Health Services
LOS ANGELES COUNTY

Los Angeles County
Board of Supervisors

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313 N. Figueroa Street, Suite 912
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Tel: (213) 240-8101
Fax: (213) 481-0503

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To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

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June 14, 2011

REVISED

ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES
#24 JUNE 14, 2011
Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

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

Dear Supervisors:

HEALTHY WAY LA COMMUNITY PARTNER AGREEMENTS FOR THE HEALTHY WAY LA HEALTH CARE INITIATIVE IMPLEMENTING THE LOW INCOME HEALTH PROGRAM AS PART OF CALIFORNIA 1115 WAIVER IN LOS ANGELES COUNTY (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

SUBJECT

Approval of superseding agreements for the Healthy Way LA Health Care Initiative Program to implement the Low Income Health Program , as part of the California 1115 Waiver, replacing existing Healthy Way LA and Public Private Partnership agreements.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and authorize the Director of Health Services (Director), or his designee, to execute superseding agreements with current Healthy Way LA (HWLA) and Public Private Partnership (PPP) Community Partners, listed in Attachment A, to: (a) implement the Medicaid Coverage Expansion, under the HWLA Matched Program, as part of the State's Low Income Health Program (LIHP) under the new California 1115 Waiver; (b) extend the PPP Program, under the HWLA Unmatched Program, effective July 1, 2011 through June 30, 2012, with an automatic renewal for an eighteen month period through December 31, 2013; and, (c) extend the South Los Angeles Medical Services Preservation funding in Service Planning Area (SPA) 6 for expanded urgent care services, effective July 1, 2011 through June 30, 2012, with automatic renewal through December 31, 2013, or until 90 days after the new Martin Luther King Jr. Hospital (MLK Hospital) is certified by the federal Centers for Medicare and Medicaid Services (CMS). The maximum obligation for the HWLA Unmatched Program for the period July 1, 2011 through June 30, 2012 is $56,549,490. The

maximum obligation for the HWLA Unmatched Program component for the period July 1, 2012 through December 31, 2013 is $84,824,235. The HWLA Matched Program component does not have a maximum obligation as required under the terms of the 1115 Waiver terms and conditions.

2. In the Unmatched Program Component, delegate authority to the Director to:

   a. Allocate unused funds "rolled over" from a previous Fiscal Year (FY) to existing providers, in accordance with the Allocation Methodology previously approved by your Board, beginning with County FY 2011-12, up to the original County maximum obligation for each agreement, on a one-time only basis for each FY that the agreements are in effect, on condition that the Director conducts a Request for Information process prior to each adjustment and on further condition that the amendment is approved prior to execution by County Counsel, and the Director provides notice to the Chief Executive Office (CEO) and,

   b. Transfer funds for each Community Partner, upon request of the Partner, within a SPA once per FY that the Agreements are in effect, with such transfer of funds to occur between service sites and/or between the primary and specialty care service categories, on condition that the amendment is approved prior to execution by County Counsel, and the Director provides notice to the CEO; and,

   c. Transfer funds for each Community Partner, upon the Partner demonstrating a compelling justification, between SPAs and within the same service category and between SPAs and between Community Partner's primary and specialty care service categories, one time per each FY that the Partner's agreement is in effect, with the transfer not to exceed 10 percent of the contract sum for that FY, on condition that the amendment is approved prior to execution by County Counsel, and the Director provides notice to the CEO; and,

   d. Increase or decrease the maximum obligation of each agreement, beginning with County FY 2011-12, up to the original County maximum obligation for each agreement, on a one-time only basis for each FY that the agreements are in effect, on condition that the Director conducts a Request for Information process prior to each adjustment and on further condition that the amendment is approved prior to execution by County Counsel, and the Director provides notice to the CEO.

3. In the Matched Program component, delegate authority for the Director to:

   a. Increase or decrease the Medi-Cal Prospective Payment System (PPS) Rate paid under each agreement in the event that a Community Partner's Medi-Cal PPS Rate is either increased or decreased by action of the State at any time during the term of the Agreements, so that the rate paid under each agreement coincides with the rate set by the State, on condition that the amendment is approved prior to execution by County Counsel, and the Director provides notice to the CEO;

   b. To adjust the rate paid to a Community Partner which loses or gains Federally Qualified Health Centers (FQHC) or FQHC Look-alike status during the term of the Agreements so that, in the case of loss of such status, the rate accords with that set forth for Non-FQHC Community Partners and, in the case of the gain of such status, the rate accords with the Medi-Cal PPS Rate established by the State, with any adjustment to be effective as of the date that Community Partner's status changes, on condition that the amendment is approved prior to execution by County Counsel, and the Director provides notice to the CEO.

4. Delegate authority to the Director to modify the Agreements as to the Matched Program component to incorporate any changes required by either the State or CMS and, as to the Unmatched Program, to incorporate those changes to the extent that they are necessary to ensure consistency between the Program components and the Agreements, on condition that the amendment is approved prior to execution by the County's CEO and County Counsel, and the Director provides notice of such changes to your Board.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

On November 2, 2010, the California Department of Health Care Services (DHCS) and CMS entered into a new 1115 Waiver, commonly known as the California Bridge to Reform, for a five year period, commencing November 1, 2010. This Waiver, also known as a Demonstration Project, provides the framework to move to federal Health Care Reform in 2014. The Waiver will provide health care coverage expansion, continued funding of public hospitals' uncompensated costs, new funding for delivery system improvements at public hospitals, and require transition to Medi-Cal Managed Care for Seniors and Persons with Disabilities.

On December 14, 2010, your Board authorized the Director, acting on behalf of the County, to participate in the new California 1115 Waiver and its LIHP, and to submit all documents necessary to implement its intent to participate. Your Board also authorized the Director to expand HWLA in accordance with the Waiver's terms. DHS submitted its

LIHP application to DHCS on February 14, 2011 and received initial approval on April 12, 2011.

Recommendation Number 1:

A crucial component of meeting the primary care access requirements of the Waiver will be through the County's Community Partners, formerly known as the Public Private Partners. Approval of the recommended superseding agreements, substantially similar to Exhibit I, with the Community Partners will enable DHS to be ready for the HWLA expansion, effective July 1, 2011.

Since 1996, the County has had agreements with the Community Partners for the PPP Program. In 2008, the HWLA program was created, and although implemented in conjunction with a subset of the PPP contractors, the program has separate agreements. Going forward, we have chosen to combine the PPP and HWLA agreements into a single agreement with two re-named components, HWLA Matched (matched by federal funding) and HWLA Unmatched. Although DHS has chosen to designate this component as "Unmatched", it should be noted that some costs associated with this component may be partially matched by Safety Net Care Pool funds. All contractors will be required to participate in HWLA Matched Program component.

Recommendation Number 2:

Approval of the delegations requested in the Unmatched Program will permit DHS to respond to the individual financial needs of each Community Partner, ensuring that each Partner is able to maximize its allocated funds to the fullest extent possible in each FY, and also will permit DHS to ensure that funds across the Unmatched Program also are used to their fullest extent.

These delegations are necessary as neither DHS nor the Community Partners can determine with complete accuracy the service demands that will arise in a FY either as to a particular service site or as to a particular category of service. Accordingly, these delegations will permit both DHS and the Community Partner to respond to rapidly to changing needs over the course of each FY. DHS will ensure that all funding reallocations and transfers are in accordance with the Allocation Methodology as applicable.

Recommendation Number 3:

DHCS is responsible for setting and adjusting each Community Partner's Medi-Cal PPS Rate. Under the terms and conditions of the Waiver, the County must reimburse its FQHC and FQHC Look-alike Partners at the PPS Rate as it is currently set or may be

adjusted. Accordingly, the Director requires delegated authority to adjust each FQHC and FQHC Look-alike Partner's PPS rate to respond to State adjustments.

Likewise, the County's obligation to pay the PPS Rate flows from the status of each Community Partner. Therefore, if a Partner either gains or loses FQHC or FQHC Look-alike status during the term of the Agreements, the Director requires the ability to respond to those changes and to adjust the rate paid to a Partner. In this way, Partners who must receive the Medi-Cal PPS Rate under the terms of the Waiver will receive that rate and, conversely, those who no longer qualify for that enhanced rate will have their rates adjusted.

Recommendation Number 4:

At this time, both the State and CMS are finalizing many aspects of the Waiver's implementation. Further, the State has yet to produce the agreement that it will require with the counties in order to implement the Waiver at the local level. Finally, many changes and requirements implemented thus far have been on short notice.

Given these facts, DHS anticipates that, in the coming months, both the State and CMS may reach understandings as to Waiver implementation that will impact the Community Partner Agreements such that those Agreements will need to be amended, perhaps on short notice. This delegation will permit the Director to incorporate changes required by the State or CMS.

Implementation of Strategic Plan Goals

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

FISCAL IMPACT/FINANCING

Matched Program Payment Structure

The Matched Program component of the agreements will not have maximum obligations, in order to comply with requirements of the Waiver, for patient access. Capping maximum expenditures effectively caps access for Matched Program Patients, which is counter to the terms and conditions of the Waiver. However, for budgetary planning, each Community Partner's agreement contains estimated Matched Program expenditures for each period.

Primary and Specialty Care:

For Community Partners which are FQHC or FQHC-Look-alikes, payment for primary care visits will be reimbursed at each clinic's Medi-Cal PPS Rate or $109 per visit, whichever is greater.

As to Specialty Care, for Community Partners with on-site specialty care, they will be reimbursed at each clinic's PPS Rate or $109 per visit, whichever is greater. For Community Partners that refer patients to off-site specialty care providers, reimbursement will be at the applicable Medicare Rate for the specialty service provided by the off-site provider.

For Community Partners which are not FQHC's, reimbursement for both primary and specialty care visits will be at $109 per visit.

Pharmaceuticals:

For all Community Partners, pharmaceuticals will be reimbursed at the 340B drug acquisition cost through June 2012. Because of the complicated nature of the Medi-Cal PPS Rate, for FQHC and FQHC Look-alikes, the contract will allow for reimbursement if these providers certify, an on annual basis, that reimbursement for pharmaceuticals is not included in their PPS rate. The County will have the right to disallow any claims if the certification proves inaccurate, and the Partners have agreed to indemnify and hold the County harmless for the submission of their claims to the State and federal governments if those claims later are found inaccurate. Finally, DHS, in conjunction with its Partners, will explore alternative payment mechanisms as well as the different means by which the County may be able to assist its Partners in obtaining pharmaceuticals in advance of the June 2012 date for the termination of pharmacy reimbursement.

Laboratory and Radiology:

For all Community Partners, reimbursement for laboratory and radiology services will be at the lesser of actual cost or the Medi-Cal rate. Again, for FQHC and FQHC Look-alikes, the contract will allow for reimbursement if these providers certify, on an annual basis, that reimbursement for these services is not included in their PPS rate. The County will have the right to disallow any claims if the certification proves inaccurate, and the Partners have agreed to indemnify and hold the County harmless for the submission of their claims to the State and federal governments if those claims later are found inaccurate.

Unmatched Program Payment Structure

The Unmatched Program component of the agreements will have maximum obligations for each provider for each category of services and time period. The total Unmatched Program maximum obligation for all providers for the period July 1, 2011 through June 30, 2012 is $56,549,490 [consisting of $15,509,000 Tobacco Settlement Funds and $41,040,490 Net Cost (NC)] . The total Un-matched Program maximum obligation for the period July 1, 2012 through June 30, 2013 is $56,549,490 (consisting of $15,509,000 Tobacco Settlement Funds and $41,040,490 NC). The total Un-Matched Program maximum obligation for the period July 1, 2013 through December 31, 2013 is $28,274,745 (consisting of $28,274,745 NC).

Reimbursement for all services provided is structured as follows:

Primary, Dental and Specialty Care:

Primary care visits will be reimbursed at $94 per visit, inclusive of pharmaceuticals and ancillary services, including radiology and laboratory. Dental visits will be reimbursed according to Denti-Cal guidelines and will be limited to specific procedures listed under the Agreement. Specialty care services also will be limited to specified visit codes/ procedures listed in the Agreement and will be reimbursed at applicable Medi-Cal rates for each procedure.

Pharmaceuticals:

Pharmaceuticals required for dental and specialty care will be reimbursed at the 340B drug acquisition cost through June 2012. Again, DHS, in conjunction with its Partners, will explore alternative payment mechanisms as well as the different means by which the County may be able to assist its Partners in obtaining pharmaceuticals in advance of the June 2012 date for the termination of pharmacy reimbursement.

Ancillary Services:

For Specialty Care providers only, reimbursement for laboratory and radiology will be at the applicable Medi-Cal Rate.

Funding for these agreements is in the DHS 2011-12 Recommended Budget. DHS will monitor the growth of the HWLA-Matched component of the HWLA Program and consult with the CEO during the year to determine the need for mid-year appropriation adjustments.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Since 1996, the County has had agreements with the Community Partners under the PPP Program. The current set of PPP agreements was approved by your Board on June 15, 2010, when superseding agreements were approved with 54 PPP Program Strategic and Traditional Partners, effective July 1, 2009, with automatic renewal through June 30, 2012. These agreements will be superseded by the proposed new superseding agreement.

On February 6, 2008, your Board approved amendments to the PPP agreements with providers in SPA 6, for the provision of expanded access to urgent care services, funded by the South Los Angeles Medical Services Preservation Fund, established by Senate Bill (SB) 474. These services continued in the subsequent amendments of the PPP agreements and will continue in the proposed superseding agreements. Although funding for these services is now included in the Waiver, DHS elected to maintain a separate reimbursement category for these services to permit tracking of the funding and to permit early termination of the services in the event that the facility that will replace the County's former MLK-Harbor Hospital opens during the term of these Agreements.

In August, 2005, the California Department of Health Services (CDHS), now called DHCS, and CMS entered into a five year, Section 1115 Medi-Cal Hospital/Uninsured Care Demonstration Project. Under that project, CDHS made available to certain counties, including Los Angeles County, federal funds for the expansion of health care coverage to single adults who had incomes of up to 200 percent of FPL through the Health Care Coverage Initiative.

In April, 2007, DHS, acting on behalf of the County, secured $54 million per year for three years to fund its former HWLA Health Care Initiative Program. DHS implemented this program at its directly operated facilities as well as through a number of its PPP providers. On February 12, 2008, your Board approved 32 HWLA agreements, 31 of which were executed. Three additional agreements were approved by your Board on November 3, 2009. On June 9, 2010, the 34 agreements were amended, extending them through June 30, 2012. Subsequently, three more agreements were executed under delegated authority. These 37 agreements will also be superseded by the proposed new superseding agreement.

On January 12, 2010, your Board approved agreements with new and existing PPP provider agencies for the period January 1, 2010 through December 31, 2012, to expand clinic capacity for the PPP Program to new and existing sites. These Community Clinic Expansion Program (CCEP) agreements will not be affected by this Board action. Community partners will be encouraged to enroll eligible CCEP patients

into the HWLA Matched component, giving them more capacity for new Unmatched Program component clients.

CONTRACTING PROCESS

Existing PPP contractors, both Strategic and Traditional Partners, were selected as a result of the May 2006 Request for Proposals (RFP) for PPP Primary Care, Dental Care and Specialty Care Services.

In 2008, PPP Strategic Partners were offered a HWLA agreement and 34 PPP Strategic Partners have current agreements. The terms of the new California 1115 Waiver's LIHP require the County to include at least one FQHC in its network. As one of the 10 existing Coverage Initiative counties, where current HWLA enrollees will be "grand-fathered" into the new program, it makes most sense to build on the existing PPP and HWLA agreements. A condition of the proposed superseding agreements is that all existing PPP providers participate in the HWLA Matched Program.

It should be noted that some standard County contract provisions were altered during negotiations. First, the Community Partners asked that the County extend mutual indemnification. DHS, in consultation with the CEO, determined that this change would be appropriate since the Community Partners and DHS will share responsibility for providing health care to many HWLA patients such that both parties may bear risk for acts or omissions committed by the other party.

Second, the Partners asked that the County modify its standard provision concerning immediate termination for material breach of contract. To that end, the Partners asked that the contract define "material breach," that the right to terminate be extended to them as well as to the County, and that a "cure" period be added to enable the parties to meet and confer to remediate a breach prior to any termination. The provision was modified to meet these requests. However, the County maintains the right to terminate if discussions cannot cure the breach. Any termination recommendation by DHS would be brought to your Board.

As the program grows between now and January 1, 2014, when DHS anticipates that all HWLA enrollees will be transitioned into Medi-Cal, DHS expects to propose expansion of the HWLA Matched Program network. DHS intends to undertake a solicitation to determine if any FQHCs or FQHC Look-alikes, which are not HWLA Program Partners have an interest in a HWLA Matched Program agreement. Second, DHS intends to determine the interest of non-FQHC community clinics in becoming a HWLA Matched Program Community Partner. DHS will not propose this expansion immediately because a necessary pre-condition to expansion is success in implementing a new referral system and returning HWLA Program patients to Community Partners for

primary care after they are seen in a DHS facility. DHS requires additional time to meet these conditions before it attempts to expand its Community Partner pool.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommendations will ensure that DHS is able to meet the most time sensitive requirements of the 1115 Waiver.

Respectfully submitted,

Mitchell H. Katz, M.D.
Director

MHK:JS

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

Health Way LA Health Care Initiative Allocation

July 1, 2011 through June 30, 2012 Allocation/Estimated Allocation [1]
July 1, 2012 through June 30, 2013 Allocation/Estimated Allocation [1]

	AGENCY/ HEADQUARTERS ADDRESS	EXECUTIVE DIRECTOR PHONE/FAX/EMAIL	SITE NAME	SITE ADDRESS	SUPV DIST	SPA	SERVICE TYPE(S) - UNMATCHED PROGRAM [2]							SERVICE TYPE(S) - MATCHED PROGRAM					TOTAL CONTRACT
							P	D	S	PRIMARY	DENTAL	SPECIALTY	SB474 SPA 6	TOTAL UNMATCHED PROGRAM	P	S	PRIMARY	SPECIALTY	TOTAL MATCHED PROGRAM	
1.	**ALL FOR HEALTH, HEALTH FOR ALL, INC.**	NOOBAR JANOIAN, M.D., CHIEF EXECUTIVE OFFICER		519 E. BROADWAY, GLENDALE 91205	5	2	P			$1,337,244	$0	$0	$0	$1,337,244	P	S				
	519 E. BROADWAY		SITE 2	520 E. BROADWAY, **SUITE # 101**, GLENDALE 91205	5	2	P								P	S				
	GLENDALE, CA 91205	PH: (818) 409-3020 FAX: (818) 243-2713																		
		EMAIL: njanoian@all4health.org								**1,337,244**	**0**	**0**	**0**	**1,337,244**			**$237,315**	**$40,997**	**$278,312**	**$1,615,555.52**
2.	**ALTAMED HEALTH SERVICES CORPORATION**	CASTULO de la ROCHA, J.D., PRESIDENT	EL MONTE	10418 E. VALLEY BOULEVARD, **SUITE A**, EL MONTE 91731	1	3	P			320,810	0	0	0	320,810	P	S				
	500 CITADEL DRIVE, STE. 490	AND CHIEF EXECUTIVE OFFICER	BUENA CARE	1701 ZONAL AVE., LOS ANGELES 90033	1	4	P								P	S				
	LOS ANGELES, CA 90040	PH: (323) 889-7310 FAX: (323) 889-7399	ESTRADA COURTS	1305 S. CONCORD ST., #168, LOS ANGELES 90023	1	4	P			302,022	0	0	0	302,022	P	S				
		EMAIL: cdelarocha@altamed.org	RAMONA GARDENS	1424 CRUSADO LANE, UNIT 168, LOS ANGELES 90023	1	4	P								P	S				
			WILLIAM MEAD	268 E. BLOOM ST., #322, LOS ANGELES 90012	1	4	P								P	S				
			BELL	6901 S. ATLANTIC AVENUE, BELL 90201	1	7	P								P	S				
			EAST LOS ANGELES	5427 E. WHITTIER BOULEVARD, STE. 101, LOS ANGELES 90022	1	7	P								P	S				
			PICO RIVERA	9436 E. SLAUSON AVENUE, PICO RIVERA 90660	1	7	P		S	1,262,567		33,840		1,296,407	P	S				
			MONTEBELLO	2321 W. WHITTIER BLVD., LA 90640	1	7	P								P	S				
			WHITTIER WEST	3945 WHITTIER BLVD., LA 90023	1	7	P								P	S				
										1,885,399	**0**	**33,840**	**0**	**1,919,239**			**8,105,568**	**20,410**	**8,125,978**	**10,045,217**
3.	**AMERICAN INDIAN HEALING CENTER, INC.**	JOHN S. ANDREWS, EXECUTIVE DIRECTOR		12456 E. WASHINGTON BOULEVARD, WHITTIER 90602	4	7	P			30,080	0	0	0	30,080	P	S				
	12456 E. WASHINGTON BOULEVARD	PH: (562) 693-4325 FAX: (562) 693-1115																		
	WHITTIER, CA 90602	EMAIL: J.Andrews@AIHCHEALER.com																		
										30,080	**0**	**0**	**0**	**30,080**			**121,194**	**140**	**121,334**	**151,414**
4.	**ANTELOPE VALLEY COMMUNITY CLINIC**	JAMES A. COOK, EXECUTIVE DIRECTOR	CARE-A-VAN	45074 10TH STREET W. STE. 109, LANCASTER 93534	5	1	P			41,830	0	0	0	41,830	P	S				
	45074 10TH STREET WEST, STE. 109	(661) 942-2391 X202 FAX: (661) 723-3769	GROVE	45074 10TH STREET WEST, SUITE 109, LANCASTER 93534	5	1	P								P	S				
	LANCASTER, CA 93534	EMAIL: jcook@avclinic.org	AVCC-LANCASTER	45104 10TH ST WEST, LANCASTER 93534	5	1	P													
			AVCC-PALMDALE	2151 E. PALMDALE BLVD, PALMDALE 93550	5	1	P													
										41,830	**0**	**0**	**0**	**41,830**			**580,324**	**140**	**580,464**	**622,294**
5.	**ARROYO VISTA FAMILY HEALTH FOUNDATION**	J. LORRAINE ESTRADAS, CHIEF EXECUTIVE OFFICER	EL SERENO	4815 E. VALLEY BOULEVARD, #**C**, LOS ANGELES 90032	1	4	P								P	S				
	6000 N. FIGUEROA STREET		HIGHLAND PARK	6000 N. FIGUEROA STREET, LOS ANGELES 90042	1	4	P	D							P	S				
	LOS ANGELES, CA 90042	PH: (323) 254-5291 FAX: (323) 254-4618	NO. BROADWAY	2411 N. BROADWAY, LOS ANGELES 90031	1	4	P	D		1,066,994	195,973	0	0	1,262,967	P	S				
		EMAIL: lestradas@arroyovista.org	LOMA DRIVE	303 S. LOMA DRIVE, STE. 202, LOS ANGELES, 90017	1	4	P								P	S				
			MOBILE CLINIC	6000 N. FIGUEROA STREET, LOS ANGELES 90042	1	4	P								P	S				
										1,066,994	**195,973**	**0**	**0**	**1,262,967**			**4,114,657**	**25,339**	**4,139,996**	**5,402,963**
6.	**ASIAN PACIFIC HEALTH CARE VENTURE, INC.**	KAZUE SHIBATA, CHIEF EXECUTIVE OFFICER		1530 HILLHURST AVENUE, LOS ANGELES 90027	3	4	P			1,128,282	0	0	0	1,128,282	P	S				
	1530 HILLHURST AVENUE, STE. 200	PH: (323) 644-3880 EXT 254																		
	LOS ANGELES, CA 90027	FAX: (323) 644-3892																		
		EMAIL: kshibata@aphcv.org								**1,128,282**	**0**	**0**	**0**	**1,128,282**			**3,265,252**	**39,120**	**3,304,372**	**4,432,654**
7.	**BAART COMMUNITY HEALTHCARE**	JASON KLETTER, PRESIDENT	LA PUENTE	15229 E. AMAR ROAD, LA PUENTE, 91744	1	3	P			391,322	0	0	0	391,322	P	S				
	1111 MARKET STREET, 4TH FLOOR	PH: (415) 552-7914 EXT 113	BEVERLY	1926 W. BEVERLY BOULEVARD, LOS ANGELES 90057	1	4	P			224,222	0	0	0	224,222	P	S				
	SAN FRANCISCO, CA 94103-1513	FAX: (415) 552-3455	LYNWOOD	11315 S. ATLANTIC BOULEVARD, LYNWOOD 90262	2	6	P			600,942	0	0	204,356	805,298	P	S				
		EMAIL:jkletter@baartprograms.com	SOUTHEAST	4920 S. AVALON, LOS ANGELES, 90011	2	6	P								P	S				
										1,216,486	**0**	**0**	**204,356**	**1,420,842**			**369,292**	**0**	**369,292**	**1,790,134**
8.	**BIENVENIDOS CHILDREN'S CENTER, INC.**	RITCHIE GEISEL, PRESIDENT AND CHIEF EXECUTIVE DIRECTOR		507 S. ATLANTIC BOULEVARD, LOS ANGELES 90022	1	7	P			224,754	0	0	0	224,754	P	S				
	316 W. 2ND STREET, STE. 800																			
	LOS ANGELES, CA 90012	PH: (213) 785-5906 FAX: (213) 785-5928																		
		EMAIL: rgeisel@bienvenidos.org																		
										224,754	**0**	**0**	**0**	**224,754**			**360,136**	**0**	**360,136**	**584,890**
9.	**CENTRAL CITY COMMUNITY HEALTH CENTER, INC.**	GILBERT R. VARELA, M.D., CHIEF EXECUTIVE OFFICER		5970 S. CENTRAL AVENUE, LOS ANGELES 90001	2	6	P			430,332	0	0	142,504	572,836	P	S				
	5230 E. BEVERLY BOULEVARD	PH: (323) 724-0019 FAX: (323) 724-3539																		
	LOS ANGELES, CA 90022	EMAIL: gvarela@centralcityhealth.org																		
										430,332	**0**	**0**	**142,504**	**572,836**			**853,813**	**1,745**	**855,558**	**1,428,394**
10.	**CENTRAL NEIGHBORHOOD MEDICAL FOUNDATION**	BASSETT H. L. BROWN, M.D., CHIEF EXECUTIVE OFFICER AND MEDICAL DIRECTOR		2707 S. CENTRAL AVENUE, LOS ANGELES, 90011	2	6	P			189,128	0	0	64,766	253,894	P	S				
	2707 S. CENTRAL AVENUE																			
	LOS ANGELES, CA 90011	PH: (323) 234-5000 FAX: (323) 231-3985																		
		EMAIL: Bbrown.md@gmail.com								**189,128**	**0**	**0**	**64,766**	**253,894**			**7,560,000**	**0**	**7,560,000**	**7,813,894**

Health Way LA Health Care Initiative Allocation

July 1, 2011 through June 30, 2012 Allocation/Estimated Allocation [1]
July 1, 2012 through June 30, 2013 Allocation/Estimated Allocation [1]

