been met
MS	Maximum allowed for sleep studies in a specific period by one or more physicians has been reached
MX	Maximum of 2 arthroscopy "R" codes with E595 has been reached
MY	Yearly maximum has been exceeded

**Explanatory Code – Description(s) – “O”, “P” “Q” and “R” Codes**

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
P2	Maximum fee allowed for low birth weight care
P3	Maximum fee allowed for newborn care
P4	Fee for newborn care/low birth weight care is not billable with neonatal intensive care

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P5	Over-age for paediatric rates of payment
P6	Over-age for well-baby care
P8	HCC GT 3 months
P9	Complex New patient
PM	Minimum roster size not met
Q7	No fee allowed for treatment of immediate family
Q8	Lab not licensed to perform this test on date of service
R1	Only one health exam allowed in a twelve-month period
RD	Duplicate, paid in RMBS

**Explanatory Code – Description(s) – “S” and “T” Codes**

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 fee reduced by the admission assessment
SF	Most Responsible Physician visit not allowed during post operative period – surgical fee adjusted.
SV	MRP visit not allowed during post operative period – fee reduced to subsequent visit fee.
T1	Fee allowed according to surgery claim

**Explanatory Code – Description(s) – “V”, “W” and “X” Codes**

- 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 medical/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
- VG Only one geriatric general assessment premium per patient per 12-month period
- VM Oculo-visual minor assessment is allowed within 12 consecutive months following a major eye exam
- VP Allowed with special visit only
- VS Date of service was a Saturday, Sunday or statutory holiday
- VX Complexity premium not applicable to visit fee
- W4 Warning: - service location indicator code missing
- X2 G.I. tract includes cine and video tape
- X3 G.I. tract includes survey film of abdomen
- X4 Only one BMD allowed within a 36 month period for a low risk patient
- X5 Only one BMD allowed within a 12 month period for a high risk patient
- X6 Only one BMD allowed within a 60 month period for a low risk patient

## 4.12 Specialty Codes

This is a list of specialties 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.

### Specialty Code - Physician – Specialty or Discipline

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
15	Endocrinology
16	Nephrology
17	Vascular Surgery
18	Neurology
19	Psychiatry
20	Obstetrics and Gynaecology
22	Genetics
23	Ophthalmology
24	Otolaryngology
26	Paediatrics
27	Non-Physician Lab Director
28	Laboratory Medicine
29	Microbiology
30	Clinical Biochemistry
31	Physical Medicine

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33	Diagnostic Radiology
34	Therapeutic Radiology
35	Urology
41	Gastroenterology
44	Medical Oncology
46	Infectious Disease
47	Respiratory Disease
48	Rheumatology
56	Optometrists
58	Chiropodists
60	Cardiology
61	Haematology
62	Clinical Immunology
63	Nuclear Medicine
64	Thoracic Surgery
70	Oral Radiology
71	Prosthodontics
85	Alternate Health Professionals
86	Generic Referral
99	RMBS OOP/OOC

**Specialty Code - Dental – Specialty or Discipline**

49	Dental Surgery
50	Oral Surgery
51	Orthodontics
52	Paedodontics
53	Periodontics
54	Oral Pathology
55	Endodontics



**Specialty Code - Practitioner – Specialty or Discipline**

56	Optometry
58	Chiropody (Podiatry)
80	Private Physiotherapy Facility (Approved to Provide Home Treatment Only)
81	Private Physiotherapy Facility (Approved to Provide Office/Home Treatment)

**Specialty Code - Other – Specialty or Discipline**

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

### 4.13 Diagnostic Codes

#### Diagnosis (Starts with “A”) – Description(s) – Code

Abdominal	Pain, Masses.....	787
	Adhesions .....	560
Abortion	Advice .....	895
	Complete, Incomplete .....	634
	Missed.....	632
	Therapeutic .....	635
	Threatened.....	640
Abrasions	.....	919
Abruptio Placenta	.....	641
Abscess	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
Acariasis	.....	133
Acne	.....	706
	Rosacea .....	695
	Vulgaris .....	706
Acromegaly	.....	253
Actinomycotic Infection	.....	039
Addison's Disease	.....	255
Adenitis Cervical	.....	289
Adentis - see Lymphadenitis		
Acute	.....	683
Adenoids, Chronic Infection	.....	474

