



Los Angeles County
Board of Supervisors

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Fourth District

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Fifth District

January 12, 2010

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

John F. Schunhoff, Ph.D.
Interim Director

Robert G. Splawn, M.D.
Interim Chief Medical Officer

**CLINIC CAPACITY EXPANSION FOR THE PUBLIC-PRIVATE-
PARTNERSHIP PROGRAM
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

www.dhs.lacounty.gov

To improve health

through leadership,

service and education.

SUBJECT

Request approval of Fiscal Year 2009-10 Budget Adjustment, and agreements to expand clinic capacity for the Public-Private-Partnership (PPP) program with qualified providers.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve the attached Fiscal Year (FY) 2009-10 Budget Adjustment (BA) (Attachment I) for the Department of Health Services (Department or DHS) to reallocate funding from Provisional Financing Uses (PFU) budget unit in the amount of \$15.57 million, which includes \$1.35 million from FY 2007-08 unspent Public-Private-Partnership (PPP) funds to the Department's budget.
2. Delegate the authority to the Interim Director of Health Services (Director), or his designee, to execute agreements with new and existing PPP provider agencies listed in Exhibit I, for the period January 1, 2010 through December 31, 2012, effective upon execution, to expand clinic capacity for the PPP Program to new and existing sites, subject to the prior approval of each agreement by County Counsel (Counsel) and the Chief Executive Office (CEO), at a cost not to exceed \$46 million consisting of \$43.3 million for the period January 1, 2010 through December 31, 2012 and \$2.7 million for SPA 2 agencies for the period January 1, 2010 through December 31, 2010.



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3. Delegate authority to the Director, or his designee, to execute amendments to extend the term of any of the aforementioned agreements for an additional period, not to exceed six months at no additional cost, as needed, to accommodate unforeseen delays in an agency's construction process or project implementation, subject to prior review and approval by the CEO and Counsel.
4. Delegate authority to the Director, or his designee, to execute amendments to adjust or reallocate infrastructure funding from agencies and/or projects identified in Exhibit I to other qualified projects as needed, should the Department determine the agencies and/or projects are failing to proceed with the proposed projects as stated, subject to prior review and approval by the CEO and Counsel and notification to your Board.
5. Delegate authority to the Director, or his designee, to execute amendments to increase or decrease service funding for primary and/or specialty care, up to 100 percent of the maximum obligation for each agency agreement and reallocate unused funds between sites and/or agencies should the Department determine such adjustment and/or reallocation will result in better utilization of funds and increase access to services for PPP patients, subject to prior review and approval by the CEO and Counsel.
6. Delegate authority to the Director, or his designee, to execute amendments as needed. to "roll forward" from year to year, within each individual contract budget, funds that are unexpended for primary or specialty care services to permit expenditure within those service categories in the next contract year, beginning with FY 2009-10 through FY 2010-11, subject to prior review and approval by the CEO and Counsel;
7. Delegate authority to the Director, or his designee, to execute amendments to "roll forward" any funds unexpended within the PPP Program for expenditure among Clinic Capacity Expansion Program (CCEP) contractors in Service Planning Area 2 to address equity issues, subject to prior review and approval by the CEO and Counsel.
8. Delegate authority to the Director, or his designee, to execute amendments to revise or add any regulatory or program requirements, subject to prior review and approval by the CEO and Counsel.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

On February 3, 2009, your Board approved the recommendations by the CEO and the Department to implement the CCEP for the PPP Program. The related implementation plan includes funding of capital projects/renovations, including equipment, and services that will support the development of new and existing clinic sites in under equity SPAs to address the current lack of infrastructure needed to expand capacity to new patients.

Approval of the first recommendation will allow DHS to reallocate funding in the amount of \$15.57 million from the PFU budget unit, previously approved by your Board for this purpose, which includes \$1.35 million from FY 2007-08 unspent PPP funds in order to implement the CCEP under DHS' Office of Ambulatory Care PPP Program and \$.5 million for the Encounter Summary Sheet (ESS) project. The Department will be returning to your Board at a later date with contract recommendations for the ESS project.

Approval of the second recommendation will allow the Director to execute agreements with the agencies listed in Exhibit I, consistent with your Board's approval of the recommendations by the CEO on February 3, 2009, to expand clinic capacity by adding new providers, establishing new sites and expanding existing sites to increase the number of patients serviced under the PPP Program for a one-time, three year funding period.

Approval of the third recommendation will allow the Director to extend individual agreements with any provider agency to accommodate unforeseen delays in the construction process, project implementation, third party funding delays, etc.

Approval of the fourth recommendation will allow the Director to shift infrastructure funds from one agency and/or project to another qualified project(s), where necessary, should any unforeseen event occur where an agency or project cannot, for whatever reason, complete the project as contracted and approved by the Department. This will enable the Department to ensure that funds will be utilized to expand access and not remain encumbered in a project which cannot proceed for any reason.

Approval of the fifth recommendation will allow the Director to assess the service effectiveness of the expansion program at the end of the second year of the program, and reallocate underutilized primary and specialty care service funds to other agencies which have exceeded operational goals and have the capacity to service additional PPP patients.

Approval of the sixth recommendation will allow the Director to roll forward funds in the expansion program to permit individual contractors to maximize their funds for the provision of primary and specialty care.

Approval of the seventh recommendation will allow the Director to roll forward funds within the Public Private Partnership program to maintain SPA 2 equity, if necessary, pursuant to the Board's previously approved Allocation Methodology.

Approval of the eighth recommendation will allow the Director to implement any regulatory or programmatic changes, as necessary.

Implementation of Strategic Plan Goals

The recommended actions support Goal 1, Operational Effectiveness and Goal 4, Health and Mental Health, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

Expenditures under these agreements will vary from year to year based on the scope of each project and timeline as approved by the Department.

Approval of the attached FY 2009-10 Budget Adjustment to reallocate funding from the PFU budget unit in the amount of \$15.57 million to the Department's budget is being requested for these projects and services, and the ESS project. Subsequent year funding will be requested in future fiscal years. Expenditures over the term of the agreements in any given year will remain within the Department's budgeted appropriation for the program, not to exceed \$46 million over the three year funding term, plus applicable year-end unspent PPP funds to SPA 2 in order to address any issues of inequity.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The agreement format, substantially similar to Exhibit II, has been approved as to form by County Counsel. The agreements contain your Board's required contract provisions including the recently implemented Default Property Tax Reduction Program.

The agreement with each agency will contain individualized scopes of work, project timelines and service measurements in accordance with the specific details of each project as listed in Exhibit I.

CONTRACTING PROCESS

On March 27, 2009, the Office of Ambulatory Care released a Request for Applications (RFA) for agencies seeking to provide primary care services, specialty care services and sought infrastructure funds to build new sites, expand existing sites or purchase equipment to provide services.

There were 47 applications received initially from new providers and existing PPP providers. DHS evaluated 45 applications for a total of 123 projects; 47 new sites and 76 existing sites. Two applications were determined non-responsive or late in Phase I. As set forth in the RFA, only projects which received a score of at least 70 percent in the Phase II evaluation could be considered for funding under the CCEP.

Applicants with projects which did not receive a passing score of 70 percent in Phase II were offered the opportunity to attend an informal debriefing regarding their score(s) and evaluator comments for each project which did not pass Phase II. DHS conducted 14 debriefings for agencies covering 34 projects. Six agencies appealed their Phase II results subsequent to the debriefings. All six appeals were evaluated and final determinations made by the Department; none proceeded to the funding negotiation stage.

The Department conducted 30 simultaneous negotiations for 81 projects with the results contained in the funding recommendations in Exhibit I.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will allow for an expansion of clinic capacity for the PPP program.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "John Schunhoff". The signature is fluid and cursive, with a large initial "J" and "S".

JOHN F. SCHUNHOFF, Ph.D.
Interim Director

JFS:kkh

Enclosures

c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors

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BA FORM 09/09

BOARD OF SUPERVISORS OFFICIAL COPY

COUNTY OF LOS ANGELES

REQUEST FOR APPROPRIATION ADJUSTMENT

DEPT'S. NO. 110

DEPARTMENT OF HEALTH SERVICES

December 14, 2009

AUDITOR-CONTROLLER:

THE FOLLOWING APPROPRIATION ADJUSTMENT IS DEEMED NECESSARY BY THIS DEPARTMENT. PLEASE CONFIRM THE ACCOUNTING ENTRIES AND AVAILABLE BALANCES AND FORWARD TO THE CHIEF EXECUTIVE OFFICER FOR HIS RECOMMENDATION OR ACTION.

ADJUSTMENT REQUESTED AND REASONS THEREFOR

FY 2009-10

3 - VOTES

SOURCES

USES

PFU - Health Services
A01-CB-2000-13749-13763
Services & Supplies
Decrease Appropriation

\$15,570,000

HS - Health Services Administration
A01-HS-2000-20000
Services & Supplies
Increase Appropriation

\$15,570,000

SOURCES TOTAL: \$ 15,570,000

USES TOTAL: \$ 15,570,000

JUSTIFICATION

To transfer Appropriation from the Provisional Financing Uses to Health Services Administration for the Fiscal Year (FY) 2009-10 Public Private Partnership-Clinic Capacity Expansion Project (PPP-CCEP). On February 3, 2009, the Board approved the allocation of \$47,500,000 for PPP-CCEP, which includes the \$2,700,000 carryover from FY 2007-08 year-end unspent PPP Funds. The total FY 2009-10 expenditures are estimated at \$15,570,000, which includes \$1,350,000 from FY 07-08 unspent PPP funds and the balance of allocation will be requested in future fiscal years.

[Signature]
AUTHORIZED SIGNATURE: Mela Guerrero, Controller (DHS Controller's Div.)

BOARD OF SUPERVISOR'S APPROVAL (AS REQUESTED/REVISED)

REFERRED TO THE CHIEF EXECUTIVE OFFICER FOR --

[] ACTION

[x] RECOMMENDATION

[x] APPROVED AS REQUESTED

[] APPROVED AS REVISED

AUDITOR-CONTROLLER

BY Karen Shelton

CHIEF EXECUTIVE OFFICER

BY [Signature]

B.A. NO. 069

Dec 22 20 09

Dec 29, 20 09

**CLINIC CAPACITY EXPANSION PROJECT 2009
FUNDING RECOMMENDATIONS**

EXHIBIT I

AGENCY	EXECUTIVE DIRECTOR PHONE/FAX/EMAIL	SITE NAME		SITE ADDRESS	SUPV DIST	SPA	PROJECT DESCRIPTION	SQUARE FOOTAGE OF THE PROPOSED PROJECT	NUMBER OF NEW EXAM ROOMS	FUNDING RECOMMENDATIONS			
										INFRA-STRUCTURE	SERVICES		TOTAL CONTRACT
											PRIMARY CARE	SPECIALTY CARE	
1. ANTELOPE VALLEY COMMUNITY CLINIC 45074 10TH STREET WEST, STE. 109 LANCASTER, CA 93534	JAMES A. COOK, EXECUTIVE DIRECTOR (661) 942-2391 X202 FAX: (661) 723-3769 EMAIL: jcook@avclinic.org	AVCC-LANCASTER	N	45104/45074 10TH ST WEST, LANCASTER 93534	5	1	RENOVATE	15,000	20	\$350,000	\$527,904	\$0	\$877,904
		AVCC-PALMDALE	N	3005 #4 PALMDALE BLVD, PALMDALE 93550	5	1				0	280,872	0	280,872
		CARE-A-VAN	E	45074 10TH ST. WEST #109, LANCASTER 93534	5	1				0	50,760	0	50,760
										350,000	859,536	0	1,209,536
2. ASIAN PACIFIC HEALTH CARE VENTURE, INC. 1530 HILLHURST AVENUE, STE. 200 LOS ANGELES, CA 90027	J. LORRAINE ESTRADAS, CHIEF EXECUTIVE OFFICER PH: (323) 254-5291 FAX: (323) 254-4618 EMAIL: lestradas@aroyovista.org	BALDIN PLACE	N	9960 BALDWIN PLACE, EL MONTE, CA 91731	1	3	RENOVATE	7,004	6	600,000	419,616	0	1,019,616
											600,000	419,616	0
3. BAART COMMUNITY HEALTHCARE 1111 MARKET STREET, 4TH FLOOR SAN FRANCISCO, CA 94103-1513	JASON KLETTER, PRESIDENT PH: (415) 552-7914 EXT 113 FAX: (415) 552-3455 EMAIL: jkletter@baartprograms.com	LA PUENTE	E	15229 E AMAR ROAD, LA PUENTE, 91744	1	3	RENOVATE/UPGRADE TO MEET ADA	Nil	1	155,580	446,688	0	602,268
		LYNWOOD	E	11315 S ATLANTIC BLVD, LYNWOOD 90262	2	6	RENOVATE/UPGRADE TO MEET ADA	1,000	2	79,595	588,816	0	668,411
		SOUTHEAST	E	4920 S AVALON, LOS ANGELES, 90011	2	6	BUILDING UPGRADE/REPAIR			115,177	974,592	0	1,089,769
		MOBILE	N	1020 E PACIFIC COAST HWY, LONG BEACH CA	4	8				0	125,208	0	125,208
										350,352	2,135,304	0	2,485,656
4. BIENVENIDOS CHILDREN'S CENTER, INC. 316 W. 2ND STREET, STE. 800 LOS ANGELES, CA 90012	RITCHIE GEISEL, PRESIDENT AND CHIEF EXECUTIVE DIRECTOR PH: (213) 785-5906 FAX: (213) 785-5928 EMAIL: rgeisel@bienvenidos.org	LOS ANGELES	E	507 S ATLANTIC BLVD, LOS ANGELES 90022	1	7	RENOVATE	680	4	184,946	1,086,264	0	1,271,210
											184,946	1,086,264	0
5. CENTRAL NEIGHBORHOOD MEDICAL GROUP, INC. 2707 S. CENTRAL AVENUE LOS ANGELES, CA 90011	BASSETT H. L. BROWN, M.D., CHIEF EXECUTIVE OFFICER AND MEDICAL DIRECTOR PH: (323) 234-5000 FAX: (323) 231-3985 EMAIL: lachrl@aol.com	LOS ANGELES	E	2707 S CENTRAL AVE, LOS ANGELES, 90011	2	6				0	382,392	185,126	567,518
											0	382,392	185,126
6. CHINATOWN SERVICE CENTER 767 N. HILL STREET, STE. 400 LOS ANGELES, 90012	LAWRENCE J. LUE, CHIEF EXECUTIVE DIRECTOR PH: (213) 808-1701 FAX: (213) 680-0787 EMAIL: llue@cscla.org	LOS ANGELES	E	767 N HILL ST, STE, 200, LOS ANGELES, 90012	1	4				0	60,912	0	60,912
											0	60,912	0
7. COMMUNITY HEALTH ALLIANCE OF PASADENA 1855 N. FAIR OAKS AVENUE, STE. 200 PASADENA, CA 91103	MARGARET B. MARTINEZ, CHIEF EXECUTIVE OFFICER PH: (626) 398-6300 FAX: (626) 398-5948 EMAIL: Margaret.martinez@chapcare.org	PASADENA	E	1855 N FAIR OAKS AVE, #200, PASADENA 91103	5	3	RENOVATE	800	6	66,033	355,320	78,504	499,857
		DEL MAR	N	3160 E DEL MAR BLVD, PASADENA, CA 91107	5	3	RENOVATE	10,000	21	125,000	1,610,784	0	1,735,784
		LAKE	N	1800 N LAKE AVE, PASADENA, CA 91104	5	3	RENOVATE/PURCHASE EQUIPMENT	1,394	4	67,486	534,672	0	602,158
										258,519	2,500,776	78,504	2,837,799
8. COMPREHENSIVE COMMUNITY HEALTH CENTER 801 CHEVY CHASE DRIVE, STE. 20 GLENDALE, CA 91205	ARA TAVITIAN, M.D., CHIEF EXECUTIVE OFFICER PH: (818) 285-2232 FAX: (818) 291-0291 EMAIL: roberts@ochocenters.org	GLENDALE	E	801 CHEVY CHASE DRIVE, STE 250, GLENDALE 91205	5	2				0	282,000	0	282,000
		N HOLLYWOOD	E	12157 VICTORY BLVD, N HOLLYWOOD 91606	3	2				0	309,072	0	309,072
										0	591,072	0	591,072
9. EAST VALLEY COMMUNITY HEALTH CENTER, INC. 420 S. GLENDORA AVENUE W. COVINA, CA 91790	ALICIA M. MARDINI, CHIEF EXECUTIVE OFFICER PH: (626) 919-4333 EXT 220 FAX: (626) 919-2084 EMAIL: amardini@evchc.org	LA PUENTE	NS	17840 E VILLACORTA, LA PUENTE, CA 91744	1	3	PURCHASE MODULAR BUILDING	2,160	4	750,000	192,888	0	942,888
		POMONA	E	680 FAIRPLEX DRIVE, POMONA 91768	1	3				0	571,896	0	571,896
		WEST COVINA	E	420 S GLENDORA AVE, W COVINA 91790	5	3				0	947,520	0	947,520
										750,000	1,712,304	0	2,462,304
10. FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES, INC. 6501 S. GARFIELD AVENUE BELL GARDENS, CA 90201	JOHN A. KOTICK, J.D., CHIEF EXECUTIVE OFFICER PH: (562) 928-9600 EXT 305 FAX: (562) 927-8603 EMAIL: jkotick@fhcgla.org	BELL GARDENS	E	6501 S GARFIELD AVE, BELL GARDENS, 90201	1	7				0	764,784	0	764,784
		HAWAIIAN GARDENS	E	22310 WARDHAM AVE, HAWAIIAN GARDENS 90716 (TO)	4	7				0	260,568	0	260,568
		MONTEBELLO	N	200 W. MINES, MONTEBELLO, CA 90640	1	7	RENOVATE	2,000	2	201,364	429,768	0	631,132
		OLD-TIMERS FOUNDATION	N	3355 E. GAGE AVE, HUNTINGTON PARK, CA 90255	1	7	RENOVATE	2,000	2	50,124	456,840	0	506,964
										251,488	1,911,960	0	2,163,448
11. GARFIELD HEALTH CENTER 210 N. GARFIELD AVENUE, STE. 203 MONTEREY PARK, CA 91754	FRANCIS W. YU, M.D., MEDICAL DIRECTOR AND EXECUTIVE DIRECTOR PH: (626) 307-7397 FAX: (626) 307-1807 EMAIL: yomedical@aol.com	MONTEREY PARK	E	210 N GARFIELD AVE, STE 203, MONTEREY PARK 91754	1	3				0	240,264	0	240,264
											0	240,264	0

**CLINIC CAPACITY EXPANSION PROJECT 2009
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EXHIBIT I

AGENCY	EXECUTIVE DIRECTOR PHONE/FAX/EMAIL	SITE NAME		SITE ADDRESS	SUPV DIST	SPA	PROJECT DESCRIPTION	SQUARE FOOTAGE OF THE PROPOSED PROJECT	NUMBER OF NEW EXAM ROOMS	FUNDING RECOMMENDATIONS			
										INFRA-STRUCTURE	SERVICES		TOTAL CONTRACT
											PRIMARY CARE	SPECIALTY CARE	
12. HARBOR COMMUNITY CLINIC 593 W. 6TH STREET SAN PEDRO, CA 90731	MICHELE D. RUPLE, EXECUTIVE DIRECTOR AND CHIEF EXECUTIVE OFFICER PH: (310) 547-8241 FAX: (310) 547-5096 EMAIL: harborfreeclinic@earthlink.net	SAN PEDRO	E	593 W 6TH ST, SAN PEDRO, 90731	4	8	RENOVATE	7,100	6	398,845	632,808	0	1,031,653
										398,845	632,808	0	1,031,653
13. HEROLD CHRISTIAN HEALTH CENTER 923 S. SAN GABRIEL BLVD. SAN GABRIEL, CA 91776	DAVID LEE, EXECUTIVE DIRECTOR PH: (626) 286-8700 FAX: (626) 286-8650 EMAIL: davidlee@cohc.org	SAN GABRIEL	E	923 S SAN GABRIEL BLVD, SAN GABRIEL, CA 91776	5	3					196,272	0	196,272
										0	196,272	0	196,272
14. JWCH INSTITUTE, INC. 1910 W. SUNSET BOULEVARD STE 650 LOS ANGELES, CA 90026	ALVARO BALLESTEROS, CHIEF EXECUTIVE OFFICER PH: (213) 484-1186 FAX: (213) 413-3443 EMAIL: aballesteros@jwchinstitute.org	RITA D WALTERS LEARNING COMPLEX WOMEN HLTH CNTR	NS	915 W MANCHESTER AVE, LOS ANGELES, CA 90044	2	6	RENOVATE	800	2	50,000	101,520	0	151,520
			N	3591 IMPERIAL HWY, LYNWOOD, CA 90262	2	6	RENOVATE	4,000	10	740,000	1,245,312	0	1,985,312
			E	6912 AJAX AVE, BLVD/ELL GARDENS 90201	1	7				0	666,648	0	666,648
			E	5600 RICKENBAUCKER ROAD, BLDG. 1E, BELL 90201	1	7				0	324,864	0	324,864
			E	12360 FIRESTONE BLVD, NORWALK 90650	4	7	RENOVATE	800	2	80,000	1,164,096	0	1,244,096
										870,000	3,502,440	0	4,372,440
15. K. SIVACUMAR MEDICAL CENTER 44215 15TH WEST, SUITE #307 LANCASTER, CA 93534	K. SIVACUMAR, M.D., EXECUTIVE DIRECTOR AND CHIEF MEDICAL DIRECTOR PH: (661) 949-5908 FAX: (661) 949-5594 EMAIL: sivafpama@yahoo.com	LANCASTER	N	44215 15th, LANCASTER, CA 93534	5	1				0	328,248	0	328,248
										0	328,248	0	328,248
16. MISSION CITY COMMUNITY NETWORK, INC. 15206 PARTHENIA STREET NORTH HILLS, CA 91343	NIK GUPTA, CHIEF EXECUTIVE OFFICER PH: (818) 895-3100 EXT 602 FAX: (818) 892-4651 EMAIL: nikg@moon.org	NORTH HILLS PACOIMA MIDDLE SCHOOL CLINIC POMONA INGLEWOOD	E ES N N	15206 PARTHENIA ST, N HILLS 91343 9919 LAUREL CANYON BLVD, PACOIMA 91331 845 EAST ARROW HIGHWAY, POMONA CA 91767 101 N. LABREA AVE, SUITE 301, INGLEWOOD, CA 90301	3 3 1 2	2 2 3 8	RENOVATE RENOVATE/PURCHASE MOBILE CLINIC	4,000 3,500	12 3	357,000 372,440	509,856 240,264 846,000 169,200	0 0 0 0	866,856 240,264 1,218,440 169,200
										729,440	1,765,320	0	2,494,760
17. NORTHEAST COMMUNITY CLINIC 2550 W. MAIN STREET, STE. 301 ALHAMBRA, CA 91801	CHRISTOPHER LAU, M.D., EXECUTIVE DIRECTOR PH: (626) 457-6900 FAX: (626) 457-6916 EMAIL: clau@necc.md	ELIZABETH HLTH CNTR GAGE MIDDLE SCHOOL HEALTH CENTER WILMINGTON	NS NS E	4811 ELIZABETH ST, CUDAHY, CA 90201 2880 E GAGE AVE, HUNTINGTON PARK, CA 90255 714 N AVALON B3, WILMINGTON 90744	1 1 4	7 7 8	RENOVATE	2,000	3	105,500	294,408 324,864 125,208	0 0 0	399,908 324,864 125,208
										105,500	744,480	0	849,980
18. NORTHEAST VALLEY HEALTH CORPORATION 1172 N. MACLAY AVENUE SAN FERNANDO, CA 91340	KIMBERLY WYARD, CHIEF EXECUTIVE OFFICER PH: (818) 898-1388 EXT 41620 FAX: (818) 365-4031 EMAIL: KimWyard@nevhc.org	HOMELESS HC HOMELESS MOBILE SUN VALLEY VALENCIA	E N ES E	7843 LANKERSHIM BLVD, N HOLLYWOOD 91605 1172 N MACLAY AVE, SAN FERNANDO, CA 91340 7223 N FAIR VE, SUN VALLEY, 91352 23763 VALENCIA BLVD, VALENCIA 91355 (CL)	3 3 3 5	2 2 2 2				0 0 0 0	43,992 81,216 67,680 72,192	0 0 0 0	43,992 81,216 67,680 72,192
										0	265,080	0	265,080
19. POMONA VALLEY HOSPITAL MEDICAL CENTER 1798 N. GAREY AVENUE POMONA, CA 91767	RICHARD E. YOCHUM, PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (909) 865-9500 FAX: (909) 865-9796 EMAIL: rich.yochum@pvhmc.org	HOLT	N	1460 E HOLT AVE, POMONA, CA 91767	1	3	RENOVATE	5,000	12	317,640	676,800	135,360	1,129,800
										317,640	676,800	135,360	1,129,800
20. QUEENS CARE FAMILY CLINICS 1300 N. VERMONT AVENUE, STE. 1002 LOS ANGELES, CA 90027	BARBARA BRANDLIN, PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (323) 669-4305 FAX: (323) 953-6244 EMAIL: bbhines@queenscare.org	EASTSIDE	E	4560 CESAR E CHAVEZ AVE, LOS ANGELES, CA 90022	1	7				0	947,520	0	947,520
										0	947,520	0	947,520
21. SACRED HEART FAMILY MEDICAL CLINIC, INC. 8540 ALONDRA BOULEVARD, STE. B2 PARAMOUNT, CA 90723	EDUARDO S. ORNEDO, M.D., PRESIDENT AND MEDICAL DIRECTOR PH: (562) 602-2508 FAX: (562) 602-2382 EMAIL: sacredheartfamily@sbcglobal.net	PARAMOUNT	E	8540 ALONDRA BLVD, STE B2, PARAMOUNT 90723	4	6				0	138,744	0	138,744
										0	138,744	0	138,744
22. SAMUEL DIXON FAMILY HEALTH CENTERS, INC. 25115 W. AVENUE STANFORD, STE. A-104 VALENCIA, CA 91355	CHERYL LAYMON, EXECUTIVE DIRECTOR PH: (661) 257-7892 FAX: (661) 257-2384 EMAIL: cheryl@sdfhc.org	CANYON COUNTY	E	27225 CAMP PLENTY RD. STE. 2, CANYON COUNTRY 91351	5	2				0	60,000	0	60,000
										0	60,000	0	60,000
23. SOUTH BAY FAMILY HEALTHCARE CENTER 23430 HAWTHORNE BOULEVARD, STE. 21 TORRANCE, CA 90505	JANN HAMILTON LEE, PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (310) 802-6177 FAX: (310) 802-6178 EMAIL: jhamiltonlee@sbdclinic.org	CARSON HIGH SCHOOL INGLEWOOD	NS E	22328 MAIN ST, CARSON, CA 90745 1091 S LA BREA, INGLEWOOD 90301	2 2	8 8	PURCHASE EQUIPMENT PURCHASE EQUIPMENT	1,900 5,436	4 2	77,875 6,108	927,216 1,072,728	0 0	1,005,091 1,078,836
										83,983	1,999,944	0	2,083,927

**CLINIC CAPACITY EXPANSION PROJECT 2009
FUNDING RECOMMENDATIONS**

EXHIBIT I

AGENCY	EXECUTIVE DIRECTOR PHONE/FAX/EMAIL	SITE NAME	SITE ADDRESS	SUPV DIST	SPA	PROJECT DESCRIPTION	SQUARE FOOTAGE OF THE PROPOSED PROJECT	NUMBER OF NEW EXAM ROOMS	FUNDING RECOMMENDATIONS			
									INFRA-STRUCTURE	SERVICES		TOTAL CONTRACT
										PRIMARY CARE	SPECIALTY CARE	
24. SOUTH CENTRAL FAMILY HEALTH CENTER 4425 S. CENTRAL AVENUE LOS ANGELES, CA 90011	RICHARD A. VELOZ, CHIEF EXECUTIVE OFFICER PH: (323) 908-4247 FAX: (323) 908-4256 EMAIL: Richardv@scfhc.org	CENTRAL CITY	E 5970 S CENTRAL AVE, LOS ANGELES 90001	2	6	RENOVATE	2,344	7	591,500	707,256	0	1,298,756
		EISNER	E 1530 S OLIVE ST, LOS ANGELES 90015	1	4				0	372,240	0	372,240
		SOUTH CENTRAL	E 4425 S CENTRAL AVE, LOS ANGELES 90011	2	6	RENOVATE	3,865	7	215,705	1,000,442	0	1,216,147
		ST JOHN BUNCH MIDDLE SCHOOL	NS 12338 MONA BLVD, COMPTON, CA 90220	2	6				0	104,904	0	104,904
		ST JOHN COMPTON	E 2115 S WILMINGTON AVE, COMPTON, CA 90222	2	6	RENOVATE	3,193	4	403,345	473,760	0	877,105
		ST JOHN DOMINQUEZ HIGH SCHOOL	NS 15301 SAN JOSE, COMPTON, CA 90221	2	6	ADD BUNGALOW	2,680	4	125,000	456,840	0	581,840
		ST JOHN DR KENNETH	N 5801 S HOOVER ST, LOS ANGELES, CA 90044	2	6				0	575,280	0	575,280
		ST JOHN DR. LOUIS-HOOVER	E 5701 S HOOVER ST, LOS ANGELES, CA 90037	2	6				0	737,712	0	737,712
		ST JOHN EAST COMPTON FAMILY	N 15711 S ATLANTIC AVE, COMPTON, CA 90221	2	6	PURCHASE EQUIPMENT	3,720	4	50,000	483,912	0	533,912
		ST JOHN HYDE PARK SCHOOL	ES 6519 8TH AVE, LOS ANGELES 90043	2	6				0	551,592	0	551,592
		ST JOHN LA	E 1910 MAGNOLIA ST, LOS ANGELES, CA 90007	1	6				0	446,688	0	446,688
		ST JOHN MANUAL ART	NS 4131 S VERMONT AVE, LOS ANGELES, CA 90037	2	6	ADD BUNGALOW	1,920	4	142,456	294,408	0	436,864
		ST JOHN WASHINGTON HIGH SCHOOL	NS 10860 S DENKER, LOS ANGELES, CA 90047	2	8	ADD BUNGALOW	1,920	4	100,000	213,192	0	313,192
		T.H.E.	E 3834 S WESTERN, LOS ANGELES, CA 90062	2	6				0	619,272	0	619,272
		T.H.E. MOBILE	N 3537 FARMDALE AVE, LOS ANGELES CA 90016	2	6	PURCHASE A MOBILE CLINIC	250	2	296,400	287,640	0	584,040
		UMMA	E 711 W FLORENCE AVE, LOS ANGELES, CA 90044	2	6	RENOVATE	1,078	3	182,400	551,592	0	733,992
		WATTS - HLTH CNTR	E 10300 COMPTON AVE, COMPTON, CA 90002	2	6				0	808,776	0	808,776
		WATTS - JORDAN HIGH SCHOOL	NS 2265 E 103RD ST, LOS ANGELES, CA 90002	2	6	ADD MODULAR BUILDING	1,900	2	91,200	60,912	0	152,112
WATTS - LOCKE HIGH SCHOOL	NS 325 E 111TH ST, LOS ANGELES, CA 90061	2	6	RENOVATE	4,000	N/A	182,400	60,912	0	243,312		
								2,380,406	8,807,330	0	11,187,736	
25. TARZANA TREATMENT CENTER, INC. 18646 OXNARD STREET TARZANA, CA 91356	SCOTT TAYLOR, CHIEF EXECUTIVE OFFICER PH: (818) 654-3815 FAX: (818) 996-3051 EMAIL: asenella@Tarzanatc.org Contact Albert Senella	LANCASTER	E 907 W LANCASTER BLVD, LANCASTER 93534	5	1	RENOVATE	N/A	2	58,890	433,152	0	492,042
		WEST VALLEY	E 8330 RESEDA BLVD, NORTHRIDGE 91324	3	2				0	159,800	0	159,800
									58,890	592,952	0	651,842
26. THE CHILDREN'S CLINIC, "SERVING CHILDREN AND THEIR FAMILIES" 2790 ATLANTIC AVENUE LONG BEACH, CA 90806	ELISA NICHOLAS, M.D., M.S.P.H., CHIEF EXECUTIVE OFFICER PH: (562) 933-0430 FAX: (562) 933-0415 EMAIL: enicholas@memorialcare.org	CESAR CHAVEZ ELEMENTARY SCHOOL	ES 730 W 3RD ST, LONG BEACH 90802	4	8				0	33,840	0	33,840
		MULTI-SRV CTR	E 1301 W 12TH ST, LONG BEACH 90813	4	8				0	142,128	0	142,128
		N L BEACH- HAMILTON MIDDLE SCHOOL	ES 1060 E 70TH ST, LONG BEACH 90805	4	8	ADD NEW MODULAR BUILDING	1,920	4	300,000	355,320	0	655,320
		THE VASEK POLAK CHILDREN'S CLINIC	E 1057 PINE AVE, LONG BEACH 90813	4	8				0	60,912	0	60,912
		S. MARK TAPER CHILDREN'S CLINIC	E 455 COLUMBIA ST, STE 201, LONG BEACH 90806	4	8				0	700,468	0	700,468
									300,000	1,292,688	0	1,592,688
27. URDC HUMAN SERVICES CORPORATION 1460 N. LAKE AVENUE, STE. 107 PASADENA, CA 91114	AL SORKIN, Ph.D., EXECUTIVE DIRECTOR PH: (626) 398-3796 FAX: (626) 398-3895 EMAIL: apsorkin@atl.net	MONROVIA	N 513 E LIME AVE, MONROVIA, CA 91016	5	3	RENOVATE	3,900	6	166,991	1,001,664	0	1,168,655
		PASADENA	E 1460 N LAKE AVE, PASADENA 91104	5	3				0	1,269,000	0	1,269,000
									166,991	2,270,664	0	2,437,655
28. VALLEY COMMUNITY CLINIC 6801 COLDWATER CANYON AVENUE N. HOLLYWOOD, CA 91605	PAULA WILSON, PRESIDENT & CHIEF EXECUTIVE OFFICER PH: (818) 763-1718 EXT 204 FAX: (818) 763-7231 EMAIL: pwilson@valleyclinic.org	HOLLYWOOD	E 6801 COLDWATER CANYON AVE, STE 1B, N HOLLYWOOD 91605	3	2	RENOVATE	1,500	4	93,670	336,144	47,178	476,992
									93,670	336,144	47,178	476,992
29. WESTSIDE NEIGHBORHOOD CLINIC 2125 SANTA FE AVENUE LONG BEACH, CA 90810	ALAN TERWEY, EXECUTIVE DIRECTOR PH: (562) 432-9575 FAX: (562) 432-9590 EMAIL: wnc7@aol.com	LONG BEACH	E 2125 SANTA FE AVE, LONG BEACH 90810	4	8				0	213,192	0	213,192
									0	213,192	0	213,192
30. WILMINGTON COMMUNITY CLINIC 1009 N. AVALON BOULEVARD WILMINGTON, CA 90744	DOLORES BONILLA CLAY, CHIEF EXECUTIVE OFFICER PH: (310) 549-9717 FAX: (310) 549-2277 EMAIL: dbclay@dslexreme.com	MARY HENRY	E 10901 S VERMONT AVE, LOS ANGELES 90044	2	8				0	142,128	0	142,128
		WILMINGTON	E 1009 N AVALON BLVD, WILMINGTON 90744	4	8				0	450,072	0	450,072
									0	592,200	0	592,200
									\$8,250,670	\$37,263,226	\$446,168	\$45,960,064

NOTE: SPA 2 FUNDING WILL BE AVAILABLE FOR ONE YEAR WITH POSSIBLE FUNDING FOR TWO ADDITIONAL YEARS (IF UNEXPENDED PPP PROGRAM FUNDS ARE AVAILABLE). ALL OTHER ALLOCATIONS SHOWN ARE FOR THREE YEARS.

Legend:
N = NEW E = EXISTING
NS = NEW SCHOOL ES = EXISTING SCHOOL NI = NOT INDICATED

EXHIBIT II

Agreement No. _____

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

**CLINIC CAPACITY EXPANSION PROJECT AGREEMENT
WITH
[insert agency name]**

INFRASTRUCTURE PROJECT(S) AND HEALTH CARE SERVICES

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
CLINIC CAPACITY EXPANSION PROJECT AGREEMENT**

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**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
CLINIC CAPACITY EXPANSION PROJECT AGREEMENT**

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**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
CLINIC CAPACITY EXPANSION PROJECT AGREEMENT**

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- Attachment I - Safely Surrendered Baby Law, English
- Attachment II - Safely Surrendered Baby Law, Spanish
- Attachment III - Charitable Contributions Certification

EXHIBIT _ DESCRIPTION OF SERVICES , PRIMARY CARE SERVICES

- Attachment I - Excluded Services
- Attachment II - Workplan/Statement of Work
- Attachment III - Patient Level Data Elements

EXHIBIT __ BILLING AND PAYMENT, PRIMARY CARE SERVICES

EXHIBIT _ DESCRIPTION OF SERVICES, SPECIALTY CARE SERVICES

Attachment I - Scope of Services – Specialty Care

Attachment II - Specialty Care Physician Self Verification Form

Attachment III - Workplan/Statement of Work

EXHIBIT __ BILLING AND PAYMENT, SPECIALTY CARE SERVICES

EXHIBIT _ STATEMENT OF WORK, INFRASTRUCTURE PROJECT(S)

EXHIBIT __ BILLING AND PAYMENT, INFRASTRUCTURE PROJECT(S)

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EXHIBIT _ CERTIFICATION OF INDIGENCY (MEDICAL SERVICES ONLY)

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Agreement No. _____

**CLINIC CAPACITY EXPANSION PROJECT AGREEMENT
INFRASTRUCTURE PROJECT(S) AND HEALTH CARE SERVICES**

THIS AGREEMENT is made and entered into this _____ day
of _____, 2010,

by and between

COUNTY OF LOS ANGELES
(hereafter "County"),

and

[insert agency name]
(hereafter "Contractor").

WHEREAS, pursuant to California Health and Safety Code sections 1441 and 1445, County has established and operates, through its Department of Health Services ("DHS"), various County hospitals, comprehensive health centers and health centers (hereafter collectively "County Facilities"); and

WHEREAS, County wishes to create and support new primary and specialty health care clinic sites and increase capacity within private sector health care clinics for indigent and uninsured patients seeking primary and specialty health care in traditionally medically underserved areas of Los Angeles County; and,

WHEREAS, through the Clinic Capacity Expansion Project (hereafter "CCEP"), County intends to expand clinic capacity in traditionally medically underserved areas of the County in part through the provision of funds to enable Contractor to construct or purchase health care infrastructure improvements that will enable Contractor to

increase its physical capacity to provide primary and specialty health care to indigent and uninsured patients; and

WHEREAS, under the CCEP, County wishes to alleviate the episodic use of County operated emergency departments, urgent care centers and specialty services by patients who lack a stable place to receive health care through the establishment of "medical homes" among selected CCEP primary care providers who will participate in a "Medical Home Pilot Project" in addition to other obligations pursuant to this Agreement; and,

WHEREAS, under the CCEP, County also wishes to maintain Service Planning Area ("SPA") 2 of the Department of Health Services "at equity" under the Allocation Methodology approved by the County's Board of Supervisors for the Public Private Partnership ("PPP") Program ; and

WHEREAS, in furtherance of that goal, the County has set aside \$2.7 million from its PPP Program in funds for use in SPA 2 in the first year of the CCEP and further has established a policy that funds unused in the PPP Program in future Fiscal Years shall be transferred to, and expended in, SPA 2 under the CCEP if that SPA falls below equity; and,

WHEREAS, Contractor was selected as a result of the March 2009, Request for Applications for the CCEP; and

WHEREAS, pursuant to the provisions of section 1451 of the California Health and Safety Code and section 31000 of the California Government Code, County finds that the services to be provided hereunder are not immediately available at County

Facilities and that such services are necessary for the needs of the patients to be served by Contractor; and

WHEREAS, Contractor desires to provide to County, and County desires to accept the services provided by Contractor and as are specified under this Agreement; and

WHEREAS, Contractor is duly licensed and certified under the laws of the State of California to engage in the business of providing health care services as described hereunder and possesses the competence, expertise, and personnel required to provide such services; and

WHEREAS, Contractor is willing to provide the services described herein for and in consideration of the payments provided under this Agreement and under the terms and conditions hereinafter set forth; and

WHEREAS, this Agreement is authorized by Government Code sections 26227 and 53703, and Health and Safety Code section 1451, among others; and

WHEREAS, the term "Fiscal Year" means as used herein refers to County's fiscal year which commences July 1 and ends the following June 30; and

WHEREAS, the term "Director" as used herein refers to County's Interim Director of Department of Health Services or his/her authorized designee(s);

NOW, THEREFORE, the parties hereto agree as follows:

1. TERM OF AGREEMENT: This Agreement shall be effective upon its approval by the County's Board of Supervisors ("Board") and shall continue in full force and effect to and including December 31, 2012, unless terminated sooner in

accordance with the termination provision herein. The term of this Agreement may be extended by the Director of the Department of Health Services beyond the stated expiration of December 31, 2012, up to an additional six (6) months, upon the mutual agreement of the County and Contractor.

Notwithstanding the foregoing, and as to recipients of funds for infrastructure projects only, Contractor shall continue to provide health care services hereunder to Eligible CCEP patients five (5) additional years beyond the effective end date of this Agreement at no additional cost to County. This requirement shall be implemented by the parties by a formal negotiated amendment to this Agreement and such amendment shall address the continuing rights and responsibilities of the parties. Negotiations shall begin at least one hundred twenty (120) days prior to the anticipated effective date of the anticipated end date of this Agreement.

2. PRIMARY CARE SERVICES MAXIMUM OBLIGATION: The total maximum obligation for primary care services, as set forth in Exhibits _ and _, attached hereto and incorporated herein by this reference, shall not exceed _____ Dollars (\$_____) for the period date of Board approval through December 31, 2012, as follows:

a. For the period date of Board approval through June 30, 2010, the total maximum obligation for primary care services shall not exceed _____ Dollars (\$_____);

b. For the period July 1, 2010, through June 30, 2011, the total maximum obligation for primary care services shall not exceed

_____ Dollars (\$_____);

c. For the period July 1, 2011, through June 30, 2012, the total maximum obligation for primary care services shall not exceed

_____ Dollars (\$_____);

d. For the period July 1, 2012, through December 31, 2012, the total maximum obligation for primary care services shall not exceed _____ Dollars (\$ ____).

If the Director determines to extend the term up to six (6) additional months, such extension shall be at no additional cost to County. Notwithstanding the foregoing, if County determines that Contractor did not expend its funding for the period date of Board approval through June 30, 2011, County may, in its sole discretion, roll those unexpended funds into Contractor's budget for the period July 1, 2010, through June 30, 2011 and/or July 1, 2011 through June 30, 2012. Any "roll over" of unexpended funds pursuant to this Paragraph 2 shall be done administratively and shall (1) require that the Director inform the County Board of Supervisors and the Chief Executive Office of the funding adjustment prior to such adjustment being implemented; and (2) shall take the form of an amendment approved by County Counsel and the Chief Executive Office, executed by the Director and the Contractor.

Contractor shall use funds provided pursuant to this Agreement to expand and enhance its primary care services. Accordingly, Contractor shall not use any of the

funds provided pursuant to this Agreement to supplant existing funding from any source, including funding provided by the County pursuant to any other program of any nature whatsoever. Contractor's failure to comply with this requirement shall constitute a material breach of this Agreement. In addition to all other rights and remedies afforded to County pursuant to this Agreement and law, Contractor shall forfeit all funds paid by County to Contractor for the provision of primary care services pursuant to this Agreement. Such funds shall be repaid to County immediately upon County's demand for repayment.

3. SPECIALTY CARE SERVICES MAXIMUM OBLIGATION: The total maximum obligation for specialty care services, as set forth in Exhibits __ and __, attached hereto and incorporated herein by this reference, shall not exceed _____ Dollars (\$_____) for the period date of Board approval, through December 31, 2012, as follows:

a. For the period date of Board approval, through June 30, 2010, the total maximum obligation for specialty care services shall not exceed _____ Dollars (\$_____);

b. For the period July 1, 2010, through June 30, 2011, the total maximum obligation for specialty care services shall not exceed _____ Dollars (\$_____);

c. For the period July 1, 2011, through June 30, 2012, the total maximum obligation for specialty care services shall not exceed _____ Dollars (\$_____);

d. For the period July 1, 2012, through December 31, 2012, the total maximum obligation for specialty care services shall not exceed _____ Dollars (\$ ____).

If the Director determines to extend the term up to six (6) additional months, such extension shall be at no additional cost to County.

Notwithstanding the foregoing, if County determines that Contractor did not expend its funding for the period date of Board approval through June 30, 2011, County may, in its sole discretion, roll those unexpended funds into Contractor's budget for the period July 1, 2010, through June 30, 2011 and/or July 1, 2011 through June 30, 2012. Any "roll over" of unexpended funds pursuant to this Paragraph 3 shall be done administratively and shall (1) require that the Director inform the County Board of Supervisors and the Chief Executive Office of the funding adjustment prior to such adjustment being implemented; and (2) shall take the form of an amendment approved by County Counsel and the Chief Executive Office, executed by the Director and the Contractor.

Contractor shall use funds provided pursuant to this Agreement to expand and enhance its specialty care services. Accordingly, Contractor shall not use any of the funds provided pursuant to this Agreement to supplant existing funding from any source, including funding provided by the County pursuant to any other program of any nature whatsoever. Contractor's failure to comply with this requirement shall constitute a material breach of this Agreement. In addition to all other rights and remedies afforded to County pursuant to this Agreement and law, Contractor shall forfeit all funds paid by County to Contractor for the provision of specialty care

services pursuant to this Agreement. Such funds shall be repaid to County immediately upon County's demand for repayment.

4. INFRASTRUCTURE PROJECT(S) MAXIMUM OBLIGATION: The total maximum obligation for infrastructure projects, as set forth in Exhibits _ and _, attached hereto and incorporated herein by this reference, shall not exceed _____ Dollars (\$_____) Contractor shall be solely liable for any costs attributed to its infrastructure projects which exceed this Maximum Obligation. County shall not be responsible for any such "cost over-runs." Additionally, funds provided to Contractor pursuant to this Paragraph 4 shall be for infrastructure projects costs incurred only after the effective date of this Agreement, as set forth in Paragraph 1, TERM OF AGREEMENT. Contractor shall complete all infrastructure projects, as further described in Exhibit __, within twenty-four (24) months of the effective date of this Agreement as set forth in Paragraph 1, TERM OF AGREEMENT. . Contractor's failure to complete its infrastructure project(s) within this timeframe shall constitute a material breach of this Agreement. In addition to all other rights and remedies afforded to County pursuant to this Agreement and law, Contractor shall forfeit all funds paid by County to Contractor for construction of its project(s) pursuant to this Agreement. Such funds shall be repaid to County immediately upon County's demand for repayment.

Notwithstanding the foregoing, events which are outside the control of, and without the fault or negligence of either the County or the Contractor, which would independently delay the date of completion beyond the timeframe set forth herein,

shall be considered as excusable delay. Any time attributed to excusable delay shall not be included in calculating Contractor's compliance with the terms of this Paragraph.

Contractor shall use funds provided pursuant to this Agreement to expand and enhance its health care services. Accordingly, Contractor shall not use any of the funds provided pursuant to this Agreement to supplant funding from any source, including funding provided by the County pursuant to any other program of any nature whatsoever. Contractor's failure to comply with this requirement shall constitute a material breach of this Agreement. In addition to all other rights and remedies afforded to County pursuant to this Agreement and law, Contractor shall forfeit all funds paid by County to Contractor for use for infrastructure projects pursuant to this Agreement. Such funds shall be repaid to County immediately upon County's demand for repayment.

5. FUNDING ADJUSTMENTS FOR SERVICE PLANNING AREA 2

EQUITY:

A. If, upon the conclusion of any Fiscal Year or portion thereof that this Agreement is in effect, County determines that any portion of the funds budgeted for expenditure within the PPP Program and CCEP for SPA 2 were not expended, Director may, at his/her sole discretion, and upon prior, written notice to the Chief Executive Officer, "roll forward" any such unexpended funds from the Fiscal Year in which they were not expended to future Fiscal Years

for expenditure in Service Planning Area (SPA) 2 under the CCEP, pursuant to the terms and conditions set forth herein below. .

Notwithstanding the foregoing, funds available to the CCEP as a result of the early termination of a CCEP agreement or the failure of a potential CCEP participant to execute a CCEP agreement shall not be considered "unexpended funds." Accordingly, funds from these sources shall not be allocated to SPA 2 but, at the Director's sole discretion, shall be re-allocated to existing participants in the SPA(s) to which the funds were originally allocated in order to maintain services for patients impacted by the early termination or failure of the potential participant to execute its agreement.

B. Unexpended PPP Program, and CCEP SPA 2 funds shall be distributed on a one-time basis to contractors in SPA 2 of the CCEP on condition that the County first determines, in its sole discretion, that SPA 2 is not at equity, under the Allocation Methodology approved by the Board for use in the PPP Program.

C. Unexpended PPP Program and CCEP SPA 2 funds will be distributed proportionately in accordance with the Allocation Methodology. In determining the amount of funding to be distributed to each SPA 2 contractor, County shall examine factors including, but not limited to: (1) Contractor's capacity for health care services in SPA 2 only; (2) the unmet health care needs in SPA 2 only; and (3) the location of facilities providing health care in SPA 2, including all County Facilities.

D. In the event that County determines, in its sole discretion, that SPA 2 is at equity, the County, in its sole discretion, may reallocate those unexpended funds to contractors in the CCEP without regard to SPA placement.

E. In determining the amount of funding to be distributed to each contractor, County shall examine factors including but not limited to: (1) Contractor's capacity for health care services in all SPA's; (2) the unmet health care needs in each SPA; and (3) the location of facilities providing health care, including all County Facilities.

F. Any reallocation of unexpended funds pursuant to this Paragraph 5 shall be done administratively and shall (1) require that the Director inform the County Board of Supervisors and the Chief Executive Office of the allocations prior to such reallocations being implemented; and (2) shall take the form of an amendment approved by County Counsel and the Chief Executive Office, executed by the Director and the Contractor.

G. In the event that Contractor disagrees with any of County's funding decisions that directly relate to Contractor as a result of the process set forth in Paragraph 5, Contractor shall have one opportunity to appeal the Director's decision. Contractor's appeal shall be in writing and received by Director within ten (10) business days of the date of Director's decision. If Contractor's appeal is received in a timely manner as defined herein, Director shall analyze the data and information provided by Contractor, and respond in

writing to Contractor as to the final determination. Director's decision shall be final.

6. FUNDING REALLOCATION OF COUNTY'S FISCAL YEAR 2011-2012/2012-2013 MAXIMUM OBLIGATION FOR PRIMARY CARE AND/OR SPECIALTY SERVICES UNDER THIS AGREEMENT AND OTHER CCEP PRIMARY CARE AND/OR SPECIALTY CARE CONTRACTS:

Notwithstanding any other provisions under this Agreement, Director may, at his/her sole discretion, administratively reallocate (increase or decrease) the funding for primary and/or specialty care services under this Agreement beginning with County Fiscal Year 2011-2012 (July 1 through June 30) up to the original County maximum obligation for such services under this Agreement for such Fiscal Year.

Reallocation of funds will occur after DHS' Office of Ambulatory Care (OAC) conducts a Request for Information ("RFI") process. OAC shall initiate this process through the issuance of a formal RFI to the County's CCEP Primary and Specialty Care Services providers if any funding remains for reallocation. In the RFI, OAC will solicit from the Contractors information as to each Contractor's ability to provide additional primary and/or specialty care services at existing service sites.

In addition to considering each Contractor's stated expansion plans and fiscal needs, OAC shall also consider the following: 1) each Contractor's Performance Level through the date specified in the RFI; 2) each Contractor's monthly accrued projections for primary and/or specialty care services through the date specified in the

RFI; 3) DHS and CCEP Project priorities; and, 4) the Contractor's financial, programmatic, administrative compliance with its existing CCEP Project Agreement.

To determine a Contractor's "Performance Level", Director shall calculate the dollar amount by which Contractor is over performing or under performing under this Agreement according to a projection formula to be set forth in a Provider Information Notice ("PIN") prior to any reallocation pursuant to this Paragraph.

Absent extreme or extenuating circumstances, a Contractor that shows a substantial "underperformance" service level or Contractors who fail to provide their accrued projections for primary and/or specialty care services, in County's sole discretion, will not be considered for additional funding.

Additionally, if County determines that a Contractor has a substantial "underperformance" service level or failed to provide accrued projections for primary and/or specialty care services, and notwithstanding that Contractor has refrained from participating in any RFI process, County may, according to the process set forth hereunder, effect an amendment to Contractor's existing CCEP Project Agreement to decrease Contractor's maximum obligation(s) for primary and/or specialty care services and reallocate that funding to other Contractors that have or are participating in the RFI process.

DHS and CCEP Project priorities will be based on initiatives driving DHS policy, Board of Supervisors' policies and priorities, and the County's Strategic Plan.

Finally, a Contractor's financial, programmatic, and administrative compliance will be determined by County's review of any annual monitoring reports issued under this Agreement and Contractor's corrective action plans in response thereto.

In the event that a reallocation of funding occurs prior to County conducting its annual monitoring, such that monitoring reports and corrective action plans are not available, OAC shall determine a Contractor's compliance in this area by reviewing all available quality assurance documentation on file with OAC and any documentation otherwise available to County related to Contractor's performance of its CCEP Project Agreement.

Regardless of the means by which OAC determines compliance, and absent extreme or extenuating circumstances, at the Director's discretion, a Contractor may not be considered for reallocation funding if a Contractor or its subcontractors or its medical practitioners have been the subject of one or more of the following actions: (a) disciplinary action by the State Medical Board (i.e., licensure revocation, suspension, or probation); (b) professional malpractice judgment or settlements; (c) exclusion from participation in a federally funded health care program; or (d) proposed termination or actual termination of a County contract for quality of care reasons.

Contractors, if affected by a funding increase but dissatisfied with the result of the RFI process, shall have the opportunity to appeal the Director's decision as a result of that process through the appeal procedure to be incorporated into that process. The Director's determination shall be final.

Contractor, if affected by a funding decrease, shall be given thirty (30) calendar days advance written notice of the proposed reallocation action by Director.

Contractor shall have one opportunity to appeal Director's proposed action, which shall be in writing and received by Director within fourteen (14) calendar days of the date of such notice. If Contractor's appeal is received in a timely manner as defined herein, Director shall analyze the data and information provided by Contractor, and respond in writing to Contractor as to the final funding decrease determined by Director under this Agreement, but only after all appeals regarding contract funding reallocations for this Agreement and other CCEP Project agreements, and all appeals in the RFI process, have been received and analyzed by Director, whose decision shall be final.

In any event, any such administrative funding reallocation: 1) shall not cause County to exceed the Board of Supervisors' approved total County maximum obligation for primary and/or specialty care under all CCEP Project contracts for the subject County Fiscal Year; 2) shall require that Director inform the County Board of Supervisors and Chief Executive Officer of the final reallocation amounts by Board memo prior to such reallocations being implemented; and 3) shall take the form of an administrative amendment approved by County Counsel and executed by Director and Contractor.

Any other funding increase or decrease to the Primary Care Services Maximum Obligation or the Specialty Care Services Maximum Obligation under this Agreement shall be effected only by a formal amendment pursuant to the

ALTERATION OF TERMS Paragraph in the body of this Agreement, and by formal amendments to the other affected CCEP Project contract(s).

7. TERMINATION OF AGREEMENT:

A. Notwithstanding any other provision in this Agreement, this Agreement shall be effective and binding upon the parties in each subsequent County fiscal year, July 1 - June 30, only, or any portion thereof, in the event that funds for the purposes hereof are appropriated for such County fiscal year by County's Board. If such funds are not so appropriated, Agreement shall be deemed to have terminated as of midnight, June 30 of the prior fiscal year.

B. Notwithstanding any other provision in this Agreement, the Director or his/her designee (hereafter "Director"), may suspend this Agreement immediately if Contractor, its agents, subcontractors, or employees are engaging in, or there is reasonable justification to believe that Contractor, its agents, subcontractors, or employees may be engaging in, a continuing course of conduct which poses an imminent danger to the life or health of patients or clients receiving or requesting services from it. Notification of any such suspension shall be in writing. The suspension notice shall state in detail the reason(s) for the suspension, as well as the length of the suspension [not to exceed forty-five (45) calendar days from the date the notice is received by Contractor].

In the event of any suspension pursuant hereto, Contractor shall, if it requests, be provided with a reasonable opportunity during the first ten (10)

working days of the suspension period to meet with Director to discuss the reasons for the suspension. If Contractor and Director agree upon appropriate remedial action, or if it appears that the reasons for the suspension have been corrected, or the suspension is deemed inappropriate, the suspension shall be lifted. If Contractor does not request such a meeting, or if Contractor and Director are unable to agree upon appropriate remedial action, Director shall, at the end of the ten (10) working day period, either (a) recommend to County's Board immediate termination of this Agreement, or (b) recommend termination of this Agreement pursuant to the authority set forth in this Paragraph. Until County's Board takes action on such recommendation, the suspension of the Agreement shall continue.

C. In the event of a material breach of this Agreement by either party, the other party may terminate this Agreement by giving written notice of termination specifying the material breach to the breaching party. Such termination shall be effective immediately upon delivery of written notice of termination to the breaching party.

D. Subparagraphs B. and C. hereof notwithstanding, either party may terminate this Agreement, effective immediately upon written notice to the other party, if such other party should lose any material license, permit, or agreement required to enable such party to perform its obligations and duties under this Agreement.

E. Subparagraphs B. and C. hereof notwithstanding, either party may terminate this Agreement, effective immediately upon written notice to the other party, or at a later date as may be specified in such notice, if such other party files for bankruptcy, insolvency, reorganization, or the appointment of a receiver, trustee, or conservator for any of its assets, or makes an assignment for the benefit of its creditors, which termination shall be effective immediately upon delivery of, or on such later date as may be specified in such notice.

F. Subparagraphs B., C., D., and E. hereof notwithstanding, County may terminate this Agreement at any time and for any reason, with or without cause, by giving at least thirty (30) calendar days prior written notice of termination to Contractor. As to Infrastructure Projects, Contractor shall not incur further obligations in connection with the terminated project and, on the date set in the notice of termination, Contractor shall cease all work to the extent specified. For work performed prior to the effective date of the termination, Contractor shall invoice County in accordance with the process set forth in Exhibit ___.

G. Following a determination by authorized officials of either the Federal or State government that any provision of this Agreement violates either Federal or State law, or both, or following a court determination that any provision of this Agreement violates either Federal or State law, or both, County may give Contractor prior written notice to terminate this Agreement

within thirty (30) calendar days if the parties are unable, within the interim, to negotiate a revised Agreement that cures the violation(s).

8. CONTRACT ADMINISTRATION: Director or his authorized designee shall have the authority to administer this Agreement on behalf of County.

9. DESCRIPTION OF PRIMARY CARE AND SPECIALTY SERVICES: Contractor agrees to provide primary care services, as set forth in Exhibit __, and specialty care services, as set forth in Exhibit __, to Eligible Patients defined in the PATIENT ELIGIBILITY FOR PRIMARY AND SPECIALTY CARE SERVICES Paragraph, hereinbelow, and in accordance with the payment provisions and rates specified in Exhibit __ and Exhibit __. Services shall be provided in a manner that is linguistically appropriate and culturally sensitive to the community to be served and shall be available during the hours and at the locations specified in Exhibit __, Attachment __ and Exhibit __, Attachment ____. Additionally, Contractor agrees to participate in a pilot program to accept direct referrals of patients in need of primary care and/or specialty care services from County Facilities as County deems necessary during the term of this Agreement. County shall detail the pilot program through a PIN to be provided to Contractor in accordance with the PIN procedure set forth in this Agreement.

Contractor shall keep clear records of the number of Eligible Patients served hereunder, including the service(s) provided. Contractor shall record such information on a regular basis and retain same in accordance with the RECORDS AND AUDITS Paragraph, subparagraph "A", Records of Services Rendered, in the ADDITIONAL

PROVISIONS, so that if requested, Contractor will be able to provide such information for the duration of Agreement and for a period of five (5) years following the termination or expiration of this Agreement. Contractor shall provide reports of such information to Director, upon request, in accordance with the REPORTS Paragraph, also set forth in the ADDITIONAL PROVISIONS to this Agreement.

10. PATIENT ELIGIBILITY FOR PRIMARY AND/OR SPECIALTY CARE SERVICES: No Eligible Patient shall be turned away, barred, or delayed in receiving services, based on the patient's payor status or ability to pay.

A. For purposes of this Agreement only, an Eligible Patient for whom Contractor may be reimbursed hereunder is defined as an individual (a) whose total net family income is at or below 133 1/3% of the Federal Poverty Level ("FPL"), and who does not have third-party payor coverage for the services; (b) who meets County of Los Angeles residency requirements described in the NON-EMERGENCY MEDICAL CARE SERVICES REQUIREMENTS Paragraph of this Agreement; and (c) for the two (2) years preceding the effective date of this Agreement, has not received services from Contractor at any of the Contractor's service sites under either the County's PPP Program or the County's Healthy Way Los Angeles program. By definition, Eligible Patients shall also include patients who are General Relief ("GR") recipients of County. .

Contractor shall determine whether a patient is an Eligible Patient for purposes of this Agreement by appropriate completion of a County Certification

of Indigency ("COI"), a self-certification form approved by DHS for this program, labeled Exhibit __, attached hereto and incorporated herein by reference as it currently exist or as it may exist in the future. Contractor shall be notified a minimum of thirty (30) days in advance, of any changes/ revisions to the COI via the PIN process as set forth in Paragraph __. Effective with any changes to the COI, Contractor shall be responsible for ensuring the all appropriate staff are properly advised of said change(s) and shall utilize the revised COI as posted in the Office of Ambulatory Care's web site. Each revised COI shall reflect the date of revision as appropriate.

Patients or their lawful representatives shall be required to complete a COI for the initial visit and updated at least annually at the first patient visit that occurs on or after July 1 of each fiscal year unless the patient's Los Angeles County residency, family size and/or financial circumstances change. Contractor shall inquire at each visit whether there has been any change in Los Angeles County residency, family size or financial circumstances since the last visit and document such in chart. In the event of any such change, an updated COI shall be immediately completed. All patients shall be required to complete the COI.

Contractor is responsible to ensure that the COI is complete and valid and to provide services only to Eligible Patients. All prior and current completed, signed, and dated COIs shall at all times be physically located in the Eligible Patient's medical record as appropriate and applicable. In the

event that Contractor maintains an electronic medical record, Contractor may scan the completed, signed, and dated COI into the Eligible Patient's medical record, as appropriate. Contractor shall assure that the original completed, signed and dated COI is maintained in accordance with the RECORDS AND AUDITS Paragraph of the ADDITIONAL PROVISIONS. Contractor may maintain the original completed, signed and dated COI separate from the electronic medical record.

To the extent the FPL is revised by Department of Health and Human Services ("DHHS"), County shall notify Contractor thirty (30) days in advance of any revision to the FPL via the PIN process. Contractor shall be responsible for requiring the completion of a revised COI for each patient upon the patient's first visit subsequent to the effective date of the COI revision.

B. Patients with third-party coverage include, but are not limited to, those who have Medicare, Medi-Cal, Healthy Families, Healthy Kids, or other types of public and private health programs. Private health insurance or health maintenance organization or prepaid health plan coverage shall also be considered third-party coverage. Services or supplies billable to third-parties and reimbursable by such third-parties in whole or in part shall not be billed to County hereunder.

C. Contractor shall be required to use its best efforts to screen and refer to appropriate staff or local health programs, or both, as necessary, all patients who may be potentially eligible for Medi-Cal, Healthy Families, Healthy

Kids, Children's Health and Disability Program or other types of public and private health programs. Appropriate referral contact information shall be provided to Contractor by Director upon execution of this Agreement via the PIN process.

11. NON-EMERGENCY MEDICAL CARE SERVICES REQUIREMENTS:

As a prerequisite to the provision of non-emergency medical care services under this Agreement, Contractor shall verify that each patient is eligible for services under this Agreement by using the COI attached hereto as Exhibit __. Accordingly, the COI shall be used to verify a patient's eligibility for CCEP services based upon financial status and County of Los Angeles residency.

A. For purposes of this Agreement, to be eligible for CCEP services, patients must provide proof of residency in the County of Los Angeles of the United States of America at each visit when the COI is updated (i.e., updated at least annually at the first patient visit that occurs on or after July 1 of each fiscal year unless the patient's family size and financial circumstances change) in accordance with PATIENT ELIGIBILITY FOR PRIMARY CARE SERVICES Paragraph of this Agreement. Additionally, Contractor shall be responsible for assuring that the COI reflects the provision by the patient of proper address verification, as set forth by the means described in this Paragraph, prior to the provision of non-emergency medical services.

The following documents shall constitute acceptable proof of County of Los Angeles residency in order of preference: a) valid California Driver's

license; b) valid Department of Motor Vehicles Identification Card; c) government-issued identification card with patient's or legally responsible relative's picture and address (e.g., Matricula Consular); d) school identification; e) GR identification; f) utility bill dated within sixty (60) days of the date presented; g) any mailing addressed to the patient and canceled by the U.S. Post Office dated within sixty (60) days of the date presented; or h) rent receipt or letter from provider verifying in-kind residential address dated within sixty (60) days of the date presented.

B. Those patients who are "homeless" (i.e., those residing in Los Angeles County without an address) or those who are living in shelters, living in the home of another, or residing in rural areas without postal services, shall qualify for services under this Agreement by signing the "Affidavit of Residency" attached hereto and incorporated herein by this reference as Exhibit __. Contractor shall place a completed Affidavit of Residency in the patient's medical record, as an attachment to the COI, as proof of residency for all homeless patients.

C. CCEP eligible patients who do not meet the requirements of this provision are ineligible for those services and shall not be billable under this Agreement.

D. Notwithstanding the foregoing, patients that meet the income requirements of the CCEP but live outside Los Angeles County shall continue to be eligible for public health services under this Agreement in accordance

with County policy. County shall provide a detailed description of this policy and the appropriate implementation of the policy under this Agreement through a PIN.

12. BILLING AND PAYMENT FOR PRIMARY AND/OR SPECIALTY CARE SERVICES: Contractor shall bill County in arrears in accordance with the terms, conditions, and rates set forth in Exhibit __ and Exhibit __. Contractor shall use its own provider number in billing third-party payors.

All new billing for the Fiscal Year must be submitted to County's claims adjudicator no later than August 15th of the following Fiscal Year. All corrected or appealed billing for the Fiscal Year must be submitted to County's claims adjudicator no later than September 15th of the following Fiscal Year. Failure to adhere to these requirements shall result in the denial of all applicable claims submitted after these dates.

13. PATIENT BILLINGS: Contractor shall not bill Eligible Patients hereunder, but may accept voluntary donations from Eligible Patients or their families, provided that such donations are not linked to the receipt of services nor are a condition of receipt of service hereunder. In the event that Contractor determines that a patient seeking services is an Eligible Patient, but that the patient requires services beyond those encompassed in this Agreement, Contractor shall be permitted to charge that patient for any and all services rendered in accordance with Contractor's customary policies, procedures and practices pertaining to the provision of its services.

14. THIRD-PARTY BILLINGS: Contractor shall use its own provider number for purposes of billing third-party payors. Contractor shall not bill County for services or supplies which are reimbursable, in whole or in part, by a third-party payor, or covered, in whole or in part, by another Federal, State, or County program, grant, or contract.

15. STANDARDS OF CARE:

A. Contractor and County shall provide for supervision and monitoring of services rendered under the terms of this Agreement in accordance with recognized standards through regular review of patient medical records by Contractor's appropriately designated staff and by County staff designated by the Director.

B. Contractor shall ensure that all services provided pursuant to this Agreement are provided by staff who are employed by or under contract with Contractor, duly licensed, as applicable, to practice their professions in the State of California, in good standing with all applicable Boards of the State of California, and have not been barred from participation in any Federally funded health program. Contractor shall maintain documentation and be able to demonstrate to Director that staff providing services hereunder comply with the above requirements.

C. All ancillary and para-medical personnel who are appropriately employed by or under contract with Contractor shall be properly licensed or credentialed, if necessary, to practice in the State of California and otherwise

appropriately qualified and appropriately supervised to render care hereunder. Contractor shall maintain documentation and be able to demonstrate to Director that all such personnel providing services hereunder comply with the above requirements.

16. LINGUISTIC/CULTURAL COMPETENCY: Contractor shall provide a sufficient number of health care providers who are linguistically and culturally competent. For constituencies amounting to ten (10) percent or more of Contractor's patient population at a facility, such linguistically competent staff shall be available to provide translation services. Linguistically and culturally appropriate patient education materials shall also be available to Contractor's patients.

17. ACCESS TO HEALTH SERVICES: Contractor shall not design or deploy programs in such a manner as to exclude or disadvantage low-income uninsured patients or to advantage patients with third-party payors or financial means.

18. CONTRACT COMPLIANCE PRIMARY AND/OR SPECIALTY CARE SERVICES: As set forth in this Agreement, the County will conduct annual administrative, financial, and program monitoring visits. Documents which will be reviewed will include, but not be limited to, those documents listed in Paragraph ___ of this Agreement and in accordance with the RECORDS AND AUDIT Paragraph of the ADDITIONAL PROVISIONS.

Upon the conclusion of any annual monitoring visit, County shall provide Contractor with a written report setting forth any and all deficiencies which Contractor shall be expected to remedy to Director's sole satisfaction as well as any timeframes

in which the identified deficiencies must be corrected. Contractor shall respond to County's report through a corrective action plan no later than thirty (30) days following receipt of a site deficiencies' notice. Contractor's corrective action plan shall provide either a statement that the deficiency(ies) has/have been corrected or a statement setting forth the reason(s) the deficiency(ies) has/have not been corrected. If necessary, at Director's sole discretion, County shall respond to Contractor's written corrective action plan with a follow up monitoring visit.

Contractor's failure to respond with a corrective action plan, as described above, may result in the assessment of liquidated damages, as set forth in Exhibit ___ at the sole discretion of Director.

Additionally, the following table summarizes the items being monitored and sets forth whether Contractor's failure to respond with a corrective action plan or to correct the cited deficiency to Director's satisfaction within the timeframe established by Director will trigger the assessment of liquidated damages.

Type of Monitoring/Audit	General Contract Requirement	Damages*
Administrative	Development, posting, and educating staff on policies	No
	Required policies and procedures	No
	Days and/or Hours of Operation	Yes
	Key Personnel and Personnel Requirements	No
	Professional Staff Licensure, Certifications, and Certifications	Yes
	Employee Health Clearances, Orientations, Training, and Written Notices	No
Programmatic	Staff knowledgeable on operational, and health and safety procedures	No
	Health Education Program	No

Type of Monitoring/Audit	General Contract Requirement	Damages*
	Medical Record storage, legibility, organization, completeness of record	Yes
	Emergency Preparedness	No
	ADA requirements	No
	Safety Requirements from Title 22	Yes
	Pharmaceutical Services Requirements	Yes
	Infection Control	Yes
	Laboratory Services	Yes
	Radiology	Yes
	Patient Safety	Yes

* See LIQUIDATED DAMAGES Paragraph for details on liquidated damages.

19. LIQUIDATED DAMAGES PRIMARY AND SPECIALTY CARE

SERVICES: The parties to this Agreement acknowledge that, in certain circumstances, the amount of actual damage sustained by County because of Contractor's failure to comply with certain provisions of this Agreement would be impracticable or extremely difficult to fix. Accordingly, the parties agree that the Director may assess the following amounts against Contractor as liquidated damages, not as a penalty, for each of the following performance failures:

LIQUIDATED DAMAGES ASSESSMENTS

Performance Categories	Contract Requirements	Damages
Audits		
Administrative, Programmatic, and Fiscal Monitoring	Submit Corrective Action Plans in response to administrative, programmatic, or fiscal findings	Contractor will be assessed \$50.00 per day for each day the CAP is past due, until the Office of Ambulatory Care receives the CAP.
Staff Qualifications		

Performance Categories	Contract Requirements	Damages
License, Certificates, DEA number	License, Certificates, DEA numbers must be available at the facility and corporate offices for each staff member.	Contractor will be assessed \$50.00 per day for the first 10 days, \$100.00 for each day thereafter until remedied, per each effected staff member or certificate that is determined non-compliant.
Physician/Non Physician Standardized Protocols	A Single primary care physician must supervise non-medical practitioners. Standardized protocols must be established and signed.	Contractor will be assessed \$50.00 per day for the first 10 days, \$100.00 for each day thereafter until the violation is remedied.
Medical Records		
Medical Records contain required documentation	Documentation of financial eligibility in medical record	County shall disallow, and therefore shall not reimburse Contractor for, any visit that is not supported by such documentation.
Compliance with storage, security, confidentiality, requirements	Documentation of medical visit in medical record	Non-Compliance with storage requirements will result in fine of \$50.00 per day for the first 10 days of non-compliance, \$100.00 for each day thereafter.
Safety		
<ul style="list-style-type: none"> • Fire protection and Safety plan • Cleanliness of facility • Exit signs • Treatment Areas • Equipment maintenance and calibration 	All California Code of regulations ("CCR") Title 22 safety Requirements	Each violation will be assessed at \$100.00 per each day until the violation(s) is remedied.
Pharmaceutical Services		

Performance Categories	Contract Requirements	Damages
<ul style="list-style-type: none"> Expired Drugs Drug Storage Disbursement of pharmaceuticals Expired Medical Supplies 	Compliance with all Business and Professions Code Provisions	Each violation will be assessed at \$100.00 for each day until the violation is remedied.
Infection Control		
<ul style="list-style-type: none"> Autoclave Protective clothing/gear Biohazard Disinfectants 	Compliance with CCR Title 22, CCR Title 8, OSHA requirements for infection control, and National Association of Medical Instrumentation.	Each violation will be assessed at \$100.00 per day until the violation is remedied.
Laboratory and Radiology Services		
<ul style="list-style-type: none"> CLIA Operating Certificates Employee X-Ray Badges and Aprons 	All CCR Title 17 and CCR Title 22 pertaining to laboratory and radiology.	Each violation will be assessed at \$100.00 per day until the violation is remedied.
Other Assessments		
<ul style="list-style-type: none"> Days and/or Hours of Operation 	Exhibit(s) __, __, and __: Contractor's Obligations	Contractor will be assessed \$50.00 for the first day, and \$100.00 for the second day and every day thereafter for each day Contractor is out of compliance until the violation is remedied.
<ul style="list-style-type: none"> Maintain the dedicated capacity for patients referred from County facilities 	Exhibit __, subparagraph __ Medical Home Pilot Project	Contractor will be assessed \$ __ per __ that dedicated capacity for patients referred from County facilities

Contractor shall pay County any assessment, upon written demand and invoice by Director, or, in Director's sole discretion, Director may credit County such amount against billings for Agreement services received from Contractor.

The rights and remedies set forth in this Paragraph are in addition to any other rights and remedies afforded to County pursuant to this Agreement or by law and shall not supercede those rights and remedies, which rights and remedies shall include, but not limited to, the right to terminate this Agreement as set forth in the TERMINATION OF AGREEMENT Paragraph of this Agreement.

20. PUBLIC HEALTH SERVICES: Contractor shall cooperate with the Director of the Department of Public Health during communicable disease outbreaks, back-to-school immunization drives, traveling Sexually Transmitted Disease team efforts, or other public health emergencies.

21. POLICIES: In addition to having all written policies required by all Federal, State, and local laws, ordinances, rules, regulations and directives applicable to its performance under this Agreement, Contractor must also have written policies to inform staff about internal guidelines including, but not limited to, the following: (1) emergency equipment and supplies are checked for expiration and operating status at least monthly; (2) there is a system in place to follow-up on missed and cancelled appointments; (3) medical record release procedures are compliant with State and Federal laws, regulations, and guidelines; (4) controlled substances are stored in a locked space accessible only to authorized personnel; and (5) staff adheres to procedures for spore testing of autoclave/steam sterilizer with documented results at least monthly.

22. PARTICIPATION IN DEPARTMENT'S INITIATIVES: Contractor shall participate in the Department's Clinic Capacity Expansion Project Contractor

performance measurement and tracking, quality improvement activities, and the Department's larger quality improvement effort for DHS and Contractor sites.