	AGENCY/ HEADQUARTERS ADDRESS	EXECUTIVE DIRECTOR PHONE/FAX/EMAIL	SITE NAME	SITE ADDRESS	SUPV DIST	SPA	SERVICE TYPE(S) - UNMATCHED PROGRAM [2]									SERVICE TYPE(S) - MATCHED PROGRAM					TOTAL CONTRACT
							P	D	S	PRIMARY	DENTAL	SPECIALTY	SB474 SPA 6	TOTAL UNMATCHED PROGRAM		P	S	PRIMARY	SPECIALTY	TOTAL MATCHED PROGRAM	
11.	**CHILDREN'S DENTAL FOUNDATION**	JOHN L. BLAKE, DDS, DENTAL DIECTOR	BELLFLOWER	10005 E. FLOWER STREET, BELLFLOWER 90706 (CL)	4	7		D		0	179,515	0	0	179,515							
	455 E. COLUMBIA STREET	PH:(562) 933-8929 FAX: (562) 933-2049	AVALON	200 FALLS CANYON ROAD, AVALON 90704	4	8		D		0	332,335	0	0	332,335							
	LONG BEACH, CA 90806	EMAIL: Jblake@cdhc.org	LONG BEACH	455 E. COLUMBIA STREET, **SUITE # 32**, LONG BEACH 90806	4	8		D													
										0	**511,850**	**0**	**0**	**511,850**				**0**	**0**	**0**	**511,850**
12.	**CHINATOWN SERVICE CENTER**	LAWRENCE J. LUE, CHIEF EXECUTIVE	SAN GABRIEL VALLEY	320 S GARFIELD SUITE 118, ALHAMBRA 91801	1	3	P			101,379	0	0	0	101,379		P	S				
	767 N. HILL STREET, STE. 400	DIRECTOR	LOS ANGELES	767 N. HILL STREET, STE. 200, LOS ANGELES, 90012	1	4	P			304,137	0	0	0	304,137		P	S				
	LOS ANGELES, 90012	PH: (213) 808-1701 FAX: (213) 680-0787																			
		EMAIL: llue@cscla.org								**405,516**	**0**	**0**	**0**	**405,516**				**1,230,646**	**19,857**	**1,250,503**	**1,656,019**
13.	**CLINICA MONSEÑOR OSCAR A. ROMERO**	ALBERT PACHECO, Ph.D., EXECUTIVE	LOS ANGELES	123 S. ALVARADO STREET, LOS ANGELES 90057	1	4	P	D		1,924,086	206,467	0	0	2,130,553		P	S				
	123 S. ALVARADO STREET	DIRECTOR	NE HLTH CTR	2032 MARENGO STREET, LOS ANGELES 90033	1	4	P	D								P	S				
	LOS ANGELES, CA 90057	PH: (213) 201-2745 FAX: (323) 987-1400	ST. VINCENT CLINIC	201 S. ALVARADO STREET, **SUITE 100**, LOS ANGELES 90057	1	4	P									P	S				
		EMAIL: apacheco@clinicaromero.com								**1,924,086**	**206,467**	**0**	**0**	**2,130,553**				**1,818,729**	**47,764**	**1,866,493**	**3,997,046**
14.	**COMMUNITY HEALTH ALLIANCE OF PASADENA**	MARGARET B. MARTINEZ, CHIEF EXECUTIVE		1855 N. FAIR OAKS AVENUE, #200, PASADENA 91103	5	3	P	D		1,007,210	235,956	0	0	1,243,166		P	S				
	1855 N. FAIR OAKS AVENUE, STE. 200	OFFICER	DEL MAR	3160 E DEL MAR BLVD, PASADENA, CA 91107	5	3	P														
	PASADENA, CA 91103	PH: (626) 398-6300 FAX: (626) 398-5948	LAKE	1800 N LAKE AVE, PASADENA, CA 91104	5	3	P														
		EMAIL: Margaret.martinez@chapcare.org								**1,007,210**	**235,956**	**0**	**0**	**1,243,166**				**12,682,037**	**21,799**	**12,703,836**	**13,947,002**
15.	**COMPREHENSIVE COMMUNITY HEALTH CENTER**	ARA TAVITIAN, M.D., CHIEF EXECUTIVE	GLENDALE	801 CHEVY CHASE DRIVE, STE. 250, GLENDALE 91205	5	2	P			100,000	0	0	0	100,000		P	S				
		OFFICER	NORTH HOLLYWOOD	12157 VICTORY BOULEVARD, NORTH HOLLYWOOD 91606	3	2	P									P	S				
	801 CHEVY CHASE DRIVE, STE. 20	PH: (818) 265-2232 FAX: (818) 291-0291																			
	GLENDALE, CA 91205	EMAIL: roberts@cchccenters.org								**100,000**	**0**	**0**	**0**	**100,000**				**4,691,257**	**4,069**	**4,695,326**	**4,795,326**
16.	**COMPTON CENTRAL HEALTH CLINIC, INC.**	MARIE N. LAMOTHE, EXECUTIVE DIRECTOR		201 N. CENTRAL AVENUE, COMPTON 90220	2	6	P			85,822	0	0	20,022	105,844		P	S				
	201 N. CENTRAL AVENUE	PH: (310) 635-7123 FAX: (310) 635-0535																			
	COMPTON, CA 90220	EMAIL: nande05@aol.com																			
										85,822	**0**	**0**	**20,022**	**105,844**				**15,924,900**	**0**	**15,924,900**	**16,030,744**
17.	**DURFEE FAMILY CARE MEDICAL GROUP**	ISHAK BISHARA, M.D., PRESIDENT AND		2006 DURFEE AVENUE, EL MONTE 91733	1	3	P			305,124	0	0	0	305,124		P	S				
	2006 DURFEE AVENUE	MEDICAL DIRECTOR																			
	EL MONTE, CA 91733	PH: (626) 442-5015 FAX: (626) 442-7810																			
		EMAIL: ishakbishara@msn.com								**305,124**	**0**	**0**	**0**	**305,124**				**245,904**	**0**	**245,904**	**551,028**
18.	**EAST VALLEY COMMUNITY HEALTH CENTER, INC.**	ALICIA M. MARDINI, CHIEF EXECUTIVE	POMONA	680 FAIRPLEX DRIVE, POMONA 91768	1	3	P			2,680,786	137,143	0	0	2,817,929		P	S				
		OFFICER	WEST COVINA	420 S. GLENDORA AVENUE, WEST COVINA 91790	5	3	P	D								P	S				
	420 S. GLENDORA AVENUE	PH: (626) 919-4333 EXT 220																			
	W. COVINA, CA 91790	FAX: (626) 919-2084																			
		EMAIL: amardini@evchc.org								**2,680,786**	**137,143**	**0**	**0**	**2,817,929**				**2,529,903**	**88,136**	**2,618,039**	**5,435,968**
19.	**EL DORADO COMMUNITY SERVICE CENTER**	STAN SHARMA, Ph.D., EXECUTIVE DIRECTOR	PALMDALE	2720 E. PALMDALE BOULEVARD, #129, PALMDALE 93550	5	1	P			10,058	0	0	0	10,058		P	S				
	26460 SUMMIT CIRCLE		HAWAIIAN GARDENS	21505 NORWALK BOULEVARD, HAWAIIAN GARDENS 90716	4	7	P			63,920	0	0	0	63,920		P	S				
	SANTA CLARITA, CA 91350	PH: (310) 678-7917 FAX: (661) 254-6644	TAVARUA	8207 WHITTIER BOULEVARD, PICO RIVERA, 90660	1	7	P									P	S				
		EMAIL: stansharma@msn.com	INGLEWOOD	4450 W. CENTURY BOULEVARD, INGLEWOOD, 90304	2	8	P			348,270	0	0	0	348,270		P	S				
			LAWNDALE	4023 MARINE AVENUE, LAWNDALE, 90260	2	8	P									P	S				
										422,248	**0**	**0**	**0**	**422,248**				**681,904**	**17,059**	**698,963**	**1,121,211**
20.	**EL PROYECTO DEL BARRIO**	CORINNE SANCHEZ, ESQ., PRESIDENT	ARLETA	8902 WOODMAN AVENUE, ARLETA 91331	3	2	P			1,469,902	137,143	0	0	1,607,045		P	S				
	8902 WOODMAN AVENUE	AND CHIEF EXECUTIVE OFFICER	CANOGA PARK	20800 SHERMAN WAY, WINETKA 91306	3	2	P	D								P	S				
	ARLETA, CA 91331	PH: (818) 830-7133 FAX: (818) 830-7280	AZUSA HLTH CTR	150 N. AZUSA AVENUE, AZUSA 91702	1	3	P		S	459,096		10,000		469,096		P	S				
		EMAIL: corinnesa@aol.com								**1,928,998**	**137,143**	**10,000**	**0**	**2,076,141**				**2,325,961**	**33,802**	**2,359,763**	**4,435,904**
21.	**EMILE G. SHENOUDA, M.D., INC.**	EMILE G. SHENOUDA, M.D., CHIEF EXECUTIVE	SOUTH GATE	10132 CALIFORNIA AVENUE, SOUTH GATE 90280	1	7	P			30,080	0	0	0	30,080		P	S				
	10132 CALIFORNIA AVENUE	OFFICER																			
	S. GATE, CA 90280	PH: (323) 566-4411 FAX: (323) 566-0390																			
		EMAIL: mev930@yahoo.com								**30,080**	**0**	**0**	**0**	**30,080**				**13,080**	**0**	**13,080**	**43,160**
22.	**FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES, INC.**	FELIX L. NUÑEZ, M.D. , CHIEF EXECUTIVE	BELL GARDENS	6501 S. GARFIELD AVENUE, BELL GARDENS, 90201	1	7	P			774,748	0	0	0	774,748		P	S				
		OFFICER	HAWAIIAN GARDENS	22310 WARDHAM AVENUE, HAWAIIAN GARDENS 90716 (TO)	4	7	P									P	S				
	6501 S. GARFIELD AVENUE	PH: (562) 776-5008																			
	BELL GARDENS, CA 90201	FAX: (562) 927-8603																			
		EMAIL: fnunez@fhccgla.org								**774,748**	**0**	**0**	**0**	**774,748**				**1,655,056**	**13,122**	**1,668,178**	**2,442,926**

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							P	D	S	PRIMARY	DENTAL	SPECIALTY	SB474 SPA 6	TOTAL UNMATCHED PROGRAM	P	S	PRIMARY	SPECIALTY	TOTAL MATCHED PROGRAM	
23.	**GARFIELD HEALTH CENTER**	FRANCIS W. YU, M.D., MEDICAL DIRECTOR AND EXECUTIVE DIRECTOR		210 N. GARFIELD AVENUE, STE. 203, MONTEREY PARK 91754	1	3	P			645,122	0	0	0	645,122	P	S				
	210 N. GARFIELD AVENUE, STE. 203																			
	MONTEREY PARK, CA 91754	PH: (626) 307-7397 FAX: (626) 307-1807																		
		EMAIL: ycmedical@aol.com																		
										645,122	**0**	**0**	**0**	**645,122**			**346,184**	**797**	**346,981**	**992,103**
24.	**HARBOR COMMUNITY CLINIC**	MICHELE D. RUPLE, EXECUTIVE DIRECTOR AND CHIEF EXECUTIVE OFFICER		593 W. 6TH STREET, SAN PEDRO, 90731	4	8	P			459,660	0	0	0	459,660	P	S				
	593 W. 6TH STREET		PEDIATRIC CENTER	731 S. BEACON STREET, SAN PEDRO 90731 (CL)	4	8	P								P	S				
	SAN PEDRO, CA 90731	PH: (310) 547-8241 FAX: (310) 547-5096																		
		EMAIL: harborfreeclinic@earthlink.net																		
										459,660	**0**	**0**	**0**	**459,660**			**22,122**	**5,219**	**27,341**	**487,001**
25.	**JWCH INSTITUTE, INC.**	ALVARO BALLESTEROS, CHIEF EXECUTIVE OFFICER	ABBEY APARTMENTS	625 S. SAN PEDRO STREET, LOS ANGELES 90014	2	4	P			1,513,682	0	28,200	0	1,541,882	P	S				
	1910 W. SUNSET BOULEVARD, STE. 650		CENTER FOR COMMUNITY HE	522 SAN PEDRO STREET, LOS ANGELES 90013	2	4	P		S						P	S				
	LOS ANGELES, CA 90026	PH: (213) 484-1186 FAX: (213) 413-3443	COVENANT HOUSE	1325 N. WESTERN AVENUE, HOLLYWOOD 90027	3	4	P								P	S				
		EMAIL: aballesteros@jwchinstitute.org	JWCH MEDICAL CLINIC (DWC)	442 S. SAN PEDRO STREET, LOS ANGELES 90013	1	4	P								P	S				
			PATH	340 N. MADISON AVENUE, LOS ANGELES 90004	2	4	P								P	S				
			ST. GEORGE	115 E. THIRD STREET, LOS ANGELES, 90013	2	4	P								P	S				
			WOMEN'S CLINIC	3620 MARTIN LUTHER KING BOULEVARD, LYNWOOD 90262	2	6	P			10,058	0	0	3,478	13,536	P	S				
			BELL GARDENS	6912 AJAX AVENUE, BELL GARDENS 90201	1	7	P		S	471,880	0	51,888	0	523,768	P	S				
			BELL SHELTER	5600 RICKENBACKER ROAD, BUILDING IE, BELL 90201	1	7	P								P	S				
			NORWALK	12360 FIRESTONE BOULEVARD, NORWALK 90650	4	7	P		S						P	S				
										1,995,620	**0**	**80,088**	**3,478**	**2,079,186**			**2,910,908**	**76,545**	**2,987,453**	**5,066,639**
26.	**KOREAN HEALTH, EDUCATION, INFORMATION AND RESEARCH CENTER**	ERIN K. PAK, CHIEF EXECUTIVE OFFICER		3727 W. 6TH STREET, STE. 200, LOS ANGELES 90020	2	4	P			112,330	0	0	0	112,330	P	S				
		PH: (213) 427-4000 EXT 121																		
	3727 W. 6TH STREET, STE. 210	FAX: (213) 427-4008																		
	LOS ANGELES, CA 90020	EMAIL: erinpak@lakheir.org																		
										112,330	**0**	**0**	**0**	**112,330**			**1,782,210**	**1,037**	**1,783,247**	**1,895,577**
27.	**KORYO HEALTH FOUNDATION**	SOON MYUNG CHA, M.D., CHIEF EXECUTIVE		1058 S. VERMONT AVENUE, **SUITE 220**, LOS ANGELES 90006	2	4	P			97,102	0	0	0	97,102	P	S				
	1058 S. VERMONT AVENUE	PH: (213) 380-8833 FAX: (213) 368-6047																		
	LOS ANGELES, CA 90006	EMAIL: koryohf@yahoo.com																		
										97,102	**0**	**0**	**0**	**97,102**			**43,600**	**0**	**43,600**	**140,702**
28.	**LOS ANGELES FREE CLINIC, dba THE SABAN FREE CLINIC**	JEFF BUJER, CO- CHIEF EXECUTIVE OFFICER	BEVERLY	8405 BEVERLY BOULEVARD, LOS ANGELES 90048	3	4	P	D	S	3,216,022	616,108	222,828	0	4,054,958	P	S				
		PH: (323) 330-1660 FAX: (323) 658-6773	HOLLYWOOD/WILSHIRE	5205 MELROSE AVENUE, LOS ANGELES 90038	3	4	P	D							P	S				
	8405 BEVERLY BOULEVARD	EMAIL: jbujer@thesabanfreeclinic.org	HOLLYWOOD	6043 HOLLYWOOD BOULEVARD, LOS ANGELES 90028	3	4	P		S						P	S				
	LOS ANGELES, CA 90048																			
										3,216,022	**616,108**	**222,828**	**0**	**4,054,958**			**2,561,093**	**106,198**	**2,667,291**	**6,722,249**
29.	**MISSION CITY COMMUNITY NETWORK, INC.**	NIK GUPTA, CHIEF EXECUTIVE OFFICER	NORTH HILLS	15206 PARTHENIA STREET, NORTH HILLS 91343	3	2	P	D		886,890	25,714	0	0	912,604	P	S				
	15206 PARTHENIA STREET	PH: (818) 895-3100 EXT 602	PACOIMA	9919 LAUREL CANYON BOULEVARD, PACOIMA 91331	3	2	P								P	S				
	NORTH HILLS, CA 91343	FAX: (818) 892-4651	RESEDA	18905 SHERMAN WAY, STE. 100B, RESEDA 91334	3	2	P								P	S				
		EMAIL: nikg@mccn.org	POMONA	831 EAST ARROW HIGHWAY, POMONA CA 91767	1	3	P			9,400	0	0	0	9,400						
			CENTINELA MEDICAL BUILDIN	501 EAST HARDY ST, SUITE 110, INGLEWOOD, CA 90301	2	8	P			4,700				4,700						
			HOLLYWOOD	4842 HOLLYWOOD BOULEVARD, LOS ANGELES 90027	3	4	P			23,218	0	0	0	23,218	P	S				
										924,208	**25,714**	**0**	**0**	**949,922**			**1,287,893**	**7,524**	**1,295,417**	**2,245,339**
30.	**NORTHEAST COMMUNITY CLINIC**	CHRISTOPHER LAU, M.D., EXECUTIVE DIRECTOR	CFC	1414 S. GRAND AVENUE, 2ND FLOOR, LOS ANGELES 90015	1	4	P			740,156	0	0	0	740,156	P	S				
	2550 W. MAIN STREET, STE. 301		LOS ANGELES	5428 N. FIGUEROA STREET, LOS ANGELES 90042	1	4	P								P	S				
	ALHAMBRA, CA 91801	PH: (626) 457-6900 FAX: (626) 457-6916	FOSHAY	3751 S. HARVARD BOULEVARD, LOS ANGELES 90018	2	6	P			115,056	0	0	37,224	152,280	P	S				
		EMAIL: clau@necc.md	LAS MUJERES	231 W. VERNON AVENUE, STE. 203, LOS ANGELES 90037	2	6	P								P	S				
			BELL	4129 E. GAGE AVENUE, BELL 90201	1	7	P			214,414	0	0	0	214,414	P	S				
			WILMINGTON	714 N. AVALON B3, WILMINGTON 90744	4	8	P			138,838	0	0	0	138,838	P	S				
										1,208,464	**0**	**0**	**37,224**	**1,245,688**			**1,093,799**	**6,306**	**1,100,105**	**2,345,793**

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31.	**NORTHEAST VALLEY HEALTH CORPORATION**	KIMBERLY WYARD, CHIEF EXECUTIVE	CANOGA PARK	7107 REMMET AVENUE, CANOGA PARK 91303 (TO)	3	2	P								P	S				
	1172 N. MACLAY AVENUE	OFFICER	OMELESS HC/HOMLESS MOBIL	7843 LANKERSHIM BOULEVARD, NORTH HOLLYWOOD 91605	3	2	P								P	S				
	SAN FERNANDO, CA 91340	PH: (818) 898-1388 EXT 41620	PACOIMA	12756 VAN NUYS BOULEVARD, PACOIMA 91331	3	2	P								P	S				
		FAX: (818) 365-4031	SAN FERNANDO	1600 SAN FERNANDO ROAD, SAN FERNANDO 91340	3	2	P	D		2,342,010	479,205	0	0	2,821,215	P	S				
		EMAIL: KimWyard@nevhc.org	SUN VALLEY	7223 N. FAIR AVENUE, SUN VALLEY 91352	3	2	P	D							P	S				
			SANTA CLARITA	18533 SOLEDAD CYN RD, SANTA CLARITA 91351	5	2	P								P	S				
			VALENCIA	23763 VALENCIA BOULEVARD, VALENCIA 91355 (CL)	5	2	P								P	S				
										2,342,010	**479,205**	**0**	**0**	**2,821,215**			**8,334,260**	**62,665**	**8,396,925**	**11,218,140**
32.	**PEDIATRIC & FAMILY MEDICAL CENTER dba**	CARL E. COAN, PRESIDENT AND CHIEF		1530 S. OLIVE STREET, LOS ANGELES 90015	1	4	P	D		1,508,042	448,661	0	0	1,956,703	P	S				
	EISNER PEDIATRIC & FAMILY MEDICAL CENTER	EXECUTIVE OFFICER																		
		PH: (213) 746-1037 EXT 3330																		
	1530 S. OLIVE STREET	FAX: (213) 746-9379																		
	LOS ANGELES, CA 90015	EMAIL:ccoan@pedcenter.org								**1,508,042**	**448,661**	**0**	**0**	**1,956,703**			**1,074,470**	**21,174**	**1,095,644**	**3,052,347**
33.	**POMONA VALLEY HOSPITAL MEDICAL CENTER /**	RICHARD E. YOCHUM, PRESIDENT AND CHIEF	POMONA HLTH CTR	750 S. PARK AVENUE, # 101, POMONA 91766 (CL)	1	3	P			780,670	0	0	0	780,670	P	S				
	COMMUNITY HEALTH CENTER	EXECUTIVE OFFICER	WESTERN UNIVERSITY	887 E. SECOND STREET, STE. C, POMONA 91766	1	3	P								P	S				
	1798 N. GAREY AVENUE	PH: (909) 865-9500 FAX: (909) 865-9796																		
	POMONA, CA 91767	EMAIL: rich.yochum@pvhmc.org																		
										780,670	**0**	**0**	**0**	**780,670**			**231,080**	**0**	**231,080**	**1,011,750**
34.	**QUEENSCARE FAMILY CLINICS**	BARBARA B. HINES, PRESIDENT	BRESEE	184 S. BIMINI PLACE, LOS ANGELES 90004	2	4	P								P	S				
	1300 N. VERMONT AVENUE, STE. 1002	AND CHIEF EXECUTIVE OFFICER	EAGLE ROCK	4448 YORK BOULEVARD, LOS ANGELES 90041	1	4	P	D		3,648,140	661,804	220,336	0	4,530,280	P	S				
	LOS ANGELES, CA 90027	PH: (323) 669-4305 FAX: (323) 953-6244	ECHO PARK	150 N. RENO STREET, LOS ANGELES 90026	1	4	P	D	S						P	S				
		EMAIL: bbhines@queenscare.org	HOLLYWOOD	4618 FOUNTAIN AVENUE, LOS ANGELES 90029	1	4	P	D	S						P	S				
			SUNOL	133 N. SUNOL DRIVE, LOS ANGELES 90063	1	7	P	D		804,922	230,109	0	0	1,035,031	P	S				
			EASTSIDE	4560 E. CESAR CHAVEZ AVENUE, LOS ANGELES 90022	1	7	P								P	S				
										4,453,062	**891,913**	**220,336**	**0**	**5,565,311**			**5,303,974**	**98,048**	**5,402,022**	**10,967,333**
35.	**SACRED HEART FAMILY MEDICAL CLINIC, INC.**	EDUARDO S. ORNEDO, M.D., PRESIDENT AND		8540 ALONDRA BOULEVARD, STE. B2, PARAMOUNT 90723	4	6	P			64,014	0	0	23,312	87,326	P	S				
	8540 ALONDRA BOULEVARD, STE. B2	MEDICAL DIRECTOR																		
	PARAMOUNT, CA 90723	PH: (562) 602-2508 FAX: (562) 602-2382																		
		EMAIL: sacredheartfamily@sbcglobal.net																		
										64,014	**0**	**0**	**23,312**	**87,326**			**187,044**	**0**	**187,044**	**274,370**
36.	**SAMUEL DIXON FAMILY HEALTH CENTER, INC.**	CHERYL LAYMON, EXECUTIVE DIRECTOR		27225 CAMP PLENTY ROAD, #2, CANYON COUNTRY 91351	5	2	P			56,196	0	0	0	56,196	P	S				
	25115 W. AVENUE STANFORD, STE. A-104	PH: (661) 257-7892 FAX: (661) 257-2384																		
	VALENCIA, CA 91355	EMAIL: cheryl@sdfhc.org																		
										56,196	**0**	**0**	**0**	**56,196**			**522,764**	**0**	**522,764**	**578,960**
37.	**SOUTH ATLANTIC MEDICAL GROUP, INC.**	NISSAN KAHEN, M.D., PRESIDENT AND CHIEF	EL MONTE	11518 GARVEY AVENUE, EL MONTE 91732	1	3	P			10,058	0	0	0	10,058	P	S				
	5504 E. WHITTIER BOULEVARD	EXECUTIVE OFFICER	EAST LOS ANGELES	5504 E. WHITTIER BOULEVARD, LOS ANGELES 90022	1	7	P			190,820	0	0	0	190,820	P	S				
	LOS ANGELES, CA 90022	PH: (323) 725-0167 FAX: (323) 725-6933	HUNTINGTON PK	2616 CLARENDON AVENUE, HUNTINGTON PARK 90255	1	7	P								P	S				
		EMAIL: jlondono@samg.org	GARDENA	1030 GARDENA BOULEVARD, GARDENA 90247	2	8	P			43,992	0	0	0	43,992	P	S				
										244,870	**0**	**0**	**0**	**244,870**			**422,920**	**0**	**422,920**	**667,790**
38.	**SOUTH BAY FAMILY HEALTHCARE CENTER**	JANN HAMILTON LEE, PRESIDENT AND CHIEF	GARDENA	742 W. GARDENA BOULEVARD, GARDENA 90247	2	8	P	D	S						P	S				
		EXECUTIVE OFFICER	REDONDO BEACH	2114 ARTESIA BOULEVARD, REDONDO BEACH 90278	4	8	P	D		2,225,638	208,572	11,280	0	2,445,490	P	S				
	23430 HAWTHORNE BOULEVARD, STE. 210	PH: (310) 802-6177 FAX: (310) 802-6178	INGLEWOOD	1091 S. LA BREA, INGLEWOOD 90301	2	8	P								P	S				
	TORRANCE, CA 90505	EMAIL: jhamiltonlee@sbclinic.org								**2,225,638**	**208,572**	**11,280**	**0**	**2,445,490**			**2,607,573**	**52,836**	**2,660,409**	**5,105,899**
39.	**SOUTH CENTRAL FAMILY HEALTH CENTER**	RICHARD A. VELOZ, CHIEF EXECUTIVE		4425 S. CENTRAL AVENUE, LOS ANGELES 90011	2	6	P			915,130	0	0	310,726	1,225,856	P	S				
	4425 S. CENTRAL AVENUE	OFFICER	ACCELERATED SCHOOL	4000 S. MAIN STREET, LOS ANGELES 90011	2	6	P								P	S				
	LOS ANGELES, CA 90011	PH: (323) 908-4247 FAX: (323) 908-4256																		
		EMAIL: Richardv@scfhc.org																		
										915,130	**0**	**0**	**310,726**	**1,225,856**			**9,775,131**	**5,499**	**9,780,630**	**11,006,486**
40.	**ST. JOHN'S WELL CHILD AND FAMILY CENTER,**	JAMES J. MANGIA, PRESIDENT AND CHIEF	LINCOLN HEIGHTS	2512 N. ALTA STREET, LOS ANGELES 90031	1	4	P	D		752	20,166	0	0	20,918	P	S				
	INC.	EXECUTIVE OFFICER	COMPTON	2115 N. WILMINGTON AVENUE, COMPTON 90222	2	6	P	D	S						P	S				
			DR. KENNETH	808 WEST 58TH STREET, LOS ANGLES CA 90037	2	6	P								P	S				
			EAST COMPTON FAMILY	15715 S ATLANTIC AVE, EAST RANCHO DOMINQUEZ, CA 90221	2	6	P								P	S				
	5701 S. HOOVER STREET	PH: (323) 541-1600 FAX: (323) 541-1661	HOOVER	5701 S. HOOVER STREET, LOS ANGELES 90037	2	6	P	D	S	662,208	234,517	138,672	248,348	1,283,745	P	S				
	LOS ANGELES, CA 90037	EMAIL: jimmangia@wellchild.org	HYDE PARK	6505 S. 8TH AVENUE, LOS ANGELES 90043	2	6	P	D							P	S				
			LOS ANGELES	1910 MAGNOLIA STREET, LOS ANGELES 90007	1	6	P	D	S						P	S				
			MANUAL ART	4131 S VERMONT AVE, LOS ANGELES, CA 90037	2	6	P								P	S				
										662,960	**254,683**	**138,672**	**248,348**	**1,304,663**			**3,388,131**	**5,433**	**3,393,564**	**4,698,227**

Health Way LA Health Care Initiative Allocation

July 1, 2011 through June 30, 2012 Allocation/Estimated Allocation [1]
July 1, 2012 through June 30, 2013 Allocation/Estimated Allocation [1]