Adenoma Parathyroid .....	259
Adjustment Reaction .....	309
Adrenogenital Syndrome .....	255
Adverse Effects	
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
Agammaglobulinemia .....	279
Aged Parent Problem .....	900
Agranulocytosis .....	288
A.I.D.S.                      Acquired Immune Deficiency Syndrome .....	042
A.I.D.S. (A.R.C.)           Acquired Immune Deficiency Syndrome Related Complex ..	043
Alcoholic Psychosis .....	291
Alcoholism .....	303
Allergy	
Bronchitis .....	493
Drugs and Medication .....	977
Rhinitis .....	477
Alopecia .....	704
Alveolitis, Oral Cavity .....	525
Alveolitis, Lung .....	518
Amblyopia .....	368
Amoebiasis .....	006
Amenorrhea .....	626
Amino-acid – Acid Metabolism Disorder .....	270
Amputation, Traumatic	
Lower Limb(s).....	894
Upper Limb(s).....	884
Anal	
Fissure, Fistula .....	565
Stricture .....	569
Anaphylaxis .....	995

Anemia	Aplastic.....	284
	Hemolytic, acquired excluding hemolytic disease of newborn .....	283
	Hemolytic, Hereditary .....	282
	Iron Deficiency.....	280
	Pernicious .....	281
	Sickle Cell .....	282
	Other Anemias .....	285
Aneurysm, Aortic (non-syphilitic).....		441
Aneurysm, Others .....		447
Angina, Ludwig's .....		529
Angina Pectoris .....		413
Angina, Vincent's .....		136
Ankylosing Spondylitis .....		720
Ankylosis, Joint .....		718
Annual Health Examination: Adolescent/Adult .....		917
Anorexia .....		787
Anorexia Nervosa .....		307
Anuria .....		788
Anxiety Neurosis .....		300
Aphakia .....		360
Appendicitis, Acute	With or without abscess or peritonitis .....	540
Arrhythmias, Cardiac, Other .....		427
Arteriosclerosis	Cerebral with psychoses .....	298
	Generalized .....	440
Arteriosclerotic Cerebrovascular Disease, Chronic.....		437
Arteriosclerotic Heart Disease (A.S.H.D.) Without Symptoms.....		412
Arteritis, Temporal .....		446
Arthralgia .....		781
Arthritis	Osteo.....	715
	Pyogenic .....	711
	Rheumatoid.....	714

	Traumatic .....	716
Arthrogyrosis (Contracture of Joint) .....		728
Asbestosis .....		501
Ascites .....		787
Asphyxia .....		799
Asthma .....		493
Astigmatism .....		367
Astroblastoma .....		191
Astrocytoma .....		191
Ataxia .....		780
Atelectasis .....		518
Atherosclerosis .....		440
Athlete's Foot .....		110
Atrial Fibrillation, Flutter .....		427
Autism .....		299
Automated Visual	Field AVF test.....	918

**Diagnosis (Starts with “B”) – Description(s) – Code**

Baker's Cyst .....		727
Basal Cell Carcinoma .....		173
Battered Child .....		899
Bed Sore .....		707
Bee Sting .....		989
Behavior Disorders of Childhood and Adolescence .....		313
Bell's Palsy .....		351
Bends .....		994
Benign Prostatic Hypertrophy (B.P.H.).....		600
Birth Trauma .....		767
Bites, Non-venomous .....		919
Bites, Venomous .....		989
Bleeding	Post-menopausal .....	627
	Rectal .....	569

Blepharitis	.....	373
Blindness	.....	369
Blood Poisoning	.....	038
Boil	.....	680
Botulism	.....	136
Bradycardia	.....	427
Branchial Cyst	.....	744
Bronchiectasis	.....	494
Bronchitis	Acute .....	466
	Allergic .....	493
	Chronic.....	491
Brucellosis	.....	023
Bruises	.....	919
Buerger's Disease	.....	443
Bullet Wound	If open wound use code for appropriate area – see Open Wounds	
	If internal injury use .....	869
Bunion	.....	727
Burns	Thermal or Chemical .....	949
Bursitis	.....	727

**Diagnosis (Starts with “C”) – Description(s) – Code**

Calculus (Stone)	Bile Duct.....	576
	Bladder.....	592
	Kidney .....	592
	Lacrimal Duct .....	368
	Liver .....	573
	Prostate.....	592
	Salivary Glands .....	527
	Ureter .....	592
Calluses	.....	700
Candidiasis	.....	112
Canker Sore	.....	528

Carbuncle .....	680
Cardiac Arrest .....	427
Cardiospasm .....	530
Carpal Tunnel Syndrome .....	739
Cartilage Tear .....	718
Cataract	
Congenita .....	744
Excluding Diabetic or Congenital.....	366
Carcinoma In Situ	
Breast.....	233
Digestive Organs.....	230
Genito-urinary System.....	233
Skin .....	232
Respiratory System .....	231
Other .....	234
Celiac Disease .....	579
Cellulitis .....	682
Cephalgia .....	780
Cephalo-pelvic Disproportion .....	653
Cerebral Degenerations, Other .....	331
Cerebral Haemorrhage .....	432
Cerebral Ischaemia, Transient .....	435
Cerebral Palsy .....	343
Cerbro-vascular Accident, Acute (C.V.A.) .....	436
Cerebral Thrombosis .....	436
Cerumen in Ear .....	388
Cervical Dysplasia .....	622
Cervical Erosion .....	622
Cervical Hyperplasia .....	752
Cervicitis .....	616
During Pregnancy.....	646
Chalazion .....	373
Chicken Pox .....	052
Child Abuse, Child Neglect .....	899