Contractor shall transmit electronically to County quarterly the patient level data elements set forth on Attachment ___ of Exhibit __. If Contractor lacks the capability to transmit these data elements electronically, it shall transmit them through manual reporting in a form to be provided to Contractor in accordance with the PIN process set forth in Paragraph 23 of this Agreement.

Notwithstanding the foregoing, Contractor shall achieve the capability to electronically transmit these data elements prior the end of the term of this Agreement set forth in Paragraph 1, TERM OF AGREEMENT.

23. PROVIDER INFORMATION NOTICE (PIN): During the term of this Agreement, County shall provide Contractor with non-substantive, administrative, programmatic and fiscal guidelines and updates through the PIN process. Contractor shall be responsible for reading all PINs and assuring that they are assembled and maintained in a single file or notebook at Contractor's premises. Additionally, Contractor shall assure that all personnel affected by a PIN are notified of the information immediately upon Contractor's receipt of the PIN and that all actions or changes required to be made by a PIN are taken or made immediately, unless a different timeframe is specified in the PIN. All substantive changes to this Agreement shall be made only through a formal amendment duly executed by both parties.

24. SYSTEM FOR OUTPATIENT SPECIALTY CARE:

A. If Contractor staff decide that a patient requires specialty care (in the event that Contractor does not provide specialty care services under the CCEP), or diagnostic inpatient services, County's Cluster Referral Center may be contacted to direct Contractor to the most appropriate provider or the Contractor may choose to use other available resources. County Referral Center's telephone number and facsimile numbers shall be provided to Contractor as soon as practicable after the execution of the Agreement. Contractor shall utilize County's Referral Processing System (i.e., RPS) as instructed by County upon its implementation in Contractor's Cluster. The guiding principle is that all patients, including Eligible Patients, shall be directed to the most accessible and appropriate facility to promote continuity of care.

B. Contractor shall provide each patient that is referred via the County's Referral Processing System a list of the documentation that they will need to provide at their visit(s) to the County facility in accordance with the NON-EMERGENCY MEDICAL CARE SERVICES REQUIREMENTS Paragraph of this Agreement.

25. COUNTY SERVICES TO PATIENTS REFERRED BY CONTRACTOR:

Notwithstanding any right of Contractor hereunder to refer patients to County in accordance with the SYSTEM FOR OUTPATIENT SPECIALTY CARE Paragraph of this Agreement, the parties understand that the actual provision of any such services is subject to the decision of County medical staff designated by Director to review

such referral. If County medical staff rejects any such referral, Contractor medical personnel who have initiated the referral shall be contacted by County medical staff for agreement on an alternate disposition of the patient.

Contractor shall refer a patient for specialty care only when all treatment options have been exhausted or the patient's medical condition dictates specialty care or both.

26. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT:

The parties acknowledge the existence of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its implementing regulations. Contractor understands and agrees that, as a provider of medical treatment services, it is a "covered entity" under HIPAA and, as such, has obligations with respect to the confidentiality, privacy, and security of patients' medical information, and must take certain steps to preserve the confidentiality of this information, both internally and externally, including the training of staff and the establishment of proper procedures for the release of such information, including the use of appropriate consents and authorizations specified under HIPAA.

The parties acknowledge their separate and independent obligations with respect to HIPAA, and that such obligations relate to transactions and code sets, privacy, and security. Contractor understands and agrees that it is separately and independently responsible for compliance with HIPAA in all these areas and that County has not undertaken any responsibility for compliance on Contractor's behalf. Contractor has not relied, and will not in any way rely, on County for legal advice or

other representations with respect to Contractor's obligations under HIPAA, but will independently seek its own counsel and take the necessary measures to comply with the law and its implementing regulations.

Contractor and County understand and agree that each is independently responsible for HIPAA compliance and agree to take all necessary and reasonable actions to comply with the requirements of the HIPAA law and implementing regulations related to transactions and code sets, privacy, and security. Each party further agrees that, should it fail to comply with its obligations under HIPAA, it shall indemnify and hold harmless the other party (including the other party's officers, employees, and agents), for damages to the other party that are attributable to such failure.

27. INFRASTRUCTURE PROJECT(S): Contractor agrees to undertake and complete the infrastructure projects described in Exhibit __, Infrastructure Project(s).

28. BILLING AND PAYMENT FOR INFRASTRUCTURE PROJECTS: All costs of infrastructure projects shall be developed, accounted for and reported in compliance with applicable federal and State statutes, regulations and policies. Contractor shall submit an invoice for payment and bill County in accordance with the terms and conditions set forth in EXHIBIT __.

29. PREVAILING WAGE SCALE (INFRASTRUCTURE PROJECTS ONLY):

A. This is a public works contract as defined in Section 1720 of the California Labor Code. Contractor and its subcontractors of any tier shall

comply with all provisions of the California Labor Code, including but not limited to, paying applicable prevailing wages to all workers.

B. Under the provisions of said Labor Code, the State Department of Industrial Relations will ascertain the prevailing hourly rate in dollars and details pertinent thereto for each craft, classification or type of workers or mechanic needed to execute any contract that may be awarded by the awarding entity.

C. Contractor shall comply with the requirements of Section 1776 of the California Labor Code. Contractor shall maintain payroll records as enumerated in Subdivision (a) of Section 1776. Contractor and its subcontractors shall submit quarterly to the County a copy of all certified payrolls by week, indicating that the wage rates are not less than those determined by the State Division of Industrial Relations and the classifications set forth for each laborer or mechanic in connection with the Work they performed. Submission of a "Quarterly Payroll Report" (Form 347 or similar) is required under this Agreement. Contractor shall be responsible for the submission of copies of payrolls for all subcontractors within seven (7) days after their payroll period in the quarter. Failure of Contractor to comply with the Labor Code requirements to pay prevailing wages and to maintain certified payroll records may result in withholding from the progress payments amounts set forth in Exhibit C1 for underpaid wages and penalties as authorized by the Labor Code.

30. BOND REQUIREMENTS –TYPES AND LIMITS (INFRASTRUCTURE PROJECTS ONLY): Prior to execution of the Agreement, Contractor shall file surety bonds with the County's Office of Ambulatory Care in the amounts and for the purposes noted below, and on bond forms pre-approved by the County. All bonds issued in compliance with the Agreement shall be duly executed by a solvent surety company that is authorized by the State of California, is listed in the U.S. Department of Treasury's Listing of Approved Sureties (Annual Circular 570) and is satisfactory to the County, and it shall pay all premiums and costs thereof and incidental thereto. Each bond shall be signed by both Contractor, as Principal, and the surety. Should any surety or sureties upon said bonds or any of them become insufficient or be deemed unsatisfactory by the County Contractor shall replace said bond or bonds with good and sufficient sureties within ten days after receiving notice from the County that the surety or sureties are insufficient or unsatisfactory. Should any surety or sureties be deemed insufficient or unsatisfactory, no payment(s) shall be deemed due or will be made under this Agreement until the new sureties shall qualify and be accepted by the County.

A. Materials and Labor Bond (Payment Bond): Shall be in the sum of not less than 100% of the Infrastructure Project(s) Maximum Obligation to assure the payment of claims of material men supplying materials to Contractor, design professionals, subcontractors, mechanics, and laborers employed by the Contractor on the infrastructure project(s). This bond shall be so conditioned as to inure to the benefit of persons furnishing materials for or performing labor

upon the infrastructure project(s). This bond shall be maintained by Contractor in full force and effect until the infrastructure project(s) is/are completed and accepted by the County, and until all claims for design services, construction services, materials, labor, and subcontracts are paid.

B. Bond for Faithful Performance: Shall be in the sum of not less than 100% of the Maximum Obligation Infrastructure Project(s) to assure the faithful performance of the Agreement. This bond shall be so conditioned as to assure the faithful performance by the Contractor of all infrastructure projects under the Agreement, within the time limits prescribed. This bond shall be maintained by Contractor in full force and effect during the performance of the work related to infrastructure projects under the Agreement and for a period of two year after final acceptance of the infrastructure project(s) by County.

31. INDEMNIFICATION: Contractor shall indemnify, defend, and hold harmless County and its Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with Contractor's acts and/or omissions arising from and/or relating to this Agreement.

32. GENERAL INSURANCE REQUIREMENTS: Without limiting Contractor's indemnification of County, and in the performance of this Contract and until all of its obligations pursuant to this Contract have been met, Contractor shall provide and maintain at its own expense insurance coverage satisfying the

requirements specified in this Agreement. These minimum insurance coverage terms, types and limits (the "Required Insurance") also are in addition to and separate from any other contractual obligation imposed upon Contractor pursuant to this Agreement.

The County in no way warrants that the Required Insurance is sufficient to protect the Contractor for liabilities which may arise from or relate to this Agreement.

A. Evidence of Coverage and Notice to County: Certificate(s) of insurance coverage (Certificate) satisfactory to County, and a copy of an Additional Insured endorsement confirming County and its Agents (defined below) has been given Insured status under the Contractor's General Liability policy, shall be delivered to County at the address shown below and provided prior to commencing services under this Agreement.

Renewal Certificates shall be provided to County not less than 10 days prior to Contractor's policy expiration dates. The County reserves the right to obtain complete, certified copies of any required Contractor and/or Sub-Contractor insurance policies at any time.

Certificates shall identify all Required Insurance coverage types and limits specified herein, reference this Contract by name or number, and be signed by an authorized representative of the insurer(s). The Insured party named on the Certificate shall match the name of the Contractor identified as the contracting party in this Contract. Certificates shall provide the full name of each insurer providing coverage, its NAIC (National Association of Insurance Commissioners) identification number, its financial rating, the amounts of any

policy deductibles or self-insured retentions exceeding fifty thousand (\$50,000.00) dollars, and list any County required endorsement forms.

Neither the County's failure to obtain, nor the County's receipt of, or failure to object to a non-complying insurance certificate or endorsement, or any other insurance documentation or information provided by the Contractor, its insurance broker(s) and/or insurer(s), shall be construed as a waiver of any of the Required Insurance provisions.

Certificates and copies of any required endorsements shall be sent to:

County of Los Angeles, Department of Health Services
Contract Administration & Monitoring
313 N. Figueroa Street, 6E, Los Angeles, CA 90012
Attention: Kathy K. Hanks, Director
Contract Administration & Monitoring

Contractor also shall promptly report to County any injury or property damage accident or incident, including any injury to a Contractor employee occurring on County property, and any loss, disappearance, destruction, misuse, or theft of County property, monies or securities entrusted to Contractor. Contractor also shall promptly notify County of any third party claim or suit filed against Contractor or any of its Sub-Contractors which arises from or relates to this Contract, and could result in the filing of a claim or lawsuit against Contractor and/or County.

B. Additional Insured Status and Scope of Coverage: The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees and Volunteers (collectively County and its Agents) shall be

provided additional insured status under Contractor's General Liability policy with respect to liability arising out of Contractor's ongoing and completed operations performed on behalf of the County. County and its Agents additional insured status shall apply with respect to liability and defense of suits arising out of the Contractor's acts or omissions, whether such liability is attributable to the Contractor or to the County. The full policy limits and scope of protection also shall apply to the County and its Agents as an additional insured, even if they exceed the County's minimum Required Insurance specifications herein. Use of an automatic additional insured endorsement form is acceptable providing it satisfies the Required Insurance provisions herein.

C. Cancellation of Insurance: Except in the case of cancellation for non-payment of premium, Contractor's insurance policies shall provide, and Certificates shall specify, that County shall receive not less than thirty (30) days advance written notice by mail of any cancellation of the Required Insurance. Ten (10) days prior notice may be given to County in event of cancellation for non-payment of premium.

D. Failure to Maintain Insurance: Contractor's failure to maintain or to provide acceptable evidence that it maintains the Required Insurance shall constitute a material breach of the Contract, upon which County immediately may withhold payments due to Contractor, and/or suspend or terminate this

Contract. County, at its sole discretion, may obtain damages from Contractor resulting from said breach.

E. Insurer Financial Ratings: Coverage shall be placed with insurers acceptable to the County with A.M. Best ratings of not less than A:VII unless otherwise approved by County.

F. Contractor's Insurance Shall Be Primary: Contractor's insurance policies, with respect to any claims related to this Contract, shall be primary with respect to all other sources of coverage available to Contractor. Any County maintained insurance or self-insurance coverage shall be in excess of and not contribute to any Contractor coverage.

G. Waivers of Subrogation: To the fullest extent permitted by law, the Contractor hereby waives its rights and its insurer(s)' rights of recovery against County under all the Required Insurance for any loss arising from or relating to this Contract. The Contractor shall require its insurers to execute any waiver of subrogation endorsements which may be necessary to effect such waiver.

H. Sub-Contractor Insurance Coverage Requirements: Contractor shall include all Sub-Contractors as insureds under Contractor's own policies, or shall provide County with each Sub-Contractor's separate evidence of insurance coverage. Contractor shall be responsible for verifying each Sub-Contractor complies with the Required Insurance provisions herein, and shall require that each Sub-Contractor name the County and Contractor as

additional insureds on the Sub-Contractor's General Liability policy. Contractor shall obtain County's prior review and approval of any Sub-Contractor request for modification of the Required Insurance.

I. Deductibles and Self-Insured Retentions (SIRs): Contractor's policies shall not obligate the County to pay any portion of any Contractor deductible or SIR. The County retains the right to require Contractor to reduce or eliminate policy deductibles and SIRs as respects the County, or to provide a bond guaranteeing Contractor's payment of all deductibles and SIRs, including all related claims investigation, administration and defense expenses. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.

J. Claims Made Coverage: If any part of the Required Insurance is written on a claims made basis, any policy retroactive date shall precede the effective date of this Contract. Contractor understands and agrees it shall maintain such coverage for a period of not less than three (3) years following Contract expiration, termination or cancellation.

K. Application of Excess Liability Coverage: Contractors may use a combination of primary, and excess insurance policies which provide coverage as broad as ("follow form" over) the underlying primary policies, to satisfy the Required Insurance provisions.

L. Separation of Insureds: All liability policies shall provide cross-liability coverage as would be afforded by the standard ISO (Insurance

Services Office, Inc.) separation of insureds provision with no insured versus insured exclusions or limitations.

M. Alternative Risk Financing Programs: The County reserves the right to review, and then approve, Contractor use of self-insurance, risk retention groups, risk purchasing groups, pooling arrangements and captive insurance to satisfy the Required Insurance provisions. The County and its Agents shall be designated as an Additional Covered Party under any approved program.

N. County Review and Approval of Insurance Requirements: The County reserves the right to review and adjust the Required Insurance provisions, conditioned upon County's determination of changes in risk exposures.

33. INSURANCE COVERAGE REQUIREMENTS:- PER FACILITY

CONTRACTED:

A. Commercial General Liability: Insurance (providing scope of coverage equivalent to ISO policy form CG 00 01), naming County and its Agents as an additional insured, with limits of not less than:

General Aggregate:	\$1 million
Products/Completed Operations Aggregate:	\$1 million
Personal and Advertising Injury:	\$1 million
Each Occurrence:	\$1 million

The amounts of any policy deductibles or self-insured retentions exceeding fifty thousand (\$50,000.00) dollars shall be subject to the County's prior review and approval. The policy also shall include a batch clause to provide that if more than one claim arises out of the same related, repeated or continuous production, act, error or omission, then all such injury and/or damages shall be considered to have arisen out of a single occurrence.

B. Automobile Liability: Insurance (providing scope of coverage equivalent to ISO policy form CA 00 01) with limits of not less than \$1 million for bodily injury and property damage, in combined or equivalent split limits, for each single accident. Insurance shall cover liability arising out of Contractor's use of autos pursuant to this Contract, including owned, leased, hired, and/or non-owned autos, as each may be applicable.

C. Workers Compensation and Employers' Liability: Insurance or qualified self-insurance satisfying statutory requirements, which includes Employers' Liability coverage. If Contractor will provide leased employees, or, is an employee leasing or temporary staffing firm or a professional employer organization (PEO), coverage also shall include an Alternate Employer Endorsement (providing scope of coverage equivalent to ISO policy form WC 00 03 01 A) naming the County as the Alternate Employer, and the endorsement form shall be modified to provide that County will receive not less than thirty (30) days advance written notice of cancellation of this coverage provision. If applicable to Contractor's operations, coverage also shall be

arranged to satisfy the requirements of any federal workers or workmen's compensation law or any federal occupational disease law. In all cases, the above insurance shall include Employers' Liability coverage with limits of not less than the following:

Each Accident:	\$1 Million
Disease - Policy Limit:	\$1 Million
Disease - Each Employee:	\$1 Million

D. Sexual Misconduct Liability: Insurance covering actual or alleged claims for sexual misconduct and/or molestation with limits of not less than \$2 million per claim and \$2 million aggregate, and claims for negligent employment, investigation, supervision, training or retention of, or failure to report to proper authorities, a person(s) who committed any act of abuse, molestation, harassment, mistreatment or maltreatment of a sexual nature.

E. Professional Liability/Errors and Omissions: Insurance covering Contractor's liability arising from or related to this Contract, with limits of not less than \$1 million per claim and \$2 million aggregate. Further, Contractor understands and agrees it shall maintain such coverage for a period of not less than three (3) years following this Agreement's expiration, termination or cancellation. Contractor, if a FQHC, may satisfy all or a portion of this insurance requirement by demonstrating what professional services

contemplated by this Agreement are covered under the Federal Tort Claims Act ("FTCA"). If Contractor claims such FTCA coverage as an acceptable substitute, Contractor shall provide proof thereof, in the form of a letter from an authorized representative of the Federal government, stating the extent of FTCA coverage for this Agreement, and reflecting clearly the categories of Contractor health practitioners covered by the FTCA.

Contractor's request shall be submitted to Director, either before commencing services under Agreement or prior to Contractor's conversion of its professional liability coverage under a commercial policy to such FTCA coverage. Contractor shall promptly respond to Director's requests for additional information required by County to evaluate Contractor's request. County's findings with respect to any such coverage shall be conveyed in writing by Director to Contractor within thirty (30) calendar days of Director's receipt of Contractor's request.

F. Property Coverage: Contractors given exclusive use of County owned or leased property shall carry property coverage at least as broad as that provided by the ISO special causes of loss (ISO policy form CP 10 30) form. The County and its Agents shall be named as an Additional Insured and Loss Payee on Contractor's insurance as its interests may appear. Automobiles and mobile equipment shall be insured for their actual cash value. Real property and all other personal property shall be insured for their full replacement value.

G. Crime Coverage: A Fidelity Bond or Crime Insurance policy with limits of not less than \$25,000.00 per occurrence. Such coverage shall protect against all loss of money, securities, or other valuable property entrusted by County to Contractor, and apply to all of Contractor's directors, officers, agents and employees who regularly handle or have responsibility for such money, securities or property. The County and its Agents shall be named as an Additional Insured and Loss Payee as its interests may appear. This insurance shall include third party fidelity coverage, include coverage for loss due to theft, mysterious disappearance, and computer fraud/theft, and shall not contain a requirement for an arrest and/or conviction.

H. Builder's Risk Course of Construction Insurance (Infrastructure Projects only): Such coverage shall insure against damage from perils covered by the Causes-of-Loss Special form (ISO form CP 10 30).

34. INDEMNIFICATION AND INSURANCE APPLICATION TO SUBCONTRACTOR(S): Contractor shall ensure that its subcontractor(s) providing services under this Agreement meet the requirements of the INDEMNIFICATION AND INSURANCE Paragraphs hereinabove, and shall ensure that all subcontract documents hereunder include such requirements.

35. PRIVATE FACILITY SERVICE DELIVERY SITE - MAINTENANCE STANDARDS: Contractor shall assure that the facility premises where services are provided under provisions of this Agreement are operated at all times in accordance with County community standards with regard to property maintenance and repair,

graffiti abatement, refuse removal, fire safety, landscaping, and in full compliance with all applicable local laws, ordinances, and regulations relating to the property. Any cost in connection with Contractor's performance of this obligation shall be borne by Contractor. County's periodic monitoring visits to Contractor's facility premises shall include a review of compliance with the provisions of this Paragraph.

36. ADDITIONAL PROVISIONS: The attachment labeled "ADDITIONAL PROVISIONS" is part of this Agreement and the terms and conditions therein contained shall apply to the parties' relationship as though fully set forth herein.

37. ALTERATION OF TERMS: The body of this Agreement, together with the ADDITIONAL PROVISIONS and attached Exhibits, fully expresses all understandings of the parties concerning all matters covered and shall constitute the total Agreement. No addition to, or alteration of, the terms of this Agreement whether by written or verbal understanding of the parties, their officers, agents, or employees, shall be valid unless made in the form of a written amendment to this Agreement which is formally approved and executed by the parties.

38. AGREEMENT INCONSISTENCIES: To the extent any conflict exists between the language of the body of this Agreement/ ADDITIONAL PROVISIONS, and the Exhibits attached hereto, then the body of the Agreement/ADDITIONAL PROVISIONS, and the Exhibits, including their attachments, in the order of their alphabetical sequence shall govern and prevail in that order.

39. CONSTRUCTION: To the extent there are any rights, duties, obligations, or responsibilities enumerated in the recitals or otherwise in this

Agreement, they shall be deemed a part of the operative provisions of this Agreement and are fully binding on the parties.

40. CONTRACTOR'S OFFICES: Contractor's primary business office is located at: _____.
Contractor's business telephone number is _____ and facsimile/FAX number is _____.

Contractor shall notify in writing DHS' OAC of any change in its primary business or billing address, business telephone number, and/or facsimile/FAX number used in the provisions of services herein, at least ten (10) calendar days prior to the effective date thereof.

If during the term of this Agreement, the corporate or other legal status of Contractor changes, or the name of Contractor changes, then Contractor shall notify DHS' OAC in writing detailing such changes at least thirty (30) calendar days prior to the effective date thereof. For changes in Contractor's corporate or other legal status, the consent of County thereto may be required in accordance with the PROHIBITION AGAINST ASSIGNMENT AND DELEGATION Paragraph in the ADDITIONAL PROVISIONS, attached hereto, as a condition to this Agreement continuing.

41. NOTICES: Any and all notices required, permitted, or desired to be given hereunder by one party to the other shall be in writing and shall be delivered to the other party personally or by U.S. mail (e.g., U.S. Priority, U.S. Express, certified or registered, return receipt requested) and, as necessary, by facsimile transmission and addressed as follows:

A. Notices to County shall be addressed as follows:

Department of Health Services
Office of Ambulatory Care
5555 Ferguson Drive, Suite 210-01
Commerce, CA 90022
Attn: Director of Ambulatory Care

B. Notices to Contractor shall be addressed as follows:

[insert agency name, address, and executive director]

Attn: _____

If personally delivered, such notice shall be deemed given upon delivery. If mailed or transmitted by facsimile in accordance with this Paragraph, such notice shall be deemed given as of the date indicated on the facsimile transmission validation or U.S. mail receipt, whichever applies based on mode of transmission used. Either party may change its address for notice purposes by giving prior written notice of such change to the other party in accordance with this Paragraph.

Notwithstanding the foregoing, County may elect to provide notice to Contractor using electronic mail. If County elects to provide notice by such means, such notice shall be deemed given as of the date indicated on the electronic mail message. Contractor's electronic email address shall be: Enter electronic address

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Agreement to be subscribed by its

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Director of Health Services, and Contractor has caused this Agreement to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
John F. Schunhoff, Ph.D.
Interim Director

Contractor

By _____
Signature

Printed Name

Title _____
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL

CLINIC CAPACITY EXPANSION PROJECT

ADDITIONAL PROVISIONS

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**CLINIC CAPACITY EXPANSION PROJECT
ADDITIONAL PROVISIONS**

1. LICENSES, PERMITS, REGISTRATIONS, AND CERTIFICATES:

Contractor shall obtain and maintain in effect during the term of this Agreement, all licenses, permits, registrations, and certificates required by law which are applicable to its performance of this Agreement, and shall ensure that all its officers, employees, volunteers, and agents who perform services hereunder obtain and maintain in effect during the term of this Agreement, all licenses, permits, registrations, and certificates required by law which are applicable to their performance hereunder. Contractor is to notify Director immediately by phone/in writing of any license/certification suspension/ revocation of facility or personnel.

The licenses, permits, registrations and certificates required by law which are applicable to this Agreement may include, and may not be limited to, the following: a free or community clinic license; a current fictitious business name permit from the California Medical Board for every service site from which Contractor is performing services under this Agreement; a business permit or license from the jurisdiction in which Contractor=s service site(s) is or are located; and

current, unrestricted valid licenses from the California Medical Board and/of the California Board of Osteopathy and/or any other State licensing agency.

2. FAIR LABOR STANDARDS ACT: Contractor shall comply with all applicable provisions of the Federal Fair Labor Standards Act, and shall indemnify, defend, and hold harmless County, its agents, officers, and employees from any and all liability including, but not limited to, wages, overtime pay, liquidated damages, penalties, court costs, and attorneys= fees arising under any wage and hour law including, but not limited to, the Federal Fair Labor Standards Act for services performed by Contractor=s employees for which County may be found jointly or solely liable.

3. EMPLOYMENT ELIGIBILITY VERIFICATION: Contractor warrants that it fully complies with all Federal statutes and regulations regarding employment of aliens and others, and that all its employees performing services hereunder meet the citizenship or alien status requirements contained in Federal statutes and regulations. Contractor shall obtain, from all covered employees performing services hereunder, all verification and other documentation of employment eligibility status required by Federal statutes and regulations, as they

currently exist and as they may be hereafter amended.

Contractor shall retain such documentation for all covered employees for the period prescribed by law. Contractor shall indemnify, defend, and hold harmless County, its officers, agents, and employees from employer sanctions and any other liability which may be assessed against Contractor or County in connection with any alleged violation of Federal statutes or regulations pertaining to the eligibility for employment of persons performing services under this Agreement.

4. COMPLIANCE WITH APPLICABLE LAW: Contractor shall comply with all Federal, State, and local laws, ordinances, regulations, rules, and directives applicable to its performance hereunder. Further, all provisions required thereby to be included in this Agreement are hereby incorporated herein by reference.

5. GOVERNING LAWS, JURISDICTION, AND VENUE: This Agreement shall be governed by, and construed in accordance with, the laws of the State of California. Contractor agrees and consents to the exclusive jurisdiction of the courts of the State of California for all purposes regarding this Agreement and further agrees and consents that venue of any action brought hereunder shall be exclusively in Los Angeles County.

6. PERSONNEL: Contractor shall adhere to applicable personnel standards of California Code of Regulations (ACCR@) Title 22. Additionally, Contractor shall meet the following requirements:

A. Qualifications: Personnel providing services hereunder, whether volunteer, contract, or employed (all hereafter referred to as "Contractor Staff"), shall be qualified for their responsibilities through appropriate education and training, and shall wear identification badges specifying name and occupation (e.g., M.D., R.N., etc.).

B. Licensure and Continuing Education: All Contractor Staff, including mid-level practitioners and nurse practitioners, providing services hereunder shall hold at all times a current, valid unrestricted license, registration, or certification issued by the appropriate State licensing agency. Copies of current licenses, registrations, and certifications shall be maintained in Contractor personnel files, and made available for review upon request by Director.

Contractor shall have in place a system to ensure that all Contractor Staff licenses are current and unrestricted

and staff are under no Federal or State sanctions.

Contractor shall have in place a mechanism to ensure that Contractor Staff provide patient services consistent and commensurate with their specialty, training, education, and experience and shall provide evidence of such upon request by Director.

Contractor shall also ensure that Contractor Staff regularly participate in appropriate continuing educational programs or activities to maintain their licenses, registrations, and certifications. Evidence of participation in such programs shall also be maintained in personnel files, and made available for review upon request by Director.

Contractor Employees shall be eligible to participate in County=s continuing medical education programs for its own employees.

C. Provider Roster: Prior to the commencement date of this Agreement, Contractor shall provide to Director a full listing of all of its then current medical staff (including voluntary, part-time, full-time staff, physicians-house staff, osteopaths, pharmacists, mid-level practitioners, i.e., nurse practitioners, nurse midwives,

physician assistants). As applicable, data elements include, but are not limited to: name, social security number, office address/telephone number, gender, date of birth, language(s) spoken, current licenses/certificates: California Physician=s and Surgeon=s License Number/Expiration Date, DEA License Number/Expiration Date, Cardio-Pulmonary Resuscitation/Advanced Cardiac Life Support Certificate/Expiration Date, Educational Commission for Foreign Medical Graduates (ECFMG) Number; professional education and training; Hospital, Health Maintenance Organization (HMO), Independent Physician Association (IPA), or other current practice affiliations; continuing education information; specialty(ies), board status (board-eligible or board-certified); current or past history of professional licensure actions, Medi-Cal/Medicare sanctions, Business and Professions Code section 805 report filings, disciplinary actions taken by State Medical Boards (i.e., licensure revocation, suspension, or probation) within last six (6) years, loss of clinical privileges with explanation section, medical malpractice claims history; whether provider is a County employee or otherwise is providing services to County as a volunteer or under a

separate contract with the County; and any other information deemed necessary by the Director for the site certification/credentials verification process. Contractor shall provide Director with an updated provider roster, with a completed information sheet for each new provider (both voluntary and employed, physician and mid-level practitioner) and the deleted providers clearly indicated at least thirty (30) calendar days prior to any addition or deletion of a provider delivering services under this Agreement or as soon as Contractor becomes aware of the staffing change. Contractor shall promptly remove any primary care physician or non-physician medical provider scheduled to provide or providing services hereunder upon the written request of Director who shall state the reasons for this action in his/her request.

D. Supervision: All Contractor Staff shall be deployed into a staffing configuration that allows for the supervision required by CCR Title 22.

E. Physical Examination: CCEP Contractors must abide by the Health and Safety Code Section 1226.1, Health examination requirements and public health protections. In addition CCEP Contractors shall maintain a health record

for each employee that includes reports of all employment-related health examinations in accordance with the Center for Disease Control and Prevention Personnel health Guidelines 294.

7. RULES AND REGULATIONS: Contractor shall provide to Director a copy of its rules and regulations, regarding the conduct of its officers, agents, employees, volunteers, contract staff, or affiliated personnel at County=s Facility or Contractor=s facility, as applicable. At a minimum, such policies and procedures shall prohibit intoxication while at County=s Facility or Contractor=s facility, as applicable, behavior unbecoming to a health care provider, and behavior which may endanger the health and safety of patients or others at County=s Facility or Contractor=s facility, as applicable. Contractor shall take appropriate action in accordance with its employee policies and progressive disciplinary action guidelines when any of its agents, officers, employees, volunteers, contract personnel, or affiliated personnel providing services at County=s Facility or Contractor=s facility, as applicable, has violated one or more such rules or regulations, or when such individual=s behavior may adversely affect the delivery of

health care services at County=s Facility or Contractor=s facility, as applicable.

8. QUALITY MONITORING: Contractor shall cooperate in active and effective quality improvement functions, to assure that necessary and appropriate services are provided in a timely manner to Eligible Patients seeking services at County=s Facility (Takeover or Co-Location only) or Contractor=s facility, as applicable and that such services are reflected in the patient=s record with appropriate and complete explanations. Contractor shall adopt and post in a conspicuous place a written policy on patients= rights and organizational ethics.

Complaints by eligible individuals with regard to substandard conditions may be investigated by the State Department of Health Services= ("SDHS") Licensing and Certification Division, or such other County or State agency, as required or permitted by statute or regulation.

Contractor shall post a copy of agency=s complaint/grievance procedure and DHS= complaint line telephone number or DHS= Health Information 800# in a conspicuous place in all patient waiting areas.

A. Quality Improvement Activities: As part of the overall Quality Performance Improvement activities of DHS,

the Contractor shall cooperate and participate in County=s DHS system-wide Quality Performance Improvement activities. Contractor shall cooperate with Director in active and effective quality improvement functions to monitor quality of care provided to County patients to ensure that services are: accessible, necessary and appropriate, focused on continuity of care, effective, efficient, patient-focused, provided in a safe care environment, provided in a timely manner, and accurately and completely recorded in the medical record.

Contractor shall monitor and evaluate the quality of patient care provided at County=s Facility or Contractor=s facility, as applicable, on an ongoing basis in accordance with a written Quality of Care Plan. Contractor shall make available for review by Director any monitoring reports issued as a result of State or Federal review for compliance.

Contractor shall conduct peer review activities for professional staff (including review of mid-level practitioners), maintain written documentation thereof, and review practice patterns. Contractor shall document any performance problems identified, institute appropriate

corrective action, and follow the notification process to be delineated in the Provider Information Notices.

B. Facility Site Reviews: If Contractor currently participates as a provider in Medi-Cal managed care programs, Contractor shall provide Director with the most recent copy of its initial site certification review or Contractor facility site review (including a quality improvement component and any corrective action documentation), whichever has occurred within the twelve (12) calendar months prior to Director=s request and which has been performed for Contractor=s participation in Medi-Cal managed care programs. If Contractor is not currently participating in, or contemplating participation in, Medi-Cal managed care programs but has already been licensed by the SDHS as a free clinic or a community clinic, Director may accept the satisfactory completion of the State inspection for such licensure in lieu of the site certification process requirements.

If Contractor does not have any contracts with Medi-Cal managed care programs, and has consequently not had such a review performed at Contractor=s facility site Contractor shall allow, at all reasonable times upon

Director=s request, Director=s designated staff or designated personnel representing County under contract to perform such site reviews of Contractor=s operation under this Agreement.

Contractor shall take corrective action on any deficiencies identified through any such site review performed either by Director staff or by a qualified review agency representing County under contract. If services have not commenced under this Agreement, such corrective action shall be accomplished before services commence. For services currently being provided under this Agreement, such corrective action shall be completed within sixty (60) calendar days of Contractor=s receipt of a site deficiencies= notice, except that if the deficiencies compromise the quality of patient care delivered under this Agreement, Director may immediately suspend or recommend termination of this Agreement pursuant to the TERMINATION OF AGREEMENT Paragraph in the body of this Agreement.

Contractor, if a Federally Qualified Health Center ("FQHC"), shall make available for review by Director any monitoring reports issued as a result of State or Federal review for compliance with FQHC regulations and standards.

9. COUNTY=S QUALITY IMPROVEMENT PLAN: County or its agent will evaluate Contractor=s performance under this Agreement on not less than an annual basis. Such evaluation will include assessing Contractor=s compliance with all contract terms and performance standards. Contractor deficiencies which County determines are severe or continuing and that may place performance of this Agreement in jeopardy if not corrected will be reported to the Board of Supervisors. The report will include improvement/corrective action measures taken by County and Contractor. If improvement does not occur consistent with the corrective measures, County may terminate this Agreement or impose other penalties as specified in this Agreement.

10. BIO-HAZARDOUS WASTE: Contractor shall handle and dispose its infectious and bio-hazardous waste in accordance with all applicable laws and regulations.

11. PUBLIC HEALTH REPORTING REQUIREMENTS: Contractor shall comply with all reporting requirements set forth in the California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 1, Article 1.

12. PUBLIC ANNOUNCEMENTS AND LITERATURE: In public announcements and literature distributed by Contractor for the purpose of advising patients and the general public of its

health services, such message shall indicate that the health services which it provides under this Agreement are partially funded by the County of Los Angeles.

13. PARTIES= RELATIONSHIP:

A. This Agreement is not intended, and shall not be construed, to create the relationship of principal-agent, master-servant, employer-employee, business partnership, joint venture, or association, as between County and Contractor. The employees and agents of one party shall not be, or be construed to be, the employees or agents of the other party for any purpose whatsoever.

B. Contractor shall be solely liable and responsible for providing to, or on behalf of, its employees all legally required employee compensation and benefits. County shall have no liability or responsibility for the payment of any salaries, wages, unemployment benefits, disability benefits, or other compensation or benefits, to any personnel provided by Contractor.

C. County shall be solely liable and responsible for providing to, or on behalf of, its employees all legally required employee compensation and benefits. Contractor shall have no liability or responsibility for the payment

of any salaries, wages, unemployment benefits, disability benefits, or other compensation or benefits, to any personnel provided by County.

D. Contractor understands and agrees that all of its staff and employees furnishing services to County pursuant to this Agreement are, for purposes of workers= compensation liability, the sole employees of Contractor and not employees of County. Contractor shall bear the sole liability and responsibility for any and all workers= compensation benefits to any of its staff and employees as a result of injuries arising from or connected with services performed by or on behalf of Contractor pursuant to this Agreement.

E. A written acknowledgment that each of Contractor=s staff and employees understands that such person is an employee of Contractor and not an employee of County shall be signed by each employee of Contractor performing services under this Agreement and shall be filed by Contractor with County=s Department of Human Resources, Health, Safety, and Disability Benefits Division, 3333 Wilshire Boulevard, 10th Floor, Los Angeles, California 90010. The form and content of such acknowledgment shall

be substantially similar to the EMPLOYEE=S ACKNOWLEDGMENT OF EMPLOYER, and incorporated herein by reference.

14. SUBCONTRACTING (PRIMARY AND/OR SPECIALTY CARE SERVICES ONLY):

A. For purposes of this Agreement, subcontracts shall be approved by Director or his/her authorized designee(s). Contractor=s request to Director for approval of a subcontract shall include:

(1) Identification of the proposed subcontractor and an explanation of why and how the proposed subcontractor was selected, including a description of Contractor=s efforts to obtain competitive bids.

(2) A description of the services to be provided under the subcontract.

(3) The proposed subcontract amount, together with Contractor=s cost or price analysis thereof. In the event that the subcontracted services are to be provided to Contractor on either a gratuitous or Apro bono@ or Avolunteer@ basis, Contractor shall state as such.

(4) A copy of the proposed subcontract. Any later modification of such subcontract shall take the

form of a formally written subcontract amendment, which must be approved in writing by Director before such amendment is effective.

B. Subcontracts issued pursuant to this Paragraph shall be in writing and shall contain at least the intent of all of the Paragraphs of the body of the Agreement, including the ADDITIONAL PROVISIONS, and the requirements of the exhibit(s), including their attachments.

C. At least thirty (30) calendar days prior to the subcontract=s proposed effective date, Contractor shall submit for review and approval to Director a copy of the proposed subcontract instrument. With Director=s written approval of the subcontract instrument, the subcontract may proceed.

D. Subcontracts shall be made in the name of Contractor and shall not bind County. The making of subcontracts hereunder shall not relieve Contractor of any requirement under this Agreement, including, but not limited to, the duty to properly supervise and coordinate the work of subcontractors. Approval of the provisions of any subcontract by County shall not be construed to constitute a determination of the allowability of any cost

under this Agreement. In no event shall approval of any subcontract by County be construed as affecting any increase to the amount contained in the MAXIMUM OBLIGATION Paragraph.

E. Failure by Contractor to comply with this Paragraph 14 shall constitute a material breach of contract upon which County may immediately terminate or suspend this Agreement. County, at its sole option, may obtain damages from Contractor resulting from said breach.

15. ASSIGNMENT BY CONTRACTOR:

A. The Contractor shall not assign its rights or delegate its duties under this Contract, or both, whether in whole or in part, without the prior written consent of County, in its discretion, and any attempted assignment or delegation without such consent shall be null and void. For purposes of this paragraph, County consent shall require a written amendment to the Contract, which is formally approved and executed by the parties. Any payments by the County to any approved delegatee or assignee on any claim under this Contract shall be deductible, at County's sole discretion, against the claims, which the Contractor may have against the County.

B. Shareholders, partners, members, or other equity holders of Contractor may transfer, sell, exchange, assign, or divest themselves of any interest they may have therein. However, in the event any such sale, transfer, exchange, assignment, or divestment is effected in such a way as to give majority control of Contractor to any person(s), corporation, partnership, or legal entity other than the majority controlling interest therein at the time of execution of the Contract, such disposition is an assignment requiring the prior written consent of County in accordance with applicable provisions of this Contract.

C. If any assumption, assignment, delegation, or takeover of any of the Contractor's duties, responsibilities, obligations, or performance of same by any entity other than the Contractor, whether through assignment, subcontract, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever without County's express prior written approval, shall be a material breach of the Contract which may result in the termination of this Contract. In the event of such termination, County shall be entitled to

pursue the same remedies against Contractor as it could pursue in the event of default by Contractor.

16. NONDISCRIMINATION IN SERVICES: Contractor shall not discriminate in the provision of services hereunder because of race, color, religion, national origin, ancestry, sex, age, or condition of physical or mental handicap, marital status, or political affiliation, and shall act in accordance with all non-discrimination requirements of Federal and State law. For the purpose of this Paragraph, discrimination in the provision of services may include, but is not limited to, the following: denying any person any service or benefit or the availability of a facility; providing any service, or benefit to any person which is not equivalent, or is not provided in an equivalent manner at a non-equivalent time, from that provided to others; subjecting any person to segregation or separate treatment in any matter related to the receipt of any service; restricting any person in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; and treating any person differently from others in determining admission, enrollment quota, eligibility, membership, or any other requirements or conditions which persons must meet in order to be provided any service or benefit. Contractor shall

ensure that recipients of services under this Agreement are provided services without regard to race, color, religion, national origin, ancestry, sex, age, or condition of physical or mental handicap, marital status, or political affiliation.

17. NONDISCRIMINATION IN EMPLOYMENT:

A. Contractor certifies and agrees that all persons employed by it, its affiliates, subsidiaries, or holding companies, are and will be treated equally by it without regard to or because of race, color, religion, national origin, ancestry, sex, age, or condition of physical disability (including HIV and AIDS) or mental disability, marital status, medical condition (cancer), denial of family care leave, or political affiliation, and in compliance with all applicable Federal and State anti-discrimination laws and regulations.

B. Contractor shall take affirmative action to ensure that qualified applicants are employed. Contractor shall not discriminate against or harass, nor shall it permit harassment of, its employees during employment based upon race, color, religion, national origin, ancestry, sex, age, or condition of physical disability (including HIV and AIDS) or mental disability, marital status, medical

condition (cancer), denial of family care leave, or political affiliation in compliance with all applicable Federal and State anti-discrimination laws and regulations. Such action shall include, but is not limited to, the following: employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Contractor shall insure that the evaluation and treatment of its employees and applicants for employment are free from such discrimination and harassment, and will comply with the provisions of the Fair Employment and Housing Act (Government Code section 12990 et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 2, section 7285.0 et seq.).

C. Contractor shall deal with its subcontractors, bidders, or vendors without regard to or because of race, color, religion, national origin, ancestry, sex, age, or condition of physical disability (including HIV and AIDS) or mental disability, marital status, medical condition (cancer), denial of family care leave, or political affiliation. Further, Contractor shall give written notice

of its obligations under this Paragraph to labor organizations with which it has a collective bargaining or other agreement.

D. Contractor shall allow County representatives access to relevant portions of its employment records of employees providing services at County's Facility or Contractor's facility, as applicable, during regular business hours to verify compliance with the provision of this Paragraph when so requested by Director.

E. If County finds that any of the above provisions have been violated, the same shall constitute a material breach of this Agreement upon which County may determine to cancel, terminate, or suspend this Agreement. While County reserves the right to determine independently that the anti-discrimination provisions of this Agreement have been violated, in addition, a determination by the California Fair Employment Practices Commission or the Federal Equal Employment Opportunity Commission that Contractor has violated Federal or State anti-discrimination laws or regulations shall constitute a finding by County that Contractor has violated the anti-discrimination provisions of this Agreement.

F. The parties agree that in the event that Contractor violates the anti-discrimination provisions of this Agreement, County shall, at its option, be entitled to a sum of Five Hundred Dollars (\$500) pursuant to California Civil Code Section 1672 as liquidated damages in lieu of canceling, terminating, or suspending this Agreement.

18. UNLAWFUL SOLICITATION: Contractor shall inform all of its employees providing services hereunder of the provisions of Article 9 of Chapter 4 of Division 3, commencing with section 6150, of the Business and Professions Code of the State of California (i.e., State Bar Act provisions regarding unlawful solicitation as a runner or capper for attorneys) and shall take positive and affirmative steps in its performance hereunder to ensure that there is no violation of said provisions by its officers, employees, agents, or volunteers. Contractor shall utilize the attorney referral service of all those bar associations within Los Angeles County that have such a service.

19. CONFLICT OF INTEREST: No County employee whose position with County enables such employee to influence the award of this Agreement or any competing agreement, and no spouse or economic dependent of such employee, shall be employed in any capacity by Contractor or have any other direct or

indirect financial interest in this Agreement. No officer or employee of Contractor, who may financially benefit from the performance of work hereunder, shall in any way participate in County=s approval, or ongoing evaluation, of such work, or in any way attempt to unlawfully influence County's approval or ongoing evaluation of such work.

Contractor shall comply with all conflict of interest laws, ordinances, and regulations now in effect or hereafter to be enacted during the term of this Agreement. Contractor warrants that it is not now aware of any facts which create a conflict of interest. If Contractor hereafter becomes aware of any facts which might reasonably be expected to create a conflict of interest, it shall immediately make full written disclosure of such facts to County. Full written disclosure shall include, but is not limited to, identification of all persons implicated and a complete description of all relevant circumstances.

20. CONFIDENTIALITY: Contractor shall maintain the confidentiality of all records and information in accordance with all applicable Federal, State and local laws, rules, regulations, ordinances, directives, guidelines, policies and procedures relating to confidentiality, including, without limitation, County policies concerning information technology

security and the protection of confidential records and information.

Contractor shall indemnify, defend, and hold harmless County, its Special Districts, elected and appointed officers, employees, and agents, from and against any and all claims, demands, damages, liabilities, losses, costs and expenses, administrative penalties and fines assessed, including, without limitation, defense costs and legal, accounting and other expert, consulting, or professional fees, arising from, connected with, or related to any failure by Contractor, its officers, employees, agents, or subcontractors, to comply with this Paragraph 20, as determined by County in its sole judgment. Any legal defense pursuant to Contractors indemnification obligations under this Paragraph 20 shall be conducted by Contractor and performed by counsel selected by Contractor and approved by County. Notwithstanding the preceding sentence, County shall have the right to participate in any such defense at its sole cost and expense, except that in the event Contractor fails to provide County with a full and adequate defense, as determined by County in its sole judgment, County shall be entitled to retain its own counsel, including, without limitation, County Counsel, and reimbursement from Contractor

for all such costs and expenses incurred by County in doing so. Contractor shall not have the right to enter into any settlement, agree to any injunction, or make any admission, in each case, on behalf of County without County's prior written approval.

Contractor shall inform all of its officers, employees, agents and subcontractors providing services hereunder of the confidentiality and indemnification provisions of this Agreement.

Contractor shall provide to County an executed Contractor Employee Acknowledgement and Confidentiality Agreement, Attachment __, and adhere to the provisions of the Contractor Acknowledgement and Confidentiality Agreement, Attachment __.

Contractor shall provide to County an executed Contractor Non-Employee Acknowledgment and Confidentiality Agreement, Attachment II, of each of its non-employees performing work under this Agreement in accordance with the Independent Contractor Status Paragraph.

With respect to any identifiable records or information concerning any patient that is obtained by Contractor or any other records and information, Contractor shall: (1) not use any such records or information for any purpose whatsoever other

than carrying out the express terms of this Agreement; (2) promptly advise County of all requests for disclosure of any such records or information and, OAC will release a PIN with an easy to use Acheck-off@ form for Contractors to fill out and submit; (3) not disclose, except as otherwise specifically permitted by this Agreement, any such records or information to any person or organization other than County without County's prior written authorization that the records are, or information is, releasable; and (4) at the expiration or termination of this Agreement, return all such records and information to County or maintain such records and information according to written procedures sent Contractor by County for this purpose.

21. RECORDS AND AUDITS:

A. Records of Services Rendered: Contractor shall maintain complete and accurate patient records including but not limited to: name, sex, birth date, and address; and medical records on all care provided at County's Facility or Contractor's facility, as applicable, all in accordance with Titles 17 and 22, California Code of Regulations standards for clinic operations, or Joint Commission on Accreditation of Healthcare Organizations ("JCAHO") standards applicable to records for physicians or

hospital services, as appropriate. Contractor shall retain such records for the period required by law but in any event no less than five (5) years following the expiration or prior termination of the Agreement.

Contractor shall maintain accurate and complete financial (including billing and eligibility) records of its operations as they relate to its services under this Agreement in accordance with generally accepted accounting principles. Contractor shall also maintain accurate and complete employment and other records of all services provided hereunder. Contractor=s record retention policy for all such records shall comply with State and Federal regulations. All such records shall be retained by Contractor for a minimum period of five (5) years following the expiration or prior termination of this Agreement.

During such five (5) year period, as applicable, as well as during the term of this Agreement, all records or true and correct copies thereof pertaining to this Agreement, including but not limited to those described above, and all additional documents which bear any reasonable relationship whatsoever to this Agreement, shall be retained by Contractor at a location in Los Angeles

County. Such records shall be immediately available upon request by County.

B. Audit Reports: In the event that an audit of any or all aspects of this Agreement is conducted of Contractor by any Federal or State auditor, or any auditor or accountant employed by Contractor or otherwise, Contractor shall file a copy of each such annual audit with County=s Department of Auditor-Controller and Department of Health Services, Centralized Contract Monitoring Division, within thirty (30) calendar days of Contractor=s receipt thereof, unless otherwise provided under this Agreement or under applicable Federal or State law. County shall make a reasonable effort to maintain the confidentiality of such audit report(s).

C. Independent Audit: Contractor's financial records shall be audited by an independent auditor for every year that this Agreement is in effect.

The audit shall satisfy the requirements of the Federal Office of Management and Budget ("OMB") Circular Number A-133. The audit shall be made by an independent auditor in accordance with Governmental Financial Auditing Standards developed by the Comptroller General of the

United States, and any other applicable Federal, State, or County statutes, policies, or guidelines. Contractor shall file such audit report(s) with the County's Department of Auditor-Controller and DHS' Centralized Contract Monitoring Division, no later than ninety (90) calendar days from the completion of the audit.

The independent auditor's work papers shall be retained from a minimum of three (3) years from the date of the report, unless the auditor is notified in writing by County to extend the retention period. Audit work papers shall be made available for review by Federal, State, or County representatives upon request.

D. Audit/Compliance Review: In addition to the audit provisions of this Paragraph, County staff designated by Director, or Federal or State representatives, may conduct an audit/compliance review of all claims paid by County during a specified time period including claims and/or services provided by the subcontractor on behalf of the contractor. If the audit is conducted by County staff, any sampling shall be determined in accordance with generally accepted auditing standards, and an exit conference shall be held following the performance of such

audit/compliance review at which time the results shall be discussed with Contractor. Contractor shall be provided with a copy of any written evaluation reports prepared by County staff.

If the claims review is conducted by County staff, Contractor shall have the opportunity to review County=s findings for Contractor, and Contractor shall have thirty (30) calendar days after receipt of County=s audit/compliance review results to provide documentation to County representatives to resolve the audit exceptions. If, at the end of the thirty (30) calendar day period, audit exceptions remain which have not been resolved to the satisfaction of County=s representatives, then the exception rate found in the audit or sample may be applied to the total County payment made to Contractor for all claims paid during the audit/compliance review period to determine Contractor=s liability to County.

E. County Audit Settlements: At any time during the term of this Agreement or at any time after the expiration or earlier termination of this Agreement, authorized representatives of County may conduct an audit of

Contractor regarding the services provided to County hereunder.

If Director determines at any time that Contractor has been overpaid, following Director=s written notice, the amount of the overpayment shall be paid immediately by Contractor to County or recouped in the next payment cycle.

If Director determines that Contractor has been underpaid, the amount of the underpayment shall be paid within a reasonable time to Contractor. However, County shall not pay to Contractor an amount in excess of County=s maximum obligation under this Agreement, except as may be expressly specified elsewhere in Agreement.

Failure of Contractor to comply with any one or more of the provisions of this Paragraph shall constitute a material breach of contract upon which County may terminate or suspend this Agreement.

22. REPORTS: Contractor shall make reports as required by Director concerning Contractor=s activities and operations as they relate to the services hereunder. In no event, however, may County require such reports unless Director has provided Contractor with at least thirty (30) calendar days prior written notification thereof, unless the report is of a critical nature

requiring a reduced notification period, at the Director=s discretion. The specific information required and the report format shall be determined by Director, and may be revised from time-to-time.

23. SEVERABILITY: If any provision of this Agreement or the application thereof to any person or circumstances is held invalid, the remainder of this Agreement and the application of such provision to other persons or circumstances shall not be affected thereby.

24. WAIVER OF TERMS AND CONDITIONS: A waiver of any of the terms and conditions hereof shall not be construed as a waiver of any of the other terms and conditions of Agreement.

25. COUNTY LOBBYISTS: Contractor and each lobbyist or lobbying firm (as defined in Los Angeles County Code section 2.160.010) retained by Contractor, shall fully comply with the County Lobbyist Ordinance, Los Angeles County Code Chapter 2.160. Failure on the part of Contractor or any County lobbyist or County lobbying firm retained by Contractor to fully comply with the County Lobbyist Ordinance shall constitute a material breach of this Agreement upon which County may immediately terminate or suspend this Agreement.

26. RESTRICTIONS ON LOBBYING: Contractor shall comply with all certification and disclosure requirements prescribed by section 319, Public Law 101-121 (Title 31, United States Code, section 1352) and any implementing regulations, and shall ensure that each of its subcontractors receiving funds provided under this Agreement also fully complies with all such certification and disclosure requirements.

27. NONEXCLUSIVITY: Contractor acknowledges that it is not the exclusive provider to County of primary or specialty care services, as applicable, that County has, or intends to enter into, contracts with other providers of such primary or specialty care services, as applicable, and that County reserves the right to itself perform the services with its own County personnel. During the term of this Agreement, Contractor agrees to provide County with the primary or specialty care services described in the Agreement.

28. SOLICITATION OF BIDS OR PROPOSALS: Contractor acknowledges that County, prior to expiration or earlier termination of this Agreement, may exercise its right to invite bids or request proposals for the continued provision of the services delivered or contemplated under this Agreement. County and its DHS, shall make the determination to solicit bids or

request proposals in accordance with applicable County and DHS policies.

Contractor acknowledges that County may enter into a contract for the future provision of services, based upon the bids or proposals received, with a provider or providers other than Contractor. Further, Contractor acknowledges that it obtains no greater right to be selected through any future invitation for bids or request for proposals by virtue of its present status as Contractor.

29. SUPERVISION OF NON-COUNTY EMPLOYEES: Although Director is responsible for the overall administration and oversight of the services provided under this Agreement, Contractor remains directly responsible for the supervision of Contractor=s staff and employees providing services under this Agreement, whether at a County Facility or at a Contractor facility.

30. RISK MANAGEMENT PROGRAM ORIENTATION: Contractor shall provide Director with a copy of its risk management or loss prevention plan or both. If Contractor does not have a risk management or loss prevention plan, Director will assist Contractor in developing such a plan. Contractor shall also implement a dual notification requirement to ensure that both

Contractor=s Risk Manager and County are promptly notified of any potential risk exposure arising from the acts or omissions of Contractor=s employees hereunder.

In addition, Director shall provide Contractor with appropriate information regarding the DHS= Risk Management Program for distribution to Contractor=s employees and agents.

31. TERMINATION FOR IMPROPER CONSIDERATION: County may, by written notice to Contractor, immediately terminate the right of Contractor to proceed under this Agreement if it is found that consideration, in any form, was offered or given by Contractor, either directly or through an intermediary, to any County officer, employee, or agent with the intent of securing the Agreement or securing favorable treatment with respect to the award, amendment, or extension of the Agreement, or the making of any determinations with respect to Contractor=s performance pursuant to the Agreement. In the event of such termination, County shall be entitled to pursue the same remedies against Contractor as it could pursue in the event of default by Contractor.

Contractor shall immediately report any attempt by a County officer or employee to solicit such improper consideration. The report shall be made either to the County manager charged with

the supervision of the employee or to the County Auditor-
Controller=s Employee Fraud Hotline at (213) 974-0914 or (800)
544-6861.

Among other items, such improper consideration may take the
form of cash, discounts, service, the provision of travel or
entertainment, or tangible gifts.

32. COUNTY EMPLOYEES: To the degree permitted by
Contractor=s agreements with its Collective Bargaining Units,
should Contractor require additional or replacement personnel
after the effective date of this Agreement to perform the
services set forth herein, Contractor shall give consideration
for such employment openings to qualified permanent County
employees who are targeted for layoff or qualified former County
employees who are on a re-employment list during the term of
this Agreement. Such offers of employment shall be limited to
vacancies in Contractor=s staff needed to commence services
under this Agreement, as well as to vacancies that occur during
the Agreement term. Such offers of employment shall be
consistent with Contractor=s current employment policies, and
shall be made to any former or current County employee who has
made application to Contractor, and is qualified for the
available position. Employment offers shall be at least under

the same conditions and rates of compensations which apply to other persons who are employed or may be employed by Contractor.

Contractor shall also give consideration to laid-off or reduced County employees if vacancies occur at Contractor=s other service sites during the Agreement term.

33. CONSIDERATION OF HIRING GAIN/GROW PROGRAM

PARTICIPANTS: Should Contractor require additional or replacement personnel after the effective date of this Agreement, Contractor shall give consideration for any such employment openings to participants in the County=s Department of Public Social Services= Greater Avenues for Independence ("GAIN") Program or General Relief Opportunity for Work (AGROW@) Program who meet Contractor=s minimum qualifications for the open position. For this purpose, consideration shall mean that Contractor will interview qualified candidates. County will refer GAIN/GROW participants by job category to the Contractor.

In the event that both laid-off County employees and GAIN/GROW participants are available for hiring, County employees shall be given first priority.

34. CONTRACTOR=S WARRANTY OF ADHERENCE TO COUNTY=S CHILD SUPPORT COMPLIANCE PROGRAM: Contractor acknowledges that County has established a goal of ensuring that all individuals who

benefit financially from County through contract are in compliance with their court-ordered child, family, and spousal support obligations in order to mitigate the economic burden otherwise imposed upon County and its taxpayers.

As required by County=s Child Support Compliance Program (County Code Chapter 2.200) and without limiting Contractor=s duty under this Agreement to comply with all applicable provisions of law, Contractor warrants that it is now in compliance and shall during the term of this Agreement maintain compliance with employment and wage reporting requirements as required by the federal Social Security Act [(42 USC section 653 (a))] and California Unemployment Insurance Code section 1088.55, and shall implement all lawfully served Wage and Earnings Withholding Orders or Child Support Services Department (ACSSD@) Notices of Wage and Earnings Assignment for Child, Family, or Spousal Support, pursuant to Code of Civil Procedure section 706.031 and Family Code section 5246(b).

35. TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN COMPLIANCE WITH COUNTY=S CHILD SUPPORT COMPLIANCE PROGRAM:
Failure of Contractor to maintain compliance with the requirements set forth in ACONTRACTOR=S WARRANTY OF ADHERENCE TO COUNTY=S CHILD SUPPORT COMPLIANCE PROGRAM@ Paragraph,

immediately above, shall constitute default by Contractor under this Agreement. Without limiting the rights and remedies available to County under any other provision of this Agreement, failure to cure such default within ninety (90) calendar days of written notice shall be grounds upon which County=s Board of Supervisors may terminate this Agreement pursuant to the TERMINATION Paragraph of this Agreement and pursue debarment of Contractor, pursuant to County Code Chapter 2.202.

36. CONTRACTOR=S ACKNOWLEDGMENT OF COUNTY=S COMMITMENT TO CHILD SUPPORT ENFORCEMENT: Contractor acknowledges that County places a high priority on the enforcement of child support laws and the apprehension of child support evaders. Contractor understands that it is County=s policy to encourage all County Contractors to voluntarily post County=s "L.A.=s Most Wanted: Delinquent Parents" poster in a prominent position at Contractor=s place of business. County=s CSSD will supply Contractor with the poster to be used.

37. CONTRACTOR=S EXCLUSION FROM PARTICIPATION IN A FEDERALLY FUNDED PROGRAM: Contractor hereby warrants that neither it nor any of its staff members is restricted or excluded from providing services under any health care program funded by the Federal government, directly or indirectly, in

whole or in part, and that Contractor will notify Director within thirty (30) calendar days in writing of: (1) any event that would require Contractor or a staff member=s mandatory exclusion from participation in a Federally funded health care program; and (2) any exclusionary action taken by any agency of the Federal government against Contractor or one or more staff members barring it or the staff members from participation in a Federally funded health care program, whether such bar is direct or indirect, or whether such bar is in whole or in part.

Contractor shall indemnify and hold County harmless against any and all loss or damage County may suffer arising from any Federal exclusion of Contractor or its staff members from such participation in a Federally funded health care program.

Failure by Contractor to meet the requirements of this Paragraph shall constitute a material breach of contract upon which County may immediately terminate or suspend this Agreement.

38. NOTICE TO EMPLOYEES REGARDING THE FEDERAL EARNED INCOME CREDIT: Contractor shall notify its employees, and shall require each subcontractor to notify its employees, that they may be eligible for the Federal Earned Income Credit under the Federal income tax laws. Such notice shall be provided in

accordance with the requirements set forth in Internal Revenue Service Notice 1015.

39. CONTRACTOR RESPONSIBILITY AND DEBARMENT:

A. A responsible Contractor is a Contractor who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity and experience to satisfactorily perform the contract. It is County's policy to conduct business only with responsible contractors.

B. Contractor is hereby notified that, in accordance with Chapter 2.202 of the County Code, if County acquires information concerning the performance of Contractor on this or other contracts, which indicates that Contractor is not responsible, County may, in addition to other remedies provided in the contract, debar Contractor from bidding or proposing on, or being awarded, and/or performing work on County contracts for a specified period of time, which generally will not exceed five (5) years or be permanent if warranted by the circumstances, and terminate any or all existing contracts Contractor may have with County.

C. County may debar Contractor if County's Board of Supervisors finds, in its discretion, that Contractor has done any of the following: (1) violated a term of a

contract with County or a nonprofit corporation created by County, (2) committed an act or omission which negatively reflects on Contractor's quality, fitness or capacity to perform a contract with County, any other public entity, or a nonprofit corporation created by County, or engaged in a pattern or practice which negatively reflects on same, (3) committed an act or offense which indicates a lack of business integrity or business honesty, or (4) made or submitted a false claim against County or any other public entity.

D. If there is evidence that Contractor may be subject to debarment, the Department will notify Contractor in writing of the evidence which is the basis for the proposed debarment and will advise Contractor of the scheduled date for a debarment hearing before the Contractor Hearing Board.

E. The Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. Contractor and/or Contractor's representative shall be given an opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board shall prepare a tentative proposed decision, which shall

contain a recommendation regarding whether contractor should be debarred, and if so, the appropriate length of time of the debarment. Contractor and the Department shall be provided an opportunity to object to the tentative proposed decision prior to its presentation to the Board of Supervisors.

F. After consideration of any objections, or if no objections are submitted, a record of the hearing, the proposed decision and any other recommendation of the Contractor Hearing Board shall be presented to the Board of Supervisors. The Board of Supervisors shall have the right at its sole discretion to modify, deny, or adopt the proposed decision and recommendation of the Hearing Board.

G. If a Contractor has been debarred for a period longer than five (5) years, that Contractor may, after the debarment has been in effect for at least five (5) years, submit a written request for review of the debarment determination to reduce the period of debarment or terminate the debarment. County may, in its discretion, reduce the period of debarment or terminate the debarment if it finds that Contractor has adequately demonstrated one or more of the following: (1) elimination of the grounds

for which the debarment was imposed; (2) a bona fide change in ownership or management; (3) material evidence discovered after debarment was imposed; or (4) any other reason that is in the best interests of County.

H. The Contractor Hearing Board will consider a request for review of a debarment determination only where (1) the Contractor has been debarred for a period longer than five (5) years; (2) the debarment has been in effect for at least five (5) years; and (3) the request is in writing, states one or more of the grounds for reduction of the debarment period or termination of the debarment, and includes supporting documentation. Upon receiving an appropriate request, the Contractor Hearing Board will provide notice of the hearing on the request. At the hearing, the Contractor Hearing Board shall conduct a hearing where evidence on the proposed reduction of debarment period or termination of debarment is presented. This hearing shall be conducted and the request for review decided by the Contractor Hearing Board pursuant to the same procedures as for a debarment hearing.

The Contractor Hearing Board's proposed decision shall contain a recommendation on the request to reduce the

period of debarment or terminate the debarment. The Contractor Hearing Board shall present its proposed decision and recommendation to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board

I. These terms shall also apply to any subcontractors of County Contractors.

40. USE OF RECYCLED B CONTENT PAPER: Consistent with County=s Board of Supervisors policy to reduce the amount of solid waste deposited at County landfills, Contractor agrees to use recycled-content bond paper and paper products to the maximum extent possible in connection with services to be performed by Contractor under this Agreement.

41. COMPLIANCE WITH THE COUNTY=S JURY SERVICE PROGRAM: This Contract is subject to the provisions of the County=s ordinance entitled Contractor Employee Jury Service (AJury Service Program@) as codified in Sections 2.203.010 through 2.203.090 of the Los Angeles Code.

A. Unless Contractor has demonstrated to the County=s satisfaction either that Contractor is not a AContractor@ as defined under the Jury Service Program

(Section 2.203.020 of the County Code) or that Contractor qualifies for an exception to the Jury Service Program (Section 2.203.070 of the County Code), Contractor shall have and adhere to a written policy that provides its Employees shall receive from the Contractor, on an annual basis, no less than five days of regular pay for actual jury service. The policy may provide that Employees deposit any fees received for such jury service with the Contractor or that the Contractor deduct from the Employee=s regular pay the fees received for jury service.

B. For purposes of this subparagraph, AContractor@ means a person, partnership, corporation or other entity which has a contract with the County and has received or will receive an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts. AEmployee@ means any California resident who is a full-time employee of Contractor. AFull-time@ means 40 hours or more worked per week, or a lesser number of hours if: 1) the lesser number is a recognized industry standard as determined by the County, or 2) Contractor has a long-standing practice that defines the lesser number of hours as full-time. Full time employees providing short

term, temporary services of 90 days or less within a 12 month period are not considered full time for purposes of the Jury Service Program.

C. If Contractor is not required to comply with the Jury Service Program when the Contract commences, Contractor shall have a continuing obligation to review the applicability of its Aexception status@ from the Jury Service Program, and Contractor shall immediately notify County if Contractor at any time either comes within the Jury Service Program=s definition of AContractor@ or if Contractor no longer qualifies for an exception to the Jury Service Program. In either event, Contractor shall immediately implement a written policy consistent with the Jury Service Program. The County may also require, at any time during the Contract and at its sole discretion, that Contractor demonstrate to the County=s satisfaction that Contractor either continues to remain outside of the Jury Service Program=s definition of AContractor@ and/or that Contractor continues to qualify for an exception to the Program. Attached hereto, as Attachment III, is the required form, ACounty of Los Angeles Contractor Employee

Jury Service Program Certification Form and Application for Exception@, to be completed by the Contractor.

D. Contractor=s violation of this subparagraph of the Contract may constitute a material breach of the Contract. In the event of such material breach, County may, in its sole discretion, terminate the Contract and/or bar Contractor from the award of future County contracts for a period of time consistent with the seriousness of the breach.

42. NOTICE TO EMPLOYEES REGARDING THE SAFELY SURRENDERED BABY LAW: The Contractor shall notify and provide to its employees, and shall require each subcontractor to notify and provide to its employees, a fact sheet regarding the Safely Surrendered Baby Law, its implementation in Los Angeles County, and where and how to safely surrender a baby. The fact sheet is set forth in Attachment IV of this contract and is also available on the Internet at www.babysafela.org for printing purposes.

43. CONTRACTOR=S ACKNOWLEDGMENT OF COUNTY=S COMMITMENT TO THE SAFELY SURRENDERED BABY LAW: The Contractor acknowledges that the County places a high priority on the implementation of the Safely Surrendered Baby Law. The Contractor understands

that it is the County=s policy to encourage all County Contractors to voluntarily post the County=s ASafely Surrendered Baby Law@ poster in a prominent position at the Contractor=s place of business. The Contractor will also encourage its Subcontractors, if any, to post this poster in a prominent position in the Subcontractor=s place of business. The County=s Department of Children and Family Services will supply the Contractor with the poster to be used.

44. NO PAYMENT FOR SERVICES PROVIDED FOLLOWING EXPIRATION/TERMINATION OF AGREEMENT: Contractor shall have no claim against County for payment of any money or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Agreement. Should Contractor receive any such payment it shall immediately notify County and shall immediately repay all such funds to County. Payment by County for services rendered after expiration/termination of this Agreement shall not constitute a waiver of County=s right to recover such payment from Contractor. This provision shall survive the expiration or other termination of this Agreement.

45. CERTIFICATION REGARDING DEBARMENT, SUSPENSION,

INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED

TRANSACTIONS (45 C.F.R. PART 76): Contractor hereby

acknowledges that the County is prohibited from contracting with and making sub-awards to parties that are suspended, debarred, ineligible, or excluded from securing federally funded contracts. By executing this Agreement, Contractor certifies that neither it nor any of its owners officers, partners, directors, or principals is currently suspended, debarred, ineligible or excluded from securing federally funded contracts. Further, by executing this Agreement, Contractor certifies that, to its knowledge, non of its subcontractors, at any tier, or any owner officer, partner, director or other principal of subcontractor is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Contractor shall immediately notify County in writing, during the term of this Agreement, should it or any of its subcontractors or any principals of either be suspended, debarred, ineligible, or excluded from securing federally funded contracts. Failure of Contractor to comply with this provision shall constitute a material breach of this Agreement upon which the County may immediately terminate or suspend this Agreement.

46. BUDGET REDUCTIONS: In the event that County=s Board of

Supervisors adopts, in any fiscal year, a County budget which provides for reductions in the salaries and benefits paid to the majority of County employees and imposes similar reductions with respect to County contracts, County reserves the right to reduce its payment obligation correspondingly for that fiscal year and any subsequent fiscal year for services provided by Contractor under this Agreement. County=s notice to Contractor regarding said reductions in payment obligation shall be provided within ninety (90) calendar days of the Board of Supervisors= approval of such actions. Contractor shall continue to perform all obligations set forth in this Agreement.

47. COUNTY=S OBLIGATION FOR FUTURE FISCAL YEARS:

Notwithstanding any other provision of this Agreement, County shall not be obligated for Contractor=s performance hereunder or by any provision of this Agreement during any of County=s future fiscal years unless and until County=s Board of Supervisors appropriates funds for this Agreement in County=s budget for each such future fiscal year. In the event that funds are not appropriated for this Agreement, then this Agreement shall terminate as of June 30th of the last county fiscal year for which funds were appropriated. County shall notify Contractor

in writing of such non-allocation of funds at the earliest possible date.

48. REPORTING OF CHILD/ELDER AND DEPENDENT ADULT ABUSE:

A. Contractor staff working on this Agreement shall comply with California Penal Code (hereinafter "PC") Section 11164 et seq. and shall report all known and suspected instances of child abuse to an appropriate child protective agency, as mandated by these code sections. Child abuse reports shall be made by telephone to the Department of Children and Family Services hotline at (800) 540-4000 within three (3) business days and shall submit all required information, in accordance with the PC Sections 11166 and 11167.

B. Contractor staff working on this Agreement shall comply with California Welfare and Institutions Code (WIC), Section 15600 et seq. and shall report all known or suspected instances of physical abuse of elders and dependent adults either to an appropriate County adult protective services agency or to a local law enforcement agency, as mandated by these code sections. The Contractor staff working on this Agreement shall make the report on such abuse, and shall submit all required information, in accordance with the WIC Sections 15630, 15633 and 15633.5.

49. PURCHASES (PRIMARY CARE AND/OR SPECIALTY CARE SERVICES ONLY):

A. Purchase Practices: Contractor shall fully comply with all Federal, State, and County laws, ordinances, rules, regulations, manuals, guidelines, and directors, in acquiring all furniture, fixtures, equipment, materials, and supplies. Such items shall be acquired at the lowest possible price or cost if funding is provided for such purposes hereunder.

B. Proprietary Interest of County: In accordance with all applicable Federal, State, and County laws, ordinances rules, regulations, manuals, guidelines, and directives, County shall retain all proprietary interest, except their use during the term of this Agreement, in all furniture, fixtures, equipment, materials, and supplies, purchased or obtained by Contractor using any contract funds designated for such purpose. Upon the expiration or earlier termination of this Agreement, the discontinuance of the business of Contractor, the failure of Contractor to comply with any of the provisions of this Agreement, the bankruptcy of Contractor or its giving an assignment for the benefit of creditors, or the failure of Contractor to

satisfy any judgment against it within thirty (30) calendar days of filing, County shall have the right to take immediate possession of all such furniture, removable fixtures, equipment, materials, and supplies, without any claim for reimbursement whatsoever on the part of Contractor. County, in conjunction with Contractor, shall attach identifying labels on all such property indicating the proprietary interest of County.

C. Inventory Records, Control, and Reports:

Contractor shall maintain accurate and complete inventory records and controls for all furniture, fixtures, equipment, materials, and supplies, purchased or obtained using any contract funds designated for such purpose. Within ninety (90) calendar days following the effective date of this Agreement, Contractor shall provide Director with an accurate and complete inventory report of all furniture, fixtures, equipment, materials, and supplies, purchased or obtained using any County funds designated for such purpose.

D. Protection of Property in Contractor=s Custody:

Contractor shall maintain vigilance and take all reasonable precautions, to protect all furniture, fixtures, equipment,

materials, and supplies, purchased or obtained using any contract funds designated for such purpose, against any damage or loss by fire, burglary, theft, disappearance, vandalism, or misuse. Contractor shall contact Office of Ambulatory Care=s Director for instructions for disposition of any such property which is worn out or unusable.

E. Disposition of Property in Contractor=s Custody:

Upon the termination of the funding of any program covered by this Agreement, or upon the expiration or earlier termination of this Agreement, or at any other time that County may request, Contractor shall: (1) provide access to and render all necessary assistance for physical removal by Director or his authorized representatives of any or all furniture, fixtures, equipment, materials, and supplies, purchased or obtained using any County funds designated for such purpose, in the same condition as such property was received by Contractor, reasonable wear and tear expected, or (2) at Director=s option, deliver any or all items of such property to a location designated by Director. Any disposition, settlement, or adjustment connected with such property shall be in accordance with all applicable

Federal, State, and County laws, ordinances, rules, regulations, manuals, guidelines, and directives.

50. CONTRACTOR'S CHARITABLE ACTIVITIES COMPLIANCE:

The Supervision of Trustees and Fundraisers for Charitable Purposes Act regulates entities receiving or raising charitable contributions. The "Nonprofit Integrity Act of 2004" (SB 1262, Chapter 919) increased Charitable Purposes Act requirements. By requiring Contractors to complete the certification in Attachment V, the County seeks to ensure that all County contractors which receive or raise charitable contributions comply with California law in order to protect the County and its taxpayers. A Contractor which receives or raises charitable contributions without complying with its obligations under California law commits a material breach subjecting it to either contract termination or debarment proceedings or both. (County Code Chapter 2.202).

51. CONTRACTOR'S WARRANTY OF COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM: Contractor acknowledges that County has established a goal of ensuring that all individuals and businesses that benefit financially from County through contract are current in paying their

property tax obligations (secured and unsecured roll) in order to mitigate the economic burden otherwise imposed upon County and its taxpayers.

Unless Contractor qualifies for an exemption or exclusion, Contractor warrants and certifies that to the best of its knowledge it is now in compliance, and during the term of this contract will maintain compliance, with Los Angeles Code Chapter 2.206.

52. TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM: Failure of Contractor to maintain compliance with the requirements set forth in this Agreement Contractor's Warranty of Compliance with County's Defaulted Property Tax Reduction Program shall constitute default under this Agreement. Without limiting the rights and remedies available to County under any other provision of this Agreement, failure of Contractor to cure such default within 10 days of notice shall be grounds upon which County may terminate this Agreement and/or pursue debarment of Contractor, pursuant to County Code Chapter 2.206.

CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT
AND CONFIDENTIALITY AGREEMENT

CONTRACTOR NAME

Contract No.: _____

Employee Name: _____

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Contractor Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the Contractor referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contract.

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: _____ DATE: ____/____/____

PRINTED NAME: _____

POSITION: _____

(Note: This certification is to be executed and returned to County with Contractor's executed Contract. Work cannot begin on the Contract until County receives this executed document.)

CONTRACTOR NON-EMPLOYEE ACKNOWLEDGEMENT
AND CONFIDENTIALITY AGREEMENT

CONTRACTOR NAME

Contract No.: _____

Employee Name: _____

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Contractor Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the Contractor referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contract.