	AGENCY/ HEADQUARTERS ADDRESS	EXECUTIVE DIRECTOR PHONE/FAX/EMAIL	SITE NAME	SITE ADDRESS	SUPV DIST	SPA	SERVICE TYPE(S) - UNMATCHED PROGRAM [2]							SERVICE TYPE(S) - MATCHED PROGRAM					TOTAL CONTRACT
							P	D	S	PRIMARY	DENTAL	SPECIALTY	SB474 SPA 6	TOTAL UNMATCHED PROGRAM	P	S	PRIMARY	SPECIALTY	TOTAL MATCHED PROGRAM	
41.	**T.H.E. CLINIC, INC.** 3834 S. WESTERN AVENUE LOS ANGELES, CA 90062	RISE K. PHILLIPS, CHIEF EXECUTIVE OFFICER PH: (323) 730-1920 FAX: (323) 730-9777 EMAIL: rphillips@theclinicinc.org		3834 S. WESTERN AVENUE, LOS ANGELES 90062 (CL)	2	6	P			506,660	0	0	166,474	673,134	P	S				
										506,660	**0**	**0**	**166,474**	**673,134**			**8,472,603**	**23,742**	**8,496,345**	**9,169,479**
42.	**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	907 W. LANCASTER BOULEVARD, LANCASTER 93534	5	1	P			625,290	0	0	0	625,290	P	S				
			WEST VALLEY	8330 RESEDA BOULEVARD, NORTHRIDGE 91324	3	2	P			937,936	0	0	0	937,936	P	S				
										1,563,226	**0**	**0**	**0**	**1,563,226**			**5,220,664**	**14,407**	**5,235,071**	**6,798,297**
43.	**THE CATALYST FOUNDATION FOR AIDS AWARENESS AND CARE** 44758 ELM AVENUE LANCASTER, CA 93534	SUSAN LAWRENCE, M.D., EXECUTIVE DIRECTOR PH: (661) 948-8559 FAX: (661) 951-0369 EMAIL: catalyst@qnet.com		44758 ELM AVENUE, LANCASTER 93534	5	1	P			30,080	0	0	0	30,080	P	S				
										30,080	**0**	**0**	**0**	**30,080**			**802,240**	**0**	**802,240**	**832,320**
44.	**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	730 W. 3RD STREET, LONG BEACH 90802	4	8	P								P	S				
			MULTI-SRV CTR	1301 W. 12TH STREET, LONG BEACH 90813	4	8	P								P	S				
			N. LONG BEACH	1060 E. 70TH STREET, LONG BEACH 90805	4	8	P			1,526,654	0	10,000	0	1,536,654	P	S				
			VASEK POLAK CHILDREN'S CL	1057 PINE AVENUE, LONG BEACH 90813	4	8	P								P	S				
			S. MARTK TAPPER FOUNDATI	455 COLUMBIA STREET, STE. 201, LONG BEACH 90806	4	8	P		S						P	S				
										1,526,654	**0**	**10,000**	**0**	**1,536,654**			**1,561,661**	**19,017**	**1,580,678**	**3,117,332**
45.	**THE CHURCH OF OUR SAVIOUR** 4368 SANTA ANITA AVENUE EL MONTE, CA 91731	RICHARD HILL, EXECUTIVE DIRECTOR PH: (626) 579-2190 FAX: (626) 579-2689 EMAIL: rhill@oursaviourcenter.org		4368 SANTA ANITA AVENUE, EL MONTE 91731	1	3	P			122,576	0	0	0	122,576	P	S				
										122,576	**0**	**0**	**0**	**122,576**			**462,160**	**0**	**462,160**	**584,736**
46.	**UNIVERSAL HEALTH FOUNDATION** 2020 E. FIRST STREET LOS ANGELES, CA 90033	KHALEEL MULTANI, EXECUTIVE DIRECTOR PH: (323) 980-9600 FAX: (323) 980-9676 EMAIL: uhfca@aol.com		2020 E. FIRST STREET, LOS ANGELES 90033	1	4	P			33,746	0	0	0	33,746	P	S				
										33,746	**0**	**0**	**0**	**33,746**			**205,792**	**0**	**205,792**	**239,538**
47.	**UNIVERSITY MUSLIM MEDICAL ASSOCIATION, INC** 1704 W. MANCHESTER AVE. SUTIE 211 LOS ANGELES, CA 90047	YASSER AMAN, M.P.H., CHIEF EXECUTIVE OFFICER PH: (323) 967-0375 FAX: (323) 759-8662 EMAIL: yasser@ummaclinic.org		711 W. FLORENCE AVENUE, LOS ANGELES 90044	2	6	P		S	274,198	0	6,005	89,206	369,409	P	S				
										274,198	**0**	**6,005**	**89,206**	**369,409**			**2,282,990**	**959**	**2,283,949**	**2,653,358**
48.	**URDC HUMAN SERVICES CORPORATION** 1460 N. LAKE AVENUE, STE. 107 PASADENA, CA 91114	SANDRA ARRIVILLAGA, EXECUTIVE DIRECTOR PH: (626) 398-3796 FAX: (626) 398-3895 EMAIL: sarrivillaga@urdchsc.org		1460 N. LAKE AVENUE, **SUITE 107**, PASADENA 91104	5	3	P			30,080	0	0	0	30,080	P	S				
										30,080	**0**	**0**	**0**	**30,080**			**1,430,080**	**0**	**1,430,080**	**1,460,160**
49.	**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		6801 COLDWATER CANYON AVENUE, STE. 1B, NORTH HOLLYWOOD 91605	3	2	P			1,339,030	0	0	0	1,339,030	P	S				
										1,339,030	**0**	**0**	**0**	**1,339,030**			**4,669,800**	**24,565**	**4,694,365**	**6,033,395**
50.	**VENICE FAMILY CLINIC** 604 ROSE AVENUE VENICE, CA 90291	ELIZABETH BENSON FORER, M.S.W., M.P.H., CHIEF EXECUTIVE OFFICER PH: (310) 664-7901 FAX: (310) 314-7641 EMAIL: eforer@mednet.ucla.edu	ROBERT LEVINE HLT CTR	905 VENICE BOULEVARD, VENICE 90291	3	5	P								P	S				
			COLEN FAMILY HEALTH CENT	4700 INGLEWOOD BLVD #102, CULVER CITY, CA 90230	2	5	P			3,545,736	147,941	215,800	0	3,909,477	P	S				
			SIMMS/MANN	2509 PICO BOULEVARD, SANTA MONICA 90405	3	5	P	D	S						P	S				
			VENICE	604 ROSE AVENUE, VENICE 90291	3	5	P		S						P	S				
										3,545,736	**147,941**	**215,800**	**0**	**3,909,477**			**8,086,883**	**95,611**	**8,182,494**	**12,091,971**
51.	**WATTS HEALTHCARE CORPORATION** 10300 COMPTON AVENUE LOS ANGELES, CA 90002	WILLIAM D. HOBSON, JR., PRESIDENT AND CHIEF EXECUTIVE OFFICER PH: (323) 568-4414 FAX: (323) 563-6378 william.hobson@wattshealth.org		10300 COMPTON AVENUE, LOS ANGELES 90002	2	6	P	D		261,414	101,249	0	101,332	463,995	P	S				
			CRENSHAW COM HC	3756 SANTA ROSALIA, STE. 400, LOS ANGELES 90008	2	6	P								P	S				
										261,414	**101,249**	**0**	**101,332**	**463,995**			**5,607,731**	**10,982**	**5,618,713**	**6,082,708**

Health Way LA Health Care Initiative Allocation

July 1, 2011 through June 30, 2012 Allocation/Estimated Allocation (1)
July 1, 2012 through June 30, 2013 Allocation/Estimated Allocation (1)

	AGENCY/ HEADQUARTERS ADDRESS	EXECUTIVE DIRECTOR PHONE/FAX/EMAIL	SITE NAME	SITE ADDRESS	SUPV DIST	SPA	SERVICE TYPE(S) - UNMATCHED PROGRAM (2)							SERVICE TYPE(S) - MATCHED PROGRAM					TOTAL CONTRACT
							P	D	S	PRIMARY	DENTAL	SPECIALTY	SB474 SPA 6	TOTAL UNMATCHED PROGRAM	P	S	PRIMARY	SPECIALTY	TOTAL MATCHED PROGRAM	
52.	**WESTSIDE FAMILY HEALTH CENTER**	DEBRA A. FARMER, PRESIDENT AND		1711 OCEAN PARK BOULEVARD, SANTA MONICA 90405	3	5	P			348,364	0	0	0	348,364	P	S				
	1711 OCEAN PARK BOULEVARD	CHIEF EXECUTIVE OFFICER																		
	SANTA MONICA, CA 90405	PH: (310) 450-4773, EXT 222																		
		FAX: (310) 450-0873																		
		EMAIL: dfarmer@wfhcenter.org								**348,364**	**0**	**0**	**0**	**348,364**			**87,797**	**1,646**	**89,443**	**437,807**
53.	**WESTSIDE NEIGHBORHOOD CLINIC**	ALAN TERWEY, EXECUTIVE DIRECTOR		2125 SANTA FE AVENUE, LONG BEACH 90810	4	8	P			405,140	0	0	0	405,140	P	S				
	2125 SANTA FE AVENUE	PH: (562) 432-9575 FAX: (562) 432-9590																		
	LONG BEACH, CA 90810	EMAIL: wnc7@aol.com																		
										405,140	**0**	**0**	**0**	**405,140**			**221,488**	**9,352**	**230,840**	**635,980**
54.	**WILMINGTON COMMUNITY CLINIC**	DOLORES BONILLA CLAY, CHIEF EXECUTIVE	MARY HENRY	10901 S. VERMONT AVENUE, LOS ANGELES 90044	2	8	P			477,144	0	0	0	477,144	P	S				
	1009 N. AVALON BOULEVARD	OFFICER	WILMINGTON	1009 N. AVALON BOULEVARD, WILMINGTON 90744	4	8	P								P	S				
	WILMINGTON, CA 90744	PH: (310) 549-9717 FAX: (310) 549-2277																		
		EMAIL: dbclay@dslextreme.com																		
										477,144	**0**	**0**	**0**	**477,144**			**172,656**	**0**	**172,656**	**649,800**
									GRAND TOTAL	**$49,590,315**	**$4,598,578**	**$948,849**	**$1,411,748**	**$56,549,490**			**$150,546,626**	**$1,023,061**	**$151,569,687**	**$208,119,177**

Service Type
P = Primary Care
D = Dental Care
S = Specialty Care

(1) Matched Program Primary Care services allocation is an estimate.
(2) Unmatched Program Allocation is SPA Specific.

05-25-2011 JA

Health Way LA Health Care Initiative Allocation

July 1, 2013 through December 31, 2013 Allocation/Estimated Allocation [1]

	AGENCY/ HEADQUARTERS ADDRESS	EXECUTIVE DIRECTOR PHONE/FAX/EMAIL	SITE NAME	SITE ADDRESS	SUPV DIST	SPA	P	D	S	SERVICE TYPE(S) - - UNMATCHED PROGRAM [2] PRIMARY	DENTAL	SPECIALTY	SB474 SPA 6	TOTAL UNMATCHED PROGRAM	P	S	SERVICE TYPE(S) - - MATCHED PROGRAM PRIMARY	SPECIALTY	TOTAL MATCHED PROGRAM	TOTAL CONTRACT
1.	**ALL FOR HEALTH, HEALTH FOR ALL, INC.**	NOOBAR JANOIAN, M.D., CHIEF EXECUTIVE OFFICER		519 E. BROADWAY, GLENDALE 91205	5	2	P			$668,622	$0	$0	$0	$668,622	P	S				
	519 E. BROADWAY		SITE 2	520 E. BROADWAY, **SUITE # 101**, GLENDALE 91205	5	2	P								P	S				
	GLENDALE, CA 91205	PH: (818) 409-3020 FAX: (818) 243-2713																		
		EMAIL: njanoian@all4health.org								**668,622**	**0**	**0**	**0**	**668,622**			**$118,657.26**	**$20,499**	**$139,156**	**$807,777.76**
2.	**ALTAMED HEALTH SERVICES CORPORATION**	CASTULO de la ROCHA, J.D., PRESIDENT	EL MONTE	10418 E. VALLEY BOULEVARD, **SUITE A**, EL MONTE 91731	1	3	P			160,364	0	0	0	160,364	P	S				
	500 CITADEL DRIVE, STE. 490	AND CHIEF EXECUTIVE OFFICER	BUENA CARE	1701 ZONAL AVE., LOS ANGELES 90033	1	4	P								P	S				
	LOS ANGELES, CA 90040	PH: (323) 889-7310 FAX: (323) 889-7399	ESTRADA COURTS	1305 S. CONCORD ST., #168, LOS ANGELES 90023	1	4	P			151,058	0	0	0	151,058	P	S				
		EMAIL: cdelarocha@altamed.org	RAMONA GARDENS	1424 CRUSADO LANE, UNIT 168, LOS ANGELES 90023	1	4	P								P	S				
			WILLIAM MEAD	268 E. BLOOM ST., #322, LOS ANGELES 90012	1	4	P								P	S				
			BELL	6901 S. ATLANTIC AVENUE, BELL 90201	1	7	P								P	S				
			EAST LOS ANGELES	5427 E. WHITTIER BOULEVARD, STE. 101, LOS ANGELES 90022	1	7	P								P	S				
			PICO RIVERA	9436 E. SLAUSON AVENUE, PICO RIVERA 90660	1	7	P		S	631,304	0	16,920	0	648,224	P	S				
			MONTEBELLO	2321 W. WHITTIER BLVD., LA 90640	1	7	P								P	S				
			WHITTIER WEST	3945 WHITTIER BLVD., LA 90023	1	7	P								P	S				
										942,726	**0**	**16,920**	**0**	**959,646**			**4,052,784**	**10,205**	**4,062,989**	**5,022,635**
3.	**AMERICAN INDIAN HEALING CENTER, INC.**	JOHN S. ANDREWS, EXECUTIVE DIRECTOR		12456 E. WASHINGTON BOULEVARD, WHITTIER 90602	4	7	P			15,040	0	0	0	15,040	P	S				
	12456 E. WASHINGTON BOULEVARD	PH: (562) 693-4325 FAX: (562) 693-1115																		
	WHITTIER, CA 90602	EMAIL: J.Andrews@AIHCHEALER.com																		
										15,040	**0**	**0**	**0**	**15,040**			**60,597**	**70**	**60,667**	**75,707**
4.	**ANTELOPE VALLEY COMMUNITY CLINIC**	JAMES A. COOK, EXECUTIVE DIRECTOR	CARE-A-VAN	45074 10TH STREET W. STE. 109, LANCASTER 93534	5	1	P			20,962	0	0	0	20,962	P	S				
	45074 10TH STREET WEST, STE. 109	(661) 942-2391 X202 FAX: (661) 723-3769	GROVE	45074 10TH STREET WEST, SUITE 109, LANCASTER 93534	5	1	P								P	S				
	LANCASTER, CA 93534	EMAIL: jcook@avclinic.org	AVCC-LANCASTER	45104 10TH ST WEST, LANCASTER 93534	5	1	P													
			AVCC-PALMDALE	2151 E. PALMDALE BLVD, PALMDALE 93550	5	1	P													
										20,962	**0**	**0**	**0**	**20,962**			**290,162**	**70**	**290,232**	**311,194**
5.	**ARROYO VISTA FAMILY HEALTH FOUNDATION**	J. LORRAINE ESTRADAS, CHIEF EXECUTIVE OFFICER	EL SERENO	4815 E. VALLEY BOULEVARD, #**C**, LOS ANGELES 90032	1	4	P								P	S				
	6000 N. FIGUEROA STREET		HIGHLAND PARK	6000 N. FIGUEROA STREET, LOS ANGELES 90042	1	4	P	D							P	S				
	LOS ANGELES, CA 90042	PH: (323) 254-5291 FAX: (323) 254-4618	NO. BROADWAY	2411 N. BROADWAY, LOS ANGELES 90031	1	4	P	D		533,544	97,987	0	0	631,531	P	S				
		EMAIL: lestradas@arroyovista.org	LOMA DRIVE	303 S. LOMA DRIVE, STE. 202, LOS ANGELES, 90017	1	4	P								P	S				
			MOBILE CLINIC	6000 N. FIGUEROA STREET, LOS ANGELES 90042	1	4	P								P	S				
										533,544	**97,987**	**0**	**0**	**631,531**			**2,057,328**	**12,670**	**2,069,998**	**2,701,528**
6.	**ASIAN PACIFIC HEALTH CARE VENTURE, INC.**	KAZUE SHIBATA, CHIEF EXECUTIVE OFFICER		1530 HILLHURST AVENUE, LOS ANGELES 90027	3	4	P			564,188	0	0	0	564,188	P	S				
	1530 HILLHURST AVENUE, STE. 200	PH: (323) 644-3880 EXT 254																		
	LOS ANGELES, CA 90027	FAX: (323) 644-3892																		
		EMAIL: kshibata@aphcv.org								**564,188**	**0**	**0**	**0**	**564,188**			**1,632,626**	**19,560**	**1,652,186**	**2,216,374**
7.	**BAART COMMUNITY HEALTHCARE**	JASON KLETTER, PRESIDENT	LA PUENTE	15229 E. AMAR ROAD, LA PUENTE, 91744	1	3	P			195,708	0	0	0	195,708	P	S				
	1111 MARKET STREET, 4TH FLOOR	PH: (415) 552-7914 EXT 113	BEVERLY	1926 W. BEVERLY BOULEVARD, LOS ANGELES 90057	1	4	P			112,142	0	0	0	112,142	P	S				
	SAN FRANCISCO, CA 94103-1513	FAX: (415) 552-3455	LYNWOOD	11315 S. ATLANTIC BOULEVARD, LYNWOOD 90262	2	6	P			300,518	0	0	102,178	402,696	P	S				
		EMAIL:jkletter@baartprograms.com	SOUTHEAST	4920 S. AVALON, LOS ANGELES, 90011	2	6	P								P	S				
										608,368	**0**	**0**	**102,178**	**710,546**			**184,646**	**0**	**184,646**	**895,192**
8.	**BIENVENIDOS CHILDREN'S CENTER, INC.**	RITCHIE GEISEL, PRESIDENT AND CHIEF EXECUTIVE DIRECTOR		507 S. ATLANTIC BOULEVARD, LOS ANGELES 90022	1	7	P			112,424	0	0	0	112,424	P	S				
	316 W. 2ND STREET, STE. 800																			
	LOS ANGELES, CA 90012	PH: (213) 785-5906 FAX: (213) 785-5928																		
		EMAIL: rgeisel@bienvenidos.org																		
										112,424	**0**	**0**	**0**	**112,424**			**180,068**	**0**	**180,068**	**292,492**
9.	**CENTRAL CITY COMMUNITY HEALTH CENTER, INC.**	GILBERT R. VARELA, M.D., CHIEF EXECUTIVE OFFICER		5970 S. CENTRAL AVENUE, LOS ANGELES 90001	2	6	P			215,166	0	0	71,252	286,418	P	S				
	5230 E. BEVERLY BOULEVARD	PH: (323) 724-0019 FAX: (323) 724-3539																		
	LOS ANGELES, CA 90022	EMAIL: gvarela@centralcityhealth.org																		
										215,166	**0**	**0**	**71,252**	**286,418**			**426,907**	**873**	**427,779**	**714,197**
10.	**CENTRAL NEIGHBORHOOD MEDICAL FOUNDATION**	BASSETT H. L. BROWN, M.D., CHIEF EXECUTIVE OFFICER AND MEDICAL DIRECTOR		2707 S. CENTRAL AVENUE, LOS ANGELES, 90011	2	6	P			94,564	0	0	32,383	126,947	P	S				
	2707 S. CENTRAL AVENUE																			
	LOS ANGELES, CA 90011	PH: (323) 234-5000 FAX: (323) 231-3985																		
		EMAIL: Bbrown.md@gmail.com								**94,564**	**0**	**0**	**32,383**	**126,947**			**3,780,000**	**0**	**3,780,000**	**3,906,947**

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	AGENCY/ HEADQUARTERS ADDRESS	EXECUTIVE DIRECTOR PHONE/FAX/EMAIL	SITE NAME	SITE ADDRESS	SUPV DIST	SPA	P	D	S	SERVICE TYPE(S) - - UNMATCHED PROGRAM [2] PRIMARY	DENTAL	SPECIATLY	SB474 SPA 6	TOTAL UNMATCHED PROGRAM	SERVICE TYPE(S) - - MATCHED PROGRAM P	S	PRIMARY	SPECIALTY	TOTAL MATCHED PROGRAM	TOTAL CONTRACT
11.	**CHILDREN'S DENTAL FOUNDATION**	JOHN L. BLAKE, DDS, DENTAL DIECTOR	BELLFLOWER	10005 E. FLOWER STREET, BELLFLOWER 90706 (CL)	4	7		D		0	89,758	0	0	89,758						
	455 E. COLUMBIA STREET	PH:(562) 933-8929 FAX: (562) 933-2049	AVALON	200 FALLS CANYON ROAD, AVALON 90704	4	8		D		0	166,168	0	0	166,168						
	LONG BEACH, CA 90806	EMAIL: Jblake@cdhc.org	LONG BEACH	455 E. COLUMBIA STREET, **SUITE # 32**, LONG BEACH 90806	4	8		D												
										0	**255,925**	**0**	**0**	**255,925**			**0**	**0**	**0**	**255,925**
12.	**CHINATOWN SERVICE CENTER**	LAWRENCE J. LUE, CHIEF EXECUTIVE	SAN GABRIEL VALLEY	320 S GARFIELD SUITE 118, ALHAMBRA 91801	1	3	P			50,666	0	0	0	50,666	P	S				
	767 N. HILL STREET, STE. 400	DIRECTOR	LOS ANGELES	767 N. HILL STREET, STE. 200, LOS ANGELES, 90012	1	4	P			152,092	0	0	0	152,092	P	S				
	LOS ANGELES, 90012	PH: (213) 808-1701 FAX: (213) 680-0787																		
		EMAIL: llue@cscla.org								**202,758**	**0**	**0**	**0**	**202,758**			**615,323**	**9,929**	**625,251**	**828,009**
13.	**CLINICA MONSEÑOR OSCAR A. ROMERO**	ALBERT PACHECO, Ph.D., EXECUTIVE	LOS ANGELES	123 S. ALVARADO STREET, LOS ANGELES 90057	1	4	P	D							P	S				
	123 S. ALVARADO STREET	DIRECTOR	NE HLTH CTR	2032 MARENGO STREET, LOS ANGELES 90033	1	4	P	D		962,090	103,234	0	0	1,065,324	P	S				
	LOS ANGELES, CA 90057	PH: (213) 201-2745 FAX: (323) 987-1400	ST. VINCENT CLINIC	201 S. ALVARADO STREET, **SUITE 100**, LOS ANGELES 90057	1	4	P								P	S				
		EMAIL: apacheco@clinicaromero.com								**962,090**	**103,234**	**0**	**0**	**1,065,324**			**909,364**	**23,882**	**933,246**	**1,998,570**
14.	**COMMUNITY HEALTH ALLIANCE OF PASADENA**	MARGARET B. MARTINEZ, CHIEF EXECUTIVE		1855 N. FAIR OAKS AVENUE, #200, PASADENA 91103	5	3	P	D		503,652	117,978	0	0	621,630	P	S				
	1855 N. FAIR OAKS AVENUE, STE. 200	OFFICER	DEL MAR	3160 E DEL MAR BLVD, PASADENA, CA 91107	5	3	P													
	PASADENA, CA 91103	PH: (626) 398-6300 FAX: (626) 398-5948	LAKE	1800 N LAKE AVE, PASADENA, CA 91104	5	3	P													
		EMAIL: Margaret.martinez@chapcare.org								**503,652**	**117,978**	**0**	**0**	**621,630**			**6,341,018**	**10,900**	**6,351,918**	**6,973,548**
15.	**COMPREHENSIVE COMMUNITY HEALTH CENTER**	ARA TAVITIAN, M.D., CHIEF EXECUTIVE	GLENDALE	801 CHEVY CHASE DRIVE, STE. 250, GLENDALE 91205	5	2	P			50,008	0	0	0	50,008	P	S				
		OFFICER	NORTH HOLLYWOOD	12157 VICTORY BOULEVARD, NORTH HOLLYWOOD 91606	3	2	P								P	S				
	801 CHEVY CHASE DRIVE, STE. 20	PH: (818) 265-2232 FAX: (818) 291-0291																		
	GLENDALE, CA 91205	EMAIL: roberts@cchccenters.org								**50,008**	**0**	**0**	**0**	**50,008**			**2,345,629**	**2,035**	**2,347,663**	**2,397,671**
16.	**COMPTON CENTRAL HEALTH CLINIC, INC.**	MARIE N. LAMOTHE, EXECUTIVE DIRECTOR		201 N. CENTRAL AVENUE, COMPTON 90220	2	6	P			42,958	0	0	10,011	52,969	P	S				
	201 N. CENTRAL AVENUE	PH: (310) 635-7123 FAX: (310) 635-0535																		
	COMPTON, CA 90220	EMAIL: nande05@aol.com																		
										42,958	**0**	**0**	**10,011**	**52,969**			**7,962,450**	**0**	**7,962,450**	**8,015,419**
17.	**DURFEE FAMILY CARE MEDICAL GROUP**	ISHAK BISHARA, M.D., PRESIDENT AND		2006 DURFEE AVENUE, EL MONTE 91733	1	3	P			152,562	0	0	0	152,562	P	S				
	2006 DURFEE AVENUE	MEDICAL DIRECTOR																		
	EL MONTE, CA 91733	PH: (626) 442-5015 FAX: (626) 442-7810																		
		EMAIL: ishakbishara@msn.com								**152,562**	**0**	**0**	**0**	**152,562**			**122,952**	**0**	**122,952**	**275,514**
18.	**EAST VALLEY COMMUNITY HEALTH CENTER, INC.**	ALICIA M. MARDINI, CHIEF EXECUTIVE	POMONA	680 FAIRPLEX DRIVE, POMONA 91768	1	3	P			1,340,440	68,572	0	0	1,409,012	P	S				
		OFFICER	WEST COVINA	420 S. GLENDORA AVENUE, WEST COVINA 91790	5	3	P	D							P	S				
	420 S. GLENDORA AVENUE	PH: (626) 919-4333 EXT 220																		
	W. COVINA, CA 91790	FAX: (626) 919-2084																		
		EMAIL: amardini@evchc.org								**1,340,440**	**68,572**	**0**	**0**	**1,409,012**			**1,264,952**	**44,068**	**1,309,020**	**2,718,031**
19.	**EL DORADO COMMUNITY SERVICE CENTER**	STAN SHARMA, Ph.D., EXECUTIVE DIRECTOR	PALMDALE	2720 E. PALMDALE BOULEVARD, #129, PALMDALE 93550	5	1	P			5,076	0	0	0	5,076	P	S				
	26460 SUMMIT CIRCLE		HAWAIIAN GARDENS	21505 NORWALK BOULEVARD, HAWAIIAN GARDENS 90716	4	7	P			31,960	0	0	0	31,960	P	S				
	SANTA CLARITA, CA 91350	PH: (310) 678-7917 FAX: (661) 254-6644	TAVARUA	8207 WHITTIER BOULEVARD, PICO RIVERA, 90660	1	7	P								P	S				
		EMAIL: stansharma@msn.com	INGLEWOOD	4450 W. CENTURY BOULEVARD, INGLEWOOD, 90304	2	8	P			174,182	0	0	0	174,182	P	S				
			LAWNDALE	4023 MARINE AVENUE, LAWNDALE, 90260	2	8	P								P	S				
										211,218	**0**	**0**	**0**	**211,218**			**340,952**	**8,530**	**349,482**	**560,700**
20.	**EL PROYECTO DEL BARRIO**	CORINNE SANCHEZ, ESQ., PRESIDENT	ARLETA	8902 WOODMAN AVENUE, ARLETA 91331	3	2	P			734,986	68,572	0	0	803,558	P	S				
	8902 WOODMAN AVENUE	AND CHIEF EXECUTIVE OFFICER	CANOGA PARK	20800 SHERMAN WAY, WINETKA 91306	3	2	P	D							P	S				
	ARLETA, CA 91331	PH: (818) 830-7133 FAX: (818) 830-7280	AZUSA HLTH CTR	150 N. AZUSA AVENUE, AZUSA 91702	1	3	P		S	229,548	0	5,000	0	234,548	P	S				
		EMAIL: corinnesa@aol.com								**964,534**	**68,572**	**5,000**	**0**	**1,038,106**			**1,162,981**	**16,901**	**1,179,882**	**2,217,987**
21.	**EMILE G. SHENOUDA, M.D., INC.**	EMILE G. SHENOUDA, M.D., CHIEF EXECUTIVE	SOUTH GATE	10132 CALIFORNIA AVENUE, SOUTH GATE 90280	1	7	P			15,040	0	0	0	15,040	P	S				
	10132 CALIFORNIA AVENUE	OFFICER																		
	S. GATE, CA 90280	PH: (323) 566-4411 FAX: (323) 566-0390																		
		EMAIL: mev930@yahoo.com								**15,040**	**0**	**0**	**0**	**15,040**			**6,540**	**0**	**6,540**	**21,580**
22.	**FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES, INC.**	FELIX L. NUÑEZ, M.D. , CHIEF EXECUTIVE	BELL GARDENS	6501 S. GARFIELD AVENUE, BELL GARDENS, 90201	1	7	P			387,374	0	0	0	387,374	P	S				
		OFFICER	HAWAIIAN GARDENS	22310 WARDHAM AVENUE, HAWAIIAN GARDENS 90716 (TO)	4	7	P								P	S				
	6501 S. GARFIELD AVENUE	PH: (562) 776-5008																		
	BELL GARDENS, CA 90201	FAX: (562) 927-8603																		
		EMAIL: fnunez@fhccgla.org								**387,374**	**0**	**0**	**0**	**387,374**			**827,528**	**6,561**	**834,089**	**1,221,463**

