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Contractor Information

Contractor Name

First Coast Service Options, Inc.

Contractor Number

09102

Contractor Type

MAC - Part B

LCD Information

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LCD ID Number

L33688

LCD Title

Psychological and Neuropsychological Tests

Contractor's Determination Number

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CMS National Coverage Policy

Language quoted from CMS National Coverage Determination (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869 (f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

CMS Manual System, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 80.2 – Psychological Tests and Neuropsychological Tests, and Sections 160-170 – Clinical Psychologists and Clinical Social Worker (CSW) Services

CMS Manual System, Pub. 100-08, Medicare Program Integrity, Chapter 3, Section 3.3.2.6 – Psychotherapy Notes

CMS Medicare Learning Network, March 2012, Mental Health Services (accessible at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Mental_Health_Services_ICN903195.pdf)

National Correct Coding Initiative Policy Manual for Medicare Services NCCI), Chap 11, section M – Central

Nervous System Assessments/Tests

Primary Geographic Jurisdiction

Florida

Oversight Region

Region IV

Original Determination Effective Date

10/14/2013

Original Determination Ending Date

Revision Effective Date

10/14/2013

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

Neuropsychological tests provide measurements of brain function that are objective, valid, and reliable. Neuropsychological tests are quantifiable in nature and require patients to directly demonstrate their level of cognitive competence in a particular cognitive domain. Neuropsychological tests are administered in the context of a comprehensive assessment that synthesizes data from clinical interview, record review, medical history, and behavioral observations. Information from neuropsychological assessments directly impacts medical management of patients by providing information about diagnosis, prognosis, and treatment of disorders that are known to impact central nervous system (CNS) functioning. In addition, neuropsychological assessments predict functional abilities across a variety of disorders.

Indications for neuropsychological assessments include a history of medical or neurological disorder compromising cognitive or behavioral functioning; congenital, genetic, or metabolic disorders known to be associated with impairments in cognitive or brain development; reported impairments in cognitive functioning; and evaluations of cognitive function as a part of the standard of care for treatment selection and treatment outcome evaluations (e.g., deep brain stimulators, epilepsy surgery). Neuropsychological assessments are not limited in relevance to patients with evidence of structural brain damage, and are frequently necessary to document impairments in patients with probable neuropsychological and neurobehavioral disorders, and are the tool of choice whenever objective documentation of subjective cognitive complaints and symptom validity testing are indicated. In children and adolescents, a significant inability to develop expected knowledge, skills or abilities as required to adapt to new or changing cognitive, social, emotional, or physical demands warrants a neuropsychological evaluation.

Neuropsychological testing is not supported or excluded from medical necessity based on diagnosis alone. Rather, indications for testing are based on whether there is known or suspected neurocognitive involvement or effects, or where neuropsychological testing will impact the management of the patient by confirmation or delineation of diagnosis, or otherwise providing substantive information regarding diagnosis, treatment planning, prognosis, or quality of life.

Neuropsychological testing is useful in persons with documented changes in cognitive function to differentiate neurologic diseases (i.e., one of the types of dementia) or injuries (e.g., traumatic brain injury, stroke) from depressive disorders or other psychiatric conditions (e.g., psychosis, schizophrenia) when the diagnosis is uncertain after complete neurological examination, mental status examination, and other neurodiagnostic studies (e.g., CT scanning, MR imaging). The clinician presented with complaints of memory impairment or slowness in thinking in a patient who is depressed or paranoid may be unsure of the possible contribution of neurological changes to the clinical picture. Neuropsychological testing may be particularly helpful when the findings of the neurological examination and ancillary procedures are either negative or equivocal. The differential diagnosis of incipient dementia from depression is a case in point, particularly when computed tomography (CT) fails to yield definitive results.

Neuropsychological testing may be indicated in persons with epilepsy. Neuropsychological testing is used in these patients to monitor the efficacy and possible cognitive side effects of drug therapy (e.g., new anti-

convulsant drug therapy) by comparing baseline performance with subsequent testing performance. Neuropsychological testing is also used to assess post-surgical changes in cognitive functioning to guide further treatment services. Preferably, these tests should be administered by a psychiatrist or certified psychologist trained to conceptualize the neuro-anatomical and the neuro-behavioral implications of the diagnostic entities under consideration and who is capable of interpreting patterns of test scores in view of principles of lateralization and localization of cerebral function.

Codes 96105, 96111, 96116, 96118, 96119, 96120, 96125, and G0451 are defined by their CPT/HCPCS descriptors. Code 96105 represents the formal evaluation of aphasia using a psychometric instrument such as the Boston Diagnostic Aphasia Examination. This testing is typically performed once during treatment, and the medical necessity for such testing should be documented. Repeat testing should only be done if there is a significant change in the patient's aphasic condition.

Codes 96118, 96119, 96120, 96125 describe testing which is intended to diagnose and characterize the neurocognitive effects of medical disorders that impinge directly or indirectly on the brain.

Neuropsychological testing is considered medically necessary for the following indications:

- When there are deficits on standard mental status testing or clinical interview, and a neuropsychological assessment is needed to establish the presence of abnormalities or distinguish them from other disease processes; or
- When neuropsychological data could provide clarification of clinical, laboratory, and neuroimaging data to assist in establishing a clinical diagnosis in neurological or systemic conditions known to affect CNS functioning; or
- When there is a need to quantify cognitive or behavioral deficits related to CNS impairment, and the information will be useful in determining a prognosis or treatment planning by determining the rate of disease progression; or
- When there is a need for a pre-surgical or treatment-related cognitive evaluation to inform whether one might safely proceed with a medical or surgical procedure that may affect brain function (e.g., deep brain stimulation, resection of brain tumors or arteriovenous malformations, epilepsy surgery) or significantly alter a patient's functional status; or
- When there is a need to assess the potential impact of adverse effects of therapeutic substances that may cause cognitive impairment (e.g., radiation, chemotherapy, antiepileptic medications), and this information is utilized in treatment planning; or
- When there is a need to assess progression, recovery, and response to changing treatments, in patients with CNS disorders, in order to determine the most effective plan of care; or
- When there is a need for objective measurement of patients' subjective complaints about memory, attention, or other cognitive dysfunction, which directly impacts medical management by differentiating psychogenic from neurogenic syndromes (e.g., dementia vs. depression), and in some cases will result in initial detection of neurological disorders or systemic diseases affecting the brain; or
- When there is a need for treatment planning purposes of determining functional abilities/impairments in individuals with known or suspected CNS disorders (e.g., capacity for independent living or movement from a family home into an institutional setting); or
- When there is a need to determine whether a patient can comprehend and participate effectively in complex treatment regimens and to determine functional capacity for health care decision-making, independent living, etc.; or
- When there is a need to design, administer, and/or assess outcomes of cognitive rehabilitation procedures, often in collaboration with other specialists such as speech pathologists, occupational therapists, psychiatrists, and rehabilitation psychologists; or
- When there is a need for treatment planning of identification and assessment of neurocognitive sequelae of disease ; or
- Assessment of neurocognitive functions for the formulation of rehabilitation and/or management strategies for certain individuals with neuropsychiatric disorders; or
- When there is a need to diagnose cognitive or functional deficits in children and adolescents based on an inability to develop expected knowledge, skills or abilities as required to adapt to new or changing cognitive, social, emotional, or physical demands.

The content of neuropsychological testing procedures (96118, 96119, 96120, 96125) differs from that of psychological testing (96101-96111 and G0451) in that neuropsychological testing consists primarily of individually administered ability tests that comprehensively sample cognitive and performance domains that are known to be sensitive to the functional integrity of the brain (e.g., abstraction, memory and learning, attention, language, problem solving, sensorimotor functions, constructional praxis, etc.).

Neuropsychological testing does not rely on self-report questionnaires such as the Minnesota Multiphasic Personality Inventory 2 (MMPI-2), rating scales such as the Hamilton Depression Rating Scale, or projective techniques such as the Rorschach or Thematic Apperception Test (TAT). In circumstances when additional time is necessary to integrate other sources of clinical data including previously completed and reported technician- and/or computer-administered tests, the neuropsychological testing may include time spent integrating self-report questionnaires.

Psychological testing codes (96101, 96102, and 96103) include the administration, interpretation, and scoring of the tests mentioned in the CPT descriptors and other medically accepted tests for the evaluation of intellectual strengths, psychopathology, psychodynamics, mental health risks, insight, motivation, and other factors influencing treatment and prognosis.

Psychological tests are used to address a variety of questions about people's functioning, diagnostic classification, co-morbidity, and choice of treatment approach. For example, personality tests and inventories evaluate the thoughts, emotions, attitudes, and behavioral traits that contribute to an individual's interpersonal functioning. The results of these tests determine an individual's personality strengths and weaknesses and may identify certain disturbances in personality or psychopathology. One type of personality test is the projective personality assessment, which asks a subject to interpret some ambiguous stimuli, such as a series of inkblots. The subject's responses can provide insight into his or her thought processes and personality traits.

Examples of problems that might require psychological testing include:

Assessment of mental functioning for individuals with suspected or known mental disorders for purposes of differential diagnosis and/or treatment planning.

Assessment of patient strengths and disabilities for use in treatment planning or management when signs or symptoms of a mental disorder are present.

Assessment of patient capacity for decision-making when impairment is suspected that would affect patient care or management.

Assessment of mental function in certain chronic pain patients when indicated after psychological screening prior to surgical pain management intervention (e.g., implantable neurostimulator).

Assessment of mental function in a chronic pain patient with suspected somatization disorder.

Changes in mental illness may require psychological testing to determine new diagnoses or the need for changes in therapeutic measures. Repeat testing not required for diagnosis or continued treatment would be considered medically unnecessary. Nonspecific behaviors that do not indicate the presence of, or change in, a mental illness would not be an acceptable indication for testing. Psychological or psychiatric evaluations that can be accomplished through the clinical interview alone (e.g., response to medication) would not require psychological testing, and such testing might be considered as medically unnecessary. Adjustment reactions or dysphoria associated with moving to a nursing facility do not constitute medical necessity for psychological testing.

When a psychiatric condition or the presence of dementia has already been diagnosed, there is value to the testing only if the information derived from the testing would be expected to have significant impact on the understanding and treatment of the patient. Examples include a significant change in the patient's condition, the need to evaluate a patient's capacity to function in a given situation or environment, and/or the need to specifically tailor therapeutic and/or compensatory techniques to particular aspects of the patient's pattern of strengths and disabilities.

Limitations

Psychological and Neuropsychological testing is not considered reasonable and necessary when: the patient is not neurologically and cognitively able to participate in a meaningful way in the testing

process;

- administered for educational or vocational purposes that do not establish medical management;
- performed when abnormalities of brain or emotional function are not suspected;
- used for self-administered or self-scored inventories or screening tests of cognitive function (paper-and-pencil or computerized), e.g., AIMS, Folstein Mini-Mental Status Examination;
- Repeated when not required for medical decision-making. Examples of medical decision making include: whether to start or continue a particular rehabilitative or pharmacologic therapy);
- Administered when the patient has a substance abuse background, and any of the following apply: the patient has ongoing substance abuse such that test results would be inaccurate, or the patient is currently intoxicated;
- The patient has been diagnosed previously with brain dysfunction, e.g., Alzheimer's disease, and there is no expectation that the testing would impact the patient's medical management;
- The test is being given solely as a screening test for Alzheimer's disease. Medicare does not cover this screening for this diagnosis.