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

I acknowledge that violation of this agreement may subject me to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: _____ DATE: ___/___/___

PRINTED NAME: _____

POSITION: _____

(Note: This certification is to be executed and returned to County with Contractor's executed Contract. Work cannot begin on the Contract until County receives this executed document.)

**COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM
CERTIFICATION FORM AND APPLICATION FOR EXCEPTION**

The County's solicitation for this Request for Proposals is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All proposers, whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the proposer is exempted from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation For _____ Services):		

If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.

Part I: Jury Service Program is Not Applicable to My Business

- My business does not meet the definition of "contractor," as defined in the Program, as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract itself will exceed \$50,000). I understand that the exception will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.
- My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

"Dominant in its field of operation" means having more than ten employees, including full-time and part-time employees, and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

- My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

OR

Part II: Certification of Compliance

- My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, or my company will have and adhere to such a policy prior to award of the contract.

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date:

Safely Surrendered



No shame. No blame. No names.

In Los Angeles County: 1-877-BABY SAFE • 1-877-222-9723

www.babysafela.org



In Los Angeles County: 1 877 BABY SAFE 1 877 222 9723
www.babysafela.org

Safely Surrendered Baby Law

What is the Safely Surrendered Baby Law?

California's Safely Surrendered Baby Law allows parents or other persons, with lawful custody, which means anyone to whom the parent has given permission to confidentially surrender a baby. As long as the baby is three days (72 hours) of age or younger and has not been abused or neglected, the baby may be surrendered without fear of arrest or prosecution.

How does it work?

A distressed parent who is unable or unwilling to care for a baby can legally, confidentially, and safely surrender a baby within three days (72 hours) of birth. The baby must be handed to an employee at a hospital or fire station in Los Angeles County. As long as the baby shows no sign of abuse or neglect, no name or other information is required. In case the parent changes his or her mind at a later date and wants the baby back, staff will use bracelets to help connect them to each other. One bracelet will be placed on the baby, and a matching bracelet will be given to the parent or other surrendering adult.

What if a parent wants the baby back?

Parents who change their minds can begin the process of reclaiming their baby within 14 days. These parents should call the Los Angeles County Department of Children and Family Services at 1-800-540-4000.

Can only a parent bring in the baby?

No. While in most cases a parent will bring in the baby, the Law allows other people to bring in the baby if they have lawful custody.

Does the parent or surrendering adult have to call before bringing in the baby?

No. A parent or surrendering adult can bring in a baby anytime, 24 hours a day, 7 days a week, as long as the parent or surrendering adult surrenders the baby to someone who works at the hospital or fire station.

Does the parent or surrendering adult have to tell anything to the people taking the baby?

No. However, hospital or fire station personnel will ask the surrendering party to fill out a questionnaire designed to gather important medical history information, which is very useful in caring for the baby. The questionnaire includes a stamped return envelope and can be sent in at a later time.

What happens to the baby?

The baby will be examined and given medical treatment. Upon release from the hospital, social workers immediately place the baby in a safe and loving home and begin the adoption process.

What happens to the parent or surrendering adult?

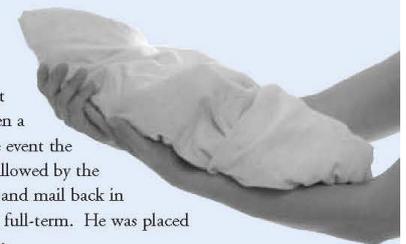
Once the parent or surrendering adult surrenders the baby to hospital or fire station personnel, they may leave at any time.

Why is California doing this?

The purpose of the Safely Surrendered Baby Law is to protect babies from being abandoned, hurt or killed by their parents. You may have heard tragic stories of babies left in dumpsters or public bathrooms. Their parents may have been under severe emotional distress. The mothers may have hidden their pregnancies, fearful of what would happen if their families found out. Because they were afraid and had no one or nowhere to turn for help, they abandoned their babies. Abandoning a baby is illegal and places the baby in extreme danger. Too often, it results in the baby's death. The Safely Surrendered Baby Law prevents this tragedy from ever happening again in California.

A baby's story

Early in the morning on April 9, 2005, a healthy baby boy was safely surrendered to nurses at Harbor-UCLA Medical Center. The woman who brought the baby to the hospital identified herself as the baby's aunt and stated the baby's mother had asked her to bring the baby to the hospital on her behalf. The aunt was given a bracelet with a number matching the anklet placed on the baby; this would provide some identification in the event the mother changed her mind about surrendering the baby and wished to reclaim the baby in the 14-day period allowed by the Law. The aunt was also provided with a medical questionnaire and said she would have the mother complete and mail back in the stamped return envelope provided. The baby was examined by medical staff and pronounced healthy and full-term. He was placed with a loving family that had been approved to adopt him by the Department of Children and Family Services.



Ley de Entrega de Bebés *Sin Peligro*



Los recién nacidos pueden ser entregados en forma segura al personal de cualquier hospital o cuartel de bomberos del Condado de Los Ángeles

Sin pena. Sin culpa. Sin nombres.

En el Condado de Los Ángeles: 1-877-BABY SAFE • 1-877-222-9723

www.babysafela.org



En el Condado de Los Ángeles: 1-877-BABY SAFE • 1-877-222-9723

www.babysafela.org

Ley de Entrega de Bebés Sin Peligro

¿Qué es la Ley de Entrega de Bebés sin Peligro?

La Ley de Entrega de Bebés sin Peligro de California permite la entrega confidencial de un recién nacido por parte de sus padres u otras personas con custodia legal, es decir cualquier persona a quien los padres le hayan dado permiso. Siempre que el bebé tenga tres días (72 horas) de vida o menos, y no haya sufrido abuso ni negligencia, pueden entregar al recién nacido sin temor de ser arrestados o procesados.

Cada recién nacido se merece la oportunidad de tener una vida saludable. Si alguien que usted conoce está pensando en abandonar a un recién nacido, infórmele que tiene otras opciones. Hasta tres días (72 horas) después del nacimiento, se puede entregar un recién nacido al personal de cualquier hospital o cuartel de bomberos del condado de Los Angeles.

¿Cómo funciona?

El padre/madre con dificultades que no pueda o no quiera cuidar de su recién nacido puede entregarlo en forma legal, confidencial y segura dentro de los tres días (72 horas) del nacimiento. El bebé debe ser entregado a un empleado de cualquier hospital o cuartel de bomberos del Condado de Los Ángeles. Siempre que el bebé no presente signos de abuso o negligencia, no será necesario suministrar nombres ni información alguna. Si el padre/madre cambia de opinión posteriormente y desea recuperar a su bebé, los trabajadores utilizarán brazaletes para poder vincularlos. El bebé llevará un brazaletes y el padre/madre o el adulto que lo entregue recibirá un brazaletes igual.

¿Qué pasa si el padre/madre desea recuperar a su bebé?

Los padres que cambien de opinión pueden comenzar el proceso de reclamar a su recién nacido dentro de los 14 días. Estos padres deberán llamar al Departamento de Servicios para Niños y Familias (Department of Children and Family Services) del Condado de Los Ángeles al 1-800-540-4000.

¿Sólo los padres podrán llevar al recién nacido?

No. Si bien en la mayoría de los casos son los padres los que llevan al bebé, la ley permite que otras personas lo hagan si tienen custodia legal.

¿Los padres o el adulto que entrega al bebé deben llamar antes de llevar al bebé?

No. El padre/madre o adulto puede llevar al bebé en cualquier momento, las 24 horas del día, los 7 días de la semana, siempre y cuando entreguen a su bebé a un empleado del hospital o cuartel de bomberos.

¿Es necesario que el padre/madre o adulto diga algo a las personas que reciben al bebé?

No. Sin embargo, el personal del hospital o cuartel de bomberos le pedirá a la persona que entregue al bebé que llene un cuestionario con la finalidad de recabar antecedentes médicos importantes, que resultan de gran utilidad para cuidar bien del bebé. El cuestionario incluye un sobre con el sello postal pagado para enviarlo en otro momento.

¿Qué pasará con el bebé?

El bebé será examinado y le brindarán atención médica. Cuando le den el alta del hospital, los trabajadores sociales inmediatamente ubicarán al bebé en un hogar seguro donde estará bien atendido, y se comenzará el proceso de adopción.

¿Qué pasará con el padre/madre o adulto que entregue al bebé?

Una vez que los padres o adulto hayan entregado al bebé al personal del hospital o cuartel de bomberos, pueden irse en cualquier momento.

¿Por qué se está haciendo esto en California?

La finalidad de la Ley de Entrega de Bebés sin Peligro es proteger a los bebés para que no sean abandonados, lastimados o muertos por sus padres. Usted probablemente haya escuchado historias trágicas sobre bebés abandonados en basureros o en baños públicos. Los padres de esos bebés probablemente hayan estado pasando por dificultades emocionales graves. Las madres pueden haber ocultado su embarazo, por temor a lo que pasaría si sus familias se enteraran. Abandonaron a sus bebés porque tenían miedo y no tenían nadie a quien pedir ayuda. El abandono de un recién nacido es ilegal y pone al bebé en una situación de peligro extremo. Muy a menudo el abandono provoca la muerte del bebé. La Ley de Entrega de Bebés sin Peligro impide que vuelva a suceder esta tragedia en California.

Historia de un bebé

A la mañana temprano del día 9 de abril de 2005, se entregó un recién nacido saludable a las enfermeras del Harbor-UCLA Medical Center. La mujer que llevó el recién nacido al hospital se dio a conocer como la tía del bebé, y dijo que la madre le había pedido que llevara al bebé al hospital en su nombre. Le entregaron a la tía un brazaletes con un número que coincidía con la pulsera del bebé; esto serviría como identificación en caso de que la madre cambiara de opinión con respecto a la entrega del bebé y decidiera recuperarlo dentro del período de 14 días que permite esta ley. También le dieron a la tía un cuestionario médico, y ella dijo que la madre lo llenaría y lo enviaría de vuelta dentro del sobre con franqueo pagado que le habían dado. El personal médico examinó al bebé y se determinó que estaba saludable y a término. El bebé fue ubicado con una buena familia que ya había sido aprobada para adoptarlo por el Departamento de Servicios para Niños y Familias.



CHARITABLE CONTRIBUTIONS CERTIFICATION

 Company Name

 Address

 Internal Revenue Service Employer Identification Number

 California Registry of Charitable Trusts "CT" number (if applicable)

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

CERTIFICATION**YES****NO**

Proposer or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Proposer engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.

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OR

Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed above and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code Sections 12585-12586.

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 Signature

 Date

 Name and Title (please type or print)

EXHIBIT _

DESCRIPTION OF SERVICES – PRIMARY HEALTH CARE SERVICES

1. Primary Health Care Services: Contractor shall be responsible for providing primary health care services to all Eligible Patients, as that term is defined under this Agreement. For purposes of this Agreement, "primary health care services" means those services provided by a clinic or a health care provider to patients who remain less than 24 hours for prevention, diagnosis, or treatment of illness or injury including, but not limited to, advice, therapeutic services, outreach, emergency first aid, information and referral services. Services that are excluded from this Agreement as a primary diagnosis are listed on Attachment __, attached hereto and incorporated herein by reference.

Contractor shall assure that primary health care is provided under this Agreement by health professionals, including non-physician medical practitioners, whose practice is predominantly that of general medicine, family practice, internal medicine, pediatrics, obstetrics or gynecology. Non-physician medical practitioners shall include nurse practitioners, nurse midwives and physician assistants who are supervised in accordance with the requirements set forth in this Exhibit.

In the event that Contractor provides pediatric primary health care services under this Agreement, and in addition to the foregoing, Contractor must be CHDP-certified.

2. Reimbursable Services: As set forth in Exhibit __, Contractor shall be reimbursed by County for primary health care services provided only to Eligible Patients. To that end, Contractor shall be reimbursed by County for such services only if those services constitute a "billable visit." For purposes of this Agreement, a "billable visit" shall be defined as a face-to-face encounter between a patient and a licensed,

registered, or certified health care provider who exercises independent judgment in the provision of preventive, diagnostic, or treatment services. A billable visit shall include any ancillary services that are needed during or as a result of the visit. For purposes of this Agreement, "ancillary services" shall include laboratory services, pharmacy services, medical supplies, and basic radiology. Ancillary services shall be reimbursed as part of the all-inclusive rate, which Contractor receives under this Agreement for each billable visit. Ancillary services that are not provided during a visit or as a result of a visit, so that their cost is included in the all-inclusive rate paid to Contractor under this Agreement, shall not be reimbursable under this Agreement. If ancillary services are provided off-site, Contractor shall have a formal agreement with entities or persons that have agreed to provide these services.

Physicals and drug testing requested by Eligible Patients in order to meet Department of Motor Vehicle, work, or adoption requirements shall not be billable or reimbursable under this Agreement. Additionally, services such as podiatry, dental, chiropractic, mental health, immunization, Mantoux testing, drawing blood, collecting urine specimens, performing laboratory tests, taking x-rays as a stand alone visit, and filling or dispensing prescriptions shall not constitute a billable visit, and, accordingly, shall not be billable and reimbursable under this Agreement.

In order to be reimbursed as a "billable visit", all health services, including ancillary services provided during or as a result of a visit, shall be recorded in the patient's medical record.

3. Staffing: If Contractor is utilizing nurse practitioners, nurse midwives, and/or physician assistants in the delivery of primary health care services, Contractor

must have in effect standardized protocols signed by a supervising physician.

Additionally, Contractor shall assure that the following ratios of non-physician medical practitioners supervised by a single physician are maintained at all times:

- Four nurse practitioners to one supervising physician;
- Three nurse midwives to one supervising physician;
- Two physician assistants to one supervising physician;
- A team consisting of any four of these professionals (nurse practitioners, nurse midwives, and/or physician assistants) as long as the above prescribed limits on nurse midwives and physician assistants are maintained.

4. Workplan: Contractor shall follow Contractor's CCEP Workplan attached hereto and incorporated herein by reference as Attachment __. Any changes to this Workplan must have the prior written consent of the Director.

5. Contractor's Obligations: Contractor shall do the following:

A. Operations:

1) Hours of Operation: Contractor shall adhere to the hours of operation set forth in Attachment __, Contractor's Workplan. Contractor shall notify Director in writing of any changes to the specified hours of operation. Except as otherwise necessary in emergency situations, any decrease to the specified hours of operation must be requested of Director in writing and shall be at the discretion of the Director to approve.

a. A proposed closure for a holiday, which is not recognized by the County as an official holiday, must be

communicated in writing to Director at least thirty (30) calendar days prior to the planned closure. The Director shall respond to Contractor in writing with his or her decision at least fourteen (14) calendar days prior to the proposed closure. The County's current official holidays are: New Year's Day, Martin L. King, Jr. Day, President's Day, Memorial Day, Fourth of July, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day and the day after, and Christmas Day.

b. If the above procedures have not been followed, and a change in its clinic service site hours or days of operation is made by Contractor without Director's authorization, Contractor shall be assessed by the County the amounts set forth as liquidated damages in the LIQUIDATED DAMAGES Paragraph of the body of this Agreement, and not as a penalty, for each regular County day of business following such unauthorized change. Such assessment shall continue until the clinic service site has returned to the new hours and days of operation.

c. Facility Service Sites: Contractor shall provide services at the service sites set forth in Attachment ____, Contractor's Workplan.

2) Referral and Notification: Contractor shall adhere to the referral and notification process set forth in Attachment ____, Contractor's Workplan, in the event that Contract must a) close its practice to new

CCEP eligible patients (individuals who have not been seen at any of Contractor's sites in over twenty-four (24) months), b) close its practice to episodic patients (those that have been seen at least once in the last twelve (12) months and all care has been for episodic conditions, such as immunizations and colds, that do not require follow-up care), and/or c) close its practice due to circumstances beyond its control.

If Contractor must close its practice at a particular site, to new and/or episodic CCEP eligible patients, the closure must apply to all new and/or episodic CCEP eligible patients. If Contractor's practice is open to episodic CCEP eligible patients and an episodic CCEP eligible patient(s) is diagnosed with a chronic condition, such as asthma or diabetes, which requires follow-up care or monitoring to ensure that the illness or condition remains controlled, Contractor shall be required to continue treatment of such patient(s) as a CCEP eligible patient and may not close its practice to such patient(s). At no time may Contractor cease services to patients with chronic illnesses or significant illnesses that require at least one additional visit to ensure that treatment is no longer necessary.

Notwithstanding the foregoing, Contractor shall be permitted to accept the following new CCEP eligible patients: new CCEP eligible patients who are clients in one of Contractor's other services or clinic programs or new CCEP eligible patients who are family members or caretakers of an existing patient receiving regular care at the site. Contractor shall document such information in the new CCEP eligible patient's medical

chart upon the patient's first visit as a CCEP eligible patient. Contractor shall not be permitted to select and reject new CCEP eligible patients on criteria such as symptomatology, condition or disease.

Notwithstanding the foregoing, patients referred to Contractor for care pursuant to the Medical Home Pilot Project, as set forth in Paragraph 7 of this Exhibit __, shall not be considered "new patients" for purposes of this Paragraph 5(A)(2). Contractor shall not be permitted to close its practice to patients referred for care pursuant to the Medical Home Pilot Project.

Contractor shall notify County in writing not less than fourteen (14) calendar days prior to closing its practice as described above. Until such time as Contractor determines it shall reopen its practice in any form, Contractor shall notify County in writing fourteen (14) calendar days in advance. In the event that Contractor closes its practice as described above, Contractor shall submit monthly written reports to County which provide the number of patients referred and the name of the agency(ies) that the patients were referred to. Such reports shall be submitted to the County of Los Angeles Department of Health Services, Office of Ambulatory Care, 5555 Ferguson Drive, Room 210-01, City of Commerce, California 90022, Attention: CCEP Program Manager.

In the event that County learns and verifies that Contractor has closed only to selected, new and/or episodic CCEP eligible patients, based upon the above criteria or for any other reason, such conduct shall be considered a material breach of contract upon which County may immediately terminate or suspend this Agreement. County, at its sole option, may obtain damages from Contractor resulting from said breach.

3) Patient Eligibility: Contractor shall verify and document patient

eligibility for services under this Agreement in accordance with the PATIENT ELIGIBILITY Paragraph of the body of this Agreement. Verification of patient's Los Angeles County residency, income and insurance status must be documented in the patient's medical record through the inclusion of the completed, signed, and dated Certificate of Indigency (COI). Such documentation must be maintained in accordance with the RECORDS AND AUDITS Paragraph of the ADDITIONAL PROVISIONS.

In accordance with the NON-EMERGENCY MEDICAL CARE SERVICES REQUIREMENTS Paragraph of this Agreement, CCEP Eligible Patients receiving public health related services are exempt from the Los Angeles County residency verification process.

4) Provider Credentialing: As set forth in the PERSONNEL Paragraph of the Additional Provisions, Contractor shall maintain a provider credentialing process, which adheres to the established health care industry credentialing standards and guidelines.

5) Laboratory Services: If Contractor performs any of the following nine laboratory tests on site, Contractor must have a current Clinical Laboratory Improvement Act (CLIA) certificate or evidence of a CLIA waiver: dip stick or tablet urinalysis; fecal occult blood; ovulation test using visual color comparison; urine pregnancy test using visual color comparison; Hemoglobin by copper sulfate non-automated; Spun micro hematocrit; Blood glucose using certain devices cleared by the FDA for

home use; erythrocyte sedimentation rate non-automated; and automated hemoglobin. If Contractor performs lab testing beyond these services, it must meet all additional CLIA requirements.

6) Radiology Services: Contractor shall be responsible for providing basic radiology services that are within the scope of primary health care e.g. screening mammogram and chest x-ray. Exclusions include ultrasound, invasive studies, CT or MRI scans, Doppler studies, and comparison views-extremity films.

7) Pharmacy: Contractor must use the Approved DHS Drug Formulary, which shall be provided to Contractor prior to the commencement of services under this Agreement by way of the Provider Information Notice process. Contractor may prescribe drugs beyond what is listed in the formulary as well as prescribe therapeutic equivalent (generic) drugs, with some exceptions as shall be provided to Contractor in a Provider Information Notice. Contractor may also counsel patients on non-prescription therapeutic interventions whenever feasible, for example exercise, weight loss, and smoking cessation.

B. Patient Care

1) Selected Primary Health Care Provider: As the primary health care provider, Contractor shall provide coordinated and comprehensive primary health care at the first contact and on a continuous basis in an outpatient setting.

2) Specialty Services: When all appropriate treatment options

by the primary health care physician are exhausted, and/or the patient's condition dictates specialty care, a referral to a DHS specialist should be made. Contractor shall refer patients to DHS facilities for specialty service using the referral guidelines promulgated by each DHS Referral Center and the WebReferral internet-based referral Referral Processing System. Contractor shall inform any patient for whom a referral is planned that he/she will undergo another financial screening for financial eligibility and Los Angeles County residency at any DHS hospital or clinic. Within the limits of the specialty clinic's availability, the DHS Referral Center shall be responsible for ensuring that specialty appointments are being made in a timely manner. Contractor shall assure that all medically appropriate primary care examinations and ancillary services are completed prior to the referral and shall comply with all instructions for transfer from the accepting DHS facility issues. If Contractor uses non-physician providers, it shall ensure that the referral is reviewed and authorized by a physician prior to submitting the referral to ensure the appropriateness of the referral, and that the referral justification is noted in the patient's medical record and included in the referral to the DHS specialist. County will provide Contractor with the specific processes and guidelines for each DHS Referral Center upon execution of this Agreement through the Provider Information Notice process.

3) Mental Health Referrals: If, through the provision of services hereunder, Contractor determines that a patient may benefit from mental

health services, or if a patient inquires about the availability of no-cost mental health services, Contractor shall inform patient that outpatient mental health service referrals may be obtained by the patient calling the INFO-LINE, Information & Referral Federation Mental Health Services Information Service at (800) 339-6993. Contractor shall inform the patient that he/she will undergo another financial eligibility screening at the time that mental health services are sought.

4) Substance Abuse Referrals: If, through the provision of services hereunder, Contractor determines that a patient may benefit from substance abuse treatment services, or if a patient inquires about the availability of no-cost substance abuse treatment services, Contractor shall inform the patient that outpatient substance abuse treatment referrals may be obtained by the patient calling the Information and Referrals to Alcohol and Drug Program Services line at (800) 564-6600.

5) Accessing After-Hour and Emergency Services: Contractor must triage and provide same-day or next-day care for a patient who the Contractor has seen in the past, and who should be seen for primary health care within 24-48 hours, or direct the patient to a DHS site as medically appropriate. Contractor shall establish a mechanism to inform CCEP patients how to access primary health care services after hours, during weekends and holidays, and how to access emergency services.

C. Program Management: In accordance with Attachment II, Contractor's Workplan, Contractor must manage contract resources to ensure that there are sufficient funds over the term of this Agreement to:

1) Provide continuous care, as medically appropriate, to patients who have been diagnosed with a chronic disease by primary health care providers at the Contractor's site(s). Medically necessary follow-up care and medications must be provided without charge to the patient as long as he/she meets the CCEP financial eligibility criteria.

2) Provide same-day or next-day appointments or walk-in services to those patients who should be seen within 24-48 hours, and regular scheduled appointments for returning patients, as medically necessary.

D. Performance Measurement:

1) Baseline Measurements: Information provided in the Contractor's approved Workplan provides baseline information for components of performance reports.

2) Monthly Reports: The County will issue monthly reports to Contractor to summarize performance of individual agencies. Information on the monthly reports will be derived from claims adjudication data.

3) Quarterly Reports: Contractor shall provide quarterly reports to the County, as needed, providing information on volume of clinic workload, changes in capacity, and other data that is not available to the Department except through agency self-reporting. County shall notify

Contractor of submission due dates and reporting requirements, as appropriate, via the Provider Information Notice process.

4) Performance Improvement: Contractor shall participate in County activities to improve performance across the CCEP Program, and across the larger network of DHS and CCEP network. As reasonable, this may include performance meetings with individual contractors, peer review meetings, and the review and development of new policies and procedures.

5) Patient Level Data: Contractor shall transmit electronically to County quarterly the patient level data elements set forth on Attachment ___ attached hereto and incorporated herein by this reference. If Contractor lacks the capability to transmit these data elements electronically, it shall transmit them through manual reporting in a form to be provided to Contractor in accordance with the process to be set forth through a Provider Information Notice.

7. Medical Home Pilot Project: Contractor shall participate in a Medical Home Pilot Project. Contractor shall accept from County Facilities, patient referrals for patients who lack a continuous, stable place of care and who receive care from County's emergency departments, urgent care centers and specialty clinics.

Within 120 days of the effective date of this Agreement, the parties shall meet to identify and develop criteria by which Contractor will accept DHS referrals, fix the percentage of new patient capacity that Contractor will set aside pursuant to this Agreement, and determine patient type that will be included in this Pilot Project. County

shall thereafter administratively amend Contractor's agreement, with approval by the County Counsel and the County's Chief Executive Office, to set forth the standards and criteria to which the parties agree..

In the event that County learns and verifies that Contractor has not maintained the dedicated capacity to be set forth herein for patients referred from County Facilities, such conduct shall be considered a material breach of contract upon which County may immediately terminate or suspend this Agreement. In the alternative, County, at its sole option, may elect to assess liquidated damages against Contractor for said breach as set forth in Paragraph 19 of the Agreement.

FAMILY PLANNING		
ICD9Code	Short Description	Long Description
"V25"	"CONTRACEPTIVE MANAGEMENT"	"CONTRACEPTIVE MANAGEMENT"
"V25.0"	"GENERAL CNSL&ADVICE CONTRACEPT MGMT"	"GENERAL COUNSELING&ADVICE CONTRACEPT MANAGEMENT"
"V25.01"	"GENERAL CNSL PRSC ORAL CONTRACEPTS"	"GENERAL COUNSELING PRESCRIPTION ORAL CONTRACEPTS"
"V25.02"	"GEN CNSL INIT OTH CNTRACPT MEASURES"	"GENERAL CNSL INITIATION OTH CONTRACEPT MEASURES"
"V25.03"	"ENCOUNTER EMERG CNTRACPT CNSL&PRSC"	"ENCOUNTER EMERGENCY CONTRACEPT CNSL&PRESCRIPTION"
"V25.09"	"OTH GEN CNSL&ADVICE CNTRACPT MGMT"	"OTH GENERAL CNSL&ADVICE CONTRACEPT MANAGEMENT"
"V25.1"	"INSRTION INTRAUTERN CNTRACPT DEVICE"	"INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE"
"V25.2"	"STERILIZATION"	"STERILIZATION"
"V25.3"	"MENSTRUAL EXTRACTION"	"MENSTRUAL EXTRACTION"
"V25.4"	"SURVEILLANCE CNTRACPT METH"	"SURVEILLANCE PREV PRESCRIBED CONTRACEPT METH"
"V25.40"	"UNSPEC CONTRACEPTIVE SURVEILLANCE"	"UNSPECIFIED CONTRACEPTIVE SURVEILLANCE"
"V25.41"	"SURVEILLANCE CNTRACPT PILL"	"SURVEILLANCE PREV PRESCRIBED CONTRACEPT PILL"
"V25.42"	"SURVEILLANCE-PREV PRESCRIBED IUD"	"SURVEILLANCE PREV PRSC INTRAUTERN CNTRACPT DEVC"
"V25.43"	"SURVEILLANCE IMPL SUBDERM CNTRACPT"	"SURVEILLANCE PREV PRSC IMPL SUBDERMAL CONTRACEPT"
"V25.49"	"SURVEIL-OTH PREV CONTRACEPT METH"	"SURVEILLANCE OTH PREV PRSC CONTRACEPT METHOD"
"V25.5"	"INSERTION IMPL SUBDERMAL CONTRACEPT"	"INSERTION OF IMPLANTABLE SUBDERMAL CONTRACEPTIVE"
"V25.8"	"OTHER SPEC CONTRACEPTIVE MANAGEMENT"	"OTHER SPECIFIED CONTRACEPTIVE MANAGEMENT"
"V25.9"	"UNSPEC CONTRACEPTIVE MANAGEMENT"	"UNSPECIFIED CONTRACEPTIVE MANAGEMENT"
"V26"	"PROCREATIVE MANAGEMENT"	"PROCREATIVE MANAGEMENT"
"V26.0"	"TUBOPLASTY/VASOPLASTY AFTR STERILIZ"	"TUBOPLASTY/VASOPLASTY AFTER PREVIOUS STERILIZ"
"V26.1"	"ARTIFICIAL INSEMINATION"	"ARTIFICIAL INSEMINATION"
"V26.2"	"INVESTIGAT&TESTING PROCREAT MGMT"	"INVESTIGATION AND TESTING PROCREATION MANAGEMENT"
"V26.21"	"FERTILITY TESTING"	"FERTILITY TESTING"
"V26.22"	"AFTERCARE FOLLOW STERILIZ REVERSAL"	"AFTERCARE FOLLOWING STERILIZATION REVERSAL"
"V26.29"	"OTHER INVESTIGATION AND TESTING"	"OTHER INVESTIGATION AND TESTING"
"V26.3"	"GENETIC COUNSELING AND TESTING"	"GENETIC COUNSELING AND TESTING"
"V26.4"	"GEN CNSL&ADVICE PROCREATIVE MGMT"	"GENERAL COUNSELING&ADVICE PROCREATIVE MANAGEMENT"
"V26.5"	"STERILIZATION STATUS"	"STERILIZATION STATUS"
"V26.51"	"TUBAL LIGATION STERILIZATION STATUS"	"TUBAL LIGATION STERILIZATION STATUS"
"V26.52"	"VASECTOMY STERILIZATION STATUS"	"VASECTOMY STERILIZATION STATUS"
"V26.8"	"OTHER SPEC PROCREATIVE MANAGEMENT"	"OTHER SPECIFIED PROCREATIVE MANAGEMENT"
"V26.9"	"UNSPECIFIED PROCREATIVE MANAGEMENT"	"UNSPECIFIED PROCREATIVE MANAGEMENT"