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23.	**GARFIELD HEALTH CENTER**	FRANCIS W. YU, M.D., MEDICAL DIRECTOR		210 N. GARFIELD AVENUE, STE. 203, MONTEREY PARK 91754	1	3	P			322,608	0	0	0	322,608	P	S				
	210 N. GARFIELD AVENUE, STE. 203	AND EXECUTIVE DIRECTOR																		
	MONTEREY PARK, CA 91754	PH: (626) 307-7397 FAX: (626) 307-1807																		
		EMAIL: ycmedical@aol.com																		
										322,608	**0**	**0**	**0**	**322,608**			**173,092**	**399**	**173,491**	**496,099**
24.	**HARBOR COMMUNITY CLINIC**	MICHELE D. RUPLE, EXECUTIVE DIRECTOR		593 W. 6TH STREET, SAN PEDRO, 90731	4	8	P			229,830	0	0	0	229,830	P	S				
	593 W. 6TH STREET	AND CHIEF EXECUTIVE OFFICER	PEDIATRIC CENTER	731 S. BEACON STREET, SAN PEDRO 90731 (CL)	4	8	P								P	S				
	SAN PEDRO, CA 90731	PH: (310) 547-8241 FAX: (310) 547-5096																		
		EMAIL: harborfreeclinic@earthlink.net																		
										229,830	**0**	**0**	**0**	**229,830**			**11,061**	**2,610**	**13,670**	**243,500**
25.	**JWCH INSTITUTE, INC.**	ALVARO BALLESTEROS, CHIEF EXECUTIVE	ABBEY APARTMENTS	625 S. SAN PEDRO STREET, LOS ANGELES 90014	2	4	P			756,888	0	14,100	0	770,988	P	S				
	1910 W. SUNSET BOULEVARD, STE. 650	OFFICER	CENTER FOR COMMUNITY HE	522 SAN PEDRO STREET, LOS ANGELES 90013	2	4	P		S						P	S				
	LOS ANGELES, CA 90026	PH: (213) 484-1186 FAX: (213) 413-3443	COVENANT HOUSE	1325 N. WESTERN AVENUE, HOLLYWOOD 90027	3	4	P								P	S				
		EMAIL: aballesteros@jwchinstitute.org	JWCH MEDICAL CLINIC (DWC)	442 S. SAN PEDRO STREET, LOS ANGELES 90013	1	4	P								P	S				
			PATH	340 N. MADISON AVENUE, LOS ANGELES 90004	2	4	P								P	S				
			ST. GEORGE	115 E. THIRD STREET, LOS ANGELES, 90013	2	4	P								P	S				
			WOMEN'S CLINIC	3620 MARTIN LUTHER KING BOULEVARD, LYNWOOD 90262	2	6	P			5,076	0	0	1,739	6,815	P	S				
			BELL GARDENS	6912 AJAX AVENUE, BELL GARDENS 90201	1	7	P		S	235,940	0	25,944	0	261,884	P	S				
			BELL SHELTER	5600 RICKENBACKER ROAD, BUILDING IE, BELL 90201	1	7	P								P	S				
			NORWALK	12360 FIRESTONE BOULEVARD, NORWALK 90650	4	7	P		S						P	S				
										997,904	**0**	**40,044**	**1,739**	**1,039,687**			**1,455,454**	**38,273**	**1,493,726**	**2,533,413**
26.	**KOREAN HEALTH, EDUCATION, INFORMATION**	ERIN K. PAK, CHIEF EXECUTIVE OFFICER		3727 W. 6TH STREET, STE. 200, LOS ANGELES 90020	2	4	P			56,212	0	0	0	56,212	P	S				
	AND RESEARCH CENTER	PH: (213) 427-4000 EXT 121																		
	3727 W. 6TH STREET, STE. 210	FAX: (213) 427-4008																		
	LOS ANGELES, CA 90020	EMAIL: erinpak@lakheir.org																		
										56,212	**0**	**0**	**0**	**56,212**			**891,105**	**519**	**891,623**	**947,835**
27.	**KORYO HEALTH FOUNDATION**	SOON MYUNG CHA, M.D., CHIEF EXECUTIVE		1058 S. VERMONT AVENUE, **SUITE 220**, LOS ANGELES 90006	2	4	P			48,598	0	0	0	48,598	P	S				
	1058 S. VERMONT AVENUE	PH: (213) 380-8833 FAX: (213) 368-6047																		
	LOS ANGELES, CA 90006	EMAIL: koryohf@yahoo.com																		
										48,598	**0**	**0**	**0**	**48,598**			**21,800**	**0**	**21,800**	**70,398**
28.	**LOS ANGELES FREE CLINIC, dba THE SABAN**	JEFF BUJER, CO- CHIEF EXECUTIVE OFFICER	BEVERLY	8405 BEVERLY BOULEVARD, LOS ANGELES 90048	3	4	P	D	S	1,608,058	308,054	111,414	0	2,027,526	P	S				
	FREE CLINIC	PH: (323) 330-1660 FAX: (323) 658-6773	HOLLYWOOD/WILSHIRE	5205 MELROSE AVENUE, LOS ANGELES 90038	3	4	P	D							P	S				
	8405 BEVERLY BOULEVARD	EMAIL: jbujer@thesabanfreeclinic.org	HOLLYWOOD	6043 HOLLYWOOD BOULEVARD, LOS ANGELES 90028	3	4	P		S						P	S				
	LOS ANGELES, CA 90048																			
										1,608,058	**308,054**	**111,414**	**0**	**2,027,526**			**1,280,546**	**53,099**	**1,333,645**	**3,361,171**
29.	**MISSION CITY COMMUNITY NETWORK, INC.**	NIK GUPTA, CHIEF EXECUTIVE OFFICER	NORTH HILLS	15206 PARTHENIA STREET, NORTH HILLS 91343	3	2	P	D		443,492	12,857	0	0	456,349	P	S				
	15206 PARTHENIA STREET	PH: (818) 895-3100 EXT 602	PACOIMA	9919 LAUREL CANYON BOULEVARD, PACOIMA 91331	3	2	P								P	S				
	NORTH HILLS, CA 91343	FAX: (818) 892-4651	RESEDA	18905 SHERMAN WAY, STE. 100B, RESEDA 91334	3	2	P								P	S				
		EMAIL: nikg@mccn.org	POMONA	831 EAST ARROW HIGHWAY, POMONA CA 91767	1	3	P			4,700	0	0	0	4,700						
			CENTINELA MEDICAL BUILDIN	501 EAST HARDY ST, SUITE 110, INGLEWOOD, CA 90301	2	8	P			2,350	0	0	0	2,350						
			HOLLYWOOD	4842 HOLLYWOOD BOULEVARD, LOS ANGELES 90027	3	4	P			11,656	0	0	0	11,656	P	S				
										462,198	**12,857**	**0**	**0**	**475,055**			**643,947**	**3,762**	**647,709**	**1,122,764**
30.	**NORTHEAST COMMUNITY CLINIC**	CHRISTOPHER LAU, M.D., EXECUTIVE	CFC	1414 S. GRAND AVENUE, 2ND FLOOR, LOS ANGELES 90015	1	4	P			370,078	0	0	0	370,078	P	S				
	2550 W. MAIN STREET, STE. 301	DIRECTOR	LOS ANGELES	5428 N. FIGUEROA STREET, LOS ANGELES 90042	1	4	P								P	S				
	ALHAMBRA, CA 91801	PH: (626) 457-6900 FAX: (626) 457-6916	FOSHAY	3751 S. HARVARD BOULEVARD, LOS ANGELES 90018	2	6	P			57,528	0	0	18,612	76,140	P	S				
		EMAIL: clau@necc.md	LAS MUJERES	231 W. VERNON AVENUE, STE. 203, LOS ANGELES 90037	2	6	P								P	S				
			BELL	4129 E. GAGE AVENUE, BELL 90201	1	7	P			107,254	0	0	0	107,254	P	S				
			WILMINGTON	714 N. AVALON B3, WILMINGTON 90744	4	8	P			69,466	0	0	0	69,466	P	S				
										604,326	**0**	**0**	**18,612**	**622,938**			**546,900**	**3,153**	**550,053**	**1,172,991**

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31.	**NORTHEAST VALLEY HEALTH CORPORATION**	KIMBERLY WYARD, CHIEF EXECUTIVE	CANOGA PARK	7107 REMMET AVENUE, CANOGA PARK 91303 (TO)	3	2	P								P	S				
	1172 N. MACLAY AVENUE	OFFICER	OMELESS HC/HOMLESS MOBIL	7843 LANKERSHIM BOULEVARD, NORTH HOLLYWOOD 91605	3	2	P								P	S				
	SAN FERNANDO, CA 91340	PH: (818) 898-1388 EXT 41620	PACOIMA	12756 VAN NUYS BOULEVARD, PACOIMA 91331	3	2	P								P	S				
		FAX: (818) 365-4031	SAN FERNANDO	1600 SAN FERNANDO ROAD, SAN FERNANDO 91340	3	2	P	D		1,171,052	239,603	0	0	1,410,655	P	S				
		EMAIL: KimWyard@nevhc.org	SUN VALLEY	7223 N. FAIR AVENUE, SUN VALLEY 91352	3	2	P	D							P	S				
			SANTA CLARITA	18533 SOLEDAD CYN RD, SANTA CLARITA 91351	5	2	P								P	S				
			VALENCIA	23763 VALENCIA BOULEVARD, VALENCIA 91355 (CL)	5	2	P								P	S				
										1,171,052	**239,603**	**0**	**0**	**1,410,655**			**4,167,130**	**31,333**	**4,198,462**	**5,609,117**
32.	**PEDIATRIC & FAMILY MEDICAL CENTER dba**	CARL E. COAN, PRESIDENT AND CHIEF		1530 S. OLIVE STREET, LOS ANGELES 90015	1	4	P	D		754,068	224,331	0	0	978,399	P	S				
	EISNER PEDIATRIC & FAMILY MEDICAL CENTER	EXECUTIVE OFFICER																		
		PH: (213) 746-1037 EXT 3330																		
	1530 S. OLIVE STREET	FAX: (213) 746-9379																		
	LOS ANGELES, CA 90015	EMAIL:ccoan@pedcenter.org								**754,068**	**224,331**	**0**	**0**	**978,399**			**537,235**	**10,587**	**547,822**	**1,526,220**
33.	**POMONA VALLEY HOSPITAL MEDICAL CENTER /**	RICHARD E. YOCHUM, PRESIDENT AND CHIEF	POMONA HLTH CTR	750 S. PARK AVENUE, # 101, POMONA 91766 (CL)	1	3	P			390,382	0	0	0	390,382	P	S				
	COMMUNITY HEALTH CENTER	EXECUTIVE OFFICER	WESTERN UNIVERSITY	887 E. SECOND STREET, STE. C, POMONA 91766	1	3	P								P	S				
	1798 N. GAREY AVENUE	PH: (909) 865-9500 FAX: (909) 865-9796																		
	POMONA, CA 91767	EMAIL: rich.yochum@pvhmc.org																		
										390,382	**0**	**0**	**0**	**390,382**			**115,540**	**0**	**115,540**	**505,922**
34.	**QUEENSCARE FAMILY CLINICS**	BARBARA B. HINES, PRESIDENT	BRESEE	184 S. BIMINI PLACE, LOS ANGELES 90004	2	4	P								P	S				
	1300 N. VERMONT AVENUE, STE. 1002	AND CHIEF EXECUTIVE OFFICER	EAGLE ROCK	4448 YORK BOULEVARD, LOS ANGELES 90041	1	4	P	D		1,824,070	330,902	110,168	0	2,265,140	P	S				
	LOS ANGELES, CA 90027	PH: (323) 669-4305 FAX: (323) 953-6244	ECHO PARK	150 N. RENO STREET, LOS ANGELES 90026	1	4	P	D	S						P	S				
		EMAIL: bbhines@queenscare.org	HOLLYWOOD	4618 FOUNTAIN AVENUE, LOS ANGELES 90029	1	4	P	D	S						P	S				
			SUNOL	133 N. SUNOL DRIVE, LOS ANGELES 90063	1	7	P	D		402,508	115,055	0	0	517,563	P	S				
			EASTSIDE	4560 E. CESAR CHAVEZ AVENUE, LOS ANGELES 90022	1	7	P								P	S				
										2,226,578	**445,957**	**110,168**	**0**	**2,782,703**			**2,651,987**	**49,024**	**2,701,011**	**5,483,714**
35.	**SACRED HEART FAMILY MEDICAL CLINIC, INC.**	EDUARDO S. ORNEDO, M.D., PRESIDENT AND		8540 ALONDRA BOULEVARD, STE. B2, PARAMOUNT 90723	4	6	P			32,054	0	0	11,656	43,710	P	S				
	8540 ALONDRA BOULEVARD, STE. B2	MEDICAL DIRECTOR																		
	PARAMOUNT, CA 90723	PH: (562) 602-2508 FAX: (562) 602-2382																		
		EMAIL: sacredheartfamily@sbcglobal.net																		
										32,054	**0**	**0**	**11,656**	**43,710**			**93,522**	**0**	**93,522**	**137,232**
36.	**SAMUEL DIXON FAMILY HEALTH CENTER, INC.**	CHERYL LAYMON, EXECUTIVE DIRECTOR		27225 CAMP PLENTY ROAD, #2, CANYON COUNTRY 91351	5	2	P			28,106	0	0	0	28,106	P	S				
	25115 W. AVENUE STANFORD, STE. A-104	PH: (661) 257-7892 FAX: (661) 257-2384																		
	VALENCIA, CA 91355	EMAIL: cheryl@sdfhc.org																		
										28,106	**0**	**0**	**0**	**28,106**			**261,382**	**0**	**261,382**	**289,488**
37.	**SOUTH ATLANTIC MEDICAL GROUP, INC.**	NISSAN KAHEN, M.D., PRESIDENT AND CHIEF	EL MONTE	11518 GARVEY AVENUE, EL MONTE 91732	1	3	P			5,076	0	0	0	5,076	P	S				
	5504 E. WHITTIER BOULEVARD	EXECUTIVE OFFICER	EAST LOS ANGELES	5504 E. WHITTIER BOULEVARD, LOS ANGELES 90022	1	7	P			95,410	0	0	0	95,410	P	S				
	LOS ANGELES, CA 90022	PH: (323) 725-0167 FAX: (323) 725-6933	HUNTINGTON PK	2616 CLARENDON AVENUE, HUNTINGTON PARK 90255	1	7	P								P	S				
		EMAIL: jlondono@samg.org	GARDENA	1030 GARDENA BOULEVARD, GARDENA 90247	2	8	P			21,996	0	0	0	21,996	P	S				
										122,482	**0**	**0**	**0**	**122,482**			**211,460**	**0**	**211,460**	**333,942**
38.	**SOUTH BAY FAMILY HEALTHCARE CENTER**	JANN HAMILTON LEE, PRESIDENT AND CHIEF	GARDENA	742 W. GARDENA BOULEVARD, GARDENA 90247	2	8	P	D	S						P	S				
		EXECUTIVE OFFICER	REDONDO BEACH	2114 ARTESIA BOULEVARD, REDONDO BEACH 90278	4	8	P	D		1,112,866	104,286	5,640	0	1,222,792	P	S				
	23430 HAWTHORNE BOULEVARD, STE. 210	PH: (310) 802-6177 FAX: (310) 802-6178	INGLEWOOD	1091 S. LA BREA, INGLEWOOD 90301	2	8	P								P	S				
	TORRANCE, CA 90505	EMAIL: jhamiltonlee@sbclinic.org								**1,112,866**	**104,286**	**5,640**	**0**	**1,222,792**			**1,303,787**	**26,418**	**1,330,205**	**2,552,997**
39.	**SOUTH CENTRAL FAMILY HEALTH CENTER**	RICHARD A. VELOZ, CHIEF EXECUTIVE		4425 S. CENTRAL AVENUE, LOS ANGELES 90011	2	6	P			457,592	0	0	155,363	612,955	P	S				
	4425 S. CENTRAL AVENUE	OFFICER	ACCELERATED SCHOOL	4000 S. MAIN STREET, LOS ANGELES 90011	2	6	P								P	S				
	LOS ANGELES, CA 90011	PH: (323) 908-4247 FAX: (323) 908-4256																		
		EMAIL: Richardv@scfhc.org																		
										457,592	**0**	**0**	**155,363**	**612,955**			**4,887,565**	**2,750**	**4,890,315**	**5,503,270**
40.	**ST. JOHN'S WELL CHILD AND FAMILY CENTER,**	JAMES J. MANGIA, PRESIDENT AND CHIEF	LINCOLN HEIGHTS	2512 N. ALTA STREET, LOS ANGELES 90031	1	4	P	D		376	10,083	0	0	10,459	P	S				
	INC.	EXECUTIVE OFFICER	COMPTON	2115 N. WILMINGTON AVENUE, COMPTON 90222	2	6	P	D	S						P	S				
			DR. KENNETH	808 WEST 58TH STREET, LOS ANGLES CA 90037	2	6	P								P	S				
			EAST COMPTON FAMILY	15715 S ATLANTIC AVE, EAST RANCHO DOMINQUEZ, CA 90221	2	6	P								P	S				
	5701 S. HOOVER STREET	PH: (323) 541-1600 FAX: (323) 541-1661	HOOVER	5701 S. HOOVER STREET, LOS ANGELES 90037	2	6	P	D	S	331,068	117,259	69,336	124,174	641,837	P	S				
	LOS ANGELES, CA 90037	EMAIL: jimmangia@wellchild.org	HYDE PARK	6505 S. 8TH AVENUE, LOS ANGELES 90043	2	6	P	D							P	S				
			LOS ANGELES	1910 MAGNOLIA STREET, LOS ANGELES 90007	1	6	P	D	S						P	S				
			MANUAL ART	4131 S VERMONT AVE, LOS ANGELES, CA 90037	2	6	P								P	S				
										331,444	**127,342**	**69,336**	**124,174**	**652,296**			**1,694,065**	**2,717**	**1,696,782**	**2,349,077**

Health Way LA Health Care Initiative Allocation

July 1, 2013 through December 31, 2013 Allocation/Estimated Allocation [1]

	AGENCY/ HEADQUARTERS ADDRESS	EXECUTIVE DIRECTOR PHONE/FAX/EMAIL	SITE NAME	SITE ADDRESS	SUPV DIST	SPA	P	D	S	SERVICE TYPE(S) - - UNMATCHED PROGRAM [2] PRIMARY	DENTAL	SPECIALTY	SB474 SPA 6	TOTAL UNMATCHED PROGRAM	P	S	SERVICE TYPE(S) - - MATCHED PROGRAM PRIMARY	SPECIALTY	TOTAL MATCHED PROGRAM	TOTAL CONTRACT
41.	**T.H.E. CLINIC, INC.**	RISE K. PHILLIPS, CHIEF		3834 S. WESTERN AVENUE, LOS ANGELES 90062 (CL)	2	6	P			253,330	0	0	83,237	336,567	P	S				
	3834 S. WESTERN AVENUE	EXECUTIVE OFFICER																		
	LOS ANGELES, CA 90062	PH: (323) 730-1920 FAX: (323) 730-9777																		
		EMAIL: rphillips@theclinicinc.org																		
										253,330	**0**	**0**	**83,237**	**336,567**			**4,236,301**	**11,871**	**4,248,172**	**4,584,739**
42.	**TARZANA TREATMENT CENTER, INC.**	SCOTT TAYLOR, CHIEF EXECUTIVE OFFICER	LANCASTER	907 W. LANCASTER BOULEVARD, LANCASTER 93534	5	1	P			312,644	0	0	0	312,644	P	S				
	18646 OXNARD STREET	PH: (818) 654-3815 FAX: (818) 996-3051	WEST VALLEY	8330 RESEDA BOULEVARD, NORTHRIDGE 91324	3	2	P			468,966	0	0	0	468,966	P	S				
	TARZANA, CA 91356	EMAIL: asenella@Tarzanatc.org																		
		Contact Albert Senella																		
										781,610	**0**	**0**	**0**	**781,610**			**2,610,332**	**7,204**	**2,617,536**	**3,399,146**
43.	**THE CATALYST FOUNDATION FOR AIDS AWARENESS AND CARE**	SUSAN LAWRENCE, M.D., EXECUTIVE DIRECTOR		44758 ELM AVENUE, LANCASTER 93534	5	1	P			15,040	0	0	0	15,040	P	S				
	44758 ELM AVENUE	PH: (661) 948-8559 FAX: (661) 951-0369																		
	LANCASTER, CA 93534	EMAIL: catalyst@qnet.com																		
										15,040	**0**	**0**	**0**	**15,040**			**401,120**	**0**	**401,120**	**416,160**
44.	**THE CHILDREN'S CLINIC, "SERVING CHILDREN AND THEIR FAMILIES"**	ELISA NICHOLAS, M.D., M.S.P.H., CHIEF EXECUTIVE OFFICER	CESAR CHAVEZ	730 W. 3RD STREET, LONG BEACH 90802	4	8	P								P	S				
			MULTI-SRV CTR	1301 W. 12TH STREET, LONG BEACH 90813	4	8	P								P	S				
	2790 ATLANTIC AVENUE	PH: (562) 933-0430 FAX: (562) 933-0415	N. LONG BEACH	1060 E. 70TH STREET, LONG BEACH 90805	4	8	P			763,374	0	5,000	0	768,374	P	S				
	LONG BEACH, CA 90806	EMAIL: enicholas@memorialcare.org	VASEK POLAK CHILDREN'S CL	1057 PINE AVENUE, LONG BEACH 90813	4	8	P								P	S				
			S. MARTK TAPPER FOUNDATI	455 COLUMBIA STREET, STE. 201, LONG BEACH 90806	4	8	P		S						P	S				
										763,374	**0**	**5,000**	**0**	**768,374**			**780,831**	**9,509**	**790,339**	**1,558,713**
45.	**THE CHURCH OF OUR SAVIOUR**	RICHARD HILL, EXECUTIVE DIRECTOR		4368 SANTA ANITA AVENUE, EL MONTE 91731	1	3	P			61,288	0	0	0	61,288	P	S				
	4368 SANTA ANITA AVENUE	PH: (626) 579-2190 FAX: (626) 579-2689																		
	EL MONTE, CA 91731	EMAIL: rhill@oursaviourcenter.org																		
										61,288	**0**	**0**	**0**	**61,288**			**231,080**	**0**	**231,080**	**292,368**
46.	**UNIVERSAL HEALTH FOUNDATION**	KHALEEL MULTANI, EXECUTIVE DIRECTOR		2020 E. FIRST STREET, LOS ANGELES 90033	1	4	P			16,920	0	0	0	16,920	P	S				
	2020 E. FIRST STREET	PH: (323) 980-9600 FAX: (323) 980-9676																		
	LOS ANGELES, CA 90033	EMAIL: uhfca@aol.com																		
										16,920	**0**	**0**	**0**	**16,920**			**102,896**	**0**	**102,896**	**119,816**
47.	**UNIVERSITY MUSLIM MEDICAL ASSOCIATION, INC**	YASSER AMAN, M.P.H., CHIEF EXECUTIVE OFFICER		711 W. FLORENCE AVENUE, LOS ANGELES 90044	2	6	P		S	137,146	0	3,003	44,603	184,752	P	S				
	1704 W. MANCHESTER AVE. SUTIE 211	PH: (323) 967-0375 FAX: (323) 759-8662																		
	LOS ANGELES, CA 90047	EMAIL: yasser@ummaclinic.org																		
										137,146	**0**	**3,003**	**44,603**	**184,752**			**1,141,495**	**480**	**1,141,975**	**1,326,726**
48.	**URDC HUMAN SERVICES CORPORATION**	SANDRA ARRIVILLAGA, EXECUTIVE DIRECTOR		1460 N. LAKE AVENUE, **SUITE 107**, PASADENA 91104	5	3	P			15,040	0	0	0	15,040	P	S				
	1460 N. LAKE AVENUE, STE. 107	PH: (626) 398-3796 FAX: (626) 398-3895																		
	PASADENA, CA 91114																			
		EMAIL: sarrivillaga@urdchsc.org								**15,040**	**0**	**0**	**0**	**15,040**			**715,040**	**0**	**715,040**	**730,080**
49.	**VALLEY COMMUNITY CLINIC**	PAULA WILSON, PRESIDENT & CHIEF EXECUTIVE OFFICER		6801 COLDWATER CANYON AVENUE, STE. 1B, NORTH HOLLYWOOD 91605	3	2	P			669,562	0	0	0	669,562	P	S				
	6801 COLDWATER CANYON AVENUE	PH: (818) 763-1718 EXT 204																		
	N. HOLLYWOOD, CA 91605	FAX: (818) 763-7231																		
		EMAIL: pwilson@valleyclinic.org								**669,562**	**0**	**0**	**0**	**669,562**			**2,334,900**	**12,283**	**2,347,183**	**3,016,745**
50.	**VENICE FAMILY CLINIC**	ELIZABETH BENSON FORER, M.S.W., M.P.H., CHIEF EXECUTIVE OFFICER	ROBERT LEVINE HLT CTR	905 VENICE BOULEVARD, VENICE 90291	3	5	P								P	S				
	604 ROSE AVENUE		COLEN FAMILY HEALTH CENT	4700 INGLEWOOD BLVD #102, CULVER CITY, CA 90230	2	5	P			1,772,840	73,971	107,900	0	1,954,711	P	S				
	VENICE, CA 90291	PH: (310) 664-7901 FAX: (310) 314-7641	SIMMS/MANN	2509 PICO BOULEVARD, SANTA MONICA 90405	3	5	P	D	S						P	S				
		EMAIL: eforer@mednet.ucla.edu	VENICE	604 ROSE AVENUE, VENICE 90291	3	5	P		S						P	S				
										1,772,840	**73,971**	**107,900**	**0**	**1,954,711**			**4,043,441**	**47,806**	**4,091,247**	**6,045,957**
51.	**WATTS HEALTHCARE CORPORATION**	WILLIAM D. HOBSON, JR., PRESIDENT AND CHIEF EXECUTIVE OFFICER		10300 COMPTON AVENUE, LOS ANGELES 90002	2	6	P	D		130,754	50,625	0	50,666	232,045	P	S				
	10300 COMPTON AVENUE		CRENSHAW COM HC	3756 SANTA ROSALIA, STE. 400, LOS ANGELES 90008	2	6	P								P	S				
	LOS ANGELES, CA 90002	PH: (323) 568-4414 FAX: (323) 563-6378																		
		william.hobson@wattshealth.org																		
										130,754	**50,625**	**0**	**50,666**	**232,045**			**2,803,866**	**5,491**	**2,809,357**	**3,041,401**

Health Way LA Health Care Initiative Allocation

July 1, 2013 through December 31, 2013 Allocation/Estimated Allocation [1]

	AGENCY/ HEADQUARTERS ADDRESS	EXECUTIVE DIRECTOR PHONE/FAX/EMAIL	SITE NAME	SITE ADDRESS	SUPV DIST	SPA	SERVICE TYPE(S) - - UNMATCHED PROGRAM [2]							SERVICE TYPE(S) - - MATCHED PROGRAM					TOTAL CONTRACT
							P	D	S	PRIMARY	DENTAL	SPECIATLY	SB474 SPA 6	TOTAL UNMATCHED PROGRAM	P	S	PRIMARY	SPECIALTY	TOTAL MATCHED PROGRAM	
52.	**WESTSIDE FAMILY HEALTH CENTER**	DEBRA A. FARMER, PRESIDENT AND		1711 OCEAN PARK BOULEVARD, SANTA MONICA 90405	3	5	P			174,182	0	0	0	174,182	P	S				
	1711 OCEAN PARK BOULEVARD	CHIEF EXECUTIVE OFFICER																		
	SANTA MONICA, CA 90405	PH: (310) 450-4773, EXT 222																		
		FAX: (310) 450-0873																		
		EMAIL: dfarmer@wfhcenter.org								**174,182**	**0**	**0**	**0**	**174,182**			**43,899**	**823**	**44,722**	**218,904**
53.	**WESTSIDE NEIGHBORHOOD CLINIC**	ALAN TERWEY, EXECUTIVE DIRECTOR		2125 SANTA FE AVENUE, LONG BEACH 90810	4	8	P			202,570	0	0	0	202,570	P	S				
	2125 SANTA FE AVENUE	PH: (562) 432-9575 FAX: (562) 432-9590																		
	LONG BEACH, CA 90810	EMAIL: wnc7@aol.com																		
										202,570	**0**	**0**	**0**	**202,570**			**110,744**	**4,676**	**115,420**	**317,990**
54.	**WILMINGTON COMMUNITY CLINIC**	DOLORES BONILLA CLAY, CHIEF EXECUTIVE	MARY HENRY	10901 S. VERMONT AVENUE, LOS ANGELES 90044	2	8	P			238,572	0	0	0	238,572	P	S				
	1009 N. AVALON BOULEVARD	OFFICER	WILMINGTON	1009 N. AVALON BOULEVARD, WILMINGTON 90744	4	8	P								P	S				
	WILMINGTON, CA 90744	PH: (310) 549-9717 FAX: (310) 549-2277																		
		EMAIL: dbclay@dslextreme.com																		
										238,572	**0**	**0**	**0**	**238,572**			**86,328**	**0**	**86,328**	**324,900**
									GRAND TOTAL	**$24,796,824**	**$2,299,289**	**$474,425**	**$705,874**	**$28,276,412**			**$75,273,313**	**$511,531**	**$75,784,844**	**$104,061,255**

Service Type
P = Primary Care
D = Dental Care
S = Specialty Care

(1) Matched Program Primary Care services allocation is an estimate.
(2) Unmatched Program Allocation is SPA Specific.