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Childhood Psychosis	299
Cholecystitis without Gallstones	575
Cholelithiasis (Gallstones) With or Without Cholecystitis	574
Chorea	392
Chorioretinitis	363
Choroiditis	363
Chronic Fatigue Syndrome	795
Circumcision, Newborn	609
Cirrhosis Liver, Alcoholic, Biliary	571
Claudication, Intermittent	443
Claustrophobia	300
Cleft Palate, Lip	749
Club Foot	754
Coagulation Defects	286
Coarctation of Aorta	747
Coccydynia	724
Cold, Common	460
Cold Sore	054
Colic, Renal	788
Colitis Mucus	564
Ulcerative	556
Colon Spastic, Irritable	564
Colon Positive Fecal Occult Blood	545
Colon Surveillance	546
Colon Family History of Colon Cancer	547
Colon Screening	548
Compression of Umbilical Cord	762
Concussion	850
Conduction Disorders, Other	426
Condyloma	099
Condylomata Accuminata	079
Congenital Anomalies 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
Congestive Heart Failure	.....	428
Conjunctiva Disorders (e.g., Conjunctivitis).....		372
Conn's Syndrome	.....	255
Constipation	.....	564
Contraceptive Advice	.....	895
Contusions	.....	919
Convulsions	.....	780
Cord Prolapse	.....	762
Corneal Ulcer	.....	370
Corns	.....	700
Coronary Artery Disease, Chronic, Without Symptoms.....		412
Coronary Insufficiency, Acute.....		413
Coronary Thrombosis	.....	410
Cough	.....	786
Coxsackie Pleurodynia	.....	074
Cramps of Leg	.....	781
Cretinism	.....	243
Crohn's Disease	.....	555
Croup	.....	464
Cushing's Syndrome	.....	255

C.V.A.	Cerebrovascular Accident .....	436
Cyst	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
	Cystic Fibrosis .....	277
Cystic Disease, Chronic or Cystic Mastitis .....	610	
Cystinuria .....	270	
Cystitis .....		595
	During Pregnancy.....	634
Cystocele .....	618	

**Diagnosis (Starts with “D”) – Description(s) – Code**

Dacrocystitis .....	375	
Deafness, All Types .....	389	
Decubitus Ulcer .....	707	
Deficiency	Mental .....	319
	Iron .....	280
	Nutritional, Vitamin .....	269
Dehydration .....	277	
Delirium Tremens .....	291	
Delivery	Normal.....	650

	With Other Complications.....	669
	With Placenta Praevia, Abruptio Placenta.....	641
Dementia	Senile, Presenile .....	290
Dental Caries	.....	521
Depression, Reactive	.....	300
Depressive or Other Non-psychotic Disorder, Not Classified Elsewhere .....		311
Dermatitis	Allergic, Atopic.....	691
	Contact.....	692
	Neuro .....	691
	Seborrheic.....	690
Dermatomyositis	.....	710
Detachment, Retinal	.....	361
Deviated Nasal Septum	.....	470
Diabetes Mellitus (Including Complications).....		250
Diabetes Mellitus with Ocular Complications.....		248
Diabetes Insipidus	.....	253
Diaper Rash	.....	691
Diarrhea	.....	009
Difficulty at Work	.....	905
Diphtheria	.....	032
Diplopia	.....	368
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

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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
Dislocation	
Elbow .....	832
Finger .....	834
Other .....	839
Recurrent .....	718
Shoulder.....	831

Diverticulitis	or Diverticulosis of small or large intestine .....	562
Divorce	.....	901
Dizziness	.....	780
Down's Syndrome	.....	758
Drug Addiction, Dependence	.....	304
Drug Overdose	.....	977
Drug Psychosis	.....	292
Duodenal Ulcer, With or Without Haemorrhage or Perforation.....		532
Dupuytren's Contracture	.....	728
Dwarfism	.....	253
Dysentery	Amoebic .....	006
Dysfunction	Ovarian.....	256
	Pituitary Gland.....	253
	Sexual .....	306
Dyslalia	.....	315
Dyslexia	.....	315
Dysmenorrhea	.....	625
Dyspareunia	.....	625
Dyspepsia	.....	536
Dysphagia	.....	787
Dysplasia, Cervical	.....	622
Dyspnea	.....	786
Dystrophy, Muscular	.....	359
Dysuria	.....	786

**Diagnosis (Starts with “E”) – Description(s) – Code**

Echinococcosis	.....	122
Eclampsia	.....	642
Economic Problems	.....	897
Ectopic Pregnancy	.....	633
Ectropion	.....	374
Eczema	.....	691