HIV/AIDS		
ICD9Code	Short Description	Long Description
"042"	"HUMAN IMMUNODEFICIENCY VIRUS [HIV]"	"HUMAN IMMUNODEFICIENCY VIRUS [HIV]"
"136.3"	"PNEUMOCYSTOSIS"	"PNEUMOCYSTOSIS"
"V65.44"	"HIV COUNSELING"	"HUMAN IMMUNODEFICIENCY VIRUS COUNSELING"
"V69.8"	"OTHER PROBLEMS RELATED TO LIFESTYLE"	"OTHER PROBLEMS RELATED TO LIFESTYLE"
"V73.89"	"SPECIAL SCR EXAM OTH SPEC VIRAL DZ"	"SPECIAL SCREENING EXAMINATION OTH SPEC VIRAL DZ"
"079.53"	"HIV TYPE 2 IN CCE & UNS SITE"	"HIV TYPE 2 IN CCE & UNS SITE"
"795.71"	"NONSPECIFIC SEROLOGIC EVIDENCE HIV"	"NONSPECIFIC SEROLOGIC EVIDENCE OF HIV"
"799.4"	"CACHEXIA"	"CACHEXIA"
"V01.7"	"CNTC W/OR EXPOSURE OTH VIRAL DZ"	"CONTACT WITH OR EXPOSURE TO OTHER VIRAL DISEASES"
"V08"	"ASYMPTOMATIC HIV INFECTION STATUS"	"ASYMPTOMATIC HIV INFECTION STATUS"
PREGNANCY		
ICD9Code	Short Description	Long Description
"V22"	"NORMAL PREGNANCY"	"NORMAL PREGNANCY"
"V22.0"	"SUPERVISION NORMAL FIRST PREGNANCY"	"SUPERVISION OF NORMAL FIRST PREGNANCY"
"V22.1"	"SUPERVISION OTHER NORMAL PREGNANCY"	"SUPERVISION OF OTHER NORMAL PREGNANCY"
"V22.2"	"PREGNANT STATE"	"INCIDENTAL"
"V23"	"SUPERVISION OF HIGH-RISK PREGNANCY"	"SUPERVISION OF HIGH-RISK PREGNANCY"
"V23.0"	"PREGNANCY W/HISTORY OF INFERTILITY"	"PREGNANCY WITH HISTORY OF INFERTILITY"
"V23.1"	"PG W/HX TROPHOBLASTIC DISEASE"	"PREGNANCY WITH HISTORY OF TROPHOBLASTIC DISEASE"
"V23.2"	"PREGNANCY WITH HISTORY OF ABORTION"	"PREGNANCY WITH HISTORY OF ABORTION"
"V23.3"	"PREGNANCY WITH GRAND MULTIPARITY"	"PREGNANCY WITH GRAND MULTIPARITY"
"V23.4"	"PREGNANCY W/OTH POOR OBSTETRIC HX"	"PREGNANCY WITH OTHER POOR OBSTETRIC HISTORY"
"V23.41"	"SUPERVISION PG W/HX PRE-TERM LABOR"	"SUPERVISION PREGNANCY W/HISTORY PRE-TERM LABOR"
"V23.49"	"SUP PG W/OTH POOR OBSTETRIC HX"	"SUPERVISION PREGNANCY W/OTH POOR OBSTETRIC HX"
"V23.5"	"PG W/OTH POOR REPRODUCTIVE HX"	"PREGNANCY WITH OTHER POOR REPRODUCTIVE HISTORY"
"V23.7"	"INSUFFICIENT PRENATAL CARE"	"INSUFFICIENT PRENATAL CARE"
"V23.8"	"OTHER HIGH-RISK PREGNANCY"	"OTHER HIGH-RISK PREGNANCY"
"V23.81"	"SUPV HI-RISK PG ELDER PRIMIGRAVDA"	"SUPERVISION HIGH-RISK PG ELDER PRIMIGRAVIDA"
"V23.82"	"SUPERVIS HI-RISK PG ELDER MXIGRAVDA"	"SUPERVISION HIGH-RISK PG ELDER MULTIGRAVIDA"
"V23.83"	"SUPV HI-RISK PG YOUNG PRIMIGRAVDA"	"SUPERVISION HIGH-RISK PG YOUNG PRIMIGRAVIDA"
"V23.84"	"SUPERVIS HI-RISK PG YOUNG MXIGRAVDA"	"SUPERVISION HIGH-RISK PG YOUNG MULTIGRAVIDA"
"V23.89"	"SUPERVISION OTH HIGH-RISK PREGNANCY"	"SUPERVISION OF OTHER HIGH-RISK PREGNANCY"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"V23.9"	"UNSPECIFIED HIGH-RISK PREGNANCY"	"UNSPECIFIED HIGH-RISK PREGNANCY"
"V24"	"POSTPARTUM CARE AND EXAMINATION"	"POSTPARTUM CARE AND EXAMINATION"
"V24.0"	"PP CARE&EXAM IMMED AFTER DELIV"	"POSTPARTUM CARE&EXAMINATION IMMED AFTER DELIV"
"V24.1"	"PP CARE&EXAMINATION LACTATING MOTH"	"POSTPARTUM CARE&EXAMINATION OF LACTATING MOTHER"
"V24.2"	"ROUTINE POSTPARTUM FOLLOW-UP"	"ROUTINE POSTPARTUM FOLLOW-UP"
"V27"	"OUTCOME OF DELIVERY"	"OUTCOME OF DELIVERY"
"V27.0"	"OUTCOME OF DELIVERY SINGLE LIVEBORN"	"OUTCOME OF DELIVERY SINGLE LIVEBORN"
"V27.1"	"OUTCOME DELIVERY SINGLE STILLBORN"	"OUTCOME OF DELIVERY SINGLE STILLBORN"
"V27.2"	"OUTCOME DELIV TWINS BOTH LIVEBORN"	"OUTCOME OF DELIVERY TWINS BOTH LIVEBORN"
"V27.3"	"OUTCOME DEL TWINS 1 LIVEB&1 STILLB"	"OUTCOME DELIVERY TWINS 1 LIVEBORN& 1 STILLBORN"
"V27.4"	"OUTCOME DELIV TWINS BOTH STILLBORN"	"OUTCOME OF DELIVERY TWINS BOTH STILLBORN"
"V27.5"	"OUTCOME DELIV OTH MX BRTH ALL LIVEB"	"OUTCOME DELIVERY OTH MULTIPLE BIRTH ALL LIVEBORN"
"V27.6"	"OUTCOME DEL OTH MX BRTH SOME LIVEB"	"OUTCOME DELIV OTH MULTIPLE BIRTH SOME LIVEBORN"
"V27.7"	"OUTCOME DEL OTH MX BRTH ALL STILLB"	"OUTCOME DELIV OTH MULTIPLE BIRTH ALL STILLBORN"
"V27.9"	"OUTCOME OF DELIVERY"	UNSPECIFIED"
"V28"	"ANTENATAL SCREENING"	"ANTENATAL SCREENING"
"V28.0"	"ANTENATL SCR CHROMOSOM ANOM-AMNIO"	"ANTENATAL SCREENING CHROMOSOMAL ANOMALIES AMNIO"
"V28.1"	"ANTENATL SCR-HI AFP LEVELS AMNIO FL"	"SCREEN-RAISED AMNIOTIC ALPHA-FETAL PROTEIN LEVEL"
"V28.2"	"OTH ANTENATAL SCREENING BASED AMNIO"	"OTHER ANTENATAL SCREENING BASED ON AMNIOCENTESIS"
"V28.3"	"ANTENATAL SCR MALFORM USING USS"	"ANTENATAL SCREENING MALFORM USING ULTRASONICS"
"V28.4"	"ANTENATL SCR FETAL GROWTH RETARD-US"	"ANTENATAL SCR FETAL GROWTH RETARDATION USING US"
"V28.5"	"ANTENATAL SCREENING ISOIMMUNIZATION"	"ANTENATAL SCREENING FOR ISOIMMUNIZATION"
"V28.6"	"SCREENING OF STREPTOCOCCUS B"	"SCREENING OF STREPTOCOCCUS B"
"V28.8"	"OTHER SPECIFIED ANTENATAL SCREENING"	"OTHER SPECIFIED ANTENATAL SCREENING"
"V28.9"	"UNSPECIFIED ANTENATAL SCREENING"	"UNSPECIFIED ANTENATAL SCREENING"
"V29"	"OBS&EVAL NBS&INFNTS SPCTNOT FOUND"	"OBSERVATION&EVAL NBS&INFNTS SPCT COND NOT FOUND"
"V29.0"	"OBS&EVAL NBS&INFNT INF COND NOT FND"	"OBS&EVAL NBS&INFNTS SPCT INF COND NOT FOUND"
"V29.1"	"OBS&EVAL NB&INFNT NURO COND NOT FND"	"OBS&EVAL NBS&INFNTS SPCT NEURO COND NOT FOUND"
"V29.2"	"OBS&EVAL NB&INFNT RESP COND NOT FND"	"OBS&EVAL NBS&INFNTS SPCT RESP COND NOT FOUND"
"V29.3"	"OBSERVATION SPCT GENETIC/METAB COND"	"OBSERVATION SUSPECTED GENETIC/METABOLIC COND"
"V29.8"	"OBS&EVAL NB&INFNT OTH COND NOT FND"	"OBS&EVAL NBS&INFNTS OTH SPEC SPCT COND NOT FOUND"
"V29.9"	"OBS&EVAL NB&INFNT UNS COND NOT FND"	"OBS&EVAL NBS&INFNTS UNSPEC SPCT COND NOT FOUND"
"V30"	"SINGLE LIVEBORN"	"SINGLE LIVEBORN"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"V30.0"	"SINGLE LIVEBORN	BORN IN HOSPITAL"
"V30.00"	"SINGLE LIVEBORN HOSP W/O C-SEC"	"SINGLE LIVEBORN HOSPITAL W/O C-SECTION"
"V30.01"	"SINGLE LIVEBORN HOSP C-SEC DELIV"	"SINGLE LIVEBORN HOSPITAL DELIV BY C-SECTION"
"V30.1"	"SINGLE LIVEB BEFORE ADMISS HOSP"	"SINGLE LIVEBORN BORN BEFORE ADMISSION HOSPITAL"
"V30.2"	"SINGLE LIVEB OUTSIDE HOSP&NOT HOSP"	"SINGLE LIVEBORN BORN OUTSIDE HOSPITAL&NOT HOSP"
"V31"	"LIVEBORN TWIN MATE LIVEBORN"	"LIVEBORN TWIN BIRTH MATE LIVEBORN"
"V31.0"	"LIVEBORN TWIN-MATE LIVEBORN HOSP"	"LIVEBORN TWIN-MATE LIVEBORN IN HOSPITAL"
"V31.00"	"LIVEB TWIN-MATE LIVEB HOSP WO C-SEC"	"LIVEBORN TWIN-MATE LIVEBORN HOSP W/O C-SEC"
"V31.01"	"LIVEB TWIN-MATE LIVEB HOSP C-SEC"	"LIVEBORN TWIN-MATE LIVEBORN HOSP C-SEC"
"V31.1"	"LIVEB TWIN-MATE LIVEB BEFOR ADMISS"	"LIVEBORN TWIN-MATE LIVEBORN BEFORE ADMISS"
"V31.2"	"LIVEB TWIN-MATE LIVEB-NOT HOSP"	"LIVEBORN TWIN-MATE LIVEBORN OUTSIDE HOSP"
"V32"	"LIVEBORN TWIN-MATE STILLBORN"	"LIVEBORN TWIN- MATE STILLBORN"
"V32.0"	"LIVEBORN TWIN-MATE STILLBORN HOSP"	"LIVEBORN TWIN-MATE STILLBORN HOSPITAL"
"V32.00"	"LIVEBORN TWIN-MATE STILLB-W/O C-SEC"	"LIVEBORN TWIN-MATE STILLBORN HOSP W/O C-SEC"
"V32.01"	"LIVEBTWIN-MATE STILLB-HOSP C-SEC"	"LIVEBORN TWIN-MATE STILLBORN HOSPITAL C-SEC"
"V32.1"	"LIVEB TWIN-MATE STILLB-BEFOR ADMISS"	"LIVEBORN TWIN-MATE STILLBORN BEFORE ADMISS"
"V32.2"	"LIVEBORN TWIN-MATE STILLB-NOT HOSP"	"LIVEBORN TWIN-MATE STILLB OUTSIDE HOSP&NOT HOSP"
"V33"	"LIVEBORN TWIN-UNS MATE LIVEB/STILLB"	"LIVEBORN TWIN UNS WHETHER MATE LIVEBORN/STILLB"
"V33.0"	"LIVEBORN TWIN-UNS MATE-HOSP"	"LIVEBORN TWIN-UNS MATE LIVEBORN/STILLB HOSP"
"V33.00"	"LIVEB TWIN-UNS MATE-HOSP W/O C-SEC"	"LIVEB TWIN-UNS MATE LIVEB/STILLB-HOSP W/O C-SEC"
"V33.01"	"LIVEBORN TWIN-UNS MATE-HOSP C-SEC"	"TWIN UNS MATE STILLB/LIVEB BORN HOS DEL C/S DEL"
"V33.1"	"LIVEB TWIN-UNS MATE-BEFORE ADMISS"	"LIVB TWIN-UNS MATE LIVEB/STILLB-BEFORE ADMISS"
"V33.2"	"LIVEBORN TWIN-UNS MATE-NOT HOSP"	"LIVEB TWIN-UNS MATE LIVEB/STILLB OUTSIDE HOSP"
"V34"	"LIVEBORN OTH MX MATES ALL LIVEBORN"	"LIVEBORN OTH MULTIPLE MATES ALL LIVEBORN"
"V34.0"	"LIVEB OTH MX-MATES ALL LIVEB HOSP"	"LIVEBORN OTH MULTIPLE-MATES LIVEBORN HOSPITAL"
"V34.00"	"LIVEB OTH MX-MATES LIVEB-W/O C-SEC"	"OTH MX MATES ALL LIVEB BORN HOS DEL W/O C/S DEL"
"V34.01"	"LIVEB OTH MX-MATES LIVEB-HOSP C-SEC"	"LIVEBORN OTH MX-MATES LIVEBORN HOSP C-SEC"
"V34.1"	"LIVEB OTH MX-MATES LIVEB BFOR ADM"	"LIVEBORN OTH MX-MATES LIVEBORN BEFOR ADMISSION"
"V34.2"	"LIVEB OTH MX MATES LIVEB-NOT HOSP"	"LIVEBORN OTH MX-MATES LIVEBORN OUTSIDE HOSP"
"V35"	"LIVEBORN OTH MX MATES ALL STILLBORN"	"LIVEBORN OTHER MULTIPLE MATES ALL STILLBORN"
"V35.0"	"LIVEBORN OTH MX-MATES STILLB HOSP"	"LIVEBORN OTH MX-MATES ALL STILLBORN HOSPITAL"
"V35.00"	"LIVEB OTH MX-MATES STILLB-W/O C-SEC"	"LIVEBORN OTH MX-MATES STILLB HOSP W/O C-SEC"
"V35.01"	"LIVEB OTH MX-MATES STILLB-HOS C-SEC"	"LIVEBORN OTH MX-MATES STILLBORN HOSP C-SEC"
"V35.1"	"LIVEB OTH MX-MATES STILLB-BEFOR ADM"	"LIVEBORN OTH MX-MATES STILLB BEFORE ADMISSION"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"V35.2"	"LIVEB OTH MX- MATES STILLB-NOT HOSP"	"LIVEBORN OTH MX-MATES STILLB OUTSIDE HOSP"
"V36"	"LIVEBORN OTH MX-MATES LIVEB&STILLB"	"LIVEBORN OTH MULTIPLE-MATES LIVEBORN&STILLBORN"
"V36.0"	"LIVEB OTH MX-MATES LIVEB&STILLB HOS"	"LIVEBORN OTH MX-MATES LIVEB&STILLB IN HOSPITAL"
"V36.00"	"LIVEB OTH MX-LIVEB&STILLB-W/O C-SEC"	"LIVEB OTH MX-MATES LIVEB&STILLB HOSP W/O C-SEC"
"V36.01"	"LIVEB OTH MX-LIVEB&STILLB-HOSP C-SE"	"LIVEBORN OTH MX-MATES LIVEB&STILLB HOSP C-SEC"
"V36.1"	"LIVEB OTH MX-LIVEB&STILLB-BFOR ADMI"	"LIVEB OTH MX-MATES LIVEB&STILLB BEFORE ADMISS"
"V36.2"	"LIVEB OTH MX-LIVEB&STILLB-OUT HOSP"	"LIVEB OTH MX-MATES LIVEB&STILLB OUTSIDE HOSP"
"V37"	"LIVEB OTH MX-UNS MATES LIVEB/STILLB"	"LIVEBORN OTH MX-UNS WHETHER MATES LIVEB/STILLB"
"V37.0"	"LIVEBORN OTH MX UNS-IN HOSP"	"LIVEBORN OTH MX-UNS MATES STILLB/LIVEB IN HOSP"
"V37.00"	"LIVEB OTH MX UNS-IN HOSP W/O C-SEC"	"LIVEB OTH MX-UNS MATE LIVEB/STILLB-HOSP WO C-SEC"
"V37.01"	"LIVEBORN OTH MX UNS IN HOSP C-SEC"	"LIVEB OTH MX-UNS MATES LIVEB/STILLB HOSP C-SEC"
"V37.1"	"LIVEB OTH MX UNS-BEFORE ADMISSION"	"LIVEB OTH MX-UNS MATES LIVEB/STILLB BEFOR ADMISS"
"V37.2"	"LIVEBORN OTH MX UNS-OUTSIDE HOSP"	"LIVEB OTH MX-UNS MATES LIVEB/STILLB OUTSIDE HOSP"
"V39"	"LIVEB UNSPEC WHETHER SINGLE TWIN/MX"	"LIVEBORN UNSPEC WHETHER SINGLE TWIN/MULTIPLE"
"V39.0"	"LIVEBORN UNS 1 TWIN/MX BORN HOSP"	"LIVEBORN UNSPEC SINGLE TWIN/MX BORN HOSPITAL"
"V39.00"	"LIVEBORN UNS-IN HOSP W/O C-SEC"	"LIVEBORN UNS SINGLE TWIN/MX IN HOSP W/O C-SEC"
"V39.01"	"LIVEBORN UNS IN HOSP C-SEC"	"LIVEBORN UNS SINGLE TWIN/MX IN HOSP C-SEC"
"V39.1"	"LIVEBORN UNS-BEFORE ADMISSION"	"LIVEBORN UNS SINGLE TWIN/MX BEFORE ADMISSION"
"V39.2"	"LIVEBORN UNS-OUTSIDE HOSP"	"LIVEBORN UNS SINGLE TWIN/MX OUTSIDE HOSP"
"630"	"HYDATIDIFORM MOLE"	"HYDATIDIFORM MOLE"
"631"	"OTHER ABNORMAL PRODUCT CONCEPTION"	"OTHER ABNORMAL PRODUCT OF CONCEPTION"
"632"	"MISSED ABORTION"	"MISSED ABORTION"
"633"	"ECTOPIC PREGNANCY"	"ECTOPIC PREGNANCY"
"633.0"	"ABDOMINAL PREGNANCY"	"ABDOMINAL PREGNANCY"
"633.00"	"ABD PG WITHOUT INTRAUTERINE PG"	"ABD PREGNANCY WITHOUT INTRAUTERINE PREGNANCY"
"633.01"	"ABD PG W/INTRAUTERINE PG"	"ABDOMINAL PREGNANCY WITH INTRAUTERINE PREGNANCY"
"633.1"	"TUBAL PREGNANCY"	"TUBAL PREGNANCY"
"633.10"	"TUBAL PG WITHOUT INTRAUTERINE PG"	"TUBAL PREGNANCY WITHOUT INTRAUTERINE PREGNANCY"
"633.11"	"TUBAL PG W/INTRAUTERINE PG"	"TUBAL PREGNANCY WITH INTRAUTERINE PREGNANCY"
"633.2"	"OVARIAN PREGNANCY"	"OVARIAN PREGNANCY"
"633.20"	"OVARIAN PG WITHOUT INTRAUTERINE PG"	"OVARIAN PREGNANCY WITHOUT INTRAUTERINE PREGNANCY"
"633.21"	"OVARIAN PG W/INTRAUTERINE PG"	"OVARIAN PREGNANCY WITH INTRAUTERINE PREGNANCY"
"633.8"	"OTHER ECTOPIC PREGNANCY"	"OTHER ECTOPIC PREGNANCY"
"633.80"	"OTH ECTOPIC PG W/O INTRAUTERINE PG"	"OTH ECTOPIC PG WITHOUT INTRAUTERINE PG"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"633.81"	"OTH ECTOPIC PG W/INTRAUTERINE PG"	"OTHER ECTOPIC PREGNANCY W/INTRAUTERINE PREGNANCY"
"633.9"	"UNSPECIFIED ECTOPIC PREGNANCY"	"UNSPECIFIED ECTOPIC PREGNANCY"
"633.90"	"UNS ECTOPIC PG W/O INTRAUTERINE PG"	"UNSPEC ECTOPIC PG WITHOUT INTRAUTERINE PG"
"633.91"	"UNSPEC ECTOPIC PG W/INTRAUTERINE PG"	"UNSPEC ECTOPIC PG W/INTRAUTERINE PG"
"634"	"SPONTANEOUS ABORTION"	"SPONTANEOUS ABORTION"
"634.0"	"SPONT AB COMP GENIT TRACT&PELV INF"	"SPONTANEOUS AB COMP GENITAL TRACT&PELVIC INF"
"634.00"	"UNTAB COMP GENIT TRACT&PELV INF"	"UNSPEC SPONT AB COMP GENITAL TRACT&PELV INF"
"634.01"	"INCPLAB COMP GENIT TRACT&PELV INF"	"INCPL SPONTANEOUS AB COMP GENITAL TRACT&PELV INF"
"634.02"	"CMPLAB COMP GENIT TRACT&PELV INF"	"COMPLETE SPONT AB COMP GENITAL TRACT&PELV INF"
"634.1"	"SPONT AB COMP DELAY/EXCESS HEMORR"	"SPONTANEOUS AB COMP DELAY/EXCESSIVE HEMORRHAGE"
"634.10"	"UNS SPONT AB COMP DELAY/XCESS HEMOR"	"UNSPEC SPONTANEOUS AB COMP DELAY/EXCESS HEMORR"
"634.11"	"INCPLAB COMP DELAY/XCESS HEMOR"	"INCPL SPONTANEOUS AB COMP DELAY/EXCESS HEMORR"
"634.12"	"CMPLAB COMP DELAY/XCESS HEMOR"	"COMPLETE SPONTANEOUS AB COMP DELAY/EXCESS HEMORR"
"634.2"	"SPONT AB COMP DAMGE PELV ORGN/TISS"	"SPONTANEOUS AB COMP DAMAGE PELVIC ORGANS/TISSUES"
"634.20"	"UNTAB COMP DAMGE PELV ORGN/TISS"	"UNSPEC SPONT AB COMP DAMGE PELV ORGN/TISSUES"
"634.21"	"INCPLAB COMP DAMGE PELV ORGN/TISS"	"INCPL SPONT AB COMP DAMGE PELV ORGN/TISSUES"
"634.22"	"CMPLAB COMP DAMGE PELV ORGN/TISS"	"COMPLETE SPONT AB COMP DAMGE PELV ORGN/TISSUES"
"634.3"	"SPONTANEOUS AB COMP RENAL FAILURE"	"SPONTANEOUS ABORTION COMPLICATED RENAL FAILURE"
"634.30"	"UNSPEC SPONT AB COMP RENAL FAIL"	"UNSPEC SPONTANEOUS AB COMPLICATED RENAL FAILURE"
"634.31"	"INCPL SPONT AB COMP RENAL FAIL"	"INCOMPLETE SPONTANEOUS AB COMP RENAL FAILURE"
"634.32"	"COMPLETE SPONT AB COMP RENAL FAIL"	"COMPLETE SPONTANEOUS AB COMP RENAL FAILURE"
"634.4"	"SPONTANEOUS AB COMP METAB DISORDER"	"SPONTANEOUS AB COMPLICATED METABOLIC DISORDER"
"634.40"	"UNSPEC SPONT AB COMP METAB DISORDER"	"UNSPEC SPONTANEOUS AB COMP METABOLIC DISORDER"
"634.41"	"INCPL SPONT AB COMP METAB DISORDER"	"INCPL SPONTANEOUS AB COMP METABOLIC DISORDER"
"634.42"	"CMPL SPONT AB COMP METAB DISORDER"	"COMPLETE SPONTANEOUS AB COMP METABOLIC DISORDER"
"634.5"	"SPONTANEOUS AB COMPLICATED SHOCK"	"SPONTANEOUS ABORTION COMPLICATED BY SHOCK"
"634.50"	"UNSPEC SPONTANEOUS AB COMP SHOCK"	"UNSPEC SPONTANEOUS ABORTION COMPLICATED SHOCK"
"634.51"	"INCPL SPONTANEOUS AB COMP SHOCK"	"INCOMPLETE SPONTANEOUS AB COMPLICATED SHOCK"
"634.52"	"COMPLETE SPONTANEOUS AB COMP SHOCK"	"COMPLETE SPONTANEOUS ABORTION COMPLICATED SHOCK"
"634.6"	"SPONTANEOUS AB COMPLICATED EMBOLISM"	"SPONTANEOUS ABORTION COMPLICATED BY EMBOLISM"
"634.60"	"UNSPEC SPONTANEOUS AB COMP EMBOLISM"	"UNSPEC SPONTANEOUS ABORTION COMPLICATED EMBOLISM"
"634.61"	"INCOMPLETE SPONTANEOUS AB COMP EMBO"	"INCOMPLETE SPONTANEOUS AB COMPLICATED EMBOLISM"
"634.62"	"COMPLETE SPONTANEOUS AB COMP EMBO"	"COMPLETE SPONTANEOUS AB COMPLICATED EMBOLISM"
"634.7"	"SPONTANEOUS AB W/OTH SPEC COMPS"	"SPONTANEOUS ABORTION W/OTHER SPEC COMPLICATIONS"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"634.70"	"UNSPEC SPONT AB W/OTH SPEC COMPS"	"UNSPEC SPONTANEOUS AB W/OTH SPEC COMPLICATIONS"
"634.71"	"INCPL SPONT AB W/OTH SPEC COMPS"	"INCOMPLETE SPONTANEOUS AB W/OTH SPEC COMPS"
"634.72"	"COMPLETE SPONT AB W/OTH SPEC COMPS"	"COMPLETE SPONTANEOUS AB W/OTH SPEC COMPLICATIONS"
"634.8"	"SPONTANEOUS AB W/UNSPEC COMP"	"SPONTANEOUS ABORTION W/UNSPECIFIED COMPLICATION"
"634.80"	"UNSPEC SPONTANEOUS AB W/UNSPEC COMP"	"UNSPEC SPONTANEOUS AB W/UNSPEC COMPLICATION"
"634.81"	"INCPL SPONTANEOUS AB W/UNSPEC COMP"	"INCOMPLETE SPONTANEOUS AB W/UNSPEC COMPLICATION"
"634.82"	"COMPLETE SPONT AB W/UNSPEC COMP"	"COMPLETE SPONTANEOUS AB W/UNSPEC COMPLICATION"
"634.9"	"SPONTANEOUS AB WITHOUT MENTION COMP"	"SPONTANEOUS AB WITHOUT MENTION COMPLICATION"
"634.90"	"UNSPEC SPONT AB W/O MENTION COMP"	"UNSPEC SPONTANEOUS AB WITHOUT MENTION COMP"
"634.91"	"INCPL SPONT AB WITHOUT MENTION COMP"	"INCOMPLETE SPONTANEOUS AB WITHOUT MENTION COMP"
"634.92"	"COMPLETE SPONT AB W/O MENTION COMP"	"COMPLETE SPONTANEOUS AB WITHOUT MENTION COMP"
"635"	"LEGALLY INDUCED ABORTION"	"LEGALLY INDUCED ABORTION"
"635.0"	"LEGAL AB COMPL GENIT TRACT&PELV INF"	"LEGALLY INDUCD AB COMPL GENITAL TRACT&PELVIC INF"
"635.00"	"UNS LEGL AB COMPL GEN TRCT&PELV INF"	"UNSPEC LEGL INDUCD AB COMPL GENIT TRACT&PELV INF"
"635.01"	"INCPL LEGL AB COMPL GENIT&PELV INF"	"INCOMPL LEGL INDUCD AB COMPL GENIT TRCT&PELV INF"
"635.02"	"Cmpl LEGL AB COMPL GENITAL&PELV INF"	"Cmpl LEGL INDUCD AB COMPL GENITAL TRACT&PELV INF"
"635.1"	"LEGL AB COMPL DELAY/EXCESS HEMORR"	"LEGALLY INDUCED AB COMPL DELAY/EXCESS HEMORRHAGE"
"635.10"	"UNS LEGL AB COMPL DELAY/EXCESS HEM"	"UNSPEC LEGL INDUCD AB COMPL DELAY/EXCESS HEMORR"
"635.11"	"INCPL LEGL AB COMPL DELAY/XCSS HEM"	"INCOMPL LEGL INDUCD AB COMPL DELAY/EXCESS HEMORR"
"635.12"	"Cmpl LEGL AB COMPL DELAY/EXCESS HEM"	"Cmpl LEGL INDUCD AB COMPL DELAY/EXCESS HEMORR"
"635.2"	"LEGL AB COMPL DAMGE PELV ORGN/TISS"	"LEGL INDUCD AB COMPL DAMGE PELVIC ORGANS/TISSUES"
"635.20"	"UNS LEGL AB COMPL DAMGE PELV ORGN"	"UNSPEC LEGL INDUCD AB COMPL DAMGE PELV ORGN/TISS"
"635.21"	"LEGL AB COMPL DMGE PELV ORGN INCPL"	"LEGL INDUCD AB COMPL DAMGE PELV ORGN/TISS INCPL"
"635.22"	"Cmpl LEGL AB COMPL DAMGE PELV ORGN"	"Cmpl LEGL INDUCD AB COMPL DAMGE PELV ORGN/TISS"
"635.3"	"LEGALLY INDUCED AB COMP RENAL FAIL"	"LEGALLY INDUCED AB COMPLICATED RENAL FAILURE"
"635.30"	"UNS LEGL INDUCD AB COMP RENL FAIL"	"UNSPEC LEGALLY INDUCED AB COMP RENAL FAILURE"
"635.31"	"INCPL LEGL INDUCD AB COMP RENL FAIL"	"INCOMPLETE LEGALLY INDUCED AB COMP RENAL FAILURE"
"635.32"	"Cmpl LEGL INDUCD AB COMP RENAL FAIL"	"COMPLETE LEGALLY INDUCED AB COMP RENAL FAILURE"
"635.4"	"LEGL INDUCD AB COMP METAB DISORDER"	"LEGALLY INDUCED AB COMP METABOLIC DISORDER"
"635.40"	"UNS LEGL INDUCD AB COMP METAB D/O"	"UNSPEC LEGALLY INDUCD AB COMP METABOLIC DISORDER"
"635.41"	"INCPL LEGL INDUCD AB COMP METAB D/O"	"INCPL LEGALLY INDUCED AB COMP METABOLIC DISORDER"
"635.42"	"Cmpl LEGL INDUCD AB COMP METAB D/O"	"COMPLETE LEGL INDUCD AB COMP METABOLIC DISORDER"
"635.5"	"LEGALLY INDUCED AB COMP SHOCK"	"LEGALLY INDUCED ABORTION COMPLICATED BY SHOCK"
"635.50"	"UNSPEC LEGALLY INDUCD AB COMP SHOCK"	"UNSPEC LEGALLY INDUCED AB COMPLICATED SHOCK"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"635.51"	"LEGALLY INDUCED AB COMP SHOCK INCPL"	"LEGALLY INDUCED AB COMPLICATED SHOCK INCOMPLETE"
"635.52"	"COMPLETE LEGL INDUCD AB COMP SHOCK"	"COMPLETE LEGALLY INDUCED AB COMPLICATED SHOCK"
"635.6"	"LEGALLY INDUCED AB COMP EMBOLISM"	"LEGALLY INDUCED ABORTION COMPLICATED BY EMBOLISM"
"635.60"	"UNSPEC LEGALLY INDUCED AB COMP EMBO"	"UNSPEC LEGALLY INDUCED AB COMPLICATED EMBOLISM"
"635.61"	"INCPL LEGALLY INDUCED AB COMP EMBO"	"INCOMPLETE LEGALLY INDUCED AB COMP EMBOLISM"
"635.62"	"COMPLETE LEGL INDUCD AB COMP EMBO"	"COMPLETE LEGALLY INDUCED AB COMPLICATED EMBOLISM"
"635.7"	"LEGALLY INDUCED AB W/OTH SPEC COMPS"	"LEGALLY INDUCED AB W/OTH SPEC COMPLICATIONS"
"635.70"	"UNS LEGL INDUCD AB W/OTH SPEC COMPS"	"UNSPEC LEGALLY INDUCED AB W/OTH SPEC COMPS"
"635.71"	"INCPL LEGL INDUCD AB W/OTH COMPS"	"INCOMPLETE LEGALLY INDUCED AB W/OTH SPEC COMPS"
"635.72"	"Cmpl LEGL INDUCD AB W/OTH COMPS"	"COMPLETE LEGALLY INDUCED AB W/OTH SPEC COMPS"
"635.8"	"LEGALLY INDUCED AB W/UNSPEC COMP"	"LEGALLY INDUCED ABORTION W/UNSPEC COMPLICATION"
"635.80"	"UNSPEC LEGL INDUCD AB W/UNSPEC COMP"	"UNSPEC LEGALLY INDUCED AB W/UNSPEC COMPLICATION"
"635.81"	"INCPL LEGL INDUCD AB W/UNSPEC COMP"	"INCOMPLETE LEGALLY INDUCED AB W/UNSPEC COMP"
"635.82"	"Cmpl LEGL INDUCD AB W/UNSPEC COMP"	"COMPLETE LEGALLY INDUCED AB W/UNSPEC COMP"
"635.9"	"LEGL INDUCD AB WITHOUT MENTION COMP"	"LEGALLY INDUCED AB WITHOUT MENTION COMPLICATION"
"635.90"	"UNS LEGL INDUCD AB W/O MENTION COMP"	"UNSPEC LEGALLY INDUCED AB WITHOUT MENTION COMP"
"635.91"	"INCPL LEGL INDUCD AB W/O COMP"	"INCPL LEGALLY INDUCED AB WITHOUT MENTION COMP"
"635.92"	"Cmpl LEGL INDUCD AB W/O COMP"	"COMPLETE LEGALLY INDUCED AB WITHOUT MENTION COMP"
"636"	"ILLEGALLY INDUCED ABORTION"	"ILLEGALLY INDUCED ABORTION"
"636.0"	"ILEG AB COMP GENIT TRACT&PELVIC INF"	"ILEG INDUCD AB COMPL GENIT TRACT&PELVIC INF"
"636.00"	"UNS ILEG AB COMPL GEN TRCT&PELV INF"	"UNS ILEG AB COMPL GENIT TRACT&PELV INF"
"636.01"	"INCmpl ILEG AB COMPL GENIT&PELV INF"	"INCOMPL ILEG AB COMPL GEN TRACT&PELV INF"
"636.02"	"Cmpl ILEG AB COMPL GENITAL&PELV INF"	"Cmpl ILEG INDUCD AB COMPL GENITAL TRACT&PELV INF"
"636.1"	"ILEG AB COMPL DELAY/EXCESS HEMORR"	"ILEG INDUCED AB COMPL DELAY/EXCESSIVE HEMORR"
"636.10"	"UNS ILEG AB COMPL DELAY/EXCESS HEM"	"UNSPEC ILEG INDUCED AB COMPL DELAY/EXCESS HEMORR"
"636.11"	"INCmpl ILEG AB COMPL DELAY/XCSS HEM"	"INCOMPL ILEG INDUCD AB COMPL DELAY/EXCESS HEMORR"
"636.12"	"Cmpl ILEG AB COMPL DELAY/EXCESS HEM"	"Cmpl ILEG INDUCD AB COMPL DELAY/EXCESS HEMORR"
"636.2"	"ILEG AB COMPL DAMGE PELV ORGN/TISS"	"ILEG INDUCED AB COMPL DAMGE PELVIC ORGANS/TISSUE"
"636.20"	"UNS ILEG AB COMPL DAMGE PELV ORGN"	"UNSPEC ILEG INDUCD AB COMPL DAMGE PELV ORGN/TISS"
"636.21"	"INCmpl ILEG AB COMPL DMGE PELV ORGN"	"INCOMPL ILEG INDUCD AB COMPL DAMGE PELV ORGN/TISS"
"636.22"	"Cmpl ILEG AB COMPL DAMGE PELV ORGN"	"Cmpl ILEG INDUCD AB COMPL DAMGE PELV ORGN/TISS"
"636.3"	"ILEG INDUCED AB COMP RENAL FAIL"	"ILLEGALLY INDUCED AB COMPLICATED RENAL FAILURE"
"636.30"	"UNS ILEG INDUCD AB COMP RENL FAIL"	"UNSPEC ILLEGALLY INDUCED AB COMP RENAL FAILURE"
"636.31"	"INCPL ILEG INDUCD AB COMP RENL FAIL"	"INCOMPLETE ILLEGALLY INDUCED AB COMP RENAL FAIL"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"636.32"	"CMPL ILEG INDUCD AB COMP RENAL FAIL"	"COMPLETE ILLEGALLY INDUCED AB COMP RENAL FAILURE"
"636.4"	"ILEG INDUCD AB COMP METAB DISORDER"	"ILLEGALLY INDUCED AB COMP METABOLIC DISORDER"
"636.40"	"UNS ILEG AB COMPL METABOLIC D/O"	"UNSPEC ILEG INDUCED AB COMPL METABOLIC D/O"
"636.41"	"INCPL ILEG INDUCD AB COMP METAB D/O"	"INCOMPL ILEG INDUCED AB COMPL METABOLIC DISORDER"
"636.42"	"CMPL ILEG INDUCD AB COMP METAB D/O"	"COMPLETE ILEG INDUCED AB COMP METABOLIC DISORDER"
"636.5"	"ILLEGALLY INDUCED AB COMP SHOCK"	"ILLEGALLY INDUCED ABORTION COMPLICATED BY SHOCK"
"636.50"	"UNSPEC ILEG INDUCED AB COMP SHOCK"	"UNSPEC ILLEGALLY INDUCED AB COMPLICATED SHOCK"
"636.51"	"INCPL ILEG INDUCED AB COMP SHOCK"	"INCOMPLETE ILLEGALLY INDUCED AB COMP SHOCK"
"636.52"	"COMPLETE ILEG INDUCED AB COMP SHOCK"	"COMPLETE ILLEGALLY INDUCED AB COMPLICATED SHOCK"
"636.6"	"ILLEGALLY INDUCED AB COMP EMBOLISM"	"ILLEGALLY INDUCED ABORTION COMPLICATED EMBOLISM"
"636.60"	"UNSPEC ILEG INDUCED AB COMP EMBO"	"UNSPEC ILLEGALLY INDUCED AB COMPLICATED EMBOLISM"
"636.61"	"INCPL ILEG INDUCED AB COMP EMBO"	"INCOMPLETE ILLEGALLY INDUCED AB COMP EMBOLISM"
"636.62"	"COMPLETE ILEG INDUCED AB COMP EMBO"	"COMPLETE ILLEGALLY INDUCED AB COMP EMBOLISM"
"636.7"	"ILEG INDUCED AB W/OTH SPEC COMPS"	"ILLEGALLY INDUCED AB W/OTH SPEC COMPLICATIONS"
"636.70"	"UNS ILEG INDUCD AB W/OTH SPEC COMPS"	"UNSPEC ILLEGALLY INDUCED AB W/OTH SPEC COMPS"
"636.71"	"INCPL ILEG INDUCD AB W/OTH COMPS"	"INCOMPLETE ILLEGALLY INDUCED AB W/OTH SPEC COMPS"
"636.72"	"CMPL ILEG INDUCD AB W/OTH COMPS"	"COMPLETE ILLEGALLY INDUCED AB W/OTH SPEC COMPS"
"636.8"	"ILLEGALLY INDUCED AB W/UNSPEC COMP"	"ILLEGALLY INDUCED ABORTION W/UNSPEC COMPLICATION"
"636.80"	"UNSPEC ILEG INDUCD AB W/UNSPEC COMP"	"UNSPEC ILLEGALLY INDUCED AB W/UNSPEC COMP"
"636.81"	"INCPL ILEG INDUCED AB W/UNSPEC COMP"	"INCOMPLETE ILLEGALLY INDUCED AB W/UNSPEC COMP"
"636.82"	"CMPL ILEG INDUCD AB W/UNSPEC COMP"	"COMPLETE ILLEGALLY INDUCED AB W/UNSPEC COMP"
"636.9"	"ILEG INDUCD AB WITHOUT MENTION COMP"	"ILLEGALLY INDUCED AB WITHOUT MENTION COMP"
"636.90"	"UNS ILEG INDUCD AB W/O MENTION COMP"	"UNSPEC ILLEGALLY INDUCED AB WITHOUT MENTION COMP"
"636.91"	"INCPL ILEG INDUCD AB W/O COMP"	"INCOMPLETE ILEG INDUCED AB WITHOUT MENTION COMP"
"636.92"	"CMPL ILEG INDUCD AB W/O COMP"	"COMPLETE ILEG INDUCED AB WITHOUT MENTION COMP"
"637"	"LEGALLY UNSPECIFIED ABORTION"	"LEGALLY UNSPECIFIED ABORTION"
"637.0"	"LEGL UNS AB COMP GNT TRACT&PELV INF"	"LEGALLY UNSPEC AB COMP GENITAL TRACT&PELVIC INF"
"637.00"	"AB UNS-CMPL/LEGL COMPL GEN&PELV INF"	"AB UNS AS CMPL/LEGL COMPL GENIT TRACT&PELV INF"
"637.01"	"LEGL UNS AB INCMPL COMPL PELV INF"	"LEGL UNS AB INCOMPL COMPL GENIT TRACT&PELV INF"
"637.02"	"LEGL UNS AB CMPL COMPL GEN&PELV INF"	"LEGL UNS AB CMPL COMPL GENITAL TRACT&PELV INF"
"637.1"	"LEGL UNS AB COMP DELAY/XCESS HEMORR"	"LEGALLY UNSPEC AB COMP DELAY/EXCESS HEMORRHAGE"
"637.10"	"AB UNS CMPL/LEGL COMPL DELAY HEM"	"AB UNS AS CMPL/LEGL COMPL DELAY/EXCESS HEMORR"
"637.11"	"LEGL UNS AB INCMPL COMPL DELAY HEM"	"LEGL UNS AB INCOMPL COMPL DELAY/EXCESS HEMORR"
"637.12"	"LEGL UNS AB CMPL COMPL DELAY HEM"	"LEGL UNS AB COMPLETE COMPL DELAY/EXCESS HEMORR"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"637.2"	"LEGL UNS AB COMPL DAMGE PELV ORGN"	"LEGL UNS AB COMPL DAMGE PELVIC ORGANS/TISSUES"
"637.20"	"AB UNS CMPL/LEGL COMPL DAMGE PELVIC"	"AB UNS AS CMPL/LEGL COMPL DAMGE PELV ORGN/TISS"
"637.21"	"LEGL UNS AB INCMPL COMPL DAMGE PELV"	"LEGL UNS AB INCOMPL COMPL DAMGE PELV ORGN/TISS"
"637.22"	"LEGL UNS AB CMPL COMPL DAMGE PELV"	"LEGL UNS AB CMPL COMPL DAMGE PELV ORGN/TISS"
"637.3"	"LEGALLY UNSPEC AB COMP RENAL FAIL"	"LEGALLY UNSPEC AB COMPLICATED RENAL FAILURE"
"637.30"	"AB UNS AS CMPL/LEGL COMP RENL FAIL"	"AB UNSPEC AS CMPL/LEGALITY COMP RENAL FAILURE"
"637.31"	"LEGL UNSPEC AB INCPL COMP RENL FAIL"	"LEGALLY UNSPEC AB INCOMPLETE COMP RENAL FAILURE"
"637.32"	"LEGL UNSPEC AB CMPL COMP RENAL FAIL"	"LEGALLY UNSPEC AB COMPLETE COMP RENAL FAILURE"
"637.4"	"LEGL UNSPEC AB COMP METAB DISORDER"	"LEGALLY UNSPEC AB COMPLICATED METABOLIC DISORDER"
"637.40"	"AB UNS CMPLNESS/LEGL COMP METAB D/O"	"AB UNSPEC AS CMPLNESS/LEGL COMP METAB DISORDER"
"637.41"	"LEGL UNSPEC AB INCPL COMP METAB D/O"	"LEGALLY UNSPEC AB INCPL COMP METABOLIC DISORDER"
"637.42"	"LEGL UNSPEC AB CMPL COMP METAB D/O"	"LEGL UNSPEC AB COMPLETE COMP METABOLIC DISORDER"
"637.5"	"LEGALLY UNSPEC AB COMPLICATED SHOCK"	"LEGALLY UNSPECIFIED ABORTION COMPLICATED SHOCK"
"637.50"	"AB UNSPEC AS CMPL/LEGL COMP SHOCK"	"AB UNSPEC AS CMPL/LEGALITY COMPLICATED SHOCK"
"637.51"	"LEGALLY UNSPEC AB INCPL COMP SHOCK"	"LEGALLY UNSPEC AB INCOMPLETE COMPLICATED SHOCK"
"637.52"	"LEGL UNSPEC AB COMPLETE COMP SHOCK"	"LEGALLY UNSPEC AB COMPLETE COMPLICATED SHOCK"
"637.6"	"LEGALLY UNSPEC AB COMP EMBOLISM"	"LEGALLY UNSPEC ABORTION COMPLICATED EMBOLISM"
"637.60"	"AB UNSPEC AS CMPL/LEGL COMP EMBO"	"AB UNSPEC AS CMPL/LEGALITY COMPLICATED EMBOLISM"
"637.61"	"LEGALLY UNSPEC AB INCPL COMP EMBO"	"LEGALLY UNSPEC AB INCOMPLETE COMP EMBOLISM"
"637.62"	"LEGL UNSPEC AB COMPLETE COMP EMBO"	"LEGALLY UNSPEC AB COMPLETE COMPLICATED EMBOLISM"
"637.7"	"LEGALLY UNSPEC AB W/OTH SPEC COMPS"	"LEGALLY UNSPEC ABORTION W/OTH SPEC COMPLICATIONS"
"637.70"	"AB UNS CMPL/LEGL W/OTH SPEC COMPS"	"AB UNSPEC AS CMPL/LEGALITY W/OTH SPEC COMPS"
"637.71"	"LEGL UNS AB INCPL W/OTH SPEC COMPS"	"LEGALLY UNSPEC AB INCOMPLETE W/OTH SPEC COMPS"
"637.72"	"LEGL UNS AB CMPL W/OTH SPEC COMPS"	"LEGALLY UNSPEC AB COMPLETE W/OTH SPEC COMPS"
"637.8"	"LEGALLY UNSPEC AB W/UNSPEC COMP"	"LEGALLY UNSPEC ABORTION W/UNSPEC COMPLICATION"
"637.80"	"AB UNS AS CMPL/LEGL W/UNSPEC COMP"	"AB UNSPEC AS CMPL/LEGALITY W/UNSPEC COMPLICATION"
"637.81"	"LEGL UNSPEC AB INCPL W/UNSPEC COMP"	"LEGALLY UNSPEC AB INCOMPLETE W/UNSPEC COMP"
"637.82"	"LEGL UNSPEC AB CMPL W/UNSPEC COMP"	"LEGALLY UNSPEC AB COMPLETE W/UNSPEC COMPLICATION"
"637.9"	"LEGL UNSPEC AB WITHOUT MENTION COMP"	"LEGALLY UNSPEC AB WITHOUT MENTION COMPLICATION"
"637.90"	"UNS TYPE AB UNS CMPL/LEGL W/O COMP"	"UNS TYPE AB UNS AS CMPL/LEGL W/O MENTION COMP"
"637.91"	"LEGL UNS AB INCPL W/O MENTION COMP"	"LEGALLY UNSPEC AB INCPL WITHOUT MENTION COMP"
"637.92"	"LEGL UNS AB CMPL W/O MENTION COMP"	"LEGALLY UNSPEC AB COMPLETE WITHOUT MENTION COMP"
"638"	"FAILED ATTEMPTED ABORTION"	"FAILED ATTEMPTED ABORTION"
"638.0"	"FAILD ATTMP AB COMPL GEN&PELV INF"	"FAILD ATTEMP AB COMP GENITAL TRACT&PELVIC INF"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"638.1"	"FAILATMPT AB COMP DELAY/XCESS HEMOR"	"FAILED ATTEMP AB COMP DELAY/EXCESSIVE HEMORRHAGE"
"638.2"	"FAILD ATTMP AB COMPL DMGE PELV ORGN"	"FAILED ATTEMP AB COMP DAMGE PELVIC ORGANS/TISSUES"
"638.3"	"FAILED ATTEMP AB COMPL RENAL FAILUR"	"FAILED ATTEMPTED AB COMPLICATED RENAL FAILURE"
"638.4"	"FAILD ATTEMP AB COMPL METAB D/O"	"FAILED ATTEMP AB COMPLICATED METABOLIC DISORDER"
"638.5"	"FAILED ATTEMP AB COMPLICATED SHOCK"	"FAILED ATTEMPTED ABORTION COMPLICATED BY SHOCK"
"638.6"	"FAILED ATTEMP AB COMPL EMBOLISM"	"FAILED ATTEMPTED ABORTION COMPLICATED EMBOLISM"
"638.7"	"FAILED ATTEMP AB W/OTH SPEC COMPL"	"FAILED ATTEMPTED AB W/OTH SPEC COMPLICATION"
"638.8"	"FAILED ATTEMP AB W/UNSPEC COMP"	"FAILED ATTEMPTED ABORTION W/UNSPEC COMPLICATION"
"638.9"	"FAILED ATTEMP AB W/O MENTION COMPL"	"FAILED ATTEMPTED AB WITHOUT MENTION COMPLICATION"
"639"	"COMPS FOLLOW AB/ECTOPIC&MOLAR PG"	"COMPS FOLLOWING AB/ECTOPIC&MOLAR PREGNANCIES"
"639.0"	"GENIT&PELV INF FLW AB/ECTOP&MOLR PG"	"GENIT TRACT&PELV INF FOLLOW AB/ECTOPIC&MOLAR PG"
"639.1"	"DLAY/XCESS HEM FLW AB/ECTOP&MOLR PG"	"DELAY/EXCESS HEMORR FOLLOW AB/ECTOPIC&MOLAR PG"
"639.2"	"DMGE PELV ORGN FLW AB/ECTOP&MOLR PG"	"DAMGE PELV ORGN&TISS FOLLOW AB/ECTOPIC&MOLAR PG"
"639.3"	"RENL FAIL FOLLOW AB/ECTOP&MOLAR PG"	"RENAL FAIL FOLLOW AB/ECTOPIC&MOLAR PREGNANCIES"
"639.4"	"METAB D/O FOLLOW AB/ECTOP&MOLAR PG"	"METAB D/O FOLLOW AB/ECTOPIC&MOLAR PREGNANCIES"
"639.5"	"SHOCK FOLLOW AB/ECTOPIC&MOLAR PG"	"SHOCK FOLLOWING AB/ECTOPIC&MOLAR PREGNANCIES"
"639.6"	"EMBO FOLLOW AB/ECTOPIC&MOLAR PG"	"EMBOLISM FOLLOWING AB/ECTOPIC&MOLAR PREGNANCIES"
"639.8"	"OTH SPEC COMP FLW AB/ECTOP&MOLAR PG"	"OTH SPEC COMP FOLLOW AB/ECTOPIC&MOLAR PG"
"639.9"	"UNS COMP FOLLOW AB/ECTOPIC&MOLAR PG"	"UNSPEC COMP FOLLOW AB/ECTOPIC&MOLAR PREGNANCIES"
"64"	"OPERATIONS ON PENIS"	"OPERATIONS ON PENIS"
"64.0"	"CIRCUMCISION"	"CIRCUMCISION"
"64.1"	"DIAGNOSTIC PROCEDURES ON THE PENIS"	"DIAGNOSTIC PROCEDURES ON THE PENIS"
"64.11"	"BIOPSY OF PENIS"	"BIOPSY OF PENIS"
"64.19"	"OTHER DIAGNOSTIC PROCEDURES PENIS"	"OTHER DIAGNOSTIC PROCEDURES ON PENIS"
"64.2"	"LOCAL EXCISION/DESTRUC LESION PENIS"	"LOCAL EXCISION OR DESTRUCTION OF LESION OF PENIS"
"64.3"	"AMPUTATION OF PENIS"	"AMPUTATION OF PENIS"
"64.4"	"REPAIR AND PLASTIC OPERATION PENIS"	"REPAIR AND PLASTIC OPERATION ON PENIS"
"64.41"	"SUTURE OF LACERATION OF PENIS"	"SUTURE OF LACERATION OF PENIS"
"64.42"	"RELEASE OF CHORDEE"	"RELEASE OF CHORDEE"
"64.43"	"CONSTRUCTION OF PENIS"	"CONSTRUCTION OF PENIS"
"64.44"	"RECONSTRUCTION OF PENIS"	"RECONSTRUCTION OF PENIS"
"64.45"	"REPLANTATION OF PENIS"	"REPLANTATION OF PENIS"
"64.49"	"OTHER REPAIR OF PENIS"	"OTHER REPAIR OF PENIS"
"64.5"	"OPERATIONS SEX TRANSFORMATION NEC"	"OPERATIONS FOR SEX TRANSFORMATION NEC"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"64.9"	"OTH OPERATIONS MALE GENITAL ORGANS"	"OTHER OPERATIONS ON MALE GENITAL ORGANS"
"64.91"	"DORSAL OR LATERAL SLIT OF PREPUCE"	"DORSAL OR LATERAL SLIT OF PREPUCE"
"64.92"	"INCISION OF PENIS"	"INCISION OF PENIS"
"64.93"	"DIVISION OF PENILE ADHESIONS"	"DIVISION OF PENILE ADHESIONS"
"64.94"	"FITTING EXTERNAL PROSTHESIS PENIS"	"FITTING OF EXTERNAL PROSTHESIS OF PENIS"
"64.95"	"INSRT NON-INFLATABLE PENILE PROSTH"	"INSERTION/REPLCMT NON-INFLATABLE PENILE PROSTH"
"64.96"	"REMOVAL INTERNAL PROSTHESIS PENIS"	"REMOVAL OF INTERNAL PROSTHESIS OF PENIS"
"64.97"	"INSRT INFLATABLE PENILE PROSTH"	"INSERTION/REPLCMT INFLATABLE PENILE PROSTHESIS"
"64.98"	"OTHER OPERATIONS ON PENIS"	"OTHER OPERATIONS ON PENIS"
"64.99"	"OTH OPERATIONS MALE GENITAL ORGANS"	"OTHER OPERATIONS ON MALE GENITAL ORGANS"
"640"	"HEMORRHAGE IN EARLY PREGNANCY"	"HEMORRHAGE IN EARLY PREGNANCY"
"640.0"	"THREATENED ABORTION"	"THREATENED ABORTION"
"640.00"	"THREATENED AB UNSPEC AS EPIS CARE"	"THREATENED ABORTION UNSPECIFIED AS EPISODE CARE"
"640.01"	"THREATENED ABORTION"	DELIVERED"
"640.03"	"THREATENED ABORTION"	ANTEPARTUM"
"640.8"	"OTH SPEC HEMORRHAGE EARLY PREGNANCY"	"OTHER SPECIFIED HEMORRHAGE IN EARLY PREGNANCY"
"640.80"	"OTH SPEC HEMORR ERLY PG UNS EOC"	"OTH SPEC HEMORR EARLY PG UNSPEC AS EPIS CARE"
"640.81"	"OTH SPEC HEMORR EARLY PG DELIV"	"OTHER SPEC HEMORRHAGE EARLY PREGNANCY DELIVERED"
"640.83"	"OTH SPEC HEMORR EARLY PG ANTPRTM"	"OTHER SPEC HEMORRHAGE EARLY PREGNANCY ANTEPARTUM"
"640.9"	"UNSPEC HEMORRHAGE EARLY PREGNANCY"	"UNSPECIFIED HEMORRHAGE IN EARLY PREGNANCY"
"640.90"	"UNS HEMORR ERLY PG UNS AS EPIS CARE"	"UNSPEC HEMORR EARLY PG UNSPEC AS EPIS CARE"
"640.91"	"UNSPEC HEMORR EARLY PREGNANCY DELIV"	"UNSPECIFIED HEMORRHAGE EARLY PREGNANCY DELIVERED"
"640.93"	"UNSPEC HEMORR EARLY PG ANTPRTM"	"UNSPEC HEMORRHAGE EARLY PREGNANCY ANTEPARTUM"
"641"	"ANTPRTM HEM ABRUPTIO&PLACNTA PREVIA"	"ANTPRTM HEMORR ABRUPTIO PLACNTA&PLACENTA PREVIA"
"641.0"	"PLACENTA PREVIA WITHOUT HEMORRHAGE"	"PLACENTA PREVIA WITHOUT HEMORRHAGE"
"641.00"	"PLACNTA PREVIA W/O HEMOR UNS EOC"	"PLACENTA PREVIA W/O HEMORR UNSPEC AS EPIS CARE"
"641.01"	"PLACENTA PREVIA W/O HEMORR DELIV"	"PLACENTA PREVIA WITHOUT HEMORRHAGE WITH DELIVERY"
"641.03"	"PLACENTA PREVIA W/O HEMORR ANTPRTM"	"PLACENTA PREVIA WITHOUT HEMORRHAGE ANTEPARTUM"
"641.1"	"HEMORRHAGE FROM PLACENTA PREVIA"	"HEMORRHAGE FROM PLACENTA PREVIA"
"641.10"	"HEMORR PLACNTA PREVIA UNS EPIS CARE"	"HEMORR FROM PLACENTA PREVIA UNSPEC AS EPIS CARE"
"641.11"	"HEMORR FROM PLACENTA PREVIA W/DELIV"	"HEMORRHAGE FROM PLACENTA PREVIA WITH DELIVERY"
"641.13"	"HEMORR FROM PLACENTA PREVIA ANTPRTM"	"HEMORRHAGE FROM PLACENTA PREVIA ANTEPARTUM"
"641.2"	"PREMATURE SEPARATION OF PLACENTA"	"PREMATURE SEPARATION OF PLACENTA"
"641.20"	"PRMAT SEP PLACNTA UNS AS EPIS CARE"	"PRMAT SEPARATION PLACENTA UNSPEC AS EPIS CARE"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"641.21"	"PRMAT SEPARATION PLACENTA W/DELIV"	"PREMATURE SEPARATION OF PLACENTA WITH DELIVERY"
"641.23"	"PRMAT SEPARATION PLACENTA ANTPRTM"	"PREMATURE SEPARATION OF PLACENTA ANTEPARTUM"
"641.3"	"ANTPRTM HEMORRW/COAGULAT DEFEC"	"ANTPRTM HEMORRHAGE ASSOC W/COAGULATION DEFEC"
"641.30"	"ANTPRTM HEM W/COAGLAT DEFEC UNS EOC"	"ANTPRTM HEMORR W/COAGULAT DEFEC UNS EPIS CARE"
"641.31"	"ANTPRTM HEMORW/COAGULAT DEFEC DELIV"	"ANTPRTM HEMORR ASSOC W/COAGULAT DEFEC W/DELIV"
"641.33"	"ANTPRTM HEM W/COAGLAT DEFEC ANTPRTM"	"ANTPRTM HEMORR ASSOC W/COAGULAT DEFECT ANTPRTM"
"641.8"	"OTHER ANTEPARTUM HEMORRHAGE"	"OTHER ANTEPARTUM HEMORRHAGE"
"641.80"	"OTH ANTPRTM HEMORR UNS AS EPIS CARE"	"OTH ANTEPARTUM HEMORRHAGE UNSPEC AS EPISODE CARE"
"641.81"	"OTH ANTPRTM HEMORRHAGE W/DELIVERY"	"OTHER ANTEPARTUM HEMORRHAGE WITH DELIVERY"
"641.83"	"OTH ANTPRTM HEMORRHAGE ANTPRTM"	"OTHER ANTEPARTUM HEMORRHAGE ANTEPARTUM"
"641.9"	"UNSPECIFIED ANTEPARTUM HEMORRHAGE"	"UNSPECIFIED ANTEPARTUM HEMORRHAGE"
"641.90"	"UNS ANTPRTM HEMORR UNS AS EPIS CARE"	"UNSPEC ANTPRTM HEMORRHAGE UNSPEC AS EPISODE CARE"
"641.91"	"UNSPEC ANTPRTM HEMORRHAGE W/DELIV"	"UNSPECIFIED ANTEPARTUM HEMORRHAGE WITH DELIVERY"
"641.93"	"UNSPEC ANTPRTM HEMORRHAGE ANTPRTM"	"UNSPECIFIED ANTEPARTUM HEMORRHAGE ANTEPARTUM"
"642"	"HTN COMP PG CHLDBRTH&THE PUERPERIUM"	"HTN COMP PREGNANCY CHILDBIRTH&THE PUERPERIUM"
"642.0"	"ESSEN HYPERTEN COMP PREG"	"BEN HTN COMP PG CHLDBRTH&THE PUERPERIUM"
"642.00"	"ESSEN HYPERTEN PREG-UNSP"	"BEN HTN COMP PG CHLDBRTH&THE PUERPERIUM UNS EOC"
"642.01"	"BEN ESSENTIAL HYPERTENSION W/DELIV"	"BENIGN ESSENTIAL HYPERTENSION WITH DELIVERY"
"642.02"	"BEN ESSENTIAL HTN DELIV W/CURR PPC"	"BEN ESSENTIAL HYPERTENSION W/DELIV W/CURRENT PPC"
"642.03"	"BEN ESSENTIAL HYPERTENSION ANTPRTM"	"BENIGN ESSENTIAL HYPERTENSION ANTEPARTUM"
"642.04"	"BEN ESSENTIAL HTN PREVIOUS PPC"	"BENIGN ESSENTIAL HYPERTENSION PREVIOUS PPC"
"642.1"	"RENAL HYPERTEN OF PREG"	"HTN SEC RENAL DZ COMP PG CHLDBRTH&THE PUERPERIUM"
"642.10"	"HTN SEC RENL DZ COMPL PG&PP UNS EOC"	"HTN SEC RENL DZ COMPL PG BRTH&PP UNS EOC"
"642.11"	"HTN SEC RENAL DISEASE W/DELIV"	"HYPERTENSION SEC TO RENAL DISEASE WITH DELIVERY"
"642.12"	"HTN SEC RENAL DZ DELIV W/CURRNT PPC"	"HTN SEC RENAL DISEASE W/DELIV W/CURRENT PP COMPL"
"642.13"	"HTN SEC RENAL DISEASE ANTPRTM"	"HYPERTENSION SEC TO RENAL DISEASE ANTEPARTUM"
"642.14"	"HTN SEC RENAL DZ PREVIOUS PP COND"	"HTN SEC RENAL DISEASE PREVIOUS POSTPARTUM COND"
"642.2"	"OLD HYPERTEN PREG NEC"	"OTH PRE-XST HTN COMP PG CHILDBRTH&THE PUERPERIUM"
"642.20"	"OTH PRE-XST HTN COMPL PG&PP UNS EOC"	"OTH PRE-XST HTN COMPL PG BRTH&PP UNS EOC"
"642.21"	"OTH PRE-EXISTING HTN W/DELIV"	"OTHER PRE-EXISTING HYPERTENSION WITH DELIVERY"
"642.22"	"OTH PRE-XST HTN DELIV W/CURRENT PPC"	"OTH PRE-EXISTING HTN W/DELIV W/CURRENT PP COMPL"
"642.23"	"OTH PRE-EXISTING HTN ANTPRTM"	"OTHER PRE-EXISTING HYPERTENSION ANTEPARTUM"
"642.24"	"OTH PRE-XST HTN PREVIOUS PP COND"	"OTH PRE-EXISTING HTN PREVIOUS POSTPARTUM COND"
"642.3"	"TRANSIENT HYPERTENSION OF PREGNANCY"	"TRANSIENT HYPERTENSION OF PREGNANCY"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"642.30"	"TRANSIENT HTN PG UNS AS EPIS CARE"	"TRANSIENT HTN PREGNANCY UNSPEC AS EPIS CARE"
"642.31"	"TRANSIENT HTN PREGNANCY W/DELIV"	"TRANSIENT HYPERTENSION OF PREGNANCY W/DELIVERY"
"642.32"	"TRANSIENT HTN PG DELIV W/CURRNT PPC"	"TRANSIENT HTN PG W/DELIV W/CURRENT PP COMPL"
"642.33"	"TRANSIENT HTN PREGNANCY ANTPRTM"	"TRANSIENT HYPERTENSION OF PREGNANCY ANTEPARTUM"
"642.34"	"TRANSIENT HTN PG PREVIOUS PP COND"	"TRANSIENT HTN PREGNANCY PREVIOUS POSTPARTUM COND"
"642.4"	"MILD OR UNSPECIFIED PRE-ECLAMPSIA"	"MILD OR UNSPECIFIED PRE-ECLAMPSIA"
"642.40"	"MILD/UNS PRE-ECLAMP UNS EPIS CARE"	"MILD/UNSPEC PRE-ECLAMPSIA UNSPEC AS EPISODE CARE"
"642.41"	"MILD/UNSPEC PRE-ECLAMPSIA W/DELIV"	"MILD OR UNSPECIFIED PRE-ECLAMPSIA WITH DELIVERY"
"642.42"	"MILD/UNS PRE-ECLAMP DEL W/CURR PPC"	"MILD/UNSPEC PRE-ECLAMPSIA W/DELIV W/CURRENT PPC"
"642.43"	"MILD/UNSPEC PRE-ECLAMPSIA ANTPRTM"	"MILD OR UNSPECIFIED PRE-ECLAMPSIA ANTEPARTUM"
"642.44"	"MILD/UNSPEC PRE-ECLAMP PREV PP COND"	"MILD/UNSPEC PRE-ECLAMPSIA PREVIOUS PP COND"
"642.5"	"SEVERE PRE-ECLAMPSIA"	"SEVERE PRE-ECLAMPSIA"
"642.50"	"SEV PRE-ECLAMP UNSPEC AS EPIS CARE"	"SEVERE PRE-ECLAMPSIA UNSPECIFIED AS EPISODE CARE"
"642.51"	"SEVERE PRE-ECLAMPSIA"	WITH DELIVERY"
"642.52"	"SEV PRE-ECLAMP DELIV W/CURRNT PPC"	"SEVERE PRE-ECLAMPSIA W/DELIVERY W/CURRENT PPC"
"642.53"	"SEVERE PRE-ECLAMPSIA"	ANTEPARTUM"
"642.54"	"SEVERE PRE-ECLAMP PREVIOUS PP COND"	"SEVERE PRE-ECLAMPSIA PREVIOUS POSTPARTUM COND"
"642.6"	"ECLAMPSIA"	"ECLAMPSIA COMP PG CHILDBIRTH/THE PUERPERIUM"
"642.60"	"ECLAMPSIA-UNSPECIFIED"	"ECLAMPSIA-UNS EOC"
"642.61"	"ECLAMPSIA"	WITH DELIVERY"
"642.62"	"ECLAMPSIA W/DELIVERY W/CURRENT PPC"	"ECLAMPSIA W/DELIVERY W/CURRENT PPC"
"642.63"	"ECLAMPSIA"	ANTEPARTUM"
"642.64"	"ECLAMPSIA PREVIOUS POSTPARTUM COND"	"ECLAMPSIA PREVIOUS POSTPARTUM CONDITION"
"642.7"	"PRE-ECLAMP/ECLAMP PRE-XST HTN"	"PRE-ECLAMP/ECLAMPSIA SUPERIMPOSED PRE-XST HTN"
"642.70"	"PRE-ECLAMP/ECLAMP PRE-XST HTN-UNS EOC"	"PRE-ECLAMPSIA/ECLAMPSIA W/PRE-EXIST HTN-UNS EOC"
"642.71"	"PRE-ECLAMP/ECLAMP PRE-XST HTN DELIV"	"PRE-ECLAMP/ECLAMPSIA SUPERIMPS PRE-XST HTN DELIV"
"642.72"	"PRE-ECLAMP/ECLAMP PRE-XST HTN-DEL-PPC"	"PRE-ECLAMPSIA/ECLMPSIA W/PRE-EXIST HTN-DEL W/PPC"
"642.73"	"PRE-ECLAMP/ECLAMP PRE-XST HTN ANTPRTM"	"PRE-ECLAMPSIA/ECLAMPSIA PRE-EXIST HTN ANTEPARTUM"
"642.74"	"PRE-ECLAMP/ECLAMP PRE-XST HTN PP"	"PRE-ECLAMP/ECLAMPSIA SUPERIMPOSED PRE-XST HTN PP"
"642.9"	"HYPERTENS COMPL PREG NOS"	"UNSPEC HTN COMP PG CHILDBIRTH/THE PUERPERIUM"
"642.90"	"HYPERTEN PREG NOS-UNSPEC"	"UNS HTN COMP PG CHLDBRTH/THE PUERPERIUM UNS EOC"
"642.91"	"UNSPECIFIED HYPERTENSION W/DELIVERY"	"UNSPECIFIED HYPERTENSION WITH DELIVERY"
"642.92"	"UNSPEC HTN W/DELIV W/CURRENT PPC"	"UNSPEC HYPERTENSION W/DELIVERY W/CURRENT PPC"
"642.93"	"UNSPECIFIED HYPERTENSION ANTEPARTUM"	"UNSPECIFIED HYPERTENSION ANTEPARTUM"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"642.94"	"UNSPEC HTN PREVIOUS POSTPARTUM COND"	"UNSPEC HYPERTENSION PREVIOUS POSTPARTUM COND"
"643"	"EXCESSIVE VOMITING IN PREGNANCY"	"EXCESSIVE VOMITING IN PREGNANCY"
"643.0"	"MILD HYPEREMESIS GRAVIDARUM"	"MILD HYPEREMESIS GRAVIDARUM"
"643.00"	"MILD HYPEREMESIS GRAVDA UNS EOC"	"MILD HYPEREMESIS GRAVIDARUM UNSPEC AS EPIS CARE"
"643.01"	"MILD HYPEREMESIS GRAVIDARUM DELIV"	"MILD HYPEREMESIS GRAVIDARUM DELIVERED"
"643.03"	"MILD HYPEREMESIS GRAVIDARUM ANTPRTM"	"MILD HYPEREMESIS GRAVIDARUM ANTEPARTUM"
"643.1"	"HYPEREMESIS GRAVIDA W/METAB DISTURB"	"HYPEREMESIS GRAVIDARUM W/METABOLIC DISTURBANCE"
"643.10"	"HYPEREMESIS W/METAB DSTUR UNS EOC"	"HYPEREMESIS GRAVIDA W/METAB DSTUR UNS EPIS CARE"
"643.11"	"HYPEREMESIS W/METAB DISTURBANCE DEL"	"HYPEREMESIS GRAVIDA W/METAB DISTURBANCE DELIV"
"643.13"	"HYPEREMESIS W/METAB DISTURB ANTPRTM"	"HYPEREMESIS GRAVIDA W/METAB DISTURBANCE ANTPRTM"
"643.2"	"LATE VOMITING OF PREGNANCY"	"LATE VOMITING OF PREGNANCY"
"643.20"	"LATE VOMITING PG UNS AS EPIS CARE"	"LATE VOMITING PREGNANCY UNSPEC AS EPISODE CARE"
"643.21"	"LATE VOMITING PREGNANCY DELIVERED"	"LATE VOMITING OF PREGNANCY DELIVERED"
"643.23"	"LATE VOMITING PREGNANCY ANTEPARTUM"	"LATE VOMITING OF PREGNANCY ANTEPARTUM"
"643.8"	"OTH VOMITING COMPLICATING PREGNANCY"	"OTHER VOMITING COMPLICATING PREGNANCY"
"643.80"	"OTH VOMITING COMP PG UNS EPIS CARE"	"OTH VOMITING COMP PREGNANCY UNSPEC AS EPIS CARE"
"643.81"	"OTH VOMITING COMP PREGNANCY DELIV"	"OTHER VOMITING COMPLICATING PREGNANCY DELIVERED"
"643.83"	"OTH VOMITING COMP PREGNANCY ANTPRTM"	"OTHER VOMITING COMPLICATING PREGNANCY ANTEPARTUM"
"643.9"	"UNSPECIFIED VOMITING OF PREGNANCY"	"UNSPECIFIED VOMITING OF PREGNANCY"
"643.90"	"UNS VOMITING PG UNS AS EPIS CARE"	"UNSPEC VOMITING PREGNANCY UNSPEC AS EPISODE CARE"
"643.91"	"UNSPEC VOMITING PREGNANCY DELIVERED"	"UNSPECIFIED VOMITING OF PREGNANCY DELIVERED"
"643.93"	"UNSPEC VOMITING PREGNANCY ANTPRTM"	"UNSPECIFIED VOMITING OF PREGNANCY ANTEPARTUM"
"644"	"EARLY OR THREATENED LABOR"	"EARLY OR THREATENED LABOR"
"644.0"	"THREATENED PREMATURE LABOR"	"THREATENED PREMATURE LABOR"
"644.00"	"THREATENED PRMAT LABR UNS EPIS CARE"	"THREATENED PREMATURE LABOR UNSPEC AS EPIS CARE"
"644.03"	"THREATENED PREMATURE LABOR ANTPRTM"	"THREATENED PREMATURE LABOR ANTEPARTUM"
"644.1"	"OTHER THREATENED LABOR"	"OTHER THREATENED LABOR"
"644.10"	"OTH THREATENED LABR UNS EPIS CARE"	"OTHER THREATENED LABOR UNSPEC AS EPISODE CARE"
"644.13"	"OTHER THREATENED LABOR	ANTEPARTUM"
"644.2"	"EARLY ONSET OF DELIVERY"	"EARLY ONSET OF DELIVERY"
"644.20"	"ERLY ONSET DELIV UNS AS EPIS CARE"	"EARLY ONSET DELIVERY UNSPECIFIED AS EPISODE CARE"
"644.21"	"EARLY ONSET DELIVERY-DEL "	"ERLY ONSET DELIV DELIV W/WO MENTION ANTPRTM COND"
"645"	"PROLONGED PREGNANCY"	"PROLONGED PREGNANCY"
"645.1"	"POST TERM PREGNANCY"	"POST TERM PREGNANCY"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"645.10"	"POST TERM PG UNS EOC/NOT APPLIC"	"POST TERM PG UNSPEC AS EPIS CARE/NOT APPLIC"
"645.11"	"POST TERM PG DEL W/WO ANTPRTM COND"	"POST TERM PG DELIV W/WO MENTION ANTPRTM COND"
"645.13"	"POST TERM PG ANTPRTM COND/COMP"	"POST TERM PREGNANCY ANTEPARTUM COND/COMPLICATION"
"645.2"	"PROLONGED PREGNANCY"	"PROLONGED PREGNANCY"
"645.20"	"PROLNG PG UNS EPIS CARE/NOT APPLIC"	"PROLONGED PG UNSPEC AS EPIS CARE/NOT APPLIC"
"645.21"	"PROLNG PG DELIV W/WO ANTPRTM COND"	"PROLONGED PG DELIV W/WO MENTION ANTPRTM COND"
"645.23"	"PROLONG PG DELIV ANTPRTM COND/COMP"	"PROLONGED PREGNANCY DELIVERED ANTPRTM COND/COMP"
"646"	"OTHER COMPLICATIONS PREGNANCY NEC"	"OTHER COMPLICATIONS OF PREGNANCY NEC"
"646.0"	"PAPYRACEOUS FETUS"	"PAPYRACEOUS FETUS"
"646.00"	"PAPYRACEOUS FETUS UNS AS EPIS CARE"	"PAPYRACEOUS FETUS UNSPECIFIED AS TO EPISODE CARE"
"646.01"	"PAPYRACEOUS FETUS-DELIV"	"PAPYRACEOUS FETUS DELIV W/WO ANTPRTM COND"
"646.03"	"PAPYRACEOUS FETUS"	ANTEPARTUM"
"646.1"	"EDEMA/XCESS WT GAIN PG W/O HTN"	"EDEMA/EXCESS WEIGHT GAIN PG WITHOUT MENTION HTN"
"646.10"	"EDEMA/XCESS WT GAIN PG UNS EOC"	"EDEMA/EXCESS WEIGHT GAIN PG UNSPEC AS EPIS CARE"
"646.11"	"EDEMA IN PREG-DELIVERED"	"EDEMA/XCESS WT GAIN PG DELIV W/WO ANTPRTM COMP"
"646.12"	"EDEMA IN PREG-DEL W P/P"	"EDEMA/EXCESS WEIGHT GAIN PG DELIV W/CURRENT PPC"
"646.13"	"EDEMA/EXCESSIVE WEIGHT GAIN ANTPRTM"	"EDEMA OR EXCESSIVE WEIGHT GAIN ANTEPARTUM"
"646.14"	"EDEMA/XCESS WT GAIN PREV PP COND"	"EDEMA/EXCESS WEIGHT GAIN PREVIOUS PP COND"
"646.2"	"UNSPEC RENAL DZ PG W/O MENTION HTN"	"UNSPEC RENAL DISEASE PG WITHOUT MENTION HTN"
"646.20"	"UNS RENL DZ PG UNS AS EPIS CARE"	"UNSPEC RENAL DISEASE PG UNSPEC AS EPIS CARE"
"646.21"	"UNSPEC RENAL DISEASE PG W/DELIV"	"UNSPECIFIED RENAL DISEASE PREGNANCY W/DELIVERY"
"646.22"	"UNS RENL DZ PG DELIV W/CURRNT PPC"	"UNSPEC RENAL DISEASE PG W/DELIV W/CURRENT PPC"
"646.23"	"UNSPEC ANTEPARTUM RENAL DISEASE"	"UNSPECIFIED ANTEPARTUM RENAL DISEASE"
"646.24"	"UNSPEC RENAL DZ PREVIOUS PP COND"	"UNSPEC RENAL DISEASE PREVIOUS POSTPARTUM COND"
"646.3"	"PREGNANCY COMP HABITUAL ABORTER"	"PREGNANCY COMPLICATION HABITUAL ABORTER"
"646.30"	"PG COMP HABITUAL ABORTER UNS EOC"	"PG COMP HABITUAL ABORTER UNSPEC AS EPIS CARE"
"646.31"	"HABITUAL ABORTER-DELIVER"	"PG COMP HABITUAL ABORTER W/WO ANTPRTM COND"
"646.33"	"HABITUAL ABORTER ANTPRTM COND/COMP"	"HABITUAL ABORTER ANTEPARTUM COND/COMPLICATION"
"646.4"	"PERIPHERAL NEURITIS IN PREGNANCY"	"PERIPHERAL NEURITIS IN PREGNANCY"
"646.40"	"PERIPH NEURITIS PG UNS AS EPIS CARE"	"PERIPH NEURITIS PREGNANCY UNSPEC AS EPIS CARE"
"646.41"	"PERIPH NEURITIS PREGNANCY W/DELIV"	"PERIPHERAL NEURITIS IN PREGNANCY WITH DELIVERY"
"646.42"	"PERIPH NEURITIS PG DELIV W/CURR PPC"	"PERIPH NEURITIS PREGNANCY W/DELIV W/CURRENT PPC"
"646.43"	"PERIPHERAL NEURITIS ANTEPARTUM"	"PERIPHERAL NEURITIS ANTEPARTUM"
"646.44"	"PERIPH NEURITIS PREVIOUS PP COND"	"PERIPHERAL NEURITIS PREVIOUS POSTPARTUM COND"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"646.5"	"ASYMPTOMATIC BACTERIURIA PREGNANCY"	"ASYMPTOMATIC BACTERIURIA IN PREGNANCY"
"646.50"	"ASX BACTERIURIA PG UNS AS EPIS CARE"	"ASYMPTOMATIC BACTERIURIA PG UNSPEC AS EPIS CARE"
"646.51"	"ASYMPTOMATIC BACTERIURIA PG W/DELIV"	"ASYMPTOMATIC BACTERIURIA IN PREGNANCY W/DELIVERY"
"646.52"	"ASX BACTERIURIA PG DELIV W/CURR PPC"	"ASX BACTERIURIA PG W/DELIV W/CURRENT PPC"
"646.53"	"ASYMPTOMATIC BACTERIURIA ANTEPARTUM"	"ASYMPTOMATIC BACTERIURIA ANTEPARTUM"
"646.54"	"ASX BACTERIURIA PREVIOUS PP COND"	"ASYMPTOMATIC BACTERIURIA PREVIOUS PP COND"
"646.6"	"INFECTIONS GU TRACT PREGNANCY"	"INFECTIONS OF GENITOURINARY TRACT IN PREGNANCY"
"646.60"	"INFS GU TRACT PG UNS AS EPIS CARE"	"INFS GU TRACT PREGNANCY UNSPEC AS EPIS CARE"
"646.61"	"INFS GU TRACT PREGNANCY W/DELIV"	"INFECTIONS GENITOURINARY TRACT PREGNANCY W/DELIV"
"646.62"	"INFS GU TRACT PG DELIV W/CURRNT PPC"	"INFS GU TRACT PREGNANCY W/DELIV W/CURRENT PPC"
"646.63"	"INFECTIONS GU TRACT ANTPRTM"	"INFECTIONS OF GENITOURINARY TRACT ANTEPARTUM"
"646.64"	"INFS GU TRACT PREVIOUS PP COND"	"INFECTIONS GU TRACT PREVIOUS POSTPARTUM COND"
"646.7"	"LIVER DISORDERS IN PREGNANCY"	"LIVER DISORDERS IN PREGNANCY"
"646.70"	"LIVER D/O PG UNSPEC AS EPIS CARE M"	"LIVER D/O PREGNANCY UNSPEC AS EPISODE CARE M"
"646.71"	"LIVER DISORDERS PREGNANCY W/DELIV"	"LIVER DISORDERS IN PREGNANCY WITH DELIVERY"
"646.73"	"LIVER DISORDERS ANTEPARTUM"	"LIVER DISORDERS ANTEPARTUM"
"646.8"	"OTHER SPEC COMPLICATIONS PREGNANCY"	"OTHER SPECIFIED COMPLICATIONS OF PREGNANCY"
"646.80"	"OTH SPEC COMP PG UNS AS EPIS CARE"	"OTH SPEC COMP PREGNANCY UNSPEC AS EPISODE CARE"
"646.81"	"OTH SPEC COMP PREGNANCY W/DELIVERY"	"OTHER SPEC COMPLICATION PREGNANCY W/DELIVERY"
"646.82"	"OTH SPEC COMPS PG DELIV W/CURR PPC"	"OTH SPEC COMPS PREGNANCY W/DELIV W/CURRENT PPC"
"646.83"	"OTH SPECIFED COMPLICATION ANTPRTM"	"OTHER SPECIFED COMPLICATION ANTEPARTUM"
"646.84"	"OTH SPEC COMPS PREVIOUS PP COND"	"OTH SPEC COMPLICATIONS PREVIOUS POSTPARTUM COND"
"646.9"	"UNSPECIFIED COMPLICATION PREGNANCY"	"UNSPECIFIED COMPLICATION OF PREGNANCY"
"646.90"	"UNSPEC COMP PG UNSPEC AS EPIS CARE"	"UNSPEC COMP PREGNANCY UNSPEC AS EPISODE CARE"
"646.91"	"UNSPEC COMP PREGNANCY W/DELIVERY"	"UNSPECIFIED COMPLICATION OF PREGNANCY W/DELIVERY"
"646.93"	"UNSPEC COMP PREGNANCY ANTPRTM"	"UNSPECIFIED COMPLICATION OF PREGNANCY ANTEPARTUM"
"647"	"INFECTIVE DIS IN PREG"	"INFECT-PARASITIC MATERNAL CCE-COMPLICATING PC/P"
"647.0"	"SYPHILIS IN PREGNANCY"	"MTRN SYPHILIS COMP PG CHILDBIRTH/THE PUERPERIUM"
"647.00"	"SYPHILIS IN PREG-UNSPEC"	"MATERNAL SYPHILIS-COMPLICATING PC/P-UNS EOC"
"647.01"	"MTRN SYPHILIS COMP PG W/DELIV"	"MATERNAL SYPHILIS COMP PREGNANCY W/DELIVERY"
"647.02"	"MTRN SYPH COMP PG DELIV W/CURR PPC"	"MTRN SYPHILIS COMP PG W/DELIV W/CURRENT PPC"
"647.03"	"MATERNAL SYPHILIS	ANTEPARTUM"
"647.04"	"MTRN SYPHILIS PREVIOUS PP COND"	"MATERNAL SYPHILIS PREVIOUS POSTPARTUM CONDITION"
"647.1"	"GONORRHEA IN PREGNANCY"	"MTRN GONORRHEA COMP PG CHILDBIRTH/THE PUERPERIUM"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"647.10"	"GONORRHEA IN PREG-UNSPEC"	"MATERNAL GONORRHEA-COMPLICATING PC/P-UNS EOC"
"647.11"	"MATERNAL GONORRHEA WITH DELIVERY"	"MATERNAL GONORRHEA WITH DELIVERY"
"647.12"	"MTRN GONORRHEA DELIV W/CURRENT PPC"	"MATERNAL GONORRHEA W/DELIVERY W/CURRENT PPC"
"647.13"	"MATERNAL GONORRHEA"	ANTEPARTUM"
"647.14"	"MTRN GONORRHEA PREVIOUS PP COND"	"MATERNAL GONORRHEA PREVIOUS POSTPARTUM CONDITION"
"647.2"	"OTHER VENEREAL DIS IN PREG"	"OTH MATERNAL VENEREAL DISEASES-COMPLICATING PC/P"
"647.20"	"OTHER VD IN PREG-UNSPEC"	"OTH MATERNAL VENEREAL DZ-COMPLICAT PC/P-UNS EOC"
"647.21"	"OTH MATERNAL VENEREAL DZ W/DELIV"	"OTHER MATERNAL VENEREAL DISEASES WITH DELIVERY"
"647.22"	"OTH MTRN VNEREL DZ DELIV W/CURR PPC"	"OTH MATERNAL VENEREAL DZ W/DELIV W/CURRENT PPC"
"647.23"	"OTHER VD-ANTEPARTUM"	"OTH ANTPRTM MTRN VNEREL DISEASE PREVIOUS PP COND"
"647.24"	"OTHER POSTPARTUM VENEREAL DISEASES"	"OTHER POSTPARTUM VENEREAL DISEASES"
"647.3"	"TUBERCULOSIS IN PREG"	"MTRN TB COMP PG CHILDBIRTH/THE PUERPERIUM"
"647.30"	"TB IN PREG-UNSPECIFIED"	"MTRN TB COMP PG CHLDBRTH/THE PUERPERIUM UNS EOC"
"647.31"	"MATERNAL TUBERCULOSIS WITH DELIVERY"	"MATERNAL TUBERCULOSIS WITH DELIVERY"
"647.32"	"MTRN TB W/DELIV W/CURRENT PPC"	"MATERNAL TUBERCULOSIS W/DELIVERY W/CURRENT PPC"
"647.33"	"MATERNAL TUBERCULOSIS"	ANTEPARTUM"
"647.34"	"MTRN TUBERCULOSIS PREVIOUS PP COND"	"MATERNAL TUBERCULOSIS PREVIOUS POSTPARTUM COND"
"647.4"	"MALARIA IN PREGNANCY"	"MTRN MALARIA COMP PG CHILDBIRTH/THE PUERPERIUM"
"647.40"	"MALARIA IN PREG-UNSPEC"	"MATERNAL MALARIA-COMPLICATING PC/P-UNS EOC"
"647.41"	"MATERNAL MALARIA WITH DELIVERY"	"MATERNAL MALARIA WITH DELIVERY"
"647.42"	"MTRN MALARIA W/DELIV W/CURRENT PPC"	"MATERNAL MALARIA W/DELIVERY W/CURRENT PPC"
"647.43"	"MATERNAL MALARIA"	ANTEPARTUM"
"647.44"	"MTRN MALARIA PREVIOUS PP COND"	"MATERNAL MALARIA PREVIOUS POSTPARTUM CONDITION"
"647.5"	"RUBELLA IN PREGNANCY"	"MTRN RUBELLA COMP PG CHILDBIRTH/THE PUERPERIUM"
"647.50"	"MAT RUBELLA COMP PG BRTH/PP UNS EOC"	"MAT RUBELLA COMPL PG BRTH/PP UNS EOC"
"647.51"	"MATERNAL RUBELLA WITH DELIVERY"	"MATERNAL RUBELLA WITH DELIVERY"
"647.52"	"MTRN RUBELLA W/DELIV W/CURRENT PPC"	"MATERNAL RUBELLA W/DELIVERY W/CURRENT PPC"
"647.53"	"MATERNAL RUBELLA"	ANTEPARTUM"
"647.54"	"MTRN RUBELLA PREVIOUS PP COND"	"MATERNAL RUBELLA PREVIOUS POSTPARTUM CONDITION"
"647.6"	"OTHER VIRAL DIS IN PREG"	"OTH MTRN VIRL DZ COMP PG CHLDBRTH/THE PUERPERIUM"
"647.60"	"OTH MAT VD COMPL PG BRTH/PP UNS EOC"	"OTH MATERNAL VIRAL DZ-COMPLICATING PC/P-UNS EOC"
"647.61"	"OTH MATERNAL VIRAL DISEASE W/DELIV"	"OTHER MATERNAL VIRAL DISEASE WITH DELIVERY"
"647.62"	"OTH MTRN VIRL DZ DELIV W/CURRNT PPC"	"OTH MATERNAL VIRAL DISEASE W/DELIV W/CURRENT PPC"
"647.63"	"OTH MATERNAL VIRAL DISEASE ANTPRTM"	"OTHER MATERNAL VIRAL DISEASE ANTEPARTUM"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"647.64"	"OTH MTRN VIRAL DZ PREVIOUS PP COND"	"OTH MTRN VIRAL DISEASE PREVIOUS POSTPARTUM COND"
"647.8"	"OTH MAT INF&PARASIT DZ COMPL PG/PP"	"OTH MATERNAL INFECTIOUS-PARASITIC DZ-COMPLI PC/P"
"647.80"	"OTH MAT INF-COMPL PG CB/PP-UNS EOC"	"OTH MATERN INFECT-PARASIT DZ-COMPLI PC/P-UNS EOC"
"647.81"	"OTH MTRN INF&PARASITIC DZ DELIV"	"OTH SPEC MATERNAL INF&PARASITIC DISEASE W/DELIV"
"647.82"	"OTH MAT INF&PARASIT DZ-DEL-PP COMPL"	"OTH SPEC MTRN INF&PARASITIC DZ DELIV W/CURR PPC"
"647.83"	"OTH MTRN INF&PARASITIC DZ ANTPRTM"	"OTH SPEC MATERNAL INF&PARASITIC DISEASE ANTPRTM"
"647.84"	"OTH MAT INF&PARASIT DZ-PREV PP COND"	"OTH SPEC MTRN INF&PARASITIC DZ PREVIOUS PP COND"
"647.9"	"INFECTION IN PREG NOS"	"UNS MATERNAL INFECTION/INFESTATION-COMPLI PC/P"
"647.90"	"UNS MAT INF COMPL PG CB/PP UNS EOC"	"UNS MATERN INFECT/INFESTAT-COMPLI PC/P-UNS EOC"
"647.91"	"UNSPEC MATERNAL INF/INFEST W/DELIV"	"UNSPEC MATERNAL INFECTION/INFESTATION W/DELIVERY"
"647.92"	"UNS MTRN INF/INFEST DEL W/CURR PPC"	"UNSPEC MATERNAL INF/INFEST W/DELIV W/CURRENT PPC"
"647.93"	"UNSPEC MATERNAL INF/INFEST ANTPRTM"	"UNSPEC MATERNAL INFECTION/INFESTATION ANTEPARTUM"
"647.94"	"UNSPEC MTRN INF/INFEST PREV PP COND"	"UNSPEC MTRN INF/INFEST PREVIOUS POSTPARTUM COND"
"648"	"OTH CURRENT MATERNL CCE-COMPL P C/P"	"OTH CURRENT MATERNAL CCE-COMPLICATING PC/P"
"648.0"	"DIABETES MELLIT IN PREG"	"MTRN DM COMP PREGNANCY CHILDBIRTH/THE PUERPERIUM"
"648.00"	"MAT DM COMPL PG BRTH/PP UNS EOC"	"MTRN DM COMP PG CHLDBRTH/THE PUERPERIUM UNS EOC"
"648.01"	"MATERNAL DM WITH DELIVERY"	"MATERNAL DIABETES MELLITUS WITH DELIVERY"
"648.02"	"MATERNAL DM W/DELIV W/CURRENT PPC"	"MATERNAL DM W/DELIVERY W/CURRENT PPC"
"648.03"	"MATERNAL DM ANTEPARTUM"	"MATERNAL DIABETES MELLITUS ANTEPARTUM"
"648.04"	"MTRN DM PREVIOUS POSTPARTUM COND"	"MATERNAL DM PREVIOUS POSTPARTUM CONDITION"
"648.1"	"THYROID DYSFUNC IN PREG"	"THYROID DYSF COMP PG CHILDBIRTH/THE PUERPERIUM"
"648.10"	"MAT THYROID DYSF-COMP PG/PP-UNS EOC"	"MATERNAL THYROID DYSFUNCTION-COMPLI PC/P-UNS EOC"
"648.11"	"MATERNAL THYROID DYSFUNCTION DEL"	"MTRN THYROID DYSF DELIV W/WO ANTPRTM COND"
"648.12"	"MTRN THYROID DYSF DELIV W/CURR PPC"	"MATERNAL THYROID DYSF W/DELIV W/CURRENT PPC"
"648.13"	"MTRN THYROID DYSF ANTPRTM COND/COMP"	"MATERNAL THYROID DYSFUNCTION ANTPRTM COND/COMP"
"648.14"	"MTRN THYROID DYSF PREV PP COND/COMP"	"MTRN THYROID DYSF PREVIOUS POSTPARTUM COND/COMP"
"648.2"	"ANEMIA IN PREGNANCY"	"MTRN ANEMIA COMP PG CHILDBIRTH/THE PUERPERIUM"
"648.20"	"MAT ANEM-MOM COMPL PG CB/PP UNS EOC"	"MATERNAL ANEMIA MOM COMPL PG CB/PP UNS EOC"
"648.21"	"MATERNAL ANEMIA	WITH DELIVERY"
"648.22"	"MTRN ANEMIA W/DELIV W/CURRENT PPC"	"MATERNAL ANEMIA W/DELIVERY W/CURRENT PPC"
"648.23"	"MATERNAL ANEMIA	ANTEPARTUM"
"648.24"	"MTRN ANEMIA PREVIOUS PP COND"	"MATERNAL ANEMIA PREVIOUS POSTPARTUM CONDITION"
"648.3"	"DRUG DEPENDENCE IN PREG"	"MTRN DRUG DEPEND COMP PG CHLDBRTH/THE PUERPERIUM"
"648.30"	"MAT RX DEPND COMPL PG CB/PP UNS EOC"	"MATERNAL RX DEPEND COMPL PG CB/PP UNS EOC"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"648.31"	"MATERNAL DRUG DEPENDENCE W/DELIVERY"	"MATERNAL DRUG DEPENDENCE WITH DELIVERY"
"648.32"	"MTRN DRUG DEPEND DELIV W/CURRNT PPC"	"MATERNAL DRUG DEPENDENCE W/DELIV W/CURRENT PPC"
"648.33"	"MATERNAL DRUG DEPENDENCE ANTEPARTUM"	"MATERNAL DRUG DEPENDENCE ANTEPARTUM"
"648.34"	"MTRN DRUG DEPEND PREVIOUS PP COND"	"MATERNAL DRUG DEPEND PREVIOUS POSTPARTUM COND"
"648.4"	"MENTAL DISORDERS IN PREG"	"MTRN MENTL D/O COMPL PG CHILDBIRTH/THE PUERPERIUM"
"648.40"	"MAT MNTL D/O COMPL PG CB/PP UNS EOC"	"MATERNAL MENTAL D/O COMPL PG CB/PP UNS EOC"
"648.41"	"MATERNAL MENTAL DISORDERS W/DELIV"	"MATERNAL MENTAL DISORDERS WITH DELIVERY"
"648.42"	"MTRN MENTAL D/O DELIV W/CURRENT PPC"	"MATERNAL MENTAL DISORDERS W/DELIV W/CURRENT PPC"
"648.43"	"MATERNAL MENTAL DISORDERS ANTPRTM"	"MATERNAL MENTAL DISORDERS ANTEPARTUM"
"648.44"	"MTRN MENTAL D/O PREVIOUS PP COND"	"MATERNAL MENTAL D/O PREVIOUS POSTPARTUM COND"
"648.5"	"MAT CONGEN CV D/O COMPL PG CB/PP"	"MATERNAL CONGEN CVULAR D/O COMPL PG CB/PP"
"648.50"	"MAT CONGN CV D/O COMPL PG/PP UNS EOC"	"MATERNAL CONGENITAL CV DIS-COMPLI PC/P-UNS EOC"
"648.51"	"MATERNAL CONGEN CV D/O W/DELIV"	"MATERNAL CONGENITAL CV DISORDERS W/DELIVERY"
"648.52"	"MTRN CONGN CV D/O DELIV W/CURR PPC"	"MATERNAL CONGEN CV D/O W/DELIV W/CURRENT PPC"
"648.53"	"MATERNAL CONGEN CV D/O ANTPRTM"	"MATERNAL CONGENITAL CV DISORDERS ANTPRTM"
"648.54"	"MTRN CONGEN CV D/O PREVIOUS PP COND"	"MATERNAL CONGEN CV D/O PREVIOUS POSTPARTUM COND"
"648.6"	"CARDIOVAS DIS NEC IN PG"	"OTH MTRN CV DZ COMPL PG CHILDBIRTH/THE PUERPERIUM"
"648.60"	"OTH MAT CV DZ COMPL PG CB/PP UNS EOC"	"OTH MATERNAL CV DZ-COMPLICATING PC/P-UNS EOC"
"648.61"	"OTH MATERNAL CV DISEASES W/DELIVERY"	"OTH MATERNAL CARDIOVASCULAR DISEASES W/DELIVERY"
"648.62"	"OTH MTRN CV DZ DELIV W/CURRENT PPC"	"OTH MATERNAL CV DISEASES W/DELIV W/CURRENT PPC"
"648.63"	"OTH MATERNAL CV DISEASES ANTPRTM"	"OTH MATERNAL CARDIOVASCULAR DISEASES ANTEPARTUM"
"648.64"	"OTH MTRN CV DZ PREVIOUS PP COND"	"OTH MATERNAL CV DZ PREVIOUS POSTPARTUM COND"
"648.7"	"BONE&JNT D/O MAT-COMPL PG CB/PP"	"BN&JNT D/O MAT BACK PELV& LW LIMB-COMPL PG CB/PP"
"648.70"	"BONE&JNT D/O MAT-COMPL PG CB/PP UNS"	"BN&JNT D/O MAT BACK & LW LMB-COMPL PG CB/PP UNS"
"648.71"	"BN&JNT D/O MAT BACK PELV&LW LMB DEL"	"BN&JNT D/O MAT BACK PELVIS&LW LMB W/DEL"
"648.72"	"BN&JNT D/O MAT W/DEL W/PP COMPL"	"BN&JNT D/O MAT BACK PELV&LW LMB W/DEL W/PP COMPL"
"648.73"	"BN&JNT D/O MAT BACK&LW LMB ANTPRTM"	"BN&JNT D/O MAT BACK PELVIS&LW LIMBS ANTEPARTUM"
"648.74"	"BN&JNT D/O MAT BACK PREV PP COND"	"BN&JNT D/O MAT BACK PELVIS&LW LIMBS PREV PP COND"
"648.8"	"ABN MAT GLU TOLRNC COMPL PG BRTH/PP"	"ABN MAT GLU TOLRNC COMPL PG BRTH/PP"
"648.80"	"ABN MAT GLU TOLR COMPL PG/PP UNS EOC"	"ABN MAT GLUCOSE TOLERANCE COMPL PG CB/PP UNS EOC"
"648.81"	"ABNORMAL MTRN GLU TOLERANCE W/DELIV"	"ABNORMAL MATERNAL GLUCOSE TOLERANCE W/DELIVERY"
"648.82"	"ABN MTRN GLU TOLRNC DEL W/CURR PPC"	"ABNORMAL MTRN GLU TOLRNC W/DELIV W/CURRENT PPC"
"648.83"	"ABNORMAL MTRN GLU TOLERANCE ANTPRTM"	"ABNORMAL MATERNAL GLUCOSE TOLERANCE ANTEPARTUM"
"648.84"	"ABN MTRN GLU TOLRNC PREV PP COND"	"ABNORMAL MTRN GLU TOLERANCE PREVIOUS PP COND"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"648.9"	"OTH CURRNT MAT COND COMPL PG CB/PP"	"OTH CURRENT MATERNAL COND COMPL PG CHILDBIRTH/PP"
"648.90"	"OTH CUR MAT CCE-COMPL PG/PP-UNS EOC"	"OTH CURRENT MATERNAL CCE-COMPL PG CB/PP-UNS EOC"
"648.91"	"OTH CURRENT MATERNAL CCE W/DELIVERY"	"OTH CURRENT MATERNAL CCE W/DELIVERY"
"648.92"	"OTH CURRNT MAT CCE-W/DEL W/PP COMPL"	"OTH CURRENT MATERNAL CCE W/DEL W/CURRNT PP COMPL"
"648.93"	"OTH CURRENT MATERNAL CCE ANTEPARTUM"	"OTH CURRENT MAT CONDS CLASSIFIABLE ELSW ANTPRTM"
"648.94"	"OTH CURRNT MATERNL CCE-PREV PP COND"	"OTH CURRENT MATERNAL CCE-PREVIOUS PP CONDITION"
"65"	"OPERATIONS ON OVARY"	"OPERATIONS ON OVARY"
"65.0"	"OOPHOROTOMY"	"OOPHOROTOMY"
"65.01"	"LAPAROSCOPIC OOPHOROTOMY"	"LAPAROSCOPIC OOPHOROTOMY"
"65.09"	"OTHER OOPHORECTOMY"	"OTHER OOPHORECTOMY"
"65.1"	"DIAGNOSTIC PROCEDURES ON OVARIES"	"DIAGNOSTIC PROCEDURES ON OVARIES"
"65.11"	"ASPIRATION BIOPSY OF OVARY"	"ASPIRATION BIOPSY OF OVARY"
"65.12"	"OTHER BIOPSY OF OVARY"	"OTHER BIOPSY OF OVARY"
"65.13"	"LAPAROSCOPIC BIOPSY OF OVARY"	"LAPAROSCOPIC BIOPSY OF OVARY"
"65.14"	"OTH LAPAROSCOPIC DX PROC OVARIES"	"OTHER LAPAROSCOPIC DIAGNOSTIC PROCEDURES OVARIES"
"65.19"	"OTHER DIAGNOSTIC PROCEDURES OVARIES"	"OTHER DIAGNOSTIC PROCEDURES ON OVARIES"
"65.2"	"LOC EXC/DESTRUC OVARIAN LES/TISSUE"	"LOCAL EXCISION/DESTRUCTION OVARIAN LESION/TISSUE"
"65.21"	"MARSUPIALIZATION OF OVARIAN CYST"	"MARSUPIALIZATION OF OVARIAN CYST"
"65.22"	"WEDGE RESECTION OF OVARY"	"WEDGE RESECTION OF OVARY"
"65.23"	"LAP MARSUPIALIZATION OVARIAN CYST"	"LAPAROSCOPIC MARSUPIALIZATION OF OVARIAN CYST"
"65.24"	"LAPAROSCOPIC WEDGE RESECTION OVARY"	"LAPAROSCOPIC WEDGE RESECTION OF OVARY"
"65.25"	"OTH LAP LOCAL EXCISION/DESTRUC OVRY"	"OTH LAPAROSCOPIC LOCAL EXCISION/DESTRUC OVARY"
"65.29"	"OTH LOCAL EXCISION/DESTRUC OVARY"	"OTHER LOCAL EXCISION OR DESTRUCTION OF OVARY"
"65.3"	"UNILATERAL OOPHORECTOMY"	"UNILATERAL OOPHORECTOMY"
"65.31"	"LAP UNILATERAL OOPHORECTOMY"	"LAPAROSCOPIC UNILATERAL OOPHORECTOMY"
"65.39"	"OTHER UNILATERAL OOPHORECTOMY"	"OTHER UNILATERAL OOPHORECTOMY"
"65.4"	"UNILATERAL SALPINGO-OOPHORECTOMY"	"UNILATERAL SALPINGO-OOPHORECTOMY"
"65.41"	"LAPAROSCOPIC UNILATERAL S-O"	"LAPAROSCOPIC UNILATERAL SALPINGO-OOPHORECTOMY"
"65.49"	"OTHER UNILATERAL S-O"	"OTHER UNILATERAL SALPINGO-OOPHORECTOMY"
"65.5"	"BILATERAL OOPHORECTOMY"	"BILATERAL OOPHORECTOMY"
"65.51"	"OTH REMOV 2 OVARIES @ SAME SURG"	"OTH REMOVAL BOTH OVARIES@SAME OPERATIVE EPISODE"
"65.52"	"OTHER REMOVAL OF REMAINING OVARY"	"OTHER REMOVAL OF REMAINING OVARY"
"65.53"	"LAP REMOV 2 OVARIES @ SAME SURG"	"LAP REMOVAL BOTH OVARIES@SAME OPERATIVE EPIS"
"65.54"	"LAP REMOVAL REMAINING OVARY"	"LAPAROSCOPIC REMOVAL OF REMAINING OVARY"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"65.6"	"BILATERAL SALPINGO-OOPHORECTOMY"	"BILATERAL SALPINGO-OOPHORECTOMY"
"65.61"	"OTH REMOV BIL OVARY-TUBE-SAME SURG"	"OTH REMOVAL BOTH OVARIES&TUBES@SAME OP EPIS"
"65.62"	"OTHER REMOVAL REMAINING OVARY&TUBE"	"OTHER REMOVAL OF REMAINING OVARY AND TUBE"
"65.63"	"LAP REMOV BIL OVARY-TUBE-SAME SURG"	"LAP REMOVAL BOTH OVARIES&TUBES@SAME OP EPIS"
"65.64"	"LAP REMOVAL REMAINING OVARY&TUBE"	"LAPAROSCOPIC REMOVAL OF REMAINING OVARY AND TUBE"
"65.7"	"REPAIR OF OVARY"	"REPAIR OF OVARY"
"65.71"	"OTHER SIMPLE SUTURE OF OVARY"	"OTHER SIMPLE SUTURE OF OVARY"
"65.72"	"OTHER REIMPLANTATION OF OVARY"	"OTHER REIMPLANTATION OF OVARY"
"65.73"	"OTHER SALPINGO-OOPHOROPLASTY"	"OTHER SALPINGO-OOPHOROPLASTY"
"65.74"	"LAPAROSCOPIC SIMPLE SUTURE OF OVARY"	"LAPAROSCOPIC SIMPLE SUTURE OF OVARY"
"65.75"	"LAPAROSCOPIC REIMPLANTATION OVARY"	"LAPAROSCOPIC REIMPLANTATION OF OVARY"
"65.76"	"LAPAROSCOPIC SALPINGO-OOPHOROPLASTY"	"LAPAROSCOPIC SALPINGO-OOPHOROPLASTY"
"65.79"	"OTHER REPAIR OF OVARY"	"OTHER REPAIR OF OVARY"
"65.8"	"LYSIS ADHES OVARY&FALLOPIAN TUBE"	"LYSIS OF ADHESIONS OF OVARY AND FALLOPIAN TUBE"
"65.81"	"LAP LYSIS OVARY-FALLOP TUBE ADHES"	"LAPAROSCPIC LYSIS ADHESIONS OVARY&FALLOPIAN TUBE"
"65.89"	"OTH LYSIS ADHES OVARY&FALLOP TUBE"	"OTHER LYSIS OF ADHESIONS OF OVARY&FALLOPIAN TUBE"
"65.9"	"OTHER OPERATIONS ON OVARY"	"OTHER OPERATIONS ON OVARY"
"65.91"	"ASPIRATION OF OVARY"	"ASPIRATION OF OVARY"
"65.92"	"TRANSPLANTATION OF OVARY"	"TRANSPLANTATION OF OVARY"
"65.93"	"MANUAL RUPTURE OF OVARIAN CYST"	"MANUAL RUPTURE OF OVARIAN CYST"
"65.94"	"OVARIAN DENERVATION"	"OVARIAN DENERVATION"
"65.95"	"RELEASE OF TORSION OF OVARY"	"RELEASE OF TORSION OF OVARY"
"65.99"	"OTHER OPERATIONS ON OVARY"	"OTHER OPERATIONS ON OVARY"
"650"	"NORMAL DELIVERY"	"NORMAL DELIVERY"
"651"	"MULTIPLE GESTATION"	"MULTIPLE GESTATION"
"651.0"	"TWIN PREGNANCY"	"TWIN PREGNANCY"
"651.00"	"TWIN PREGNANCY UNSPEC AS EPIS CARE"	"TWIN PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE"
"651.01"	"TWIN PREGNANCY"	DELIVERED"
"651.03"	"TWIN PREGNANCY"	ANTEPARTUM"
"651.1"	"TRIPLLET PREGNANCY"	"TRIPLLET PREGNANCY"
"651.10"	"TRIPLLET PG UNSPEC AS EPIS CARE"	"TRIPLLET PREGNANCY UNSPECIFIED AS TO EPISODE CARE"
"651.11"	"TRIPLLET PREGNANCY"	DELIVERED"
"651.13"	"TRIPLLET PREGNANCY"	ANTEPARTUM"
"651.2"	"QUADRUPLET PREGNANCY"	"QUADRUPLET PREGNANCY"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"651.20"	"QUADRUPLET PG UNSPEC AS EPIS CARE"	"QUADRUPLET PREGNANCY UNSPECIFIED AS EPISODE CARE"
"651.21"	"QUADRUPLET PREGNANCY	DELIVERED"
"651.23"	"QUADRUPLET PREGNANCY	ANTEPARTUM"
"651.3"	"TWIN PG W/FETAL LOSS&RETN 1 FETUS"	"TWIN PREGNANCY W/FETAL LOSS&RETENTION ONE FETUS"
"651.30"	"TWIN PG-FETAL LOSS&RETAIN 1-UNS EOC"	"TWIN PREG W/FETL LOSS&RETAIN 1 FETUS-UNS EOC"
"651.31"	"TWIN PG-FETAL LOSS&RETN 1 FETUS DEL"	"TWIN PG W/FETAL LOSS&RETENTION 1 FETUS DELIV"
"651.33"	"TWIN PG-FETAL LOSS&RETAIN 1 ANTPRTM"	"TWIN PG W/FETAL LOSS&RETENTION 1 FETUS ANTPRTM"
"651.4"	"TRIPLT PG W/FETAL LOSS&RETN 1/MORE"	"TRIPLT PREGNANCY W/FETAL LOSS&RETENTION 1/MORE"
"651.40"	"TRIPLT PG-FETL LOSS&RETN 1/>UNS EOC"	"TRIPLT PREG W/FETAL LOSS&RETN 1/> FETUS-UNS EOC"
"651.41"	"TRIPLT PG W/FETL LOSS&RETN 1/> DEL"	"TRIPLT PG W/FETAL LOSS&RETENTION 1/MORE DELIV"
"651.43"	"TRIPLT PG-FETL LOSS&RETN 1/>ANTPRTM"	"TRIPLT PG W/FETAL LOSS&RETENTION 1/MORE ANTPRTM"
"651.5"	"QUAD PG W/FETL LOSS&RETAIN 1/MOR"	"QUADRUPLET PG W/FETAL LOSS&RETENTION 1/MORE"
"651.50"	"QUAD PG-FETL LOSS&RETN 1/>UNS EOC"	"QUAD PREG W/FETAL LOSS&RETN 1/> FETUS-UNS EOC"
"651.51"	"QUAD PG W/FETAL LOSS&RETN 1/> DEL"	"QUADRUPLET PG W/FETAL LOSS&RETN 1/MORE DELIV"
"651.53"	"QUAD PG-FETL LOSS&RETN 1/> ANTPRTM"	"QUADRUPLET PG W/FETAL LOSS&RETN 1/MORE ANTPRTM"
"651.6"	"OTH MX PG W/FETAL LOSS&RETN 1/MORE"	"OTH MX PG W/FETAL LOSS&RETENTION 1/MORE FETUS"
"651.60"	"OTH MX PG-FETL LOSS&RETN 1/>UNS EOC"	"OTH MULT PREG W/FETAL-RETAIN >= 1 FETUS-UNS EOC"
"651.61"	"OTH MX PG-FETAL LOSS&RETAIN 1/>DEL"	"OTH MX PG W/FETAL LOSS&RETN 1/MORE FETUS DELIV"
"651.63"	"OTH MX PG-FETL LOSS&RETN 1/>ANTPRTM"	"OTH MX PG W/FETAL LOSS&RETN 1/MORE FETUS ANTPRTM"
"651.8"	"OTHER SPECIFIED MULTIPLE GESTATION"	"OTHER SPECIFIED MULTIPLE GESTATION"
"651.80"	"OTH SPEC MX GEST UNS AS EPIS CARE"	"OTH SPEC MULTIPLE GESTATION UNSPEC AS EPIS CARE"
"651.81"	"OTH SPEC MULTIPLE GESTATION DELIV"	"OTHER SPECIFIED MULTIPLE GESTATION DELIVERED"
"651.83"	"OTH SPEC MULTIPLE GESTATION ANTPRTM"	"OTHER SPECIFIED MULTIPLE GESTATION ANTEPARTUM"
"651.9"	"UNSPECIFIED MULTIPLE GESTATION"	"UNSPECIFIED MULTIPLE GESTATION"
"651.90"	"UNSPEC MX GEST UNSPEC AS EPIS CARE"	"UNSPEC MULTIPLE GESTATION UNSPEC AS EPISODE CARE"
"651.91"	"UNSPEC MULTIPLE GESTATION DELIVERED"	"UNSPECIFIED MULTIPLE GESTATION DELIVERED"
"651.93"	"UNSPEC MULTIPLE GESTATION ANTPRTM"	"UNSPECIFIED MULTIPLE GESTATION ANTEPARTUM"
"652"	"MALPOSITION&MALPRESENTATION FETUS"	"MALPOSITION AND MALPRESENTATION OF FETUS"
"652.0"	"UNSTABLE LIE OF FETUS"	"UNSTABLE LIE OF FETUS"
"652.00"	"UNSTABLE LIE FETUS UNS AS EPIS CARE"	"UNSTABLE LIE FETUS UNSPECIFIED AS EPISODE CARE"
"652.01"	"UNSTABLE LIE OF FETUS	DELIVERED"
"652.03"	"UNSTABLE LIE OF FETUS	ANTEPARTUM"
"652.1"	"BREECH/OTH MALPRESNT CONVRT CEPHALC"	"BREECH/OTH MALPRSATION CONVRT CEPHALIC PRSATION"
"652.10"	"BREECH/OTH CONVERT-CEPHAL-UNS EOC"	"BREECH/MALPRESENT CONVERTED TO CEPHALIC-UNS EOC"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"652.11"	"BREECH/OTH CONVERT CEPHAL DEL"	"BREECH/ MALPRSATION CONVRT CEPHALIC PRSATION DEL"
"652.13"	"BREECH/OTH CONVERT-CEPHAL-ANTPRTM"	"BREECH/MALPRESENT CONVERTED TO CEPHALIC-APC/C"
"652.2"	"BREECH PRESENTATION W/O VERSION"	"BREECH PRESENTATION WITHOUT MENTION OF VERSION"
"652.20"	"BREECH PRSATION W/O VERSION UNS EOC"	"BREECH PRESENTATION W/O VERSION UNS EPIS CARE"
"652.21"	"BREECH PRSATION W/O VERSION DELIV"	"BREECH PRESENTATION W/O MENTION VERSION DELIV"
"652.23"	"BREECH PRSATION W/O VERSION ANTPRTM"	"BREECH PRESENTATION W/O MENTION VERSION ANTPRTM"
"652.3"	"TRNS/OBLIQUE PRESENTATION FETUS"	"TRANSVERSE OR OBLIQUE PRESENTATION OF FETUS"
"652.30"	"TRNS/OBL FETL PRSATION UNS EOC"	"TRNS/OBL FETAL PRESENTATION UNSPEC AS EPIS CARE"
"652.31"	"TRNS/OBL FETAL PRESENTATION DELIV"	"TRANSVERSE/OBLIQUE FETAL PRESENTATION DELIVERED"
"652.33"	"TRNS/OBL FETAL PRESENTATION ANTPRTM"	"TRANSVERSE/OBLIQUE FETAL PRESENTATION ANTEPARTUM"
"652.4"	"FETAL FACE/BROW PRESENTATION FETUS"	"FETAL FACE OR BROW PRESENTATION OF FETUS"
"652.40"	"FETL FCE/BROW PRSATION UNS EOC"	"FETAL FACE/BROW PRESENTATION UNSPEC AS EPIS CARE"
"652.41"	"FETAL FACE/BROW PRESENTATION DELIV"	"FETAL FACE OR BROW PRESENTATION DELIVERED"
"652.43"	"FETAL FCE/BROW PRESENTATION ANTPRTM"	"FETAL FACE OR BROW PRESENTATION ANTEPARTUM"
"652.5"	"HIGH FETAL HEAD AT TERM"	"HIGH FETAL HEAD AT TERM"
"652.50"	"HI FETAL HEAD@TERM UNS AS EPIS CARE"	"HIGH FETAL HEAD@TERM UNSPECIFIED AS EPISODE CARE"
"652.51"	"HIGH FETAL HEAD AT TERM"	DELIVERED"
"652.53"	"HIGH FETAL HEAD AT TERM"	ANTEPARTUM"
"652.6"	"MX GEST W/MALPRSATION 1 FETUS/MORE"	"MULTIPLE GEST W/MALPRESENTATION 1 FETUS/MORE"
"652.60"	"MX GEST W/MALPRSNT 1 FETUS/>UNS EOC"	"MX GEST W/MALPRSATION 1 FETUS/MORE UNS EPIS CARE"
"652.61"	"MX GEST W/MALPRESNT 1 FETUS/MOR DEL"	"MX GEST W/MALPRESENTATION 1 FETUS/MORE DELIV"
"652.63"	"MX GEST W/MALPRSNT 1 FETUS/>ANTPRTM"	"MX GEST W/MALPRESENTATION 1 FETUS/MORE ANTPRTM"
"652.7"	"PROLAPSED ARM OF FETUS"	"PROLAPSED ARM OF FETUS"
"652.70"	"PROLAPSD ARM FETUS UNS AS EPIS CARE"	"PROLAPSED ARM FETUS UNSPECIFIED AS EPISODE CARE"
"652.71"	"PROLAPSED ARM OF FETUS"	DELIVERED"
"652.73"	"PROLAPSD ARM FETUS ANTPRTM COMP"	"PROLAPSED ARM FETUS ANTEPARTUM COND/COMPLICATION"
"652.8"	"OTH SPEC MALPSTN/MALPRSATION FETUS"	"OTHER SPEC MALPOSITION/MALPRESENTATION FETUS"
"652.80"	"OTH MALPOS/MALPRESENT FETUS UNS EOC"	"OTH SPEC MALPSTN/MALPRSATION FETUS UNS EPIS CARE"
"652.81"	"OTH MALPSTN/MALPRSATION FETUS DELIV"	"OTH SPEC MALPOSITION/MALPRESENTATION FETUS DELIV"
"652.83"	"OTH MALPOS/MALPRESENT FETUS ANTPRTM"	"OTH SPEC MALPSTN/MALPRESENTATION FETUS ANTPRTM"
"652.9"	"UNS MALPSTN/MALPRESENTATION FETUS"	"UNSPECIFIED MALPOSITION OR MALPRESENTATION FETUS"
"652.90"	"UNS MALPOS/MALPRESENT FETUS UNS EOC"	"UNS MALPSTN/MALPRESENTATION FETUS UNS EPIS CARE"
"652.91"	"UNS MALPSTN/MALPRSATION FETUS DELIV"	"UNSPEC MALPOSITION/MALPRESENTATION FETUS DELIV"
"652.93"	"UNS MALPOS/MALPRESENT FETUS ANTPRTM"	"UNSPEC MALPOSITION/MALPRESENTATION FETUS ANTPRTM"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"653"	"DISPROPORTION IN PREGNANCY L&D"	"DISPROPORTION IN PREGNANCY LABOR AND DELIVERY"
"653.0"	"MAJ ABN BONY PELV NOT FURTHER PG"	"MAJOR ABNORM BONY PELV NOT FURTHER SPEC PG"
"653.00"	"MAJ ABN BONY PELVIS NFS PG UNS EOC"	"MAJ ABN BONY PELV NOT FURTHER SPEC PG UNS EOC"
"653.01"	"MAJ ABN BONY PELV NOT FURTHER DELIV"	"MAJOR ABNORM BONY PELVIS NOT FURTHER SPEC DELIV"
"653.03"	"MAJ ABN BONY PELVIS NFS ANTPRTM"	"MAJOR ABNORM BONY PELV NOT FURTHER SPEC ANTPRTM"
"653.1"	"GENERALLY CONTRACTED PELV PREGNANCY"	"GENERALLY CONTRACTED PELVIS IN PREGNANCY"
"653.10"	"GENLY CONTRACTED PELV PG UNS EOC PG"	"GENLY CONTRACTED PELV PG UNSPEC AS EPIS CARE PG"
"653.11"	"GENERALLY CONTRACTED PELV PG DELIV"	"GENERALLY CONTRACTED PELVIS PREGNANCY DELIVERED"
"653.13"	"GENLY CONTRACTED PELV PG ANTPRTM"	"GENERALLY CONTRACTED PELVIS PREGNANCY ANTEPARTUM"
"653.2"	"INLET CONTRACTION PELVIS PREGNANCY"	"INLET CONTRACTION OF PELVIS IN PREGNANCY"
"653.20"	"INLET CONTRAC PELV PG UNS EOC PG"	"INLET CONTRACTION PELV PG UNSPEC AS EPIS CARE PG"
"653.21"	"INLET CONTRACTION PELV PG DELIV"	"INLET CONTRACTION OF PELVIS PREGNANCY DELIVERED"
"653.23"	"INLET CONTRACTION PELV PG ANTPRTM"	"INLET CONTRACTION OF PELVIS PREGNANCY ANTEPARTUM"
"653.3"	"OUTLET CONTRACTION PELVIS PREGNANCY"	"OUTLET CONTRACTION OF PELVIS IN PREGNANCY"
"653.30"	"OUTLET CONTRAC PELV PG UNS EOC PG"	"OUTLET CONTRAC PELV PG UNSPEC AS EPIS CARE PG"
"653.31"	"OUTLET CONTRACTION PELV PG DELIV"	"OUTLET CONTRACTION OF PELVIS PREGNANCY DELIVERED"
"653.33"	"OUTLET CONTRACTION PELV PG ANTPRTM"	"OUTLET CONTRACTION PELVIS PREGNANCY ANTEPARTUM"
"653.4"	"FETOPELVIC DISPROPORTION"	"FETOPELVIC DISPROPORTION"
"653.40"	"FETOPELV DISPROPRTN UNS EPIS CARE"	"FETOPELVIC DISPROPORTION UNSPEC AS EPISODE CARE"
"653.41"	"FETOPELVIC DISPROPORTION"	DELIVERED"
"653.43"	"FETOPELVIC DISPROPORTION ANTEPARTUM"	"FETOPELVIC DISPROPORTION ANTEPARTUM"
"653.5"	"UNUSUALLY LG FETUS CAUS DISPROPRTN"	"UNUSUALLY LARGE FETUS CAUSING DISPROPORTION"
"653.50"	"UNUSUAL LG FETUS DISPROPRTN UNS EOC"	"UNUSULLY LG FETUS CAUS DISPROPRTN UNS EPIS CARE"
"653.51"	"UNUSUAL LG FETUS DISPROPRTION-DEL"	"UNUSUALLY LARGE FETUS CAUS DISPROPRTN DELIVERED"
"653.53"	"UNUSUAL LG FETUS DISPROPRTN ANTPRTM"	"UNUSUALLY LARGE FETUS CAUSING DISPROPRTN ANTPRTM"
"653.6"	"HYDROCEPHALIC FETUS CAUS DISPROPRTN"	"HYDROCEPHALIC FETUS CAUSING DISPROPORTION"
"653.60"	"HYDROCEPHL FETUS DISPROPRTN UNS EOC"	"HYDROCEPHALIC FETUS CAUS DISPROPRTN UNS EOC"
"653.61"	"HYDROCEPHAL FETUS DISPROPRTN DEL"	"HYDROCEPHALIC FETUS CAUSING DISPROPRTN DELIVERED"
"653.63"	"HYDROCEPHL FETUS DISPROPRTN ANTPRTM"	"HYDROCEPHALIC FETUS CAUSING DISPROPRTN ANTPRTM"
"653.7"	"OTH FETAL ABNORM CAUSING DISPROPRTN"	"OTHER FETAL ABNORMALITY CAUSING DISPROPORTION"
"653.70"	"OTH FETAL ABN DISPROPRTN UNS EOC"	"OTH FETAL ABNORM CAUS DISPROPRTN UNS EPIS CARE"
"653.71"	"OTH FETAL ABN CAUS DISPROPRTN DELIV"	"OTH FETAL ABNORM CAUSING DISPROPRTN DELIVERED"
"653.73"	"OTH FETAL ABN DISPROPRTN ANTPRTM"	"OTH FETAL ABNORM CAUSING DISPROPRTN ANTEPARTUM"
"653.8"	"FETAL DISPROPORTION OF OTHER ORIGIN"	"FETAL DISPROPORTION OF OTHER ORIGIN"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"653.80"	"FETL DISPROPRTN OTH ORIGIN UNS EOC"	"FETAL DISPROPRTN OTH ORIGIN UNSPEC AS EPIS CARE"
"653.81"	"FETAL DISPROPRTN OTH ORIGIN DELIV"	"FETAL DISPROPORTION OF OTHER ORIGIN DELIVERED"
"653.83"	"FETAL DISPROPRTN OTH ORIGIN ANTPRTM"	"FETAL DISPROPORTION OF OTHER ORIGIN ANTEPARTUM"
"653.9"	"UNSPECIFIED FETAL DISPROPORTION"	"UNSPECIFIED FETAL DISPROPORTION"
"653.90"	"UNS FETAL DISPROPRTN UNS EPIS CARE"	"UNSPEC FETAL DISPROPRTN UNSPEC AS EPISODE CARE"
"653.91"	"UNSPEC FETAL DISPROPRTN DELIVERED"	"UNSPECIFIED FETAL DISPROPORTION DELIVERED"
"653.93"	"UNSPEC FETAL DISPROPRTN ANTEPARTUM"	"UNSPECIFIED FETAL DISPROPORTION ANTEPARTUM"
"654"	"ABN ORGN&TISS PELV COMPL PG CB/PP"	"ABNORMALITY OF ORGANS & SOFT TISSUES OF PELVIS"
"654.0"	"CONGEN ABN PG UTERS COMPL PG CB/PP"	"CONGENITAL ABNORMALITIES OF UTERUS"
"654.00"	"CONGN ABNORM PG UTRUS UNS EPIS CARE"	"CONGEN ABNORM PG UTERUS UNSPEC AS EPIS CARE"
"654.01"	"CONGEN ABNORM PREGNANT UTERUS DELIV"	"CONGENITAL ABNORM PREGNANT UTERUS DELIVERED"
"654.02"	"CONGN ABN PG UTRUS DELIV W/ PPC"	"CONGEN ABNORM PG UTERUS DELIV W/MENTION PPC"
"654.03"	"CONGEN ABNORM PG UTERUS ANTPRTM"	"CONGENITAL ABNORM PREGNANT UTERUS ANTEPARTUM"
"654.04"	"CONGENITAL ABNORM PREGNANT UTERUS"	"CONGENITAL ABNORMALITIES OF PREGNANT UTERUS"
"654.1"	"TUMORS OF BODY OF PREGNANT UTERUS"	"TUMORS OF BODY OF PREGNANT UTERUS"
"654.10"	"TUMRS BDY PG UTRUS UNS EPIS CARE PG"	"TUMORS BODY PG UTERUS UNSPEC AS EPIS CARE PG"
"654.11"	"TUMORS OF BODY OF UTERUS"	DELIVERED"
"654.12"	"TUMRS BDY UTRUS DELIV W/MENTION PPC"	"TUMORS BODY UTERUS DELIVERED W/MENTION PPC"
"654.13"	"TUMRS BODY UTERUS ANTPRTM COND/COMP"	"TUMORS BODY UTERUS ANTEPARTUM COND/COMPLICATION"
"654.14"	"TUMORS BODY UTERUS PP COND/COMP"	"TUMORS BODY UTERUS POSTPARTUM COND/COMPLICATION"
"654.2"	"PREVIOUS C-SECTION NOS"	"PREV C/S SECTION COMP PG CHLDBRTH/THE PUERPERIUM"
"654.20"	"PREV C/S DELIV UNS EOC/NOT APPLIC"	"PREV C/S DELIV UNSPEC AS EPIS CARE/NOT APPLIC"
"654.21"	"PREV C/S DEL DEL W/WO ANTPRTM COND"	"PREV C/S DELIV DELIV W/WO MENTION ANTPRTM COND"
"654.23"	"PREV C/S DELIV ANTPRTM COND/COMP"	"PREVIOUS C-SECT DELIVERY ANTPRTM COND/COMP"
"654.3"	"RETROVERT&INCARCERAT GRAVID UTERUS"	"RETROVERTED AND INCARCERATED GRAVID UTERUS"
"654.30"	"RETROVRT GRAVID UTERUS UNS EOC"	"RETROVRT&INCARCERAT GRAVID UTRUS UNS EPIS CARE"
"654.31"	"RETROVRT&INCARCERAT GRAVD UTRUS DEL"	"RETROVERTED&INCARCERATED GRAVID UTERUS DELIVERED"
"654.32"	"RETROVRT GRAVID UTERUS DEL-PP COMPL"	"RETROVRT&INCARCERAT GRAVD UTRUS DELIV W/ PPC"
"654.33"	"RETROVERT GRAVID UETRUS ANTEPARTUM"	"RETROVERTED&INCARCERATED GRAVID UTERUS ANTPRTM"
"654.34"	"RETROVRT&INCARCERAT GRAVID UTRUS PP"	"RETROVERTED&INCARCERAT GRAVID UTERUS POSTPARTUM"
"654.4"	"OTH ABN SHAPE/POS GRAVID UTERUS"	"OTH ABN SHAPE/POSTION GRAVIDA UTERUS&NGHBR STRCT"
"654.40"	"OTH ABN SHAPE GRAVID UTERUS-UNS EOC"	"OTH ABNORMAL SHAPE/POSITON GRAVID UTERUS-UNS EOC"
"654.41"	"OTH ABN SHAPE/POS GRAV UTERUS-DEL"	"OTH ABN SHAPE/PSTN GRAVD UTRUS&NGHBR STRCT DELIV"
"654.42"	"OTH ABN SHAPE GRAV UTRS DEL-PP COMPL"	"OTH ABN SHAPE/POS GRAVID UTERUS DEL W/PP COMPL"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"654.43"	"OTH ABN SHAP/POS GRAV UTRUS ANTPRTM"	"OTH ABN SHAPE/POSITION GRAVID UTERUS ANTEPARTUM"
"654.44"	"OTH ABN SHAPE/POS GRAV UTERUS PP"	"OTH ABN SHAPE/PSTN GRAVD UTRUS&OF NGHBR STRCT PP"
"654.5"	"CERVIX INCOMPET IN PREG"	"CERV INCOMPETNCE COMP PG CHLDBRTH/THE PUERPERIUM"
"654.50"	"CERV INCOMPETNCE UNS EPIS CARE PG"	"CERV INCOMPETENCE UNSPEC AS EPIS CARE PREGNANCY"
"654.51"	"CERVICAL INCOMPETENCE	DELIVERED"
"654.52"	"CERV INCOMPETNCE DELIV W/ PPC"	"CERVICAL INCOMPETENCE DELIVERED W/MENTION PPC"
"654.53"	"CERV INCOMPETENCE ANTPRTM COND/COMP"	"CERVICAL INCOMPETENCE ANTPRTM COND/COMPLICATION"
"654.54"	"CERV INCOMPETENCE PP COND/COMP"	"CERV INCOMPETENCE POSTPARTUM COND/COMPLICATION"
"654.6"	"OTH CONGN/ACQ ABN CERV COMPL PG/PP"	"OTH CONGENITAL OR ACQUIRED ABNORMALITY OF CERVIX"
"654.60"	"OTH CONGN/ACQ ABN CERV UNS EOC PG"	"OTH CONGN/ACQ ABNORM CERV UNSPEC AS EPIS CARE PG"
"654.61"	"OTH CONGEN/ACQ ABNORM CERV W/DELIV"	"OTH CONGENITAL/ACQUIRED ABNORM CERVIX W/DELIVERY"
"654.62"	"OTH CONGN/ACQ ABN CERV DELIV W/ PPC"	"OTH CONGEN/ACQ ABNORM CERV DELIV W/MENTION PPC"
"654.63"	"OTH CONGN/ACQ ABN CERV ANTPRTM COMP"	"OTH CONGENITAL/ACQ ABNORM CERV ANTPRTM COND/COMP"
"654.64"	"OTH CONGN/ACQ ABN CERV PP COND/COMP"	"OTH CONGEN/ACQ ABNORM CERV POSTPARTUM COND/COMP"
"654.7"	"ABNORMAL VAGINA IN PREG"	"CONGENITAL OR ACQUIRED ABNORMALITY OF VAGINA"
"654.70"	"CONGN/ACQ ABN VAG UNS EPIS CARE PG"	"CONGEN/ACQ ABNORM VAGINA UNSPEC AS EPIS CARE PG"
"654.71"	"CONGEN/ACQ ABNORM VAGINA W/DELIVERY"	"CONGENITAL/ACQUIRED ABNORM VAGINA W/DELIVERY"
"654.72"	"CONGN/ACQ ABN VAG DELIV W/ PPC"	"CONGEN/ACQ ABNORM VAGINA DELIVERED W/MENTION PPC"
"654.73"	"CONGN/ACQ ABN VAG ANTPRTM COND/COMP"	"CONGENITAL/ACQ ABNORM VAGINA ANTPRTM COND/COMP"
"654.74"	"CONGN/ACQ ABNORM VAG PP COND/COMP"	"CONGEN/ACQ ABNORM VAGINA POSTPARTUM COND/COMP"
"654.8"	"CONGEN/ACQ ABN VULVA COMPL PG CB/PP"	"CONGEN/ACQUIRED ABN VULVA COMPL PG CB/PP"
"654.80"	"CONGN/ACQ ABN VULVA UNS EOC PG"	"CONGEN/ACQ ABNORM VULVA UNSPEC AS EPIS CARE PG"
"654.81"	"CONGEN/ACQ ABNORM VULVA W/DELIVERY"	"CONGENITAL/ACQUIRED ABNORMALITY VULVA W/DELIVERY"
"654.82"	"CONGN/ACQ ABN VULVA DELIV W/ PPC"	"CONGEN/ACQ ABNORM VULVA DELIVERED W/MENTION PPC"
"654.83"	"CONGN/ACQ ABN VULVA ANTPRTM COMP"	"CONGENITAL/ACQ ABNORM VULVA ANTPRTM COND/COMP"
"654.84"	"CONGN/ACQ ABNORM VULVA PP COND/COMP"	"CONGENITAL/ACQ ABNORM VULVA POSTPARTUM COND/COMP"
"654.9"	"OTH&UNS ABN ORGN&PLV COMPL PG CB&PP"	"OTH&UNS ABN ORGAN&SFT TISS PELVIS COMPL PG CB&PP"
"654.90"	"OTH&UNS ABN ORGN PELV UNS EOC PG"	"OTH&UNS ABN ORGANS&SOFT TISS PELVIS UNS EOC PG"
"654.91"	"UNS ABN ORGN&SFT TISS PELV DELIV"	"OTH&UNSPEC ABNORM ORGN&SOFT TISSUES PELV W/DELIV"
"654.92"	"OTH&UNS ABN ORGN&PLV DEL W/PP COMPL"	"OTH&UNS ABN ORGN&SOFT TISS PELVIS DEL W/PP COMPL"
"654.93"	"OTH&UNS ABN ORGN&PELV ANTPRTM COMPL"	"OTH&UNS ABN ORGN&PELVIS ANTPRTM COND/COMPL"
"654.94"	"UNS ABN ORGN&SFT TISS PELV PP COMP"	"OTH&UNS ABN ORGAN&SOFT TISS PELVIS PP COND/COMPL"
"655"	"KNOWN/SPCT FETAL ABNORM MGMT MOTH"	"KNOWN/SUSPECTED FETAL ABNORM AFFECT MGMT MOTH"
"655.0"	"CNS MALFORM FETUS AFFECT MGMT MOM"	"CNTRL NERV SYS MALFORM FETUS AFFECT MGMT MOTH"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"655.00"	"CNS MALFORMATION FETUS UNS EOC PG"	"CNTRL NERV SYS MALFORM FETUS UNS AS EPIS CARE PG"
"655.01"	"CNTRL NERV SYS MALFORM FETUS DELIV"	"CNTRL NERV SYS MALFORMATION IN FETUS W/DELIVERY"
"655.03"	"CNTRL NRV SYS MALFORM FETUS ANTPRTM"	"CNTRL NERV SYS MALFORMATION IN FETUS ANTEPARTUM"
"655.1"	"CHROMOSM ABNORM FETUS MGMT MOTH"	"CHROMOSOMAL ABNORM FETUS AFFECT MANAGEMENT MOTH"
"655.10"	"CHROMOSOM ABN FETUS UNS EOC PG"	"CHROMOSM ABNORM FETUS MGMT MOTH UNS EPIS CARE PG"
"655.11"	"CHROMOSM ABN FETUS MGMT MOTH DELIV"	"CHROMOSM ABNORM FETUS AFFECT MGMT MOTH W/DELIV"
"655.13"	"CHROMOSM ABN-MGMT MOM FETUS ANTPRTM"	"CHROMOSOM ABNORM FETUS AFFECT MGMT MOM ANTPRTM"
"655.2"	"HEREDIT DZ POSS AFFCT FTUS MGMT MOM"	"HEREDITARY DZ FAMILY POSS AFFECT FETUS MGMT MOM"
"655.20"	"HEREDIT DZ AFFCT FETUS UNS EOC PG"	"HEREDITARY DZ POSS AFFECT FETUS UNS EOC PG"
"655.21"	"HEREDIT DZ POSS AFFCT FETUS DEL"	"HEREDITARY DZ POSS AFFECT FETUS MGMT MOM W/DEL"
"655.23"	"HEREDIT DZ FETUS ANTPRTM COND/COMPL"	"HEREDITRY DZ POSS AFFCT FETUS ANTPRTM COND/COMPL"
"655.3"	"SPCT DMGE FTUS-VIRL DZ MOM MGMT MOM"	"SPCT DAMGE FETUS VIRAL DZ MOM AFFCT MGMT MOM"
"655.30"	"SPCT DMGE FTUS D/T MAT VIRS-UNS EOC"	"SUSPECTED DAMAGE FETUS MATERNL VIRUS-UNS EOC"
"655.31"	"SPCT DAMGE FETUS VIRL DZ MOM DEL"	"SPCT DAMGE FETUS VIRL DZ MOM AFFCT MGMT MOM DEL"
"655.33"	"SPCT DMGE FTUS-MAT VIRL DZ ANTPRTM"	"SPCT DAMGE FETUS VIRAL DZ MOM ANTPRTM COMPL"
"655.4"	"SPCT DMGE FETUS-OTH DZ MOM MGMT MOM"	"SPCT DAMGE FETUS OTH DZ MOM AFFCT MGMT MOM"
"655.40"	"SPCT DAMGE FETUS-OTH MAT DZ-UNS EOC"	"SPCT DAMGE FETUS OTH DZ MOM UNS EOC PG"
"655.41"	"SPCT DAMGE FETUS OTH DZ MOM DEL"	"SPCT DAMGE FETUS OTH DZ MOM AFFCT MGMT MOM DEL"
"655.43"	"SPCT DMGE FETUS-OTH MAT DZ ANTPRTM"	"SPCT DAMGE FETUS OTH DZ MOM ANTPRTM COND/COMPL"
"655.5"	"SPCT DAMGE FETUS FROM RX MGMT MOTH"	"SUSPECTED DAMGE FETUS FROM RX AFFECT MGMT MOTH"
"655.50"	"SPCT DMGE FETUS-RX MGMT MOM UNS EOC"	"SPCT DAMGE FETUS FROM RX MGMT MOTH UNS EPIS CARE"
"655.51"	"SPCT DAMGE FETUS RX MGMT MOTH DELIV"	"SPCT DAMGE FETUS FROM RX AFFECT MGMT MOTH DELIV"
"655.53"	"SPCT DMGE FETUS-RX-MGMT MOM ANTPRTM"	"SPCT DAMGE FETUS FROM RX AFFCT MGMT MOTH ANTPRTM"
"655.6"	"SPCT DAMGE FETUS FROM RAD MGMT MOTH"	"SUSPECTED DAMGE FETUS FROM RAD AFFECT MGMT MOTH"
"655.60"	"SPCT DMGE FTUS RAD MGMT MOM UNS EOC"	"SPCT DAMGE FETUS RAD MGMT MOTH UNS EPIS CARE"
"655.61"	"SPCT DAMGE FETUS RAD MGMT MOTH DEL"	"SPCT DAMGE FETUS FROM RAD AFFECT MGMT MOTH DELIV"
"655.63"	"SPCT DAMGE FETUS RAD-ANTPRTM COMPL"	"SPCT DAMGE FETUS RAD MGMT MOTH ANTPRTM COND/COMP"
"655.7"	"DECREASED FETAL MOVEMENTS"	"DECREASED FETAL MOVEMENTS"
"655.70"	"DECR FETAL MOVMENTS UNS AS EPIS CARE"	"DECREASED FETAL MOVEMENTS UNSPEC AS EPISODE CARE"
"655.71"	"DECR FETAL MOVMENTS MGMT MOTH DELIV"	"DECR FETAL MOVEMENTS AFFECT MGMT MOTH DELIV"
"655.73"	"DCRESL FETL MOVEMENT ANTPRTM COMPL"	"DECR FETAL MOVMENTS MGMT MOTH ANTPRTM COND/COMP"
"655.8"	"OTH KNWN/SPCT FETL ABN NEC-MGMT MOM"	"OTH KNOWN/SPCT FETAL ABNORM NEC AFFECT MGMT MOTH"
"655.80"	"OTH KNWN/SPCT FETL ABN NEC-UNS EOC"	"OTH KNOWN/SPCT FETL ABN NEC MGMT MOTH UNS EOC"
"655.81"	"OTH KNWN/SPCT FETL ABN NEC DEL"	"OTH KNOWN/SPCT FETAL ABNORM NEC MGMT MOTH DELIV"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"655.83"	"OTH KNWN FETL ABN-NEC-ANTPRTM COMPL"	"OTH KNOWN/SUSPECTED FETAL ABNORMALITY-NEC-APC/C"
"655.9"	"UNSPEC FETAL ABNORM AFFECT MGMT MOTH"	"UNSPEC FETAL ABNORM AFFECTING MANAGEMENT MOTH"
"655.90"	"UNS FETL ABN MGMT MOTH UNS EOC"	"UNS FETAL ABNORM MGMT MOTH UNS AS EPIS CARE"
"655.91"	"UNS FETAL ABNORM MGMT MOTH DELIV"	"UNSPEC FETAL ABNORM AFFECT MANAGEMENT MOTH DELIV"
"655.93"	"UNS FETL ABN MGMT MOTH ANTPRTM COMP"	"UNS FETAL ABNORM MGMT MOTH ANTPRTM COND/COMP"
"656"	"OTH FETAL&PLACNTL PROBS MGMT MOTH"	"OTH FETAL&PLACENTAL PROBLEMS AFFECT MGMT MOTH"
"656.0"	"FETAL-MTRN HEMORR AFFECT MGMT MOTH"	"FETAL-MATERNAL HEMORRHAGE AFFECT MANAGEMENT MOTH"
"656.00"	"FETAL-MTRN HEMORR UNS EPIS CARE PG"	"FETAL-MTRN HEMORR UNSPEC AS EPIS CARE PREGNANCY"
"656.01"	"FETAL-MATERNAL HEMORRHAGE W/DELIV"	"FETAL-MATERNAL HEMORRHAGE WITH DELIVERY"
"656.03"	"FETAL-MTRN HEMORR ANTPRTM COND/COMP"	"FETAL-MATERNAL HEMORRHAGE ANTPRTM COND/COMP"
"656.1"	"RHESUS ISOIMMUN AFFECT MGMT MOTH"	"RHESUS ISOIMMUNIZATION AFFECTING MANAGEMENT MOTH"
"656.10"	"RHESUS ISOIMMUN UNS AS EPIS CARE PG"	"RHESUS ISOIMMUNIZATION UNSPEC AS EPIS CARE PG"
"656.11"	"RHESUS ISOIMMUN MGMT MOTH DELIV"	"RHESUS ISOIMMUNIZATION AFFECT MGMT MOTH DELIV"
"656.13"	"RH ISOIMMUN-MGMT MOM ANTPRTM COND"	"RHESUS ISOIMMUN AFFECT MGMT MOTH ANTPRTM COND"
"656.2"	"ISOIMMUN UNS BLD-GRP INCOMPAT MOM"	"ISOIMMUN FROM OTH&UNS BLD-GRP INCOMPAT MGMT MOTH"
"656.20"	"ISOIMUN UNS BLD INCOMPAT UNS EOC PG"	"ISOIMMU UNS BLD-GRP INCOMPAT UNS EPIS CARE PG"
"656.21"	"ISOIMUN UNS BLD-GRP INCMPAT MOM DEL"	"ISOIMMU OTH&UNS BLD-GRP INCOMPAT MGMT MOTH DELIV"
"656.23"	"ISOIMUN UNS BLD-GRP INCMPAT ANTPRTM"	"ISOIMMU UNS BLD-GRP INCOMPAT MGMT MOTH ANTPRTM"
"656.3"	"FETAL DISTRESS AFFECT MGMT MOTH"	"FETAL DISTRESS AFFECTING MANAGEMENT OF MOTHER"
"656.30"	"FETL DISTRESS MGMT MOTH UNS EOC"	"FETAL DISTRESS AFFECT MGMT MOTH UNS AS EPIS CARE"
"656.31"	"FETAL DISTRESS MGMT MOTH DELIV"	"FETAL DISTRESS AFFECT MANAGEMENT MOTH DELIVERED"
"656.33"	"FETAL DISTRESS MGMT MOTH ANTPRTM"	"FETAL DISTRESS AFFECT MANAGEMENT MOTH ANTEPARTUM"
"656.4"	"INTRAUTERINE DEATH AFFECT MGMT MOTH"	"INTRAUTERINE DEATH AFFECTING MANAGEMENT MOTHER"
"656.40"	"INTRAUTERN DEATH MGMT MOTH UNS EOC"	"INTRAUTERN DEATH MGMT MOTH UNS AS EPIS CARE"
"656.41"	"INTRAUTERN DEATH MGMT MOTH DELIV"	"INTRAUTERINE DEATH AFFECT MANAGEMENT MOTH DELIV"
"656.43"	"INTRAUTERN DEATH MGMT MOTH ANTPRTM"	"INTRAUTERINE DEATH AFFECT MGMT MOTH ANTPRTM"
"656.5"	"POOR FETAL GROWTH AFFECT MGMT MOTH"	"POOR FETAL GROWTH AFFECTING MANAGEMENT OF MOTHER"
"656.50"	"POOR FETL GROWTH MGMT MOTH UNS EOC"	"POOR FETAL GROWTH MGMT MOTH UNS AS EPIS CARE"
"656.51"	"POOR FETAL GROWTH MGMT MOTH DELIV"	"POOR FETAL GROWTH AFFECT MANAGEMENT MOTH DELIV"
"656.53"	"POOR FETL GROWTH ANTPRTM COND/COMPL"	"POOR FETAL GROWTH MGMT MOTH ANTPRTM COND/COMP"
"656.6"	"EXCESS FETAL GROWTH AFFECT MGMT MOTH"	"EXCESSIVE FETAL GROWTH AFFECTING MANAGEMENT MOTH"
"656.60"	"XCESS FETL GROWTH MGMT MOTH UNS EOC"	"XCESS FETAL GROWTH MGMT MOTH UNS AS EPIS CARE"
"656.61"	"XCESS FETAL GROWTH MGMT MOTH DELIV"	"EXCESS FETAL GROWTH AFFECT MANAGEMENT MOTH DELIV"
"656.63"	"XCESS FETL GROWTH MGMT MOTH ANTPRTM"	"EXCESS FETAL GROWTH AFFECT MGMT MOTH ANTPRTM"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"656.7"	"OTH PLACNTL CONDS AFFECT MGMT MOTH"	"OTH PLACENTAL CONDS AFFECTING MANAGEMENT MOTH"
"656.70"	"OTH PLACNTL COND MGMT MOTH UNS EOC"	"OTH PLACNTL CONDS MGMT MOTH UNS AS EPIS CARE"
"656.71"	"OTH PLACNTL CONDS MGMT MOTH DELIV"	"OTH PLACENTAL CONDS AFFECT MANAGEMENT MOTH DELIV"
"656.73"	"OTH PLACNTL CONDS MGMT MOTH ANTPRTM"	"OTH PLACENTAL CONDS AFFECT MGMT MOTH ANTPRTM"
"656.8"	"OTH FETL&PLACNTL PROBS MGMT MOTH"	"OTH SPEC FETAL&PLACNTL PROBLEMS AFFECT MGMT MOTH"
"656.80"	"OTH SPEC FETL&PLACNTL PROBS UNS EOC"	"OTH SPEC FETL&PLACNTL PROBS MGMT MOTH UNS EOC"
"656.81"	"OTH SPEC FETAL&PLACNTL PROBS DEL"	"OTH SPEC FETAL&PLACNTL PROBS MGMT MOTH DELIV"
"656.83"	"OTH SPEC FETAL&PLACNTL PROB ANTPRTM"	"OTH SPEC FETAL&PLACNTL PROBS MGMT MOTH ANTPRTM"
"656.9"	"UNS FETAL&PLACNTL PROB MGMT MOTH"	"UNSPEC FETAL&PLACENTAL PROBLEM AFFECT MGMT MOTH"
"656.90"	"UNS FETL&PLACNTL PROB UNS EPIS CARE"	"UNS FETAL&PLACNTL PROB MGMT MOTH UNS EPIS CARE"
"656.91"	"UNS FETL&PLACNTL PROB MGMT MOTH DEL"	"UNSPEC FETAL&PLACNTL PROB AFFECT MGMT MOTH DELIV"
"656.93"	"UNS FETAL&PLACENTAL PROB ANTEPARTUM"	"UNS FETAL&PLACNTL PROB AFFCT MGMT MOTH ANTPRTM"
"657"	"POLYHYDRAMNIOS"	"POLYHYDRAMNIOS"
"657.0"	"POLYHYDRAMNIOS"	"POLYHYDRAMNIOS"
"657.00"	"POLYHYDRAMNIOS UNSPEC AS EPIS CARE"	"POLYHYDRAMNIOS UNSPECIFIED AS TO EPISODE OF CARE"
"657.01"	"POLYHYDRAMNIOS"	WITH DELIVERY"
"657.03"	"POLYHYDRAMNIOS ANTPRTM COMPLICATION"	"POLYHYDRAMNIOS ANTEPARTUM COMPLICATION"
"658"	"OTH PROBS ASSOC W/AMNIOTIC CAV&MEMB"	"OTH PROBLEMS ASSOC W/AMNIOTIC CAVITY&MEMBRANES"
"658.0"	"OLIGOHYDRAMNIOS"	"OLIGOHYDRAMNIOS"
"658.00"	"OLIGOHYDRAMNIOS UNSPEC AS EPIS CARE"	"OLIGOHYDRAMNIOS UNSPECIFIED AS TO EPISODE CARE"
"658.01"	"OLIGOHYDRAMNIOS"	DELIVERED"
"658.03"	"OLIGOHYDRAMNIOS"	ANTEPARTUM"
"658.1"	"PREMATURE RUPTURE MEMB PREGNANCY"	"PREMATURE RUPTURE OF MEMBRANES IN PREGNANCY"
"658.10"	"PRMAT RUP MEMB PG UNS AS EPIS CARE"	"PREMATURE RUPTURE MEMB PG UNSPEC AS EPIS CARE"
"658.11"	"PREMATURE RUPTURE MEMB PG DELIV"	"PREMATURE RUPTURE MEMBRANES PREGNANCY DELIVERED"
"658.13"	"PREMATURE RUPTURE MEMB PG ANTPRTM"	"PREMATURE RUPTURE MEMBRANES PREGNANCY ANTEPARTUM"
"658.2"	"DELAY DEL AFTER SPONT/UNS RUP MEMB"	"DELAY DELIV AFTER SPONT/UNSPEC RUPTURE MEMB"
"658.20"	"DLAY DEL SPONT/UNS RUP MEMB UNS EOC"	"DELAY DELIV AFTER SPONT/UNS RUP MEMB UNS EOC"
"658.21"	"DELAY DEL SPONT/UNS RUP MEMB DEL"	"DELAY DELIV AFTER SPONT/UNSPEC RUP MEMB DELIV"
"658.23"	"DLAY DEL SPONT/UNS RUP MEMB ANTPRTM"	"DELAY DELIV AFTER SPONT/UNSPEC RUP MEMB ANTPRTM"
"658.3"	"DELAY DELIV AFTER ARTFICL RUP MEMB"	"DELAY DELIVERY AFTER ARTFICL RUPTURE MEMBRANES"
"658.30"	"DELAY DEL ARTFICL RUP MEMB UNS EOC"	"DELAY DELIV AFTER ARTFICL RUP MEMB UNS EPIS CARE"
"658.31"	"DELAY DEL ARTFICL RUPTURE MEMB DEL"	"DELAY DELIV AFTER ARTFICL RUPTURE MEMB DELIV"
"658.33"	"DELAY DEL ARTFICL RUP MEMB ANTPRTM"	"DELAY DELIV AFTER ARTFICL RUPTURE MEMB ANTPRTM"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"658.4"	"INFECTION OF AMNIOTIC CAVITY"	"INFECTION OF AMNIOTIC CAVITY"
"658.40"	"INF AMNIOTIC CAV UNS AS EPIS CARE"	"INFECTION AMNIOTIC CAVITY UNSPEC AS EPISODE CARE"
"658.41"	"INFECTION AMNIOTIC CAVITY DELIVERED"	"INFECTION OF AMNIOTIC CAVITY DELIVERED"
"658.43"	"INFECTION AMNIOTIC CAVITY ANTPRTM"	"INFECTION OF AMNIOTIC CAVITY ANTEPARTUM"
"658.8"	"OTH PROBS ASSOC W/AMNIOTIC CAV&MEMB"	"OTH PROBLEMS ASSOC W/AMNIOTIC CAVITY&MEMBRANES"
"658.80"	"OTH PROB W/AMNIOTIC CAV&MEMB UNS EOC"	"OTH PROB ASSOC W/AMNIOTIC CAV&MEMB UNS EPIS CARE"
"658.81"	"OTH PROB W/AMNIOTIC CAV&MEMB DELIV"	"OTH PROBLEM ASSOC W/AMNIOTIC CAVITY&MEMB DELIV"
"658.83"	"OTH PROB W/AMNIOTIC CAV&MEMB ANTPRTM"	"OTH PROBLEM ASSOC W/AMNIOTIC CAVITY&MEMB ANTPRTM"
"658.9"	"UNS PROB ASSOC W/AMNIOTIC CAV&MEMB"	"UNSPEC PROBLEM ASSOC W/AMNIOTIC CAVITY&MEMBRANES"
"658.90"	"UNS PROB W/AMNIOTIC CAV&MEMB UNS EOC"	"UNS PROB ASSOC W/AMNIOTIC CAV&MEMB UNS EPIS CARE"
"658.91"	"UNS PROB W/AMNIOTIC CAV&MEMB DELIV"	"UNSPEC PROB ASSOC W/AMNIOTIC CAVITY&MEMB DELIV"
"658.93"	"UNS PROB W/AMNIOTIC CAV&MEMB ANTPRTM"	"UNSPEC PROB ASSOC W/AMNIOTIC CAVITY&MEMB ANTPRTM"
"659"	"OTH INDICAT CARE/INTRVN REL L&D NEC"	"OTH INDICATS CARE/INTERVENTION RELATED L&D NEC"
"659.0"	"FAILED MECHANICAL INDUCTION LABOR"	"FAILED MECHANICAL INDUCTION OF LABOR"
"659.00"	"FAILMECH INDUCT LABR UNS EPIS CARE"	"FAILED MECH INDUCTION LABOR UNSPEC AS EPIS CARE"
"659.01"	"FAILED MECH INDUCTION LABOR DELIV"	"FAILED MECHANICAL INDUCTION OF LABOR DELIVERED"
"659.03"	"FAILED MECH INDUCTION LABOR ANTPRTM"	"FAILED MECHANICAL INDUCTION OF LABOR ANTEPARTUM"
"659.1"	"FAILMEDICAL/UNSPEC INDUCTION LABOR"	"FAILED MEDICAL OR UNSPECIFIED INDUCTION OF LABOR"
"659.10"	"FAILMED/UNS INDUCT LABR UNS EOC"	"FAILMED/UNSPEC INDUCT LABR UNSPEC AS EPIS CARE"
"659.11"	"FAILMED/UNSPEC INDUCT LABR DELIV"	"FAILED MEDICAL/UNSPEC INDUCTION LABOR DELIVERED"
"659.13"	"FAILMED/UNSPEC INDUCT LABR ANTPRTM"	"FAILED MEDICAL/UNSPEC INDUCTION LABOR ANTEPARTUM"
"659.2"	"MTRN PYREXIA DURING LABOR UNSPEC"	"MATERNAL PYREXIA DURING LABOR UNSPECIFIED"
"659.20"	"UNS MTRN PYREXIA DUR LABR UNS EOC"	"UNSPEC MTRN PYREXIA DUR LABR UNSPEC AS EPIS CARE"
"659.21"	"UNSPEC MTRN PYREXIA DUR LABOR DELIV"	"UNSPEC MATERNAL PYREXIA DURING LABOR DELIVERED"
"659.23"	"UNSPEC MATERNAL PYREXIA ANTEPARTUM"	"UNSPECIFIED MATERNAL PYREXIA ANTEPARTUM"
"659.3"	"GENERALIZED INFECTION DURING LABOR"	"GENERALIZED INFECTION DURING LABOR"
"659.30"	"GEN INF DUR LABR UNS AS EPIS CARE"	"GEN INFECTION DURING LABOR UNSPEC AS EPIS CARE"
"659.31"	"GEN INFECTION DURING LABOR DELIV"	"GENERALIZED INFECTION DURING LABOR DELIVERED"
"659.33"	"GEN INFECTION DURING LABOR ANTPRTM"	"GENERALIZED INFECTION DURING LABOR ANTEPARTUM"
"659.4"	"GRAND MULTIPARITY W/CURRENT PG"	"GRAND MULTIPARITY WITH CURRENT PREGNANCY"
"659.40"	"GRAND MXIPARITY W/CURR PG UNS EOC"	"GRAND MULTIPARITY W/CURRNT PG UNS AS EPIS CARE"
"659.41"	"GRAND MULTIP DEL W/VO ANTPRTM COND"	"GRAND MULTIPARITY DELIV W/VO ANTPRTM COND"
"659.43"	"GRAND MULTIPARITY W/CURR PG ANTPRTM"	"GRAND MULTIPARITY W/CURRENT PREGNANCY ANTEPARTUM"
"659.5"	"ELDERLY PRIMIGRAVIDA"	"ELDERLY PRIMIGRAVIDA"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"659.50"	"ELDER PRIMIGRAVIDA UNS AS EPIS CARE"	"ELDERLY PRIMIGRAVIDA UNSPECIFIED AS EPISODE CARE"
"659.51"	"ELDERLY PRIMIGRAVIDA"	DELIVERED"
"659.53"	"ELDERLY PRIMIGRAVIDA"	ANTEPARTUM"
"659.6"	"ELDERLY MULTIGRAVIDA"	"ELDERLY MULTIGRAVIDA"
"659.60"	"ELDER MXIGRAVDA UNS EOC/NOT APPLIC"	"ELDER MULTIGRAVIDA UNS AS EPIS CARE/NOT APPLIC"
"659.61"	"ELDER MXIGRAVDA DEL W/ANTPRTM COND"	"ELDER MULTIGRAVIDA DELIV W/MENTION ANTPRTM COND"
"659.63"	"ELDER MXIGRAVDA W/ANTPRTM COND/COMP"	"ELDERLY MULTIGRAVIDA W/ANTPRTM COND/COMPLICATION"
"659.7"	"ABNORMALITY FETAL HEART RATE/RHYTHM"	"ABNORMALITY IN FETAL HEART RATE OR RHYTHM"
"659.70"	"ABN FETAL HEART RATE/RHYTHM UNS EOC"	"ABN FETL HRT RATE/RHYTHM UNS EOC/NOT APPLIC"
"659.71"	"ABN FETAL HEART RATE/RHYTHM DEL"	"ABN FETL HRT RATE/RHYTHM DELIV W/WO ANTPRTM COND"
"659.73"	"ABN FETAL HEART RATE ANTPRTM COMPL"	"ABNORM FETAL HEART RATE/RHYTHM ANTPRTM COND/COMP"
"659.8"	"OTH INDICAT CARE/INTRVN REL L&D"	"OTH SPEC INDICATS CARE/INTERVENTION RELATED L&D"
"659.80"	"OTH INDCAT CARE REL L&D UNS EOC"	"OTH SPEC INDICAT CARE/INTRVN REL L&D UNS EOC"
"659.81"	"OTH INDICAT CARE/INTRVN REL L&D DEL"	"OTH SPEC INDICAT CARE/INTERVEN RELATED L&D DELIV"
"659.83"	"OTH INDCAT CARE REL L&D ANTEPARTUM"	"OTH SPEC INDICAT CARE/INTERVEN REL L&D ANTPRTM"
"659.9"	"UNS INDICAT CARE/INTERVEN REL L&D"	"UNSPEC INDICATION CARE/INTERVENTION RELATED L&D"
"659.90"	"UNS INDICAT CARE REL L&D UNS EOC"	"UNS INDICAT CARE/INTERVEN REL L&D UNS EPIS CARE"
"659.91"	"UNS INDICAT CARE/INTRVN REL L&D DEL"	"UNSPEC INDICAT CARE/INTERVEN RELATED L&D DELIV"
"659.93"	"UNS INDICAT CARE REL L&D ANTPRTM"	"UNSPEC INDICAT CARE/INTERVEN RELATED L&D ANTPRTM"
"66"	"OPERATIONS ON FALLOPIAN TUBES"	"OPERATIONS ON FALLOPIAN TUBES"
"66.0"	"SALPINGOTOMY"	"SALPINGOTOMY"
"66.01"	"SALPINGOTOMY"	"SALPINGOTOMY"
"66.02"	"SALPINGOSTOMY"	"SALPINGOSTOMY"
"66.1"	"DIAGNOSTIC PROC FALLOPIAN TUBES"	"DIAGNOSTIC PROCEDURES ON FALLOPIAN TUBES"
"66.11"	"BIOPSY OF FALLOPIAN TUBE"	"BIOPSY OF FALLOPIAN TUBE"
"66.19"	"OTH DIAGNOSTIC PROC FALLOPIAN TUBES"	"OTHER DIAGNOSTIC PROCEDURES ON FALLOPIAN TUBES"
"66.2"	"BIL ENDO DEST/OCCLU FALLOPIAN TUBES"	"BILATERAL ENDO DESTRUC/OCCLUSION FALLOPIAN TUBES"
"66.21"	"BIL ENDO LIG-CRUSH FALLOPIAN TUBES"	"BILATERAL ENDO LIGATION&CRUSHING FALLOPIAN TUBES"
"66.22"	"BILAT ENDO LIG&DIV FALLOP TUBES"	"BILATERAL ENDO LIGATION&DIV FALLOPIAN TUBES"
"66.29"	"OTH BIL ENDO DESTRUC FALLOP TUBES"	"OTH BILAT ENDO DESTRUC/OCCLUSION FALLOP TUBES"
"66.3"	"OTH BILAT DESTRUC/OCCL FALLOP TUBES"	"OTH BILATERAL DESTRUC/OCCLUSION FALLOPIAN TUBES"
"66.31"	"OTH BILAT LIG&CRUSHING FALLOP TUBES"	"OTH BILATERAL LIGATION&CRUSHING FALLOPIAN TUBES"
"66.32"	"OTH BILAT LIGATION&DIV FALLOP TUBES"	"OTH BILATERAL LIGATION&DIVISION FALLOPIAN TUBES"
"66.39"	"OTH BILAT DESTRUC/OCCL FALLOP TUBES"	"OTH BILATERAL DESTRUC/OCCLUSION FALLOPIAN TUBES"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"66.4"	"TOTAL UNILATERAL SALPINGECTOMY"	"TOTAL UNILATERAL SALPINGECTOMY"
"66.5"	"TOTAL BILATERAL SALPINGECTOMY"	"TOTAL BILATERAL SALPINGECTOMY"
"66.51"	"REMOV BIL FALLOP TUBES-SAME SURG"	"REMOVAL BOTH FALLOPIAN TUBES@SAME OPERATIVE EPIS"
"66.52"	"REMOVAL OF REMAINING FALLOPIAN TUBE"	"REMOVAL OF REMAINING FALLOPIAN TUBE"
"66.6"	"OTHER SALPINGECTOMY"	"OTHER SALPINGECTOMY"
"66.61"	"EXCISION/DESTRUC LESION FALLOP TUBE"	"EXCISION OR DESTRUCTION LESION FALLOPIAN TUBE"
"66.62"	"SALPINGECTOMY W/REMOVAL TUBAL PG"	"SALPINGECTOMY WITH REMOVAL OF TUBAL PREGNANCY"
"66.63"	"BILATERAL PARTIAL SALPINGECTOMY NOS"	"BILATERAL PARTIAL SALPINGECTOMY NOS"
"66.69"	"OTHER PARTIAL SALPINGECTOMY"	"OTHER PARTIAL SALPINGECTOMY"
"66.7"	"REPAIR OF FALLOPIAN TUBE"	"REPAIR OF FALLOPIAN TUBE"
"66.71"	"SIMPLE SUTURE OF FALLOPIAN TUBE"	"SIMPLE SUTURE OF FALLOPIAN TUBE"
"66.72"	"SALPINGO-OOPHOROSTOMY"	"SALPINGO-OOPHOROSTOMY"
"66.73"	"SALPINGO-SALPINGOSTOMY"	"SALPINGO-SALPINGOSTOMY"
"66.74"	"SALPINGO-UTEROSTOMY"	"SALPINGO-UTEROSTOMY"
"66.79"	"OTHER REPAIR OF FALLOPIAN TUBE"	"OTHER REPAIR OF FALLOPIAN TUBE"
"66.8"	"INSUFFLATION OF FALLOPIAN TUBE"	"INSUFFLATION OF FALLOPIAN TUBE"
"66.9"	"OTHER OPERATIONS ON FALLOPIAN TUBES"	"OTHER OPERATIONS ON FALLOPIAN TUBES"
"66.91"	"ASPIRATION OF FALLOPIAN TUBE"	"ASPIRATION OF FALLOPIAN TUBE"
"66.92"	"UNILAT DESTRUC/OCCL FALLOP TUBE"	"UNILATERAL DESTRUCTION/OCCLUSION FALLOPIAN TUBE"
"66.93"	"IMPL/REPLCMT PROSTHESIS FALLOP TUBE"	"IMPLANTATION/REPLACEMENT PROSTHESIS FALLOP TUBE"
"66.94"	"REMOVAL PROSTHESIS FALLOPIAN TUBE"	"REMOVAL OF PROSTHESIS OF FALLOPIAN TUBE"
"66.95"	"INSUFFLATION TX AGT IN FALLOP TUBES"	"INSUFFLATION THERAPEUTIC AGT INTO FALLOP TUBES"
"66.96"	"DILATION OF FALLOPIAN TUBE"	"DILATION OF FALLOPIAN TUBE"
"66.97"	"BURYING OF FIMBRIAE IN UTERINE WALL"	"BURYING OF FIMBRIAE IN UTERINE WALL"
"66.99"	"OTHER OPERATIONS ON FALLOPIAN TUBES"	"OTHER OPERATIONS ON FALLOPIAN TUBES"
"660"	"OBSTRUCTED LABOR"	"OBSTRUCTED LABOR"
"660.0"	"OBST CAUS MALPSTN FETUS@ONSET LABR"	"OBSTRUCTION CAUSED MALPOSITION FETUS@ONSET LABOR"
"660.00"	"OBST CAUS MALPSTN FTUS@LABR UNS EOC"	"OBST CAUS MALPSTN FETUS@ONSET LABR UNS EPIS CARE"
"660.01"	"OBST CAUS MALPOS FETUS@LABOR DEL"	"OBST CAUS MALPOSITION FETUS@ONSET LABR DELIV"
"660.03"	"OBST CAUS MALPOS FETUS@LABR ANTPRTM"	"OBST CAUS MALPOSITION FETUS@ONSET LABR ANTPRTM"
"660.1"	"OBSTRUCTION BONY PELVIS DURING L&D"	"OBSTRUCTION BY BONY PELVIS DURING L&D"
"660.10"	"OBST BONY PELV DUR L&D UNS EOC"	"OBST BONY PELV DUR L&D UNSPEC AS EPIS CARE"
"660.11"	"OBSTRUCTION BONY PELV DUR L&D DELIV"	"OBSTRUCTION BY BONY PELVIS DURING L&D DELIVERED"
"660.13"	"OBST BONY PELV DUR L&D ANTPRTM"	"OBSTRUCTION BY BONY PELVIS DURING L&D ANTEPARTUM"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"660.2"	"OBST ABNORM PELV SOFT TISS DUR L&D"	"OBSTRUCTION ABNORMAL PELV SOFT TISS DURING L&D"
"660.20"	"OBST ABN PELV SFT TISS-L&D UNS EOC"	"OBST ABNORM PELV SFT TISS DUR L&D UNS EPIS CARE"
"660.21"	"OBST ABN PELV SFT TISS-L&D DEL"	"OBST ABN PELV SFT TISS DUR LABRAND DELIV DELIV"
"660.23"	"OBST ABN PELV SOFT TISS-L&D ANTPRTM"	"OBST ABNORM PELV SOFT TISS DUR L&D ANTPRTM"
"660.3"	"DEEP TRANS ARREST-OCCIPITOPOSTR POS"	"DEEP TRANSVERSE ARREST-OCCIPITOPOSTERIOR POSIT"
"660.30"	"DEEP TRANS ARRST-OCCIPTPOST-UNS EOC"	"DEEP TRNSVRSE ARREST-OCCIPITOPOST POSIT-UNS EOC"
"660.31"	"DEEP TRANS ARRST-OCCIPITPOST-L&D"	"DEEP TRNSVRSE ARREST-OCCIPITOPOSTER-DEL-UNS APC"
"660.33"	"DEEP TRANS ARRST-OCCIPTPOST ANTPRTM"	"DEEP TRANSVERSE ARREST-OCCIPITOPOST POSIT-APC/C"
"660.4"	"SHOULDER DYSTOCIA DURING L&D"	"SHOULDER DYSTOCIA DURING LABOR AND DELIVERY"
"660.40"	"SHLDR DYSTOCIA DUR L&D UNS EOC"	"SHOULDER DYSTOCIA DURING L&D UNSPEC AS EPIS CARE"
"660.41"	"SHLDR DYSTOCIA DUR LABR&DEL ER DEL"	"SHOULDER DYSTOCIA DURING LABOR&DELIVER DELIVERED"
"660.43"	"SHLDR DYSTOCIA DURING L&D ANTPRTM"	"SHOULDER DYSTOCIA DURING L&D ANTEPARTUM"
"660.5"	"LOCKED TWINS"	"LOCKED TWINS"
"660.50"	"LOCKED TWINS DUR L&D UNS EOC PG"	"LOCKED TWINS DURING L&D UNSPEC AS EPIS CARE PG"
"660.51"	"LOCKED TWINS"	"DELIVERED"
"660.53"	"LOCKED TWINS"	"ANTEPARTUM"
"660.6"	"UNSPECIFIED FAILED TRIAL OF LABOR"	"UNSPECIFIED FAILED TRIAL OF LABOR"
"660.60"	"UNS FAILTRIAL LABR UNSIFED AS EPIS"	"UNSPEC FAILED TRIAL LABOR UNSPECIFIED AS EPISODE"
"660.61"	"UNSPEC FAILED TRIAL LABOR DELIVERED"	"UNSPECIFIED FAILED TRIAL OF LABOR DELIVERED"
"660.63"	"UNSPEC FAILED TRIAL LABOR ANTPRTM"	"UNSPECIFIED FAILED TRIAL OF LABOR ANTEPARTUM"
"660.7"	"UNSPEC FAILED FORCEPS/VAC EXT"	"UNSPECIFIED FAILED FORCEPS OR VACUUM EXTRACTOR"
"660.70"	"UNS FAILFORCEPS/VAC EXT UNS EOC"	"UNS FAILD FORCEP/VAC EXTRACTOR UNS AS EPIS CARE"
"660.71"	"UNSPEC FAILED FORCEPS/VAC EXT DELIV"	"UNSPEC FAILED FORCEPS/VACUUM EXTRACTOR DELIVERED"
"660.73"	"FAILFORCEPS/VAC EXT UNSPEC ANTPRTM"	"FAILED FORCEPS/VAC EXT UNSPEC ANTEPARTUM"
"660.8"	"OTHER CAUSES OF OBSTRUCTED LABOR"	"OTHER CAUSES OF OBSTRUCTED LABOR"
"660.80"	"OTH CAUS OBST LABR UNS AS EPIS CARE"	"OTH CAUSES OBSTRUCTED LABOR UNSPEC AS EPIS CARE"
"660.81"	"OTH CAUSES OBSTRUCTED LABOR DELIV"	"OTHER CAUSES OF OBSTRUCTED LABOR DELIVERED"
"660.83"	"OTH CAUSES OBSTRUCTED LABOR ANTPRTM"	"OTHER CAUSES OF OBSTRUCTED LABOR ANTEPARTUM"
"660.9"	"UNSPECIFIED OBSTRUCTED LABOR"	"UNSPECIFIED OBSTRUCTED LABOR"
"660.90"	"UNS OBST LABR UNS AS EPIS CARE"	"UNSPEC OBSTRUCTED LABOR UNSPEC AS EPISODE CARE"
"660.91"	"UNSPEC OBSTRUCTED LABOR W/DELIVERY"	"UNSPECIFIED OBSTRUCTED LABOR WITH DELIVERY"
"660.93"	"UNSPEC OBSTRUCTED LABOR ANTEPARTUM"	"UNSPECIFIED OBSTRUCTED LABOR ANTEPARTUM"
"661"	"ABNORMALITY OF FORCES OF LABOR"	"ABNORMALITY OF FORCES OF LABOR"
"661.0"	"PRIMARY UTERINE INERTIA"	"PRIMARY UTERINE INERTIA"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"661.00"	"PRIM UTERN INERTIA UNS AS EPIS CARE"	"PRIMARY UTERINE INERTIA UNSPEC AS EPISODE CARE"
"661.01"	"PRIMARY UTERINE INERTIA W/DELIVERY"	"PRIMARY UTERINE INERTIA WITH DELIVERY"
"661.03"	"PRIMARY UTERINE INERTIA	ANTEPARTUM"
"661.1"	"SECONDARY UTERINE INERTIA"	"SECONDARY UTERINE INERTIA"
"661.10"	"SEC UTERN INERTIA UNS AS EPIS CARE"	"SEC UTERINE INERTIA UNSPECIFIED AS EPISODE CARE"
"661.11"	"SEC UTERINE INERTIA WITH DELIVERY"	"SECONDARY UTERINE INERTIA WITH DELIVERY"
"661.13"	"SEC UTERINE INERTIA ANTEPARTUM"	"SECONDARY UTERINE INERTIA ANTEPARTUM"
"661.2"	"OTHER&UNSPECIFIED UTERINE INERTIA"	"OTHER AND UNSPECIFIED UTERINE INERTIA"
"661.20"	"OTH&UNS UTERN INERTIA UNS EPIS CARE"	"OTH&UNSPEC UTERINE INERTIA UNSPEC AS EPIS CARE"
"661.21"	"OTH&UNSPEC UTERINE INERTIA W/DELIV"	"OTHER AND UNSPECIFIED UTERINE INERTIA W/DELIVERY"
"661.23"	"OTH&UNSPEC UTERINE INERTIA ANTPRTM"	"OTHER AND UNSPECIFIED UTERINE INERTIA ANTEPARTUM"
"661.3"	"PRECIPITATE LABOR"	"PRECIPITATE LABOR"
"661.30"	"PRECIPITATE LABR UNS AS EPIS CARE"	"PRECIPITATE LABOR UNSPECIFIED AS TO EPISODE CARE"
"661.31"	"PRECIPITATE LABOR	WITH DELIVERY"
"661.33"	"PRECIPITATE LABOR	ANTEPARTUM"
"661.4"	"HYPERTONIC/PROLONGED UTERN CONTRACT"	"HYPERTON INCOORD/PROLONGED UTERINE CONTRACTIONS"
"661.40"	"HYPRTON/PROLNG UTERN CNTRCT UNS EOC"	"HYPERTON INCOORD/PROLNG UTERN CONTRACS UNS EOC"
"661.41"	"HYPERTON/PROLNG UTERN CONTRACT DEL"	"HYPERTON INCOORD/PROLONG UTERINE CONTRACS DELIV"
"661.43"	"HYPERTON/PROLNG UTRN CNTRCT ANTPRTM"	"HYPERTON INCOORD/PROLNG UTERINE CONTRACS ANTPRTM"
"661.9"	"UNSPECIFIED ABNORMALITY OF LABOR"	"UNSPECIFIED ABNORMALITY OF LABOR"
"661.90"	"UNS ABNORM LABR UNS AS EPIS CARE"	"UNSPEC ABNORMALITY LABOR UNSPEC AS EPISODE CARE"
"661.91"	"UNSPEC ABNORMALITY LABOR W/DELIVERY"	"UNSPECIFIED ABNORMALITY OF LABOR WITH DELIVERY"
"661.93"	"UNSPEC ABNORMALITY LABOR ANTEPARTUM"	"UNSPECIFIED ABNORMALITY OF LABOR ANTEPARTUM"
"662"	"LONG LABOR"	"LONG LABOR"
"662.0"	"PROLONGED FIRST STAGE OF LABOR"	"PROLONGED FIRST STAGE OF LABOR"
"662.00"	"PROLNG 1 STAGE LABR UNS EPIS CARE"	"PROLONGED 1 STAGE LABOR UNSPEC AS EPISODE CARE"
"662.01"	"PROLONGED 1 STAGE LABOR DELIVERED"	"PROLONGED FIRST STAGE OF LABOR DELIVERED"
"662.03"	"PROLONGED 1 STAGE LABOR ANTEPARTUM"	"PROLONGED FIRST STAGE OF LABOR ANTEPARTUM"
"662.1"	"UNSPECIFIED PROLONGED LABOR"	"UNSPECIFIED PROLONGED LABOR"
"662.10"	"UNS PROLNG LABR UNS AS EPIS CARE"	"UNSPEC PROLONGED LABOR UNSPEC AS EPISODE CARE"
"662.11"	"UNSPEC PROLONGED LABOR DELIVERED"	"UNSPECIFIED PROLONGED LABOR DELIVERED"
"662.13"	"UNSPEC PROLONGED LABOR ANTEPARTUM"	"UNSPECIFIED PROLONGED LABOR ANTEPARTUM"
"662.2"	"PROLONGED SECOND STAGE OF LABOR"	"PROLONGED SECOND STAGE OF LABOR"
"662.20"	"PROLNG 2 STAGE LABR UNS EPIS CARE"	"PROLONGED 2 STAGE LABOR UNSPEC AS EPISODE CARE"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"662.21"	"PROLONGED 2 STAGE LABOR DELIVERED"	"PROLONGED SECOND STAGE OF LABOR DELIVERED"
"662.23"	"PROLONGED 2 STAGE LABOR ANTEPARTUM"	"PROLONGED SECOND STAGE OF LABOR ANTEPARTUM"
"662.3"	"DELAYED DELIVERY 2 TWIN TRIPLET ETC"	"DELAYED DELIVERY OF SECOND TWIN TRIPLET ETC"
"662.30"	"DELAY DEL 2 TWIN TRIPLT ETC UNS EOC"	"DELAY DELIV 2 TWIN TRIPLT ETC UNS AS EPIS CARE"
"662.31"	"DELAY DELIV 2 TWIN TRIPLT ETC DELIV"	"DELAYED DELIVERY 2 TWIN TRIPLET ETC DELIVERED"
"662.33"	"DELAY DEL 2 TWIN TRIPLT ETC ANTPRTM"	"DELAYED DELIVERY 2 TWIN TRIPLET ETC ANTEPARTUM"
"663"	"UMBILICAL CORD COMPS DURING L&D"	"UMBILICAL CORD COMPLICATIONS DURING L&D"
"663.0"	"PROLAPSE OF CORD COMPLICATING L&D"	"PROLAPSE OF CORD COMPLICATING LABOR AND DELIVERY"
"663.00"	"PROLAPS CORD COMP L&D UNS EPIS CARE"	"PROLAPSE CORD COMP L&D UNSPEC AS EPISODE CARE"
"663.01"	"PROLAPSE CORD COMP L&D DELIVERED"	"PROLAPSE OF CORD COMPLICATING L&D DELIVERED"
"663.03"	"PROLAPSE CORD COMP L&D ANTPRTM"	"PROLAPSE OF CORD COMPLICATING L&D ANTEPARTUM"
"663.1"	"CORD AROUND NECK W/COMPRS COMP L&D"	"CORD AROUND NECK W/COMPRESSION COMPLICATING L&D"
"663.10"	"CORD AROUND NECK-COMPRS UNS EOC"	"CORD AROUND NCK W/COMPRS COMP L&D UNS EPIS CARE"
"663.11"	"CORD AROUND NECK-COMPRS DEL"	"CORD AROUND NECK W/COMPRS COMP L&D DELIVERED"
"663.13"	"CORD AROUND NECK-COMPRS ANTPRTM"	"CORD AROUND NECK W/COMPRESSION COMP L&D ANTPRTM"
"663.2"	"UNS CRD ENTANGL W/COMPRS COMP L&D"	"OTH&UNSPEC CORD ENTANGMENT W/COMPRS COMP L&D"
"663.20"	"OTH& UNS CORD-COMPRESS UNS EOC"	"UNS CRD ENTANGL W/COMPRS COMP L&D UNS EPIS CARE"
"663.21"	"OTH&UNS CORD-COMPPRS COMPL L&D DEL"	"OTH&UNSPEC CORD ENTANGL W/COMPRS COMP L&D DELIV"
"663.23"	"OTH&UNS CORD-COMPRS COMPL L&D ANTPR"	"OTH&UNS CORD ENTANGL W/COMPRS COMP L&D ANTPRTM"
"663.3"	"UNS CRD ENTANGL W/O COMPRS COMP L&D"	"OTH&UNS CORD ENTANGL W/O MENTION COMPRS COMP L&D"
"663.30"	"OTH&UNS CORD ENTANGLE UNS EOC"	"UNS CRD ENTANGL W/O COMPRS COMP L&D UNS EOC"
"663.31"	"OTH&UNS CORD ENTANGLE COMPL L&D DEL"	"OTH&UNS CRD ENTANGL W/O COMPRS COMP L&D DELIV"
"663.33"	"OTH&UNS CRD ENTANGL COMPL L&D ANTPR"	"OTH&UNS CRD ENTANGL W/O COMPRS COMP L&D ANTPRTM"
"663.4"	"SHORT CORD COMPLICATING L&D"	"SHORT CORD COMPLICATING LABOR AND DELIVERY"
"663.40"	"SHRT CORD COMP L&D UNS AS EPIS CARE"	"SHORT CORD COMP L&D UNSPEC AS EPISODE CARE"
"663.41"	"SHORT CORD COMP L&D DELIVERED"	"SHORT CORD COMPLICATING L&D DELIVERED"
"663.43"	"SHORT CORD COMPLICATING L&D ANTPRTM"	"SHORT CORD COMPLICATING L&D ANTEPARTUM"
"663.5"	"VASA PREVIA COMPLICATING L&D"	"VASA PREVIA COMPLICATING LABOR AND DELIVERY"
"663.50"	"VASA PREVIA COMP L&D UNS EPIS CARE"	"VASA PREVIA COMP L&D UNSPEC AS EPISODE CARE"
"663.51"	"VASA PREVIA COMP L&D DELIVERED"	"VASA PREVIA COMPLICATING L&D DELIVERED"
"663.53"	"VASA PREVIA COMP L&D ANTPRTM"	"VASA PREVIA COMPLICATING L&D ANTEPARTUM"
"663.6"	"VASCULAR LESIONS CORD COMP L&D"	"VASCULAR LESIONS OF CORD COMPLICATING L&D"
"663.60"	"VASC LES CRD COMP L&D UNS EPIS CARE"	"VASCULAR LES CORD COMP L&D UNSPEC AS EPIS CARE"
"663.61"	"VASCULAR LES CORD COMP L&D DELIV"	"VASCULAR LESIONS CORD COMPLICATING L&D DELIVERED"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"663.63"	"VASCULAR LES CORD COMP L&D ANTPRTM"	"VASCULAR LESIONS CORD COMPLICATING L&D ANTPRTM"
"663.8"	"OTH UMBILICAL CORD COMPS DURING L&D"	"OTHER UMBILICAL CORD COMPLICATIONS DURING L&D"
"663.80"	"OTH UMB CRD COMPS DUR L&D UNS EOC"	"OTH UMB CORD COMPS DUR L&D UNSPEC AS EPIS CARE"
"663.81"	"OTH UMB CORD COMPS DURING L&D DELIV"	"OTH UMBILICAL CORD COMPS DURING L&D DELIVERED"
"663.83"	"OTH UMB CORD COMPS DUR L&D ANTPRTM"	"OTH UMBILICAL CORD COMPS DURING L&D ANTPRTM"
"663.9"	"UNSPEC UMB CORD COMP DURING L&D"	"UNSPEC UMBILICAL CORD COMPLICATION DURING L&D"
"663.90"	"UNS UMB CRD COMP DUR L&D UNS EOC"	"UNSPEC UMB CORD COMP DUR L&D UNSPEC AS EPIS CARE"
"663.91"	"UNSPEC UMB CORD COMP DUR L&D DELIV"	"UNSPEC UMBILICAL CORD COMP DURING L&D DELIVERED"
"663.93"	"UNS UMB CORD COMP DUR L&D ANTPRTM"	"UNSPEC UMBILICAL CORD COMP DURING L&D ANTPRTM"
"664"	"TRAUMA PERINEUM&VULVA DURING DELIV"	"TRAUMA TO PERINEUM AND VULVA DURING DELIVERY"
"664.0"	"1-DEG PERINL LACERATION DUR DELIV"	"FIRST-DEGREE PERINEAL LACERATION DURING DELIVERY"
"664.00"	"1-DEG PERINL LAC UNS EPIS CARE PG"	"1-DEG PERINL LACERATION UNSPEC AS EPIS CARE PG"
"664.01"	"1-DEG PERINEAL LACERATION W/DELIV"	"FIRST-DEGREE PERINEAL LACERATION WITH DELIVERY"
"664.04"	"1-DEG PERINL LACERATION POSTPARTUM"	"FIRST-DEGREE PERINEAL LACERATION POSTPARTUM"
"664.1"	"2-DEG PERINL LACERATION DUR DELIV"	"2-DEGREE PERINEAL LACERATION DURING DELIVERY"
"664.10"	"2-DEG PERINL LAC UNS EPIS CARE PG"	"2-DEG PERINL LACERATION UNSPEC AS EPIS CARE PG"
"664.11"	"2-DEG PERINEAL LACERATION W/DELIV"	"SECOND-DEGREE PERINEAL LACERATION WITH DELIVERY"
"664.14"	"2-DEG PERINL LACERATION POSTPARTUM"	"SECOND-DEGREE PERINEAL LACERATION POSTPARTUM"
"664.2"	"THIRD-DEG PERINL LAC DUR DELIV"	"THIRD-DEGREE PERINEAL LACERATION DURING DELIVERY"
"664.20"	"THIRD-DEG PERINL LAC UNS EOC PG"	"THIRD-DEG PERINL LAC UNSPEC AS EPIS CARE PG"
"664.21"	"THIRD-DEG PERINL LACERATION W/DELIV"	"THIRD-DEGREE PERINEAL LACERATION WITH DELIVERY"
"664.24"	"THIRD-DEG PERINL LACERATION PP"	"THIRD-DEGREE PERINEAL LACERATION POSTPARTUM"
"664.3"	"FOURTH-DEG PERINL LAC DUR DELIV"	"FOURTH-DEG PERINEAL LACERATION DURING DELIVERY"
"664.30"	"FOURTH-DEG PERINL LAC UNS EOC PG"	"FOURTH-DEG PERINL LAC UNSPEC AS EPIS CARE PG"
"664.31"	"FOURTH-DEG PERINL LACERATION DELIV"	"FOURTH-DEGREE PERINEAL LACERATION WITH DELIVERY"
"664.34"	"FOURTH-DEG PERINL LACERATION PP"	"FOURTH-DEGREE PERINEAL LACERATION POSTPARTUM"
"664.4"	"UNSPEC PERINL LACERATION DUR DELIV"	"UNSPECIFIED PERINEAL LACERATION DURING DELIVERY"
"664.40"	"UNS PERINL LAC UNS AS EPIS CARE PG"	"UNSPEC PERINL LACERATION UNSPEC AS EPIS CARE PG"
"664.41"	"UNSPEC PERINEAL LACERATION W/DELIV"	"UNSPECIFIED PERINEAL LACERATION WITH DELIVERY"
"664.44"	"UNSPEC PERINL LACERATION POSTPARTUM"	"UNSPECIFIED PERINEAL LACERATION POSTPARTUM"
"664.5"	"VULVAR&PERINEAL HEMAT DURING DELIV"	"VULVAR AND PERINEAL HEMATOMA DURING DELIVERY"
"664.50"	"VULVAR&PERINL HEMAT UNS EOC PG"	"VULVAR&PERINL HEMAT UNSPEC AS EPIS CARE PG"
"664.51"	"VULVAR&PERINEAL HEMATOMA W/DELIVERY"	"VULVAR AND PERINEAL HEMATOMA WITH DELIVERY"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"664.54"	"VULVAR&PERINEAL HEMATOMA POSTPARTUM"	"VULVAR AND PERINEAL HEMATOMA POSTPARTUM"
"664.8"	"OTH TRAUMA PERIN&VULVA DUR DELIV"	"OTHER SPEC TRAUMA PERINEUM&VULVA DURING DELIVERY"
"664.80"	"OTH TRAUMA PERIN&VULVA UNS EOC PG"	"OTH SPEC TRAUMA PERIN&VULVA UNS AS EPIS CARE PG"
"664.81"	"OTH SPEC TRAUMA PERIN&VULVA W/DELIV"	"OTHER SPECIFIED TRAUMA PERINEUM&VULVA W/DELIVERY"
"664.84"	"OTH SPEC TRAUMA PERIN&VULVA PP"	"OTHER SPECIFIED TRAUMA PERINEUM&VULVA POSTPARTUM"
"664.9"	"UNSPEC TRAUMA PERIN&VULVA DUR DELIV"	"UNSPEC TRAUMA PERINEUM&VULVA DURING DELIVERY"
"664.90"	"UNS TRAUMA PERIN&VULVA UNS EOC PG"	"UNSPEC TRAUMA PERIN&VULVA UNSPEC AS EPIS CARE PG"
"664.91"	"UNSPEC TRAUMA PERIN&VULVA W/DELIV"	"UNSPECIFIED TRAUMA TO PERINEUM&VULVA W/DELIVERY"
"664.94"	"UNSPEC TRAUMA PERIN&VULVA PP"	"UNSPECIFIED TRAUMA TO PERINEUM&VULVA POSTPARTUM"
"665"	"OTHER OBSTETRICAL TRAUMA"	"OTHER OBSTETRICAL TRAUMA"
"665.0"	"RUPTURE UTERUS BEFORE ONSET LABOR"	"RUPTURE OF UTERUS BEFORE ONSET OF LABOR"
"665.00"	"RUP UTRUS BEFORE ONSET LABR UNS EOC"	"RUP UTERUS BEFORE ONSET LABR UNSPEC AS EPIS CARE"
"665.01"	"RUP UTERUS BEFORE ONSET LABR DELIV"	"RUPTURE UTERUS BEFORE ONSET LABOR W/DELIVERY"
"665.03"	"RUP UTRUS BEFORE ONSET LABR ANTPRTM"	"RUPTURE UTERUS BEFORE ONSET LABOR ANTEPARTUM"
"665.1"	"RUPTURE UTERUS DURING&AFTER LABOR"	"RUPTURE OF UTERUS DURING AND AFTER LABOR"
"665.10"	"RUP UTERUS DUR LABR UNSPEC AS EPIS"	"RUPTURE UTERUS DURING LABOR UNSPEC AS EPISODE"
"665.11"	"RUPTURE UTERUS DURING LABOR W/DELIV"	"RUPTURE OF UTERUS DURING LABOR WITH DELIVERY"
"665.2"	"OBSTETRICAL INVERSION OF UTERUS"	"OBSTETRICAL INVERSION OF UTERUS"
"665.20"	"INVERSION UTRUS UNS AS EPIS CARE PG"	"INVERSION UTERUS UNSPEC AS EPIS CARE PREGNANCY"
"665.22"	"INVERSION UTERUS DELIVERED W/PPC"	"INVERSION UTERUS DELIVERED W/PPC"
"665.24"	"INVERSION OF UTERUS	POSTPARTUM"
"665.3"	"OBSTETRICAL LACERATION OF CERVIX"	"OBSTETRICAL LACERATION OF CERVIX"
"665.30"	"LAC CERV UNSPEC AS EPIS CARE PG"	"LACERATION CERV UNSPEC AS EPISODE CARE PREGNANCY"
"665.31"	"LACERATION OF CERVIX	WITH DELIVERY"
"665.34"	"LACERATION OF CERVIX	POSTPARTUM"
"665.4"	"HIGH VAG LACERATION DUR&AFTER LABOR"	"HIGH VAGINAL LACERATION DURING AND AFTER LABOR"
"665.40"	"HI VAG LAC UNSPEC AS EPIS CARE PG"	"HIGH VAGINAL LACERATION UNSPEC AS EPIS CARE PG"
"665.41"	"HIGH VAGINAL LACERATION W/DELIVERY"	"HIGH VAGINAL LACERATION WITH DELIVERY"
"665.44"	"HIGH VAGINAL LACERATION	POSTPARTUM"
"665.5"	"OTH OB INJURY PELVIC ORGANS"	"OTHER OBSTETRICAL INJURY TO PELVIC ORGANS"
"665.50"	"OTH INJR PELV ORGN UNS EPIS CARE PG"	"OTH INJURY PELV ORGN UNSPEC AS EPIS CARE PG"
"665.51"	"OTH INJURY PELVIC ORGANS W/DELIVERY"	"OTHER INJURY TO PELVIC ORGANS WITH DELIVERY"
"665.54"	"OTH INJURY PELVIC ORGANS POSTPARTUM"	"OTHER INJURY TO PELVIC ORGANS POSTPARTUM"
"665.6"	"OBSTETRICAL DAMGE PELVIC JNT&LIG"	"OBSTETRICAL DAMAGE TO PELVIC JOINTS&LIGAMENTS"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"665.60"	"DAMGE PELV JNT&LIG UNS EPIS CARE PG"	"DAMGE PELV JNT&LIG UNSPEC AS EPIS CARE PREGNANCY"
"665.61"	"DAMGE PELVIC JNT&LIGAMENTS W/DELIV"	"DAMAGE TO PELVIC JOINTS AND LIGAMENTS W/DELIVERY"
"665.64"	"DAMGE PELVIC JNT&LIG POSTPARTUM"	"DAMAGE TO PELVIC JOINTS AND LIGAMENTS POSTPARTUM"
"665.7"	"OBSTETRICAL PELVIC HEMATOMA"	"OBSTETRICAL PELVIC HEMATOMA"
"665.70"	"PELVIC HEMATOMA UNSPEC AS EPIS CARE"	"PELVIC HEMATOMA UNSPECIFIED AS TO EPISODE CARE"
"665.71"	"PELVIC HEMATOMA"	WITH DELIVERY"
"665.72"	"PELVIC HEMATOMA DELIVERED W/PPC"	"PELVIC HEMATOMA DELIVERED W/PPC"
"665.74"	"PELVIC HEMATOMA"	POSTPARTUM"
"665.8"	"OTHER SPECIFIED OBSTETRICAL TRAUMA"	"OTHER SPECIFIED OBSTETRICAL TRAUMA"
"665.80"	"OTH SPEC OB TRAUMA UNS AS EPIS CARE"	"OTH SPEC OBSTETRICAL TRAUMA UNSPEC AS EPIS CARE"
"665.81"	"OTH SPEC OBSTETRICAL TRAUMA W/DELIV"	"OTHER SPECIFIED OBSTETRICAL TRAUMA WITH DELIVERY"
"665.82"	"OTH SPEC OB TRAUMA DELIV W/PP"	"OTH SPEC OBSTETRICAL TRAUMA DELIV W/POSTPARTUM"
"665.83"	"OTH SPEC OBSTETRICAL TRAUMA ANTPRTM"	"OTHER SPECIFIED OBSTETRICAL TRAUMA ANTEPARTUM"
"665.84"	"OTH SPEC OB TRAUMA POSTPARTUM"	"OTHER SPECIFIED OBSTETRICAL TRAUMA POSTPARTUM"
"665.9"	"UNSPECIFIED OBSTETRICAL TRAUMA"	"UNSPECIFIED OBSTETRICAL TRAUMA"
"665.90"	"UNS OB TRAUMA UNS AS EPIS CARE"	"UNSPEC OBSTETRICAL TRAUMA UNSPEC AS EPISODE CARE"
"665.91"	"UNSPEC OBSTETRICAL TRAUMA W/DELIV"	"UNSPECIFIED OBSTETRICAL TRAUMA WITH DELIVERY"
"665.92"	"UNSPEC OB TRAUMA DELIV W/PPC"	"UNSPECIFIED OBSTETRICAL TRAUMA DELIVERED W/PPC"
"665.93"	"UNSPEC OBSTETRICAL TRAUMA ANTPRTM"	"UNSPECIFIED OBSTETRICAL TRAUMA ANTEPARTUM"
"665.94"	"UNSPEC OB TRAUMA POSTPARTUM"	"UNSPECIFIED OBSTETRICAL TRAUMA POSTPARTUM"
"666"	"POSTPARTUM HEMORRHAGE"	"POSTPARTUM HEMORRHAGE"
"666.0"	"THIRD-STAGE POSTPARTUM HEMORRHAGE"	"THIRD-STAGE POSTPARTUM HEMORRHAGE"
"666.00"	"THIRD-STAGE PP HEMORR UNS EPIS CARE"	"THIRD-STAGE PP HEMORR UNSPEC AS EPIS CARE"
"666.02"	"THIRD-STAGE PP HEMORR W/DELIV"	"THIRD-STAGE POSTPARTUM HEMORRHAGE WITH DELIVERY"
"666.04"	"THIRD-STAGE PP HEMORR PP"	"THIRD-STAGE POSTPARTUM HEMORRHAGE POSTPARTUM"
"666.1"	"OTH IMMEDIATE POSTPARTUM HEMORRHAGE"	"OTHER IMMEDIATE POSTPARTUM HEMORRHAGE"
"666.10"	"OTH IMMED PP HEMORR UNS EPIS CARE"	"OTH IMMEDIATE PP HEMORR UNSPEC AS EPIS CARE"
"666.12"	"OTH IMMEDIATE PP HEMORR W/DELIV"	"OTHER IMMEDIATE POSTPARTUM HEMORRHAGE W/DELIVERY"
"666.14"	"OTH IMMEDIATE PP HEMORR PP"	"OTHER IMMEDIATE POSTPARTUM HEMORRHAGE POSTPARTUM"
"666.2"	"DELAYED&SEC POSTPARTUM HEMORRHAGE"	"DELAYED AND SECONDARY POSTPARTUM HEMORRHAGE"
"666.20"	"DELAY&SEC PP HEMORR UNS EPIS CARE"	"DELAY&SEC POSTPARTUM HEMORR UNSPEC AS EPIS CARE"
"666.22"	"DELAY&SEC POSTPARTUM HEMORR W/DELIV"	"DELAYED AND SEC POSTPARTUM HEMORRHAGE W/DELIVERY"
"666.24"	"DELAY&SEC PP HEMORR PP"	"DELAYED AND SEC POSTPARTUM HEMORRHAGE POSTPARTUM"
"666.3"	"POSTPARTUM COAGULATION DEFECTS"	"POSTPARTUM COAGULATION DEFECTS"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"666.30"	"PP COAGULAT DEFEC UNS AS EPIS CARE"	"POSTPARTUM COAGULAT DEFEC UNSPEC AS EPISODE CARE"
"666.32"	"POSTPARTUM COAGULAT DEFEC W/DELIV"	"POSTPARTUM COAGULATION DEFECTS WITH DELIVERY"
"666.34"	"PP COAGULAT DEFEC PP"	"POSTPARTUM COAGULATION DEFECTS POSTPARTUM"
"667"	"RETAIN PLACENTA/MEMB WITHOUT HEMORR"	"RETAINED PLACENTA/MEMBRANES WITHOUT HEMORRHAGE"
"667.0"	"RETAINED PLACENTA WITHOUT HEMORR"	"RETAINED PLACENTA WITHOUT HEMORRHAGE"
"667.00"	"RETN PLACNTA W/O HEMOR UNS EOC"	"RETAIN PLACENTA W/O HEMORR UNSPEC AS EPIS CARE"
"667.02"	"RETN PLACNTA W/O HEMOR DELIV W/ PPC"	"RETN PLACNTA W/O HEMORR DEL W/MENTION PP COMPL"
"667.04"	"RETN PLACNTA W/O HEMOR PP COND/COMP"	"RETAINED PLACENTA WITHOUT HEMORR PP COND/COMP"
"667.1"	"RETN PRTNS PLACNTA/MEMB W/O HEMORR"	"RETAINED PRTNS PLACENTA/MEMBRANES WITHOUT HEMORR"
"667.10"	"RETN PLACNTA/MEMB NO HEM UNS EOC"	"RETN PORTIONS PLACNTA/MEMB W/O HEMORR UNS EOC"
"667.12"	"RETN PLCNTA/MEMB NO HEM DEL W/COMPL"	"RETN PORTIONS PLCNTA/MEMB W/O HEMORR DEL W/COMPL"
"667.14"	"RETN PLACNTA/MEMB NO HEM PP COMPL"	"RETN PORTIONS PLACNTA/MEMB W/O HEMOR PP COMPL"
"668"	"COMPS ADMN ANESTHETIC/OTH SEDAT L&D"	"COMPLICATIONS ADMIN ANESTHETIC/OTH SEDATION L&D"
"668.0"	"PULM COMPL ADMIN ANES/OTH SEDAT L&D"	"PULM COMPL ADMIN ANESESTHESIA/OTH SEDATION L&D"
"668.00"	"PULM COMPL ADMIN ANES L&D UNS EOC"	"PULM COMPL ADMIN ANES/OTH SEDATION L&D UNS EOC"
"668.01"	"PULM COMPL ADMIN ANES/SEDAT L&D DEL"	"PULM COMPL ADMIN ANES/OTH SEDATION L&D DEL"
"668.02"	"PULM COMPL ADMIN ANES DEL W/PPC"	"PULM COMPL ADMIN ANES/OTH SEDAT DEL W/PP COMPL"
"668.03"	"PULM COMPL ADMIN ANES L&D ANTPRTM"	"PULM COMPL ADMIN ANES/OTH SEDATION L&D ANTPRTM"
"668.04"	"PULM COMPL ADMIN ANES L&D PP"	"PULM COMPL ADMIN ANES/OTH SEDATION L&D PP"
"668.1"	"CARD COMPL ADMIN ANES/OTH SEDAT L&D"	"CARD COMPL ADMIN ANESTHESIA/OTH SEDATION L&D"
"668.10"	"CARD COMPL ADMIN ANES L&D UNS EOC"	"CARD COMPL ADMIN ANES/OTH SEDAT L&D UNS EOC"
"668.11"	"CARD COMPL ADMIN ANES L&D DEL"	"CARD COMPL ADMIN ANES/OTH SEDATION L&D DEL"
"668.12"	"CARD COMPL ADMIN ANES L&D-DEL W/PPC"	"CARD COMPL ADMIN ANES/SEDAT L&D-DEL W/PP COMPL"
"668.13"	"CARD COMPL ADMIN ANES L&D ANTPARTUM"	"CARD COMPL ADMIN ANES/OTH SEDAT L&D ANTPARTUM"
"668.14"	"CARD COMPL ADMIN ANES/SEDAT L&D PP"	"CARD COMPL ADMIN ANES/OTH SEDATION L&D PP"
"668.2"	"CNA COMPL ADMIN ANES/SEDAT L&D"	"CNA COMPL ADMIN ANESTHESIA/OTH SEDATION L&D"
"668.20"	"CNA COMPL ADMIN ANES L&D DEL UNS EOC"	"CNA COMPL ADMIN ANES/OTH SEDAT L&D DEL UNS EOC"
"668.21"	"CNA COMPL ADMIN ANES/SEDAT L&D DEL"	"CNA COMPL ADMIN ANES/OTH SEDATION L&D DEL"
"668.22"	"CNA COMPL ADMIN ANES L&D DEL W/PPC"	"CNA COMPL ADMIN ANES/SEDAT L&D DEL W/PP COMPL"
"668.23"	"CNA COMPL ADMIN ANES L&D ANTEPARTUM"	"CNA COMPL ADMIN ANES/OTH SEDAT L&D ANTEPARTUM"
"668.24"	"CNA COMPL ADMIN ANES/SEDAT L&D PP"	"CNA COMPL ADMIN ANES/OTH SEDAT L&D PP"
"668.8"	"OTH COMPL ADMIN ANES/OTH SEDAT L&D"	"OTH COMPL ADMIN ANESTHESIA/OTH SEDATION L&D"
"668.80"	"OTH COMPL ADMIN ANES L&D UNS EOC"	"OTH COMPL ADMIN ANES/OTH SEDAT L&D UNS EOC"
"668.81"	"OTH COMPL ADMIN ANES/SEDAT L&D DEL"	"OTH COMPL ADMIN ANES/OTH SEDATION L&D DEL"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"668.82"	"OTH COMPL ADMN ANES/SEDAT-DEL W/PPC"	"OTH COMPL ADMN ANES/OTH SEDAT DEL W/PP COMPL"
"668.83"	"OTH COMPL ADMIN ANES L&D ANTEPARTUM"	"OTH COMPL ADMIN ANES/OTH SEDAT L&D ANTEPARTUM"
"668.84"	"OTH COMPL ADMIN ANES/SEDAT L&D PP"	"OTH COMPL ADMIN ANES/OTH SEDATION L&D PP"
"668.9"	"UNS COMPL ADMIN ANES/OTH SEDAT L&D"	"UNS COMPL ADMIN ANESTHESIA/OTH SEDATION L&D"
"668.90"	"UNS COMPL ADMIN ANES L&D UNS EOC"	"UNS COMPL ADMIN ANES/OTH SEDATION L&D UNS EOC"
"668.91"	"UNS COMPL ADMIN ANES/SEDAT L&D DEL"	"UNS COMPL ADMIN ANES/OTH SEDATION L&D DEL"
"668.92"	"UNS COMPL ADMN ANES/SEDAT DEL W/PPC"	"UNS COMP ADMN ANESTHESIA/OTH SEDAT L&D DEL W/PPC"
"668.93"	"UNS COMPL ADMIN ANES L&D ANTEPARTUM"	"UNS COMPL ADMIN ANES/OTH SEDAT L&D ANTEPARTUM"
"668.94"	"UNS COMPL ADMIN ANES/SEDAT L&D PP"	"UNS COMPL ADMIN ANES/OTH SEDATION L&D PP"
"669"	"OTHER COMPLICATIONS OF L&D NEC"	"OTHER COMPLICATIONS OF L&D NEC"
"669.0"	"MATERNAL DISTRESS"	"MATERNAL DISTRESS"
"669.00"	"MTRN DISTRESS COMP L&D UNS EOC"	"MATERNAL DISTRESS COMP L&D UNSPEC AS EPIS CARE"
"669.01"	"MTRN DISTRSS DEL W/WO ANTPRTM COND"	"MTRN DISTRESS W/DELIV W/WO MENTION ANTPRTM COND"
"669.02"	"MTRN DISTRESS W/DELIV W/MENTION PPC"	"MATERNAL DISTRESS W/DELIVERY W/MENTION PPC"
"669.03"	"MTRN DISTRESS COMP L&D ANTPRTM COMP"	"MATERNAL DISTRESS COMP L&D ANTPRTM COND/COMP"
"669.04"	"MTRN DISTRESS COMP L&D PP COND/COMP"	"MATERNAL DISTRESS COMP L&D POSTPARTUM COND/COMP"
"669.1"	"SHOCK DURING OR FOLLOWING L&D"	"SHOCK DURING OR FOLLOWING LABOR AND DELIVERY"
"669.10"	"SHOCK DUR/FOLLOW L&D UNS EPIS CARE"	"SHOCK DURING/FOLLOWING L&D UNSPEC AS EPIS CARE"
"669.11"	"SHOCK DURING/FOLLOW L&D W/DELIVERY"	"SHOCK DURING/FOLLOW L&D W/DEL W/W/O ANTPRTM COND"
"669.12"	"SHOCK DUR/FLW L&D DELIV W/ PPC"	"SHOCK DURING/FOLLOWING L&D W/DELIV W/MENTION PPC"
"669.13"	"SHOCK DUR/FOLLOW L&D ANTPRTM SHOCK"	"SHOCK DURING OR FOLLOWING L&D ANTEPARTUM SHOCK"
"669.14"	"SHOCK DURING/FOLLOW L&D PP SHOCK"	"SHOCK DURING OR FOLLOWING L&D POSTPARTUM SHOCK"
"669.2"	"MATERNAL HYPOTENSION SYNDROME"	"MATERNAL HYPOTENSION SYNDROME"
"669.20"	"MTRN HYPOTENS SYND COMP L&D UNS EOC"	"MTRN HYPOTENS SYND COMP L&D UNSPEC AS EPIS CARE"
"669.21"	"MATERNL HYPOTENSION SYNDROME W/DEL"	"MAT HYPOTENSION SYND W/DEL W/W/O ANTPRTM COND"
"669.22"	"MTRN HYPOTENS SYND DELIV W/ PPC"	"MATERNAL HYPOTENS SYNDROME W/DELIV W/MENTION PPC"
"669.23"	"MATERNAL HYPOTENS SYNDROME ANTPRTM"	"MATERNAL HYPOTENSION SYNDROME ANTEPARTUM"
"669.24"	"MTRN HYPOTENS SYNDROME POSTPARTUM"	"MATERNAL HYPOTENSION SYNDROME POSTPARTUM"
"669.3"	"ACUTE RENAL FAILURE FOLLOWING L&D"	"ACUTE RENAL FAILURE FOLLOWING LABOR AND DELIVERY"
"669.30"	"ACUT RENL FAIL FLW L&D UNS EOC"	"ACUTE RENAL FAIL FOLLOW L&D UNSPEC AS EPIS CARE"
"669.32"	"ACUT RENAL FAIL DELIV W/MENTION PPC"	"ACUTE RENAL FAILURE W/DELIVERY W/MENTION PPC"
"669.34"	"ACUT RENL FAIL FLW L&D PP COND/COMP"	"ACUTE RENAL FAIL FOLLOW L&D POSTPARTUM COND/COMP"
"669.4"	"OTH COMPS OBSTETRICAL SURGERY&PROC"	"OTHER COMPLICATIONS OBSTETRICAL SURGERY&PROC"
"669.40"	"OTH COMPS OB SURG&PROC UNS EOC"	"OTH COMPS OB SURGERY&PROC UNSPEC AS EPIS CARE"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"669.41"	"OTH COMPL OB SURG&PROC W/DELIVERY"	"OTH COMPL OB SURG&PROC DELIV W/WO ANTPRTRM COND"
"669.42"	"OTH COMPS OB SURG&PROC DELIV W/ PPC"	"OTH COMPL OB SURG&PROC W/DEL W/MENTION PP COMPL"
"669.43"	"OTH COMPS OB SURG&PROC ANTPRTRM COMP"	"OTH COMPS OB SURGERY&PROC ANTPRTRM COND/COMP"
"669.44"	"OTH COMPS OB SURG&PROC PP COND/COMP"	"OTH COMPS OB SURGERY&PROC POSTPARTUM COND/COMP"
"669.5"	"FORCEPS/VAC EXT DELIV W/O INDICAT"	"FORCEPS/VAC EXT DELIV WITHOUT MENTION INDICATION"
"669.50"	"FORCPC/VAC EXT DEL NO INDICT UNS EOC"	"FORCEPS/VAC EXT DELIV W/O INDICAT UNS EPIS CARE"
"669.51"	"FORCEPS/VAC EXT DEL NO INDICAT DEL"	"FORCEPS/EXTRACTOR DEL W/O INDICATION-DELIVERED"
"669.6"	"BREECH EXTRAC W/O MENTION INDICAT"	"BREECH EXTRACTION WITHOUT MENTION OF INDICATION"
"669.60"	"BREECH XTRAC W/O INDICAT UNS EOC"	"BREECH XTRAC W/O MENTION INDICAT UNS EPIS CARE"
"669.61"	"BREECH XTRAC W/O MEN INDICAT DEL"	"BREECH XTRAC W/O INDICAT DELIV W/WO ANTPRTRM COND"
"669.7"	"C-SECT DELIV W/O MENTION INDICAT"	"CESAREAN DELIVERY WITHOUT MENTION OF INDICATION"
"669.70"	"C/S DELIV W/O INDICAT UNS EPIS CARE"	"C/S DELIV W/O MENTION INDICAT UNS AS EPIS CARE"
"669.71"	"C/S DEL W/O MEN INDICAT DELIVERED"	"C/S DELIV W/O INDICAT DELIV W/WO ANTPRTRM COND"
"669.8"	"OTHER COMPLICATIONS OF L&D"	"OTHER COMPLICATIONS OF LABOR AND DELIVERY"
"669.80"	"OTH COMP L&D UNSPEC AS EPISODE CARE"	"OTHER COMPLICATION L&D UNSPEC AS EPISODE CARE"
"669.81"	"OTH COMP L&D DEL W/WO ANTPRTRM COND"	"OTH COMP L&D DELIVERED W/WO MENTION ANTPRTRM COND"
"669.82"	"OTH COMP L&D DELIV W/MENTION PPC"	"OTHER COMPLICATION L&D DELIVERED W/MENTION PPC"
"669.83"	"OTH COMP L&D ANTPRTRM COND/COMP"	"OTH COMPLICATION L&D ANTPRTRM COND/COMPLICATION"
"669.84"	"OTH COMP L&D POSTPARTUM COND/COMP"	"OTH COMP L&D POSTPARTUM COND/COMP"
"669.9"	"UNSPECIFIED COMPLICATION OF L&D"	"UNSPECIFIED COMPLICATION OF LABOR AND DELIVERY"
"669.90"	"UNSPEC COMP L&D UNSPEC AS EPIS CARE"	"UNSPEC COMPLICATION L&D UNSPEC AS EPISODE CARE"
"669.91"	"UNS COMP L&D DEL W/WO ANTPRTRM COND"	"UNSPEC COMP L&D DELIV W/WO MENTION ANTPRTRM COND"
"669.92"	"UNSPEC COMP L&D DELIV W/MENTION PPC"	"UNSPEC COMPLICATION L&D W/DELIVERY W/MENTION PPC"
"669.93"	"UNSPEC COMP L&D ANTPRTRM COND/COMP"	"UNSPEC COMP L&D ANTPRTRM COND/COMP"
"669.94"	"UNSPEC COMP L&D PP COND/COMP"	"UNSPEC COMP L&D POSTPARTUM COND/COMP"
"67"	"OPERATIONS ON CERVIX"	"OPERATIONS ON CERVIX"
"67.0"	"DILATION OF CERVICAL CANAL"	"DILATION OF CERVICAL CANAL"
"67.1"	"DIAGNOSTIC PROCEDURES ON CERVIX"	"DIAGNOSTIC PROCEDURES ON CERVIX"
"67.11"	"ENDOCERVICAL BIOPSY"	"ENDOCERVICAL BIOPSY"
"67.12"	"OTHER CERVICAL BIOPSY"	"OTHER CERVICAL BIOPSY"
"67.19"	"OTHER DIAGNOSTIC PROCEDURES CERVIX"	"OTHER DIAGNOSTIC PROCEDURES ON CERVIX"
"67.2"	"CONIZATION OF CERVIX"	"CONIZATION OF CERVIX"
"67.3"	"OTH EXC/DESTRUC LESION/TISSUE CERV"	"OTHER EXCISION/DESTRUCTION LESION/TISSUE CERVIX"
"67.31"	"MARSUPIALIZATION OF CERVICAL CYST"	"MARSUPIALIZATION OF CERVICAL CYST"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"67.32"	"DESTRUCTION LESION CERVIX CAUT"	"DESTRUCTION OF LESION OF CERVIX BY CAUTERIZATION"
"67.33"	"DESTRUCTION LESION CERV CRYOSURGERY"	"DESTRUCTION OF LESION OF CERVIX BY CRYOSURGERY"
"67.39"	"OTH EXC/DESTRUC LESION/TISSUE CERV"	"OTHER EXCISION/DESTRUCTION LESION/TISSUE CERVIX"
"67.4"	"AMPUTATION OF CERVIX"	"AMPUTATION OF CERVIX"
"67.5"	"REPAIR OF INTERNAL CERVICAL OS"	"REPAIR OF INTERNAL CERVICAL OS"
"67.51"	"TRANSABDOMINAL CERCLAGE OF CERVIX"	"TRANSABDOMINAL CERCLAGE OF CERVIX"
"67.59"	"OTHER REPAIR OF CERVICAL OS"	"OTHER REPAIR OF CERVICAL OS"
"67.6"	"OTHER REPAIR OF CERVIX"	"OTHER REPAIR OF CERVIX"
"67.61"	"SUTURE OF LACERATION OF CERVIX"	"SUTURE OF LACERATION OF CERVIX"
"67.62"	"REPAIR OF FISTULA OF CERVIX"	"REPAIR OF FISTULA OF CERVIX"
"67.69"	"OTHER REPAIR OF CERVIX"	"OTHER REPAIR OF CERVIX"
"670"	"MAJOR PUERPERAL INFECTION"	"MAJOR PUERPERAL INFECTION"
"670.0"	"MAJOR PUERPERAL INFECTION"	"MAJOR PUERPERAL INFECTION"
"670.00"	"MAJ PUERPERAL INF UNS AS EPIS CARE"	"MAJOR PUERPERAL INFECTION UNSPEC AS EPISODE CARE"
"670.02"	"MAJ PUERPERAL INF DELIV W/ PPC"	"MAJOR PUERPERAL INFECTION DELIV W/MENTION PPC"
"670.04"	"MAJOR PUERPERAL INF POSTPARTUM"	"MAJOR PUERPERAL INFECTION POSTPARTUM"
"671"	"VENOUS COMPS PG&THE PUERPERIUM"	"VENOUS COMPLICATIONS IN PREGNANCY&THE PUERPERIUM"
"671.0"	"VARICOSE VNS LEGS PG&THE PUERPERIUM"	"VARICOSE VEINS OF LEGS PREGNANCY&THE PUERPERIUM"
"671.00"	"VARICOS VNS LEGS COMP PG&PP UNS EOC"	"VARICOSE VNS LEGS COMP PG&THE PUERPERIUM UNS EOC"
"671.01"	"VARICOSE VEINS LEGS W/DELIVERY"	"VARICOSE VNS LEGS DELIV W/VO ANTPRTM COND"
"671.02"	"VARICOSE VNS LEGS DELIV W/ PPC"	"VARICOSE VEINS LEGS W/DELIVERY W/MENTION PPC"
"671.03"	"VARICOSE VEINS OF LEGS	ANTEPARTUM"
"671.04"	"VARICOSE VEINS OF LEGS	POSTPARTUM"
"671.1"	"VARICOS VNS VULVA&PERIN PG&PP"	"VARICOSE VEINS VULVA&PERIN PG&THE PUERPERIUM"
"671.10"	"VRICOS VNS VULV COMPL PG&PP UNS EOC"	"VARICOS VNS VULVA&PERIN COMP PG&PP UNS EOC"
"671.11"	"VARICOSE VEINS VULVA&PERINEUM W/DEL"	"VARICOSE VNS VULVA&PERIN DELIV W/VO ANTPRTM COND"
"671.12"	"VARICOS VNS VULVA&PERIN DELIV W/PPC"	"VARICOSE VEINS VULVA&PERIN W/DELIV W/MENTION PPC"
"671.13"	"VARICOSE VEINS VULVA&PERIN ANTPRTM"	"VARICOSE VEINS OF VULVA AND PERINEUM ANTEPARTUM"
"671.14"	"VARICOSE VEINS VULVA&PERIN PP"	"VARICOSE VEINS OF VULVA AND PERINEUM POSTPARTUM"
"671.2"	"SUP THROMBOPHLEB PG&THE PUERPERIUM"	"SUPERFICIAL THROMBOPHLEBITIS PG&THE PUERPERIUM"
"671.20"	"SUP THROMBOPHLEB COMP PG&PP UNS EOC"	"SUP THROMBOPHLEB COMP PG&THE PUERPERIUM UNS EOC"
"671.21"	"SUPERFICIAL THROMBOPHLEBITIS W/DEL"	"SUP THROMBOPHLEB DELIV W/VO MENTION ANTPRTM COND"
"671.22"	"SUP THROMBOPHLEB DELIV W/ PPC"	"SUP THROMBOPHLEBITIS W/DELIV W/MENTION PPC"
"671.23"	"SUP THROMBOPHLEBITIS ANTPRTM"	"SUPERFICIAL THROMBOPHLEBITIS ANTEPARTUM"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"671.24"	"SUPERFICIAL THROMBOPHLEBITIS PP"	"SUPERFICIAL THROMBOPHLEBITIS POSTPARTUM"
"671.3"	"DEEP PHLEBOTHROMBOSIS ANTEPARTUM"	"DEEP PHLEBOTHROMBOSIS ANTEPARTUM"
"671.30"	"DP PHLEBOTHROMB ANTPRTM UNS EOC"	"DEEP PHLEBOTHROMB ANTPRTM UNSPEC AS EPIS CARE"
"671.31"	"DEEP PHLEBOTHROMB ANTPRTM W/DELIV"	"DEEP PHLEBOTHROMBOSIS ANTEPARTUM WITH DELIVERY"
"671.33"	"DP PHLEBOTHROMBOS ANTPRTM-COND/COMP"	"DEEP PHLEBOTHROMBOSIS ANTPRTM-ANTPRTM COND/COMP"
"671.4"	"DEEP PHLEBOTHROMBOSIS POSTPARTUM"	"DEEP PHLEBOTHROMBOSIS POSTPARTUM"
"671.40"	"DP PHLEBOTHROMB PP UNS AS EPIS CARE"	"DEEP PHLEBOTHROMBOSIS PP UNSPEC AS EPIS CARE"
"671.42"	"DEEP PHLEBOTHROMBOSIS PP W/DELIV"	"DEEP PHLEBOTHROMBOSIS POSTPARTUM WITH DELIVERY"
"671.44"	"DP PHLEBOTHROMBOSIS PP-PP COND/COMP"	"DEEP PHLEBOTHROMBOSIS POSTPARTUM-PP COND/COMP"
"671.5"	"OTH PHLEBITIS&THROMB PG&PP"	"OTH PHLEBITIS&THROMBOSIS PG&THE PUERPERIUM"
"671.50"	"OTH PHLEB&THRMB COMPL PG&PP UNS EOC"	"OTH PHLEBITIS&THROMB COMP PG&PP UNS EOC"
"671.51"	"OTH PHLEBITIS&THROMBOSIS W/DELIVERY"	"OTH PHLEBITIS&THROMB DELIV W/WO ANTPRTM COND"
"671.52"	"OTH PHLEBITIS&THROMB DELIV W/ PPC"	"OTH PHLEBITIS&THROMBOSIS W/DELIV W/MENTION PPC"
"671.53"	"OTH ANTEPARTUM PHLEBITIS&THROMBOSIS"	"OTHER ANTEPARTUM PHLEBITIS AND THROMBOSIS"
"671.54"	"OTH POSTPARTUM PHLEBITIS&THROMBOSIS"	"OTHER POSTPARTUM PHLEBITIS AND THROMBOSIS"
"671.8"	"OTH VENOUS COMPS PG&THE PUERPERIUM"	"OTH VENOUS COMPS PREGNANCY&THE PUERPERIUM"
"671.80"	"OTH VENUS COMP PG&PP UNS EOC"	"OTH VENUS COMP PG&THE PUERPERIUM UNS EPIS CARE"
"671.81"	"OTH VENOUS COMPLICATIONS W/DELIVERY"	"OTH VENOUS COMP DELIV W/WO MENTION ANTPRTM COND"
"671.82"	"OTH VENOUS COMP DELIV W/MENTION PPC"	"OTH VENOUS COMPLICATION W/DELIVERY W/MENTION PPC"
"671.83"	"OTH VENOUS COMPLICATION ANTEPARTUM"	"OTHER VENOUS COMPLICATION ANTEPARTUM"
"671.84"	"OTH VENOUS COMPLICATION POSTPARTUM"	"OTHER VENOUS COMPLICATION POSTPARTUM"
"671.9"	"UNS VENOUS COMP PG&THE PUERPERIUM"	"UNSPEC VENOUS COMP PREGNANCY&THE PUERPERIUM"
"671.90"	"UNS VENUS COMP PG&PP UNS EOC"	"UNS VENUS COMP PG&THE PUERPERIUM UNS EPIS CARE"
"671.91"	"UNS VENOUS COMPLICATIONS W/DELIVERY"	"UNS VENOUS COMP DELIV W/WO MENTION ANTPRTM COND"
"671.92"	"UNS VENOUS COMP DELIV W/MENTION PPC"	"UNSPEC VENOUS COMP W/DELIVERY W/MENTION PPC"
"671.93"	"UNSPEC VENOUS COMPLICATION ANTPRTM"	"UNSPECIFIED VENOUS COMPLICATION ANTEPARTUM"
"671.94"	"UNSPEC VENOUS COMP POSTPARTUM"	"UNSPECIFIED VENOUS COMPLICATION POSTPARTUM"
"672"	"PYREXIA UNKN ORIG DUR THE PURPERIUM"	"PYREXIA OF UNKNOWN ORIGIN DURING THE PUERPERIUM"
"672.0"	"PYREXIA UNKN ORIG DUR THE PURPERIUM"	"PYREXIA OF UNKNOWN ORIGIN DURING THE PUERPERIUM"
"672.00"	"PUERPERL PYREXIA UNKN ORIGN UNS EOC"	"PUERPERAL PYREXIA UNKN ORIGIN UNS AS EPIS CARE"
"672.02"	"PUERPERL PYREX UNKN ORIGN DEL W/PPC"	"PUERPERAL PYREXIA UNKN ORIGIN DELIV W/ PPC"
"672.04"	"PUERPERAL PYREXIA UNKNOWN ORIGIN PP"	"PUERPERAL PYREXIA OF UNKNOWN ORIGIN POSTPARTUM"
"673"	"OBSTETRICAL PULMONARY EMBOLISM"	"OBSTETRICAL PULMONARY EMBOLISM"
"673.0"	"OBSTETRICAL AIR EMBOLISM"	"OBSTETRICAL AIR EMBOLISM"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"673.00"	"OB AIR EMBO UNSPEC AS EPIS CARE"	"OBSTETRICAL AIR EMBOLISM UNSPEC AS EPISODE CARE"
"673.01"	"OB AIR EMBO DELIV W/WO ANTPRTM COND"	"OB AIR EMBO W/DELIV W/WO MENTION ANTPRTM COND"
"673.02"	"OB AIR EMBO W/DELIV W/MENTION PPC"	"OBSTETRICAL AIR EMBOLISM W/DELIV W/MENTION PPC"
"673.03"	"OB AIR EMBO ANTPRTM COND/COMP"	"OBSTETRICAL AIR EMBOLISM ANTPRTM COND/COMP"
"673.04"	"OB AIR EMBO POSTPARTUM COND/COMP"	"OBSTETRICAL AIR EMBOLISM POSTPARTUM COND/COMP"
"673.1"	"AMNIOTIC FLUID EMBOLISM"	"AMNIOTIC FLUID EMBOLISM"
"673.10"	"AMNIOTIC FL EMBO UNS AS EPIS CARE"	"AMNIOTIC FLUID EMBOLISM UNSPEC AS EPISODE CARE"
"673.11"	"AMNIOTIC FLUID EMBOLISM W/DELIVERY"	"AMNIOTIC FLUID EMBOLISM DEL W/WO ANTEPARTUM COND"
"673.12"	"AMNIOTIC FL EMBO DELIV W/ PPC"	"AMNIOTIC FLUID EMBOLISM W/DELIVERY W/MENTION PPC"
"673.13"	"AMNIOTIC FL EMBO ANTPRTM COND/COMP"	"AMNIOTIC FLUID EMBOLISM ANTPRTM COND/COMP"
"673.14"	"AMNIOTIC FL EMBO PP COND/COMP"	"AMNIOTIC FLUID EMBOLISM POSTPARTUM COND/COMP"
"673.2"	"OBSTETRICAL BLOOD-CLOT EMBOLISM"	"OBSTETRICAL BLOOD-CLOT EMBOLISM"
"673.20"	"OB BLD-CLOT EMBO UNS AS EPIS CARE"	"OBSTETRICAL BLD-CLOT EMBO UNSPEC AS EPISODE CARE"
"673.21"	"OB BLOOD-CLOT EMBOLISM W/DELIVERY"	"OB BLD-CLOT EMBOLISM DEL W/WO ANTEPARTUM COND"
"673.22"	"OB BLD-CLOT EMBO W/MENTION PPC"	"OBSTETRICAL BLOOD-CLOT EMBOLISM W/MENTION PPC"
"673.23"	"OBSTETRICAL BLD-CLOT EMBO ANTPRTM"	"OBSTETRICAL BLOOD-CLOT EMBOLISM ANTEPARTUM"
"673.24"	"OB BLD-CLOT EMBO POSTPARTUM"	"OBSTETRICAL BLOOD-CLOT EMBOLISM POSTPARTUM"
"673.3"	"OBSTETRICAL PYEMIC&SEPTIC EMBOLISM"	"OBSTETRICAL PYEMIC AND SEPTIC EMBOLISM"
"673.30"	"OB PYEMIC&SEPTIC EMBO UNS EPIS CARE"	"OB PYEMIC&SEPTIC EMBO UNSPEC AS EPIS CARE"
"673.31"	"OB PYEMIC&SEPTIC EMBOLISM W/DEL"	"OB PYEMIC&SEPTIC EMBOLISM DEL W/WO ANTPRTM COND"
"673.32"	"OB PYEMIC&SEPTIC EMBO DEL W/PPC"	"OB PYEMIC&SEPTIC EMBOLISM DELIVERY W/PP COMPL"
"673.33"	"OB PYEMIC&SEPTIC EMBO ANTPRTM"	"OBSTETRICAL PYEMIC&SEPTIC EMBOLISM ANTEPARTUM"
"673.34"	"OB PYEMIC&SEPTIC EMBO POSTPARTUM"	"OBSTETRICAL PYEMIC&SEPTIC EMBOLISM POSTPARTUM"
"673.8"	"OTH OBSTETRICAL PULMONARY EMBOLISM"	"OTHER OBSTETRICAL PULMONARY EMBOLISM"
"673.80"	"OTH OB PULM EMBO UNS AS EPIS CARE"	"OTH OB PULMONARY EMBO UNSPEC AS EPIS CARE"
"673.81"	"OTH OB PULMARY EMBOLISM W/DELIVERY"	"OTH OB PULMARY EMBOLSIM DEL W/WO ANTEPARTUM COND"
"673.82"	"OTH OB PULM EMBO DELIV W/ PPC"	"OTH OB PULMONARY EMBO W/DELIV W/MENTION PPC"
"673.83"	"OTH OB PULMONARY EMBO ANTPRTM"	"OTHER OBSTETRICAL PULMONARY EMBOLISM ANTEPARTUM"
"673.84"	"OTH OB PULMONARY EMBO POSTPARTUM"	"OTHER OBSTETRICAL PULMONARY EMBOLISM POSTPARTUM"
"674"	"OTH&UNSPEC COMPS PUERPERIUM NEC"	"OTHER&UNSPECIFIED COMPLICATIONS PUERPERIUM NEC"
"674.0"	"CEREBRVASC DISORDERS PUERPERIUM"	"CEREBROVASCULAR DISORDERS IN THE PUERPERIUM"
"674.00"	"CERBVASC D/O OCCUR PG CB/PP UNS EOC"	"CEREBROVASCULAR D/O OCCURRING PG CB/PP UNS EOC"
"674.01"	"CERBVASC D/O DEL W/WO ANTPRTM COND"	"CEREBROVASC D/O DELIV W/WO MENTION ANTPRTM COND"
"674.02"	"CEREBRVASC D/O DELIV W/MENTION PPC"	"CEREBRVASC DISORDER W/DELIVERY W/MENTION PPC"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"674.03"	"CEREBROVASCULAR DISORDER ANTEPARTUM"	"CEREBROVASCULAR DISORDER ANTEPARTUM"
"674.04"	"CEREBROVASCULAR DISORDER POSTPARTUM"	"CEREBROVASCULAR DISORDER POSTPARTUM"
"674.1"	"DISRUPTION OF CESAREAN WOUND"	"DISRUPTION OF CESAREAN WOUND"
"674.10"	"DISRUPT C/S WOUND UNS AS EPIS CARE"	"DISRUPTION CESAREAN WOUND UNSPEC AS EPISODE CARE"
"674.12"	"DISRUPT C/S WND DELIV W/MENTION PPC"	"DISRUPTION C-SECT WOUND W/DELIVERY W/MENTION PPC"
"674.14"	"DISRUPTION C-SECT WOUND POSTPARTUM"	"DISRUPTION OF CESAREAN WOUND POSTPARTUM"
"674.2"	"DISRUPT OBSTETRICAL PERINEAL WOUND"	"DISRUPTION OF OBSTETRICAL PERINEAL WOUND"
"674.20"	"DISRUPT PERINL WND UNS EPIS CARE PG"	"DISRUPT PERINL WOUND UNSPEC AS EPIS CARE PG"
"674.22"	"DISRUPT PERINL WOUND DEL W/PP COMPL"	"DISRUPT PERINL WOUND W/DEL W/PP COMPLICATON"
"674.24"	"DISRUPT PERINEAL WOUND POSTPARTUM"	"DISRUPTION OF PERINEAL WOUND POSTPARTUM"
"674.3"	"OTH COMPS OB SURGICAL WOUNDS"	"OTHER COMPLICATIONS OBSTETRICAL SURGICAL WOUNDS"
"674.30"	"OTH COMP OB SURG WNDS UNS EPIS CARE"	"OTH COMP OB SURGICAL WOUNDS UNSPEC AS EPIS CARE"
"674.32"	"OTH COMP OB SURG WNDS DELIV W/ PPC"	"OTH COMP OB SURG WOUNDS W/DELIV W/MENTION PPC"
"674.34"	"OTH COMP OB SURG WNDS PP COND/COMP"	"OTH COMP OB SURGICAL WOUNDS POSTPARTUM COND/COMP"
"674.4"	"PLACENTAL POLYP"	"PLACENTAL POLYP"
"674.40"	"PLACENTAL POLYP UNSPEC AS EPIS CARE"	"PLACENTAL POLYP UNSPECIFIED AS TO EPISODE CARE"
"674.42"	"PLACNTL POLYP W/DELIV W/MENTION PPC"	"PLACENTAL POLYP W/DELIVERY W/MENTION PPC"
"674.44"	"PLACENTAL POLYP"	POSTPARTUM"
"674.5"	"PERIPARTUM CARDIOMYOPATHY"	"PERIPARTUM CARDIOMYOPATHY"
"674.50"	"PERIPARTUM CARDIOMYOPATHY UNS EOC"	"PERIPARTUM CARDIOMYPATH UNS EPIS CARE/NOT APPLIC"
"674.51"	"PERIPARTUM CARDIOMYOPATHY DELIVERED"	"PERIPARTUM CARDIOMYPATH DELIV W/WO ANTPRTRM COND"
"674.52"	"PERIPARTM CARDIOMYPATH DEL PP COND"	"PERIPARTUM CARDIOMYPATH DELIV W/MENTION PP COND"
"674.53"	"PERIPARTM CARDIOMYPATH ANTPRTRM COMP"	"PERIPARTUM CARDIOMYOPATHY ANTPRTRM COND/COMP"
"674.54"	"PERIPARTUM CARDIOMYOPATHY PP COMP"	"PERIPARTUM CARDIOMYOPATHY POSTPARTUM COND/COMP"
"674.8"	"OTHER COMPLICATIONS THE PUERPERIUM"	"OTHER COMPLICATIONS OF THE PUERPERIUM"
"674.80"	"OTH COMP PUERPERIUM UNS EPIS CARE"	"OTH COMP PUERPERIUM UNSPEC AS EPISODE CARE"
"674.82"	"OTH COMP PUERPERIUM DELIV W/ PPC"	"OTH COMP PUERPERIUM W/DELIVERY W/MENTION PPC"
"674.84"	"OTHER COMPLICATION OF PUERPERIUM"	"OTHER COMPLICATION OF PUERPERIUM"
"674.9"	"UNSPEC COMPLICATIONS PUERPERIUM"	"UNSPECIFIED COMPLICATIONS OF THE PUERPERIUM"
"674.90"	"UNS COMPS PUERPERIUM UNS EPIS CARE"	"UNSPEC COMPS PUERPERIUM UNSPEC AS EPISODE CARE"
"674.92"	"UNS COMPS PUERPERIUM DELIV W/ PPC"	"UNSPEC COMPS PUERPERIUM W/DELIVERY W/MENTION PPC"
"674.94"	"UNSPEC COMPLICATIONS PUERPERIUM"	"UNSPECIFIED COMPLICATIONS OF PUERPERIUM"
"675"	"INF BRST&NIPPLE ASSOC W/CHILDBIRTH"	"INFECTION BREAST&NIPPLE ASSOCIATED W/CHILDBIRTH"
"675.0"	"INFECTION NIPPLE ASSOC W/CHILDBIRTH"	"INFECTION OF NIPPLE ASSOCIATED WITH CHILDBIRTH"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"675.00"	"INF NIPPLEW/CHLDBRTH UNS EPIS CARE"	"INF NIPPLE ASSOC W/CHILDBRTH UNSPEC AS EPIS CARE"
"675.01"	"INFECT NIPPLE W/CHLDBRTH DELIVERED"	"INF NIPPLE W/CHLDBRTH DEL W/WO ANTEPARTUM COND"
"675.02"	"INF NIPPLEW/CHLDBRTH DELIV W/ PPC"	"INF NIPPLE ASSOC W/CHILDBRTH DELIV W/MENTION PPC"
"675.03"	"INFECTION OF NIPPLE"	ANTEPARTUM"
"675.04"	"INFECTION OF NIPPLE"	POSTPARTUM"
"675.1"	"ABSC BREAST ASSOCIATED W/CHILDBIRTH"	"ABSCESS OF BREAST ASSOCIATED WITH CHILDBIRTH"
"675.10"	"ABSC BRSTW/CHLDBRTH UNS EPIS CARE"	"ABSC BRST ASSOC W/CHILDBIRTH UNSPEC AS EPIS CARE"
"675.11"	"ABSCES BREAST W/CHLDBRTH DELIVERED"	"ABSCESS BREAST W/CHLDBRTH DEL W/WO ANTPRTM COND"
"675.12"	"ABSC BRSTW/CHLDBRTH DELIV W/ PPC"	"ABSC BRST ASSOC W/CHILDBIRTH DELIV W/MENTION PPC"
"675.13"	"ABSCESS OF BREAST"	ANTEPARTUM"
"675.14"	"ABSCESS OF BREAST"	POSTPARTUM"
"675.2"	"NONPURULENT MASTITISW/CHLDBRTH"	"NONPURULENT MASTITIS ASSOCIATED WITH CHILDBIRTH"
"675.20"	"NONPURULENT MASTITIS UNS EOC"	"NONPURULENT MASTITIS-UNS EPIS PRE/POSTNATAL CARE"
"675.21"	"NONPURULENT MASTITIS DELIVERED"	"NONPURULENT MASTITIS DELIV W/WO ANTPRTM COND"
"675.22"	"NONPURULENT MASTITIS DELIV W/ PPC"	"NONPURULENT MASTITIS DELIVERED W/MENTION PPC"
"675.23"	"NONPURULENT MASTITIS"	ANTEPARTUM"
"675.24"	"NONPURULENT MASTITIS"	POSTPARTUM"
"675.8"	"OTH SPEC INF BRST&NIPPLEW/CHLDBRTH"	"OTH SPEC INF BREAST&NIPPLE ASSOC W/CHILDBIRTH"
"675.80"	"OTH SPEC INF BRST&NPPL W/CB UNS EOC"	"OTH SPEC INF BREAST&NIPPLE W/CHILDBIRTH UNS EOC"
"675.81"	"OTH SPEC BRST&NIPPLE INF W/CB-DEL"	"OTH SPEC BREAST-NIPPLE INFECT ASSOC W/CB DELIVER"
"675.82"	"OTH INF BRST&NIPPLE W/CB DEL W/PPC"	"OTH INF BRST&NIPPLE W/CHLDBRTH DEL W/PP COMPL"
"675.83"	"OTH SPEC INF BREAST&NIPPLE ANTPRTM"	"OTHER SPEC INFECTION BREAST&NIPPLE ANTEPARTUM"
"675.84"	"OTH SPEC INF BREAST&NIPPLE PP"	"OTHER SPEC INFECTION BREAST&NIPPLE POSTPARTUM"
"675.9"	"UNS INF BRST&NIPPLEW/CHLDBRTH"	"UNSPEC INF BREAST&NIPPLE ASSOC W/CHILDBIRTH"
"675.90"	"UNS INF BREAST UNS PRE/POSTNAT EOC"	"UNS INF BRST&NIPPLE UNS PRENATAL/POSTNATAL EOC"
"675.91"	"UNS INFECT BREAST&NIPPLE DELIVERED"	"UNS INF BRST&NIPPLE DELIV W/WO ANTPRTM COND"
"675.92"	"UNS INF BRST&NIPPLE DELIV W/ PPC"	"UNSPEC INF BREAST&NIPPLE DELIV W/MENTION PPC"
"675.93"	"UNSPEC INF BREAST&NIPPLE ANTPRTM"	"UNSPECIFIED INFECTION BREAST&NIPPLE ANTEPARTUM"
"675.94"	"UNSPEC INF BREAST&NIPPLE POSTPARTUM"	"UNSPECIFIED INFECTION BREAST&NIPPLE POSTPARTUM"
"676"	"ENGORGE BRSTS UNS PRE/POSTNATAL EOC"	"OTH D/O BREAST ASSOC W/CHILDBIRTH&D/O LACTATION"
"676.0"	"RETRACTED NIPPLE ASSOC W/CHILDBIRTH"	"RETRACTED NIPPLE ASSOCIATED WITH CHILDBIRTH"
"676.00"	"RETRCT NIPPLE UNS PRE/POSTNATAL EOC"	"RETRACTED NIPPLE UNS PRENATAL/POSTNATAL EOC"
"676.01"	"RETRACTED NIPPLE DELIVERED"	"RETRACTED NIPPLE DELIV W/WO MENTION ANTPRTM COND"
"676.02"	"RETRACTED NIPPLE DELIV W/ PPC"	"RETRACTED NIPPLE DELIVERED W/MENTION PPC"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"676.03"	"RETRACTED NIPPLE ANTPRTM COND/COMP"	"RETRACTED NIPPLE ANTEPARTUM COND/COMPLICATION"
"676.04"	"RETRACTED NIPPLE PP COND/COMP"	"RETRACTED NIPPLE POSTPARTUM COND/COMPLICATION"
"676.1"	"CRACKED NIPPLE ASSOC W/CHILDBIRTH"	"CRACKED NIPPLE ASSOCIATED WITH CHILDBIRTH"
"676.10"	"CRACKED NIPPLE UNS PRE/POSTNATL EOC"	"CRACKED NIPPLE UNS PRENATAL/POSTNATAL EPIS CARE"
"676.11"	"CRACKED NIPPLE-DELIVERED"	"CRACKED NIPPLE DELIV W/WO MENTION ANTPRTM COND"
"676.12"	"CRACKED NIPPLE DELIV W/MENTION PPC"	"CRACKED NIPPLE DELIVERED W/MENTION PPC"
"676.13"	"CRACKED NIPPLE ANTPRTM COND/COMP"	"CRACKED NIPPLE ANTEPARTUM CONDITION/COMPLICATION"
"676.14"	"CRACKED NIPPLE POSTPARTUM COND/COMP"	"CRACKED NIPPLE POSTPARTUM CONDITION/COMPLICATION"
"676.2"	"ENGORGEMENT BRSTS ASSOC W/CHILDBRTH"	"ENGORGEMENT OF BREASTS ASSOCIATED W/CHILDBIRTH"
"676.20"	"BREAST ENGORGE-UNSPEC"	"ENGORGEMENT BRSTS UNS PRENATAL/POSTNATAL EOC"
"676.21"	"ENGORGE BRSTS DEL W/WO ANTPRTM COND"	"ENGORGEMENT BREASTS DEL W/WO ANTEPARTUM COND"
"676.22"	"ENGORGEMENT BRSTS DELIV W/ PPC"	"ENGORGEMENT BREASTS DELIVERED W/MENTION PPC"
"676.23"	"ENGORGEMENT OF BREAST"	ANTEPARTUM"
"676.24"	"ENGOREMENT OF BREAST"	POSTPARTUM"
"676.3"	"OTH&UNS D/O BRST ASSOC W/CHLDBRTH"	"OTH&UNSPEC DISORDER BREAST ASSOC W/CHILDBIRTH"
"676.30"	"UNS D/O BRSTW/CHLDBRTH UNS EOC"	"OTH&UNS D/O BRST ASSOC W/CHLDBRTH UNS EPIS CARE"
"676.31"	"UNS D/O BREAST W/CB DELIVERED"	"UNS D/O BREAST W/CHLDBRTH DEL W/WO ANTPRTM COND"
"676.32"	"UNS D/O BRSTW/CHLDBRTH DELIV W/ PPC"	"OTH&UNS D/O BREAST W/CHILDBIRTH DEL W/PP COMPL"
"676.33"	"UNS D/O BRSTW/CHLDBRTH ANTPRTM COMP"	"OTH&UNS D/O BRSTW/CHLDBRTH ANTPRTM COND/COMP"
"676.34"	"UNS D/O BRSTW/CHLDBRTH PP COND/COMP"	"OTH&UNS D/O BRST ASSOC W/CHLDBRTH PP COND/COMP"
"676.4"	"FAILURE OF LACTATION"	"FAILURE OF LACTATION"
"676.40"	"FAIL LACTATION UNSPEC AS EPIS CARE"	"FAILURE LACTATION UNSPECIFIED AS TO EPISODE CARE"
"676.41"	"FAILED LACTATION W/DELIVERY"	"FAILED LACTATION W/DEL W/WO MENTION ANTPRTM COND"
"676.42"	"FAIL LACTATION DELIV W/MENTION PPC"	"FAILURE LACTATION W/DELIVERY W/MENTION PPC"
"676.43"	"FAILURE LACTATION ANTPRTM COND/COMP"	"FAILURE LACTATION ANTEPARTUM COND/COMPLICATION"
"676.44"	"FAIL LACTATION POSTPARTUM COND/COMP"	"FAILURE LACTATION POSTPARTUM COND/COMPLICATION"
"676.5"	"SUPPRESSED LACTATION"	"SUPPRESSED LACTATION"
"676.50"	"SUPPRESSED LACTATION UNS EPIS CARE"	"SUPPRESSED LACTATION UNSPECIFIED AS EPISODE CARE"
"676.51"	"SUPPRESSED LACTATION W/DELIVERY"	"SUPPRESSED LACTATION DELIV W/WO ANTPRTM COND"
"676.52"	"SUPPRESSED LACTATION DELIV W/ PPC"	"SUPPRESSED LACTATION W/DELIVERY W/MENTION PPC"
"676.53"	"SUPPRESSED LACTATION ANTPRTM COMP"	"SUPPRESSED LACTATION ANTPRTM COND/COMPLICATION"
"676.54"	"SUPPRESSED LACTATION PP COND/COMP"	"SUPPRESSED LACTATION POSTPARTUM COND/COMP"
"676.6"	"GALACTORRHEA"	"GALACTORRHEA"
"676.60"	"GALACTORRHEAW/CHLDBRTH UNS EOC"	"GALACTORRHEA ASSOC W/CHLDBRTH UNS AS EPIS CARE"