05-25-2011 JA

EXHIBIT I

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

Healthy Way LA Health Care Initiative
Matched Program
Unmatched Program

All Community Partners
(Superseding)

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
HEALTHY WAY LA HEALTH CARE INITIATIVE

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ATTACHMENT II: CONTRACTOR NON-EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALTY AGREEMENT

ATTACHMENT III: COUNTY OF LOS ANGELES CONTRCTOR EMPLOYEE JURY SERVICE PROGRAM CERTIFICATION FORM AND APLICATION FOR EXCEPTION

ATTACHMENT IV: SAFELY SURRENDER BABY LAW FACT SHEET

ATTACHMENT V: CHARITABLE CONTRIBUTIONS CERTIFICATION

EXHIBIT A-1 DESCRIPTION OF SERVICES PRIMARY HEALTH CARE SERVICES HEALTHY WAY LA HEALTH CARE INITIATIVE MATCHED AND UNMATCHED PROGRAMS FQHC/FQHC LOOK-ALIKES COMMUNITY PARTNERS
ATTACHMENT I: EXCLUDED SERVICES
ATTACHMENT II: COMMUNITY PARTNER'S WORKPLAN

EXHIBIT A-2 DESCRIPTION OF SERVICES PRIMARY HEALTH CARE SERVICES HEALTHY WAY LA HEALTH CARE INITIATIVE MATCHED AND UNMATCHED PROGRAMS NON-FQHC COMMUNITY PARTNERS
ATTACHMENT I: EXCLUDED SERVICES
ATTACHMENT II: COMMUNITY PARTNER'S WORKPLAN

EXHIBIT A-3 DESCRIPTION OF SERVICES SPECIALTY CARE SERVICES HEALTHY WAY LA HEALTH CARE INITIATIVE MATCHED AND UNMATCHED PROGRAMS ALL COMMUNITY PARTNERS
ATTACHMENT I: SCOPES OF SERVICES – SPECIALTY CARE
ATTACHMENT II: SPECIALTY CARE PHYSICIAN SELF VERIFICATION FORM

EXHIBIT A-4 DESCRIPTION OF SERVICES DENTAL CARE SERVICES HEALTHY WAY LA HEALTH CARE INITIATIVE UNMATCHED PROGRAM ALL COMMUNITY PARTNERS
ATTACHMENT I: SCOPES OF SERVICE – DENTAL CODES
ATTACHMENT II: DENTIST'S SELF VERIFICATION FORM

EXHIBIT A-5 TERMS AND CONDITIONS OF PARTICIPATION HEALTHY WAY LA HEALTH CARE INITIATIVE MATCHED PROGRAM ALL COMMUNITY PARTNERS

EXHIBIT B-1 PATIENT ELIGIBILITY AND ENROLLMENT HEALTHY WAY LA HEALTH CARE INITIATIVE MATCHED AND UNMATCHED PROGRAMS ALL COMMUNITY PARTNERS
ATTACHMENT I: ABILITY-TO-PAY APPLICATION
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EXHIBIT C-1 FUNDING, BILLING AND PAYMENT HEALTHY WAY LA HEALTH CARE INITIATIVE UNMATCHED PROGRAM ALL COMMUNITY PARTNERS

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ATTACHMENT I: HWLA HEALTH CARE INTIATIVE ALLOCATION

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ATTACHMENT I: HWLA HEALTH CARE INTIATIVE ALLOCATION

Unmatched Program Takeover/Co-Location Only

EXHIBIT D-1 CONDITIONS OF SPACE USE AT COUNTY FACILITY HEALTHY WAY LA HEALTH CARE INITIATIVE UNMATCHED PROGRAM ALL COMMUNITY PARTNERS
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EXHIBIT D-3 CONDITIONS FOR USE OF COUNTY-OWNED EQUIPMENT AND FURNITURE AT COUNTY FACILITIES HEALTHY WAY LA HEALTH CARE INITIATIVE UNMATCHED PROGRAM ALL COMMUNITY PARTNERS

EXHIBIT D-4 EQUIPMENT AND FURNITURE INVENTORY HEALTHY WAY LA HEALTH CARE INITIATIVE UNMATCHED PROGRAM ALL COMMUNITY PARTNERS

Contract # _____

HEALTHY WAY LA HEALTH CARE INITIATIVE

THIS AGREEMENT is made and entered into this _____ day of _____, 2011,

by and between COUNTY OF LOS ANGELES (hereafter "County"),

and

_____ (hereafter "Contractor" or "Community Partner").

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

WHEREAS, beginning in 1996 and continuing to the present, County has undertaken a series of reforms to its health care delivery system, with the goal of improving access to, and the delivery of, medical care to the County's indigent and under-insured populations; and,

WHEREAS, Contractor is a partner with the County in the delivery of health care services under the County's various outpatient medical programs, including the Public Private Partnership ("PPP") Program, the Healthy Way LA Health Care Initiative and/or the South Los Angeles Preservation Fund Program; and

WHEREAS, the PPP Program, the Healthy Way LA Health Care Initiative and the South Los Angeles Preservation Fund Program now shall be part of and organized under the Healthy Way LA Health Care Initiative ("HWLA Initiative"); and,

WHEREAS, the PPP Program shall now be known as the Unmatched Program under the HWLA Initiative; and;

WHEREAS, those services now in part reimbursable pursuant to the terms and conditions of the Bridge to Health Care Reform Demonstration Project between the State of California ("State") and the Centers for Medicaid and Medicare Services ("CMS"), which Demonstration Project is described in Exhibit A-5 of this Agreement, shall now be known as the Matched Program under the HWLA Initiative; and

WHEREAS, in the furtherance of the parties' health care partnership under the HWLA Initiative, the parties agree that the following principles shall guide their conduct:

- the relationship between the parties is an essential partnership that will form the basis for an effective, patient-centered health care delivery system for the medically vulnerable residents of the County;
- the parties acknowledge that this effort will be a long-term process built upon mutual trust and that the parties must work collaboratively to build a more effective health care delivery system for those patients and communities that need these services;

- the interactions between the parties should be as simplified as possible, and decisions about health care delivery should assure, whenever possible, the maximization of resources coming into Los Angeles County as a whole to support health care services for vulnerable populations; and,
- in acknowledgement that financial and other resources are limited, the parties will collaborate on a joint strategy that prioritizes those resources based on the needs and preferences of the patients and their communities and that builds upon the strengths and expertise of both parties; and

WHEREAS, Community Partner 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, Community Partner 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" 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 Director of Department of Health Services or his/her authorized designee(s).

WHEREAS, the terms "Co-Located Clinic" or "Takeover Clinic" as used herein refer to Community Partners who are providing services under the Unmatched Program and who are co-located with County services or who have taken over a County health clinic .

NOW, THEREFORE, the parties hereto agree as follows:

1. PRIOR AGREEMENTS SUPERSEDED: Effective July 1, 2011, this Agreement shall replace and supersede the following Agreements, including any and all amendments thereto:

A. PPP Program Services Superseding Agreement Number _____

B. Healthy Way LA Health Care Initiative Agreement Number _____.

Notwithstanding any other provision of this Agreement, in the event that County has conducted an annual audit of Community Partner's administrative, fiscal or programmatic components for Fiscal Year 2010-2011, under any of the Agreements listed above, that audit shall serve as the annual audit required under this Agreement as to any or all programs or components which were audited.

2. TERM OF AGREEMENT: This Agreement shall be effective July 1, 2011, through June 30, 2012. This Agreement shall be thereafter automatically renewed for an additional eighteen (18) month period, effective July 1, 2012, through June 30, 2013, and July 1, 2013, through December 31, 2013, without further action by the parties hereto, provided that funding is appropriated by the Board for each extended renewal period, unless either party desires not to renew the same in which case written notice must be given to the other party no less than thirty (30) calendar days prior to the end of any such renewal period. All provisions of the Agreement in effect on June 30, 2012, shall remain in

effect for all renewal periods. Community Partner shall be compensated according to the payment provisions and rate(s) specified in this Agreement.

3. 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 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 of County's Department of Health Services or his/her designee, may suspend this Agreement immediately if Community Partner, its agents, subcontractors, or employees are engaging in, or there is reasonable justification to believe that Community Partner, 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 which shall not to exceed forty-five (45) calendar days from the date the notice is received by Community Partner.

In the event of any suspension pursuant hereto, Community Partner 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 Community Partner 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 Community Partner does not request such a meeting, or if Community Partner 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. Notwithstanding any other provision in this Agreement, either party may suspend this Agreement immediately if the other party, its agents, subcontractors, or employees are committing, or there is reasonable justification to believe that the other party, its agents, subcontractors, or employees have committed, a material breach of this Agreement. For purposes of this Agreement, a "material breach" shall mean a breach of a covenant or obligation of a party that materially and adversely impairs the benefits of this Agreement to the other party. 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, which shall not exceed forty-five (45) calendar days from the date the notice is received by the notified party.

In the event of any suspension pursuant hereto, the notified party may, within the first fourteen (14) working days of the suspension period, request a meeting to

discuss the reasons for the suspension, which request shall be granted. If parties agree upon appropriate remedial action, the reasons for the suspension have been corrected, or the suspension is deemed inappropriate, the noticing-party shall lift the suspension immediately. If the notified party does not request a meeting, or if the parties are unable to agree upon appropriate remedial action within the fourteen (14) day working day period, (a) if County is the notifying-party, Director may recommend to County's Board immediate termination of this Agreement, with the suspension of the Agreement to remain in place until County's Board takes action on such recommendation, in addition to pursuing any and all other remedies available under law and at equity; or (b) if Community Partner is the notifying-party, it may immediately terminate this Agreement in addition to pursuing any and all other remedies available under law and at equity.

D. Subparagraphs B. and C. hereof notwithstanding, either party may suspend or 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, either party may suspend or terminate this Agreement, in whole or in part, 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 the other party.

G. Subparagraphs B, C, D and E hereof notwithstanding, that portion of this Agreement pertaining to the provision of services and funding under the South Los Angeles Preservation Fund Program shall terminate ninety (90) days following the receipt of CMS certification of the facility that will replace County's former Martin Luther King, Jr-Harbor. Hospital.

H. 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 Community Partner 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).

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

5. DESCRIPTION OF SERVICES: Community Partner agrees to provide services as described in Exhibit(s) A-1, A-2, A-3, A-4, and A-5, attached hereto and incorporated herein by reference, to patients as defined under the ELIGIBILITY FOR

PROGRAMS Paragraph of the Agreement and Exhibit B-1, attached hereto and incorporated herein by this reference, and in accordance with the payment provisions and rates specified in Exhibits C-1, C-2 and C-3, attached hereto and incorporated herein by reference. If Community Partner operates a Co-located or Takeover clinic site, Community Partner also shall comply with all requirements set forth in Exhibits D-1, D-2, D-3 and D-4, attached hereto and incorporated herein by reference, concerning the use of County space, furniture and equipment. 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(s) A-1, A-2, A-3, A-4 and A-5.

6. BILLING AND PAYMENT: Community Partner shall bill County in arrears in accordance with the terms, conditions, and rates set forth in Exhibits C-1, C-2 and C-3 Community Partner shall use its own provider number in billing third-party payors.

7. ELIGIBILITY FOR PROGRAMS: No Eligible Unmatched Program and/or Eligible Matched Program Patient, as those terms are defined in Exhibit B-1, shall be turned away, barred, or delayed in receiving services, based on the patient's payor status or ability to pay. Community Partner shall obtain, for all patients seeking services under this Agreement, an Ability-to- Pay Application in accordance with the requirements set forth in Exhibit B-1.

8. THIRD-PARTY BILLINGS: Community Partner shall use its own provider number for purposes of billing third-party payors. Community Partner 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. Notwithstanding the foregoing, nothing in this Paragraph 8 shall be construed to

limit or prevent Community Partner from billing for the actual costs incurred in the provision of all services provided under this Agreement, in accordance with Exhibit(s) C-1, C-2 and/or C-3, when those actual incurred costs are covered in whole or in part by a "blanket" grant or program, including Community Partner's Public Health Services Act section 330 grant or a bulk pharmaceutical purchasing arrangement.

9. STANDARDS OF CARE:

A. Community Partner 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 Community Partner's appropriately designated staff and by County staff designated by the Director.

B. Community Partner shall ensure that all services provided pursuant to this Agreement are provided by staff who are employed by or under contract with Community Partner, 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. Community Partner 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 contract with Community Partner 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.

Community Partner shall maintain documentation and be able to demonstrate to Director that all such personnel providing services hereunder comply with the above requirements.

10. LINGUISTIC/CULTURAL COMPETENCY: Community Partner shall participate in all Department initiatives and efforts to promote culturally competent service delivery. Community Partner shall provide a sufficient number of health care providers who are linguistically and culturally competent. For constituencies amounting to five (5) percent or more of Community Partner'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 Community Partner's patients.

11. ACCESS TO HEALTH SERVICES: Community Partner 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.

12. CONTRACT COMPLIANCE: 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 15, POLICIES, 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 Community Partner with a written report setting forth any and all deficiencies which Community Partner shall be expected to remedy to Director's sole satisfaction as well as any timeframes in which the identified deficiencies must be corrected. Community Partner shall respond to

County's report through a corrective action plan no later than thirty (30) days following receipt of a site deficiencies' notice. Community Partner'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 Community Partner's written corrective action plan with a follow up monitoring visit.

Community Partner's failure to respond with a corrective action plan, as described above, may result in the assessment of liquidated damages, as set forth in Paragraph 13 of this Agreement at the sole discretion of Director.

Additionally, the following table summarizes the items being monitored and sets forth whether Community Partner'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 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
	Completeness of medical record, documentation and adherence to confidentiality requirements	Yes
	Emergency Preparedness	No
	ADA requirements	No
	Safety Requirements from Title 22	Yes
	Pharmaceutical Services Requirements	Yes

Type of Monitoring/Audit	General Contract Requirement	Damages*
	Infection Control	Yes
	Laboratory Services	Yes
	Radiology	Yes
	Patient Safety	Yes
	Grievance and Appeals (HWLA Matched Program Only)	Yes

* See LIQUIDATED DAMAGES Paragraph for details on liquidated damages.

13. LIQUIDATED DAMAGES: The parties to this Agreement acknowledge that, in certain circumstances, the amount of actual damage sustained by County because of Community Partner'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 Community Partner 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	Community Partner will be assessed $50.00 per day for each day the CAP is past due, until the Division of Ambulatory Care receives the CAP.
Grievance & Appeals – HWLA Matched Program Only	Submit Corrective Action Plan in response to faulty or non-functioning HWLA grievance and appeals process	Community Partner will be assessed $50.00 per day for each day the CAP is past due, until the Division 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.	Community Partner 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.
Licensed Providers Standardized Protocols	A Single primary care physician must supervise mid-level practitioners. Standardized protocols must be established and signed.	Community Partner 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 documentation	Medical record contains required documentation in support of a billable visit, financial and program	County shall disallow, and therefore shall not reimburse Community Partner for, any visit that is not supported by such documentation.
Compliance with confidentiality of medical records	Medical records are maintained in accordance with all applicable laws.	Non-compliance with confidentiality 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		
• 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		
• Expired Drugs	Compliance with all	Each violation will be assessed at

Performance Categories	Contract Requirements	Damages
• Drug Storage • Disbursement of pharmaceuticals • Expired Medical Supplies	Business and Professions Code Provisions	$100.00 for each day until the violation is remedied.
Infection Control		
• 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		
• 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 – South Los Angeles Preservation Fund Only		
• Days and/or Hours of Operation • Accessing After-Hour and Emergency Services	Exhibit(s) A-1, A-2	Community Partner will be assessed $50.00 for the first day, and $100.00 for the second day and every day thereafter for each day Community Partner is out of compliance until the violation is remedied.

Community Partner 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 Community Partner.

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 supersede 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.

Community Partner shall have one opportunity to appeal the Director's decision to assess liquidated damages. Community Partner's appeal shall be in writing and received by Director within ten (10) business days of the date of Director's decision. If Community Partner's appeal is received in a timely manner as defined herein, Director shall analyze the information provided by Community Partner, and respond in writing to Community Partner as to the final determination. Director's decision shall be final.

14. PUBLIC HEALTH SERVICES: Community Partner 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.

15. 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, Community Partner must also have written policies to inform staff about internal guidelines including, but not limited to, policies to address the following: 1) emergency equipment and supplies are checked for expiration and operating status at least monthly; 2) a system is 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 drugs 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.

16. PARTICIPATION IN DEPARTMENT'S INITIATIVES: Community Partner shall participate in the Department's HWLA Initiative Community Partner performance measurement and tracking, HWLA Initiative quality improvement activities, and the Department's larger quality improvement effort for DHS and HWLA Initiative sites, including participation in regional planning and patient care coordination activities with County Facilities. Community Partner also shall participate in the Department's initiatives to explore and create alternative payment mechanisms for the provision of health care services, including all ancillary services, under this Agreement.

17. AD HOC COMMITTEES: Within sixty (60) days of the effective date of this Agreement, the parties shall meet and confer to establish various, ad hoc committees required to address operational, programmatic and other issues related to the implementation of this Agreement. Such ad hoc committees shall be comprised of Department staff and a sub-set of Community Providers. The committees shall meet at intervals to be determined by the members and shall address issues such as patient flow between the Community Partners and Department facilities, reimbursement mechanisms for pharmaceutical and other ancillary services, and such other issues as the parties deem necessary to ensure the success of the Healthy Way LA Health Care Initiative.

18. CONTRACT DISPUTES: Community Partner shall bring to the attention of the Chief Executive Officer ("CEO"), Division of Ambulatory Care, any dispute between the County and the Partner concerning the performance of services as stated in this Agreement or any aspect of the programs addressed in this Agreement, including but not limited to, administrative and programmatic issues. If the CEO is unable to

resolve Community Partner's dispute or concern, the CEO shall notify the Director of Partner's concern and, in his discretion, Director may interview Community Partner or undertake an independent investigation of the Partner's dispute or concern. Director's decision on the dispute or issue shall be final.

19. PROVIDER INFORMATION NOTICE: During the term of this Agreement, County shall provide Community Partner with non-substantive, administrative, programmatic and fiscal guidelines and updates through the Provider Information Notice ("PIN") process. Community Partner shall be responsible for reading all PINs and assuring that they are assembled and maintained in a single file or notebook at Community Partner's premises. Additionally, Community Partner shall assure that all personnel affected by a PIN are notified of the information immediately upon Community Partner'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 material changes to this Agreement shall be made only through a formal amendment duly executed by both parties.

20. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPPA) AND THE HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH ACT (HITECH): The parties acknowledge the existence of the Health Insurance Portability and Accountability Act of 1996 (HIPPA) and the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing regulations. Community Partner understands and agrees that, as a provider of medical treatment services, it is a "covered entity" under HIPAA/HITECH 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/HITECH.

The parties acknowledge their separate and independent obligations with respect to HIPAA/HITECH, and that such obligations relate to transactions and code sets, privacy, and security. Community Partner understands and agrees that it is separately and independently responsible for compliance with HIPAA/HITECH in all these areas and that County has not undertaken any responsibility for compliance on Community Partner's behalf. Community Partner has not relied, and will not in any way rely, on County for legal advice or other representations with respect to Community Partner's obligations under HIPAA/HITECH, but will independently seek its own counsel and take the necessary measures to comply with the law and its implementing regulations.

Community Partner and County understand and agree that each is independently responsible for HIPAA/HITECH compliance and agree to take all necessary and reasonable actions to comply with the requirements of the HIPAA/HITECH 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/HITECH, 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.

21. INDEMNIFICATION: Community Partner 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 Community Partner's acts and/or omissions arising from and/or relating to this Agreement.

County shall indemnify, defend, and hold harmless Community Partner and its 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 County's acts and/or omissions where those acts and/or omissions arise through or as the result of the County's provision of medical care and treatment to a patient referred to County by Community Partner for such care and treatment under the terms of this Agreement.

22. GENERAL INSURANCE REQUIREMENTS: Without limiting Community Partner's indemnification of County, and in the performance of this Contract and until all of its obligations pursuant to this Contract have been met, Community Partner 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 Community Partner pursuant to this Agreement. The County in no way warrants that the Required Insurance is sufficient to protect the Community Partner 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 Community Partner'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 Community Partner's policy expiration dates. The County reserves the right to obtain complete, certified copies of any required Community Partner and/or Sub-Community Partner 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 Community Partner 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 Community Partner, 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

Community Partner also shall promptly report to County any injury or property damage accident or incident, including any injury to a Community Partner employee occurring on County property, and any loss, disappearance, destruction, misuse, or theft of County property, monies or securities entrusted to Community Partner. Community Partner also shall promptly notify County of any third party claim or suit filed against Community Partner or any of its Subcontractors 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 Community Partner's General Liability policy with respect to liability arising out of Community Partner'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 Community Partner's acts or omissions, whether such liability is attributable to the Community Partner 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, Community Partner'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: Community Partner'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 Community Partner, and/or suspend or terminate this Contract. County, at its sole discretion, may obtain damages from Community Partner 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: Community Partner'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 Community Partner. Any County maintained insurance or self-insurance coverage shall be in excess of and not contribute to any Community Partner coverage.

G. Waivers of Subrogation: To the fullest extent permitted by law, the Community Partner 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 Community Partner 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: Community Partner shall include all Sub-Contractors as insureds under Community Partner's own policies, or shall provide County with each Sub-Contractor's separate evidence of insurance coverage. Community Partner 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 Community Partner as additional insureds on the Sub-Contractor's General Liability policy. Community Partner 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): Community Partner's policies shall not obligate the County to pay any portion of any Community Partner deductible or SIR. The County retains the right to require Community Partner to reduce or eliminate policy deductibles and SIRs as respects the County, or to provide a bond guaranteeing Community Partner'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. Community Partner 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: Community Partners 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, Community Partner 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.

23. 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:	$2 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 Community Partner'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 Community Partner 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 Community Partner'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 Community Partner's liability arising from or related to this Contract, with limits of not less than $1 million per claim and $3 million aggregate. Further, Community Partner 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. Community Partner, 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 Community Partner claims such FTCA coverage as an acceptable substitute, Community

Partner 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 Community Partner health practitioners covered by the FTCA.

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

F. Property Coverage: Community Partners 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 Community Partner'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 per occurrence. Such coverage shall protect against all loss of money, securities, or other valuable property entrusted by County to Community Partner, and apply to all of Community Partner'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. Dentist Insurance Coverage: If Community Partner receives funds under this Agreement to provide dental care services, except in those cases where Community Partner covers its employees or member dentists under its policies of insurance, or where Community Partner is a FQHC and its employees and dentists are deemed to be covered under section 224(a) of the FTCA, Community Partner shall require each of its employees or member dentists to separately maintain general liability and professional liability insurance in the same amounts and limits, and with the same endorsements, as required of Community Partner by this Agreement. Evidence (certificates) of such insurance shall be maintained at Community Partner's business office and made available to authorized representatives under this Agreement at all times upon request. Prior to the delivery of covered services hereunder, Community Partner shall provide to Director copies of certificates of the insurance required hereunder for each employee or member dentist. If a new dentist is added by Community Partner, Community Partner shall provide Director with evidence (certificates) of insurance on each dentist and shall give assurance in writing to Director that such insurance is in place and fully meets all of the conditions set forth above.

I. Property Coverage (applicable for Takeover Locations only): Such insurance shall be endorsed naming the County of Los Angeles as loss payee, provide deductibles of no greater than five percent (5%) of the property value, and shall include:

J. Real Property and All Other Personal Property – Special form (all-risk) coverage for the full replacement value of County-owned or leased property.

24. INDEMNIFICATION AND INSURANCE APPLICATION TO SUBCONTRACTOR(S): Community Partner 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.

25. PRIVATE FACILITY SERVICE DELIVERY SITE - MAINTENANCE STANDARDS: Community Partner 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 Community Partner's performance of this obligation shall be borne by Community Partner. County's periodic monitoring visits to Community Partner's facility premises shall include a review of compliance with the provisions of this Paragraph.

26. 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.

27. ALTERATION OF TERMS: The body of this Agreement, together with the ADDITIONAL PROVISIONS and attached Exhibits, including any attachments thereto, 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.

28. 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.

29. 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.

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

Community Partner shall notify in writing County DHS, Division of Ambulatory Care, of any change in its Executive staff, 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 Community Partner changes, or the name of Community Partner changes, then Community Partner shall notify County DHS, Division of Ambulatory Care, in writing detailing such changes at least thirty (30) calendar days prior to the effective date thereof. For changes in Community Partner'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.

31. 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
Division of Ambulatory Care
1000 South Fremont Avenue, Building A-9 East 2nd Floor
Alhambra, California 91803-8859
Attn: Chief Executive Officer

B. Notices to Contractor shall be addressed as follows:

_____
_____
_____
Attn: Director

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 Community Partner 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. Community Partner's electronic email address shall be: (enter specific agency information here).