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

**Diagnosis (Starts with “F”) – Description(s) – Code**

Facial Nerve Disorders .....	351
False Labour .....	644
Family Disruption .....	901
Family Planning .....	895
Fanconi Syndrome .....	270
Fever	
Glandular .....	075
Hay .....	477
Rheumatic with or without Endocarditis, Myocarditis or Pericarditis .....	391
Scarlet .....	034
Typhoid .....	002
Fibrillation .....	427
Fibro-adenosis of Breast .....	610
Fibrosis	
Cystic .....	277
Pulmonary .....	515
Fissure, Anal .....	565
Fistula, Anal .....	565
Flat Foot .....	734
Flutter, Atrial or Ventricular .....	427
Food Poisoning .....	005
Foreign Body	
Eye or other tissues.....	930
Fractures, Fracture-dislocation	
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
Frigidity .....	302
Frostbite .....	994
Fungus - See Mycoses Furunculosis .....	680

**Diagnosis (Starts with “G”) – Description(s) – Code**

Gallstones (Calculus)      Cholelithiasis, with or without Cholecystitis .....	574
Ganglion .....	727
Gastric Ulcer .....	531
Gastritis .....	535
Gastro-enteritis and Gastro-enteritis, Viral .....	009
German Measles (Rubella) .....	056
Gingivitis .....	523
Glandular Fever .....	075
Glaucoma .....	365
Glmerulonephritis, Acute .....	580
Glossitis .....	529
Goitre                      Exophthalmic.....	242
Nontoxic Nodular.....	241
Simple Thyroid .....	240
Gonococcal Infections .....	098
Gout .....	274
Granuloma, Pyogenic .....	686



Gynecomastia .....	611
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**Diagnosis (Starts with “H”) – Description(s) – Code**

Habit Spasms .....	307
Haemorrhage, Eye .....	379
Haemorrhage, Intracranial .....	432
Haemorrhage in Early Pregnancy .....	640
Haemorrhage, Post Partum.....	666
Haemorrhagic Conditions, Other .....	287
Haemorrhoids .....	455
Halitosis .....	787
Hallux Valgus or Varus .....	735
Hammer Toe .....	735
Hansen's Disease (Leprosy) .....	030
Hay Fever .....	477
Headache (Cephalgia)   Migraine .....	346
Tension .....	307
Except tension and migraine .....	780
Heart Blocks .....	426
Heartburn .....	787
Heart Disease, All Other Forms .....	429
Heart Failure, Congestive .....	428
Helminthiases .....	128
Hemangioma .....	228
Hematemesis .....	787
Hematuria .....	599
Hemiplegia .....	599
Hemolytic Anemia, Hereditary .....	282
Hemolytic Disease of Newborn .....	773
Hemophilia .....	286
Hemoptysis .....	786
Hepatitis .....	070

Hernia	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
Herpes Genitalis	.....	099
Herpes Simplex	.....	054
Herpes Zoster	.....	053
Hiccough	.....	787
High Birthweight Infant	.....	766
High Myopia	Greater than 9 diopters, irregular astigmatism resulting from post-corneal grafting or corneal scarring from disease	371
Hirsutism	.....	709
Histoplasmosis	.....	115
Hives	.....	708
Hodgkin's Disease	.....	201
Hunner's Ulcer	.....	595
Hyaline Membrane Disease	.....	769
Hydrocele	.....	603
Hydrocephalus	.....	742
Hydronephrosis	.....	591
Hyperactive Child	.....	314
Hyperaldosteronism	.....	255
Hypercalcemia	.....	259
Hyperchlorhydria	.....	536
Hypercholesterolemia	.....	272
Hyperemesis Gravidarum	.....	643
Hyperkeratosis	.....	701
Hyperkinetic Syndrome of Childhood	.....	314
Hypermenorrhea	.....	626
Hypermentropia	.....	367
Hyperopia	.....	367
Hyperplasia	Adrenal .....	259

	Endometrial .....	621
Hypertension, Essential .....		401
Hypertensive Encephalopathy.....		437
Hypertensive Heart Disease.....		402
Hypertensive Renal Disease.....		403
Hypertensive Retinopathy .....		362
Hyperthyroidism .....		242
Hypertrophy	Benign Prostatic (B.P.H.) .....	600
	Breast.....	611
	Tonsils, Adenoids .....	575
Hyperventilation .....		786
Hypochlorhydria .....		536
Hypogammaglobulinemia .....		279
Hypoglycemia .....		259
Hypomenorrhea .....		626
Hypotension .....		447
Hypothyroidism	Acquired .....	244
	Congenital .....	243
Hysteria .....		300