PREGNANCY (continued)		
ICD9Code	Short Description	Long Description
"676.61"	"GALACTORRHEA DEL W/WO ANTPRTRM COND"	"GALACTORRHEA W/DELIV W/WO MENTION ANTPRTRM COND"
"676.62"	"GALACTORRHEA W/DELIV W/MENTION PPC"	"GALACTORRHEA W/DELIVERY W/MENTION PPC"
"676.63"	"GALACTORRHEA ANTPRTRM COND/COMP"	"GALACTORRHEA ANTEPARTUM CONDITION/COMPLICATION"
"676.64"	"GALACTORRHEA POSTPARTUM COND/COMP"	"GALACTORRHEA POSTPARTUM CONDITION/COMPLICATION"
"676.8"	"OTHER DISORDERS OF LACTATION"	"OTHER DISORDERS OF LACTATION"
"676.80"	"OTH D/O LACTATION UNS AS EPIS CARE"	"OTHER DISORDER LACTATION UNSPEC AS EPISODE CARE"
"676.81"	"OTH D/O LACTATION W/DELIVERY"	"OTH D/O LACTATION DELIV W/WO ANTPRTRM COND"
"676.82"	"OTH D/O LACTATION DELIV W/ PPC"	"OTH DISORDER LACTATION W/DELIVERY W/MENTION PPC"
"676.83"	"OTH D/O LACTATION ANTPRTRM COND/COMP"	"OTH DISORDER LACTATION ANTPRTRM COND/COMPLICATION"
"676.84"	"OTH DISORDER LACTATION PP COND/COMP"	"OTH DISORDER LACTATION POSTPARTUM COND/COMP"
"676.9"	"UNSPECIFIED DISORDER OF LACTATION"	"UNSPECIFIED DISORDER OF LACTATION"
"676.90"	"UNS D/O LACTATION UNS AS EPIS CARE"	"UNSPEC DISORDER LACTATION UNSPEC AS EPISODE CARE"
"676.91"	"UNS D/O LACTATION DELIVERY"	"UNS D/O LACTATION DELIV W/WO ANTPRTRM COND"
"676.92"	"UNS D/O LACTATION DELIV W/ PPC"	"UNSPEC DISORDER LACTATION W/DELIV W/MENTION PPC"
"676.93"	"UNS D/O LACTATION ANTPRTRM COND/COMP"	"UNSPEC DISORDER LACTATION ANTPRTRM COND/COMP"
"676.94"	"UNSPEC D/O LACTATION PP COND/COMP"	"UNSPEC DISORDER LACTATION POSTPARTUM COND/COMP"
"677"	"LATE EFF COMP PREG-PUERP"	"LATE EFFECT COMP PG CHILDBIRTH&THE PUERPERIUM"
PSYCHIATRIC		
ICD9Code	Short Description	Long Description
"295.0"	"SIMPLE TYPE SCHIZOPHRENIA"	"SIMPLE TYPE SCHIZOPHRENIA"
"295.00"	"SIMPLE SCHIZOPHRENIA UNSPEC COND"	"SIMPLE SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.01"	"SIMPLE SCHIZO SUBCHRONIC COND"	"SIMPLE SCHIZOPHRENIA SUBCHRONIC CONDITION"
"295.02"	"SIMPLE SCHIZOPHRENIA CHRONIC COND"	"SIMPLE SCHIZOPHRENIA CHRONIC CONDITION"
"295.03"	"SMPL SCHIZO SUBCHRNW/ACUT EXACERBAT"	"SIMPLE SCHIZO SUBCHRONIC COND W/ACUTE EXACERBAT"
"295.04"	"SMPL SCHIZO CHRONW/ACUT EXACERBAT"	"SIMPLE SCHIZO CHRONIC COND W/ACUTE EXACERBAT"
"295.05"	"SIMPLE SCHIZOPHRENIA	IN REMISSION"
"295.1"	"DISORGANIZED TYPE SCHIZOPHRENIA"	"DISORGANIZED TYPE SCHIZOPHRENIA"
"295.10"	"DISORG SCHIZOPHRENIA UNSPEC COND"	"DISORGANIZED SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.11"	"DISORG SCHIZO SUBCHRONIC COND"	"DISORGANIZED SCHIZOPHRENIA SUBCHRONIC CONDITION"
"295.12"	"DISORG SCHIZOPHRENIA CHRONIC COND"	"DISORGANIZED SCHIZOPHRENIA CHRONIC CONDITION"
"295.13"	"DISORG SCHIZO SUBCHRNW/ACUT XACRBAT"	"DISORG SCHIZO SUBCHRONIC COND W/ACUTE EXACERBAT"
"295.14"	"DISORG SCHIZO CHRONW/ACUT EXACERBAT"	"DISORG SCHIZO CHRONIC COND W/ACUTE EXACERBAT"
"295.15"	"DISORG SCHIZOPHRENIA REMISSION"	"DISORGANIZED SCHIZOPHRENIA IN REMISSION"