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

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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 _____
Mitchell Katz, M.D.
Director

_____
Contractor

By _____
Signature

_____
Printed Name

Title _____
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL

HEALTHY WAY LA HEALTH CARE INITIATIVE
ADDITIONAL PROVISIONS
ALL COMMUNITY PARTNERS

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HEALTHY WAY LA HEALTH CARE INITIATIVE
HEALTH CARE SERVICES
ADDITIONAL PROVISIONS
ALL COMMUNITY PARTNERS

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; (b) a current fictitious business name permit from the California Medical Board for every service site from which Contractor is performing services under this Agreement; (c) a business permit or license from the jurisdiction in which Contractor's service site(s) is or are located; and (d) 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 (CCR) 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 and physician assistants). As applicable, data elements shall include, but are not limited to: name, National Provider Identifier; office address/telephone number; gender; date of birth; language(s) spoken; current licenses/certificates (e.g., California Physician's and Surgeons License Number/Expiration Date, DEA License Number/Expiration Date, Cardio-Pulmonary Resuscitation/Advanced Cardiac Life Support Certificate/Expiration Date and 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: HWLA Program Contractors must abide by the Health and Safety Code Section 1226.1, Health examination requirements and public health protections. In addition HWLA PROGRAM 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 Public Health (SDPH) 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 SDPH 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:

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 pro bono or volunteer 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. <u>ASSIGNMENT BY CONTRACTOR</u>:

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 I, and adhere to the provisions of the Contractor Acknowledgement and Confidentiality Agreement, Attachment II.

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 check-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. <u>County Audit Settlements</u>: 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 (GROW) 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 (CSSD) 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 CONTRACTOR'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 members 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 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 (Jury 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 Contractor 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, Contractor 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. Employee means any California resident who is a full-time employee of Contractor. "Full-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 exception status from the Jury Service Program, and Contractor shall immediately notify County if Contractor at any time either comes within the Jury Service Programs definition of Contractor 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 Programs definition of Contractor and/or that Contractor continues to qualify for an exception to the Program. Attached hereto, as Attachment III, is the required form, County 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 Safely 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, none 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:

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 Cares 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.

53. NO INTENT TO CREATE THIRD PARTY BENEFICIARIES: Notwithstanding any other provision of this Agreement, or as a result of the operation and/or administration of the program or services described herein, the parties do not in any way intend that any person or entity shall acquire any rights or claims as a third party beneficiary of this Agreement.

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.

DATE: ____/____/____

SIGNATURE: _____

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.

DATE: ____/____/____

SIGNATURE:_____

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.

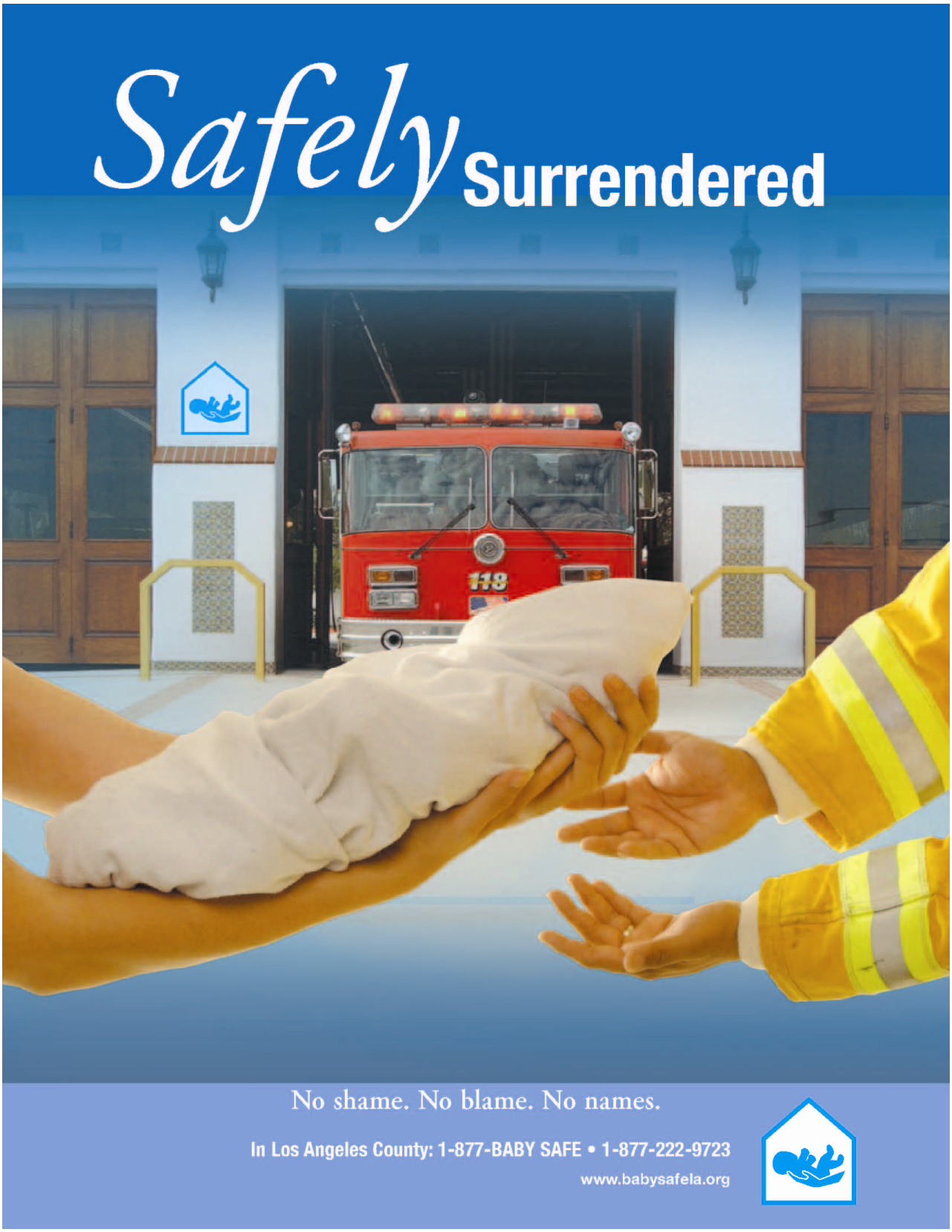
OR

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
118
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.

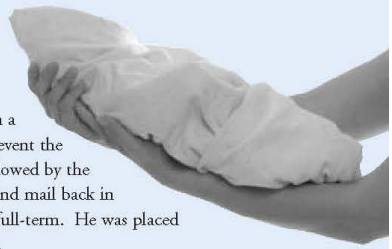
What happens to the parent or surrendering adult?

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
118
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 brazalete y el padre/madre o el adulto que lo entregue recibirá un brazalete 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.

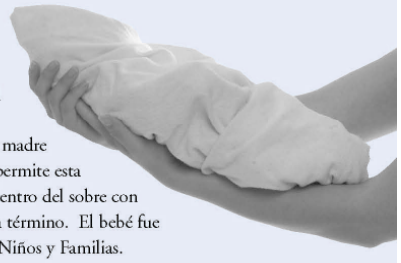
¿Qué pasará con el padre/madre o adulto que entregue al bebé?

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 brazalete 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.

ATTACHMENT V

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.	( )	( )
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.	( )	( )

_____ _____
Signature Date

_____
Name and Title (please type or print)

Effective 09/06/05

EXHIBIT A-1
DESCRIPTION OF SERVICES
PRIMARY HEALTH CARE SERVICES
HEALTHY WAY LA HEALTH CARE INITIATIVE
MATCHED AND UNMATCHED PROGRAMS
FQHC/FQHC LOOK-ALIKE COMMUNITY PARTNERS

1. Background: As the result of a May 2006 Request for Proposals ("RFP") for Public-Private Partnership ("PPP") Program Primary Care, Dental Care, and Specialty Care Services, Community Partner was selected to participate in the County's PPP Program. Community Provider wishes to continue the provision of services to the population treated under the PPP Program, which now is known as the Unmatched Program under the Healthy Way Health Care Initiative ("HWLA Initiative").

Further, Community Partner is a provider of services under the South Los Angeles Preservation Fund Program ("Preservation Fund") and the parties wish Community Partner to continue to participate in this program. The Preservation Fund was established to address the regional impact of the closure of Martin Luther King, Jr., Hospital and to help defray County costs for treating uninsured patients in the South Los Angeles area. The Preservation Fund seeks to maintain or improve the patient's current level of health and reduce morbidity, while enhancing objective, measurable quality of care outcomes. Further, the goal of this program is to provide benefits and service enhancements, such as expanded evening and weekend urgent care and/or walk-in services.

Finally, in 2008, the County established the first HWLA Initiative under which Community Partner, as a then current PPP Provider in good standing, was offered, and accepted, the opportunity to provide services under this new health care initiative. With new requirements established by the State of California and the Centers for Medicare

and Medicaid Services under a new Demonstration Project, which is described in Exhibit A-5, the HWLA Initiative will continue through December 31, 2013. The parties mutually desire Community Partner to remain a provider under the new Demonstration Project. Further, as a Federally Qualified Health Center ("FQHC") or Federally Qualified Health Center Look-alike ("FQHC Look-alike"), Community Partner is uniquely situated under the terms of the Demonstration Project to assist County in its efforts to implement the Demonstration Project in Los Angeles County.

2. Primary Health Care Services: Community Partner shall be responsible for providing primary health care services to all Eligible Unmatched Program and/or Matched Program Patients, as those terms are defined under Exhibit B-1 of 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 require less than twenty-four (24) hours of care for the 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 I, attached hereto and incorporated herein by reference.

Community Partner 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 Community Partner provides pediatric primary health care services under this Agreement, and in addition to the foregoing, Community Partner must be Child Health and Disability Prevention Program ("CHDPP") certified. Additionally, Internal Medicine and General Medicine practitioners who provide primary health care and who see children sixteen (16) years of age or younger must be CHDPP-certified. Pediatricians and Family Practitioners who provide primary health care and who see children sixteen (16) years of age or younger should be CHDPP-certified but are not required to be so certified.

Community Partner shall be reimbursed for the provision of primary care services to Eligible Unmatched and/or Matched Program patients at the rates set forth in Exhibits C-1 and C-2 of this Agreement.

3. Reimbursable Services: Community Partner shall be reimbursed by County for primary health care services provided only to Eligible Unmatched and/or Matched Program Patients. To that end, Community Partner shall receive a distinct payment from County for such services only if those services constitute a "billable visit."

A. Billable Visit: For purposes of this Agreement, a "billable visit" shall be defined as a face-to-face encounter between the Eligible Matched and/or Unmatched Program Patient and one of the following health professionals: (1) licensed doctor of medicine or osteopathy; (2) a certified nurse practitioner or nurse midwife; and (3) licensed physician assistant. Physicals and drug testing requested by the patient 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 dental, chiropractic, 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 receive a distinct payment as primary care services.

B. Billable Visit Claiming: Community Partner may claim for only one "billable visit" per day per patient, irrespective of the number of health professionals that the patient sees in a day (e.g. a visit between a patient and a physician and a second visit on the same day between the same patient and another health professional, including a specialty care physician, constitutes only one billable visit). Claims for more than one visit per patient per day will be rejected. County shall reimburse Community Partner only for one billable visit per patient per day, regardless of the number of visits provided and claimed. Notwithstanding the foregoing, Community Partner may claim for dental services provided to the same patient on the same day as a medical visit in the event that Community Partner provides dental services under the Healthy Way LA Initiative.

C. Visit Documented in Medical Record: In order to be reimbursed as a "billable visit," all health services provided during or as a result of a visit shall be recorded in the patient’s medical record. At a minimum, Community Partner shall record the following information in the patient's medical record for each billable visit: patient's chief complaint, interim history, physical findings, diagnosis and treatment plan. Failure to record this information may result in the denial or recoupment of payment for the visit in County's discretion.

D. Ancillary Services: For purposes of this Agreement, "ancillary services" shall include laboratory services, pharmacy services, medical supplies, and basic radiology. Ancillary services shall be reimbursed as follows:

1) Eligible Unmatched Program Patients: A billable visit for primary care services provided to an Eligible Unmatched Program Patient shall include any ancillary services that are needed during or as a result of the visit. Ancillary services that are needed during or provided as a result of a primary care visit shall be part of the all-inclusive rate, which Community Partner receives under this Agreement for each billable visit provided to an Eligible Unmatched Program Patient, as set forth in Exhibit C-1. If ancillary services are provided off-site, Community Partner shall have a formal agreement with entities or persons that have agreed to provide these services.

2) Eligible Matched Program Patients: Reimbursement for ancillary services provided to an Eligible Matched Program Patient shall be according to the rates set forth in Exhibit C-2. If ancillary services are provided off-site, Community Partner shall have a formal agreement with entities or persons that have agreed to provide these services. In order to be reimbursed for ancillary services, all ancillary services provided during or as a result of a visit, shall be recorded in the patient's medical record.

4. Staffing: If Community Partner is utilizing nurse practitioners, nurse midwives, and/or physician assistants in the delivery of primary health care services, Community Partner must have in effect standardized protocols signed by a supervising

physician. Additionally, Community Partner 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;
- Four 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.

5. Workplan: Community Partner shall follow Community Partner's HWLA Initiative Workplan attached hereto and incorporated herein by reference as Attachment II. Any changes to this Workplan must have the prior written consent of the Director.

6. Medi-Cal Program Participation: Community Partner must participate in the Medi-Cal Program and remain in good standing under that program for the entire term of this Agreement. If Community Partner ceases to participate in the Medi-Cal Program, or the State of California and/or CMS, removes Community Partner from that program for any reason whatsoever, County shall have the right to terminate this Agreement immediately.

7. Community Partner's Operations:

A. Hours of Operation: Community Partner shall adhere to the hours of operation set forth in its Workplan, Attachment II. Community Partner shall notify Director in writing of any changes to the specified hours of operation.

Except as otherwise necessary in emergency situations, any decrease changes to the specified hours of operation must be requested of Director in writing and shall be at the discretion of the Director to approve.

1) 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 Community Partner 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.

2) If the above procedures have not been followed, and a change in its clinic service site hours or days of operation is made by Community Partner without Director's authorization, Community Partner 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.

B. Facility Service Sites: Community Partner shall provide services at the service sites set forth in its Workplan, Attachment II. Community Partner

shall inform Director in writing at least forty-five (45) calendar days prior to adding, closing, or relocating a site, for provision of services hereunder. The addition, deletion, or relocation of a service site may only be affected after obtaining the Director's written approval.

C. Clinic Closure to HWLA Initiative Patients: Community Partner shall not close its practice to established patients. For purposes of this Agreement, an "established Eligible Unmatched and/or Matched Program Patient" shall mean an individual who has been seen at any of the Community Partner's sites for any primary care service within the last twenty-four (24) months.

Community Partner shall notify County in the event that Community Partner must do either of the following:

1) close its practice to new Eligible Unmatched Program and/or Matched Program Patients. For purposes of this Agreement, a "new Eligible Unmatched and/or Matched Program Patient" shall mean an individual who has not been seen at any of Community Partner's clinic sites for any primary care service in more than 24 months from the first visit after the effective date of this Agreement; or,

2) close its practice due to circumstances beyond its control.

D. Rules for Closure of Clinic to New Unmatched and/or Matched Program Patients: The following rules shall apply to Community Partner's ability to close and open to new Unmatched and/or Matched Program Eligible Patients as defined above:

1) A closure must apply uniformly to all new Eligible Unmatched and/or Matched Program Patients, and a closure will be in effect on a quarterly basis, as set forth in subparagraph 2 hereunder;

2) Community Partner shall notify County in writing no later than ten (10) working days prior to the start of each quarter (January 1, April 1, July 1, and October 1) if Community Partner is open to new Eligible Unmatched and/or Matched Program Patients or whether it is closed to such patients.

If Community Partner is open for a particular quarter, it shall concurrently notify County of the total number of new Eligible Unmatched and/or Eligible Matched Program Patients that it can accept for that quarter. In accordance with the requirements set forth under Paragraph 15 of this Exhibit, Community Partner shall reserve not less than twenty-five percent (25%) and no more than fifty percent (50%) of its capacity for new Eligible Unmatched and/or Eligible Matched Program Patients for referrals from County DHS and shall maintain, in the Unmatched Program, any capacity created by the referral of an Eligible Unmatched Program Patient to DHS for services to ensure that the patient has a primary care "slot" to which to return for service upon referral back from DHS. Within thirty (30) days of the start of any quarter in which Community Partner has opened to new Eligible Unmatched and/or Eligible Matched Patients, County shall notify Community Partner if its DHS does not intend to use all capacity made available to it pursuant to Paragraph 15. Any capacity not

required by County may be used by Community Partner for the enrollment of Eligible Unmatched and/or Matched Program Patients.

Notwithstanding the foregoing, Community Partner shall be permitted to enroll patients into its Unmatched and/or Matched Program, using any capacity beyond that reserved for County or not needed by the County, only on condition that Community Partner meets all access standards for the Matched Program as set forth in Exhibit A-5.

3) In the event that Community Partner closes its practice as described above, Community Partner shall submit quarterly 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, Division of Ambulatory Care, 1000 South Fremont Avenue, Building A-9 East 2nd Floor, Alhambra, California 91803-8859, Attention: CEO. In the event that County determines that Community Partner has closed only to selected, new Eligible Unmatched and/or Matched Program 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 Community Partner resulting from said breach.

8. Patient Eligibility: Community Partner shall verify and document patient eligibility for services under this Agreement in accordance with the process set forth in

Exhibit B-1. 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 all documentation specified in Exhibit B-1. Such documentation must be maintained in accordance with the RECORDS AND AUDITS Paragraph of the ADDITIONAL PROVISIONS. Eligible Unmatched Program Patients served under the Unmatched Program and who are receiving public health related services shall be exempt from the Los Angeles County residency verification process.

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

10. Laboratory Services: If Community Partner performs any of the following nine laboratory tests on site, Community Partner 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 Community Partner performs lab testing beyond these services, it must meet all additional CLIA requirements.

11. Radiology Services: Community Partner 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.

12. Pharmacy: Community Partner must use the Approved DHS Primary Care Formulary, which shall be provided to Community Partner prior to the commencement of services under this Agreement by way of the Provider Information Notice process. Community Partner may prescribe drugs beyond what is listed in the Formulary upon prior authorization and approval from DHS, which process shall be set forth in the Formulary, as well as prescribe therapeutic equivalent (generic) drugs, with some exceptions as shall be provided to Community Partner in the Formulary. Community Partner may also counsel patients on non-prescription therapeutic interventions whenever feasible, for example exercise, weight loss, and smoking cessation. Community Partner shall participate in all Patient Assistance Programs (PAPs) provided by individual pharmaceutical companies. The foregoing obligation shall apply to those pharmaceuticals specifically identified in the DHS Primary Care Formulary as "PAP Required" or such other terminology as DHS may choose to employ. Community Partner shall submit on behalf of all of its Eligible Unmatched and/or Matched Program Patients applications for any applicable PAP. County shall not reimburse Community Partner for the provision of any pharmaceuticals, if permitted under this Agreement, unless the Eligible Unmatched and/or Matched Program Patient's PAP application has been rejected.

13. Patient Care: As the primary health care provider, Community Partner shall provide coordinated and comprehensive primary health care at the first contact and on a continuous basis in an outpatient setting to all patients.

A. Primary Care Medical Home: Community Partner shall serve as the "medical home" for each Eligible Matched Program Patient seen at its clinic locations. Only as to Community Partner's with multiple clinic sites, each Eligible Matched Program Patient shall be assigned specifically to one of Community Partner's clinic sites, but the Eligible Matched Program Patient shall be permitted to seek and receive care at any of Community Partner's other clinic sites.

The minimum elements of a medical home shall include:

1) The provision of primary health care as set forth in this Exhibit A-1, with the primary health care contact facilitating the Eligible Matched Program Patient's access to preventive, primary, specialty, mental health or chronic illness treatment, as appropriate.

2) An intake assessment of each Eligible Matched Program Patient's general health status.

3) Referrals to qualified professionals, community resources or other agencies as needed.

4) Facilitating communication between an Eligible Matched Program Patient's health care providers, including outreach to mental health providers.

5) Care management, case management and transitions among levels of care, if needed, and as agreed to between the medical home and the Coverage Expansion Enrollment Demonstration project.

6) Use of clinical guidelines and other evidence-based medicine, when applicable, for treatment of an Eligible Matched Program Patient's health care services and timing of clinical preventive services.

7) Focus on continuous improvement in quality of care.

8) Timely access to qualified health care interpretation as needed and as appropriate for Eligible Matched Program patients with limited English proficiency.

9) Health information, education and support to Eligible Matched Program patients and, where appropriate, their families, if and when needed, in a culturally competent manner.

B. Specialty Services: Community Partner shall refer an Eligible Unmatched and/or Matched Program Patient for specialty care only when all treatment options have been exhausted or the patient's medical condition dictates specialty care or both. When either or both circumstances apply, a referral to a DHS specialist may be made. Community Partner shall refer patients to DHS facilities for specialty service using the referral guidelines and tools promulgated by DHS. Within the limits of the specialty clinic's availability, DHS shall be responsible for ensuring that specialty appointments are being made in a timely manner. Community Partner 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 which the accepting DHS facility issues. If Community Partner 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. Community Partner shall ensure that, prior to referral for specialty care, all patients have a completed an Ability-to-Pay application in accordance with the process set forth in Exhibit B-1. County will provide Community Partner with the specific processes, tools and guidelines for specialty care referral to DHS upon execution of this Agreement through the Provider Information Notice process.

Notwithstanding any right of Community Partner hereunder to refer patients to County for specialty care, 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, Community Partner medical personnel who have initiated the referral shall be contacted by County medical staff for arrangements to return the patient to Community Partner.

Nothing in the foregoing shall be intended or construed to limit the right of a Community Partner to provide specialty care onsite to Eligible Matched Program Patients, or to refer such patients to specialty care by a provider other than DHS, in accordance with Exhibit A-3 and as to those Community Providers that either provide or have referral relationships for the provision of specialty care.

C. Mental Health Referrals:

1) Eligible Unmatched Program Patients: If, through the provision of services hereunder, Community Partner determines that an Unmatched Program Patient may benefit from mental health services outside of the scope of primary care services permitted hereunder, or if an Unmatched Program Patient inquires about the availability of no-cost mental health services outside of the scope of primary care services permitted hereunder, Community Partner 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. Community Partner shall inform the patient that he/she will undergo another financial eligibility screening at the time that mental health services are sought.

2) Eligible Matched Program Patients: If, through the provision of services hereunder, Community Partner determines that a Matched Program Patient may require mental health services outside of the scope of primary care services permitted hereunder, Community Partner shall refer the Matched Program Patient to the Los Angeles County Department of Mental Health ("DMH"). Community Partner also shall inform the Matched Program Patient of his/her right to contact DMH directly for such services. County shall provide Community Partner with guidelines and procedures for the circumstances under which a referral to DMH is appropriate as well as with guidelines and procedures for the referral

process pursuant to the PIN process. Community Partner shall participate in all necessary care coordination with the Matched Program Patients' mental health provider. Community Partner shall ensure that a referral to DMH is made immediately upon Matched Program Patient's request or of the Community Partner's determination that such services are indicated, as applicable.

D. Substance Abuse Referrals: If, through the provision of services hereunder, Community Partner 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, Community Partner 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.

E. Accessing After-Hour and Emergency Services: Community Partner must triage and provide same-day or next-day care for a patient whom the Community Partner has seen in the past, and who should be seen for urgent primary care, as that term is defined in Exhibit A-5, within 48 hours. Community Partner shall establish a mechanism to inform Eligible Unmatched Program and/or Matched Program patients how to access primary health care services after hours, during weekends and holidays, and how to access emergency services.

14. Program Management: In accordance with Attachment II, Community Partner's Workplan, Community Partner must:

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

B. Provide same-day or next-day appointments or walk-in services to those patients who require urgent primary care, as that term is defined in Exhibit A-5, within 48 hours, and regular scheduled appointments for returning patients, as medically necessary.

15. Patient Program Enrollment and Management: Community Partner shall, at all times, use its best efforts to enroll all Eligible Unmatched Program Patients into the Matched Program in accordance with the process set forth in Exhibit B-1. County recognizes and acknowledges that, as Community Partner successfully enrolls patients from the Unmatched Program into the Matched Program, Community Partner will create additional primary care capacity in its clinic sites under the Unmatched Program. Community Partner recognizes and acknowledges that County, as a provider of emergency, urgent and complex specialty care, among other services, requires primary care service sites to which it may send patients no longer in need of these and other DHS services.

In recognition of these facts, the parties agree that Community Partner shall reserve not less than twenty-five (25%) and no more than fifty percent (50%) of the primary care capacity created by the enrollment of Eligible Unmatched Program Patients into the Matched Program for use by County DHS in recognition of its need to

transition certain of its patients from DHS care settings to primary care. Community Partner shall accept all referrals from DHS of these patients so long as it has the service capacity, as set forth herein, to do so. Additionally, Community Partner shall maintain, in the Unmatched Program, any capacity created by the referral of an Eligible Unmatched Program Patient to DHS for services to ensure that the patient has a primary care "slot" to which to return for service upon referral back from DHS.

16. Performance Measurement:

A. Baseline Measurements: Information provided in the Community Partner's approved Workplan provides baseline information for components of performance reports.

B. County Quarterly Reports: The County will issue quarterly reports to Community Partner to summarize performance of individual agencies. Information on the quarterly reports will be derived from claims adjudication data.

C. Community Partner Quarterly Reports: Community Partner 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 Community Partner of submission due dates and reporting requirements, as appropriate, via the Provider Information Notice process.

D. Encounter Data: Community Partner shall submit encounter data to County on a monthly basis for all Eligible Unmatched and Matched Program patients. Encounter data shall include all diagnosis codes and relevant procedure codes. Community Partner's obligation to provide encounter data

shall apply regardless of whether Community Partner has met its Maximum Obligation for the Unmatched Program in any Fiscal Year such that it no longer claims for services provided to this population pursuant to this Agreement.

E. Data Reporting: For both Eligible Matched and Unmatched Program Patients, Community Partner shall report to DHS on a monthly basis those data elements as either DHS or the State of California or both require which will also include all diagnosis codes and relevant procedure codes. Community Partner's obligation to provide encounter data shall apply regardless of whether Community Partner has met its Maximum Obligation for the Unmatched Program in any Fiscal Year such that it no longer claims for services provided to this population pursuant to this Agreement. DHS shall notify Community Partner of the data required to be provided through the PIN process. As to Eligible Unmatched Program Patients, Community Partner's reporting obligation shall survive the cessation of funding for the provision of services in any Fiscal Year or part thereof that this Agreement is in effect. County shall update the data elements to be reported hereunder through the PIN process.

17. Performance Improvement: Community Partner shall participate in County activities to improve performance across the Healthy Way LA Initiative. As reasonable, this may include performance meetings with individual Community Partners, peer review meetings, and the review and development of new policies and procedures.

18. Additional Responsibilities for County and Community Partner under the South Los Angeles Preservation Fund Program: In addition to any specific

requirements set forth under this Agreement, and during the term of this Agreement as to both parties, Community Partner, if a provider under the South Los Angeles Preservation Fund Program, and County shall be obligated to do all of the following:

A. Responsibilities of Community Partner:

1) Provide urgent care to Eligible Unmatched Program patients. "Urgent care" is defined as a visit that is provided on a walk-in basis or through appointments available within 48 hours of the patient contacting Community Partner for an appointment. Fifty percent of visits reimbursed under the South Los Angeles Medical Services Preservation Fund Program must be provided after hours (after 5:00 p.m.), on the week-end or in the early morning hours. Hours which overlap with regular clinic hours will qualify.

2) Refer Eligible Unmatched Program Patients to a Disease Management Program when available.

3) Develop a system to identify that visits provided under the Preservation Fund Program are provided after 5:00 p.m., week-ends, early mornings, same day or scheduled appointment within 48 hours of contacting Partner.

4) Provide quarterly reports to the County 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.

5) Provide to County services according to the days and hours specified in Community Partner's Workplan, Attachment II.

B. Responsibilities of County: County will issue quarterly reports to Community Partner to summarize performance of individual agencies, and comparisons to Community Partners similar in size and organization, and to South Los Angeles Medical Services Preservation Fund providers across the entire system. Information on the quarterly reports will be derived from claims adjudication data, Community Partner's quarterly reports, annual monitoring/audit reports, and other sources.