**Diagnosis (Starts with “I”) – Description(s) – Code**

Ileitis, Regional .....		555
Ileus, Paralytic .....		560
Illegitimacy .....		903
Immunity Disorders .....		279
Immunization	All types.....	896
Impaction of Intestine .....		560
Impetigo .....		684
Imprisonment .....		906
Incontinence of Urine .....		788
Indigestion .....		536
Inertia, Uterine .....		661

Infarction	Myocardial Acute.....	410
	Myocardial Old, Without Symptoms .....	412
	Pulmonary .....	415
Infection	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
Infertility	.....	628
Infestation	Pinworm .....	127
	Tapeworm - all types .....	123
Influenza	.....	147
Ingrown Nail	.....	703
Inguinal Hernia with or without Obstruction .....		550
Injury	Head.....	854
	Internal to Organ .....	869
	Superficial .....	919
	Other .....	959
In-laws Problem	.....	900
Insufficiency	Acute Coronary .....	413
	Mitral .....	394
Intertrigo	.....	695
Intervertebral Disc Disorders.....		722
Intussusception	.....	560

Iritis .....	364	
Irregular Astigmatism	Resulting from post corneal grafting or corneal scarring from disease.....	371
Ischaemic Heart Disease, Acute .....	413	
Ischamia, Transient Cerebral .....	435	
Itchy Condition, Other .....	698	

**Diagnosis (Starts with “J”) – Description(s) – Code**

Jaundice .....	787	
Joint	Ankylosis .....	718
	Arthrogryposis .....	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

**Diagnosis (Starts with “K”) – Description(s) – Code**

Korsakov's Psychosis .....	291
Kyphosis .....	737

**Diagnosis (Starts with “L”) – Description(s) – Code**

Labyrinthitis .....	386	
Laceration	Perineal .....	664
	Except Limbs.....	879
	Lower Limb(s).....	894
	Upper Limb(s).....	884
Lactic Acidosis .....	259	
Laryngitis, Acute .....	464	

Legg-perthes Disease .....	732
Leiomyoma .....	218
Legal Problems .....	906
Leprosy (Hansen's Disease) .....	030
Leukoplakia            Oral Mucosa .....	528
Tongue .....	529
Lice, Head or Body .....	132
Lipoid Metabolism Disorder .....	272
Lipoma .....	214
Lipoprotein Disorders .....	272
Lips, Diseases of .....	528
Litigation .....	906
Lordosis .....	737
Low Birthweight Infant .....	765
Low Vision .....	369
Ludwig's Angina .....	529
Lumbago .....	724
Lumbar Strain .....	724
Lupus Erythematosus .....	695
Lupus Erythematosus Disseminated .....	710
Lymphadenitis Acute .....	683
Lymphangioma .....	228
Lymphangitis .....	457
Lymphedema .....	457
Lymphosarcoma .....	200

**Diagnosis (Starts with “M”) – Description(s) – Code**

Macrogathism .....	524
Malabsorption Syndrome .....	579
Malaria .....	136
Malnutrition, Unspecified .....	263
Malocclusion .....	524

Malpresentation .....	652
Manic Depressive Psychosis.....	296
Marie-Strumpell Spondylitis.....	720
Marital Difficulties .....	898
Masses	
Circulatory System .....	785
Respiratory System .....	786
Digestive System.....	787
Genito-urinary System.....	788
Mastitis	
Cystic .....	610
Post-partum.....	675
Mastoiditis .....	383
Measles .....	055
German, Rubella .....	056
Melancholia, Involutional .....	296
Melena .....	787
Meniere's Disease .....	386
Meningioma (Benign) .....	225
Meningitis	
Bacterial, Central Nervous System.....	320
Due to Other Organisms .....	321
Enterovirus .....	047
Infectious .....	036
Menigocele .....	741
Meningococcal Infection .....	036
Meningomyelocele .....	741
Meniscus or Cartilage Tear .....	718
Menopause .....	627
Menorrhagia .....	626
Menstruation Disorders .....	626
Mental Deficiency, Retardation .....	319
Mesenteric Artery Occlusion .....	557
Metabolic Disorders, Other .....	277
Metrorrhagia .....	626

Micrognathism	.....	524
Migraine	.....	346
Mitral Insufficiency or Stenosis	.....	394
Mole	.....	216
Monilia Infection, All Sites	.....	112
Mononucleosis, Infectious	.....	075
Monoplegia	.....	349
Motor Neurone Disease	.....	349
Motor Retardation	.....	315
Multiple Pregnancy	.....	651
Multiple Sclerosis	.....	340
Mumps	.....	072
Muscle Spasms	.....	728
Muscular Dystrophy	.....	359
Muscular Rheumatism	.....	729
Myasthenia Gravis	.....	358
Mycoses, All Types	.....	117
Myocarditis	Artherosclerotic .....	429
	Rheumatic .....	391
	Coxsackie.....	074
Myocardial Infarction	Acute .....	410
	Old.....	412
Myoneural Disorders	.....	367
Myopia	.....	367
Myositis	.....	729
Myxedema	.....	244