Testing conducted when no mental illness/disability is suspected would be considered screening and would not be covered by Medicare. Non-specific behaviors that do not suggest the possibility of mental illness or disability are not an acceptable indication for testing.

Evaluations of the mental status that can be performed within the psychiatric diagnostic evaluation (e.g., codes 90791, 90792), (e.g., a list of questions concerning symptoms of depression or organic brain syndrome, corresponding to brief questionnaires or screening measures such as the Folstein Mini Mental Status Examination or the Beck Depression Scale, or use of other mental status exams in isolation) should not be classified separately as psychological or neuropsychological testing (codes 96101-96125, G0451) since they are typically part of a more general psychiatric/psychological clinical exam or interview.

Psychological/neuropsychological testing to evaluate adjustment reactions or dysphoria associated with placement in a nursing home does not constitute medical necessity for testing. Testing of every patient upon entry to a nursing home would be considered a routine service and would not be covered by Medicare. However, some individuals enter a nursing home at a time of physical and cognitive decline and may require psychological/neuropsychological testing to arrive at a diagnosis and plan of care. Decisions to test individuals who have recently entered a nursing home need to be made judiciously, on a case-by-case basis.

Each psychological/neuropsychological test administered must be individually medically necessary. A standard battery of tests is only medically necessary if each individual test in the battery is medically necessary.

The psychological/neuropsychological testing codes should not be reported by the treating physician for only reading the testing report or explaining the results to the patient or family. Payment for these services is included in the payment for other services rendered to the patient, such as evaluation and management services. Psychological and neuropsychological testing codes should be reported by the performing provider (i.e., clinical psychologist, neuropsychologist, or physician) who administered the test.

Coding Information

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Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

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| 12x | Hospital Inpatient (Medicare Part B only) |
| 13x | Hospital Outpatient |
| 22x | Skilled Nursing - Inpatient (Medicare Part B only) |

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| 23x | Skilled Nursing - Outpatient |
| 71x | Clinic - Rural Health |
| 75x | Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF) |
| 76x | Clinic - Community Mental Health Center |
| 77x | Clinic - Federally Qualified Health Center (FQHC) |
| 85x | Critical Access Hospital |

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

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| 0918 | Behavioral Health Treatment/Services - Testing |
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CPT/HCPCS Codes

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| 96101 | PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INTELLECTUAL ABILITIES, PERSONALITY AND PSYCHOPATHOLOGY, EG, MMPI, RORSCHACH, WAIS), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME ADMINISTERING TESTS TO THE PATIENT AND TIME INTERPRETING THESE TEST RESULTS AND PREPARING THE REPORT |
| 96102 | PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INTELLECTUAL ABILITIES, PERSONALITY AND PSYCHOPATHOLOGY, EG, MMPI AND WAIS), WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT, ADMINISTERED BY TECHNICIAN, PER HOUR OF TECHNICIAN TIME, FACE-TO-FACE |
| 96103 | PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INTELLECTUAL ABILITIES, PERSONALITY AND PSYCHOPATHOLOGY, EG, MMPI), ADMINISTERED BY A COMPUTER, WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT |
| 96105 | ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH AND LANGUAGE FUNCTION, LANGUAGE COMPREHENSION, SPEECH PRODUCTION ABILITY, READING, SPELLING, WRITING, EG, BY BOSTON DIAGNOSTIC APHASIA EXAMINATION) WITH INTERPRETATION AND REPORT, PER HOUR |
| 96111 | DEVELOPMENTAL TESTING, (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL, ADAPTIVE, AND/OR COGNITIVE FUNCTIONING BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS) WITH INTERPRETATION AND REPORT |
| 96116 | NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, EG, ACQUIRED KNOWLEDGE, ATTENTION, LANGUAGE, MEMORY, PLANNING AND PROBLEM SOLVING, AND VISUAL SPATIAL ABILITIES), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME WITH THE PATIENT AND TIME INTERPRETING TEST RESULTS AND PREPARING THE REPORT |
| 96118 | NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECHSLER MEMORY SCALES AND WISCONSIN CARD SORTING TEST), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME ADMINISTERING TESTS TO THE PATIENT AND TIME INTERPRETING THESE TEST RESULTS AND PREPARING THE REPORT |
| 96119 | NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECHSLER MEMORY SCALES AND WISCONSIN CARD SORTING TEST), WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT, ADMINISTERED BY TECHNICIAN, PER HOUR OF TECHNICIAN TIME, FACE-TO-FACE |
| 96120 | NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINISTERED BY A COMPUTER, WITH QUALIFIED HEALTH CARE PROFESSIONAL INTERPRETATION AND REPORT |
| 96125 | STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING ASSESSMENT) PER HOUR OF A QUALIFIED HEALTH CARE PROFESSIONAL'S TIME, BOTH FACE-TO-FACE TIME ADMINISTERING TESTS TO THE PATIENT AND TIME INTERPRETING THESE TEST RESULTS AND PREPARING THE REPORT |
| G0451 | DEVELOPMENT TESTING, WITH INTERPRETATION AND REPORT, PER STANDARDIZED INSTRUMENT FORM |

ICD-9 Codes that Support Medical Necessity

For CPT/HCPCS codes 96101, 96102, 96103, 96118, 96119, 96120, 96125, and G0451 only:

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| 290.0 | SENILE DEMENTIA UNCOMPLICATED |
| 290.10 | PRESENILE DEMENTIA UNCOMPLICATED |
| 290.11 | PRESENILE DEMENTIA WITH DELIRIUM |
| 290.12 | PRESENILE DEMENTIA WITH DELUSIONAL FEATURES |
| 290.13 | PRESENILE DEMENTIA WITH DEPRESSIVE FEATURES |
| 290.20 | SENILE DEMENTIA WITH DELUSIONAL FEATURES |
| 290.21 | SENILE DEMENTIA WITH DEPRESSIVE FEATURES |
| 290.3 | SENILE DEMENTIA WITH DELIRIUM |
| 290.40 | VASCULAR DEMENTIA, UNCOMPLICATED |
| 290.41 | VASCULAR DEMENTIA, WITH DELIRIUM |
| 290.42 | VASCULAR DEMENTIA, WITH DELUSIONS |
| 290.43 | VASCULAR DEMENTIA, WITH DEPRESSED MOOD |
| 290.8 | OTHER SPECIFIED SENILE PSYCHOTIC CONDITIONS |
| 290.9 | UNSPECIFIED SENILE PSYCHOTIC CONDITION |
| 291.0 | ALCOHOL WITHDRAWAL DELIRIUM |
| 291.1 | ALCOHOL-INDUCED PERSISTING AMNESTIC DISORDER |
| 291.2 | ALCOHOL-INDUCED PERSISTING DEMENTIA |
| 291.3 | ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS |
| 291.4 | IDIOSYNCRATIC ALCOHOL INTOXICATION |
| 291.5 | ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS |
| 291.81 | ALCOHOL WITHDRAWAL |
| 291.82 | ALCOHOL INDUCED SLEEP DISORDERS |
| 291.89 | OTHER SPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS |
| 291.9 | UNSPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS |
| 292.0 | DRUG WITHDRAWAL |
| 292.11 | DRUG-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS |
| 292.12 | DRUG-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS |
| 292.2 | PATHOLOGICAL DRUG INTOXICATION |
| 292.81 | DRUG-INDUCED DELIRIUM |
| 292.82 | DRUG-INDUCED PERSISTING DEMENTIA |
| 292.83 | DRUG-INDUCED PERSISTING AMNESTIC DISORDER |
| 292.84 | DRUG-INDUCED MOOD DISORDER |
| 292.85 | DRUG INDUCED SLEEP DISORDERS |
| 292.89 | OTHER SPECIFIED DRUG-INDUCED MENTAL DISORDERS |
| 292.9 | UNSPECIFIED DRUG-INDUCED MENTAL DISORDER |
| 293.0 | DELIRIUM DUE TO CONDITIONS CLASSIFIED ELSEWHERE |
| 293.1 | SUBACUTE DELIRIUM |
| 293.81 | PSYCHOTIC DISORDER WITH DELUSIONS IN CONDITIONS CLASSIFIED ELSEWHERE |
| 293.82 | PSYCHOTIC DISORDER WITH HALLUCINATIONS IN CONDITIONS CLASSIFIED ELSEWHERE |
| 293.83 | MOOD DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE |

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| 293.84 | ANXIETY DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE |
| 293.89 | OTHER SPECIFIED TRANSIENT MENTAL DISORDERS DUE TO CONDITIONS CLASSIFIED ELSEWHERE, OTHER |
| 293.9 | UNSPECIFIED TRANSIENT MENTAL DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE |
| 294.0 | AMNESTIC DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE |
| 294.10 | DEMENTIA IN CONDITIONS CLASSIFIED ELSEWHERE WITHOUT BEHAVIORAL DISTURBANCE |
| 294.11 | DEMENTIA IN CONDITIONS CLASSIFIED ELSEWHERE WITH BEHAVIORAL DISTURBANCE |
| 294.20 | DEMENTIA, UNSPECIFIED, WITHOUT BEHAVIORAL DISTURBANCE |
| 294.21 | DEMENTIA, UNSPECIFIED, WITH BEHAVIORAL DISTURBANCE |
| 294.8 | OTHER PERSISTENT MENTAL DISORDERS DUE TO CONDITIONS CLASSIFIED ELSEWHERE |
| 294.9 | UNSPECIFIED PERSISTENT MENTAL DISORDERS DUE TO CONDITIONS CLASSIFIED ELSEWHERE |
| 295.00 | SIMPLE TYPE SCHIZOPHRENIA UNSPECIFIED STATE |
| 295.01 | SIMPLE TYPE SCHIZOPHRENIA SUBCHRONIC STATE |
| 295.02 | SIMPLE TYPE SCHIZOPHRENIA CHRONIC STATE |
| 295.03 | SIMPLE TYPE SCHIZOPHRENIA SUBCHRONIC STATE WITH ACUTE EXACERBATION |
| 295.04 | SIMPLE TYPE SCHIZOPHRENIA CHRONIC STATE WITH ACUTE EXACERBATION |
| 295.05 | SIMPLE TYPE SCHIZOPHRENIA IN REMISSION |
| 295.10 | DISORGANIZED TYPE SCHIZOPHRENIA UNSPECIFIED STATE |
| 295.11 | DISORGANIZED TYPE SCHIZOPHRENIA SUBCHRONIC STATE |
| 295.12 | DISORGANIZED TYPE SCHIZOPHRENIA CHRONIC STATE |
| 295.13 | DISORGANIZED TYPE SCHIZOPHRENIA SUBCHRONIC STATE WITH ACUTE EXACERBATION |
| 295.14 | DISORGANIZED TYPE SCHIZOPHRENIA CHRONIC STATE WITH ACUTE EXACERBATION |
| 295.15 | DISORGANIZED TYPE SCHIZOPHRENIA IN REMISSION |
| 295.20 | CATATONIC TYPE SCHIZOPHRENIA UNSPECIFIED STATE |
| 295.21 | CATATONIC TYPE SCHIZOPHRENIA SUBCHRONIC STATE |
| 295.22 | CATATONIC TYPE SCHIZOPHRENIA CHRONIC STATE |
| 295.23 | CATATONIC TYPE SCHIZOPHRENIA SUBCHRONIC STATE WITH ACUTE EXACERBATION |
| 295.24 | CATATONIC TYPE SCHIZOPHRENIA CHRONIC STATE WITH ACUTE EXACERBATION |
| 295.25 | CATATONIC TYPE SCHIZOPHRENIA IN REMISSION |
| 295.30 | PARANOID TYPE SCHIZOPHRENIA UNSPECIFIED STATE |
| 295.31 | PARANOID TYPE SCHIZOPHRENIA SUBCHRONIC STATE |
| 295.32 | PARANOID TYPE SCHIZOPHRENIA CHRONIC STATE |
| 295.33 | PARANOID TYPE SCHIZOPHRENIA SUBCHRONIC STATE WITH ACUTE EXACERBATION |
| 295.34 | PARANOID TYPE SCHIZOPHRENIA CHRONIC STATE WITH ACUTE EXACERBATION |
| 295.35 | PARANOID TYPE SCHIZOPHRENIA IN REMISSION |
| 295.40 | SCHIZOPHRENIFORM DISORDER, UNSPECIFIED |
| 295.41 | SCHIZOPHRENIFORM DISORDER, SUBCHRONIC |
| 295.42 | SCHIZOPHRENIFORM DISORDER, CHRONIC |
| 295.43 | SCHIZOPHRENIFORM DISORDER, SUBCHRONIC WITH ACUTE EXACERBATION |
| 295.44 | SCHIZOPHRENIFORM DISORDER, CHRONIC WITH ACUTE EXACERBATION |
| 295.45 | SCHIZOPHRENIFORM DISORDER, IN REMISSION |
| 295.50 | LATENT SCHIZOPHRENIA UNSPECIFIED STATE |
| 295.51 | LATENT SCHIZOPHRENIA SUBCHRONIC STATE |
| 295.52 | LATENT SCHIZOPHRENIA CHRONIC STATE |

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| 295.53 | LATENT SCHIZOPHRENIA SUBCHRONIC STATE WITH ACUTE EXACERBATION |
| 295.54 | LATENT SCHIZOPHRENIA CHRONIC STATE WITH ACUTE EXACERBATION |
| 295.55 | LATENT SCHIZOPHRENIA IN REMISSION |
| 295.60 | SCHIZOPHRENIC DISORDERS, RESIDUAL TYPE, UNSPECIFIED |
| 295.61 | SCHIZOPHRENIC DISORDERS, RESIDUAL TYPE, SUBCHRONIC |
| 295.62 | SCHIZOPHRENIC DISORDERS, RESIDUAL TYPE, CHRONIC |
| 295.63 | SCHIZOPHRENIC DISORDERS, RESIDUAL TYPE, SUBCHRONIC WITH ACUTE EXACERBATION |
| 295.64 | SCHIZOPHRENIC DISORDERS, RESIDUAL TYPE, CHRONIC WITH ACUTE EXACERBATION |
| 295.65 | SCHIZOPHRENIC DISORDERS, RESIDUAL TYPE, IN REMISSION |
| 295.70 | SCHIZOAFFECTIVE DISORDER, UNSPECIFIED |
| 295.71 | SCHIZOAFFECTIVE DISORDER, SUBCHRONIC |
| 295.72 | SCHIZOAFFECTIVE DISORDER, CHRONIC |
| 295.73 | SCHIZOAFFECTIVE DISORDER, SUBCHRONIC WITH ACUTE EXACERBATION |
| 295.74 | SCHIZOAFFECTIVE DISORDER, CHRONIC WITH ACUTE EXACERBATION |
| 295.75 | SCHIZOAFFECTIVE DISORDER, IN REMISSION |
| 295.80 | OTHER SPECIFIED TYPES OF SCHIZOPHRENIA UNSPECIFIED STATE |
| 295.81 | OTHER SPECIFIED TYPES OF SCHIZOPHRENIA SUBCHRONIC STATE |
| 295.82 | OTHER SPECIFIED TYPES OF SCHIZOPHRENIA CHRONIC STATE |
| 295.83 | OTHER SPECIFIED TYPES OF SCHIZOPHRENIA SUBCHRONIC STATE WITH ACUTE EXACERBATION |
| 295.84 | OTHER SPECIFIED TYPES OF SCHIZOPHRENIA CHRONIC STATE WITH ACUTE EXACERBATION |
| 295.85 | OTHER SPECIFIED TYPES OF SCHIZOPHRENIA IN REMISSION |
| 295.90 | UNSPECIFIED TYPE SCHIZOPHRENIA UNSPECIFIED STATE |
| 295.91 | UNSPECIFIED TYPE SCHIZOPHRENIA SUBCHRONIC STATE |
| 295.92 | UNSPECIFIED TYPE SCHIZOPHRENIA CHRONIC STATE |
| 295.93 | UNSPECIFIED TYPE SCHIZOPHRENIA SUBCHRONIC STATE WITH ACUTE EXACERBATION |
| 295.94 | UNSPECIFIED TYPE SCHIZOPHRENIA CHRONIC STATE WITH ACUTE EXACERBATION |
| 295.95 | UNSPECIFIED TYPE SCHIZOPHRENIA IN REMISSION |
| 296.00 | BIPOLAR I DISORDER, SINGLE MANIC EPISODE, UNSPECIFIED |
| 296.01 | BIPOLAR I DISORDER, SINGLE MANIC EPISODE, MILD |
| 296.02 | BIPOLAR I DISORDER, SINGLE MANIC EPISODE, MODERATE |
| 296.03 | BIPOLAR I DISORDER, SINGLE MANIC EPISODE, SEVERE, WITHOUT MENTION OF PSYCHOTIC BEHAVIOR |
| 296.04 | BIPOLAR I DISORDER, SINGLE MANIC EPISODE, SEVERE, SPECIFIED AS WITH PSYCHOTIC BEHAVIOR |
| 296.05 | BIPOLAR I DISORDER, SINGLE MANIC EPISODE, IN PARTIAL OR UNSPECIFIED REMISSION |
| 296.06 | BIPOLAR I DISORDER, SINGLE MANIC EPISODE, IN FULL REMISSION |
| 296.10 | MANIC AFFECTIVE DISORDER RECURRENT EPISODE UNSPECIFIED DEGREE |
| 296.11 | MANIC AFFECTIVE DISORDER RECURRENT EPISODE MILD DEGREE |
| 296.12 | MANIC AFFECTIVE DISORDER RECURRENT EPISODE MODERATE DEGREE |
| 296.13 | MANIC AFFECTIVE DISORDER RECURRENT EPISODE SEVERE DEGREE WITHOUT PSYCHOTIC BEHAVIOR |
| 296.14 | MANIC AFFECTIVE DISORDER RECURRENT EPISODE SEVERE DEGREE SPECIFIED AS WITH PSYCHOTIC BEHAVIOR |
| 296.15 | MANIC AFFECTIVE DISORDER RECURRENT EPISODE IN PARTIAL OR UNSPECIFIED REMISSION |
| 296.16 | MANIC AFFECTIVE DISORDER RECURRENT EPISODE IN FULL REMISSION |

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| 296.20 | MAJOR DEPRESSIVE AFFECTIVE DISORDER SINGLE EPISODE UNSPECIFIED DEGREE |
| 296.21 | MAJOR DEPRESSIVE AFFECTIVE DISORDER SINGLE EPISODE MILD DEGREE |
| 296.22 | MAJOR DEPRESSIVE AFFECTIVE DISORDER SINGLE EPISODE MODERATE DEGREE |
| 296.23 | MAJOR DEPRESSIVE AFFECTIVE DISORDER SINGLE EPISODE SEVERE DEGREE WITHOUT PSYCHOTIC BEHAVIOR |
| 296.24 | MAJOR DEPRESSIVE AFFECTIVE DISORDER SINGLE EPISODE SEVERE DEGREE SPECIFIED AS WITH PSYCHOTIC BEHAVIOR |
| 296.25 | MAJOR DEPRESSIVE AFFECTIVE DISORDER SINGLE EPISODE IN PARTIAL OR UNSPECIFIED REMISSION |
| 296.26 | MAJOR DEPRESSIVE AFFECTIVE DISORDER SINGLE EPISODE IN FULL REMISSION |
| 296.30 | MAJOR DEPRESSIVE AFFECTIVE DISORDER RECURRENT EPISODE UNSPECIFIED DEGREE |
| 296.31 | MAJOR DEPRESSIVE AFFECTIVE DISORDER RECURRENT EPISODE MILD DEGREE |
| 296.32 | MAJOR DEPRESSIVE AFFECTIVE DISORDER RECURRENT EPISODE MODERATE DEGREE |
| 296.33 | MAJOR DEPRESSIVE AFFECTIVE DISORDER RECURRENT EPISODE SEVERE DEGREE WITHOUT PSYCHOTIC BEHAVIOR |
| 296.34 | MAJOR DEPRESSIVE AFFECTIVE DISORDER RECURRENT EPISODE SEVERE DEGREE SPECIFIED AS WITH PSYCHOTIC BEHAVIOR |
| 296.35 | MAJOR DEPRESSIVE AFFECTIVE DISORDER RECURRENT EPISODE IN PARTIAL OR UNSPECIFIED REMISSION |
| 296.36 | MAJOR DEPRESSIVE AFFECTIVE DISORDER RECURRENT EPISODE IN FULL REMISSION |
| 296.40 | BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MANIC, UNSPECIFIED |
| 296.41 | BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MANIC, MILD |
| 296.42 | BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MANIC, MODERATE |
| 296.43 | BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MANIC, SEVERE, WITHOUT MENTION OF PSYCHOTIC BEHAVIOR |
| 296.44 | BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MANIC, SEVERE, SPECIFIED AS WITH PSYCHOTIC BEHAVIOR |
| 296.45 | BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MANIC, IN PARTIAL OR UNSPECIFIED REMISSION |
| 296.46 | BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MANIC, IN FULL REMISSION |
| 296.50 | BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) DEPRESSED, UNSPECIFIED |
| 296.51 | BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) DEPRESSED, MILD |
| 296.52 | BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) DEPRESSED, MODERATE |
| 296.53 | BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) DEPRESSED, SEVERE, WITHOUT MENTION OF PSYCHOTIC BEHAVIOR |
| 296.54 | BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) DEPRESSED, SEVERE, SPECIFIED AS WITH PSYCHOTIC BEHAVIOR |
| 296.55 | BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) DEPRESSED, IN PARTIAL OR UNSPECIFIED REMISSION |
| 296.56 | BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) DEPRESSED, IN FULL REMISSION |
| 296.60 | BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MIXED, UNSPECIFIED |
| 296.61 | BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MIXED, MILD |
| 296.62 | BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MIXED, MODERATE |
| 296.63 | BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MIXED, SEVERE, WITHOUT MENTION OF PSYCHOTIC BEHAVIOR |
| 296.64 | BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MIXED, SEVERE, SPECIFIED AS WITH PSYCHOTIC BEHAVIOR |
| 296.65 | BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MIXED, IN PARTIAL OR UNSPECIFIED REMISSION |
| 296.66 | BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MIXED, IN FULL REMISSION |