EXCLUDED SERVICES

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"

EXCLUDED SERVICES

HIV/AIDS		
ICD9Code	**Short Description**	**Long Description**
"042"	"HUMAN IMMUNODEFICIENCY VIRUS [HIV]"	"HUMAN IMMUNODEFICIENCY VIRUS [HIV]"
"079.53"	"HIV TYPE 2 IN CCE & UNS SITE"	"HIV TYPE 2 IN CCE & UNS SITE"
"136.3"	"PNEUMOCYSTOSIS"	"PNEUMOCYSTOSIS"
"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"
"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"

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"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"V23.89"	"SUPERVISION OTH HIGH-RISK PREGNANCY"	"SUPERVISION OF OTHER HIGH-RISK PREGNANCY"
"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 LEVLS 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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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"	"UNSAB 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"	"UNSAB 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"

EXCLUDED SERVICES

PREGNANCY		
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"	"INCMPL 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"	"INCMPL 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 INCMPL"	"LEGL INDUCD AB COMPL DAMGE PELV ORGN/TISS INCMPL"
"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"

EXCLUDED SERVICES

PREGNANCY		
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"	"INCMPL 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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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/UNS 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"

EXCLUDED SERVICES

PREGNANCY		
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"	"FAILD 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"

EXCLUDED SERVICES

PREGNANCY		
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 HEMOR 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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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-ECLMP/ECLMP 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-ECLMP/ECLMP PRE-XST HTN-DEL-PPC"	"PRE-ECLAMPSIA/ECLMPSIA W/PRE-EXIST HTN-DEL W/PPC"
"642.73"	"PRE-ECLMP/ECLMP 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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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 COMP 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 COMP 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 COMP PG CHILDBIRTH/THE PUERPERIUM"
"648.60"	"OTH MAT CV DZ COMP 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 COMP 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 TOLERNC DEL W/CURR PPC"	"ABNORMAL MTRN GLU TOLERNC W/DELIV W/CURRENT PPC"
"648.83"	"ABNORMAL MTRN GLU TOLERANCE ANTPRTM"	"ABNORMAL MATERNAL GLUCOSE TOLERANCE ANTEPARTUM"
"648.84"	"ABN MTRN GLU TOLERNC PREV PP COND"	"ABNORMAL MTRN GLU TOLERANCE PREVIOUS PP COND"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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"	"TRIPLET PREGNANCY"	"TRIPLET PREGNANCY"
"651.10"	"TRIPLET PG UNSPEC AS EPIS CARE"	"TRIPLET PREGNANCY UNSPECIFIED AS TO EPISODE CARE"
"651.11"	"TRIPLET PREGNANCY	DELIVERED"
"651.13"	"TRIPLET PREGNANCY	ANTEPARTUM"
"651.2"	"QUADRUPLET PREGNANCY"	"QUADRUPLET PREGNANCY"

EXCLUDED SERVICES

PREGNANCY		
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"	"TRIPLET PG W/FETAL LOSS&RETN 1/MORE"	"TRIPLET PREGNANCY W/FETAL LOSS&RETENTION 1/MORE"
"651.40"	"TRIPLT PG-FETL LOSS&RETN 1/>UNS EOC"	"TRIPLET PREG W/FETAL LOSS&RETN 1/> FETUS-UNS EOC"
"651.41"	"TRIPLET PG W/FETL LOSS&RETN 1/> DEL"	"TRIPLET PG W/FETAL LOSS&RETENTION 1/MORE DELIV"
"651.43"	"TRIPLT PG-FETL LOSS&RETN 1/>ANTPRTM"	"TRIPLET 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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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 COMP"	"OTH ABN SHAPE/POS GRAVID UTERUS DEL W/PP COMPL"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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 MOVMNTS UNS AS EPIS CARE"	"DECREASED FETAL MOVEMENTS UNSPEC AS EPISODE CARE"
"655.71"	"DECR FETAL MOVMNTS MGMT MOTH DELIV"	"DECR FETAL MOVEMENTS AFFECT MGMT MOTH DELIV"
"655.73"	"DCRESD FETL MOVEMENT ANTPRTM COMPL"	"DECR FETAL MOVMNTS 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"

EXCLUDED SERVICES

PREGNANCY		
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 AFFCT 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 AFFCT 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 AFFCT 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 AFFCT 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 AFFCT 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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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 PROBW/AMNIOTIC CAV&MEMB UNS EOC"	"OTH PROB ASSOC W/AMNIOTIC CAV&MEMB UNS EPIS CARE"
"658.81"	"OTH PROBW/AMNIOTIC CAV&MEMB DELIV"	"OTH PROBLEM ASSOC W/AMNIOTIC CAVITY&MEMB DELIV"
"658.83"	"OTH PROBW/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 PROBW/AMNIOTIC CAV&MEMB UNS EOC"	"UNS PROB ASSOC W/AMNIOTIC CAV&MEMB UNS EPIS CARE"
"658.91"	"UNS PROBW/AMNIOTIC CAV&MEMB DELIV"	"UNSPEC PROB ASSOC W/AMNIOTIC CAVITY&MEMB DELIV"
"658.93"	"UNS PROBW/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/WO ANTPRTM COND"	"GRAND MULTIPARITY DELIV W/WO ANTPRTM COND"
"659.43"	"GRAND MULTIPARITY W/CURR PG ANTPRTM"	"GRAND MULTIPARITY W/CURRENT PREGNANCY ANTEPARTUM"
"659.5"	"ELDERLY PRIMIGRAVIDA"	"ELDERLY PRIMIGRAVIDA"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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 UNSPECIFED 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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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"
"664.54"	"VULVAR&PERINEAL HEMATOMA POSTPARTUM"	"VULVAR AND PERINEAL HEMATOMA POSTPARTUM"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"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"
"665.60"	"DAMGE PELV JNT&LIG UNS EPIS CARE PG"	"DAMGE PELV JNT&LIG UNSPEC AS EPIS CARE PREGNANCY"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"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"
"666.30"	"PP COAGULAT DEFEC UNS AS EPIS CARE"	"POSTPARTUM COAGULAT DEFEC UNSPEC AS EPISODE CARE"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"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 ADMN ANES L&D UNS EOC"	"PULM COMPL ADMN 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 ADMN ANES L&D ANTPRTM"	"PULM COMPL ADMN 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 ADMN ANES L&D UNS EOC"	"CARD COMPL ADMN 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 ADMN ANES L&D ANTPARTUM"	"CARD COMPL ADMN 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 ADMN ANES L&D DEL UNS EOC"	"CNA COMPL ADMN 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 ADMN ANES L&D UNS EOC"	"OTH COMPL ADMN 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"
"668.82"	"OTH COMPL ADMN ANES/SEDAT-DEL W/PPC"	"OTH COMPL ADMN ANES/OTH SEDAT DEL W/PP COMPL"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"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"
"669.41"	"OTH COMPL OB SURG&PROC W/DELIVERY"	"OTH COMPL OB SURG&PROC DELIV W/WO ANTPRTM COND"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"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 ANTPRTM COMP"	"OTH COMPS OB SURGERY&PROC ANTPRTM 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"	"FORCP/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 ANTPRTM 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 ANTPRTM 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 ANTPRTM COND"	"OTH COMP L&D DELIVERED W/WO MENTION ANTPRTM 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 ANTPRTM COND/COMP"	"OTH COMPLICATION L&D ANTPRTM 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 ANTPRTM COND"	"UNSPEC COMP L&D DELIV W/WO MENTION ANTPRTM 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 ANTPRTM COND/COMP"	"UNSPEC COMP L&D ANTPRTM 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"
"67.32"	"DESTRUCTION LESION CERVIX CAUT"	"DESTRUCTION OF LESION OF CERVIX BY CAUTERIZATION"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"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/WO 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/WO 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/WO 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"
"671.24"	"SUPERFICIAL THROMBOPHLEBITIS PP"	"SUPERFICIAL THROMBOPHLEBITIS POSTPARTUM"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"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"
"673.00"	"OB AIR EMBO UNSPEC AS EPIS CARE"	"OBSTETRICAL AIR EMBOLISM UNSPEC AS EPISODE CARE"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"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"	"CERBROVASCULAR D/O OCCURRING PG CB/PP UNS EOC"
"674.01"	"CERBVASC D/O DEL W/WO ANTPRTM COND"	"CERBROVASC D/O DELIV W/WO MENTION ANTPRTM COND"
"674.02"	"CEREBRVASC D/O DELIV W/MENTION PPC"	"CEREBRVASC DISORDER W/DELIVERY W/MENTION PPC"
"674.03"	"CEREBROVASCULAR DISORDER ANTEPARTUM"	"CEREBROVASCULAR DISORDER ANTEPARTUM"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"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"	"DISRUPTRUPT 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 ANTPRTM COND"
"674.52"	"PERIPARTM CARDIOMYPATH DEL PP COND"	"PERIPARTUM CARDIOMYPATH DELIV W/MENTION PP COND"
"674.53"	"PERIPARTM CARDIOMYPATH ANTPRTM COMP"	"PERIPARTUM CARDIOMYOPATHY ANTPRTM 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"
"675.00"	"INF NIPPLEW/CHLDBRTH UNS EPIS CARE"	"INF NIPPLE ASSOC W/CHILDBRTH UNSPEC AS EPIS CARE"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"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"
"676.03"	"RETRACTED NIPPLE ANTPRTM COND/COMP"	"RETRACTED NIPPLE ANTEPARTUM COND/COMPLICATION"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"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"	"SUPPRSSED 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"
"676.61"	"GALACTORRHEA DEL W/WO ANTPRTM COND"	"GALACTORRHEA W/DELIV W/WO MENTION ANTPRTM COND"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"676.62"	"GALACTORRHEA W/DELIV W/MENTION PPC"	"GALACTORRHEA W/DELIVERY W/MENTION PPC"
"676.63"	"GALACTORRHEA ANTPRTM 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 ANTPRTM COND"
"676.82"	"OTH D/O LACTATION DELIV W/ PPC"	"OTH DISORDER LACTATION W/DELIVERY W/MENTION PPC"
"676.83"	"OTH D/O LACTATION ANTPRTM COND/COMP"	"OTH DISORDER LACTATION ANTPRTM 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 ANTPRTM COND"
"676.92"	"UNS D/O LACTATION DELIV W/ PPC"	"UNSPEC DISORDER LACTATION W/DELIV W/MENTION PPC"
"676.93"	"UNS D/O LACTATION ANTPRTM COND/COMP"	"UNSPEC DISORDER LACTATION ANTPRTM 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**
"290.8"	"OTHER SPEC SENILE PSYCHOTIC CONDS"	"OTHER SPECIFIED SENILE PSYCHOTIC CONDITIONS"
"290.9"	"UNSPEC SENILE PSYCHOTIC CONDITION"	"UNSPECIFIED SENILE PSYCHOTIC CONDITION"
"295.00"	"SIMPLE SCHIZOPHRENIA UNSPEC COND"	"SIMPLE SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.01"	"SIMPLE SCHIZO SUBCHRONIC COND"	"SIMPLE SCHIZOPHRENIA SUBCHRONIC 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"
"295.1"	"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"

EXCLUDED SERVICES

PSYCHIATRIC		
ICD9Code	**Short Description**	**Long Description**
"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"
"295.65"	"SCHIZO D/O RESIDUL TYPE REMISS"	"SCHIZOPHRENIC DISORDERS RESIDUAL TYPE REMISSION"

EXCLUDED SERVICES

PSYCHIATRIC		
ICD9Code	**Short Description**	**Long Description**
"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"
"295.95"	"UNSPECIFIED SCHIZOPHRENIA REMISSION"	"UNSPECIFIED SCHIZOPHRENIA IN REMISSION"
"296"	"EPISODIC MOOD DISORDERS"	"EPISODIC MOOD DISORDERS"
"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"
"296.1"	"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"
"296.33"	"MJR DEPRESS D/O RECUR EPIS-SEVERE"	"MAJ DPRSV D/O RECUR EPIS SEV W/O PSYCHOT BHV"

EXCLUDED SERVICES

PSYCHIATRIC		
ICD9Code	**Short Description**	**Long Description**
"296.34"	"MJR DEPRES D/O RECUR EPIS-PSYCHOTIC"	"MAJ DPRSV D/O RECUR EPIS SEV SPEC W/PSYCHOT BHV"
"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"
"296.89"	"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"
"297.0"	"PARANOID STATE	SIMPLE"

EXCLUDED SERVICES

PSYCHIATRIC		
ICD9Code	**Short Description**	**Long Description**
"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"
"299"	"PERVASIVE DEVELOPMENTAL DISORDERS"	"PERVASIVE DEVELOPMENTAL DISORDERS"
"299.00"	"AUTISTIC DISORDER CURRNT/ACTV STATE"	"AUTISTIC DISORDER CURRENT OR ACTIVE STATE"
"299.01"	"AUTISTIC DISORDER RESIDUAL STATE"	"AUTISTIC DISORDER RESIDUAL STATE"
"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 DVLPMENTL D/O"	"OTHER SPEC PERVASIVE DEVELOPMENTAL DISORDERS"
"299.80"	"OTH PERVASIV DVLPMNTL D/O CURR/ACTV"	"OTH SPEC PERVASIVE DVLPMENTL D/O CURR/ACTV STATE"
"299.81"	"OTH PERVASIVE DVLPMENTL D/O RESIDUL"	"OTH SPEC PERVASIVE DVLPMENTL D/O RESIDUAL STATE"
"299.90"	"UNS PERVASIV DVLPMNTL D/O CURR/ACTV"	"UNSPEC PERVASIVE DVLPMENTL D/O CURRNT/ACTV STATE"
"299.91"	"UNS PERVASIVE DVLPMENTL D/O RESIDUL"	"UNSPEC PERVASIVE DVLPMENTL D/O RESIDUAL STATE"
"300"	"ANXIETY DISSOCIATIVE&SOMATOFORM D/O"	"ANXIETY DISSOCIATIVE AND SOMATOFORM 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"
"300.4"	"DYSTHYMIC DISORDER"	"DYSTHYMIC DISORDER"
"300.5"	"NEURASTHENIA"	"NEURASTHENIA"
"300.6"	"DEPERSONALIZATION DISORDER"	"DEPERSONALIZATION DISORDER"
"300.7"	"HYPOCHONDRIASIS"	"HYPOCHONDRIASIS"
"300.8"	"SOMATOFORM DISORDERS"	"SOMATOFORM DISORDERS"

EXCLUDED SERVICES

PSYCHIATRIC		
ICD9Code	**Short Description**	**Long Description**
"300.81"	"SOMATIZATION DISORDER"	"SOMATIZATION DISORDER"
"300.82"	"UNDIFFERENTIATED SOMATOFORM D/O"	"UNDIFFERENTIATED SOMATOFORM DISORDER"
"300.89"	"OTHER SOMATOFORM DISORDERS"	"OTHER SOMATOFORM DISORDERS"
"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"

EXCLUDED SERVICES

PSYCHIATRIC		
ICD9Code	**Short Description**	**Long Description**
"302.3"	"TRANSVESTIC FETISHISM"	"TRANSVESTIC FETISHISM"
"302.4"	"EXHIBITIONISM"	"EXHIBITIONISM"
"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/INHIBSEXLXCITMNT"	"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"
"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"
"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"

EXCLUDED SERVICES

PSYCHIATRIC		
ICD9Code	**Short Description**	**Long Description**
"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"
"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"
"307.80"	"PSYCHOGENIC PAIN	SITE UNSPECIFIED"

EXCLUDED SERVICES

PSYCHIATRIC		
ICD9Code	**Short Description**	**Long Description**
"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"
"309.1"	"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"
"309.89"	"OTHER SPECIFIED ADJUSTMENT REACTION"	"OTHER SPECIFIED ADJUSTMENT REACTION"
"309.9"	"UNSPECIFIED ADJUSTMENT REACTION"	"UNSPECIFIED ADJUSTMENT REACTION"
"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"
"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 AGRESSIVE MILD"
"312.02"	"UNDSOCIALIZED CONDCT D/O AGRESS-MOD"	"UNDERSOCIALIZED CONDUCT DISORDER AGRESSIVE MOD"

EXCLUDED SERVICES

PSYCHIATRIC		
ICD9Code	**Short Description**	**Long Description**
"312.03"	"UNDSOCIALIZED CONDCT D/O AGRESS-SEV"	"UNDERSOCIALIZED CONDUCT D/O AGRESSIVE SEVERE"
"312.1"	"UNDSOCLIZED CONDUCT D/O UNAGRESSIVE"	"UNDERSOCIALIZED CONDUCT DISORDER UNAGRESSIVE"
"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"
"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"
"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"

EXCLUDED SERVICES

PSYCHIATRIC		
ICD9Code	**Short Description**	**Long Description**
"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"
"314.1"	"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"
"316"	"PSYCHIC FCT ASSOC W/DZ CLASS ELSW"	"PSYCHIC FACTORS ASSOC W/DISEASES CLASSIFIED ELSW"
"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"
"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"

SUBSTANCE ABUSE		
ICD9Code	**Short Description**	**Long Description**
"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"

EXCLUDED SERVICES

SUBSTANCE ABUSE		
ICD9Code	**Short Description**	**Long Description**
"291.8"	"OTH SPEC ALCOHOL-INDUCED MENTAL D/O"	"OTHER SPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS"
"291.81"	"ALCOHOL WITHDRAWAL"	"ALCOHOL WITHDRAWAL"
"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"

EXCLUDED SERVICES

SUBSTANCE ABUSE		
ICD9Code	**Short Description**	**Long Description**
"295"	"SCHIZOPHRENIC DISORDERS"	"SCHIZOPHRENIC DISORDERS"
"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"
"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/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"

EXCLUDED SERVICES

SUBSTANCE ABUSE		
ICD9Code	**Short Description**	**Long Description**
"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"
"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"

EXCLUDED SERVICES

SUBSTANCE ABUSE		
ICD9Code	**Short Description**	**Long Description**
"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"
"305.63"	"NONDEPENDENT COCAINE ABS REMISSION"	"NONDEPENDENT COCAINE ABUSE IN REMISSION"
"305.7"	"NONDPND AMPHET/REL ACT SYMPTHOM 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"

EXCLUDED SERVICES

SUBSTANCE ABUSE		
ICD9Code	**Short Description**	**Long Description**
"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"

Healthy Way LA Health Care Initiative – Matched and Unmatched Program
WORKPLAN / STATEMENT OF WORK

AGENCY:
[ ] FQHC [ ] FQHC Look-Alike [ ] Non-FQHC/Non-FQHC Look-Alike

	Site # 1	Site # 2	Site # 3	Site # 4
(1) Site Name, Address, and Clinic Telephone Number				
(2) SPA				
(3) Description of Services	[ ] Matched [ ] Primary Care [ ] Specialty Care [ ] Unmatched [ ] Primary Care [ ] SB 474 [ ] Specialty Care [ ] Dental	[ ] Matched [ ] Primary Care [ ] Specialty Care [ ] Unmatched [ ] Primary Care [ ] SB 474 [ ] Specialty Care [ ] Dental	[ ] Matched [ ] Primary Care [ ] Specialty Care [ ] Unmatched [ ] Primary Care [ ] SB 474 [ ] Specialty Care [ ] Dental	[ ] Matched [ ] Primary Care [ ] Specialty Care [ ] Unmatched [ ] Primary Care [ ] SB 474 [ ] Specialty Care [ ] Dental
(4) Hours of Operation	Primary Care: SB 474: Specialty Care: Dental:	Primary Care: SB 474: Specialty Care: Dental:	Primary Care: SB 474: Specialty Care: Dental:	Primary Care: SB 474: Specialty Care: Dental:
(5) Approximate waiting time for new patient appointment	Primary Care: SB 474: Specialty Care: Dental:	Primary Care: SB 474: Specialty Care: Dental:	Primary Care: SB 474: Specialty Care: Dental:	Primary Care: SB 474: Specialty Care: Dental:

EXHIBIT A-2
DESCRIPTION OF SERVICES
PRIMARY HEALTH CARE SERVICES
HEALTHY WAY LA HEALTH CARE INITIATIVE
MATCHED AND UNMATCHED PROGRAMS
NON-FQHC COMMUNITY PARTNERS

1. Background: As the result of a May 2006 Request for Proposals ("RFP") for Public-Private Partnership ("PPP") Program Primary Care, Dental Care, and Specialty Care Services, Community Partner was selected to participate in the County's PPP Program. Community Provider wishes to continue the provision of services to the population treated under the PPP Program, which now is known as the Unmatched Program under the Healthy Way Health Care Initiative ("HWLA Initiative").

Further, Community Partner is a provider of services under the South Los Angeles Preservation Fund Program ("Preservation Fund") and the parties wish Community Partner to continue to participate in this program. The Preservation Fund was established to address the regional impact of the closure of Martin Luther King, Jr., Hospital and to help defray County costs for treating uninsured patients in the South Los Angeles area. The Preservation Fund seeks to maintain or improve the patient's current level of health and reduce morbidity, while enhancing objective, measurable quality of care outcomes. Further, the goal of this program is to provide benefits and service enhancements, such as expanded evening and weekend urgent care and/or walk-in services.

Finally, in 2008, the County established the first HWLA Initiative under which Community Partner, as a then current PPP Provider in good standing, was offered, and accepted, the opportunity to provide services under this new health care initiative. With new requirements established by the State of California and the Centers for Medicare and Medicaid Services under a new Demonstration Project, which is described in Exhibit A-5,

the HWLA Initiative will continue through December 31, 2013. The parties mutually desire Community Partner to remain a provider under the new Demonstration Project.

2. Primary Health Care Services: Community Partner shall be responsible for providing primary health care services to all Eligible Unmatched Program and/or Matched Program Patients, as those terms are defined under Exhibit B-1 of 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 require less than twenty-four (24) hours of care for the 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 I, attached hereto and incorporated herein by reference.

Community Partner 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 Community Partner provides pediatric primary health care services under this Agreement, and in addition to the foregoing, Community Partner must be Child Health and Disability Prevention ("CHDPP") certified. Additionally, Internal Medicine and General Medicine practitioners who provide primary health care and who see children sixteen (16) years of age or younger must be CHDPP-certified. Pediatricians and Family

Practitioners who provide primary health care and who see children sixteen (16) years of age or younger should be CHDPP-certified but are not required to be so certified.

Community Partner shall be reimbursed for the provision of primary care services to Eligible Unmatched and Matched Program patients at the rates set forth in Exhibits C-1 and C-3 of this Agreement.

3. Reimbursable Services: Community Partner shall be reimbursed by County for primary health care services provided only to Eligible Unmatched and/or Matched Program Patients. To that end, Community Partner shall receive a distinct payment from County for such services only if those services constitute a "billable visit."

A. Billable Visit: For purposes of this Agreement, a "billable visit" shall be defined as a face-to-face encounter between the Eligible Matched and/or Unmatched Program Patient and one of the following health professionals: (1) licensed doctor of medicine or osteopathy; (2) a certified nurse practitioner or nurse midwife; and (3) licensed physician assistant. Physicals and drug testing requested by the patient 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 dental, chiropractic, 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 receive a distinct payment as primary care services.

B. Billable Visit Claiming: Community Partner may claim for only one "billable visit" per day per patient, irrespective of the number of health professionals

that the patient sees in a day (e.g. a visit between a patient and a physician and a second visit on the same day between the same patient and another health professional, including a specialty care physician, constitutes only one billable visit). Claims for more than one visit per patient per day will be rejected. County shall reimburse Community Partner only for one billable visit per patient per day, regardless of the number of visits provided and claimed. Notwithstanding the foregoing, Community Partner may claim for dental services provided to the same patient on the same day as a medical visit in the event that Community Partner provides dental services under the Healthy Way LA Initiative.

C. Visit Documented in Medical Record: In order to be reimbursed as a "billable visit," all health services provided during or as a result of a visit shall be recorded in the patient's medical record. At a minimum, Community Partner shall record the following information in the patient's medical record for each billable visit: patient's chief complaint, interim history, physical findings, diagnosis and treatment plan. Failure to record this information may result in the denial or recoupment of payment for the visit in County's discretion.

D. Ancillary Services: For purposes of this Agreement, "ancillary services" shall include laboratory services, pharmacy services, medical supplies, and basic radiology. Ancillary services shall be reimbursed as follows:

1) Eligible Unmatched Program Patients: A billable visit for primary care services provided to an Eligible Unmatched Program Patient shall include any ancillary services that are needed during or as a result of the visit. Ancillary services that are needed during or provided as a result of

a primary care visit shall be part of the all-inclusive rate, which Community Partner receives under this Agreement for each billable visit provided to an Eligible Unmatched Program Patient, as set forth in Exhibit C-1. If ancillary services are provided off-site, Community Partner shall have a formal agreement with entities or persons that have agreed to provide these services.

2) Eligible Matched Program Patients: Regardless of whether Community Partner provides ancillary services at its clinic site(s) or arranges for their provision off-site, all ancillary services provided during or as a result of a primary care visit shall be reimbursed according to the rates set forth in Exhibit C-3. If ancillary services are provided off-site, Community Partner shall have a formal agreement with entities or persons that have agreed to provide these services. In order to be reimbursed for ancillary services, all ancillary services provided during or as a result of a visit, shall be recorded in the patient's medical record.

4. Staffing: If Community Partner is utilizing nurse practitioners, nurse midwives, and/or physician assistants in the delivery of primary health care services, Community Partner must have in effect standardized protocols signed by a supervising physician. Additionally, Community Partner 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;
- Four 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.

5. Workplan: Community Partner shall follow Community Partner's HWLA Initiative Workplan attached hereto and incorporated herein by reference as Attachment II. Any changes to this Workplan must have the prior written consent of the Director.

6. Medi-Cal Program Participation: Community Partner must participate in the Medi-Cal Program and remain in good standing under that program for the entire term of this Agreement. If Community Partner ceases to participate in the Medi-Cal Program, or the State of California and/or CMS, removes Community Partner from that program for any reason whatsoever, County shall have the right to terminate this Agreement immediately.

7. Community Partner's Operations:

A. Hours of Operation: Community Partner shall adhere to the hours of operation set forth in Attachment II. Community Partner shall notify Director in writing of any changes to the specified hours of operation. Except as otherwise necessary in emergency situations, any decrease changes to the specified hours of operation must be requested of Director in writing and shall be at the discretion of the Director to approve.

1) 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 Community Partner 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.

2) If the above procedures have not been followed, and a change in its clinic service site hours or days of operation is made by Community Partner without Director's authorization, Community Partner 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.

B. Facility Service Sites: Community Partner shall provide services at the service sites set forth in its Workplan Attachment II. Community Partner shall inform Director in writing at least forty-five (45) calendar days prior to adding, closing, or relocating a site, for provision of services hereunder. The addition, deletion, or relocation of a service site may only be affected after obtaining the Director's written approval.

C. Clinic Closure to HWLA Initiative Patients: Community Partner shall not close its practice to established patients. For purposes of this Agreement, an "established Eligible Unmatched and/or Matched Program Patient" shall mean an individual who has been seen at any of the Community Partner's sites for any primary care service within the last twenty-four (24) months.

Community Partner shall notify County in the event that Community Partner must do either of the following:

1) close its practice to new Eligible Unmatched Program and/or Matched Program Patients. For purposes of this Agreement, a "new Eligible Unmatched and/or Matched Program Patient" shall mean an individual who has not been seen at any of Community Partner's clinic sites for any primary care service in more than 24 months from the first visit after the effective date of this Agreement; or,

2) close its practice due to circumstances beyond its control.

D. Rules for Closure of Clinic to New Unmatched and/or Matched Program Patients: The following rules shall apply to Community Partner's ability to close and open to new Unmatched and/or Matched Program Eligible Patients as defined above:

1) A closure must apply uniformly to all new Eligible Unmatched and/or Matched Program Patients, and a closure will be in effect on a quarterly basis, as set forth in subparagraph 2 hereunder;

2) Community Partner shall notify County in writing no later than ten (10) working days prior to the start of each quarter (January 1, April 1, July 1, and October 1) if Community Partner is open to new Eligible Unmatched and/or Matched Program Patients or whether it is closed to such patients.