**Diagnosis (Starts with “N”) – Description(s) – Code**

Naevus, Pigmented	.....	216
Narcolepsy	.....	349
Nasal Polyp	.....	471
Nasopharyngitis, Acute	.....	460



Nausea .....	787
Neck Sprain/Strain .....	847
Neoplasm (Benign)	
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
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
Neoplasm (Malignant)	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
	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
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
Neoplasm Unspecified (e.g., Polycythemia Vera) .....	239
Neoplasm Of Uncertain Behaviour	
Digestive and Respiratory Systems.....	235
Endocrine Glands and Nervous System.....	237
Genitourinary Organs .....	236
Other and Unspecified Sites and Tissues .....	238
Nephrotic Syndrome .....	581
Neuralgia, Trigeminal .....	350
Neurasthenia .....	300
Neuritis, Idiopathic Peripheral .....	356
Neuritis, Optic .....	377

Neurodermatitis .....	691
Neurosis                      Anxiety, Obsessive Compulsive .....	300
Neutropenia .....	288
Nocturia .....	788
Non-psychotic Disorder Not Classified Elsewhere .....	311
Nutritional and Vitamin Deficiencies .....	269

**Diagnosis (Starts with “O”) – Description(s) – Code**

Obesity .....	278
Obsessive Compulsive Neurosis .....	300
Obsessive Compulsive Personality .....	301
Obstipation .....	564
Obstructed Labour .....	660
Obstruction                      Esophagus .....	530
Intestine .....	560
Lacrimal Duct .....	375
Obstructive Pulmonary Disease	
Chronic, other .....	496
Occupational Problems      Unemployment, difficulty at work .....	905
Oligomenorrhea .....	626
Oligouria .....	786
Onychogryposis .....	703
Oophoritis                      Acute or chronic .....	614
Open Wounds                      Except Limbs .....	879
Lower Limb(s) .....	894
Upper Limb(s) .....	884
Orchitis .....	604
Osgood-Schlatter Disease .....	732
Osteitis Deformans .....	731
Osteoarthritis .....	715
Osteochondritis, Osteochondritis Dissecans .....	732
Osteomyelitis .....	730
Osteoporosis .....	730

Otitis Externa .....	380
Otitis Media, Serous .....	381
Otitis Media, Suppurative .....	382
Otosclerosis .....	387
Ovarian Dysfunction Failure .....	256
Overdose, Drug .....	977

**Diagnosis (Starts with “P”) – Description(s) – Code**

Pain	Abdominal .....	787
	Chest.....	785
	Joint, Leg, Muscle .....	781
Palsy	Bell's.....	351
	Cerebral .....	343
Pancreas Endocrine Disorders.....		251
Paralysis, Facial .....		351
Paralytic Ileus .....		560
Paranoid Personality Disorder.....		301
Paranoid States .....		297
Paraphimosis .....		605
Paraplegia .....		349
Paratyphoid Fever .....		002
Parathyroid Gland Disorders.....		252
Parent-child Problems (e.g., Child Abuse, Battered Child, Child Neglect).....		899
Parkinson's Disease .....		332
Paronychia .....		686
Paroxysmal Tachycardia .....		427
Patent Ductus Arteriosus .....		747
Pediculosis .....		132
Pelvic Inflammatory Disease (P.I.D.).....		614
Perforation of Tympanic Membrane .....		384
Pericarditis .....		429
Perinatal Morbidity & Mortality, Due to Complications of Labour or Delivery.....		763

Perinatal Disorders of Digestive System .....	777
Periodontal Disease .....	523
Peripheral Vascular Disease.....	443
Peritonitis, With Or Without Abscess.....	567
Personality Disorder (e.g., Obsessive Compulsive).....	301
Paranoid .....	301
Schizoid.....	301
Pertussis .....	033
Pes Planus .....	734
Pharyngitis .....	460
Phimosis .....	605
Phlebitis .....	451
P.I.D. Pelvic Inflammatory Disease .....	614
During Pregnancy.....	646
Pilonidal Cyst or Abscess .....	685
Pinworm Infestation .....	127
Pituitary Gland Dysfunction.....	253
Placenta Previa .....	641
Pleurisy With or Without Effusion.....	511
Tuberculosis.....	012
Pleurodynia, Bronholm's Disease.....	074
Pneumonia, All Types .....	486
Pneumothorax, Spontaneous or Tension .....	512
Poisoning Food .....	005
Blood.....	038
Poliomyelitis, Acute .....	045
Polyarteritis Nodosa .....	446
Polycythemia Vera .....	239
Polycystic Ovaries .....	256
Polymyalgia Rheumatic .....	725
Polymyositis .....	710
Polyp Anal or Rectal.....	569