PSYCHIATRIC		
ICD9Code	Short Description	Long Description
"295.2"	"CATATONIC TYPE SCHIZOPHRENIA"	"CATATONIC TYPE SCHIZOPHRENIA"
"295.20"	"CATATONIC SCHIZOPHRENIA UNSPEC COND"	"CATATONIC SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.21"	"CATATONIC SCHIZO SUBCHRONIC COND"	"CATATONIC SCHIZOPHRENIA SUBCHRONIC CONDITION"
"295.22"	"CATATONIC SCHIZO CHRONIC COND"	"CATATONIC SCHIZOPHRENIA CHRONIC CONDITION"
"295.23"	"CATATON SCHIZO SUBCHRON W/AC EXCERB"	"CATATONIC SCHIZO SUBCHRON COND W/ACUT EXACERBAT"
"295.24"	"CATATONIC SCHIZO CHRNW/ACUT XACRBAT"	"CATATONIC SCHIZO CHRONIC COND W/ACUTE EXACERBAT"
"295.25"	"CATATONIC SCHIZOPHRENIA REMISSION"	"CATATONIC SCHIZOPHRENIA IN REMISSION"
"295.3"	"PARANOID TYPE SCHIZOPHRENIA"	"PARANOID TYPE SCHIZOPHRENIA"
"295.30"	"PARANOID SCHIZOPHRENIA UNSPEC COND"	"PARANOID SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.31"	"PARANOID SCHIZO SUBCHRONIC COND"	"PARANOID SCHIZOPHRENIA SUBCHRONIC CONDITION"
"295.32"	"PARANOID SCHIZOPHRENIA CHRONIC COND"	"PARANOID SCHIZOPHRENIA CHRONIC CONDITION"
"295.33"	"PARANOID SCHIZO SUBCHRNW/AC XACRBAT"	"PARANOID SCHIZO SUBCHRONIC COND W/ACUT EXACERBAT"
"295.34"	"PARANOID SCHIZO CHRNW/ACUT EXACRBAT"	"PARANOID SCHIZO CHRONIC COND W/ACUTE EXACERBAT"
"295.35"	"PARANOID SCHIZOPHRENIA IN REMISSION"	"PARANOID SCHIZOPHRENIA IN REMISSION"
"295.4"	"SCHIZOPHRENIFORM DISORDER"	"SCHIZOPHRENIFORM DISORDER"
"295.40"	"SCHIZOPHRENIFORM DISORDER UNSPEC"	"SCHIZOPHRENIFORM DISORDER UNSPECIFIED"
"295.41"	"SCHIZOPHRENIFORM DISORDER SUBCHRON"	"SCHIZOPHRENIFORM DISORDER SUBCHRONIC"
"295.42"	"SCHIZOPHRENIFORM DISORDER CHRONIC"	"SCHIZOPHRENIFORM DISORDER CHRONIC"
"295.43"	"SCHIZOPHRENIFORM SUBCHRN AC XACRBAT"	"SCHIZOPHRENIFORM D/O SUBCHRON W/ACUT EXACERBAT"
"295.44"	"SCHIZOPHRENIFORM CHRN AC XACRBAT"	"SCHIZOPHRENIFORM DISORDER CHRON W/ACUT EXACERBAT"
"295.45"	"SCHIZOPHRENIFORM DISORDER REMISSION"	"SCHIZOPHRENIFORM DISORDER IN REMISSION"
"295.5"	"LATENT SCHIZOPHRENIA"	"LATENT SCHIZOPHRENIA"
"295.50"	"LATENT SCHIZOPHRENIA UNSPEC COND"	"LATENT SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.51"	"LATENT SCHIZO SUBCHRONIC COND"	"LATENT SCHIZOPHRENIA SUBCHRONIC CONDITION"
"295.52"	"LATENT SCHIZOPHRENIA CHRONIC COND"	"LATENT SCHIZOPHRENIA CHRONIC CONDITION"
"295.53"	"LATENT SCHIZO SUBCHRNW/ACUT XACRBAT"	"LATENT SCHIZO SUBCHRONIC COND W/ACUTE EXACERBAT"
"295.54"	"LATENT SCHIZO CHRONW/ACUT EXACERBAT"	"LATENT SCHIZO CHRONIC COND W/ACUTE EXACERBAT"
"295.55"	"LATENT SCHIZOPHRENIA	IN REMISSION"
"295.6"	"SCHIZOPHRENIC D/O RESIDUAL TYPE"	"SCHIZOPHRENIC DISORDERS RESIDUAL TYPE"
"295.60"	"SCHIZOPHRENIC D/O RESIDUL TYPE UNS"	"SCHIZOPHRENIC DISORDERS RESIDUAL TYPE UNSPEC"
"295.61"	"SCHIZO D/O RESIDUL TYPE SUBCHRN"	"SCHIZOPHRENIC DISORDERS RESIDUAL TYPE SUBCHRONIC"
"295.62"	"SCHIZOPHRENIC D/O RESIDUL TYPE CHRN"	"SCHIZOPHRENIC DISORDERS RESIDUAL TYPE CHRONIC"
"295.63"	"SCHIZO D/O RESIDL SBCHRN AC XACRBAT"	"SCHIZO D/O RESIDUL TYPE SUBCHRN W/ACUT XACRBAT"
"295.64"	"SCHIZO D/O RESIDUL CHRN AC XACRBAT"	"SCHIZO D/O RESIDUL TYPE CHRN W/ACUT XACRBAT"

PSYCHIATRIC (continued)		
ICD9Code	Short Description	Long Description
"295.65"	"SCHIZO D/O RESIDUL TYPE REMISS"	"SCHIZOPHRENIC DISORDERS RESIDUAL TYPE REMISSION"
"295.7"	"SCHIZOAFFECTIVE DISORDER"	"SCHIZOAFFECTIVE DISORDER"
"295.70"	"SCHIZOAFFECTIVE DISORDER UNSPEC"	"SCHIZOAFFECTIVE DISORDER UNSPECIFIED"
"295.71"	"SCHIZOAFFECTIVE DISORDER SUBCHRONIC"	"SCHIZOAFFECTIVE DISORDER SUBCHRONIC"
"295.72"	"SCHIZOAFFECTIVE DISORDER CHRONIC"	"SCHIZOAFFECTIVE DISORDER CHRONIC"
"295.73"	"SCHIZOAFFCT D/O SUBCHRN AC XACRBAT"	"SCHIZOAFFCT DISORDER SUBCHRONIC W/ACUT EXACERBAT"
"295.74"	"SCHIZOAFFCT D/O CHRN W/ACUT XACRBAT"	"SCHIZOAFFECT DISORDER CHRONIC W/ACUTE EXACERBAT"
"295.75"	"SCHIZOAFFECTIVE DISORDER REMISSION"	"SCHIZOAFFECTIVE DISORDER IN REMISSION"
"295.8"	"OTHER SPECIFIED TYPES SCHIZOPHRENIA"	"OTHER SPECIFIED TYPES OF SCHIZOPHRENIA"
"295.80"	"OTH SPEC TYPES SCHIZO UNSPEC COND"	"OTHER SPEC TYPES SCHIZOPHRENIA UNSPEC CONDITION"
"295.81"	"OTH SPEC TYPES SCHIZO SUBCHRON COND"	"OTHER SPEC TYPES SCHIZOPHRENIA SUBCHRONIC COND"
"295.82"	"OTH SPEC TYPES SCHIZO CHRONIC COND"	"OTHER SPEC TYPES SCHIZOPHRENIA CHRONIC CONDITION"
"295.83"	"OTH SPEC SCHZO SUBCHRON W/AC EXACRB"	"OTH SPEC TYPES SCHIZO SUBCHRONW/ACUT EXACERBAT"
"295.84"	"OTH TYPES SCHIZO CHRNW/ACUT XACRBAT"	"OTH SPEC TYPES SCHIZO CHRONW/ACUT EXACERBAT"
"295.85"	"OTH SPEC TYPES SCHIZO REMISSION"	"OTHER SPECIFIED TYPES OF SCHIZOPHRENIA REMISSION"
"295.9"	"UNSPECIFIED SCHIZOPHRENIA"	"UNSPECIFIED SCHIZOPHRENIA"
"296.0"	"BIPLR I DISORDER SINGLE MANIC EPIS"	"BIPOLAR I DISORDER SINGLE MANIC EPISODE"
"296.00"	"BIPLR I D/O SINGLE MANIC EPIS UNS"	"BIPOLAR I DISORDER SINGLE MANIC EPISODE UNSPEC"
"296.01"	"BIPLR I D/O SINGLE MANIC EPIS MILD"	"BIPOLAR I DISORDER SINGLE MANIC EPISODE MILD"
"296.02"	"BIPLR I D/O SINGLE MANIC EPIS MOD"	"BIPOLAR I DISORDER SINGLE MANIC EPISODE MODERATE"
"296.03"	"BIPLR I D/O 1 MANIC EPIS NO PSYCHOT"	"BIPOLAR I D/O 1 MANIC EPIS SEV W/O PSYCHOT BHV"
"296.04"	"BIPLR I D/O 1 MANIC EPIS W/PSYCHOT"	"BIPOLAR I D/O 1 MANIC EPIS SEV W/PSYCHOT BHV"
"296.05"	"BIPLR I D/O 1 MNIC EPIS PART REMISS"	"BIPOLAR I D/O 1 MANIC EPIS PART/UNS REMISSION"
"296.06"	"BIPLR I D/O 1 MNIC EPIS FULL REMISS"	"BIPOLAR I D/O SINGLE MANIC EPIS FULL REMISSION"
"296.1"	"MANIC DISORDER	RECURRENT EPISODE"
"296.10"	"MANIC DISORDER RECUR EPIS UNSPEC"	"MANIC DISORDER RECURRENT EPISODE UNSPECIFIED"
"296.11"	"MANIC DISORDER RECURRENT EPIS MILD"	"MANIC DISORDER RECURRENT EPISODE MILD"
"296.12"	"MANIC DISORDER RECURRENT EPIS MOD"	"MANIC DISORDER RECURRENT EPISODE MODERATE"
"296.13"	"MANIC RECUR D/O EPIS SEVERE"	"MANIC D/O RECUR EPIS SEV W/O MENTION PSYCHOT BHV"
"296.14"	"RECUR MANIC-SEV W PSYCHO"	"MANIC D/O RECUR EPIS SEV SPEC AS W/PSYCHOT BHV"
"296.15"	"MNIC D/O RECUR EPIS PART/UNS REMISS"	"MANIC DISORDER RECUR EPIS PART/UNSPEC REMISSION"
"296.16"	"MANIC D/O RECUR EPIS FULL REMISSION"	"MANIC DISORDER RECURRENT EPISODE FULL REMISSION"
"296.2"	"MAJOR DPRSV DISORDER SINGLE EPISODE"	"MAJOR DEPRESSIVE DISORDER SINGLE EPISODE"
"296.20"	"MAJ DPRSV D/O SINGLE EPIS UNSPEC"	"MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNSPEC"

PSYCHIATRIC (continued)		
ICD9Code	Short Description	Long Description
"296.21"	"MAJ DPRSV DISORDER SINGLE EPIS MILD"	"MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD"
"296.22"	"MAJ DPRSV DISORDER SINGLE EPIS MOD"	"MAJOR DPRSV DISORDER SINGLE EPISODE MODERATE"
"296.23"	"MAJ DEPRESS D/O 1 EPIS SEVERE"	"MAJ DPRSV D/O 1 EPIS SEV W/O MENTION PSYCHOT BHV"
"296.24"	"MAJ DEPRESS 1 EPIS SEVR W/PSYCHOT"	"MAJ DPRSV D/O 1 EPIS SEV SPEC AS W/PSYCHOT BHV"
"296.25"	"MAJ DEPRESS 1 EPIS PART/UNS REMIS"	"MAJ DPRSV D/O SINGLE EPIS PART/UNSPEC REMISSION"
"296.26"	"MAJ DPRSV D/O 1 EPIS FULL REMISSION"	"MAJOR DPRSV DISORDER SINGLE EPIS FULL REMISSION"
"296.3"	"MAJOR DPRSV DISORDER RECURRENT EPIS"	"MAJOR DEPRESSIVE DISORDER RECURRENT EPISODE"
"296.30"	"MAJ DPRSV D/O RECUR EPIS UNSPEC"	"MAJOR DPRSV DISORDER RECURRENT EPISODE UNSPEC"
"296.31"	"MAJ DPRSV DISORDER RECUR EPIS MILD"	"MAJOR DEPRESSIVE DISORDER RECURRENT EPISODE MILD"
"296.32"	"MAJOR DPRSV DISORDER RECUR EPIS MOD"	"MAJOR DPRSV DISORDER RECURRENT EPISODE MODERATE"
"296.33"	"MJR DEPRESS D/O RECUR EPIS-SEVERE"	"MAJ DPRSV D/O RECUR EPIS SEV W/O PSYCHOT BHV"
"296.34"	"MJR DEPRES D/O RECUR EPIS-PSYCHOTIC"	"MAJ DPRSV D/O RECUR EPIS SEV SPEC W/PSYCHOT BHV"
"296.35"	"MJR DEPRESS D/O RECUR EPIS-PART REM"	"MAJ DPRSV D/O RECUR EPIS PART/UNSPEC REMISSION"
"296.36"	"MJR DEPRESS D/O RECUR EPIS-FULL REM"	"MAJOR DPRSV DISORDER RECUR EPIS FULL REMISSION"
"296.4"	"BIPLR I D/O MOST RECENT EPIS MANIC"	"BIPOLAR I DISORDER MOST RECENT EPISODE MANIC"
"296.40"	"BIPLR I MOST RECENT EPIS MANIC UNS"	"BIPOLAR I DISORDER MOST RECENT EPIS MANIC UNSPEC"
"296.41"	"BIPLR I MOST RECENT EPIS MANIC MILD"	"BIPOLAR I DISORDER MOST RECENT EPIS MANIC MILD"
"296.42"	"BIPLR I MOST RECENT EPIS MANIC MOD"	"BIPOLAR I DISORDER MOST RECENT EPIS MANIC MOD"
"296.43"	"BP I MOST RECNT MNIC SEV NO PSYCHOT"	"BIPLR I MOST RECENT EPIS MNIC SEV NO PSYCHOT BHV"
"296.44"	"BP I MOST RECENT MNIC SEV W/PSYCHOT"	"BIPLR I MOST RECENT EPIS MNIC SEV W/PSYCHOT BHV"
"296.45"	"BIPLR I RECENT MNIC PART/UNS REMISS"	"BIPLR I D/O MOST RECENT EPIS MNIC PART/UNS REMIS"
"296.46"	"BIPLR I RECENT MANIC FULL REMISS"	"BIPLR I D/O MOST RECENT EPIS MNIC FULL REMISSION"
"296.5"	"BIPLR I D/O MOST RECENT EPIS DPRSD"	"BIPOLAR I DISORDER MOST RECENT EPISODE DEPRESSED"
"296.50"	"BIPLR I MOST RECENT EPIS DPRSD UNS"	"BIPOLAR I D/O MOST RECENT EPIS DEPRESSED UNS"
"296.51"	"BIPLR I MOST RECENT EPIS DPRSD MILD"	"BIPOLAR I D/O MOST RECENT EPIS DEPRESSED MILD"
"296.52"	"BIPLR I MOST RECENT EPIS DPRSD MOD"	"BIPOLAR I D/O MOST RECENT EPIS DEPRESSED MOD"
"296.53"	"BIPLR I RECENT DPRSD SEV NO PSYCHOT"	"BIPLR I MOST RECENT EPIS DPRS SEV NO PSYCHOT BHV"
"296.54"	"BIPLR I RECENT DPRSD SEV W/PSYCHOT"	"BIPLR I MOST RECENT EPIS DPRSD SEV W/PSYCHOT BHV"
"296.55"	"BIPLR I RECENT DPRSD PART/UNS REMIS"	"BIPLR I MOST RECENT EPIS DPRSD PART/UNS REMISS"
"296.56"	"BIPLR I RECENT DPRSD FULL REMISS"	"BIPLR I D/O MOST RECENT EPIS DPRSD FULL REMISS"
"296.6"	"BIPLR I D/O MOST RECENT EPIS MIX"	"BIPOLAR I DISORDER MOST RECENT EPISODE MIXED"
"296.60"	"BIPLR I MOST RECENT EPIS MIX UNS"	"BIPOLAR I DISORDER MOST RECENT EPIS MIXED UNSPEC"
"296.61"	"BIPLR I MOST RECENT EPIS MIX MILD"	"BIPOLAR I DISORDER MOST RECENT EPIS MIXED MILD"
"296.62"	"BIPLR I MOST RECENT EPIS MIX MOD"	"BIPOLAR I DISORDER MOST RECENT EPIS MIX MODERATE"

PSYCHIATRIC (continued)		
ICD9Code	Short Description	Long Description
"296.63"	"BIPLR I RECENT MIX SEV W/O PSYCHOT"	"BIPLR I MOST RECENT EPIS MIX SEV W/O PSYCHOT BHV"
"296.64"	"BIPLR I RECENT MIX SEV W/PSYCHOT"	"BIPLR I MOST RECENT EPIS MIX SEV W/PSYCHOT BHV"
"296.65"	"BIPLR I RECENT MIX PART/UNS REMISS"	"BIPLR I D/O MOST RECENT EPIS MIX PART/UNS REMISS"
"296.66"	"BIPLR I RECENT EPIS MIX FULL REMISS"	"BIPLR I D/O MOST RECENT EPIS MIX FULL REMISSION"
"296.7"	"BIPLR I D/O MOST RECENT EPIS UNSPEC"	"BIPOLAR I DISORDER MOST RECENT EPISODE UNSPEC"
"296.8"	"OTHER&UNSPECIFIED BIPOLAR DISORDERS"	"OTHER AND UNSPECIFIED BIPOLAR DISORDERS"
"296.80"	"BIPOLAR DISORDER UNSPECIFIED"	"BIPOLAR DISORDER UNSPECIFIED"
"296.81"	"ATYPICAL MANIC DISORDER"	"ATYPICAL MANIC DISORDER"
"296.82"	"ATYPICAL DEPRESSIVE DISORDER"	"ATYPICAL DEPRESSIVE DISORDER"
"296.89"	"OTHER&UNSPECIFIED BIPOLAR DISORDERS"	"OTHER AND UNSPECIFIED BIPOLAR DISORDERS"
"296.9"	"OTHER&UNSPEC EPISODIC MOOD DISORDER"	"OTHER AND UNSPECIFIED EPISODIC MOOD DISORDER"
"300.0"	"ANXIETY STATES"	"ANXIETY STATES"
"300.00"	"ANXIETY STATE	UNSPECIFIED"
"300.01"	"PANIC DISORDER WITHOUT AGORAPHOBIA"	"PANIC DISORDER WITHOUT AGORAPHOBIA"
"300.02"	"GENERALIZED ANXIETY DISORDER"	"GENERALIZED ANXIETY DISORDER"
"300.09"	"OTHER ANXIETY STATES"	"OTHER ANXIETY STATES"
"300.1"	"DISSOCIATIV CONVRSION&FACTITIOUS D/O"	"DISSOCIATIVE CONVERSION AND FACTITIOUS DISORDERS"
"300.10"	"HYSTERIA	UNSPECIFIED"
"300.11"	"CONVERSION DISORDER"	"CONVERSION DISORDER"
"300.12"	"DISSOCIATIVE AMNESIA"	"DISSOCIATIVE AMNESIA"
"300.13"	"DISSOCIATIVE FUGUE"	"DISSOCIATIVE FUGUE"
"300.14"	"DISSOCIATIVE IDENTITY DISORDER"	"DISSOCIATIVE IDENTITY DISORDER"
"300.15"	"DISSOCIATIVE DISORDER/REACT UNSPEC"	"DISSOCIATIVE DISORDER OR REACTION UNSPECIFIED"
"300.16"	"FACTITIOUS D/O PREDOM PSYCH SIGN&SX"	"FACTITIOUS D/O W/PREDOM PSYCHOLOGICAL SIGNS&SX"
"300.19"	"OTHER&UNSPEC FACTITIOUS ILLNESS"	"OTHER AND UNSPECIFIED FACTITIOUS ILLNESS"
"300.2"	"PHOBIC DISORDERS"	"PHOBIC DISORDERS"
"296"	"EPISODIC MOOD DISORDERS"	"EPISODIC MOOD DISORDERS"
"297"	"DELUSIONAL DISORDERS"	"DELUSIONAL DISORDERS"
"298"	"OTHER NONORGANIC PSYCHOSES"	"OTHER NONORGANIC PSYCHOSES"
"299.0"	"AUTISTIC DISORDER"	"AUTISTIC DISORDER"
"299.1"	"CHILDHOOD DISINTEGRATIVE DISORDER"	"CHILDHOOD DISINTEGRATIVE DISORDER"
"299.9"	"UNSPEC PERVASIVE DVLPMNTL DISORDER"	"UNSPECIFIED PERVASIVE DEVELOPMENTAL DISORDER"
"300.8"	"SOMATOFORM DISORDERS"	"SOMATOFORM DISORDERS"
"301"	"PERSONALITY DISORDERS"	"PERSONALITY DISORDERS"