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| 296.7 | BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) UNSPECIFIED |
| 296.80 | BIPOLAR DISORDER, UNSPECIFIED |
| 296.81 | ATYPICAL MANIC DISORDER |
| 296.82 | ATYPICAL DEPRESSIVE DISORDER |
| 296.89 | OTHER AND UNSPECIFIED BIPOLAR DISORDERS, OTHER |
| 296.90 | UNSPECIFIED EPISODIC MOOD DISORDER |
| 296.99 | OTHER SPECIFIED EPISODIC MOOD DISORDER |
| 297.0 | PARANOID STATE SIMPLE |
| 297.1 | DELUSIONAL DISORDER |
| 297.2 | PARAPHRENIA |
| 297.3 | SHARED PSYCHOTIC DISORDER |
| 297.8 | OTHER SPECIFIED PARANOID STATES |
| 297.9 | UNSPECIFIED PARANOID STATE |
| 298.0 | DEPRESSIVE TYPE PSYCHOSIS |
| 298.1 | EXCITATIVE TYPE PSYCHOSIS |
| 298.2 | REACTIVE CONFUSION |
| 298.3 | ACUTE PARANOID REACTION |
| 298.4 | PSYCHOGENIC PARANOID PSYCHOSIS |
| 298.8 | OTHER AND UNSPECIFIED REACTIVE PSYCHOSIS |
| 298.9 | UNSPECIFIED PSYCHOSIS |
| 299.00 | AUTISTIC DISORDER, CURRENT OR ACTIVE STATE |
| 299.01 | AUTISTIC DISORDER, RESIDUAL STATE |
| 299.10 | CHILDHOOD DISINTEGRATIVE DISORDER, CURRENT OR ACTIVE STATE |
| 299.11 | CHILDHOOD DISINTEGRATIVE DISORDER, RESIDUAL STATE |
| 299.80 | OTHER SPECIFIED PERVASIVE DEVELOPMENTAL DISORDERS, CURRENT OR ACTIVE STATE |
| 299.81 | OTHER SPECIFIED PERVASIVE DEVELOPMENTAL DISORDERS, RESIDUAL STATE |
| 299.90 | UNSPECIFIED PERVASIVE DEVELOPMENTAL DISORDER, CURRENT OR ACTIVE STATE |
| 299.91 | UNSPECIFIED PERVASIVE DEVELOPMENTAL DISORDER, RESIDUAL STATE |
| 300.00 | ANXIETY STATE UNSPECIFIED |
| 300.01 | PANIC DISORDER WITHOUT AGORAPHOBIA |
| 300.02 | GENERALIZED ANXIETY DISORDER |
| 300.09 | OTHER ANXIETY STATES |
| 300.10 | HYSTERIA UNSPECIFIED |
| 300.11 | CONVERSION DISORDER |
| 300.12 | DISSOCIATIVE AMNESIA |
| 300.13 | DISSOCIATIVE FUGUE |
| 300.14 | DISSOCIATIVE IDENTITY DISORDER |
| 300.15 | DISSOCIATIVE DISORDER OR REACTION UNSPECIFIED |
| 300.16 | FACTITIOUS DISORDER WITH PREDOMINANTLY PSYCHOLOGICAL SIGNS AND SYMPTOMS |
| 300.19 | OTHER AND UNSPECIFIED FACTITIOUS ILLNESS |
| 300.20 | PHOBIA UNSPECIFIED |
| 300.21 | AGORAPHOBIA WITH PANIC DISORDER |
| 300.22 | AGORAPHOBIA WITHOUT PANIC ATTACKS |
| 300.23 | SOCIAL PHOBIA |

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| | OTHER ISOLATED OR SPECIFIC PHOBIAS |
| 300.3 | OBSESSIVE-COMPULSIVE DISORDERS |
| 300.4 | DYSTHYMIC DISORDER |
| 300.5 | NEURASTHENIA |
| 300.6 | DEPERSONALIZATION DISORDER |
| 300.7 | HYPOCHONDRIASIS |
| 300.81 | SOMATIZATION DISORDER |
| 300.82 | UNDIFFERENTIATED SOMATOFORM DISORDER |
| 300.89 | OTHER SOMATOFORM DISORDERS |
| 300.9 | UNSPECIFIED NONPSYCHOTIC MENTAL DISORDER |
| 301.0 | PARANOID PERSONALITY DISORDER |
| 301.10 | AFFECTIVE PERSONALITY DISORDER UNSPECIFIED |
| 301.11 | CHRONIC HYPOMANIC PERSONALITY DISORDER |
| 301.12 | CHRONIC DEPRESSIVE PERSONALITY DISORDER |
| 301.13 | CYCLOTHYMIC DISORDER |
| 301.20 | SCHIZOID PERSONALITY DISORDER UNSPECIFIED |
| 301.21 | INTROVERTED PERSONALITY |
| 301.22 | SCHIZOTYPAL PERSONALITY DISORDER |
| 301.3 | EXPLOSIVE PERSONALITY DISORDER |
| 301.4 | OBSESSIVE-COMPULSIVE PERSONALITY DISORDER |
| 301.50 | HISTRIONIC PERSONALITY DISORDER UNSPECIFIED |
| 301.51 | CHRONIC FACTITIOUS ILLNESS WITH PHYSICAL SYMPTOMS |
| 301.59 | OTHER HISTRIONIC PERSONALITY DISORDER |
| 301.6 | DEPENDENT PERSONALITY DISORDER |
| 301.7 | ANTISOCIAL PERSONALITY DISORDER |
| 301.81 | NARCISSISTIC PERSONALITY DISORDER |
| 301.82 | AVOIDANT PERSONALITY DISORDER |
| 301.83 | BORDERLINE PERSONALITY DISORDER |
| 301.84 | PASSIVE-AGGRESSIVE PERSONALITY |
| 301.89 | OTHER PERSONALITY DISORDERS |
| 301.9 | UNSPECIFIED PERSONALITY DISORDER |
| 302.0 | EGO-DYSTONIC SEXUAL ORIENTATION |
| 302.1 | ZOOPHILIA |
| 302.2 | PEDOPHILIA |
| 302.3 | TRANSVESTIC FETISHISM |
| 302.4 | EXHIBITIONISM |
| 302.50 | TRANS-SEXUALISM WITH UNSPECIFIED SEXUAL HISTORY |
| 302.51 | TRANS-SEXUALISM WITH ASEXUAL HISTORY |
| 302.52 | TRANS-SEXUALISM WITH HOMOSEXUAL HISTORY |
| 302.53 | TRANS-SEXUALISM WITH HETEROSEXUAL HISTORY |
| 302.6 | GENDER IDENTITY DISORDER IN CHILDREN |
| 302.70 | PSYCHOSEXUAL DYSFUNCTION UNSPECIFIED |
| 302.71 | HYPOACTIVE SEXUAL DESIRE DISORDER |
| 302.72 | PSYCHOSEXUAL DYSFUNCTION WITH INHIBITED SEXUAL EXCITEMENT |

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| | FEMALE ORGASMIC DISORDER |
| 302.74 | MALE ORGASMIC DISORDER |
| 302.75 | PREMATURE EJACULATION |
| 302.76 | DYSPAREUNIA, PSYCHOGENIC |
| 302.79 | PSYCHOSEXUAL DYSFUNCTION WITH OTHER SPECIFIED PSYCHOSEXUAL DYSFUNCTIONS |
| 302.81 | FETISHISM |
| 302.82 | VOYEURISM |
| 302.83 | SEXUAL MASOCHISM |
| 302.84 | SEXUAL SADISM |
| 302.85 | GENDER IDENTITY DISORDER IN ADOLESCENTS OR ADULTS |
| 302.89 | OTHER SPECIFIED PSYCHOSEXUAL DISORDERS |
| 302.9 | UNSPECIFIED PSYCHOSEXUAL DISORDER |
| 303.00 | ACUTE ALCOHOLIC INTOXICATION IN ALCOHOLISM UNSPECIFIED DRINKING BEHAVIOR |
| 303.01 | ACUTE ALCOHOLIC INTOXICATION IN ALCOHOLISM CONTINUOUS DRINKING BEHAVIOR |
| 303.02 | ACUTE ALCOHOLIC INTOXICATION IN ALCOHOLISM EPISODIC DRINKING BEHAVIOR |
| 303.03 | ACUTE ALCOHOLIC INTOXICATION IN ALCOHOLISM IN REMISSION |
| 303.90 | OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE UNSPECIFIED DRINKING BEHAVIOR |
| 303.91 | OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE CONTINUOUS DRINKING BEHAVIOR |
| 303.92 | OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE EPISODIC DRINKING BEHAVIOR |
| 303.93 | OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE IN REMISSION |
| 304.00 | OPIOID TYPE DEPENDENCE UNSPECIFIED USE |
| 304.01 | OPIOID TYPE DEPENDENCE CONTINUOUS USE |
| 304.02 | OPIOID TYPE DEPENDENCE EPISODIC USE |
| 304.03 | OPIOID TYPE DEPENDENCE IN REMISSION |
| 304.10 | SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNSPECIFIED |
| 304.11 | SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, CONTINUOUS |
| 304.12 | SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, EPISODIC |
| 304.13 | SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, IN REMISSION |
| 304.20 | COCAINE DEPENDENCE UNSPECIFIED USE |
| 304.21 | COCAINE DEPENDENCE CONTINUOUS USE |
| 304.22 | COCAINE DEPENDENCE EPISODIC USE |
| 304.23 | COCAINE DEPENDENCE IN REMISSION |
| 304.30 | CANNABIS DEPENDENCE UNSPECIFIED USE |
| 304.31 | CANNABIS DEPENDENCE CONTINUOUS USE |
| 304.32 | CANNABIS DEPENDENCE EPISODIC USE |
| 304.33 | CANNABIS DEPENDENCE IN REMISSION |
| 304.40 | AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE UNSPECIFIED USE |
| 304.41 | AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE CONTINUOUS USE |
| 304.42 | AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE EPISODIC USE |
| 304.43 | AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE IN REMISSION |
| 304.50 | HALLUCINOGEN DEPENDENCE UNSPECIFIED USE |
| 304.51 | HALLUCINOGEN DEPENDENCE CONTINUOUS USE |
| 304.52 | HALLUCINOGEN DEPENDENCE EPISODIC USE |
| 304.53 | HALLUCINOGEN DEPENDENCE IN REMISSION |