	Cervical .....	219
	Nasal .....	471
Porphyria	.....	277
Positive Conversion of T.B. Skin Test	.....	010
Postmaturity	.....	766
Pre-eclampsia (P.E.T.)	.....	642
Pregnancy	Abnormality Bony Pelvis.....	653
	Anemia of .....	646
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	Herpes simplex, cold sore .....	054
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	Gonococcal infections .....	098
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	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
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	Oropharynx .....	146
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	Stomach .....	151
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	Breast.....	217
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	Hypothyroidism - acquired (i.e., myxedema) .....	244
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	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
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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

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Diseases of Blood and Blood-Forming Organs:

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Senile dementia, presenile dementia ..... 290

Alcoholic psychosis, delirium tremens, Korsakov's psychosis ..... 291

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Other psychoses .....	298
Childhood psychoses (e.g., autism) .....	299
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Personality disorders (e.g., paranoid personality, schizoid personality, obsessive compulsive personality).....	301
Sexual deviations .....	302
Alcoholism .....	303
Drug dependence, drug addiction .....	304
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Psychosomatic disturbances .....	306
Habit spasms, tics, stuttering, tension headaches, anorexia nervosa, sleep disorders, enuresis .....	307
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	Multiple sclerosis .....	340
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	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
Eye	Aphakia .....	360
	Retinal detachment .....	361
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	Chorioretinitis .....	363
	Iritis.....	364
	Glaucoma .....	365
	Cataract, excludes diabetic or congenital.....	366
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Hypertensive Disease	Essential, benign hypertension.....	401
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Ischaemic and Other Forms of Heart Disease:		
	Acute myocardial infarction .....	410
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	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
Cerebrovascular Disease	Intracranial Haemorrhage.....	432
	Transient cerebral ischaemia .....	435
	Acute cerebrovascular accident, C.V.A., stroke .....	436
	Chronic arteriosclerotic cerebrovascular disease, hypertensive encephalopathy.....	437
Diseases of Arteries	Generalized arteriosclerosis, atherosclerosis.....	440
	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
Diseases of Veins and Lymphatics:		
	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
Signs and Symptoms Not Yet Diagnosed:		
	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, epiglottis.....	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
Signs and Symptoms Not Yet Diagnosed:	
Epistaxis, hemoptysis, cough, dyspnea, masses, shortness of breath, hyperventilation, sleep apnea .....	786



**Diseases of the Digestive System**

Diseases of Oral Cavity, Salivary Glands and Jaws:

- 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

Diseases of Esophagus, Stomach and Duodenum:

- 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

Hernia

- 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

Other Diseases of Intestine and Peritoneum:

- 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

### Diseases of the Urinary System:

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
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

### Diseases of Male Genital Organs:

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

### Diseases of Breast and Female Pelvic Organs:

Cystic mastitis, chronic cystic disease, breast cyst, fibro-adenosis of breast.....	610
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
Other Disorders of Female Genital Tract:		
	Endometriosis.....	617
	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
	Other disorders of female genital organs .....	629
Signs and Symptoms Not Yet Diagnosed:		
	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, toxoemia .....	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

**Diseases of the Skin and Subcutaneous Tissue**

Infections	Boil, carbuncle, furunculosis.....	680
	Cellulitis, abscess.....	682
	Acute lymphadenitis .....	683
	Impetigo .....	684
	Pilonidal cyst or abscess .....	685
	Pyoderma, pyogenic granuloma, other local infections .....	686
Other Inflammatory Conditions:		
	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
Other Diseases of Skin and Subcutaneous Tissue:		
	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
Sero- negative Spondyloarthropathies .....	721
Intervertebral disc disorders .....	722
Lumbar strain, lumbago, coccydynia, sciatica .....	724
Synovitis, tenosynovitis, bursitis, bunion, ganglion.....	727
Dupuytren's contracture .....	728
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
Signs and Symptoms Not Yet Diagnosed:	
Leg cramps, leg pain, muscle pain, joint pain, arthralgia, joint swelling, masses.....	781

## Congenital Anomalies

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
	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

Non-specific Abnormal Findings:

Non-specific findings on examination of blood .....	790
Non-specific findings on examination of urine .....	791
Chronic fatigue syndrome .....	795
Other non-specific abnormal findings .....	796
Senility, senescence.....	797
Sudden death, cause unknown .....	798
Other ill-defined conditions .....	799

### Accidents, Poisonings and Violence

Fractures and Fracture-dislocations: 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
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

Dislocations	Shoulder .....	831
	Elbow .....	832
	Finger .....	834
	Other dislocations.....	839
Sprains, Strains and Other Trauma:		
	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
	Automated Visual Field (AVF) test .....	918
	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
Adverse Effects	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**