PSYCHIATRIC (continued)		
ICD9Code	Short Description	Long Description
"301.1"	"AFFECTIVE PERSONALITY DISORDER"	"AFFECTIVE PERSONALITY DISORDER"
"301.2"	"SCHIZOID PERSONALITY DISORDER"	"SCHIZOID PERSONALITY DISORDER"
"301.5"	"HISTRIONIC PERSONALITY DISORDER"	"HISTRIONIC PERSONALITY DISORDER"
"301.8"	"OTHER PERSONALITY DISORDERS"	"OTHER PERSONALITY DISORDERS"
SUBSTANCE ABUSE		
ICD9Code	Short Description	Long Description
"290"	"DEMENTIAS"	"DEMENTIAS"
"290.0"	"SENILE DEMENTIA	UNCOMPLICATED"
"290.1"	"PRESENILE DEMENTIA"	"PRESENILE DEMENTIA"
"290.10"	"PRESENILE DEMENTIA	UNCOMPLICATED"
"290.11"	"PRESENILE DEMENTIA WITH DELIRIUM"	"PRESENILE DEMENTIA WITH DELIRIUM"
"290.12"	"PRESENILE DEMENTIA W/DLUSIONL FTUR"	"PRESENILE DEMENTIA WITH DELUSIONAL FEATURES"
"290.13"	"PRESENILE DEMENTIA W/DPRSV FEATURES"	"PRESENILE DEMENTIA WITH DEPRESSIVE FEATURES"
"290.2"	"SENILE DEMENT W/DLUSIONL/DPRSV FTUR"	"SENILE DEMENTIA W/DELUSIONAL/DEPRESSIVE FEATURES"
"290.20"	"SENILE DEMENTIA W/DLUSIONL FEATURES"	"SENILE DEMENTIA WITH DELUSIONAL FEATURES"
"290.21"	"SENILE DEMENTIA W/DPRSV FEATURES"	"SENILE DEMENTIA WITH DEPRESSIVE FEATURES"
"290.3"	"SENILE DEMENTIA WITH DELIRIUM"	"SENILE DEMENTIA WITH DELIRIUM"
"290.4"	"VASCULAR DEMENTIA"	"VASCULAR DEMENTIA"
"290.40"	"VASCULAR DEMENTIA UNCOMPLICATED"	"VASCULAR DEMENTIA UNCOMPLICATED"
"290.41"	"VASCULAR DEMENTIA WITH DELIRIUM"	"VASCULAR DEMENTIA WITH DELIRIUM"
"290.42"	"VASCULAR DEMENTIA WITH DELUSIONS"	"VASCULAR DEMENTIA WITH DELUSIONS"
"290.43"	"VASCULAR DEMENTIA W/DEPRESSED MOOD"	"VASCULAR DEMENTIA WITH DEPRESSED MOOD"
"290.8"	"OTHER SPEC SENILE PSYCHOTIC CONDS"	"OTHER SPECIFIED SENILE PSYCHOTIC CONDITIONS"
"290.9"	"UNSPEC SENILE PSYCHOTIC CONDITION"	"UNSPECIFIED SENILE PSYCHOTIC CONDITION"
"291"	"ALCOHOL-INDUCED MENTAL DISORDERS"	"ALCOHOL-INDUCED MENTAL DISORDERS"
"291.0"	"ALCOHOL WITHDRAWAL DELIRIUM"	"ALCOHOL WITHDRAWAL DELIRIUM"
"291.1"	"ALCOHOL-INDUCD PERSIST AMNESTIC D/O"	"ALCOHOL-INDUCED PERSISTING AMNESTIC DISORDER"
"291.2"	"ALCOHOL-INDUCED PERSISTING DEMENTIA"	"ALCOHOL-INDUCED PERSISTING DEMENTIA"
"291.3"	"ALC-INDUCD PSYCHOT D/O W/HALLUCINAT"	"ALCOHOL-INDUCED PSYCHOT DISORDER W/HALLUCINATION"
"291.4"	"IDIOSYNCRATIC ALCOHOL INTOXICATION"	"IDIOSYNCRATIC ALCOHOL INTOXICATION"
"291.5"	"ALC-INDUCD PSYCHOT D/O W/DELUSIONS"	"ALCOHOL-INDUCED PSYCHOTIC DISORDER W/DELUSIONS"
"291.8"	"OTH SPEC ALCOHOL-INDUCED MENTAL D/O"	"OTHER SPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS"
"291.81"	"ALCOHOL WITHDRAWAL"	"ALCOHOL WITHDRAWAL"

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"291.89"	"OTH SPEC ALCOHOL-INDUCED MENTAL D/O"	"OTHER SPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS"
"291.9"	"UNSPEC ALCOHOL-INDUCED MENTAL D/O"	"UNSPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS"
"292"	"DRUG-INDUCED MENTAL DISORDERS"	"DRUG-INDUCED MENTAL DISORDERS"
"292.0"	"DRUG WITHDRAWAL"	"DRUG WITHDRAWAL"
"292.1"	"PARANOID&/HALLUCIN STATES INDUCD-RX"	"PARANOID &OR HALLUCINATORY STATES INDUCED DRUGS"
"292.11"	"DRUG-INDUCD PSYCHOT D/O W/DELUSIONS"	"DRUG-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS"
"292.12"	"DRUG-INDUCD PSYCHOT D/O W/HALLUCIN"	"DRUG-INDUCED PSYCHOTIC DISORDER W/HALLUCINATIONS"
"292.2"	"PATHOLOGICAL DRUG INTOXICATION"	"PATHOLOGICAL DRUG INTOXICATION"
"292.8"	"OTH SPEC DRUG-INDUCED MENTAL D/O"	"OTHER SPECIFIED DRUG-INDUCED MENTAL DISORDERS"
"292.81"	"DRUG-INDUCED DELIRIUM"	"DRUG-INDUCED DELIRIUM"
"292.82"	"DRUG-INDUCED PERSISTING DEMENTIA"	"DRUG-INDUCED PERSISTING DEMENTIA"
"292.83"	"DRUG-INDUCD PERSISTING AMNESTIC D/O"	"DRUG-INDUCED PERSISTING AMNESTIC DISORDER"
"292.84"	"DRUG-INDUCED MOOD DISORDER"	"DRUG-INDUCED MOOD DISORDER"
"292.89"	"OTH SPEC DRUG-INDUCD MENTL DISORDER"	"OTHER SPECIFIED DRUG-INDUCED MENTAL DISORDER"
"292.9"	"UNSPEC DRUG-INDUCED MENTAL DISORDER"	"UNSPECIFIED DRUG-INDUCED MENTAL DISORDER"
"293"	"TRANSIENT MENTL D/O-COND CLASS ELSW"	"TRANSIENT MENTAL DISORDERS DUE CONDS CLASS ELSW"
"293.0"	"DELIRIUM DUE CONDS CLASSIFIED ELSW"	"DELIRIUM DUE TO CONDITIONS CLASSIFIED ELSEWHERE"
"293.1"	"SUBACUTE DELIRIUM"	"SUBACUTE DELIRIUM"
"293.8"	"OTH SPEC TRANSNT MENTL D/O CLSS ELS"	"OTH SPEC TRANSIENT MENTL D/O DUE COND CLASS ELSW"
"293.81"	"PSYCHOT W/DELUSION COND CLASS ELSW"	"PSYCHOTIC DISORDER W/DELUSIONS CONDS CLASS ELSW"
"293.82"	"PSYCHOT W/HALLUCNAT COND CLASS ELSW"	"PSYCHOTIC D/O W/HALLUCINATIONS CONDS CLASS ELSW"
"293.83"	"MOOD DISORDER CONDS CLASSIFIED ELSW"	"MOOD DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE"
"293.84"	"ANXIETY DISORDER CONDS CLASS ELSW"	"ANXIETY DISORDER CONDITIONS CLASSIFIED ELSEWHERE"
"293.89"	"OTH TRANSNT MENTL D/O COND CLSS ELS"	"OTH TRANSIENT MENTAL D/O DUE CONDS CLASS ELSW"
"293.9"	"UNS TRANSNT MENTL D/O COND CLSS ELS"	"UNSPEC TRANSIENT MENTL DISORDER CONDS CLASS ELSW"
"294"	"PERSISTNT MENTL D/O COND CLASS ELSW"	"PERSISTENT MENTAL DISORDERS DUE CONDS CLASS ELSW"
"294.0"	"AMNESTIC DISORDER CONDS CLASS ELSW"	"AMNESTIC DISORDER CONDS CLASSIFIED ELSEWHERE"
"294.1"	"DEMENTIA CONDS CLASSIFIED ELSEWHERE"	"DEMENTIA IN CONDITIONS CLASSIFIED ELSEWHERE"
"294.10"	"DEMENTIA CCE W/O BEHAV DISTURB"	"DEMENTIA CONDS CLASS ELSW W/O BHVAL DISTURBANCE"
"294.11"	"DEMENTIA CCE W/BEHAV DISTURBANCES"	"DEMENTIA CCE W/BEHAVIORAL DISTURBANCES"
"294.8"	"OTH PERSIST MENTL D/O COND CLSS ELS"	"OTH PERSISTENT MENTAL D/O DUE CONDS CLASS ELSW"
"294.9"	"UNS PERSIST MENTL D/O COND CLSS ELS"	"UNSPEC PERSISTENT MENTL D/O DUE CONDS CLASS ELSW"
"295"	"SCHIZOPHRENIC DISORDERS"	"SCHIZOPHRENIC DISORDERS"
"295.0"	"SIMPLE TYPE SCHIZOPHRENIA"	"SIMPLE TYPE SCHIZOPHRENIA"

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"295.00"	"SIMPLE SCHIZOPHRENIA UNSPEC COND"	"SIMPLE SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.01"	"SIMPLE SCHIZO SUBCHRONIC COND"	"SIMPLE SCHIZOPHRENIA SUBCHRONIC CONDITION"
"295.02"	"SIMPLE SCHIZOPHRENIA CHRONIC COND"	"SIMPLE SCHIZOPHRENIA CHRONIC CONDITION"
"295.03"	"SMPL SCHIZO SUBCHRNW/ACUT EXACERBAT"	"SIMPLE SCHIZO SUBCHRONIC COND W/ACUTE EXACERBAT"
"295.04"	"SMPL SCHIZO CHRONW/ACUT EXACERBAT"	"SIMPLE SCHIZO CHRONIC COND W/ACUTE EXACERBAT"
"295.05"	"SIMPLE SCHIZOPHRENIA	IN REMISSION"
"295.1"	"DISORGANIZED TYPE SCHIZOPHRENIA"	"DISORGANIZED TYPE SCHIZOPHRENIA"
"295.10"	"DISORG SCHIZOPHRENIA UNSPEC COND"	"DISORGANIZED SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.11"	"DISORG SCHIZO SUBCHRONIC COND"	"DISORGANIZED SCHIZOPHRENIA SUBCHRONIC CONDITION"
"295.12"	"DISORG SCHIZOPHRENIA CHRONIC COND"	"DISORGANIZED SCHIZOPHRENIA CHRONIC CONDITION"
"295.13"	"DISORG SCHIZO SUBCHRNW/ACUT XACRBAT"	"DISORG SCHIZO SUBCHRONIC COND W/ACUTE EXACERBAT"
"295.14"	"DISORG SCHIZO CHRONW/ACUT EXACERBAT"	"DISORG SCHIZO CHRONIC COND W/ACUTE EXACERBAT"
"295.15"	"DISORG SCHIZOPHRENIA REMISSION"	"DISORGANIZED SCHIZOPHRENIA IN REMISSION"
"295.2"	"CATATONIC TYPE SCHIZOPHRENIA"	"CATATONIC TYPE SCHIZOPHRENIA"
"295.20"	"CATATONIC SCHIZOPHRENIA UNSPEC COND"	"CATATONIC SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.21"	"CATATONIC SCHIZO SUBCHRONIC COND"	"CATATONIC SCHIZOPHRENIA SUBCHRONIC CONDITION"
"295.22"	"CATATONIC SCHIZO CHRONIC COND"	"CATATONIC SCHIZOPHRENIA CHRONIC CONDITION"
"295.23"	"CATATON SCHIZO SUBCHRON W/AC EXCERB"	"CATATONIC SCHIZO SUBCHRON COND W/ACUT EXACERBAT"
"295.24"	"CATATONIC SCHIZO CHRNW/ACUT XACRBAT"	"CATATONIC SCHIZO CHRONIC COND W/ACUTE EXACERBAT"
"295.25"	"CATATONIC SCHIZOPHRENIA REMISSION"	"CATATONIC SCHIZOPHRENIA IN REMISSION"
"295.3"	"PARANOID TYPE SCHIZOPHRENIA"	"PARANOID TYPE SCHIZOPHRENIA"
"295.30"	"PARANOID SCHIZOPHRENIA UNSPEC COND"	"PARANOID SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.31"	"PARANOID SCHIZO SUBCHRONIC COND"	"PARANOID SCHIZOPHRENIA SUBCHRONIC CONDITION"
"295.32"	"PARANOID SCHIZOPHRENIA CHRONIC COND"	"PARANOID SCHIZOPHRENIA CHRONIC CONDITION"
"295.33"	"PARANOID SCHIZO SUBCHRNW/AC XACRBAT"	"PARANOID SCHIZO SUBCHRONIC COND W/ACUT EXACERBAT"
"295.34"	"PARANOID SCHIZO CHRNW/ACUT EXACRBAT"	"PARANOID SCHIZO CHRONIC COND W/ACUTE EXACERBAT"
"295.35"	"PARANOID SCHIZOPHRENIA IN REMISSION"	"PARANOID SCHIZOPHRENIA IN REMISSION"
"295.4"	"SCHIZOPHRENIFORM DISORDER"	"SCHIZOPHRENIFORM DISORDER"
"295.40"	"SCHIZOPHRENIFORM DISORDER UNSPEC"	"SCHIZOPHRENIFORM DISORDER UNSPECIFIED"
"295.41"	"SCHIZOPHRENIFORM DISORDER SUBCHRON"	"SCHIZOPHRENIFORM DISORDER SUBCHRONIC"
"295.42"	"SCHIZOPHRENIFORM DISORDER CHRONIC"	"SCHIZOPHRENIFORM DISORDER CHRONIC"
"295.43"	"SCHIZOPHRENIFORM SUBCHRN AC XACRBAT"	"SCHIZOPHRENIFORM D/O SUBCHRON W/ACUT EXACERBAT"
"295.44"	"SCHIZOPHRENIFORM CHRN AC XACRBAT"	"SCHIZOPHRENIFORM DISORDER CHRON W/ACUT EXACERBAT"
"295.45"	"SCHIZOPHRENIFORM DISORDER REMISSION"	"SCHIZOPHRENIFORM DISORDER IN REMISSION"

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"295.5"	"LATENT SCHIZOPHRENIA"	"LATENT SCHIZOPHRENIA"
"295.50"	"LATENT SCHIZOPHRENIA UNSPEC COND"	"LATENT SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.51"	"LATENT SCHIZO SUBCHRONIC COND"	"LATENT SCHIZOPHRENIA SUBCHRONIC CONDITION"
"295.52"	"LATENT SCHIZOPHRENIA CHRONIC COND"	"LATENT SCHIZOPHRENIA CHRONIC CONDITION"
"295.53"	"LATENT SCHIZO SUBCHRNW/ACUT XACRBAT"	"LATENT SCHIZO SUBCHRONIC COND W/ACUTE EXACERBAT"
"295.54"	"LATENT SCHIZO CHRONW/ACUT EXACERBAT"	"LATENT SCHIZO CHRONIC COND W/ACUTE EXACERBAT"
"295.55"	"LATENT SCHIZOPHRENIA	IN REMISSION"
"295.6"	"SCHIZOPHRENIC D/O RESIDUAL TYPE"	"SCHIZOPHRENIC DISORDERS RESIDUAL TYPE"
"295.60"	"SCHIZOPHRENIC D/O RESIDUL TYPE UNS"	"SCHIZOPHRENIC DISORDERS RESIDUAL TYPE UNSPEC"
"295.61"	"SCHIZO D/O RESIDUL TYPE SUBCHRN"	"SCHIZOPHRENIC DISORDERS RESIDUAL TYPE SUBCHRONIC"
"295.62"	"SCHIZOPHRENIC D/O RESIDUL TYPE CHRN"	"SCHIZOPHRENIC DISORDERS RESIDUAL TYPE CHRONIC"
"295.63"	"SCHIZO D/O RESIDL SBCHRN AC XACRBAT"	"SCHIZO D/O RESIDUL TYPE SUBCHRN W/ACUT XACRBAT"
"295.64"	"SCHIZO D/O RESIDUL CHRN AC XACRBAT"	"SCHIZO D/O RESIDUL TYPE CHRN W/ACUT XACRBAT"
"295.65"	"SCHIZO D/O RESIDUL TYPE REMISS"	"SCHIZOPHRENIC DISORDERS RESIDUAL TYPE REMISSION"
"295.7"	"SCHIZOAFFECTIVE DISORDER"	"SCHIZOAFFECTIVE DISORDER"
"295.70"	"SCHIZOAFFECTIVE DISORDER UNSPEC"	"SCHIZOAFFECTIVE DISORDER UNSPECIFIED"
"295.71"	"SCHIZOAFFECTIVE DISORDER SUBCHRONIC"	"SCHIZOAFFECTIVE DISORDER SUBCHRONIC"
"295.72"	"SCHIZOAFFECTIVE DISORDER CHRONIC"	"SCHIZOAFFECTIVE DISORDER CHRONIC"
"295.73"	"SCHIZOAFFCT D/O SUBCHRN AC XACRBAT"	"SCHIZOAFFCT DISORDER SUBCHRONIC W/ACUT EXACERBAT"
"295.74"	"SCHIZOAFFCT D/O CHRN W/ACUT XACRBAT"	"SCHIZOAFFECT DISORDER CHRONIC W/ACUTE EXACERBAT"
"295.75"	"SCHIZOAFFECTIVE DISORDER REMISSION"	"SCHIZOAFFECTIVE DISORDER IN REMISSION"
"295.8"	"OTHER SPECIFIED TYPES SCHIZOPHRENIA"	"OTHER SPECIFIED TYPES OF SCHIZOPHRENIA"
"295.80"	"OTH SPEC TYPES SCHIZO UNSPEC COND"	"OTHER SPEC TYPES SCHIZOPHRENIA UNSPEC CONDITION"
"295.81"	"OTH SPEC TYPES SCHIZO SUBCHRON COND"	"OTHER SPEC TYPES SCHIZOPHRENIA SUBCHRONIC COND"
"295.82"	"OTH SPEC TYPES SCHIZO CHRONIC COND"	"OTHER SPEC TYPES SCHIZOPHRENIA CHRONIC CONDITION"
"295.83"	"OTH SPEC SCHZO SUBCHRON W/AC EXACRB"	"OTH SPEC TYPES SCHIZO SUBCHRONW/ACUT EXACERBAT"
"295.84"	"OTH TYPES SCHIZO CHRNW/ACUT XACRBAT"	"OTH SPEC TYPES SCHIZO CHRONW/ACUT EXACERBAT"
"295.85"	"OTH SPEC TYPES SCHIZO REMISSION"	"OTHER SPECIFIED TYPES OF SCHIZOPHRENIA REMISSION"
"295.9"	"UNSPECIFIED SCHIZOPHRENIA"	"UNSPECIFIED SCHIZOPHRENIA"
"295.90"	"UNSPEC SCHIZOPHRENIA UNSPEC COND"	"UNSPECIFIED SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.91"	"UNSPEC SCHIZO SUBCHRONIC COND"	"UNSPECIFIED SCHIZOPHRENIA SUBCHRONIC CONDITION"
"295.92"	"UNSPEC SCHIZOPHRENIA CHRONIC COND"	"UNSPECIFIED SCHIZOPHRENIA CHRONIC CONDITION"
"295.93"	"UNS SCHIZO SUBCHRONW/ACUT EXACERBAT"	"UNSPEC SCHIZO SUBCHRONIC COND W/ACUTE EXACERBAT"
"295.94"	"UNS SCHIZO CHRONW/ACUT EXACERBAT"	"UNSPEC SCHIZO CHRONIC COND W/ACUTE EXACERBAT"

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"295.95"	"UNSPECIFIED SCHIZOPHRENIA REMISSION"	"UNSPECIFIED SCHIZOPHRENIA IN REMISSION"
"296"	"EPISODIC MOOD DISORDERS"	"EPISODIC MOOD DISORDERS"
"296.0"	"BIPLR I DISORDER SINGLE MANIC EPIS"	"BIPOLAR I DISORDER SINGLE MANIC EPISODE"
"296.00"	"BIPLR I D/O SINGLE MANIC EPIS UNS"	"BIPOLAR I DISORDER SINGLE MANIC EPISODE UNSPEC"
"296.01"	"BIPLR I D/O SINGLE MANIC EPIS MILD"	"BIPOLAR I DISORDER SINGLE MANIC EPISODE MILD"
"296.02"	"BIPLR I D/O SINGLE MANIC EPIS MOD"	"BIPOLAR I DISORDER SINGLE MANIC EPISODE MODERATE"
"296.03"	"BIPLR I D/O 1 MANIC EPIS NO PSYCHOT"	"BIPOLAR I D/O 1 MANIC EPIS SEV W/O PSYCHOT BHV"
"296.04"	"BIPLR I D/O 1 MANIC EPIS W/PSYCHOT"	"BIPOLAR I D/O 1 MANIC EPIS SEV W/PSYCHOT BHV"
"296.05"	"BIPLR I D/O 1 MNIC EPIS PART REMISS"	"BIPOLAR I D/O 1 MANIC EPIS PART/UNS REMISSION"
"296.06"	"BIPLR I D/O 1 MNIC EPIS FULL REMISS"	"BIPOLAR I D/O SINGLE MANIC EPIS FULL REMISSION"
"296.1"	"MANIC DISORDER	RECURRENT EPISODE"
"296.10"	"MANIC DISORDER RECUR EPIS UNSPEC"	"MANIC DISORDER RECURRENT EPISODE UNSPECIFIED"
"296.11"	"MANIC DISORDER RECURRENT EPIS MILD"	"MANIC DISORDER RECURRENT EPISODE MILD"
"296.12"	"MANIC DISORDER RECURRENT EPIS MOD"	"MANIC DISORDER RECURRENT EPISODE MODERATE"
"296.13"	"MANIC RECUR D/O EPIS SEVERE"	"MANIC D/O RECUR EPIS SEV W/O MENTION PSYCHOT BHV"
"296.14"	"RECUR MANIC-SEV W PSYCHO"	"MANIC D/O RECUR EPIS SEV SPEC AS W/PSYCHOT BHV"
"296.15"	"MNIC D/O RECUR EPIS PART/UNS REMISS"	"MANIC DISORDER RECUR EPIS PART/UNSPEC REMISSION"
"296.16"	"MANIC D/O RECUR EPIS FULL REMISSION"	"MANIC DISORDER RECURRENT EPISODE FULL REMISSION"
"296.2"	"MAJOR DPRSV DISORDER SINGLE EPISODE"	"MAJOR DEPRESSIVE DISORDER SINGLE EPISODE"
"296.20"	"MAJ DPRSV D/O SINGLE EPIS UNSPEC"	"MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNSPEC"
"296.21"	"MAJ DPRSV DISORDER SINGLE EPIS MILD"	"MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD"
"296.22"	"MAJ DPRSV DISORDER SINGLE EPIS MOD"	"MAJOR DPRSV DISORDER SINGLE EPISODE MODERATE"
"296.23"	"MAJ DEPRESS D/O 1 EPIS SEVERE"	"MAJ DPRSV D/O 1 EPIS SEV W/O MENTION PSYCHOT BHV"
"296.24"	"MAJ DEPRESS 1 EPIS SEVR W/PSYCHOT"	"MAJ DPRSV D/O 1 EPIS SEV SPEC AS W/PSYCHOT BHV"
"296.25"	"MAJ DEPRESS 1 EPIS PART/UNS REMIS"	"MAJ DPRSV D/O SINGLE EPIS PART/UNSPEC REMISSION"
"296.26"	"MAJ DPRSV D/O 1 EPIS FULL REMISSION"	"MAJOR DPRSV DISORDER SINGLE EPIS FULL REMISSION"
"296.3"	"MAJOR DPRSV DISORDER RECURRENT EPIS"	"MAJOR DEPRESSIVE DISORDER RECURRENT EPISODE"
"296.30"	"MAJ DPRSV D/O RECUR EPIS UNSPEC"	"MAJOR DPRSV DISORDER RECURRENT EPISODE UNSPEC"
"296.31"	"MAJ DPRSV DISORDER RECUR EPIS MILD"	"MAJOR DEPRESSIVE DISORDER RECURRENT EPISODE MILD"
"296.32"	"MAJOR DPRSV DISORDER RECUR EPIS MOD"	"MAJOR DPRSV DISORDER RECURRENT EPISODE MODERATE"
"296.33"	"MJR DEPRESS D/O RECUR EPIS-SEVERE"	"MAJ DPRSV D/O RECUR EPIS SEV W/O PSYCHOT BHV"
"296.34"	"MJR DEPRES D/O RECUR EPIS-PSYCHOTIC"	"MAJ DPRSV D/O RECUR EPIS SEV SPEC W/PSYCHOT BHV"
"296.35"	"MJR DEPRESS D/O RECUR EPIS-PART REM"	"MAJ DPRSV D/O RECUR EPIS PART/UNSPEC REMISSION"
"296.36"	"MJR DEPRESS D/O RECUR EPIS-FULL REM"	"MAJOR DPRSV DISORDER RECUR EPIS FULL REMISSION"

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"296.4"	"BIPLR I D/O MOST RECENT EPIS MANIC"	"BIPOLAR I DISORDER MOST RECENT EPISODE MANIC"
"296.40"	"BIPLR I MOST RECENT EPIS MANIC UNS"	"BIPOLAR I DISORDER MOST RECENT EPIS MANIC UNSPEC"
"296.41"	"BIPLR I MOST RECENT EPIS MANIC MILD"	"BIPOLAR I DISORDER MOST RECENT EPIS MANIC MILD"
"296.42"	"BIPLR I MOST RECENT EPIS MANIC MOD"	"BIPOLAR I DISORDER MOST RECENT EPIS MANIC MOD"
"296.43"	"BP I MOST RECNT MNIC SEV NO PSYCHOT"	"BIPLR I MOST RECENT EPIS MNIC SEV NO PSYCHOT BHV"
"296.44"	"BP I MOST RECENT MNIC SEV W/PSYCHOT"	"BIPLR I MOST RECENT EPIS MNIC SEV W/PSYCHOT BHV"
"296.45"	"BIPLR I RECENT MNIC PART/UNS REMISS"	"BIPLR I D/O MOST RECENT EPIS MNIC PART/UNS REMIS"
"296.46"	"BIPLR I RECENT MANIC FULL REMISS"	"BIPLR I D/O MOST RECENT EPIS MNIC FULL REMISSION"
"296.5"	"BIPLR I D/O MOST RECENT EPIS DPRSD"	"BIPOLAR I DISORDER MOST RECENT EPISODE DEPRESSED"
"296.50"	"BIPLR I MOST RECENT EPIS DPRSD UNS"	"BIPOLAR I D/O MOST RECENT EPIS DEPRESSED UNS"
"296.51"	"BIPLR I MOST RECENT EPIS DPRSD MILD"	"BIPOLAR I D/O MOST RECENT EPIS DEPRESSED MILD"
"296.52"	"BIPLR I MOST RECENT EPIS DPRSD MOD"	"BIPOLAR I D/O MOST RECENT EPIS DEPRESSED MOD"
"296.53"	"BIPLR I RECENT DPRSD SEV NO PSYCHOT"	"BIPLR I MOST RECENT EPIS DPRS SEV NO PSYCHOT BHV"
"296.54"	"BIPLR I RECENT DPRSD SEV W/PSYCHOT"	"BIPLR I MOST RECENT EPIS DPRSD SEV W/PSYCHOT BHV"
"296.55"	"BIPLR I RECENT DPRSD PART/UNS REMIS"	"BIPLR I MOST RECENT EPIS DPRSD PART/UNS REMISS"
"296.56"	"BIPLR I RECENT DPRSD FULL REMISS"	"BIPLR I D/O MOST RECENT EPIS DPRSD FULL REMISS"
"296.6"	"BIPLR I D/O MOST RECENT EPIS MIX"	"BIPOLAR I DISORDER MOST RECENT EPISODE MIXED"
"296.60"	"BIPLR I MOST RECENT EPIS MIX UNS"	"BIPOLAR I DISORDER MOST RECENT EPIS MIXED UNSPEC"
"296.61"	"BIPLR I MOST RECENT EPIS MIX MILD"	"BIPOLAR I DISORDER MOST RECENT EPIS MIXED MILD"
"296.62"	"BIPLR I MOST RECENT EPIS MIX MOD"	"BIPOLAR I DISORDER MOST RECENT EPIS MIX MODERATE"
"296.63"	"BIPLR I RECENT MIX SEV W/O PSYCHOT"	"BIPLR I MOST RECENT EPIS MIX SEV W/O PSYCHOT BHV"
"296.64"	"BIPLR I RECENT MIX SEV W/PSYCHOT"	"BIPLR I MOST RECENT EPIS MIX SEV W/PSYCHOT BHV"
"296.65"	"BIPLR I RECENT MIX PART/UNS REMISS"	"BIPLR I D/O MOST RECENT EPIS MIX PART/UNS REMISS"
"296.66"	"BIPLR I RECENT EPIS MIX FULL REMISS"	"BIPLR I D/O MOST RECENT EPIS MIX FULL REMISSION"
"296.7"	"BIPLR I D/O MOST RECENT EPIS UNSPEC"	"BIPOLAR I DISORDER MOST RECENT EPISODE UNSPEC"
"296.8"	"OTHER&UNSPECIFIED BIPOLAR DISORDERS"	"OTHER AND UNSPECIFIED BIPOLAR DISORDERS"
"296.80"	"BIPOLAR DISORDER UNSPECIFIED"	"BIPOLAR DISORDER UNSPECIFIED"
"296.81"	"ATYPICAL MANIC DISORDER"	"ATYPICAL MANIC DISORDER"
"296.82"	"ATYPICAL DEPRESSIVE DISORDER"	"ATYPICAL DEPRESSIVE DISORDER"
"296.89"	"OTHER&UNSPECIFIED BIPOLAR DISORDERS"	"OTHER AND UNSPECIFIED BIPOLAR DISORDERS"
"296.9"	"OTHER&UNSPEC EPISODIC MOOD DISORDER"	"OTHER AND UNSPECIFIED EPISODIC MOOD DISORDER"
"296.90"	"UNSPECIFIED EPISODIC MOOD DISORDER"	"UNSPECIFIED EPISODIC MOOD DISORDER"
"296.99"	"OTHER SPEC EPISODIC MOOD DISORDER"	"OTHER SPECIFIED EPISODIC MOOD DISORDER"
"297"	"DELUSIONAL DISORDERS"	"DELUSIONAL DISORDERS"

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"297.0"	"PARANOID STATE"	"SIMPLE"
"297.1"	"DELUSIONAL DISORDER"	"DELUSIONAL DISORDER"
"297.2"	"PARAPHRENIA"	"PARAPHRENIA"
"297.3"	"SHARED PSYCHOTIC DISORDER"	"SHARED PSYCHOTIC DISORDER"
"297.8"	"OTHER SPECIFIED PARANOID STATES"	"OTHER SPECIFIED PARANOID STATES"
"297.9"	"UNSPECIFIED PARANOID STATE"	"UNSPECIFIED PARANOID STATE"
"298"	"OTHER NONORGANIC PSYCHOSES"	"OTHER NONORGANIC PSYCHOSES"
"298.0"	"DEPRESSIVE TYPE PSYCHOSIS"	"DEPRESSIVE TYPE PSYCHOSIS"
"298.1"	"EXCITATIVE TYPE PSYCHOSIS"	"EXCITATIVE TYPE PSYCHOSIS"
"298.2"	"REACTIVE CONFUSION"	"REACTIVE CONFUSION"
"298.3"	"ACUTE PARANOID REACTION"	"ACUTE PARANOID REACTION"
"298.4"	"PSYCHOGENIC PARANOID PSYCHOSIS"	"PSYCHOGENIC PARANOID PSYCHOSIS"
"298.8"	"OTHER&UNSPEC REACTIVE PSYCHOSIS"	"OTHER AND UNSPECIFIED REACTIVE PSYCHOSIS"
"298.9"	"UNSPECIFIED PSYCHOSIS"	"UNSPECIFIED PSYCHOSIS"
"299"	"PERVASIVE DEVELOPMENTAL DISORDERS"	"PERVASIVE DEVELOPMENTAL DISORDERS"
"299.0"	"AUTISTIC DISORDER"	"AUTISTIC DISORDER"
"299.00"	"AUTISTIC DISORDER CURRNT/ACTV STATE"	"AUTISTIC DISORDER CURRENT OR ACTIVE STATE"
"299.01"	"AUTISTIC DISORDER RESIDUAL STATE"	"AUTISTIC DISORDER RESIDUAL STATE"
"299.1"	"CHILDHOOD DISINTEGRATIVE DISORDER"	"CHILDHOOD DISINTEGRATIVE DISORDER"
"299.10"	"CHLD DISNTGRATV D/O CURR/ACTV STATE"	"CHLD DISINTEGRATIVE DISORDER CURRENT/ACTV STATE"
"299.11"	"CHLD DISNTGRATV D/O RESIDUAL STATE"	"CHILDHOOD DISINTEGRATIVE DISORDER RESIDUAL STATE"
"299.8"	"OTH SPEC PERVASIVE DVLPMNTL D/O"	"OTHER SPEC PERVASIVE DEVELOPMENTAL DISORDERS"
"299.80"	"OTH PERVASIV DVLPMNTL D/O CURR/ACTV"	"OTH SPEC PERVASIVE DVLPMNTL D/O CURR/ACTV STATE"
"299.81"	"OTH PERVASIVE DVLPMNTL D/O RESIDUL"	"OTH SPEC PERVASIVE DVLPMNTL D/O RESIDUAL STATE"
"299.9"	"UNSPEC PERVASIVE DVLPMNTL DISORDER"	"UNSPECIFIED PERVASIVE DEVELOPMENTAL DISORDER"
"299.90"	"UNS PERVASIV DVLPMNTL D/O CURR/ACTV"	"UNSPEC PERVASIVE DVLPMNTL D/O CURRNT/ACTV STATE"
"299.91"	"UNS PERVASIVE DVLPMNTL D/O RESIDUL"	"UNSPEC PERVASIVE DVLPMNTL D/O RESIDUAL STATE"
"30"	"EXCISION OF LARYNX"	"EXCISION OF LARYNX"
"30.0"	"EXC/DESTRUC LESION/TISSUE LARYNX"	"EXCISION OR DESTRUCTION LESION OR TISSUE LARYNX"
"30.01"	"MARSUPIALIZATION OF LARYNGEAL CYST"	"MARSUPIALIZATION OF LARYNGEAL CYST"
"30.09"	"OTH EXC/DESTRUC LES/TISSUE LARYNX"	"OTHER EXCISION/DESTRUCTION LESION/TISSUE LARYNX"
"30.1"	"HEMILARYNGECTOMY"	"HEMILARYNGECTOMY"
"30.2"	"OTHER PARTIAL LARYNGECTOMY"	"OTHER PARTIAL LARYNGECTOMY"
"30.21"	"EPIGLOTTIDECTOMY"	"EPIGLOTTIDECTOMY"

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"30.22"	"VOCAL CORDECTOMY"	"VOCAL CORDECTOMY"
"30.29"	"OTHER PARTIAL LARYNGECTOMY"	"OTHER PARTIAL LARYNGECTOMY"
"30.3"	"COMPLETE LARYNGECTOMY"	"COMPLETE LARYNGECTOMY"
"30.4"	"RADICAL LARYNGECTOMY"	"RADICAL LARYNGECTOMY"
"300"	"ANXIETY DISSOCIATIVE&SOMATOFORM D/O"	"ANXIETY DISSOCIATIVE AND SOMATOFORM DISORDERS"
"300.0"	"ANXIETY STATES"	"ANXIETY STATES"
"300.00"	"ANXIETY STATE"	UNSPECIFIED"
"300.01"	"PANIC DISORDER WITHOUT AGORAPHOBIA"	"PANIC DISORDER WITHOUT AGORAPHOBIA"
"300.02"	"GENERALIZED ANXIETY DISORDER"	"GENERALIZED ANXIETY DISORDER"
"300.09"	"OTHER ANXIETY STATES"	"OTHER ANXIETY STATES"
"300.1"	"DISSOCIATIV CONVRSION&FACTITIOUS D/O"	"DISSOCIATIVE CONVERSION AND FACTITIOUS DISORDERS"
"300.10"	"HYSTERIA"	UNSPECIFIED"
"300.11"	"CONVERSION DISORDER"	"CONVERSION DISORDER"
"300.12"	"DISSOCIATIVE AMNESIA"	"DISSOCIATIVE AMNESIA"
"300.13"	"DISSOCIATIVE FUGUE"	"DISSOCIATIVE FUGUE"
"300.14"	"DISSOCIATIVE IDENTITY DISORDER"	"DISSOCIATIVE IDENTITY DISORDER"
"300.15"	"DISSOCIATIVE DISORDER/REACT UNSPEC"	"DISSOCIATIVE DISORDER OR REACTION UNSPECIFIED"
"300.16"	"FACTITIOUS D/O PREDOM PSYCH SIGN&SX"	"FACTITIOUS D/O W/PREDOM PSYCHOLOGICAL SIGNS&SX"
"300.19"	"OTHER&UNSPEC FACTITIOUS ILLNESS"	"OTHER AND UNSPECIFIED FACTITIOUS ILLNESS"
"300.2"	"PHOBIC DISORDERS"	"PHOBIC DISORDERS"
"300.20"	"PHOBIA"	UNSPECIFIED"
"300.21"	"AGORAPHOBIA WITH PANIC DISORDER"	"AGORAPHOBIA WITH PANIC DISORDER"
"300.22"	"AGORAPHOBIA W/O PANIC ATTACKS"	"AGORAPHOBIA WITHOUT MENTION OF PANIC ATTACKS"
"300.23"	"SOCIAL PHOBIA"	"SOCIAL PHOBIA"
"300.29"	"OTHER ISOLATED OR SPECIFIC PHOBIAS"	"OTHER ISOLATED OR SPECIFIC PHOBIAS"
"300.3"	"OBSESSIVE-COMPULSIVE DISORDERS"	"OBSESSIVE-COMPULSIVE DISORDERS"
"300.4"	"DYSTHYMIC DISORDER"	"DYSTHYMIC DISORDER"
"300.5"	"NEURASTHENIA"	"NEURASTHENIA"
"300.6"	"DEPERSONALIZATION DISORDER"	"DEPERSONALIZATION DISORDER"
"300.7"	"HYPOCHONDRIASIS"	"HYPOCHONDRIASIS"
"300.8"	"SOMATOFORM DISORDERS"	"SOMATOFORM DISORDERS"
"300.81"	"SOMATIZATION DISORDER"	"SOMATIZATION DISORDER"
"300.82"	"UNDIFFERENTIATED SOMATOFORM D/O"	"UNDIFFERENTIATED SOMATOFORM DISORDER"
"300.89"	"OTHER SOMATOFORM DISORDERS"	"OTHER SOMATOFORM DISORDERS"

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"300.9"	"UNSPEC NONPSYCHOTIC MENTAL DISORDER"	"UNSPECIFIED NONPSYCHOTIC MENTAL DISORDER"
"301"	"PERSONALITY DISORDERS"	"PERSONALITY DISORDERS"
"301.0"	"PARANOID PERSONALITY DISORDER"	"PARANOID PERSONALITY DISORDER"
"301.1"	"AFFECTIVE PERSONALITY DISORDER"	"AFFECTIVE PERSONALITY DISORDER"
"301.10"	"AFFECT PERSONALITY DISORDER UNSPEC"	"AFFECTIVE PERSONALITY DISORDER UNSPECIFIED"
"301.11"	"CHRONIC HYPOMANIC PERSITY DISORDER"	"CHRONIC HYPOMANIC PERSONALITY DISORDER"
"301.12"	"CHRONIC DPRSV PERSONALITY DISORDER"	"CHRONIC DEPRESSIVE PERSONALITY DISORDER"
"301.13"	"CYCLOTHYMIC DISORDER"	"CYCLOTHYMIC DISORDER"
"301.2"	"SCHIZOID PERSONALITY DISORDER"	"SCHIZOID PERSONALITY DISORDER"
"301.20"	"SCHIZOID PERSITY DISORDER UNSPEC"	"SCHIZOID PERSONALITY DISORDER UNSPECIFIED"
"301.21"	"INTROVERTED PERSONALITY"	"INTROVERTED PERSONALITY"
"301.22"	"SCHIZOTYPAL PERSONALITY DISORDER"	"SCHIZOTYPAL PERSONALITY DISORDER"
"301.3"	"EXPLOSIVE PERSONALITY DISORDER"	"EXPLOSIVE PERSONALITY DISORDER"
"301.4"	"OBSESSIVE-COMPULSIVE PERSITY D/O"	"OBSESSIVE-COMPULSIVE PERSONALITY DISORDER"
"301.5"	"HISTRIONIC PERSONALITY DISORDER"	"HISTRIONIC PERSONALITY DISORDER"
"301.50"	"HISTRIONIC PERSITY DISORDER UNSPEC"	"HISTRIONIC PERSONALITY DISORDER UNSPECIFIED"
"301.51"	"CHRON FACTITIOUS ILLNESS W/PHYS SX"	"CHRONIC FACTITIOUS ILLNESS W/PHYSICAL SYMPTOMS"
"301.59"	"OTH HISTRIONIC PERSONALITY DISORDER"	"OTHER HISTRIONIC PERSONALITY DISORDER"
"301.6"	"DEPENDENT PERSONALITY DISORDER"	"DEPENDENT PERSONALITY DISORDER"
"301.7"	"ANTISOCIAL PERSONALITY DISORDER"	"ANTISOCIAL PERSONALITY DISORDER"
"301.8"	"OTHER PERSONALITY DISORDERS"	"OTHER PERSONALITY DISORDERS"
"301.81"	"NARCISSISTIC PERSONALITY DISORDER"	"NARCISSISTIC PERSONALITY DISORDER"
"301.82"	"AVOIDANT PERSONALITY DISORDER"	"AVOIDANT PERSONALITY DISORDER"
"301.83"	"BORDERLINE PERSONALITY DISORDER"	"BORDERLINE PERSONALITY DISORDER"
"301.84"	"PASSIVE-AGGRESSIVE PERSONALITY"	"PASSIVE-AGGRESSIVE PERSONALITY"
"301.89"	"OTHER PERSONALITY DISORDER"	"OTHER PERSONALITY DISORDER"
"301.9"	"UNSPECIFIED PERSONALITY DISORDER"	"UNSPECIFIED PERSONALITY DISORDER"
"302"	"SEXUAL & GENDER IDENTITY DISORDERS"	"SEXUAL AND GENDER IDENTITY DISORDERS"
"302.0"	"EGO-DYSTONIC SEXUAL ORIENTATION"	"EGO-DYSTONIC SEXUAL ORIENTATION"
"302.1"	"ZOOPHILIA"	"ZOOPHILIA"
"302.2"	"PEDOPHILIA"	"PEDOPHILIA"
"302.3"	"TRANVESTIC FETISHISM"	"TRANVESTIC FETISHISM"
"302.4"	"EXHIBITIONISM"	"EXHIBITIONISM"

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"302.50"	"TRANS-SEXUALISM WITH UNS SEXL HX"	"TRANS-SEXUALISM WITH UNSPECIFIED SEXUAL HISTORY"
"302.51"	"TRANS-SEXUALISM W/ASEXUAL HISTORY"	"TRANS-SEXUALISM WITH ASEXUAL HISTORY"
"302.52"	"TRANS-SEXUALISM W/HOMOSEXUAL HX"	"TRANS-SEXUALISM WITH HOMOSEXUAL HISTORY"
"302.53"	"TRANS-SEXUALISM W/HETEROSEXUAL HX"	"TRANS-SEXUALISM WITH HETEROSEXUAL HISTORY"
"302.6"	"GENDER IDENTITY DISORDER CHILDREN"	"GENDER IDENTITY DISORDER IN CHILDREN"
"302.7"	"PSYCHOSEXUAL DYSFUNCTION"	"PSYCHOSEXUAL DYSFUNCTION"
"302.70"	"PSYCHOSEXUAL DYSFUNCTION UNSPEC"	"PSYCHOSEXUAL DYSFUNCTION UNSPECIFIED"
"302.71"	"HYPOACTIVE SEXUAL DESIRE DISORDER"	"HYPOACTIVE SEXUAL DESIRE DISORDER"
"302.72"	"PSYCHOSEX DYSF W/INHIBSEXLCITMNT"	"PSYCHOSEXUAL DYSF W/INHIBITED SEXUAL EXCITEMENT"
"302.73"	"FEMALE ORGASMIC DISORDER"	"FEMALE ORGASMIC DISORDER"
"302.74"	"MALE ORGASMIC DISORDER"	"MALE ORGASMIC DISORDER"
"302.75"	"PREMATURE EJACULATION"	"PREMATURE EJACULATION"
"302.76"	"DYSPAREUNIA PSYCHOGENIC"	"DYSPAREUNIA PSYCHOGENIC"
"302.79"	"PSYCHOSEX DYSF W/OTH PSYCHOSEX DYSF"	"PSYCHOSEXUAL DYSF W/OTH SPEC PSYCHOSEXUAL DYSFS"
"302.8"	"OTHER SPEC PSYCHOSEXUAL DISORDERS"	"OTHER SPECIFIED PSYCHOSEXUAL DISORDERS"
"302.81"	"FETISHISM"	"FETISHISM"
"302.82"	"VOYEURISM"	"VOYEURISM"
"302.83"	"SEXUAL MASOCHISM"	"SEXUAL MASOCHISM"
"302.84"	"SEXUAL SADISM"	"SEXUAL SADISM"
"302.85"	"GENDER IDENTITY D/O ADOLESS/ADLTS"	"GENDER IDENTITY DISORDER ADOLESCENTS OR ADULTS"
"302.89"	"OTHER SPEC PSYCHOSEXUAL DISORDER"	"OTHER SPECIFIED PSYCHOSEXUAL DISORDER"
"302.9"	"UNSPECIFIED PSYCHOSEXUAL DISORDER"	"UNSPECIFIED PSYCHOSEXUAL DISORDER"
"303"	"ALCOHOL DEPENDENCE SYNDROME"	"ALCOHOL DEPENDENCE SYNDROME"
"303.0"	"ACUTE ALCOHOLIC INTOXICATION"	"ACUTE ALCOHOLIC INTOXICATION"
"303.00"	"ACUT ALCOHLIC INTOXICATION UNS"	"ACUTE ALCOHOLIC INTOXICATION UNSPEC DRUNKENNESS"
"303.01"	"ACUT ALCOHLIC INTOXICATION CONT"	"ACUTE ALCOHOLIC INTOXICATION CONT DRUNKENNESS"
"303.02"	"AC ALCOHLIC INTOXICATION EPISODIC"	"ACUT ALCOHOLIC INTOXICATION EPISODIC DRUNKENNESS"
"303.03"	"ACUT ALCOHLIC INTOXICATION REMISS"	"ACUTE ALCOHOLIC INTOXICATION IN REMISSION"
"303.9"	"OTHER&UNSPEC ALCOHOL DEPENDENCE"	"OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE"
"303.90"	"OTH&UNS ALCOHL DPND UNS DRUNKENNESS"	"OTH&UNSPEC ALCOHOL DEPENDENCE UNSPEC DRUNKENNESS"
"303.91"	"OTH&UNS ALCOHL DPND CONT"	"OTHER&UNSPEC ALCOHOL DEPENDENCE CONT DRUNKENNESS"
"303.92"	"OTH&UNS ALCOHL DPND EPISODIC"	"OTH&UNSPEC ALCOHOL DEPEND EPISODIC DRUNKENNESS"
"303.93"	"OTH&UNSPEC ALCOHOL DEPEND REMISSION"	"OTHER&UNSPECIFIED ALCOHOL DEPENDENCE REMISSION"
"304"	"DRUG DEPENDENCE"	"DRUG DEPENDENCE"

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"304.0"	"OPIOID TYPE DEPENDENCE"	"OPIOID TYPE DEPENDENCE"
"304.00"	"OPIOID TYPE DEPENDENCE UNSPEC ABUSE"	"OPIOID TYPE DEPENDENCE UNSPECIFIED ABUSE"
"304.01"	"OPIOID TYPE DEPENDENCE CONT ABUSE"	"OPIOID TYPE DEPENDENCE CONTINUOUS ABUSE"
"304.02"	"OPIOID TYPE DEPENDENCE EPISODIC ABS"	"OPIOID TYPE DEPENDENCE EPISODIC ABUSE"
"304.03"	"OPIOID TYPE DEPENDENCE IN REMISSION"	"OPIOID TYPE DEPENDENCE IN REMISSION"
"304.1"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPEND"	"SEDATIVE HYPNOTIC OR ANXIOLYTIC DEPENDENCE"
"304.10"	"SEDAT HYPNOT/ANXIOLYTIC DEPEND UNS"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPENDENCE UNSPEC"
"304.11"	"SEDAT HYPNOT/ANXIOLYTIC DEPEND CONT"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPENDENCE CONT"
"304.12"	"SEDAT HYPNOT/ANXIOLYTIC DPND EPISODIC"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPENDENCE EPISODIC"
"304.13"	"SEDAT HYPNOT/ANXIOLYTIC DPND REMISS"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPEND REMISSION"
"304.2"	"COCAINE DEPENDENCE"	"COCAINE DEPENDENCE"
"304.20"	"COCAINE DEPENDENCE UNSPEC ABUSE"	"COCAINE DEPENDENCE UNSPECIFIED ABUSE"
"304.21"	"COCAINE DEPENDENCE CONTINUOUS ABUSE"	"COCAINE DEPENDENCE CONTINUOUS ABUSE"
"304.22"	"COCAINE DEPENDENCE"	EPISODIC ABUSE"
"304.23"	"COCAINE DEPENDENCE"	IN REMISSION"
"304.3"	"CANNABIS DEPENDENCE"	"CANNABIS DEPENDENCE"
"304.30"	"CANNABIS DEPENDENCE UNSPEC ABUSE"	"CANNABIS DEPENDENCE UNSPECIFIED ABUSE"
"304.31"	"CANNABIS DEPENDENCE CONT ABUSE"	"CANNABIS DEPENDENCE CONTINUOUS ABUSE"
"304.32"	"CANNABIS DEPENDENCE"	EPISODIC ABUSE"
"304.33"	"CANNABIS DEPENDENCE"	IN REMISSION"
"304.4"	"AMPHET&OTH PSYCHOSTIMULANT DEPEND"	"AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE"
"304.40"	"AMPHET&OTH PSYCHOSTIM DPND UNS ABS"	"AMPHET&OTH PSYCHOSTIMULANT DEPENDENCE UNSPEC ABS"
"304.41"	"AMPHET&OTH PSYCHOSTIM DPND CONT ABS"	"AMPHET&OTH PSYCHOSTIMULANT DEPENDENCE CONT ABS"
"304.42"	"AMPHET&OTH PSYCHOSTIM DPND EPIS ABS"	"AMPHET&OTH PSYCHOSTIMULANT DEPEND EPISODIC ABS"
"304.43"	"AMPHET&OTH PSYCHOSTIM DPND REMISS"	"AMPHET&OTH PSYCHOSTIMULANT DEPENDENCE REMISSION"
"304.5"	"HALLUCINOGEN DEPENDENCE"	"HALLUCINOGEN DEPENDENCE"
"304.50"	"HALLUCINOGEN DEPENDENCE UNSPEC ABS"	"HALLUCINOGEN DEPENDENCE UNSPECIFIED ABUSE"
"304.51"	"HALLUCINOGEN DEPENDENCE CONT ABUSE"	"HALLUCINOGEN DEPENDENCE CONTINUOUS ABUSE"
"304.52"	"HALLUCINOGEN DEPEND EPISODIC ABS"	"HALLUCINOGEN DEPENDENCE EPISODIC ABUSE"
"304.53"	"HALLUCINOGEN DEPENDENCE REMISSION"	"HALLUCINOGEN DEPENDENCE IN REMISSION"
"304.6"	"OTHER SPECIFIED DRUG DEPENDENCE"	"OTHER SPECIFIED DRUG DEPENDENCE"
"304.60"	"OTH SPEC DRUG DEPENDENCE UNSPEC ABS"	"OTHER SPEC DRUG DEPENDENCE UNSPEC ABUSE"
"304.61"	"OTH SPEC DRUG DEPENDENCE CONT ABUSE"	"OTHER SPECIFIED DRUG DEPENDENCE CONTINUOUS ABUSE"
"304.62"	"OTH SPEC DRUG DEPEND EPISODIC ABS"	"OTHER SPECIFIED DRUG DEPENDENCE EPISODIC ABUSE"

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"304.63"	"OTH SPEC DRUG DEPENDENCE REMISSION"	"OTHER SPECIFIED DRUG DEPENDENCE IN REMISSION"
"304.7"	"COMB OPIOID RX W/ANY OTH RX DEPEND"	"COMB OPIOID DRUG W/ANY OTH DRUG DEPENDENCE"
"304.70"	"OPIOID/OTHER DEP-UNSPEC"	"COMB OPIOID RX W/ANY OTH RX DEPEND UNSPEC ABS"
"304.71"	"OPIOID/OTHER DEP-CONTIN"	"COMB OPIOID DRUG W/ANY OTH DRUG DEPEND CONT ABS"
"304.72"	"OPIOID/OTHER DEP-EPIBOD"	"COMB OPIOID RX W/ANY OTH RX DEPEND EPISODIC ABS"
"304.73"	"OPIOID/OTHER DEP-REMISS"	"COMB OPIOID DRUG W/ANY OTH DRUG DEPEND REMISSION"
"304.8"	"COMB DRUG DEPEND EXCLD OPIOID DRUG"	"COMB DRUG DEPENDENCE EXCLUDING OPIOID DRUG"
"304.80"	"COMBOS DRUG DEPEND UNS ABUSE"	"COMB DRUG DEPEND EXCLD OPIOID DRUG UNSPEC ABS"
"304.81"	"COMBOS DRUG DEPEND CONT ABUSE"	"COMB DRUG DEPEND EXCLUDING OPIOID DRUG CONT ABS"
"304.82"	"COMB DRUG DEPEND EPISOD ABUSE"	"COMB DRUG DEPEND EXCLD OPIOID DRUG EPISODIC ABS"
"304.83"	"COMB RX DPND EXCLD OPIOID RX REMISS"	"COMB DRUG DEPEND EXCLUDING OPIOID DRUG REMISSION"
"304.9"	"UNSPECIFIED DRUG DEPENDENCE"	"UNSPECIFIED DRUG DEPENDENCE"
"304.90"	"UNSPEC DRUG DEPENDENCE UNSPEC ABUSE"	"UNSPECIFIED DRUG DEPENDENCE UNSPECIFIED ABUSE"
"304.91"	"UNSPEC DRUG DEPENDENCE CONT ABUSE"	"UNSPECIFIED DRUG DEPENDENCE CONTINUOUS ABUSE"
"304.92"	"UNSPEC DRUG DEPENDENCE EPISODIC ABS"	"UNSPECIFIED DRUG DEPENDENCE EPISODIC ABUSE"
"304.93"	"UNSPEC DRUG DEPENDENCE REMISSION"	"UNSPECIFIED DRUG DEPENDENCE IN REMISSION"
"305"	"NONDEPENDENT ABUSE OF DRUGS"	"NONDEPENDENT ABUSE OF DRUGS"
"305.0"	"NONDEPENDENT ALCOHOL ABUSE"	"NONDEPENDENT ALCOHOL ABUSE"
"305.00"	"NONDPND ALCOHL ABS UNS DRUNKENNESS"	"NONDEPENDENT ALCOHOL ABUSE UNSPEC DRUNKENNESS"
"305.01"	"NONDPND ALCOHL ABS CONT DRUNKENNESS"	"NONDEPENDENT ALCOHOL ABUSE CONT DRUNKENNESS"
"305.02"	"NONDPND ALCOHL ABS EPISODIC"	"NONDEPENDENT ALCOHOL ABUSE EPISODIC DRUNKENNESS"
"305.03"	"NONDEPENDENT ALCOHOL ABS REMISSION"	"NONDEPENDENT ALCOHOL ABUSE IN REMISSION"
"305.1"	"NONDEPENDENT TOBACCO USE DISORDER"	"NONDEPENDENT TOBACCO USE DISORDER"
"305.2"	"NONDEPENDENT CANNABIS ABUSE"	"NONDEPENDENT CANNABIS ABUSE"
"305.20"	"NONDEPENDENT CANNABIS ABUSE UNSPEC"	"NONDEPENDENT CANNABIS ABUSE UNSPECIFIED"
"305.21"	"NONDEPENDENT CANNABIS ABUSE CONT"	"NONDEPENDENT CANNABIS ABUSE CONTINUOUS"
"305.22"	"NONDEPENDENT CANNABIS ABS EPISODIC"	"NONDEPENDENT CANNABIS ABUSE EPISODIC"
"305.23"	"NONDEPENDENT CANNABIS ABS REMISSION"	"NONDEPENDENT CANNABIS ABUSE IN REMISSION"
"305.3"	"NONDEPENDENT HALLUCINOGEN ABUSE"	"NONDEPENDENT HALLUCINOGEN ABUSE"
"305.30"	"NONDEPEND HALLUCINOGEN ABS UNSPEC"	"NONDEPENDENT HALLUCINOGEN ABUSE UNSPECIFIED"
"305.31"	"NONDEPENDENT HALLUCINOGEN ABS CONT"	"NONDEPENDENT HALLUCINOGEN ABUSE CONTINUOUS"
"305.32"	"NONDEPEND HALLUCINOGEN ABS EPISODIC"	"NONDEPENDENT HALLUCINOGEN ABUSE EPISODIC"
"305.33"	"NONDPND HALLUCINOGEN ABS REMISSION"	"NONDEPENDENT HALLUCINOGEN ABUSE IN REMISSION"
"305.4"	"NONDPND SEDAT HYPNOT/ANXIOLYTIC ABS"	"NONDEPENDENT SEDATIVE HYPNOTIC/ANXIOLYTIC ABUSE"

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"305.40"	"NONDEPEND SEDAT HYPNOTIC ABS UNS"	"NONDEPEND SEDATIVE HYPNOT/ANXIOLYTIC ABS UNSPEC"
"305.41"	"NONDEPEND SEDAT HYPNOTIC ABS CONT"	"NONDEPEND SEDATIVE HYPNOTIC/ANXIOLYTIC ABS CONT"
"305.42"	"NONDPND SEDAT HYPNOTIC ABS EPISODIC"	"NONDEPEND SEDAT HYPNOT/ANXIOLYTIC ABS EPISODIC"
"305.43"	"NONDEPEND SEDAT HYPNOTIC ABS REMISS"	"NONDEPEND SEDAT HYPNOT/ANXIOLYTIC ABS REMISSION"
"305.5"	"NONDEPENDENT OPIOID ABUSE"	"NONDEPENDENT OPIOID ABUSE"
"305.50"	"NONDEPENDENT OPIOID ABUSE UNSPEC"	"NONDEPENDENT OPIOID ABUSE UNSPECIFIED"
"305.51"	"NONDEPENDENT OPIOID ABUSE CONT"	"NONDEPENDENT OPIOID ABUSE CONTINUOUS"
"305.52"	"NONDEPENDENT OPIOID ABUSE	EPISODIC"
"305.53"	"NONDEPENDENT OPIOID ABUSE REMISSION"	"NONDEPENDENT OPIOID ABUSE IN REMISSION"
"305.6"	"NONDEPENDENT COCAINE ABUSE"	"NONDEPENDENT COCAINE ABUSE"
"305.60"	"NONDEPENDENT COCAINE ABUSE UNSPEC"	"NONDEPENDENT COCAINE ABUSE UNSPECIFIED"
"305.61"	"NONDEPENDENT COCAINE ABUSE CONT"	"NONDEPENDENT COCAINE ABUSE CONTINUOUS"
"305.62"	"NONDEPENDENT COCAINE ABUSE EPISODIC"	"NONDEPENDENT COCAINE ABUSE EPISODIC"
"305.63"	"NONDEPENDENT COCAINE ABS REMISSION"	"NONDEPENDENT COCAINE ABUSE IN REMISSION"
"305.7"	"NONDPND AMPHET/REL ACT SYMPHTOM ABS"	"NONDEPEND AMPHET/REL ACTING SYMPATHOMIMET ABS"
"305.70"	"AMPHETAMINE/RELATED DRUG ABUSE-UNS"	"NONDEPEND AMPHET/REL ACT SYMPATHOMIMET ABS UNS"
"305.71"	"AMPHETAMINE/RELATED RX ABUSE-CONTIN"	"NONDEPEND AMPHET/REL ACT SYMPATHOMIMET ABS CONT"
"305.72"	"AMPHETAMINE/RELATED DRUG ABUSE-EPIS"	"AMPHETAMINE/RELATED DRUG ABUSE-EPISODIC"
"305.73"	"AMPHETAMINE/RELATED DRUG ABS-REMISS"	"NONDPND AMPHET/REL ACT SYMPATHOMIMET ABS REMISS"
"305.8"	"NONDEPEND ANTIDEPRESSANT TYPE ABS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE"
"305.80"	"NONDEPEND ANTIDEPTSSNT TYPE ABS UNS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE UNSPEC"
"305.81"	"NONDPND ANTIDEPTSSNT TYPE ABS CONT"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE CONT"
"305.82"	"NONDEPEND ANTIDEPRESS TYPE ABS EPIS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE EPISODIC"
"305.83"	"NONDPND ANTIDEPRESS TYPE ABS REMISS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE REMISSION"
"305.9"	"OTH MIXED/UNSPEC NONDEPEND DRUG ABS"	"OTHER MIXED/UNSPECIFIED NONDEPENDENT DRUG ABUSE"
"305.90"	"OTH MIX/UNS NONDEPEND RX ABS UNS"	"OTH MIXED/UNSPEC NONDEPENDENT DRUG ABUSE UNSPEC"
"305.91"	"OTH MIX/UNS NONDEPEND RX ABS CONT"	"OTHER MIXED/UNSPEC NONDEPENDENT DRUG ABUSE CONT"
"305.92"	"OTH MIX/UNS NONDPND RX ABS EPISODIC"	"OTH MIXED/UNSPEC NONDEPENDENT DRUG ABS EPISODIC"
"305.93"	"OTH MIX/UNS NONDPND RX ABS REMISS"	"OTH MIXED/UNSPEC NONDEPENDENT DRUG ABS REMISSION"
"306"	"PHYSIOLOG MALFUNCT ARISE MENTL FCT"	"PHYSIOLOGICAL MALFUNCTION ARISE FROM MENTAL FCT"
"306.0"	"MUSCULOSKEL MALFNCT ARISE MENTL FCT"	"MUSCULOSKEL MALFUNCTION ARISE FROM MENTAL FCT"
"306.1"	"RESP MALFUNCT ARISE FROM MENTL FCT"	"RESPIRATORY MALFUNCTION ARISE FROM MENTAL FCT"
"306.2"	"CV MALFUNCTION ARISE FROM MENTL FCT"	"CV MALFUNCTION ARISE FROM MENTAL FACTORS"
"306.3"	"SKIN MALFUNCT ARISE FROM MENTL FCT"	"SKIN MALFUNCTION ARISING FROM MENTAL FACTORS"

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"306.4"	"GI MALFUNCTION ARISE FROM MENTL FCT"	"GI MALFUNCTION ARISE FROM MENTAL FCT"
"306.5"	"GU MALFUNC ARISE FROM MENTAL FCT"	"GENITOURINARY MALFUNCTIONS ARISE FROM MENTAL FCT"
"306.50"	"PSYCHOGENIC GU MALFUNCTION UNSPEC"	"PSYCHOGENIC GENITOURINARY MALFUNCTION UNSPEC"
"306.51"	"PSYCHOGENIC VAGINISMUS"	"PSYCHOGENIC VAGINISMUS"
"306.52"	"PSYCHOGENIC DYSMENORRHEA"	"PSYCHOGENIC DYSMENORRHEA"
"306.53"	"PSYCHOGENIC DYSURIA"	"PSYCHOGENIC DYSURIA"
"306.59"	"OTH GU MALFUNCT ARISE MENTL FCT"	"OTH GU MALFUNCTION ARISE FROM MENTAL FCT"
"306.6"	"ENDOCRN MALFUNCT ARISE MENTL FCT"	"ENDOCRINE MALFUNCTION ARISE FROM MENTAL FACTORS"
"306.7"	"MALFUNCT ORGN SPCL SENSE-MENTL FCTS"	"MALFUNCTION ORGN SPCL SENSE ARISE FROM MENTL FCT"
"306.8"	"OTH SPEC PSYCHOPHYSIOLOG MALFUNCT"	"OTHER SPECIFIED PSYCHOPHYSIOLOGICAL MALFUNCTION"
"306.9"	"UNSPEC PSYCHOPHYSIOLOG MALFUNCTION"	"UNSPECIFIED PSYCHOPHYSIOLOGICAL MALFUNCTION"
"307"	"SPECIAL SYMPTOMS OR SYNDROMES NEC"	"SPECIAL SYMPTOMS OR SYNDROMES NEC"
"307.0"	"STUTTERING"	"STUTTERING"
"307.1"	"ANOREXIA NERVOSA"	"ANOREXIA NERVOSA"
"307.2"	"TICS"	"TICS"
"307.20"	"TIC DISORDER"	UNSPECIFIED"
"307.21"	"TRANSIENT TIC DISORDER"	"TRANSIENT TIC DISORDER"
"307.22"	"CHRONIC MOTOR OR VOCAL TIC DISORDER"	"CHRONIC MOTOR OR VOCAL TIC DISORDER"
"307.23"	"TOURETTE'S DISORDER"	"TOURETTE'S DISORDER"
"307.3"	"STEREOTYPIC MOVEMENT DISORDER"	"STEREOTYPIC MOVEMENT DISORDER"
"307.4"	"SPECIFIC D/O SLEEP NONORGNIC ORIGIN"	"SPECIFIC DISORDERS OF SLEEP OF NONORGANIC ORIGIN"
"307.40"	"NONORGANIC SLEEP DISORDER UNSPEC"	"NONORGANIC SLEEP DISORDER UNSPECIFIED"
"307.41"	"TRANSIENT D/O INIT/MNTAINING SLEEP"	"TRANSIENT DISORDER INITIATING/MAINTAINING SLEEP"
"307.42"	"PERSISTNT D/O INIT/MNTAINING SLEEP"	"PERSISTENT DISORDER INITIATING/MAINTAINING SLEEP"
"307.43"	"TRANSIENT HYPERSOMNIA"	"TRANSIENT DISORDER INIT/MAINTAINING WAKEFULNESS"
"307.44"	"PERSISTENT HYPERSOMNIA"	"PERSISTENT DISORDER INIT/MAINTAINING WAKEFULNESS"
"307.45"	"CIRCADIAN RHYTHM SLEEP DISORDER"	"CIRCADIAN RHYTHM SLEEP DISORDER"
"307.46"	"SLEEP AROUSAL DISORDER"	"SLEEP AROUSAL DISORDER"
"307.47"	"OTH DYSFUNC SLEEP STAG/AROUSL-SLEEP"	"OTH DYSFUNCTIONS SLEEP STAGES/AROUSAL FROM SLEEP"
"307.48"	"REPETITIVE INTRUSIONS OF SLEEP"	"REPETITIVE INTRUSIONS OF SLEEP"
"307.49"	"OTH SPEC D/O SLEEP NONORGNIC ORIGIN"	"OTHER SPECIFIC DISORDER SLEEP NONORGANIC ORIGIN"
"307.5"	"OTHER&UNSPECIFIED DISORDERS EATING"	"OTHER AND UNSPECIFIED DISORDERS OF EATING"
"307.50"	"EATING DISORDER"	UNSPECIFIED"
"307.51"	"BULIMIA NERVOSA"	"BULIMIA NERVOSA"

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"307.52"	"PICA"	"PICA"
"307.53"	"RUMINATION DISORDER"	"RUMINATION DISORDER"
"307.54"	"PSYCHOGENIC VOMITING"	"PSYCHOGENIC VOMITING"
"307.59"	"OTHER DISORDER OF EATING"	"OTHER DISORDER OF EATING"
"307.6"	"ENURESIS"	"ENURESIS"
"307.7"	"ENCOPRESIS"	"ENCOPRESIS"
"307.8"	"PAIN D/O RELATED PSYCHOLOGICAL FACT"	"PAIN DISORDERS RELATED TO PSYCHOLOGICAL FACTORS"
"307.80"	"PSYCHOGENIC PAIN"	"SITE UNSPECIFIED"
"307.81"	"TENSION HEADACHE"	"TENSION HEADACHE"
"307.89"	"OTH PAIN D/O REL PSYCHOLOGICAL FACT"	"OTH PAIN DISORDER RELATED PSYCHOLOGICAL FACTORS"
"307.9"	"OTH&UNSPEC SPECIAL SYMPTOM/SYND NEC"	"OTHER&UNSPECIFIED SPECIAL SYMPTOM/SYNDROME NEC"
"308"	"ACUTE REACTION TO STRESS"	"ACUTE REACTION TO STRESS"
"308.0"	"PREDOMINANT DISTURBANCE OF EMOTIONS"	"PREDOMINANT DISTURBANCE OF EMOTIONS"
"308.1"	"PREDOM DSTUR CONSCIOUS REACT STRESS"	"PREDOM DISTURBANCE CONSCIOUSNESS AS REACT STRESS"
"308.2"	"PREDOM PSYCHOMOTR DSTUR REACT STRSS"	"PREDOM PSYCHOMOTOR DISTURBANCE AS REACT STRESS"
"308.3"	"OTHER ACUTE REACTIONS TO STRESS"	"OTHER ACUTE REACTIONS TO STRESS"
"308.4"	"MIXED DISORDERS AS REACTION STRESS"	"MIXED DISORDERS AS REACTION TO STRESS"
"308.9"	"UNSPECIFIED ACUTE REACTION STRESS"	"UNSPECIFIED ACUTE REACTION TO STRESS"
"309"	"ADJUSTMENT REACTION"	"ADJUSTMENT REACTION"
"309.0"	"ADJ DISORDER WITH DEPRESSED MOOD"	"ADJUSTMENT DISORDER WITH DEPRESSED MOOD"
"309.1"	"PROLONG DPRSV REACT AS ADJ REACT"	"PROLONGED DEPRESSIVE REACTION AS ADJ REACTION"
"309.2"	"PREDOM DSTUR OTH EMOTIONS ADJ REACT"	"PREDOM DISTURBANCE OTH EMOTIONS AS ADJ REACTION"
"309.21"	"SEPARATION ANXIETY DISORDER"	"SEPARATION ANXIETY DISORDER"
"309.22"	"EMANCIPATION DISORDER"	"EMANCIPATION D/O ADOLESCENCE&EARLY ADLT LIFE"
"309.23"	"SPEC ACADEMIC/WORK INHIB ADJ REACT"	"SPECIFIC ACADEMIC/WORK INHIBITION AS ADJ REACT"
"309.24"	"ADJUSTMENT DISORDER WITH ANXIETY"	"ADJUSTMENT DISORDER WITH ANXIETY"
"309.28"	"ADJ D/O W/MIX ANXIETY&DPRSD MOOD"	"ADJ DISORDER WITH MIXED ANXIETY & DEPRESSED MOOD"
"309.29"	"OTH ADJ REACT W/DISTURB OTH EMOTION"	"OTH ADJ REACT W/PREDOM DISTURBANCE OTH EMOTIONS"
"309.3"	"ADJ D/O W/DISTURBANCE OF CONDUCT"	"ADJUSTMENT DISORDER WITH DISTURBANCE OF CONDUCT"
"309.4"	"ADJ D/O W/MIX DISTURB EMOTN&CONDUCT"	"ADJ DISORDER W/MIXED DISTURBANCE EMOTION&CONDUCT"
"309.8"	"OTHER SPEC ADJUSTMENT REACTIONS"	"OTHER SPECIFIED ADJUSTMENT REACTIONS"
"309.81"	"POSTTRAUMATIC STRESS DISORDER"	"POSTTRAUMATIC STRESS DISORDER"
"309.82"	"ADJ REACTION W/PHYSICAL SYMPTOMS"	"ADJUSTMENT REACTION WITH PHYSICAL SYMPTOMS"
"309.83"	"ADJUSTMENT REACTION WITH WITHDRAWAL"	"ADJUSTMENT REACTION WITH WITHDRAWAL"

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"309.89"	"OTHER SPECIFIED ADJUSTMENT REACTION"	"OTHER SPECIFIED ADJUSTMENT REACTION"
"309.9"	"UNSPECIFIED ADJUSTMENT REACTION"	"UNSPECIFIED ADJUSTMENT REACTION"
"31"	"OTHER OPERATIONS LARYNX AND TRACHEA"	"OTHER OPERATIONS ON LARYNX AND TRACHEA"
"31.0"	"INJECTION OF LARYNX"	"INJECTION OF LARYNX"
"31.1"	"TEMPORARY TRACHEOSTOMY"	"TEMPORARY TRACHEOSTOMY"
"31.2"	"PERMANENT TRACHEOSTOMY"	"PERMANENT TRACHEOSTOMY"
"31.21"	"MEDIASTINAL TRACHEOSTOMY"	"MEDIASTINAL TRACHEOSTOMY"
"31.29"	"OTHER PERMANENT TRACHEOSTOMY"	"OTHER PERMANENT TRACHEOSTOMY"
"31.3"	"OTHER INCISION OF LARYNX OR TRACHEA"	"OTHER INCISION OF LARYNX OR TRACHEA"
"31.4"	"DIAGNOSTIC PROC LARYNX&TRACHEA"	"DIAGNOSTIC PROCEDURES ON LARYNX AND TRACHEA"
"31.41"	"TRACHEOSCOPY THRU ARTIFICIAL STOMA"	"TRACHEOSCOPY THROUGH ARTIFICIAL STOMA"
"31.42"	"LARYNGOSCOPY AND OTHER TRACHEOSCOPY"	"LARYNGOSCOPY AND OTHER TRACHEOSCOPY"
"31.43"	"CLOSED BIOPSY OF LARYNX"	"CLOSED BIOPSY OF LARYNX"
"31.44"	"CLOSED BIOPSY OF TRACHEA"	"CLOSED BIOPSY OF TRACHEA"
"31.45"	"OPEN BIOPSY OF LARYNX OR TRACHEA"	"OPEN BIOPSY OF LARYNX OR TRACHEA"
"31.48"	"OTHER DIAGNOSTIC PROCEDURES LARYNX"	"OTHER DIAGNOSTIC PROCEDURES ON LARYNX"
"31.49"	"OTHER DIAGNOSTIC PROCEDURES TRACHEA"	"OTHER DIAGNOSTIC PROCEDURES ON TRACHEA"
"31.5"	"LOC EXC/DESTRUC LES/TISSUE TRACHEA"	"LOCAL EXCISION/DESTRUCTION LESION/TISSUE TRACHEA"
"31.6"	"REPAIR OF LARYNX"	"REPAIR OF LARYNX"
"31.61"	"SUTURE OF LACERATION OF LARYNX"	"SUTURE OF LACERATION OF LARYNX"
"31.62"	"CLOSURE OF FISTULA OF LARYNX"	"CLOSURE OF FISTULA OF LARYNX"
"31.63"	"REVISION OF LARYNGOSTOMY"	"REVISION OF LARYNGOSTOMY"
"31.64"	"REPAIR OF LARYNGEAL FRACTURE"	"REPAIR OF LARYNGEAL FRACTURE"
"31.69"	"OTHER REPAIR OF LARYNX"	"OTHER REPAIR OF LARYNX"
"31.7"	"REPAIR&PLASTIC OPERATIONS TRACHEA"	"REPAIR AND PLASTIC OPERATIONS ON TRACHEA"
"31.71"	"SUTURE OF LACERATION OF TRACHEA"	"SUTURE OF LACERATION OF TRACHEA"
"31.72"	"CLOSURE EXTERNAL FISTULA TRACHEA"	"CLOSURE OF EXTERNAL FISTULA OF TRACHEA"
"31.73"	"CLOSURE OF OTHER FISTULA OF TRACHEA"	"CLOSURE OF OTHER FISTULA OF TRACHEA"
"31.74"	"REVISION OF TRACHEOSTOMY"	"REVISION OF TRACHEOSTOMY"
"31.75"	"RECON TRACH-CONSTRUCT ART LARYNX"	"RECONSTRUCT TRACHEA&CONSTRUCT ARTIFICIAL LARYNX"
"31.79"	"OTH REPAIR&PLASTIC OP TRACHEA"	"OTHER REPAIR AND PLASTIC OPERATIONS ON TRACHEA"
"31.9"	"OTHER OPERATIONS LARYNX AND TRACHEA"	"OTHER OPERATIONS ON LARYNX AND TRACHEA"
"31.91"	"DIVISION OF LARYNGEAL NERVE"	"DIVISION OF LARYNGEAL NERVE"
"31.92"	"LYSIS ADHESIONS TRACHEA OR LARYNX"	"LYSIS OF ADHESIONS OF TRACHEA OR LARYNX"