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| | OTHER SPECIFIED DRUG DEPENDENCE UNSPECIFIED USE |
| 304.61 | OTHER SPECIFIED DRUG DEPENDENCE CONTINUOUS USE |
| 304.62 | OTHER SPECIFIED DRUG DEPENDENCE EPISODIC USE |
| 304.63 | OTHER SPECIFIED DRUG DEPENDENCE IN REMISSION |
| 304.70 | COMBINATIONS OF OPIOID TYPE DRUG WITH ANY OTHER DRUG DEPENDENCE UNSPECIFIED USE |
| 304.71 | COMBINATIONS OF OPIOID TYPE DRUG WITH ANY OTHER DRUG DEPENDENCE CONTINUOUS USE |
| 304.72 | COMBINATIONS OF OPIOID TYPE DRUG WITH ANY OTHER DRUG DEPENDENCE EPISODIC USE |
| 304.73 | COMBINATIONS OF OPIOID TYPE DRUG WITH ANY OTHER DRUG DEPENDENCE IN REMISSION |
| 304.80 | COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG UNSPECIFIED USE |
| 304.81 | COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG CONTINUOUS USE |
| 304.82 | COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG EPISODIC USE |
| 304.83 | COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG IN REMISSION |
| 304.90 | UNSPECIFIED DRUG DEPENDENCE UNSPECIFIED USE |
| 304.91 | UNSPECIFIED DRUG DEPENDENCE CONTINUOUS USE |
| 304.92 | UNSPECIFIED DRUG DEPENDENCE EPISODIC USE |
| 304.93 | UNSPECIFIED DRUG DEPENDENCE IN REMISSION |
| 305.00 | NONDEPENDENT ALCOHOL ABUSE UNSPECIFIED DRINKING BEHAVIOR |
| 305.01 | NONDEPENDENT ALCOHOL ABUSE CONTINUOUS DRINKING BEHAVIOR |
| 305.02 | NONDEPENDENT ALCOHOL ABUSE EPISODIC DRINKING BEHAVIOR |
| 305.03 | NONDEPENDENT ALCOHOL ABUSE IN REMISSION |
| 305.1 | NONDEPENDENT TOBACCO USE DISORDER |
| 305.20 | NONDEPENDENT CANNABIS ABUSE UNSPECIFIED USE |
| 305.21 | NONDEPENDENT CANNABIS ABUSE CONTINUOUS USE |
| 305.22 | NONDEPENDENT CANNABIS ABUSE EPISODIC USE |
| 305.23 | NONDEPENDENT CANNABIS ABUSE IN REMISSION |
| 305.30 | NONDEPENDENT HALLUCINOGEN ABUSE UNSPECIFIED USE |
| 305.31 | NONDEPENDENT HALLUCINOGEN ABUSE CONTINUOUS USE |
| 305.32 | NONDEPENDENT HALLUCINOGEN ABUSE EPISODIC USE |
| 305.33 | NONDEPENDENT HALLUCINOGEN ABUSE IN REMISSION |
| 305.40 | SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, UNSPECIFIED |
| 305.41 | SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, CONTINUOUS |
| 305.42 | SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, EPISODIC |
| 305.43 | SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, IN REMISSION |
| 305.50 | NONDEPENDENT OPIOID ABUSE UNSPECIFIED USE |
| 305.51 | NONDEPENDENT OPIOID ABUSE CONTINUOUS USE |
| 305.52 | NONDEPENDENT OPIOID ABUSE EPISODIC USE |
| 305.53 | NONDEPENDENT OPIOID ABUSE IN REMISSION |
| 305.60 | NONDEPENDENT COCAINE ABUSE UNSPECIFIED USE |
| 305.61 | NONDEPENDENT COCAINE ABUSE CONTINUOUS USE |
| 305.62 | NONDEPENDENT COCAINE ABUSE EPISODIC USE |
| 305.63 | NONDEPENDENT COCAINE ABUSE IN REMISSION |
| 305.70 | NONDEPENDENT AMPHETAMINE OR RELATED ACTING SYMPATHOMIMETIC ABUSE UNSPECIFIED USE |

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| 305.71 | NONDEPENDENT AMPHETAMINE OR RELATED ACTING SYMPATHOMIMETIC ABUSE CONTINUOUS USE |
| 305.72 | NONDEPENDENT AMPHETAMINE OR RELATED ACTING SYMPATHOMIMETIC ABUSE EPISODIC USE |
| 305.73 | NONDEPENDENT AMPHETAMINE OR RELATED ACTING SYMPATHOMIMETIC ABUSE IN REMISSION |
| 305.80 | NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE UNSPECIFIED USE |
| 305.81 | NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE CONTINUOUS USE |
| 305.82 | NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE EPISODIC USE |
| 305.83 | NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE IN REMISSION |
| 305.90 | OTHER MIXED OR UNSPECIFIED DRUG ABUSE UNSPECIFIED USE |
| 305.91 | NONDEPENDENT OTHER MIXED OR UNSPECIFIED DRUG ABUSE CONTINUOUS USE |
| 305.92 | NONDEPENDENT OTHER MIXED OR UNSPECIFIED DRUG ABUSE EPISODIC USE |
| 305.93 | NONDEPENDENT OTHER MIXED OR UNSPECIFIED DRUG ABUSE IN REMISSION |
| 306.0 | MUSCULOSKELETAL MALFUNCTION ARISING FROM MENTAL FACTORS |
| 306.1 | RESPIRATORY MALFUNCTION ARISING FROM MENTAL FACTORS |
| 306.2 | CARDIOVASCULAR MALFUNCTION ARISING FROM MENTAL FACTORS |
| 306.3 | SKIN DISORDER ARISING FROM MENTAL FACTORS |
| 306.4 | GASTROINTESTINAL MALFUNCTION ARISING FROM MENTAL FACTORS |
| 306.50 | PSYCHOGENIC GENITOURINARY MALFUNCTION UNSPECIFIED |
| 306.51 | PSYCHOGENIC VAGINISMUS |
| 306.52 | PSYCHOGENIC DYSMENORRHEA |
| 306.53 | PSYCHOGENIC DYSURIA |
| 306.59 | OTHER GENITOURINARY MALFUNCTION ARISING FROM MENTAL FACTORS |
| 306.6 | ENDOCRINE DISORDER ARISING FROM MENTAL FACTORS |
| 306.7 | DISORDER OF ORGANS OF SPECIAL SENSE ARISING FROM MENTAL FACTORS |
| 306.8 | OTHER SPECIFIED PSYCHOPHYSIOLOGICAL MALFUNCTION |
| 306.9 | UNSPECIFIED PSYCHOPHYSIOLOGICAL MALFUNCTION |
| 307.0 | ADULT ONSET FLUENCY DISORDER |
| 307.1 | ANOREXIA NERVOSA |
| 307.20 | TIC DISORDER UNSPECIFIED |
| 307.21 | TRANSIENT TIC DISORDER |
| 307.22 | CHRONIC MOTOR OR VOCAL TIC DISORDER |
| 307.23 | TOURETTE'S DISORDER |
| 307.3 | STEREOTYPIC MOVEMENT DISORDER |
| 307.40 | NONORGANIC SLEEP DISORDER UNSPECIFIED |
| 307.41 | TRANSIENT DISORDER OF INITIATING OR MAINTAINING SLEEP |
| 307.42 | PERSISTENT DISORDER OF INITIATING OR MAINTAINING SLEEP |
| 307.43 | TRANSIENT DISORDER OF INITIATING OR MAINTAINING WAKEFULNESS |
| 307.44 | PERSISTENT DISORDER OF INITIATING OR MAINTAINING WAKEFULNESS |
| 307.45 | CIRCADIAN RHYTHM SLEEP DISORDER OF NONORGANIC ORIGIN |
| 307.46 | SLEEP AROUSAL DISORDER |
| 307.47 | OTHER DYSFUNCTIONS OF SLEEP STAGES OR AROUSAL FROM SLEEP |
| 307.48 | REPETITIVE INTRUSIONS OF SLEEP |
| 307.49 | OTHER SPECIFIC DISORDERS OF SLEEP OF NONORGANIC ORIGIN |

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| 307.50 | EATING DISORDER UNSPECIFIED |
| 307.51 | BULIMIA NERVOSA |
| 307.52 | PICA |
| 307.53 | RUMINATION DISORDER |
| 307.54 | PSYCHOGENIC VOMITING |
| 307.59 | OTHER DISORDERS OF EATING |
| 307.6 | ENURESIS |
| 307.7 | ENCOPRESIS |
| 307.80 | PSYCHOGENIC PAIN SITE UNSPECIFIED |
| 307.81 | TENSION HEADACHE |
| 307.89 | OTHER, PAIN DISORDER RELATED TO PSYCHOLOGICAL FACTORS |
| 307.9 | OTHER AND UNSPECIFIED SPECIAL SYMPTOMS OR SYNDROMES NOT ELSEWHERE CLASSIFIED |
| 308.0 | PREDOMINANT DISTURBANCE OF EMOTIONS |
| 308.1 | PREDOMINANT DISTURBANCE OF CONSCIOUSNESS |
| 308.2 | PREDOMINANT PSYCHOMOTOR DISTURBANCE |
| 308.3 | OTHER ACUTE REACTIONS TO STRESS |
| 308.4 | MIXED DISORDERS AS REACTION TO STRESS |
| 308.9 | UNSPECIFIED ACUTE REACTION TO STRESS |
| 309.0 | ADJUSTMENT DISORDER WITH DEPRESSED MOOD |
| 309.1 | ADJUSTMENT REACTION WITH PROLONGED DEPRESSIVE REACTION |
| 309.21 | SEPARATION ANXIETY DISORDER |
| 309.22 | EMANCIPATION DISORDER OF ADOLESCENCE AND EARLY ADULT LIFE |
| 309.23 | SPECIFIC ACADEMIC OR WORK INHIBITION |
| 309.24 | ADJUSTMENT DISORDER WITH ANXIETY |
| 309.28 | ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD |
| 309.29 | OTHER ADJUSTMENT REACTIONS WITH PREDOMINANT DISTURBANCE OF OTHER EMOTIONS |
| 309.3 | ADJUSTMENT DISORDER WITH DISTURBANCE OF CONDUCT |
| 309.4 | ADJUSTMENT DISORDER WITH MIXED DISTURBANCE OF EMOTIONS AND CONDUCT |
| 309.81 | POSTTRAUMATIC STRESS DISORDER |
| 309.82 | ADJUSTMENT REACTION WITH PHYSICAL SYMPTOMS |
| 309.83 | ADJUSTMENT REACTION WITH WITHDRAWAL |
| 309.89 | OTHER SPECIFIED ADJUSTMENT REACTIONS |
| 309.9 | UNSPECIFIED ADJUSTMENT REACTION |
| 310.0 | FRONTAL LOBE SYNDROME |
| 310.1 | PERSONALITY CHANGE DUE TO CONDITIONS CLASSIFIED ELSEWHERE |
| 310.2 | POSTCONCUSSION SYNDROME |
| 310.81 | PSEUDBULBAR AFFECT |
| 310.89 | OTHER SPECIFIED NONPSYCHOTIC MENTAL DISORDERS FOLLOWING ORGANIC BRAIN DAMAGE |
| 310.9 | UNSPECIFIED NONPSYCHOTIC MENTAL DISORDER FOLLOWING ORGANIC BRAIN DAMAGE |
| 311 | DEPRESSIVE DISORDER NOT ELSEWHERE CLASSIFIED |
| 312.00 | UNDERSOCIALIZED CONDUCT DISORDER AGGRESSIVE TYPE UNSPECIFIED DEGREE |
| 312.01 | UNDERSOCIALIZED CONDUCT DISORDER AGGRESSIVE TYPE MILD DEGREE |
| 312.02 | UNDERSOCIALIZED CONDUCT DISORDER AGGRESSIVE TYPE MODERATE DEGREE |
| 312.03 | UNDERSOCIALIZED CONDUCT DISORDER AGGRESSIVE TYPE SEVERE DEGREE |