Family Planning	Family planning, contraceptive advice, advice on sterilization or abortion .....	895
Immunization	Immunization - all types.....	896
	Pentavalent (DPT POLIO/ACT HIB).....	960
	DPT Polio .....	961
	DT .....	962
	MMR (Measles, Mumps, Rubella) .....	963
	Hepatitis B.....	964
	TD Polio .....	965
	TD (Adults and aged 7 years and older).....	966
	Influenza.....	967
	Pneumococcal.....	968
	Other Immunization – Not Defined .....	969
Social, Marital and Family Problems:		
	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
	Legal problems, litigation, imprisonment .....	906
	Other problems of social adjustment .....	909
Other	Well baby care.....	916
	Annual health examination adolescent/adult Well Vision Care .....	917

**Physiotherapy**

## Operations on the Musculoskeletal System:

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

## Other Acceptable Diagnosis:

Gait Training or CrutchWalking Instruction (acceptable for a 1 visit treatment only) .....	072
Perceptual Motor Testing or Perceptual Motor Assessment of Dysfunction .....	070
Prenatal Care .....	970
Post-Partum Observation .....	971

**Common Diagnostic Codes**

Arthritis	Osteo-degenerative .....	7159
	Cervical .....	7210
	Gouty.....	7120
	Rheumatic .....	7149
	Non-specified Acute .....	7169
	Non-specified Chronic .....	7150
Bells Palsy	.....	3510
Bursitis	.....	7310
Calcaneal	Spur.....	7267
	Bone.....	7269
Calcium	Bursa.....	7278
	Joint.....	7198
Capsulitis	.....	7260
Cervical Disc Disease	.....	7224
Cervical Strain	.....	8470
Chest Disease	.....	5199
Chondromalacia	.....	7177
Compression Fracture - Cervical.....		7220
Contusion Knee	.....	9241
Dislocated Shoulder	.....	8310
Epicondylitis	.....	7263
Fibrositis	.....	7290
Frozen Shoulder	.....	7260
Fracture	Ankle (closed).....	8248
	Humerus (unspecified) .....	8122
	Leg .....	8270
	Vertebra .....	8058
	Wrist .....	8140
Gout	.....	2740
Hamstring - Tendon	.....	8409
Headache	.....	7840

Injury	Elbow .....	9593
	Shoulder .....	9592
Kyphosis (acquired)	.....	7371
Lumbago	.....	7242
Lumbar Disc Disease (degenerative)	.....	7251
Lumbar Strain	.....	8472
Lymphedema	.....	4579
Muscle Spasm	.....	7288
Muscle Strain	.....	8489
Myositis Plain and Trauma	.....	7291
Neuralgia (unspecified)	.....	7292
Pagets Disease	.....	7310
Pain	Arch .....	7295
	Back (posterial) .....	7245
	Back (low) .....	7242
	Neck .....	7231
Plantar Fascitis	.....	7287
Pelvis Inflammatory Disease/Salpingitis	.....	6142
PVD	.....	4439
Rheumatism (muscle)	.....	7290
Sacro-iliac Strain - Hip	.....	8439
Scoliosis (unspecified)	.....	7379
Spondylolisthese	.....	7561
Strained	Ankle .....	8450
	Elbow .....	8419
	Hip .....	8439
	Knee and Leg .....	8449
	Metacarpal .....	8421
	Shoulder .....	8409
Shin Splints	.....	8449
Stiff Neck	.....	7235
Synovitis	.....	7270

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Temporomandibular Strain/Sprain .....	8481
Tendinitis .....	7269
Tennis Elbow .....	7263
Thoracic Strain .....	8471
Torn Rotator Cuff .....	8404
Torticollis .....	8470
Trapezius Sprain .....	8408
Whiplash Injury .....	8470

## 4.14 Questions and Answers

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

Claims submissions received by the 18th of the month will be processed for payment by the 15th of the following month. When the submission cut-off date (18th) falls on a weekend or holiday, the deadline will be extended to the next business day. Claims received after the 18th of the month will be processed prior to month end if 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 so that it can be matched to the claim submission. The “Claims Flagged for Manual Review” form (2404-84) indicates the information that is required for claims submitted with a Y indicator. This information is to be included in the supporting documentation as well. The form and supporting documentation should be faxed to your claims processing office:

<http://www.health.gov.on.ca/en/pro/programs/ohip/claimsoffice/default.aspx>

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

Claim errors are listed on your Claims Error Report which will be sent to you within 48 hours after the file submission. 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 RA.

### **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 unless there are extenuating circumstances as defined by ministry policy.

### **How do I inquire about a claim that has been overpaid/underpaid?**

Inquiries regarding overpayments or underpayments should be made within four months of the RA on which the payment appears. Inquiries should be submitted to your claims processing office on a “Remittance Advice Inquiry” form (0918-84).

The above form is available online at:

<http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?openform&ENV=WWE&NO=014-0918-84>