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"31.93"	"REPLACEMENT LARYNG/TRACHEAL STENT"	"REPLACEMENT OF LARYNGEAL OR TRACHEAL STENT"
"31.94"	"INJ LOCLY-ACT TX SBSTNC IN TRACHEA"	"INJ LOCLY-ACTING THERAPEUTIC SBSTNC IN TRACHEA"
"31.95"	"TRACHEOESOPHAGEAL FISTULIZATION"	"TRACHEOESOPHAGEAL FISTULIZATION"
"31.98"	"OTHER OPERATIONS ON LARYNX"	"OTHER OPERATIONS ON LARYNX"
"31.99"	"OTHER OPERATIONS ON TRACHEA"	"OTHER OPERATIONS ON TRACHEA"
"310"	"SPEC NONPSYCHOT MNTL D/O BRAIN DAMG"	"SPECIFIC NONPSYCHOTIC MENTAL D/O DUE BRAIN DAMGE"
"310.0"	"FRONTAL LOBE SYNDROME"	"FRONTAL LOBE SYNDROME"
"310.1"	"PERSONALITY CHG DUE COND CLASS ELSW"	"PERSONALITY CHG DUE CONDS CLASSIFIED ELSEWHERE"
"310.2"	"POSTCONCUSSION SYNDROME"	"POSTCONCUSSION SYNDROME"
"310.8"	"OTH NONPSYCHT MNTL-ORGN BRAIN DMAGE"	"OTH NONPSYCHOT MENTL D/O FLW ORGNIC BRAIN DAMGE"
"310.9"	"UNS NONPSYCHT MNTL-ORGN BRAIN DMAGE"	"UNS NONPSYCHOT MENTL D/O FLW ORGNIC BRAIN DAMGE"
"311"	"DEPRESSIVE DISORDER NEC"	"DEPRESSIVE DISORDER NOT ELSEWHERE CLASSIFIED"
"312"	"DISTURBANCE OF CONDUCT NEC"	"DISTURBANCE OF CONDUCT NOT ELSEWHERE CLASSIFIED"
"312.0"	"UNDERSOCLIZED CONDUCT D/O AGRESSIVE"	"UNDERSOCIALIZED CONDUCT DISORDER AGGRESSIVE TYPE"
"312.00"	"UNDSOCIALIZED CONDCT D/O AGRESS-UNS"	"UNDERSOCIALIZED CONDUCT D/O AGRESSIVE UNSPEC"
"312.01"	"UNDSOCIALIZED CONDCT D/O AGRSS-MILD"	"UNDERSOCIALIZED CONDUCT DISORDER AGGRESSIVE MILD"
"312.02"	"UNDSOCIALIZED CONDCT D/O AGRESS-MOD"	"UNDERSOCIALIZED CONDUCT DISORDER AGGRESSIVE MOD"
"312.03"	"UNDSOCIALIZED CONDCT D/O AGRESS-SEV"	"UNDERSOCIALIZED CONDUCT D/O AGRESSIVE SEVERE"
"312.1"	"UNDSOCLIZED CONDUCT D/O UNAGRESSIVE"	"UNDERSOCIALIZED CONDUCT DISORDER UNAGGRESSIVE"
"312.10"	"UNSOCIAL CONDCT D/O UNAGRESS-UNS"	"UNDERSOCIALIZED CONDUCT D/O UNAGRESSIVE UNSPEC"
"312.11"	"UNSOCIAL CONDCT D/O UNAGRESS-MILD"	"UNDERSOCIALIZED CONDUCT D/O UNAGRESSIVE MILD"
"312.12"	"UNSOCIAL CONDCT D/O UNAGRESS-MOD"	"UNDERSOCIALIZED CONDUCT DISORDER UNAGRESSIVE MOD"
"312.13"	"UNSOCIAL CONDCT D/O UNAGRESS-SEV"	"UNDERSOCIALIZED CONDUCT D/O UNAGRESSIVE SEVERE"
"312.2"	"SOCIALIZED CONDUCT DISORDER"	"SOCIALIZED CONDUCT DISORDER"
"312.20"	"SOCIALIZED CONDUCT DISORDER UNSPEC"	"SOCIALIZED CONDUCT DISORDER UNSPECIFIED"
"312.21"	"SOCIALIZED CONDUCT DISORDER"	MILD"
"312.22"	"SOCIALIZED CONDUCT DISORDER MOD"	"SOCIALIZED CONDUCT DISORDER MODERATE"
"312.23"	"SOCIALIZED CONDUCT DISORDER"	SEVERE"
"312.3"	"DISORDERS OF IMPULSE CONTROL NEC"	"DISORDERS OF IMPULSE CONTROL NEC"
"312.30"	"IMPULSE CONTROL DISORDER UNSPEC"	"IMPULSE CONTROL DISORDER UNSPECIFIED"
"312.31"	"PATHOLOGICAL GAMBLING"	"PATHOLOGICAL GAMBLING"
"312.32"	"KLEPTOMANIA"	"KLEPTOMANIA"
"312.33"	"PYROMANIA"	"PYROMANIA"

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"312.34"	"INTERMITTENT EXPLOSIVE DISORDER"	"INTERMITTENT EXPLOSIVE DISORDER"
"312.35"	"ISOLATED EXPLOSIVE DISORDER"	"ISOLATED EXPLOSIVE DISORDER"
"312.39"	"OTHER DISORDER OF IMPULSE CONTROL"	"OTHER DISORDER OF IMPULSE CONTROL"
"312.4"	"MIXED DISTURBANCE CONDUCT&EMOTIONS"	"MIXED DISTURBANCE OF CONDUCT AND EMOTIONS"
"312.8"	"OTHER SPEC DISTURBANCES CONDUCT NEC"	"OTHER SPECIFIED DISTURBANCES OF CONDUCT NEC"
"312.81"	"CONDUCT DISORDER CHLD ONSET TYPE"	"CONDUCT DISORDER CHILDHOOD ONSET TYPE"
"312.82"	"CONDUCT DISORDER ADOLES ONSET TYPE"	"CONDUCT DISORDER ADOLESCENT ONSET TYPE"
"312.89"	"OTHER SPEC DISTURBANCE CONDUCT NEC"	"OTHER SPECIFIED DISTURBANCE OF CONDUCT NEC"
"312.9"	"UNSPECIFIED DISTURBANCE OF CONDUCT"	"UNSPECIFIED DISTURBANCE OF CONDUCT"
"313"	"DSTUR EMOTS SPEC CHLD&ADOLESCENCE"	"DISTURBANCE EMOTIONS SPECIFIC CHLD&ADOLESCENCE"
"313.0"	"OVRANXIOUS D/O CHLD&ADOLESCENCE"	"OVERANXIOUS DISORDER SPECIFIC CHLD&ADOLESCENCE"
"313.1"	"MISERY&UNHAPPY D/O SPEC CHLD&ADOLES"	"MISERY&UNHAPPINESS D/O SPECIFIC CHLD&ADOLESCENCE"
"313.2"	"SENSITIV SHY&SOCIAL WITHDRAWL D/O"	"SENSITIVITY SHYNESS & SOCIAL WITHDRAWAL DISORDER"
"313.21"	"SHYNESS DISORDER OF CHILDHOOD"	"SHYNESS DISORDER OF CHILDHOOD"
"313.22"	"INTROVERTED DISORDER OF CHILDHOOD"	"INTROVERTED DISORDER OF CHILDHOOD"
"313.23"	"SELECTIVE MUTISM"	"SELECTIVE MUTISM"
"313.3"	"RELSHIP PROBS SPEC CHLD&ADOLESCENCE"	"RELATIONSHIP PROBLEMS SPECIFIC CHLD&ADOLESCENCE"
"313.8"	"OTH/MIX EMOTIONL DISTRB CHLD/ADOLES"	"OTH/MIXED EMOTIONAL DISTURB CHLD/ADOLESCENCE"
"313.81"	"OPPOSITIONAL DEFIANT DISORDER"	"OPPOSITIONAL DEFIANT DISORDER"
"313.82"	"IDENTITY DISORDER CHLD/ADOLESCENCE"	"IDENTITY DISORDER OF CHILDHOOD OR ADOLESCENCE"
"313.83"	"ACADMIC UNDRACHIEVE D/O CHLD/ADOLES"	"ACADEMIC UNDERACHIEVEMENT D/O CHLD/ADOLESCENCE"
"313.89"	"OTH EMOTAL DSTUR CHLD/ADOLESCENCE"	"OTH EMOTIONAL DISTURBANCE CHILDHOOD/ADOLESCENCE"
"313.9"	"UNS EMOTIONL DISTURB CHLD/ADOLESNCE"	"UNSPEC EMOTIONAL DISTURBANCE CHLD/ADOLESCENCE"
"314"	"HYPERKINETIC SYNDROME OF CHILDHOOD"	"HYPERKINETIC SYNDROME OF CHILDHOOD"
"314.0"	"ADD OF CHILDHOOD"	"ATTENTION DEFICIT DISORDER OF CHILDHOOD"
"314.00"	"ADD CHLD WITHOUT MENTION HYPERACTV"	"ADD CHILDHOOD WITHOUT MENTION HYPERACTIVITY"
"314.01"	"ADD OF CHILDHOOD WITH HYPERACTIVITY"	"ADD OF CHILDHOOD WITH HYPERACTIVITY"
"314.1"	"HYPERKINESIS CHLD W/DVLPMENTL DELAY"	"HYPERKINESIS OF CHILDHOOD W/DEVELOPMENTAL DELAY"
"314.2"	"HYPERKINETIC CONDUCT DISORDER CHLD"	"HYPERKINETIC CONDUCT DISORDER OF CHILDHOOD"
"314.8"	"OTH SPEC MANIFEST HYPRKINTIC CHLD"	"OTH SPEC MANIFESTS HYPERKINETIC SYNDROME CHLD"
"314.9"	"UNSPEC HYPERKINETIC SYNDROME CHLD"	"UNSPECIFIED HYPERKINETIC SYNDROME OF CHILDHOOD"
"315"	"SPECIFIC DELAYS IN DEVELOPMENT"	"SPECIFIC DELAYS IN DEVELOPMENT"
"315.0"	"SPECIFIC DVLPMENTL READING DISORDER"	"SPECIFIC DEVELOPMENTAL READING DISORDER"
"315.00"	"DVLPMENTL READING DISORDER UNSPEC"	"DEVELOPMENTAL READING DISORDER UNSPECIFIED"

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"315.01"	"ALEXIA"	"ALEXIA"
"315.02"	"DEVELOPMENTAL DYSLEXIA"	"DEVELOPMENTAL DYSLEXIA"
"315.09"	"OTH SPECIFIC DVLPMNTL READING D/O"	"OTHER SPECIFIC DEVELOPMENTAL READING DISORDER"
"315.1"	"MATHEMATICS DISORDER"	"MATHEMATICS DISORDER"
"315.2"	"OTH DVLPMNTL LEARNING DFCLTIES"	"OTHER SPECIFIC DVLPMNTL LEARNING DIFFICULTIES"
"315.3"	"DVLPMNTL SPEECH/LANGUAGE DISORDER"	"DEVELOPMENTAL SPEECH OR LANGUAGE DISORDER"
"315.31"	"EXPRESSIVE LANGUAGE DISORDER"	"EXPRESSIVE LANGUAGE DISORDER"
"315.32"	"MIX RECEPTIVE-EXPRESSIVE LANGE D/O"	"MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER"
"315.39"	"OTH DVLPMNTL SPCH/LANGE DISORDER"	"OTHER DEVELOPMENTAL SPEECH OR LANGUAGE DISORDER"
"315.4"	"DEVELOPMENTAL COORDINATION DISORDER"	"DEVELOPMENTAL COORDINATION DISORDER"
"315.5"	"MIXED DEVELOPMENT DISORDER"	"MIXED DEVELOPMENT DISORDER"
"315.8"	"OTHER SPECIFIED DELAY DEVELOPMENT"	"OTHER SPECIFIED DELAY IN DEVELOPMENT"
"315.9"	"UNSPECIFIED DELAY IN DEVELOPMENT"	"UNSPECIFIED DELAY IN DEVELOPMENT"
"316"	"PSYCHIC FCT ASSOC W/DZ CLASS ELSW"	"PSYCHIC FACTORS ASSOC W/DISEASES CLASSIFIED ELSW"
"317"	"MILD MENTAL RETARDATION"	"MILD MENTAL RETARDATION"
"318"	"OTHER SPECIFIED MENTAL RETARDATION"	"OTHER SPECIFIED MENTAL RETARDATION"
"318.0"	"MODERATE MENTAL RETARDATION"	"MODERATE MENTAL RETARDATION"
"318.1"	"SEVERE MENTAL RETARDATION"	"SEVERE MENTAL RETARDATION"
"318.2"	"PROFOUND MENTAL RETARDATION"	"PROFOUND MENTAL RETARDATION"
"319"	"UNSPECIFIED MENTAL RETARDATION"	"UNSPECIFIED MENTAL RETARDATION"
"V40"	"MENTAL AND BEHAVIORAL PROBLEMS"	"MENTAL AND BEHAVIORAL PROBLEMS"
"V40.0"	"PROBLEMS WITH LEARNING"	"PROBLEMS WITH LEARNING"
"V40.1"	"PROBLEMS WITH COMMUNICATION"	"PROBLEMS WITH COMMUNICATION"
"V40.2"	"OTHER MENTAL PROBLEMS"	"OTHER MENTAL PROBLEMS"
"V40.3"	"OTHER BEHAVIORAL PROBLEMS"	"OTHER BEHAVIORAL PROBLEMS"
"V40.9"	"UNSPEC MENTAL/BEHAVIORAL PROBLEM"	"UNSPECIFIED MENTAL OR BEHAVIORAL PROBLEM"
"304.0"	"OPIOID TYPE DEPENDENCE"	"OPIOID TYPE DEPENDENCE"
"304.00"	"OPIOID TYPE DEPENDENCE UNSPEC ABUSE"	"OPIOID TYPE DEPENDENCE UNSPECIFIED ABUSE"
"304.01"	"OPIOID TYPE DEPENDENCE CONT ABUSE"	"OPIOID TYPE DEPENDENCE CONTINUOUS ABUSE"
"304.02"	"OPIOID TYPE DEPENDENCE EPISODIC ABS"	"OPIOID TYPE DEPENDENCE EPISODIC ABUSE"
"304.03"	"OPIOID TYPE DEPENDENCE IN REMISSION"	"OPIOID TYPE DEPENDENCE IN REMISSION"
"304.1"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPEND"	"SEDATIVE HYPNOTIC OR ANXIOLYTIC DEPENDENCE"
"304.10"	"SEDAT HYPNOT/ANXIOLYTIC DEPEND UNS"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPENDENCE UNSPEC"
"304.11"	"SEDAT HYPNOT/ANXIOLYTIC DEPEND CONT"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPENDENCE CONT"

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"304.12"	"SEDAT HYPNOT/ANXIOLYTC DPND EPISODC"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPENDENCE EPISODIC"
"304.13"	"SEDAT HYPNOT/ANXIOLYTIC DPND REMISS"	"SEDATIVE HYPNOTIC/ANXIOLYTIC DEPEND REMISSION"
"304.2"	"COCAINE DEPENDENCE"	"COCAINE DEPENDENCE"
"304.20"	"COCAINE DEPENDENCE UNSPEC ABUSE"	"COCAINE DEPENDENCE UNSPECIFIED ABUSE"
"304.21"	"COCAINE DEPENDENCE CONTINUOUS ABUSE"	"COCAINE DEPENDENCE CONTINUOUS ABUSE"
"304.22"	"COCAINE DEPENDENCE"	EPISODIC ABUSE"
"304.23"	"COCAINE DEPENDENCE"	IN REMISSION"
"304.3"	"CANNABIS DEPENDENCE"	"CANNABIS DEPENDENCE"
"304.30"	"CANNABIS DEPENDENCE UNSPEC ABUSE"	"CANNABIS DEPENDENCE UNSPECIFIED ABUSE"
"304.31"	"CANNABIS DEPENDENCE CONT ABUSE"	"CANNABIS DEPENDENCE CONTINUOUS ABUSE"
"304.32"	"CANNABIS DEPENDENCE"	EPISODIC ABUSE"
"304.33"	"CANNABIS DEPENDENCE"	IN REMISSION"
"304.4"	"AMPHET&OTH PSYCHOSTIMULANT DEPEND"	"AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE"
"304.40"	"AMPHET&OTH PSYCHOSTIM DPND UNS ABS"	"AMPHET&OTH PSYCHOSTIMULANT DEPENDENCE UNSPEC ABS"
"304.41"	"AMPHET&OTH PSYCHOSTIM DPND CONT ABS"	"AMPHET&OTH PSYCHOSTIMULANT DEPENDENCE CONT ABS"
"304.42"	"AMPHET&OTH PSYCHOSTIM DPND EPIS ABS"	"AMPHET&OTH PSYCHOSTIMULANT DEPEND EPISODIC ABS"
"304.43"	"AMPHET&OTH PSYCHOSTIM DPND REMISS"	"AMPHET&OTH PSYCHOSTIMULANT DEPENDENCE REMISSION"
"304.5"	"HALLUCINOGEN DEPENDENCE"	"HALLUCINOGEN DEPENDENCE"
"304.50"	"HALLUCINOGEN DEPENDENCE UNSPEC ABS"	"HALLUCINOGEN DEPENDENCE UNSPECIFIED ABUSE"
"304.51"	"HALLUCINOGEN DEPENDENCE CONT ABUSE"	"HALLUCINOGEN DEPENDENCE CONTINUOUS ABUSE"
"304.52"	"HALLUCINOGEN DEPEND EPISODIC ABS"	"HALLUCINOGEN DEPENDENCE EPISODIC ABUSE"
"304.53"	"HALLUCINOGEN DEPENDENCE REMISSION"	"HALLUCINOGEN DEPENDENCE IN REMISSION"
"304.6"	"OTHER SPECIFIED DRUG DEPENDENCE"	"OTHER SPECIFIED DRUG DEPENDENCE"
"304.60"	"OTH SPEC DRUG DEPENDENCE UNSPEC ABS"	"OTHER SPEC DRUG DEPENDENCE UNSPEC ABUSE"
"304.61"	"OTH SPEC DRUG DEPENDENCE CONT ABUSE"	"OTHER SPECIFIED DRUG DEPENDENCE CONTINUOUS ABUSE"
"304.62"	"OTH SPEC DRUG DEPEND EPISODIC ABS"	"OTHER SPECIFIED DRUG DEPENDENCE EPISODIC ABUSE"
"304.63"	"OTH SPEC DRUG DEPENDENCE REMISSION"	"OTHER SPECIFIED DRUG DEPENDENCE IN REMISSION"
"304.7"	"COMB OPIOID RX W/ANY OTH RX DEPEND"	"COMB OPIOID DRUG W/ANY OTH DRUG DEPENDENCE"
"304.70"	"OPIOID/OTHER DEP-UNSPEC"	"COMB OPIOID RX W/ANY OTH RX DEPEND UNSPEC ABS"
"304.71"	"OPIOID/OTHER DEP-CONTIN"	"COMB OPIOID DRUG W/ANY OTH DRUG DEPEND CONT ABS"
"304.72"	"OPIOID/OTHER DEP-EPISOD"	"COMB OPIOID RX W/ANY OTH RX DEPEND EPISODIC ABS"
"304.73"	"OPIOID/OTHER DEP-REMISS"	"COMB OPIOID DRUG W/ANY OTH DRUG DEPEND REMISSION"
"304.8"	"COMB DRUG DEPEND EXCLD OPIOID DRUG"	"COMB DRUG DEPENDENCE EXCLUDING OPIOID DRUG"
"304.80"	"COMBOS DRUG DEPEND UNS ABUSE"	"COMB DRUG DEPEND EXCLD OPIOID DRUG UNSPEC ABS"

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"304.81"	"COMBOS DRUG DEPEND CONT ABUSE"	"COMB DRUG DEPEND EXCLUDING OPIOID DRUG CONT ABS"
"304.82"	"COMB DRUG DEPEND EPISOD ABUSE"	"COMB DRUG DEPEND EXCLD OPIOID DRUG EPISODIC ABS"
"304.83"	"COMB RX DPND EXCLD OPIOID RX REMISS"	"COMB DRUG DEPEND EXCLUDING OPIOID DRUG REMISSION"
"304.9"	"UNSPECIFIED DRUG DEPENDENCE"	"UNSPECIFIED DRUG DEPENDENCE"
"305.0"	"NONDEPENDENT ALCOHOL ABUSE"	"NONDEPENDENT ALCOHOL ABUSE"
"305.00"	"NONDPND ALCOHL ABS UNS DRUNKENNESS"	"NONDEPENDENT ALCOHOL ABUSE UNSPEC DRUNKENNESS"
"305.01"	"NONDPND ALCOHL ABS CONT DRUNKENNESS"	"NONDEPENDENT ALCOHOL ABUSE CONT DRUNKENNESS"
"305.02"	"NONDPND ALCOHL ABS EPISODIC"	"NONDEPENDENT ALCOHOL ABUSE EPISODIC DRUNKENNESS"
"305.03"	"NONDEPENDENT ALCOHOL ABS REMISSION"	"NONDEPENDENT ALCOHOL ABUSE IN REMISSION"
"305.1"	"NONDEPENDENT TOBACCO USE DISORDER"	"NONDEPENDENT TOBACCO USE DISORDER"
"305.2"	"NONDEPENDENT CANNABIS ABUSE"	"NONDEPENDENT CANNABIS ABUSE"
"305.20"	"NONDEPENDENT CANNABIS ABUSE UNSPEC"	"NONDEPENDENT CANNABIS ABUSE UNSPECIFIED"
"305.21"	"NONDEPENDENT CANNABIS ABUSE CONT"	"NONDEPENDENT CANNABIS ABUSE CONTINUOUS"
"305.22"	"NONDEPENDENT CANNABIS ABS EPISODIC"	"NONDEPENDENT CANNABIS ABUSE EPISODIC"
"305.23"	"NONDEPENDENT CANNABIS ABS REMISSION"	"NONDEPENDENT CANNABIS ABUSE IN REMISSION"
"305.3"	"NONDEPENDENT HALLUCINOGEN ABUSE"	"NONDEPENDENT HALLUCINOGEN ABUSE"
"305.30"	"NONDEPEND HALLUCINOGEN ABS UNSPEC"	"NONDEPENDENT HALLUCINOGEN ABUSE UNSPECIFIED"
"305.31"	"NONDEPENDENT HALLUCINOGEN ABS CONT"	"NONDEPENDENT HALLUCINOGEN ABUSE CONTINUOUS"
"305.32"	"NONDEPEND HALLUCINOGEN ABS EPISODIC"	"NONDEPENDENT HALLUCINOGEN ABUSE EPISODIC"
"305.33"	"NONDPND HALLUCINOGEN ABS REMISSION"	"NONDEPENDENT HALLUCINOGEN ABUSE IN REMISSION"
"305.4"	"NONDPND SEDAT HYPNOT/ANXIOLYTIC ABS"	"NONDEPENDENT SEDATIVE HYPNOTIC/ANXIOLYTIC ABUSE"
"305.40"	"NONDEPEND SEDAT HYPNOTIC ABS UNS"	"NONDEPEND SEDATIVE HYPNOT/ANXIOLYTIC ABS UNSPEC"
"305.41"	"NONDEPEND SEDAT HYPNOTIC ABS CONT"	"NONDEPEND SEDATIVE HYPNOTIC/ANXIOLYTIC ABS CONT"
"305.42"	"NONDPND SEDAT HYPNOTIC ABS EPISODIC"	"NONDEPEND SEDAT HYPNOT/ANXIOLYTIC ABS EPISODIC"
"305.43"	"NONDEPEND SEDAT HYPNOTIC ABS REMISS"	"NONDEPEND SEDAT HYPNOT/ANXIOLYTIC ABS REMISSION"
"305.5"	"NONDEPENDENT OPIOID ABUSE"	"NONDEPENDENT OPIOID ABUSE"
"305.50"	"NONDEPENDENT OPIOID ABUSE UNSPEC"	"NONDEPENDENT OPIOID ABUSE UNSPECIFIED"
"305.51"	"NONDEPENDENT OPIOID ABUSE CONT"	"NONDEPENDENT OPIOID ABUSE CONTINUOUS"
"305.52"	"NONDEPENDENT OPIOID ABUSE	EPISODIC"
"305.53"	"NONDEPENDENT OPIOID ABUSE REMISSION"	"NONDEPENDENT OPIOID ABUSE IN REMISSION"
"305.6"	"NONDEPENDENT COCAINE ABUSE"	"NONDEPENDENT COCAINE ABUSE"
"305.60"	"NONDEPENDENT COCAINE ABUSE UNSPEC"	"NONDEPENDENT COCAINE ABUSE UNSPECIFIED"
"305.61"	"NONDEPENDENT COCAINE ABUSE CONT"	"NONDEPENDENT COCAINE ABUSE CONTINUOUS"
"305.62"	"NONDEPENDENT COCAINE ABUSE EPISODIC"	"NONDEPENDENT COCAINE ABUSE EPISODIC"

SUBSTANCE ABUSE (continued)		
ICD9Code	Short Description	Long Description
"305.63"	"NONDEPENDENT COCAINE ABS REMISSION"	"NONDEPENDENT COCAINE ABUSE IN REMISSION"
"305.7"	"NONDPND AMPHET/REL ACT SYMPHOM ABS"	"NONDEPEND AMPHET/REL ACTING SYMPATHOMIMET ABS"
"305.70"	"AMPHETAMINE/RELATED DRUG ABUSE-UNS"	"NONDEPEND AMPHET/REL ACT SYMPATHOMIMET ABS UNS"
"305.71"	"AMPHETAMINE/RELATED RX ABUSE-CONTIN"	"NONDEPEND AMPHET/REL ACT SYMPATHOMIMET ABS CONT"
"305.72"	"AMPHETAMINE/RELATED DRUG ABUSE-EPIS"	"AMPHETAMINE/RELATED DRUG ABUSE-EPISODIC"
"305.73"	"AMPHETAMINE/RELATED DRUG ABS-REMISS"	"NONDPND AMPHET/REL ACT SYMPATHOMIMET ABS REMISS"
"305.8"	"NONDEPEND ANTIDEPRESSANT TYPE ABS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE"
"305.80"	"NONDEPEND ANTIDEPTSSNT TYPE ABS UNS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE UNSPEC"
"305.81"	"NONDPND ANTIDEPTSSNT TYPE ABS CONT"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE CONT"
"305.82"	"NONDEPEND ANTIDEPRESS TYPE ABS EPIS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE EPISODIC"
"305.83"	"NONDPND ANTIDEPRESS TYPE ABS REMISS"	"NONDEPENDENT ANTIDEPRESSANT TYPE ABUSE REMISSION"
"305.9"	"OTH MIXED/UNSPEC NONDEPEND DRUG ABS"	"OTHER MIXED/UNSPECIFIED NONDEPENDENT DRUG ABUSE"
"291"	"ALCOHOL-INDUCED MENTAL DISORDERS"	"ALCOHOL-INDUCED MENTAL DISORDERS"
"291.8"	"OTH SPEC ALCOHOL-INDUCED MENTAL D/O"	"OTHER SPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS"
"292"	"DRUG-INDUCED MENTAL DISORDERS"	"DRUG-INDUCED MENTAL DISORDERS"
"292.1"	"PARANOID&/HALLUCIN STATES INDUCD-RX"	"PARANOID &OR HALLUCINATORY STATES INDUCED DRUGS"
"292.8"	"OTH SPEC DRUG-INDUCED MENTAL D/O"	"OTHER SPECIFIED DRUG-INDUCED MENTAL DISORDERS"
"298"	"OTHER NONORGANIC PSYCHOSES"	"OTHER NONORGANIC PSYCHOSES"
"303.0"	"ACUTE ALCOHOLIC INTOXICATION"	"ACUTE ALCOHOLIC INTOXICATION"
"303.9"	"OTHER&UNSPEC ALCOHOL DEPENDENCE"	"OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE"
"305"	"NONDEPENDENT ABUSE OF DRUGS"	"NONDEPENDENT ABUSE OF DRUGS"

**WORKPLAN / STATEMENT OF WORK
CLINIC CAPACITY EXPANSION PROJECT
PRIMARY CARE SERVICES**

	Site #1 - \$ _____	Site # 2 - \$ _____	Site #3 - \$ _____
(1) Site Name, Address and Clinic Telephone Number.			
(2) Hours of Operation.			
(3) Approximate waiting time for new patient appointment.			
(4) Approximate number of visits per month that will be reimbursed (must meet all eligibility criteria).	Visits/month:	Visits/month:	Visits/month:
(5) Of the total visit listed in #4, how many visits are for patients who have one of the selected chronic care conditions that require at least three visits per year.	Visits/month:	Visits/month:	Visits/month:
(6) Approximate number of new and return visits per Fiscal Year. The number of visits reimbursed cannot exceed the maximum obligation per each site.	New: Ret:	New: Ret:	New: Ret:
(7) Public and private primary care sites that patients will be referred to if your agency must close its practice to new PPP patients.			

PATIENT LEVEL DATA ELEMENTS

1. Percent of adult diabetic patients, with three (3) or more visits, given an HbA1C test during the past twelve (12) months.
2. Percent of adult diabetic patients, with three (3) or more visits, given an LDL cholesterol test in the past twelve (12) months.
3. Percent of adult diabetic patients, with three (3) or more visits, who had a retinal exam during the past twelve (12) months.
4. Number of adults age eighteen (18) years and over who were screened for high blood pressure in the past twelve (12) months.
5. Percent of women over age fifty (50) who received a mammogram in the past twelve (12) months.
6. Percent of patients who received an influenza vaccine in the past twelve (12) months.
7. Percent of smokers referred to tobacco cessation counseling in the past twelve (12) months.
8. Percent of men age thirty-five (35) years and over and women age forty-five (45) years and over, who received a blood cholesterol test in the past twelve (12) months.
9. Percent of adults age fifty (50) to seventy-five (75) years old who received colorectal cancer screening (Fecal Occult Blood Test, sigmoidoscopy, or colonoscopy) in the past twelve (12) months.

EXHIBIT __

BILLING AND PAYMENT – PRIMARY HEALTH CARE SERVICES

1. Electronic Billings to County: Contractor shall submit to County's Claims Adjudicator data elements substantially similar to those found on the Federal Centers for Medicare and Medicaid Services ("CMS") Form 1500, or other forms approved by Director ("Billing Form"). Such data shall be submitted electronically for each primary care visit provided to an Eligible Patient monthly in arrears. None of Contractor's physicians or other providers shall separately bill County or Eligible Patients or their families for services hereunder.

2. Manual Billings to County: If electronic billing between Contractor and County's Claims Adjudicator is not operational, Contractor shall bill County's Claims Adjudicator manually using the Billing Form completed in duplicate. All manual information must be submitted on a Billing Form, as approved by Director. Contractor shall retain one billing copy for its own records and shall forward the original billing copy to the County's Claims Adjudicator. None of Contractor's physicians or other providers shall separately bill County or Eligible Patients or their families for services hereunder.

3. Billing Guidelines: Contractor shall follow the billing guidelines contained in this Exhibit and as set forth in any Provider Information Notices ("PIN"), which shall be provided to Contractor as necessary according to the process set forth in this Agreement. Addresses, both electronic and U.S. mailing, for billing of County shall be provided to Contractor prior to the commencement of services hereunder through a PIN.

4. County's Manual Reprocessing of Contractor's Denied and Canceled Claims: If claims were denied or canceled through no fault of County or County's Claims Adjudicator, Contractor shall pay County the appropriate County contract, per-claim fee billed County by County's Claims Adjudicator. Contractor shall be advised by Director, by means of a PIN, of the current fee charged to County. The County shall recoup payment due from Contractor for denied or canceled claims by requesting payment from Contractor, which repayment shall be remitted forthwith by Contractor to County by check made payable to the County of Los Angeles.

5. Records: Subject to the conditions and terms set forth in this Agreement, Contractor agrees to make all billing, eligibility, and medical records immediately available and open to inspection or review, subject to the applicable provisions of Federal and State law, during normal business hours, to Director, for inspection, audit, and copying.

Such records shall be retained in accordance with the RECORDS AND AUDITS Paragraph, subparagraph "A", Records of Services Rendered, of the ADDITIONAL PROVISIONS of this Agreement.

6. County's Fiscal Year Reimbursement: Subject to the County's Fiscal Year Maximum Obligation Paragraph, County shall pay one hundred percent (100%) of the electronic and/or manual claims submitted by Contractor on a monthly basis within thirty (30) days of the claims being processed by County's Claims Adjudicator, on condition that County's Claims Adjudicator first receives complete, correct, and timely Billing Forms or electronic billing, in accordance with its normal accounts payable procedures.

County's Claims Adjudicator shall reconcile all claims against the most recent State Medi-Cal eligibility history file before processing the claims for payment and deny any Medi-Cal eligible claim. Contractor shall receive a Remittance Advice indicating: 1) eligible Medi-Cal denied claims, 2) other denied claims; 3) reason for denial; 4) summary of denied claims by reason code.

Contractor shall maintain a system of record keeping that will allow Contractor to determine when it has incurred seventy-five percent (75%) of the Contract's Sum. Upon occurrence of this event, Contractor shall send written notification to CCEP Program Manager.

Within six (6) months of the end of the fiscal year, Director shall have the discretion to conduct a "final" Medi-Cal reconciliation in which County shall reconcile all claims submitted by all Contractors over the terms of their respective Agreements against a database containing the identities of all Medi-Cal eligible CCEP patients to determine whether any Contractor has included, and has therefore been reimbursed for, claims for Medi-Cal "pending" patients who have, since the time that Contractor submitted its claims, become Medi-Cal "eligible" patients.

If the final Medi-Cal reconciliation process indicates that Contractor has been reimbursed for Medi-Cal eligible patients, following Director's written notice, Contractor shall within thirty (30) calendar days remit to County the amount indicated on Director's written notice.

Notwithstanding the foregoing, if Director determines at any time that Contractor has been overpaid, the amount of the overpayment shall be either: (1) credited against

any amounts due by the County to Contractor or (2) paid within thirty (30) calendar days by Contractor to County

If Director determines that Contractor has been underpaid, the amount of the underpayment shall be paid to Contractor within thirty (30) days from the date the underpayment was determined. However, County shall not pay to Contractor an amount in excess of the County maximum obligation under this Agreement, except as may be expressly specified elsewhere in Agreement.

7. All Inclusive Rate: Subject to the County's Fiscal Year Maximum Obligation Paragraph of this Exhibit, Contractor shall be reimbursed at the all-inclusive rate of \$94.00 per office/clinic visit rate for primary health care services and any ancillary services, as defined under this Agreement, needed during or as a result of the visit.

8. Pharmacy: When required by an Eligible Patient, drugs or medications, and medical supplies, prescribed by Contractor shall be available without charge to the Eligible Patient or County. Drugs or medications and medical supplies whether dispensed or filled by Contractor or an outside pharmacy entity, are the responsibility of Contractor. When available to the Contractor, non-prescription drugs (over the counter medication) and/or medical supplies shall be supplied by the Contractor without charge to the patient.

**COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES
PUBLIC-PRIVATE PARTNERSHIP (PPP) AND HEALTHY WAY LA (HWLA) PROGRAMS
CERTIFICATION OF INDIGENCY**

(To be Completed by Interviewer)

SECTION A. PATIENT INFORMATION

Patient Name: _____

*Patient Address: _____

Medical Record # _____ Acct. # _____ Visit Date: _____

** Required to satisfy County residency policy. If homeless, Affidavit of Residency is required.*

SECTION B. HOUSEHOLD/INCOME INFORMATION

Total Number of Family Members Living in the Home: _____

Total Net Family Income: _____

PPP Program Patient is Indigent: Yes No

(Net family monthly income means the income received by the patient's household members less taxes.)

Total Gross Family Income: _____

HWLA Program Patient is Indigent: Yes No

(Gross family monthly income means total income including mandatory deductions (e.g., State and Federal taxes FICS, DSI, mandatory union/retirement). Do not include voluntary deductions (e.g., credit union deductions, health insurance, life insurance, voluntary union dues, 401K, etc). Please refer to HWLA Income Calculation Worksheet.

SECTION C. PATIENT CERTIFICATION

I certify that, as of today's date, I, (or patient), do/(does) not have Medi-Cal, Medicare, or private health insurance. During the next twelve (12) months, if a change in my health care coverage, family size, or family income later occurs, I promise to immediately report that fact to my Public-Private Partnership (PPP) provider.

I further certify and declare under penalty of perjury under the laws of the State of California that the information I have provided is true and complete. I understand that a random number of patients will be asked later for proof of some or all of the information used for this certification and that a credit check may be done. I understand that I am expected to save documents I might have that would help prove that what I said today is true, (for example, copies of pay stubs, income tax returns, bank statements, property statements, receipts, etc.), for 12 months from the date of this certification. If I am asked for these documents in the next 12 months, I will have 20 days to mail or bring the information to the facility or to give some other acceptable verification. If I am asked for this proof and don't provide it, I may be held responsible for the full charges for my medical care.

Patient/Responsible Relative Signature: _____ Date: _____

SECTION D. COUNTY/PARTNER CERTIFICATION

County/Partner Interviewer: _____ Date: _____

Effective February 1, 2010

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PUBLIC-PRIVATE PARTNERSHIP PROGRAMS**

AFFIDAVIT OF RESIDENCY

Patient: _____ Facility Name: _____

Medical Record No.: _____ Service Date: _____

I am a resident of the County of Los Angeles. I intend to remain in the County of Los Angeles and do not maintain a home in another state/country. I cannot provide proof of my current address. I certify through my signature that the statement given below is true and correct.

I currently live at:

Any person who signs this statement and who willfully states as true any material matter which s/he knows to be false is subject to the penalties prescribed for perjury in the penal code by the State of California Sec. 11054 of the W. & I. Code.

Signature: _____

Patient or Responsible Relative

_____ Date

Contact for medical reasons:

Name: _____

Address: _____

Telephone Number: _____

Witness Signature

Telephone Number

_____ Date

EXHIBIT _

DESCRIPTION OF SERVICES – SPECIALTY CARE SERVICES

1. Specialty Care Services: Contractor shall provide outpatient specialty care services which include, but are not necessarily limited to office visits and procedures, outpatient surgery, or consultations. Services include support services, charting to medical records, and administrative management. For purposes of this Agreement, specialty care services are limited to those services identified in Exhibit __, Attachment __, "SCOPE OF SERVICES-SPECIALTY CARE", attached hereto and incorporated herein by reference. All specialty services provided will be within the scope of the physician specialist's licensure and will be identified for billing purposes by the appropriate Current Procedural Terminology ("CPT") code(s) as defined in the latest publication of the American Medical Association.

Contractor shall ensure that all medically appropriate primary care services (including ancillaries) have been provided for the patient's medical condition before initiating specialty care under this Agreement.

Contractor shall also be responsible for prescribing and providing medically indicated pharmaceutical services or supplies, prescription medications, and over-the-counter medications required in conjunction with the specialty care services.

2. Staffing: Contractor shall provide a sufficient number of providers who are linguistically and culturally competent. For constituencies amounting to ten (10) percent or more of Contractor's patient population at facility, such linguistically competent staff shall be available to provide translation services. Linguistically and culturally appropriate patient education material shall also be available to Contractor's patients.

3. Workplan: Contractor shall follow Contractor' CCEP Specialty Service Workplan attached hereto and incorporated herein by reference as Attachment __. Any changes to the Workplan must have the prior written consent of the Director.

4. Contractor's Obligations: Contractor shall do the following:

A. Operations:

1) Hours of Operation: Contractor shall adhere to the hours of operation set forth in Attachment __, Contractor's Workplan. Contractor shall notify Director in writing of any changes to the specified hours of operation. Any decrease to the specified hours of operation must be requested of Director in writing and shall be at the discretion of the Director to approve.

a. A proposed closure for a holiday which is not recognized by the County as an official holiday must be communicated in writing to Director at least thirty (30) calendar days prior to the planned closure. The Director shall respond to Contractor in writing with his or her decision at least fourteen (14) calendar days prior to the proposed closure. The County's current official holidays are: New Year's Day, Martin L. King, Jr. Day, President's Day, Memorial Day, Fourth of July, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day and the day after, and Christmas Day.

b. If the above procedures have not been followed, and a change in its clinic service site hours or days of operation is made

by Contractor without Director's authorization, Contractor shall be assessed by the County the amounts set forth in Exhibit __, as liquidated damages, and not as a penalty, for each regular County day of business following such unauthorized change. Such assessment shall continue until the clinic service site has returned to the new hours and days of operation.

2) Facility Service Sites: Contractor shall provide services at the service sites set forth in Attachment II, Contractor's Workplan.

3) Referral and Notification: Contractor shall adhere to the referral and notification process set forth in Attachment II, Contractor's Workplan, in the event that Contractor must a) close its practice to new CCEP eligible patients (individuals who have not been seen at any of the Contractor's sites in over twelve (12) months, and/or b) close its practice due to circumstances beyond its control.

If Contractor must close its practice at a particular site, to new CCEP eligible patients, the closure must apply to all new CCEP eligible patients. Notwithstanding the foregoing, Contractor shall be permitted to accept the following new CCEP eligible patients: new CCEP eligible patients who are clients in one of Contractor's other services or clinic programs or new CCEP eligible patients who are family members or caretakers of an existing patient receiving regular care at the site. Contractor shall document such information in the new CCEP eligible patient's medical chart upon the patient's first visit as a CCEP eligible

patient. Contractor shall not be permitted to select and reject new CCEP eligible patients on criteria such as symptomatology, condition or disease.

Contractor shall notify County in writing not less than fourteen (14) calendar days prior to closing its practice as described above. Until such time as Contractor determines it shall reopen its practice in any form, Contractor shall notify County in writing fourteen (14) calendar days in advance. In the event that Contractor closes its practice as described above, Contractor shall submit monthly written reports to County which provide the number of patients referred and the name of the agency(ies) that the patients were referred to. Such reports shall be submitted to the County of Los Angeles Department of Health Services, Office of Ambulatory Care, 5555 Ferguson Drive, Suite #210-01, Los Angeles, California 90022, Attention: CCEP Program Manager.

In the event that County learns and verifies that Contractor has closed only to selected, new CCEP eligible patients, based upon the above criteria or for any other reason, such conduct shall be considered a material breach of contract upon which County may immediately terminate or suspend this Agreement. County, at its sole option, may obtain damages from Contractor resulting from said breach.

4) Patient Eligibility: Contractor shall verify and document patient eligibility for services under this Agreement in accordance with the PATIENT ELIGIBILITY Paragraph of the body of this Agreement. Verification of patient's Los Angeles County residency, income and

insurance status must be documented in the patient's medical record through the inclusion of the completed, signed, and dated COI. Such documentation must be maintained in accordance with the RECORDS AND AUDITS Paragraph of the ADDITIONAL PROVISIONS.

In accordance with the NON-EMERGENCY MEDICAL CARE SERVICES REQUIREMENTS Paragraph of this Agreement, CCEP eligible patients receiving public health related services are exempt from the Los Angeles County residency verification process.

5) Credentialing and Contractor's Physicians: Contractor shall provide to Director a signed and dated Physician Self Verification Form, Attachment III, attached hereto and incorporated herein by reference, for each physician providing services under this Agreement, which shall be submitted to Director within sixty (60) calendar days of the effective date of this Agreement and within thirty (30) calendar days of notification to Director that Contractor is adding a physician.

As set forth in the PERSONNEL Paragraph of the ADDITIONAL PROVISIONS, Contractor shall maintain a provider credentialing process, which adheres to the established health care industry credentialing standards and guidelines.

Contractor is required to credential and re-credential its physicians and other medical health care professionals. Contractor is responsible for and agrees that all physicians and other medical health care professionals are credentialed during the term of this Agreement.

Contractor's credentialing program shall include, but not be limited to, requirements from one of the following credentialing bodies: (1) State requirements for licensed Community Clinics; (2) National Committee for Quality Assurance ("NCQA"); (3) Joint Commission on Accreditation of Healthcare Organizations ("JCAHO"); and (4) any other credentialing body approved by Director.

In the event a service provider is not credentialed under Contractor's credentialing program, Contractor may accept and have on file documentation that the service provider has been credentialed by another responsible provider group or hospital acceptable to Director. Contractor is responsible and shall bear the costs for credentialing its service providers.

Contractor's credentialing program will include policies and procedures related to clinical credentialing which will include disciplinary actions and an appeal process to a practitioner impacted by adverse determination(s). Contractor's credentialing program will implement a system for the reporting of deficiencies to appropriate authorities which may result in suspension or termination of a practitioner.

Contractor may not add any new physicians without prior written notice to Director and appropriate credentialing of these physicians. Contractor must also provide written notice to Director of any physician that is no longer available to provide services under this Agreement within thirty (30) calendar days of the change.

B. Patient Care

1) Specialty Services: Contractor shall provide outpatient specialty care services which include, but are not necessarily limited to office visits and procedures, outpatient surgery, or consultations. Services include support services, charting to medical records, and administrative management. For purposes of this Agreement, specialty care services are limited to the services identified in Attachment I, "SCOPE OF SERVICES-SPECIALTY CARE".

2) Pharmacy: Contractor shall also be responsible for prescribing and providing medically indicated pharmaceutical services or supplies, prescription medications, and over-the-counter medications required in conjunction with the specialty care services.

C. Program Management: In accordance with Attachment II, Contractor's Workplan, Contractor must manage contract resources to ensure that there are sufficient funds over the term of this Agreement to provide same-day or walk-in services to those patients needing urgent care and provide regular, scheduled appointments for returning patients, as medically necessary and provide services to new patients.

D. Performance Measurement:

1) Baseline Measurements: Information provided in the Contractor's approved Workplan provides baseline information for components of performance reports.

2) Monthly Reports: The County will issue monthly reports to

Contractor to summarize performance of individual agencies. Information on the monthly reports will be derived from claims adjudication data.

3) Quarterly Reports: Contractor shall provide quarterly reports to the County, as needed, providing information on volume of clinic workload, changes in capacity, and other data that is not available to the Department except through agency self-reporting. County shall notify Contractor of submission due dates and reporting requirements, as appropriate, via the PIN program.

4) Performance Improvement: Contractor shall participate in County activities to improve performance across the CCEP Program, and across the larger network of DHS and CCEP network. As reasonable, this may include performance meetings with individual contractors, peer review meetings, and the review and development of new policies and procedures.

SCOPE OF SERVICES - SPECIALTY CARE

Contractor may provide or arrange on an out-patient basis, for the provision of Specialty Care services listed below. All services must be rendered pursuant to the provisions of this Agreement and within the scope of the Contractor's physicians' and other practitioners' licensure. Submission of claims for services rendered will be limited to the services within the categories listed below.

Out-Patient Medical Specialty Services:

Services include the professional component, ancillaries, support services, charting to medical records, and administrative management. Specialty services include the procedures recognized by Medi-Cal under the American Medical Association's Current Procedural Terminology ("CPT") Publication. The following are the recognized CPT codes under the Agreement:

99201-99205
99211-99215
99241-99245
99271-99275
99381-99384 (By age group)
99391-99394 (By age group)
99432

All ICD 9 Codes will be accepted from authorized specialty providers. Contractor's provision of medical specialty services shall be to those specialty care areas which follow:

- a) Dermatology, ENT, Gynecology, Ophthalmology, Optometry, Podiatry, Cardiology, Endocrinology, Gastroenterology, General Surgery, Hematology, Infectious Disease, Nephrology, Pulmonary, Orthopedics, Neurology, Allergy, and Rheumatology.

Contractor acknowledges and agrees that any provision of additional types of specialty care services under this Agreement requires submission of a written request to the Director. County will not reimburse Contractor for the provision of specialty care services not listed above without obtaining the Department's written approval.

SPECIALTY CARE PHYSICIAN SELF VERIFICATION FORM

Name _____
(Last) (First) (Initial) (Title - MD)

Address _____

City _____ State _____ Zip _____

Telephone (work) _____ Telephone (home) _____

Social Security No. _____ - _____ - _____

License No. _____ Expiration Date _____

Drug Enforcement Administration (DEA) License No. _____

Expiration Date _____

Specialty _____ Board Status _____

Hospital, CCEP, IPA Affiliation(s):

Are you County employed? Yes _____ No _____

County contract _____

Location of Practice (address) _____

I am a subcontractor to Name _____

Address _____

Do you have any previous and/or outstanding medical malpractice claims?

Yes _____ No _____

If so, please describe: _____

Do you have any current filings under Business and Professions Code Section 805?

Yes _____ No _____

If so, please describe: _____

Do you have any National Practitioner Data Bank filings?

Yes _____ No _____

If so, please describe: _____

Do you have any previous or outstanding actions taken or pending by the California Board of Medical/Dental Examiners?

Yes _____ No _____

If so, please describe: _____

I, _____, attest that the information provided is accurate and true.

Signature

Date

**WORKPLAN / STATEMENT OF WORK
CLINIC CAPACITY EXPANSION PROJECT
SPECIALTY CARE SERVICES**

	Site #1 - \$ _____	Site # 2 - \$ _____	Site #3 - \$ _____
(1) Site Name, Address and Clinic Telephone Number.			
(2) Hours of Operation.			
(3) Approximate waiting time for new patient appointment.			
(4) Approximate number of visits per month that will be reimbursed (must meet all eligibility criteria).	Visits/month:	Visits/month:	Visits/month:
(5) Of the total visit listed in #4, how many visits are for patients who have one of the selected chronic care conditions that require at least three visits per year.	Visits/month:	Visits/month:	Visits/month:
(6) Approximate number of new and return visits per Fiscal Year. The number of visits reimbursed cannot exceed the maximum obligation per each site.	New: Ret:	New: Ret:	New: Ret:
(7) Public and private primary care sites that patients will be referred to if your agency must close its practice to new PPP patients.			

EXHIBIT _

BILLING AND PAYMENT – SPECIALTY CARE SERVICES

1. Electronic Billings to County: Contractor shall be reimbursed for services to Eligible Patients hereunder at applicable Medi-Cal Rates for Specialty Care Services. Contractor agrees billing claims will identify services and procedures utilizing the American Medical Association's Current Procedural Terminology ("CPT") publication for specialty care services.

Contractor shall be reimbursed at the applicable Medi-Cal Rates in effect as of the date of service, but only for those specialty care services listed under this Agreement by visit codes and procedures.

Contractor shall submit to County's Claims Adjudicator data elements substantially similar to those found on the specialty billing form heretofore approved by Director ("Billing Form"). Such data shall be submitted electronically for each specialty care visit provided to an Eligible Patient monthly in arrears.

None of Contractor's physicians or other providers shall separately bill County or Eligible Patients or their families for services hereunder.

2. Manual Billings to County: If electronic billing between Contractor and County's Claims Adjudicator is not operational, Contractor shall bill County's Claims Adjudicator manually using the Billing Form completed in duplicate. All manual information must be submitted on a Billing Form, as approved by Director. Contractor shall retain one billing copy for its own records and shall forward the original billing copy to County's Claims Adjudicator. None of Contractor's physicians or other providers shall separately bill County or Eligible Patients or their families for services hereunder.

3. Billing Guidelines: Contractor shall follow the billing guidelines contained in this Exhibit and as set forth in any Provider Information Notices ("PIN"), which shall be provided to Contractor as necessary according to the process set forth in this Agreement. Addresses, both electronic and U.S. mailing, for billing of County shall be provided to Contractor prior to the commencement of services hereunder through a PIN.

4. County's Manual Reprocessing of Contractor's Denied and Canceled Claims: If claims were denied or canceled through no fault of County or County's Claims Adjudicator, Contractor shall pay County the appropriate County contract, per-claim fee billed County by County's Claims Adjudicator. Contractor shall be advised by Director, by means of a PIN, of the current fee charged to County. The County shall recoup payment due from Contractor for denied or canceled claims by requesting payment from Contractor, which repayment shall be remitted forthwith by Contractor to County by check made payable to the County of Los Angeles..

5. Records: Subject to the conditions and terms set forth in the body of Agreement, Contractor agrees to make all billing, eligibility, and medical records immediately available and open to inspection and review, subject to the applicable provisions of federal and State law, during normal business hours, to Director and authorized State and Federal representatives, for inspection, audit, and copying.

Such records shall be retained in accordance with the RECORDS AND AUDITS Paragraph, subparagraph "A", Records of Services Rendered, of the ADDITIONAL PROVISIONS of this Agreement.

6. County's Fiscal Year Reimbursement: Subject to the County's Fiscal Year Maximum Obligation Paragraph, County shall pay one hundred percent (100%) of the

electronic and/or manual claims submitted by Contractor on a monthly basis within thirty (30) days of the claims being processed by County's Claims Adjudicator, on condition that County's Claims Adjudicator first receives complete, correct, and timely Billing Forms or electronic billing, in accordance with its normal accounts payable procedures.

County's Claims Adjudicator shall reconcile all claims against the most recent State Medi-Cal eligibility history file before processing the claims for payment and deny any Medi-Cal eligible claim. Contractor shall receive a Remittance Advice indicating: 1) eligible Medi-Cal denied claims, 2) other denied claims; 3) reason for denial; 4) summary of denied claims by reason code.

Contractor shall maintain a system of record keeping that will allow Contractor to determine when it has incurred seventy-five percent (75%) of the Contract's Sum. Upon occurrence of this event, Contractor shall send written notification to CCEP Program Manager.

Within six (6) months of the end of the fiscal year, Director shall have the discretion to conduct a "final" Medi-Cal reconciliation in which County shall reconcile all claims submitted by all Contractors over the terms of their respective Agreements against a database containing the identities of all Medi-Cal eligible CCEP patients to determine whether any Contractor has included, and has therefore been reimbursed for, claims for Medi-Cal "pending" patients who have, since the time that Contractor submitted its claims, become Medi-Cal "eligible" patients.

If the final Medi-Cal reconciliation process indicates that Contractor has been reimbursed for Medi-Cal eligible patients, following Director's written notice, Contractor

shall within thirty (30) calendar days remit to County the amount indicated on Director's written notice.

Notwithstanding the foregoing, if Director determines at any time that Contractor has been overpaid, , the amount of the overpayment shall be either: (1) credited against any amounts due by the County to Contractor or (2) paid within thirty (30) calendar days by Contractor to County.

If Director determines that Contractor has been underpaid, the amount of the underpayment shall be paid to Contractor within thirty (30) days from the date the underpayment was determined. However, County shall not pay to Contractor an amount in excess of the County maximum obligation under this Agreement, except as may be expressly specified elsewhere in Agreement.

7. Pharmacy: Contractor shall be reimbursed for its costs of pharmaceuticals provided Eligible Patients at Medi-Cal rates utilizing the National Drug Codes ("NDC") in effect as of the date the prescription is written. However, Contractor shall not bill and shall not be reimbursed by County for pharmaceuticals Contractor has received as a donation or which have been provided to Contractor under another County contract. If no definitive Medi-Cal rate for a pharmaceutical provided an Eligible Patient exists, County shall have no obligation to reimburse Contractor for that pharmaceutical.

8. Medi-Cal Pendings: Contractor shall not bill County for Medi-Cal pending patients until the Medi-Cal application has been denied.

EXHIBIT _
SCOPE OF WORK
CLINIC CAPACITY EXPANSION PROJECT
INFRASTRUCTURE PROJECTS

1. DEFINITIONS

Whenever the following words appear in this Exhibit _and Exhibit __ of the Agreement, they will be construed to have the following meanings:

Accept or Acceptance by County means the County has reviewed the document in question for general compliance with the Agreement and has taken no exception.

Acceptance of the Project means formal Acceptance of the Project by the Director of the Department of Health Services after the Project has reached Final Completion and meets the requirements of the Agreement.

Agreement means the contract that has been executed by Contractor and the County.

Applicable Laws means all laws, codes, ordinances, rules and regulations of governmental authority having jurisdiction over and affecting the Site and the Work.

Certificate of Occupancy means a formal document issued by the jurisdictional agency in which the Site and Work are located granting occupancy to the building(s) or area(s) within the building(s) after inspection and sign-off by the local Fire Department and all other required jurisdictional agencies.

Change Order means a document signed by Contractor and the County authorizing a change in the Work, which may also adjust the Work Time.

Construction Documents means the drawings and specifications prepared by Contractor, accepted by the County, and permitted by jurisdictional agencies. The Construction Documents shall set forth in detail all items necessary to complete the construction of the Work in accordance with the Agreement. All amendments and modifications to the accepted Construction Documents must be formally agreed to by the County and Contractor in writing.

Contractor means the agency or entity with which the County has contracted hereunder and which will have the responsibility to provide or obtain appropriately licensed construction, architectural, and engineering services required to perform the Infrastructure Project that is the subject of this Agreement.

Contractor's Project Manager means the employee or consultant authorized by Contractor to be its point of contact for all issues related to undertaking and completing the Project.

County means the County of Los Angeles, California.

County's Project Manager means the employee or consultant authorized by the County to be its point of contact for all issues related to undertaking and completing the Project.

Day means a calendar day unless otherwise explicitly specified otherwise in a provision of the Agreement.

Director means the Director of the Department of Health Services or his authorized representative.

Final Completion means the County has determined that the Work is fully completed in accordance with the Agreement.

Maximum Obligation for Infrastructure Project(s) means the total amount of compensation stated in Paragraph ___ of the Agreement for the complete performance of the Work, as adjusted only by Change Orders or Amendments to the original Agreement.

Noncompliance Notice means a written notice issued by the County or other jurisdictional agency, to the Contractor that defines materials, installations, and/or situations that do not comply with the Construction Documents or the Agreement and for which payment cannot be made.

Notice to Proceed means the written notice given by the County to the Contractor, commencing the Work Time, and authorizing the Contractor to begin design and construction.

Outside Agencies means those governmental or non-governmental entities which provide funding for all or part of the Project and/or must approve the Project or portions thereof.

Project means the total design, construction, and performance of the Work and all other requirements of the Construction Documents and/or Agreement. The term "Project" shall be interchangeable with the term "Infrastructure Project" wherever it is used.

Schedule of Values means estimate of costs of construction based on Construction Specification Institute (CSI) per County approval.

Site is the land or premises on which the Project is located and comprises the physical limits within which Contractor has the right to work.

Subcontractor and/or Subconsultant is a party, person, or entity retained by the Contractor and/or by a subcontractor or subconsultant of the Contractor at any tier to perform certain aspects of the Work on behalf of the Contractor including but not limited to providing design, management, labor, materials, equipment, and/or services necessary to complete the Work. Contractor is responsible and liable for any acts or omissions of any of its subcontractors and/or subconsultants.

Work means provision and performance of all labor, materials, equipment, tools and services, including professional design and Project management services, and performance of all other Agreement obligations required of the Contractor by the Agreement, including any obligations that are reasonably inferable from the Agreement. Work shall further include all alterations, amendments or extensions to the Agreement that are formally approved in writing by the County and Contractor.

Work Time means the scheduled duration commencing with County's issuance of Notice to Proceed and ending with scheduled Substantial Completion of the Work under the Construction Documents and/or Agreement.

2. CONSTRUCTION

A. SCOPE OF WORK:

1. Contractor shall undertake and complete the Project(s) set forth on Attachment ___ to this Exhibit __.

2. Contractor shall utilize County approved Construction Documents for the Project(s) set forth on Attachment __ to this Exhibit __. Construction Documents shall provide information customary for projects of similar size, complexity, and quality and shall:

- a. Include all information and details necessary to completely define the construction of the Work;
- b. Include all information and details required to obtain approval from the appropriate jurisdictional agencies; and,
- c. Include all necessary information required by the building trades to complete construction of the Project.

Notwithstanding the foregoing, the parties acknowledge that the production and review of Construction Documents may be a continuing process with portions of the Construction Documents completed at different times. Contractor may prepare Construction Documents for a portion of the Work to allow construction to proceed on that portion of the Work prior to the completion of Construction Documents for the entire Work. Contractor will limit the submission of the Construction Documents to a reasonable number, which number may be limited by non-County reviewing jurisdictional agencies and Outside Agencies.

3. Contractor shall provide all planning and Construction Documents necessary to obtain jurisdictional approvals and permits, including all related construction and renovation work needed to complete the Project(s).

4. Design and construction work shall be conducted and managed by the Contractor in accordance with all applicable Federal, State and local laws, regulations and codes as well as other legal requirements.

5. Contractor shall provide, complete and deliver all Work in accordance with the requirements, specifications and timetables set forth in this Exhibit __. If Contractor provides any work other than the Work required and

approved under this Exhibit __, such work shall be deemed to be a gratuitous effort on the part of Contractor and County shall have no claim whatsoever against the County for that work.

B. DESIGN/PERMITS:

1. Contractor shall be responsible for providing ~~OSHPD and/or~~ Building and Safety approved drawings and permits, including but not limited to: Architectural, Structural, Mechanical, Plumbing, Electrical, ADA, Deferred Approvals and testing, inspection and observation (TIOs) for those items that may be subject to those agencies.

2. Prior to design, Contractor shall review existing as-built drawings for planning purposes.

3. Prior to design, Contractor shall verify all relevant Site conditions including but not limited to site utilities (including medical gas, electric, water, drain, and plumbing).

4. Construction documents shall be provided to County's Project Manager at the time plans are submitted to jurisdictional agencies.

5. Contractor shall be responsible for all plan check fees and construction related permit fees.

C. CONSTRUCTION:

1. Contractor shall provide any and all construction activities including but not limited to: demolition, structural, site work, electrical power, lighting, HVAC, mechanical, plumbing, drywall and framing, cabinets, painting, medical gas, shielding, fire alarm, ADA compliance, ceiling, fencing, waste lines,

concrete, fire alarm, fire sprinkler, canopies, metals, telephone data and flooring systems in accordance with the approved Construction Documents.

2. Contractor shall be responsible for all necessary testing, certifications and inspection fees.

3. County or County's Project Manager will be given access to all Site(s) at all times. Such access will not be subject to restrictions that are not directly related to the provision and maintenance of health and safety.

D. PROJECT MANAGEMENT:

1. Contractor's Project Manager: Contractor shall assign a Project Manager to manage and oversee design, permits, construction, and equipment installation activities the Site(s). Contractor's Project Manager shall be available at the Site(s) as reasonably required by County's Project Manager. Contractor's Project Manager shall notify the County of any proposed project construction modification or proposed changes in scope of work. Contractor's Project Manager and contact information are as follows:

[insert name, address, phone]

2. County's Project Manager: County shall assign a Project Manager to monitor contract performance during this Agreement. Contractor shall abide by reasonable recommendations made by County's Project Manager so long as such recommendations are consistent with the Agreement and do not impose unnecessary costs on Contractor. County's Project Manager and contact information are as follows:

Capital Projects Division
1744 Zonal Avenue

Los Angeles, CA 90033
ATTENTION: Director[insert name, address, phone]

3. Project Status Reports: Contractor shall provide the County with project progress reports on a monthly basis and if major changes occur; which determination shall be in the sole judgment of County, these reports will be required until the Project is completed and approved by the County.

E. SCHEDULE:

1. Contractor shall achieve Final Completion of the Project(s) no later than two (2) years after the effective date of this Agreement, as set forth in Paragraph 1, TERM OF AGREEMENT. Contractor's failure to achieve Final Completion within this time frame shall constitute a material breach of this Agreement. In addition to all other rights and remedies afforded to County pursuant to law, Contractor shall forfeit all funds paid by County to Contractor for construction of its Project(s) pursuant to this Agreement. Such funds shall be repaid to County immediately upon County's demand for repayment.

Notwithstanding the foregoing, events which are outside the control of, and without the fault or negligence of either the County or the Contractor, which would independently delay the date of Final Completion beyond the two (2) year time frame contained herein shall be considered as excusable delay. Any time attributed to excusable delay shall not be included in calculating Contractor's compliance with the terms of this Paragraph. In the event that excusable delay results in the need for an time extension to complete the Project(s), the parties shall execute a Change Order in accordance with the process set forth in Paragraphs 2F and 2G of this Exhibit ___.

2 Contractor shall provide a final Project schedule and Schedule of Values to include timelines for design, jurisdictional approvals, renovation and construction, as well as installation of equipment and certification within ninety (90) days of execution of the Agreement. Anticipated timelines are outlined in Attachment ____. County's Project Manager will determine the acceptability of the final Project schedule and Schedule of Values. Upon a determination that the final Project schedule and Schedule of Values are acceptable, County's Project Manager shall issue a Notice to Proceed. Contractor's failure to submit a final Project schedule and Schedule of Values within the time frame specified herein shall constitute a material breach of this Agreement. Contractor shall forfeit all funds allocated pursuant to this Agreement for Infrastructure Projects. Additionally, County expressly reserves all other rights and remedies afforded by law and this Agreement as remedy for Contractor's material breach.

3. If necessary, an updated Project schedule shall be attached to Contractor's monthly invoices submitted in accordance with Exhibit ____. Each such updated Project schedule shall contain a narrative report defining problem areas, anticipated delays, and their impact on the Final Completion date, as well as the corrective action that shall be taken by the Contractor and its effect. The County's acceptance of the updated Project schedule shall be a condition required prior to payment of any invoice. In no event is Contractor to provide an updated Project schedule that increases the time permitted pursuant to Paragraph E1 for Final Completion.

4. Contractor shall be responsible for completing all phases of its Project(s) according to the time frames established in the final Project schedule and all accepted updates thereto. In the event that Contractor requires an extension of time to its final Project schedule, and County, in its sole discretion, determines that such an extension will not result in a material impact on the Scope of Work, nor will it result in a material deviation from the Final Completion date, such an extension shall be evidenced by a signed Change Order which shall be affected according to the process set forth in Paragraphs 2F and 2G of this Exhibit ___.

F. CHANGE ORDER REQUESTS

1. Contractor may request changes to the Work Time by making a timely Change Order request. A Change Order request will be deemed timely if it is submitted within seven (7) days of the date that Contractor discovers the circumstances giving rise to the Change Order request, unless additional time is allowed in writing by County's Project Manager for submission of the Change Order request.

2. The Change Order request must state that it is a Change Order request, state and justify the reason for the request, specify the amount of Work Time proposed to be adjusted, and provide a revised Final Completion date.

3. Upon request of County's Project Manager, Contractor shall submit such additional information as may be requested for the purpose of evaluating the Change Order request. Such additional information may include written documentation demonstration Contractor's entitlement to a Work Time extension,

which documentation shall be submitted with five (5) days of the date requested unless County's Project Manager allows a later submission.

4. County's Project Manager shall decide whether to grant or deny the Change Order request within a reasonable time after receipt of the Change Order request and any additional documentation. If Contractor wishes to contest County's Project Manager's decision, Contractor may appeal, in writing, to the Director within five (5) days of receipt of the County's Project Manager's decision. Director shall determine whether to uphold or overturn that decision within ten (10) days of receipt of Contractor's appeal. Director shall notify Contractor of his/her decision in writing. Director's decision shall be final.

G. CHANGE ORDER DOCUMENTS

1. Any Change Order executed by the parties shall be in the form of a work order and shall include:

- a. the Scope of Work to be performed under the Change Order and a statement, signed by Contractor's Project Director, which explains how, and certifies that, the scope of such work is outside of the required work under this Agreement;
- b. the delivery date for the completed Change Order; and
- c. if applicable, a revised final Project Schedule for the remaining Work, including a revised date for Final Completion if applicable.

3. GENERAL TERMS AND CONDITIONS:

1. Contractor shall provide and pay for all labor, licenses, professional services and other services.

2. Contractor shall use good faith efforts to advise the County regarding any issues or matters that the County may not be aware of, which issues or matters could reasonably result in any Change Orders during design, permitting, and construction.

3. Upon Final Completion of the Project and before Acceptance of Work by the County, Contractor shall provide two (2) sets of hard copies and two (2) sets of electronic files for all construction-related documents, including but not limited to DPW approved drawings, DPW documents, as-built drawings, project specifications, AUTO CAD files, inspection records, testing records, Change Orders, shop drawings, safety meeting records, infection control records, and payment records to Subcontractors/Subconsultants and supplies.

4. Contractor and Contractor's employees shall be certified/licensed as required by law for the work that they perform. Electricians will be State of California licensed, and Plumbers will be licensed by the appropriate jurisdictional agency.

5. Contractor shall comply with all applicable provisions of the Labor Code of the State of California. Particulars of the current prevailing wage scale will be posted to the extent required by applicable law at the Project Site(s).

6. Contractor shall comply with all applicable federal, State and local Labor Codes regarding payroll records.

7. Contractor is and must remain an entity qualified to do business in the State of California.

8.. Contractor shall have the ability to fulfill standard contract requirements, including indemnification and insurance.

9. Monthly progress meetings will be held between County and Contractor representatives during the planning and design phase of the Project. Once construction is initiated, meetings twice per month are anticipated to coordinate Site activities.

**CLINIC CAPACITY EXPANSION PROJECT
INFRASTRUCTURE PROJECT DETAIL**

(AGENCY NAME)

Project/Clinic Site Name:	
Site Address:	
Project Manager:	
Telephone Number:	
Type of Construction:	
Square Footage:	
Project Description:	

EXHIBIT __
BILLING AND PAYMENT
CLINIC CAPACITY EXPANSION PROJECT
INFRASTRUCTURE PROJECTS

PROJECT PAYMENTS

1. Cost Breakdown: Within 10 days of receipt of the Notice to Proceed, Contractor shall submit to County's Project Manager an itemized cost breakdown of the Maximum Obligation for Infrastructure Project(s) as set forth in Paragraph **XX** of this Agreement. The cost breakdown shall itemize as separate line items the cost of each Work activity and all associated costs, including but not limited to, architectural and engineering services, jurisdictional plan review; inspection services, construction and other consulting services. Insurance and bonds shall each be listed as separate line items. The total of all line items shall not exceed the Maximum Obligation for Infrastructure Project(s). The cost breakdown, and any revisions, when approved by County's Project Manager, shall become the basis for evaluating invoices for payment and shall become a part of this Agreement.

2. Payments: Infrastructure Project payments shall be processed as follows:

Option I:

a. Reimbursement Upon Completion: County shall reimburse Contractor for One Hundred Percent (100%) of the actual cost or of Contractor's Maximum Obligation for Infrastructure Project(s) as set forth in Paragraph __ of this Agreement, whichever is less, upon Final Completion and issuance of a Certificate of Occupancy. Contractor shall invoice County within thirty (30) days

of Final Completion and shall include with its invoice the following supporting documentation: [insert a list of what you need to see]. County shall remit payment to Contractor within thirty (30) days.

Option II:

a. Phase One, Design: Upon Acceptance of the design portion of the Construction Documents by County, Contractor shall be permitted to invoice for Ninety Percent (90%) of the cost attributed in its Cost Breakdown for design activities. County shall retain ten percent (10%) of the amount designated in the Cost Breakdown for design activities and shall pay Contractor the remainder within thirty (30) days of receipt of the invoice. Contractor shall invoice using the Contract Payment Request form, attached hereto as Attachment ___ and incorporated herein by reference.

b. Phase Two, Construction: Using Attachment __, Contract Payment Request form, Contractor shall invoice County monthly, in arrears, for its construction costs based on approved CSI format. Each invoice shall describe the Work for which payment is claimed, including but not limited to a description of the materials, installations or other work completed in the period for which payment is requested. Upon submission of a complete and correct invoice, including all required detail, County shall determine whether the requested payment is in accordance with the terms and conditions of this Agreement. In the event that County determines that Contractor's request for payment is not appropriate,

County shall issue to Contractor a Notice of Noncompliance which details the amount of the requested payment that is being denied and the reason for its denial. County shall remit payment to Contractor, less a ten percent (10%) retention as calculated based upon the amount of the monthly invoice and less any amounts withheld for non-compliance, within thirty (30) days.

c. Phase Three, Final Completion: Upon Final Completion and issuance of a Certificate of Occupancy, using Attachment ___, Contract Payment Request form, Contractor shall be permitted to invoice for all sums retained by County in Phases One and Two. Before issuing payment, County shall determine whether to Accept the Project. Upon County's Acceptance of the Project, County shall release to Contractor the retained sums. Any sums retained pursuant to a Notice of Non-Compliance will be released only upon a determination by County that the events and circumstances that gave rise to the Notice of Non-Compliance have been remedied and payment may be made in accordance with the terms and conditions of this Agreement.

In no event shall the total payments made to Contractor by County exceed the Maximum Obligation for Infrastructure Projects set forth in Paragraph XXX of the Agreement. Contractor shall be solely liable for any and all cost over-runs.

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
OFFICE OF AMBULATORY CARE
CLINIC CAPACITY EXPANSION PROJECT**

CONTRACT PAYMENT REQUEST NO. _____

Contractor: _____
 Address: _____
 Telephone No. _____

Contract No. _____
 Project Title: **Clinic Capacity Expansion Project**
 Site Address: _____
 Date: _____

Division	Description of Work	Contract Amount	Previous %	% To Date	Total Earned To Date
Design					
Plans					
Inspection					
Gen.Requirements					
Site Construction					
Concrete					
Masonry					
Metals					
Wood and Plastics					
Thermal and Moisture Protection					
Doors and Windows					
Finishes					
Specialties					
Equipment					
Furnishings					
Special Construction					
Conveying Systems					
Mechanical					
Electrical					
1	TOTAL	\$ -			\$ -
2	Total Net Change Orders, Supplemental Agreements and Unit prices. (Attach Supporting Data)				\$ -
3	Grand Total	\$ -			\$ -
4	Previous Earned To Date. (Item 3 from prior claim)				\$ -
5	Earned this Month (3 minus 4)				\$ -
6	Allowable Materials Delivered to Approved Location			(%)*	\$ -

* Indicate applicable %

Certification of the Contractor or His Duly Authorized Representative

To the best of my knowledge and belief, I certify that all items, units, quantities, and prices of work shown on the Payment Request are correct; that all work has been performed and material supplied in full accordance with the terms and conditions of the construction contract on this project; that the following is a true and correct statement of the contract account up to and including the last day of the period covered by this estimate and that no part of the "total amount payable this estimate" has been received.

		Total
(A)	Earned to Date (Base contract) (Item 1 from reverse side)	\$ -
(B)	Earned to Date (Change Order, Supplemental Agreement) (Item 2 from reverse side)	\$ -
(C)	Subtotal ("A" and "B" above) total amount earned to date	\$ -
(D)	Amount to be retained (10 %) of ("C"). →	\$ -
(E)	Subtotal net amount earned to date (sum of "C" minus "D" above)	\$ -
(F)	Advance for Allowable Materials (Item 6 from reverse side)	\$ -
(G)	Payment allowed to date ("E" plus "F" above)	\$ -
(H)	Less Previous Payments (Item "G" from prior claim)	\$ -
(I)	Amount payable this period ("G" minus "H" above)	\$ -

Prepared & Submitted by: Contractor: _____

By: _____

Date: _____

Certified and Approved As Per Terms of Contract

To the best of my knowledge and belief, I certify that this progress payment does not exceed (%) of the value of the work completed since the previous progress payment, if any plus (%) of the value of acceptable prefabricated materials delivered to approved location for incorporation into work, but not installed, if any.

I further certify that this progress payment covers full payment for work completed since the previous progress payment, and that any payment for prefabricated materials delivered to approved location does not exceed (%) of the value of the materials.

Inspector Date

Architect/Engineer Date

Contractor's Project Manager Date

County's Project Manager Date

This electronic form is distributed as an example only. The County takes no representation as to the accuracy of this electronic form or its embedded formulas and takes no responsibility for errors stemming from its use.