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| | UNDERSOCIALIZED CONDUCT DISORDER UNAGGRESSIVE TYPE UNSPECIFIED DEGREE |
| 312.11 | UNDERSOCIALIZED CONDUCT DISORDER UNAGGRESSIVE TYPE MILD DEGREE |
| 312.12 | UNDERSOCIALIZED CONDUCT DISORDER UNAGGRESSIVE TYPE MODERATE DEGREE |
| 312.13 | UNDERSOCIALIZED CONDUCT DISORDER UNAGGRESSIVE TYPE SEVERE DEGREE |
| 312.20 | SOCIALIZED CONDUCT DISORDER UNSPECIFIED DEGREE |
| 312.21 | SOCIALIZED CONDUCT DISORDER MILD DEGREE |
| 312.22 | SOCIALIZED CONDUCT DISORDER MODERATE DEGREE |
| 312.23 | SOCIALIZED CONDUCT DISORDER SEVERE DEGREE |
| 312.30 | IMPULSE CONTROL DISORDER UNSPECIFIED |
| 312.31 | PATHOLOGICAL GAMBLING |
| 312.32 | KLEPTOMANIA |
| 312.33 | PYROMANIA |
| 312.34 | INTERMITTENT EXPLOSIVE DISORDER |
| 312.35 | ISOLATED EXPLOSIVE DISORDER |
| 312.39 | OTHER DISORDERS OF IMPULSE CONTROL |
| 312.4 | MIXED DISTURBANCE OF CONDUCT AND EMOTIONS |
| 312.81 | CONDUCT DISORDER CHILDHOOD ONSET TYPE |
| 312.82 | CONDUCT DISORDER ADOLESCENT ONSET TYPE |
| 312.89 | OTHER SPECIFIED CONDUCT DISORDER NOT ELSEWHERE CLASSIFIED |
| 312.9 | UNSPECIFIED DISTURBANCE OF CONDUCT |
| 313.0 | OVERANXIOUS DISORDER SPECIFIC TO CHILDHOOD AND ADOLESCENCE |
| 313.1 | MISERY AND UNHAPPINESS DISORDER SPECIFIC TO CHILDHOOD AND ADOLESCENCE |
| 313.21 | SHYNESS DISORDER OF CHILDHOOD |
| 313.22 | INTROVERTED DISORDER OF CHILDHOOD |
| 313.23 | SELECTIVE MUTISM |
| 313.3 | RELATIONSHIP PROBLEMS SPECIFIC TO CHILDHOOD AND ADOLESCENCE |
| 313.81 | OPPOSITIONAL DEFIANT DISORDER |
| 313.82 | IDENTITY DISORDER OF CHILDHOOD OR ADOLESCENCE |
| 313.83 | ACADEMIC UNDERACHIEVEMENT DISORDER OF CHILDHOOD OR ADOLESCENCE |
| 313.89 | OTHER EMOTIONAL DISTURBANCES OF CHILDHOOD OR ADOLESCENCE |
| 313.9 | UNSPECIFIED EMOTIONAL DISTURBANCE OF CHILDHOOD OR ADOLESCENCE |
| 314.00 | ATTENTION DEFICIT DISORDER OF CHILDHOOD WITHOUT HYPERACTIVITY |
| 314.01 | ATTENTION DEFICIT DISORDER OF CHILDHOOD WITH HYPERACTIVITY |
| 314.1 | HYPERKINESIS OF CHILDHOOD WITH DEVELOPMENTAL DELAY |
| 314.2 | HYPERKINETIC CONDUCT DISORDER OF CHILDHOOD |
| 314.8 | OTHER SPECIFIED MANIFESTATIONS OF HYPERKINETIC SYNDROME OF CHILDHOOD |
| 314.9 | UNSPECIFIED HYPERKINETIC SYNDROME OF CHILDHOOD |
| 315.00 | DEVELOPMENTAL READING DISORDER UNSPECIFIED |
| 315.01 | ALEXIA |
| 315.02 | DEVELOPMENTAL DYSLEXIA |
| 315.09 | OTHER SPECIFIC DEVELOPMENTAL READING DISORDER |
| 315.1 | MATHEMATICS DISORDER |
| 315.2 | OTHER SPECIFIC DEVELOPMENTAL LEARNING DIFFICULTIES |
| 315.31 | EXPRESSIVE LANGUAGE DISORDER |

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| | MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER |
| 315.34 | SPEECH AND LANGUAGE DEVELOPMENTAL DELAY DUE TO HEARING LOSS |
| 315.35 | CHILDHOOD ONSET FLUENCY DISORDER |
| 315.39 | OTHER DEVELOPMENTAL SPEECH DISORDER |
| 315.4 | DEVELOPMENTAL COORDINATION DISORDER |
| 315.5 | MIXED DEVELOPMENT DISORDER |
| 315.8 | OTHER SPECIFIED DELAYS IN DEVELOPMENT |
| 315.9 | UNSPECIFIED DELAY IN DEVELOPMENT |
| 316 | PSYCHIC FACTORS ASSOCIATED WITH DISEASES CLASSIFIED ELSEWHERE |
| 317 | MILD INTELLECTUAL DISABILITIES |
| 318.0 | MODERATE INTELLECTUAL DISABILITIES |
| 318.1 | SEVERE INTELLECTUAL DISABILITIES |
| 318.2 | PROFOUND INTELLECTUAL DISABILITIES |
| 319 | UNSPECIFIED INTELLECTUAL DISABILITIES |
| 327.02 | INSOMNIA DUE TO MENTAL DISORDER |
| 327.15 | HYPERSOMNIA DUE TO MENTAL DISORDER |
| 327.42 | REM SLEEP BEHAVIOR DISORDER |
| 327.43 | RECURRENT ISOLATED SLEEP PARALYSIS |
| 331.0 | ALZHEIMER'S DISEASE |
| 331.11 | PICK'S DISEASE |
| 331.19 | OTHER FRONTOTEMPORAL DEMENTIA |
| 331.2 | SENILE DEGENERATION OF BRAIN |
| 331.3 | COMMUNICATING HYDROCEPHALUS |
| 331.4 | OBSTRUCTIVE HYDROCEPHALUS |
| 331.5 | IDIOPATHIC NORMAL PRESSURE HYDROCEPHALUS (INPH) |
| 331.6 | CORTICOBASAL DEGENERATION |
| 331.7 | CEREBRAL DEGENERATION IN DISEASES CLASSIFIED ELSEWHERE |
| 331.82 | DEMENTIA WITH LEWY BODIES |
| 331.83 | MILD COGNITIVE IMPAIRMENT, SO STATED |
| 331.89 | OTHER CEREBRAL DEGENERATION |
| 332.1 | SECONDARY PARKINSONISM |
| 333.1 | ESSENTIAL AND OTHER SPECIFIED FORMS OF TREMOR |
| 333.71 | ATHETOID CEREBRAL PALSY |
| 333.72 | ACUTE DYSTONIA DUE TO DRUGS |
| 333.79 | OTHER ACQUIRED TORSION DYSTONIA |
| 333.82 | OROFACIAL DYSKINESIA |
| 333.85 | SUBACUTE DYSKINESIA DUE TO DRUGS |
| 333.90 | UNSPECIFIED EXTRAPYRAMIDAL DISEASE AND ABNORMAL MOVEMENT DISORDER |
| 333.92 | NEUROLEPTIC MALIGNANT SYNDROME |
| 333.99 | OTHER EXTRAPYRAMIDAL DISEASES AND ABNORMAL MOVEMENT DISORDERS |
| 348.1 | ANOXIC BRAIN DAMAGE |
| 389.7 | DEAF, NONSPEAKING, NOT ELSEWHERE CLASSIFIABLE |
| 430 | SUBARACHNOID HEMORRHAGE |
| 431 | INTRACEREBRAL HEMORRHAGE |

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| | NONTRAUMATIC EXTRADURAL HEMORRHAGE |
| 432.1 | SUBDURAL HEMORRHAGE |
| 432.9 | UNSPECIFIED INTRACRANIAL HEMORRHAGE |
| 433.01 | OCCLUSION AND STENOSIS OF BASILAR ARTERY WITH CEREBRAL INFARCTION |
| 433.10 | OCCLUSION AND STENOSIS OF CAROTID ARTERY WITHOUT CEREBRAL INFARCTION |
| 433.11 | OCCLUSION AND STENOSIS OF CAROTID ARTERY WITH CEREBRAL INFARCTION |
| 433.20 | OCCLUSION AND STENOSIS OF VERTEBRAL ARTERY WITHOUT CEREBRAL INFARCTION |
| 433.21 | OCCLUSION AND STENOSIS OF VERTEBRAL ARTERY WITH CEREBRAL INFARCTION |
| 433.30 | OCCLUSION AND STENOSIS OF MULTIPLE AND BILATERAL PRECEREBRAL ARTERIES WITHOUT CEREBRAL INFARCTION |
| 433.31 | OCCLUSION AND STENOSIS OF MULTIPLE AND BILATERAL PRECEREBRAL ARTERIES WITH CEREBRAL INFARCTION |
| 433.80 | OCCLUSION AND STENOSIS OF OTHER SPECIFIED PRECEREBRAL ARTERY WITHOUT CEREBRAL INFARCTION |
| 433.81 | OCCLUSION AND STENOSIS OF OTHER SPECIFIED PRECEREBRAL ARTERY WITH CEREBRAL INFARCTION |
| 433.90 | OCCLUSION AND STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERY WITHOUT CEREBRAL INFARCTION |
| 433.91 | OCCLUSION AND STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERY WITH CEREBRAL INFARCTION |
| 434.01 | CEREBRAL THROMBOSIS WITH CEREBRAL INFARCTION |
| 434.10 | CEREBRAL EMBOLISM WITHOUT CEREBRAL INFARCTION |
| 434.11 | CEREBRAL EMBOLISM WITH CEREBRAL INFARCTION |
| 434.90 | CEREBRAL ARTERY OCCLUSION UNSPECIFIED WITHOUT CEREBRAL INFARCTION |
| 434.91 | CEREBRAL ARTERY OCCLUSION UNSPECIFIED WITH CEREBRAL INFARCTION |
| 438.0 | COGNITIVE DEFICITS |
| 438.11 | APHASIA |
| 438.13 | LATE EFFECTS OF CEREBROVASCULAR DISEASE, DYSARTHRIA |
| 780.09 | ALTERATION OF CONSCIOUSNESS OTHER |
| 780.93 | MEMORY LOSS |
| 780.95 | EXCESSIVE CRYING OF CHILD, ADOLESCENT, OR ADULT |
| 780.97 | ALTERED MENTAL STATUS |
| 784.3 | APHASIA |
| 784.51 | DYSARTHRIA |
| 784.59 | OTHER SPEECH DISTURBANCE |
| 784.60 | SYMBOLIC DYSFUNCTION UNSPECIFIED |
| 784.61 | ALEXIA AND DYSLEXIA |
| 784.69 | OTHER SYMBOLIC DYSFUNCTION |
| 799.51 | ATTENTION OR CONCENTRATION DEFICIT |
| 799.52 | COGNITIVE COMMUNICATION DEFICIT |
| 799.53 | VISUOSPATIAL DEFICIT |
| 799.54 | PSYCHOMOTOR DEFICIT |
| 799.55 | FRONTAL LOBE AND EXECUTIVE FUNCTION DEFICIT |
| 799.59 | OTHER SIGNS AND SYMPTOMS INVOLVING COGNITION |
| 850.0 | CONCUSSION WITH NO LOSS OF CONSCIOUSNESS |
| 850.11 | CONCUSSION WITH LOSS OF CONSCIOUSNESS OF 30 MINUTES OR LESS |

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| 850.12 | CONCUSSION WITH LOSS OF CONSCIOUSNESS FROM 31 TO 59 MINUTES |
| 850.2 | CONCUSSION WITH MODERATE LOSS OF CONSCIOUSNESS |
| 850.3 | CONCUSSION WITH PROLONGED LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 850.4 | CONCUSSION WITH PROLONGED LOSS OF CONSCIOUSNESS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 850.5 | CONCUSSION WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| 850.9 | CONCUSSION UNSPECIFIED |
| 851.00 | CORTEX (CEREBRAL) CONTUSION WITHOUT OPEN INTRACRANIAL WOUND STATE OF CONSCIOUSNESS UNSPECIFIED |
| 851.01 | CORTEX (CEREBRAL) CONTUSION WITHOUT OPEN INTRACRANIAL WOUND WITH NO LOSS OF CONSCIOUSNESS |
| 851.02 | CORTEX (CEREBRAL) CONTUSION WITHOUT OPEN INTRACRANIAL WOUND WITH BRIEF (LESS THAN ONE HOUR) LOSS OF CONSCIOUSNESS |
| 851.03 | CORTEX (CEREBRAL) CONTUSION WITHOUT OPEN INTRACRANIAL WOUND WITH MODERATE (1-24 HOURS) LOSS OF CONSCIOUSNESS |
| 851.04 | CORTEX (CEREBRAL) CONTUSION WITHOUT OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 851.05 | CORTEX (CEREBRAL) CONTUSION WITHOUT OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 851.06 | CORTEX (CEREBRAL) CONTUSION WITHOUT OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| 851.09 | CORTEX (CEREBRAL) CONTUSION WITHOUT OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED |
| 851.10 | CORTEX (CEREBRAL) CONTUSION WITH OPEN INTRACRANIAL WOUND WITHOUT SPECIFIC STATE OF CONSCIOUSNESS |
| 851.11 | CORTEX (CEREBRAL) CONTUSION WITH OPEN INTRACRANIAL WOUND WITH NO LOSS OF CONSCIOUSNESS |
| 851.12 | CORTEX (CEREBRAL) CONTUSION WITH OPEN INTRACRANIAL WOUND WITH BRIEF (LESS THAN ONE HOUR) LOSS OF CONSCIOUSNESS |
| 851.13 | CORTEX (CEREBRAL) CONTUSION WITH OPEN INTRACRANIAL WOUND WITH MODERATE (1-24 HOURS) LOSS OF CONSCIOUSNESS |
| 851.14 | CORTEX (CEREBRAL) CONTUSION WITH OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 851.15 | CORTEX (CEREBRAL) CONTUSION WITH OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 851.16 | CORTEX (CEREBRAL) CONTUSION WITH OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| 851.19 | CORTEX (CEREBRAL) CONTUSION WITH OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED |
| 851.20 | CORTEX (CEREBRAL) LACERATION WITHOUT OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 851.21 | CORTEX (CEREBRAL) LACERATION WITHOUT OPEN INTRACRANIAL WOUND WITH NO LOSS OF CONSCIOUSNESS |
| 851.22 | CORTEX (CEREBRAL) LACERATION WITHOUT OPEN INTRACRANIAL WOUND WITH BRIEF (LESS THAN ONE HOUR) LOSS OF CONSCIOUSNESS |
| 851.23 | CORTEX (CEREBRAL) LACERATION WITHOUT OPEN INTRACRANIAL WOUND WITH MODERATE (1-24 HOURS) LOSS OF CONSCIOUSNESS |
| 851.24 | CORTEX (CEREBRAL) LACERATION WITHOUT OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL |

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| 851.25 | CORTEX (CEREBRAL) LACERATION WITHOUT OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 851.26 | CORTEX (CEREBRAL) LACERATION WITHOUT OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| 851.29 | CORTEX (CEREBRAL) LACERATION WITHOUT OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED |
| 851.30 | CORTEX (CEREBRAL) LACERATION WITH OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 851.31 | CORTEX (CEREBRAL) LACERATION WITH OPEN INTRACRANIAL WOUND WITH NO LOSS OF CONSCIOUSNESS |
| 851.32 | CORTEX (CEREBRAL) LACERATION WITH OPEN INTRACRANIAL WOUND WITH BRIEF (LESS THAN ONE HOUR) LOSS OF CONSCIOUSNESS |
| 851.33 | CORTEX (CEREBRAL) LACERATION WITH OPEN INTRACRANIAL WOUND WITH MODERATE (1-24 HOURS) LOSS OF CONSCIOUSNESS |
| 851.34 | CORTEX (CEREBRAL) LACERATION WITH OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 851.35 | CORTEX (CEREBRAL) LACERATION WITH OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 851.36 | CORTEX (CEREBRAL) LACERATION WITH OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| 851.39 | CORTEX (CEREBRAL) LACERATION WITH OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED |
| 851.40 | CEREBELLAR OR BRAIN STEM CONTUSION WITHOUT OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 851.41 | CEREBELLAR OR BRAIN STEM CONTUSION WITHOUT OPEN INTRACRANIAL WOUND WITH NO LOSS OF CONSCIOUSNESS |
| 851.42 | CEREBELLAR OR BRAIN STEM CONTUSION WITHOUT OPEN INTRACRANIAL WOUND WITH BRIEF (LESS THAN ONE HOUR) LOSS OF CONSCIOUSNESS |
| 851.43 | CEREBELLAR OR BRAIN STEM CONTUSION WITHOUT OPEN INTRACRANIAL WOUND WITH MODERATE (1-24 HOURS) LOSS OF CONSCIOUSNESS |
| 851.44 | CEREBELLAR OR BRAIN STEM CONTUSION WITHOUT OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 851.45 | CEREBELLAR OR BRAIN STEM CONTUSION WITHOUT OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 851.46 | CEREBELLAR OR BRAIN STEM CONTUSION WITHOUT OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| 851.49 | CEREBELLAR OR BRAIN STEM CONTUSION WITHOUT OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED |
| 851.50 | CEREBELLAR OR BRAIN STEM CONTUSION WITH OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 851.51 | CEREBELLAR OR BRAIN STEM CONTUSION WITH OPEN INTRACRANIAL WOUND WITH NO LOSS OF CONSCIOUSNESS |
| 851.52 | CEREBELLAR OR BRAIN STEM CONTUSION WITH OPEN INTRACRANIAL WOUND WITH BRIEF (LESS THAN ONE HOUR) LOSS OF CONSCIOUSNESS |
| 851.53 | CEREBELLAR OR BRAIN STEM CONTUSION WITH OPEN INTRACRANIAL WOUND WITH MODERATE (1-24 HOURS) LOSS OF CONSCIOUSNESS |
| 851.54 | CEREBELLAR OR BRAIN STEM CONTUSION WITH OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 851.55 | CEREBELLAR OR BRAIN STEM CONTUSION WITH OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS WITHOUT RETURN TO PRE- |

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| | EXISTING CONSCIOUS LEVEL |
| 851.56 | CEREBELLAR OR BRAIN STEM CONTUSION WITH OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| 851.59 | CEREBELLAR OR BRAIN STEM CONTUSION WITH OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED |
| 851.60 | CEREBELLAR OR BRAIN STEM LACERATION WITHOUT OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 851.61 | CEREBELLAR OR BRAIN STEM LACERATION WITHOUT OPEN INTRACRANIAL WOUND WITH NO LOSS OF CONSCIOUSNESS |
| 851.62 | CEREBELLAR OR BRAIN STEM LACERATION WITHOUT OPEN INTRACRANIAL WOUND WITH BRIEF (LESS THAN 1 HOUR) LOSS OF CONSCIOUSNESS |
| 851.63 | CEREBELLAR OR BRAIN STEM LACERATION WITHOUT OPEN INTRACRANIAL WOUND WITH MODERATE (1-24 HOURS) LOSS OF CONSCIOUSNESS |
| 851.64 | CEREBELLAR OR BRAIN STEM LACERATION WITHOUT OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 851.65 | CEREBELLAR OR BRAIN STEM LACERATION WITHOUT OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 851.66 | CEREBELLAR OR BRAIN STEM LACERATION WITHOUT OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| 851.69 | CEREBELLAR OR BRAIN STEM LACERATION WITHOUT OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED |
| 851.70 | CEREBELLAR OR BRAIN STEM LACERATION WITH OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 851.71 | CEREBELLAR OR BRAIN STEM LACERATION WITH OPEN INTRACRANIAL WOUND WITH NO LOSS OF CONSCIOUSNESS |
| 851.72 | CEREBELLAR OR BRAIN STEM LACERATION WITH OPEN INTRACRANIAL WOUND WITH BRIEF (LESS THAN ONE HOUR) LOSS OF CONSCIOUSNESS |
| 851.73 | CEREBELLAR OR BRAIN STEM LACERATION WITH OPEN INTRACRANIAL WOUND WITH MODERATE (1-24 HOURS) LOSS OF CONSCIOUSNESS |
| 851.74 | CEREBELLAR OR BRAIN STEM LACERATION WITH OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 851.75 | CEREBELLAR OR BRAIN STEM LACERATION WITH OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 851.76 | CEREBELLAR OR BRAIN STEM LACERATION WITH OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| 851.79 | CEREBELLAR OR BRAIN STEM LACERATION WITH OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED |
| 851.80 | OTHER AND UNSPECIFIED CEREBRAL LACERATION AND CONTUSION WITHOUT OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 851.81 | OTHER AND UNSPECIFIED CEREBRAL LACERATION AND CONTUSION WITHOUT OPEN INTRACRANIAL WOUND WITH NO LOSS OF CONSCIOUSNESS |
| 851.82 | OTHER AND UNSPECIFIED CEREBRAL LACERATION AND CONTUSION WITHOUT OPEN INTRACRANIAL WOUND WITH BRIEF (LESS THAN ONE HOUR) LOSS OF CONSCIOUSNESS |
| 851.83 | OTHER AND UNSPECIFIED CEREBRAL LACERATION AND CONTUSION WITHOUT OPEN INTRACRANIAL WOUND WITH MODERATE (1-24 HOURS) LOSS OF CONSCIOUSNESS |
| 851.84 | OTHER AND UNSPECIFIED CEREBRAL LACERATION AND CONTUSION WITHOUT OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE- EXISTING CONSCIOUS LEVEL |
| 851.85 | OTHER AND UNSPECIFIED CEREBRAL LACERATION AND CONTUSION WITHOUT OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| | OTHER AND UNSPECIFIED CEREBRAL LACERATION AND CONTUSION WITHOUT OPEN |

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| 851.86 | INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| 851.89 | OTHER AND UNSPECIFIED CEREBRAL LACERATION AND CONTUSION WITHOUT OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED |
| 851.90 | OTHER AND UNSPECIFIED CEREBRAL LACERATION AND CONTUSION WITH OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 851.91 | OTHER AND UNSPECIFIED CEREBRAL LACERATION AND CONTUSION WITH OPEN INTRACRANIAL WOUND WITH NO LOSS OF CONSCIOUSNESS |
| 851.92 | OTHER AND UNSPECIFIED CEREBRAL LACERATION AND CONTUSION WITH OPEN INTRACRANIAL WOUND WITH BRIEF (LESS THAN ONE HOUR) LOSS OF CONSCIOUSNESS |
| 851.93 | OTHER AND UNSPECIFIED CEREBRAL LACERATION AND CONTUSION WITH OPEN INTRACRANIAL WOUND WITH MODERATE (1-24 HOURS) LOSS OF CONSCIOUSNESS |
| 851.94 | OTHER AND UNSPECIFIED CEREBRAL LACERATION AND CONTUSION WITH OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 851.95 | OTHER AND UNSPECIFIED CEREBRAL LACERATION AND CONTUSION WITH OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 851.96 | OTHER AND UNSPECIFIED CEREBRAL LACERATION AND CONTUSION WITH OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| 851.99 | OTHER AND UNSPECIFIED CEREBRAL LACERATION AND CONTUSION WITH OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED |
| 852.00 | SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 852.01 | SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH NO LOSS OF CONSCIOUSNESS |
| 852.02 | SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH BRIEF (LESS THAN ONE HOUR) LOSS OF CONSCIOUSNESS |
| 852.03 | SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH MODERATE (1-24 HOURS) LOSS OF CONSCIOUSNESS |
| 852.04 | SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 852.05 | SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 852.06 | SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| 852.09 | SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED |
| 852.10 | SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 852.11 | SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH NO LOSS OF CONSCIOUSNESS |
| 852.12 | SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH BRIEF (LESS THAN ONE HOUR) LOSS OF CONSCIOUSNESS |
| 852.13 | SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH MODERATE (1-24 HOURS) LOSS OF CONSCIOUSNESS |
| 852.14 | SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 852.15 | SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 852.16 | SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| | SUBARACHNOID HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH |

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| 852.19 | CONCUSSION UNSPECIFIED |
| 852.20 | SUBDURAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 852.21 | SUBDURAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH NO LOSS OF CONSCIOUSNESS |
| 852.22 | SUBDURAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH BRIEF (LESS THAN ONE HOUR) LOSS OF CONSCIOUSNESS |
| 852.23 | SUBDURAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH MODERATE (1-24 HOURS) LOSS OF CONSCIOUSNESS |
| 852.24 | SUBDURAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 852.25 | SUBDURAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 852.26 | SUBDURAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| 852.29 | SUBDURAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED |
| 852.30 | SUBDURAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 852.31 | SUBDURAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH NO LOSS OF CONSCIOUSNESS |
| 852.32 | SUBDURAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH BRIEF (LESS THAN ONE HOUR) LOSS OF CONSCIOUSNESS |
| 852.33 | SUBDURAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH MODERATE (1-24 HOURS) LOSS OF CONSCIOUSNESS |
| 852.34 | SUBDURAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 852.35 | SUBDURAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 852.36 | SUBDURAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| 852.39 | SUBDURAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED |
| 852.40 | EXTRADURAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 852.41 | EXTRADURAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH NO LOSS OF CONSCIOUSNESS |
| 852.42 | EXTRADURAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH BRIEF (LESS THAN 1 HOUR) LOSS OF CONSCIOUSNESS |
| 852.43 | EXTRADURAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH MODERATE (1-24 HOURS) LOSS OF CONSCIOUSNESS |
| 852.44 | EXTRADURAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 852.45 | EXTRADURAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 852.46 | EXTRADURAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| 852.49 | EXTRADURAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED |
| | EXTRADURAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH |

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| 852.50 | STATE OF CONSCIOUSNESS UNSPECIFIED |
| 852.51 | EXTRADURAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH NO LOSS OF CONSCIOUSNESS |
| 852.52 | EXTRADURAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH BRIEF (LESS THAN ONE HOUR) LOSS OF CONSCIOUSNESS |
| 852.53 | EXTRADURAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH MODERATE (1-24 HOURS) LOSS OF CONSCIOUSNESS |
| 852.54 | EXTRADURAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 852.55 | EXTRADURAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 852.56 | EXTRADURAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| 852.59 | EXTRADURAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED |
| 853.00 | OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 853.01 | OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH NO LOSS OF CONSCIOUSNESS |
| 853.02 | OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH BRIEF (LESS THAN ONE HOUR) LOSS OF CONSCIOUSNESS |
| 853.03 | OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH MODERATE (1-24 HOURS) LOSS OF CONSCIOUSNESS |
| 853.04 | OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE- EXISTING CONSCIOUS LEVEL |
| 853.05 | OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE FOLLOWING INJURY. WITHOUT OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 853.06 | OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| 853.09 | OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED |
| 853.10 | OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 853.11 | OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH NO LOSS OF CONSCIOUSNESS |
| 853.12 | OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH BRIEF (LESS THAN ONE HOUR) LOSS OF CONSCIOUSNESS |
| 853.13 | OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH MODERATE (1-24 HOURS) LOSS OF CONSCIOUSNESS |
| 853.14 | OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH PROLONGED(MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 853.15 | OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 853.16 | OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| 853.19 | OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE FOLLOWING INJURY WITH OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED |
| 854.00 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITHOUT OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITHOUT OPEN INTRACRANIAL |

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| 854.01 | WOUND WITH NO LOSS OF CONSCIOUSNESS |
| 854.02 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITHOUT OPEN INTRACRANIAL WOUND WITH BRIEF (LESS THAN ONE HOUR) LOSS OF CONSCIOUSNESS |
| 854.03 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITHOUT OPEN INTRACRANIAL WOUND WITH MODERATE (1-24 HOURS) LOSS OF CONSCIOUSNESS |
| 854.04 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITHOUT OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 854.05 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITHOUT OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 854.06 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITHOUT OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| 854.09 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITHOUT OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED |
| 854.10 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED |
| 854.11 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH OPEN INTRACRANIAL WOUND WITH NO LOSS OF CONSCIOUSNESS |
| 854.12 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH OPEN INTRACRANIAL WOUND WITH BRIEF (LESS THAN ONE HOUR) LOSS OF CONSCIOUSNESS |
| 854.13 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH OPEN INTRACRANIAL WOUND WITH MODERATE (1-24 HOURS) LOSS OF CONSCIOUSNESS |
| 854.14 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 854.15 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH OPEN INTRACRANIAL WOUND WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL |
| 854.16 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH OPEN INTRACRANIAL WOUND WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION |
| 854.19 | INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH OPEN INTRACRANIAL WOUND WITH CONCUSSION UNSPECIFIED |
| 907.0 | LATE EFFECT OF INTRACRANIAL INJURY WITHOUT SKULL FRACTURE |
| 995.20 | UNSPECIFIED ADVERSE EFFECT OF UNSPECIFIED DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE |
| 995.50 | UNSPECIFIED CHILD ABUSE |
| 995.51 | CHILD EMOTIONAL/PSYCHOLOGICAL ABUSE |
| 995.52 | CHILD NEGLECT (NUTRITIONAL) |
| 995.53 | CHILD SEXUAL ABUSE |
| 995.54 | CHILD PHYSICAL ABUSE |
| 995.55 | SHAKEN BABY SYNDROME |
| 995.59 | OTHER CHILD ABUSE AND NEGLECT |
| 995.80 | UNSPECIFIED ADULT MALTREATMENT |
| 995.81 | ADULT PHYSICAL ABUSE |
| 995.82 | ADULT EMOTIONAL/PSYCHOLOGICAL ABUSE |
| 995.83 | ADULT SEXUAL ABUSE |
| 995.84 | ADULT NEGLECT (NUTRITIONAL) |
| 995.85 | OTHER ADULT ABUSE AND NEGLECT |

Diagnoses that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

Diagnoses that DO NOT Support Medical Necessity**General Information**[\[back to top\]](#)**Documentation Requirements****Appendices****Utilization Guidelines****Sources of Information and Basis for Decision**

American Academy of Clinical Neuropsychology (AACN), (October 2011) Neuropsychology Model LCD. Accessed at http://www.theaacn.org/userdocuments/neuropsychology_model_lcd-1.pdf

American Medical Association (2013) CPT® Professional Edition

CGS Administrators, LLC LCD (L31887)

Code of Federal Regulations (CFR) § 410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

HCPCS Level II 2013 Book, Professional Edition

LCDs and policies from other Medicare contractors and private insurers

National Government Services, Inc. LCD (L26895)

Novitas Solutions, Inc. LCD (L32766)

Wisconsin Physicians Service Insurance Corporation LCD (L31990)

Advisory Committee Meeting Notes**Start Date of Comment Period**

06/07/2013

End Date of Comment Period

07/22/2013

Start Date of Notice Period

08/30/2013

Revision History Number**Revision History Explanation****Reason For Change****Last Reviewed On Date**

08/22/2013

Related Documents


This LCD has no Related Documents.

LCD Attachments

Attachments such as Coding Guidelines and Comment Summaries are available in the Medicare coverage database located on the Centers for Medicare & Medicaid Services (CMS) website. To view attachments, go to <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?clickon=search> and enter the LCD ID in the search window; when the LCD is displayed select LCD Attachments from the "Jump to Section" dropdown list.

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You may also use First Coast's [Procedure to diagnosis lookup](#) for procedure code to diagnosis code relationships in current and draft local coverage determinations (LCDs).

The official local coverage determination (LCD) is the version on the Medicare coverage database at www.cms.gov/medicare-coverage-database/ . The LCD data hosted on this site is an exact match of what appears on the MCD.