If Community Partner is open for a particular quarter, it shall concurrently notify County of the total number of new Eligible Unmatched

and/or Eligible Matched Program Patients that it can accept for that quarter. In accordance with the requirements set forth under Paragraph 15 of this Exhibit, Community Partner shall reserve not less than twenty-five percent (25%) and no more than fifty percent (50%) of its capacity for new Eligible Unmatched and/or Eligible Matched Program Patients for referrals from County DHS and shall maintain, in the Unmatched Program, any capacity created by the referral of an Eligible Unmatched Program Patient to DHS for services to ensure that the patient has a primary care "slot" to which to return for service upon referral back from DHS. Within thirty (30) days of the start of any quarter in which Community Partner has opened to new Eligible Unmatched and/or Eligible Matched Patients, County shall notify Community Partner if its DHS does not intend to use all capacity made available to it pursuant to Paragraph 15. Any capacity not required by County may be used by Community Partner for the enrollment of Eligible Unmatched and/or Matched Program Patients.

Notwithstanding the foregoing, Community Partner shall be permitted to enroll patients into its Unmatched and/or Matched Program, using any capacity beyond that reserved for County or not needed by the County, only on condition that Community Partner meets all access standards for the Matched Program as set forth in Exhibit A-5.

3) In the event that Community Partner closes its practice as described above, Community Partner shall submit quarterly 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, Division of Ambulatory Care, 1000 South Fremont Avenue, Building A-9 East 2nd Floor, Alhambra, California 91803-8859, Attention: CEO. In the event that County determines that Community Partner has closed only to selected, new Eligible Unmatched and/or Matched Program 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 Community Partner resulting from said breach.

8. Patient Eligibility: Community Partner shall verify and document patient eligibility for services under this Agreement in accordance with the process set forth in Exhibit B-1. 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 all documentation specified in Exhibit B-1. Such documentation must be maintained in accordance with the RECORDS AND AUDITS Paragraph of the ADDITIONAL PROVISIONS. Eligible Unmatched Program Patients served under the Unmatched Program and who are receiving public health related services shall be exempt from the Los Angeles County residency verification process.

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

10. Laboratory Services: If Community Partner performs any of the following nine laboratory tests on site, Community Partner 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 Community Partner performs lab testing beyond these services, it must meet all additional CLIA requirements.

11. Radiology Services: Community Partner 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.

12. Pharmacy: Community Partner must use the Approved DHS Primary Care Formulary, which shall be provided to Community Partner prior to the commencement of services under this Agreement by way of the Provider Information Notice process. Community Partner may prescribe drugs beyond what is listed in the Formulary upon prior authorization from DHS, which process shall be set forth in the Formulary, as well as prescribe therapeutic equivalent (generic) drugs, with some exceptions as shall be provided to Community Partner in the Formulary. Community Partner may also counsel patients on non-prescription therapeutic interventions whenever feasible, for example exercise, weight loss, and smoking cessation. Community Partner shall participate in all Patient Assistance Programs (PAPs) provided by individual pharmaceutical companies. The foregoing

obligation shall apply to those pharmaceuticals specifically identified in the DHS Primary Care Formulary as "PAP Required" or such other terminology as DHS may choose to employ. Community Partner shall submit on behalf of all of its Eligible Unmatched and/or Matched Program Patients applications for any applicable PAP. County shall not reimburse Community Partner for the provision of any pharmaceuticals, if permitted under this Agreement, unless the Eligible Unmatched and/or Matched Program Patient's PAP application has been rejected.

13. Patient Care: As the primary health care provider, Community Partner shall provide coordinated and comprehensive primary health care at the first contact and on a continuous basis in an outpatient setting to all patients.

A. Primary Care Medical Home Community Partner shall serve as the "medical home" for each Eligible Matched Program Patient seen at its clinic location. As such, and only as to Community Partner's with multiple clinic sites, each Eligible Matched Program Patient shall be assigned specifically to one of Community Partner's clinic sites, but the Eligible Matched Program Patient shall be permitted to seek and receive care at any of Community Partner's other clinic sites. The minimum elements of a medical home shall include:

1) The provision of primary health care as set forth in this Exhibit A-2, with the primary health care contact facilitating the Eligible Matched Program Patient's access to preventive, primary, specialty, mental health or chronic illness treatment, as appropriate.

2) An intake assessment of each Eligible Matched Program Patient's general health status.

3) Referrals to qualified professionals, community resources or other agencies as needed.

4) Facilitating communication between an Eligible Matched Program Patient's health care providers, including outreach to mental health providers.

5) Care management, case management and transitions among levels of care, if needed, and as agreed to between the medical home and the Coverage Expansion Enrollment Demonstration project.

6) Use of clinical guidelines and other evidence-based medicine, when applicable, for treatment of an Eligible Matched Program Patient's health care services and timing of clinical preventive services.

7) Focus on continuous improvement in quality of care.

8) Timely access to qualified health care interpretation as needed and as appropriate for Eligible Matched Program patients with limited English proficiency.

9) Health information, education and support to Eligible Matched Program patients and, where appropriate, their families, if an when needed, in a culturally competent manner.

B. Specialty Services: Community Partner shall refer an Eligible Unmatched and/or Matched Program Patient for specialty care only when all treatment options have been exhausted or the patient’s medical condition dictates specialty care or both. When either or both circumstances apply, a referral to a DHS specialist may be made. Community Partner shall refer patients to DHS facilities for

specialty service using the referral guidelines and tools promulgated by DHS. Within the limits of the specialty clinic's availability, DHS shall be responsible for ensuring that specialty appointments are being made in a timely manner. Community Partner 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 which the accepting DHS facility issues. If Community Partner 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. Community Partner shall ensure that, prior to referral for specialty care, all patients have a completed an Ability-to-Pay application in accordance with the process set forth in Exhibit B-1. County will provide Community Partner with the specific processes, tools and guidelines for specialty care referral to DHS upon execution of this Agreement through the Provider Information Notice process.

Notwithstanding any right of Community Partner hereunder to refer patients to County for specialty care, 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, Community Partner medical personnel who have initiated the referral shall be contacted by County medical staff for arrangements to return the patient to Community Partner.

Nothing in the foregoing shall be intended or construed to limit the right of a Community Partner to provide specialty care onsite to Eligible Matched Program Patients, or to refer such patients to specialty care by a provider other than DHS, in accordance with Exhibit A-3 and as to those Community Providers that either provide or have referral relationships for the provision of specialty care.

C. Mental Health Referrals:

1) Eligible Unmatched Program Patients: If, through the provision of services hereunder, Community Partner determines that an Unmatched Program Patient may benefit from mental health services outside of the scope of primary care services permitted hereunder, or if an Unmatched Program Patient inquires about the availability of no-cost mental health services outside of the scope of primary care services permitted hereunder, Community Partner 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. Community Partner shall inform the patient that he/she will undergo another financial eligibility screening at the time that mental health services are sought.

2) Eligible Matched Program Patients: If, through the provision of services hereunder, Community Partner determines that a Matched Program Patient may require mental health services outside of the scope of primary care services permitted hereunder, Community Partner shall refer the Matched Program Patient to the Los Angeles County Department of Mental

Health ("DMH"). Community Partner also shall inform the Matched Program Patient of his/her right to contact DMH directly for such services. County shall provide Community Partner with guidelines and procedures for the circumstances under which a referral to DMH is appropriate as well as with guidelines and procedures for the referral process pursuant to the PIN process. Community Partner shall participate in all necessary care coordination with the Matched Program Patients' mental health provider. Community Partner shall ensure that a referral to DMH is made immediately upon Matched Program Patient's request or of the Community Partner's determination that such services are indicated, as applicable.

D. Substance Abuse Referrals: If, through the provision of services hereunder, Community Partner 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, Community Partner 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.

E. Accessing After-Hour and Emergency Services: Community Partner must triage and provide same-day or next-day care for a patient whom the Community Partner has seen in the past, and who should be seen for urgent primary care, as that term is defined in Exhibit A-5, within 48 hours. Community Partner shall establish a mechanism to inform Eligible Unmatched Program and/or

Matched Program patients how to access primary health care services after hours, during weekends and holidays, and how to access emergency services.

14. Program Management: In accordance with Attachment II, Community Partner's Workplan, Community Partner must:

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

B. Provide same-day or next-day appointments or walk-in services to those patients who should be seen for urgent primary care, as that term is defined in Exhibit A-5, within 48 hours, and regular scheduled appointments for returning patients, as medically necessary.

15. Patient Program Enrollment and Management: Community Partner shall, at all times, use its best efforts to enroll all Eligible Unmatched Program Patients into the Matched Program in accordance with the process set forth in Exhibit B-1. County recognizes and acknowledges that, as Community Partner successfully enrolls patients from the Unmatched Program into the Matched Program, Community Partner will create additional primary care capacity in its clinic sites under the Unmatched Program. Community Partner recognizes and acknowledges that County, as a provider of emergency, urgent and complex specialty care, among other services, requires primary care service sites to which it may send patients no longer in need of these and other DHS services.

In recognition of these facts, the parties agree that Community Partner shall reserve no less than twenty-five percent (25%) and no more than fifty percent (50%) of the primary care capacity created by the enrollment of Eligible Unmatched Program Patients into the Matched Program for use by County DHS in recognition of its need to transition certain of its patients from DHS care settings to primary care. Community Partner shall accept all referrals from DHS of these patients so long as it has the service capacity, as set forth herein, to do so. Additionally, Community Partner shall maintain, in the Unmatched Program, any capacity created by the referral of an Eligible Unmatched Program Patient to DHS for services to ensure that the patient has a primary care "slot" to which to return for service upon referral back from DHS.

16. Performance Measurement:

A. Baseline Measurements: Information provided in the Community Partner's approved Workplan provides baseline information for components of performance reports.

B. County Quarterly Reports: The County will issue quarterly reports to Community Partner to summarize performance of individual agencies. Information on the quarterly reports will be derived from claims adjudication data.

C. Community Partner Quarterly Reports: Community Partner 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 Community Partner of submission due dates and reporting requirements, as appropriate, via the Provider Information Notice process.

D. Encounter Data: Community Partner shall submit encounter data to County on a monthly basis for all Eligible Unmatched and Matched Program patients. Encounter data shall include all diagnosis codes and relevant procedure codes. Community Partner's obligation to provide encounter data shall apply regardless of whether Community Partner has met its Maximum Obligation for the Unmatched Program in any Fiscal Year such that it no longer claims for services provided to this population pursuant to this Agreement.

E. Data Reporting: For both Eligible Matched and Unmatched Program Patients, Community Partner shall report to DHS on a monthly basis those data elements as either DHS or the State of California or both require which will also include all diagnosis codes and relevant procedure codes. Community Partner's obligation to provide encounter data shall apply regardless of whether Community Partner has met its Maximum Obligation for the Unmatched Program in any Fiscal Year such that it no longer claims for services provided to this population pursuant to this Agreement. DHS shall notify Community Partner of the data required to be provided through the PIN process. As to Eligible Unmatched Program Patients, Community Partner's reporting obligation shall survive the cessation of funding for the provision of services in any Fiscal Year or part thereof that this Agreement is in effect. County shall update the data elements to be reported hereunder through the PIN process.

17. Performance Improvement: Community Partner shall participate in County activities to improve performance across the Healthy Way LA Initiative. As reasonable, this

may include performance meetings with individual Community Partners, peer review meetings, and the review and development of new policies and procedures.

18. Additional Responsibilities for County and Community Partner under the South Los Angeles Preservation Fund Program: In addition to any specific requirements set forth under this Agreement, and during the term of this Agreement as to both parties, Community Partner, if a provider under the South Los Angeles Preservation Fund Program, and County shall be obligated to do all of the following:

A. Responsibilities of Community Partner:

1) Provide urgent care to Eligible Unmatched Program patients. "Urgent care" is defined as a visit that is provided on a walk-in basis or through appointments available within 48 hours of the patient contacting Community Partner for an appointment. Fifty percent of visits reimbursed under the South Los Angeles Medical Services Preservation Fund Program must be provided after hours (after 5:00 p.m.), on the week-end or in the early morning hours. Hours which overlap with regular clinic hours will qualify.

2) Refer Eligible Unmatched Program Patients to a Disease Management Program when available.

3) Develop a system to identify that visits provided under the Preservation Fund Program are provided after 5:00 p.m., week-ends, early mornings, same day or scheduled appointment within 48 hours of contacting Partner.

4) Provide quarterly reports to the County 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.

5) Provide to County services according to the days and hours specified in Community Partner's Workplan, Attachment II.

B. Responsibilities of County: County will issue quarterly reports to Community Partner to summarize performance of individual agencies, and comparisons to Community Partners similar in size and organization, and to South Los Angeles Medical Services Preservation Fund providers across the entire system. Information on the quarterly reports will be derived from claims adjudication data, Community Partner's quarterly reports, annual monitoring/audit reports, and other sources.

EXCLUDED SERVICES

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"

EXCLUDED SERVICES

HIV/AIDS		
ICD9Code	**Short Description**	**Long Description**
"042"	"HUMAN IMMUNODEFICIENCY VIRUS [HIV]"	"HUMAN IMMUNODEFICIENCY VIRUS [HIV]"
"079.53"	"HIV TYPE 2 IN CCE & UNS SITE"	"HIV TYPE 2 IN CCE & UNS SITE"
"136.3"	"PNEUMOCYSTOSIS"	"PNEUMOCYSTOSIS"
"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"
"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"

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"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"V23.89"	"SUPERVISION OTH HIGH-RISK PREGNANCY"	"SUPERVISION OF OTHER HIGH-RISK PREGNANCY"
"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 LEVLS 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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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"	"UNSAB 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"	"UNSAB 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"

EXCLUDED SERVICES

PREGNANCY		
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"	"INCMPL 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"	"INCMPL 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 INCMPL"	"LEGL INDUCD AB COMPL DAMGE PELV ORGN/TISS INCMPL"
"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"

EXCLUDED SERVICES

PREGNANCY		
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"	"INCMPL 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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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/UNS 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"

EXCLUDED SERVICES

PREGNANCY		
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"	"FAILD 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"

EXCLUDED SERVICES

PREGNANCY		
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 HEMOR 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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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-ECLMP/ECLMP 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-ECLMP/ECLMP PRE-XST HTN-DEL-PPC"	"PRE-ECLAMPSIA/ECLMPSIA W/PRE-EXIST HTN-DEL W/PPC"
"642.73"	"PRE-ECLMP/ECLMP 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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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 COMP 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 COMP 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 COMP PG CHILDBIRTH/THE PUERPERIUM"
"648.60"	"OTH MAT CV DZ COMP 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 COMP 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 TOLERNC DEL W/CURR PPC"	"ABNORMAL MTRN GLU TOLERNC W/DELIV W/CURRENT PPC"
"648.83"	"ABNORMAL MTRN GLU TOLERANCE ANTPRTM"	"ABNORMAL MATERNAL GLUCOSE TOLERANCE ANTEPARTUM"
"648.84"	"ABN MTRN GLU TOLERNC PREV PP COND"	"ABNORMAL MTRN GLU TOLERANCE PREVIOUS PP COND"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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"	"TRIPLET PREGNANCY"	"TRIPLET PREGNANCY"
"651.10"	"TRIPLET PG UNSPEC AS EPIS CARE"	"TRIPLET PREGNANCY UNSPECIFIED AS TO EPISODE CARE"
"651.11"	"TRIPLET PREGNANCY	DELIVERED"
"651.13"	"TRIPLET PREGNANCY	ANTEPARTUM"
"651.2"	"QUADRUPLET PREGNANCY"	"QUADRUPLET PREGNANCY"

EXCLUDED SERVICES

PREGNANCY		
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"	"TRIPLET PG W/FETAL LOSS&RETN 1/MORE"	"TRIPLET PREGNANCY W/FETAL LOSS&RETENTION 1/MORE"
"651.40"	"TRIPLT PG-FETL LOSS&RETN 1/>UNS EOC"	"TRIPLET PREG W/FETAL LOSS&RETN 1/> FETUS-UNS EOC"
"651.41"	"TRIPLET PG W/FETL LOSS&RETN 1/> DEL"	"TRIPLET PG W/FETAL LOSS&RETENTION 1/MORE DELIV"
"651.43"	"TRIPLT PG-FETL LOSS&RETN 1/>ANTPRTM"	"TRIPLET 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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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 COMP"	"OTH ABN SHAPE/POS GRAVID UTERUS DEL W/PP COMPL"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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 MOVMNTS UNS AS EPIS CARE"	"DECREASED FETAL MOVEMENTS UNSPEC AS EPISODE CARE"
"655.71"	"DECR FETAL MOVMNTS MGMT MOTH DELIV"	"DECR FETAL MOVEMENTS AFFECT MGMT MOTH DELIV"
"655.73"	"DCRESD FETL MOVEMENT ANTPRTM COMPL"	"DECR FETAL MOVMNTS 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"

EXCLUDED SERVICES

PREGNANCY		
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 AFFCT 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 AFFCT 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 AFFCT 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 AFFCT 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 AFFCT 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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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 PROBW/AMNIOTIC CAV&MEMB UNS EOC"	"OTH PROB ASSOC W/AMNIOTIC CAV&MEMB UNS EPIS CARE"
"658.81"	"OTH PROBW/AMNIOTIC CAV&MEMB DELIV"	"OTH PROBLEM ASSOC W/AMNIOTIC CAVITY&MEMB DELIV"
"658.83"	"OTH PROBW/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 PROBW/AMNIOTIC CAV&MEMB UNS EOC"	"UNS PROB ASSOC W/AMNIOTIC CAV&MEMB UNS EPIS CARE"
"658.91"	"UNS PROBW/AMNIOTIC CAV&MEMB DELIV"	"UNSPEC PROB ASSOC W/AMNIOTIC CAVITY&MEMB DELIV"
"658.93"	"UNS PROBW/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/WO ANTPRTM COND"	"GRAND MULTIPARITY DELIV W/WO ANTPRTM COND"
"659.43"	"GRAND MULTIPARITY W/CURR PG ANTPRTM"	"GRAND MULTIPARITY W/CURRENT PREGNANCY ANTEPARTUM"
"659.5"	"ELDERLY PRIMIGRAVIDA"	"ELDERLY PRIMIGRAVIDA"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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 UNSPECIFED 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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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"

EXCLUDED SERVICES

PREGNANCY		
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"
"664.54"	"VULVAR&PERINEAL HEMATOMA POSTPARTUM"	"VULVAR AND PERINEAL HEMATOMA POSTPARTUM"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"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"
"665.60"	"DAMGE PELV JNT&LIG UNS EPIS CARE PG"	"DAMGE PELV JNT&LIG UNSPEC AS EPIS CARE PREGNANCY"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"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"
"666.30"	"PP COAGULAT DEFEC UNS AS EPIS CARE"	"POSTPARTUM COAGULAT DEFEC UNSPEC AS EPISODE CARE"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"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 ADMN ANES L&D UNS EOC"	"PULM COMPL ADMN 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 ADMN ANES L&D ANTPRTM"	"PULM COMPL ADMN 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 ADMN ANES L&D UNS EOC"	"CARD COMPL ADMN 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 ADMN ANES L&D ANTPARTUM"	"CARD COMPL ADMN 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 ADMN ANES L&D DEL UNS EOC"	"CNA COMPL ADMN 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 ADMN ANES L&D UNS EOC"	"OTH COMPL ADMN 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"
"668.82"	"OTH COMPL ADMN ANES/SEDAT-DEL W/PPC"	"OTH COMPL ADMN ANES/OTH SEDAT DEL W/PP COMPL"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"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"
"669.41"	"OTH COMPL OB SURG&PROC W/DELIVERY"	"OTH COMPL OB SURG&PROC DELIV W/WO ANTPRTM COND"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"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 ANTPRTM COMP"	"OTH COMPS OB SURGERY&PROC ANTPRTM 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"	"FORCP/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 ANTPRTM 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 ANTPRTM 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 ANTPRTM COND"	"OTH COMP L&D DELIVERED W/WO MENTION ANTPRTM 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 ANTPRTM COND/COMP"	"OTH COMPLICATION L&D ANTPRTM 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 ANTPRTM COND"	"UNSPEC COMP L&D DELIV W/WO MENTION ANTPRTM 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 ANTPRTM COND/COMP"	"UNSPEC COMP L&D ANTPRTM 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"
"67.32"	"DESTRUCTION LESION CERVIX CAUT"	"DESTRUCTION OF LESION OF CERVIX BY CAUTERIZATION"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"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/WO 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/WO 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/WO 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"
"671.24"	"SUPERFICIAL THROMBOPHLEBITIS PP"	"SUPERFICIAL THROMBOPHLEBITIS POSTPARTUM"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"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"
"673.00"	"OB AIR EMBO UNSPEC AS EPIS CARE"	"OBSTETRICAL AIR EMBOLISM UNSPEC AS EPISODE CARE"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"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"	"CERBROVASCULAR D/O OCCURRING PG CB/PP UNS EOC"
"674.01"	"CERBVASC D/O DEL W/WO ANTPRTM COND"	"CERBROVASC D/O DELIV W/WO MENTION ANTPRTM COND"
"674.02"	"CEREBRVASC D/O DELIV W/MENTION PPC"	"CEREBRVASC DISORDER W/DELIVERY W/MENTION PPC"
"674.03"	"CEREBROVASCULAR DISORDER ANTEPARTUM"	"CEREBROVASCULAR DISORDER ANTEPARTUM"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"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"	"DISRUPTRUPT 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 ANTPRTM COND"
"674.52"	"PERIPARTM CARDIOMYPATH DEL PP COND"	"PERIPARTUM CARDIOMYPATH DELIV W/MENTION PP COND"
"674.53"	"PERIPARTM CARDIOMYPATH ANTPRTM COMP"	"PERIPARTUM CARDIOMYOPATHY ANTPRTM 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"
"675.00"	"INF NIPPLEW/CHLDBRTH UNS EPIS CARE"	"INF NIPPLE ASSOC W/CHILDBRTH UNSPEC AS EPIS CARE"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"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"
"676.03"	"RETRACTED NIPPLE ANTPRTM COND/COMP"	"RETRACTED NIPPLE ANTEPARTUM COND/COMPLICATION"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"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"	"SUPPRSSED 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"
"676.61"	"GALACTORRHEA DEL W/WO ANTPRTM COND"	"GALACTORRHEA W/DELIV W/WO MENTION ANTPRTM COND"

EXCLUDED SERVICES

PREGNANCY		
ICD9Code	**Short Description**	**Long Description**
"676.62"	"GALACTORRHEA W/DELIV W/MENTION PPC"	"GALACTORRHEA W/DELIVERY W/MENTION PPC"
"676.63"	"GALACTORRHEA ANTPRTM 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 ANTPRTM COND"
"676.82"	"OTH D/O LACTATION DELIV W/ PPC"	"OTH DISORDER LACTATION W/DELIVERY W/MENTION PPC"
"676.83"	"OTH D/O LACTATION ANTPRTM COND/COMP"	"OTH DISORDER LACTATION ANTPRTM 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 ANTPRTM COND"
"676.92"	"UNS D/O LACTATION DELIV W/ PPC"	"UNSPEC DISORDER LACTATION W/DELIV W/MENTION PPC"
"676.93"	"UNS D/O LACTATION ANTPRTM COND/COMP"	"UNSPEC DISORDER LACTATION ANTPRTM 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**
"290.8"	"OTHER SPEC SENILE PSYCHOTIC CONDS"	"OTHER SPECIFIED SENILE PSYCHOTIC CONDITIONS"
"290.9"	"UNSPEC SENILE PSYCHOTIC CONDITION"	"UNSPECIFIED SENILE PSYCHOTIC CONDITION"
"295.00"	"SIMPLE SCHIZOPHRENIA UNSPEC COND"	"SIMPLE SCHIZOPHRENIA UNSPECIFIED CONDITION"
"295.01"	"SIMPLE SCHIZO SUBCHRONIC COND"	"SIMPLE SCHIZOPHRENIA SUBCHRONIC 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"
"295.1"	"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"

EXCLUDED SERVICES

PSYCHIATRIC		
ICD9Code	**Short Description**	**Long Description**
"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"
"295.65"	"SCHIZO D/O RESIDUL TYPE REMISS"	"SCHIZOPHRENIC DISORDERS RESIDUAL TYPE REMISSION"

EXCLUDED SERVICES

PSYCHIATRIC		
ICD9Code	**Short Description**	**Long Description**
"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"
"295.95"	"UNSPECIFIED SCHIZOPHRENIA REMISSION"	"UNSPECIFIED SCHIZOPHRENIA IN REMISSION"
"296"	"EPISODIC MOOD DISORDERS"	"EPISODIC MOOD DISORDERS"
"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"
"296.1"	"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"
"296.33"	"MJR DEPRESS D/O RECUR EPIS-SEVERE"	"MAJ DPRSV D/O RECUR EPIS SEV W/O PSYCHOT BHV"

EXCLUDED SERVICES

PSYCHIATRIC		
ICD9Code	**Short Description**	**Long Description**
"296.34"	"MJR DEPRES D/O RECUR EPIS-PSYCHOTIC"	"MAJ DPRSV D/O RECUR EPIS SEV SPEC W/PSYCHOT BHV"
"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"
"296.89"	"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"
"297.0"	"PARANOID STATE	SIMPLE"

EXCLUDED SERVICES

PSYCHIATRIC		
ICD9Code	**Short Description**	**Long Description**
"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"
"299"	"PERVASIVE DEVELOPMENTAL DISORDERS"	"PERVASIVE DEVELOPMENTAL DISORDERS"
"299.00"	"AUTISTIC DISORDER CURRNT/ACTV STATE"	"AUTISTIC DISORDER CURRENT OR ACTIVE STATE"
"299.01"	"AUTISTIC DISORDER RESIDUAL STATE"	"AUTISTIC DISORDER RESIDUAL STATE"
"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 DVLPMENTL D/O"	"OTHER SPEC PERVASIVE DEVELOPMENTAL DISORDERS"
"299.80"	"OTH PERVASIV DVLPMNTL D/O CURR/ACTV"	"OTH SPEC PERVASIVE DVLPMENTL D/O CURR/ACTV STATE"
"299.81"	"OTH PERVASIVE DVLPMENTL D/O RESIDUL"	"OTH SPEC PERVASIVE DVLPMENTL D/O RESIDUAL STATE"
"299.90"	"UNS PERVASIV DVLPMNTL D/O CURR/ACTV"	"UNSPEC PERVASIVE DVLPMENTL D/O CURRNT/ACTV STATE"
"299.91"	"UNS PERVASIVE DVLPMENTL D/O RESIDUL"	"UNSPEC PERVASIVE DVLPMENTL D/O RESIDUAL STATE"
"300"	"ANXIETY DISSOCIATIVE&SOMATOFORM D/O"	"ANXIETY DISSOCIATIVE AND SOMATOFORM 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"
"300.4"	"DYSTHYMIC DISORDER"	"DYSTHYMIC DISORDER"
"300.5"	"NEURASTHENIA"	"NEURASTHENIA"
"300.6"	"DEPERSONALIZATION DISORDER"	"DEPERSONALIZATION DISORDER"
"300.7"	"HYPOCHONDRIASIS"	"HYPOCHONDRIASIS"
"300.8"	"SOMATOFORM DISORDERS"	"SOMATOFORM DISORDERS"

EXCLUDED SERVICES

PSYCHIATRIC		
ICD9Code	**Short Description**	**Long Description**
"300.81"	"SOMATIZATION DISORDER"	"SOMATIZATION DISORDER"
"300.82"	"UNDIFFERENTIATED SOMATOFORM D/O"	"UNDIFFERENTIATED SOMATOFORM DISORDER"
"300.89"	"OTHER SOMATOFORM DISORDERS"	"OTHER SOMATOFORM DISORDERS"
"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"

EXCLUDED SERVICES

PSYCHIATRIC		
ICD9Code	**Short Description**	**Long Description**
"302.3"	"TRANSVESTIC FETISHISM"	"TRANSVESTIC FETISHISM"
"302.4"	"EXHIBITIONISM"	"EXHIBITIONISM"
"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/INHIBSEXLXCITMNT"	"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"
"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"
"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"

EXCLUDED SERVICES

PSYCHIATRIC		
ICD9Code	**Short Description**	**Long Description**
"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"
"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"
"307.80"	"PSYCHOGENIC PAIN	SITE UNSPECIFIED"

EXCLUDED SERVICES

PSYCHIATRIC		
ICD9Code	**Short Description**	**Long Description**
"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"
"309.1"	"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"
"309.89"	"OTHER SPECIFIED ADJUSTMENT REACTION"	"OTHER SPECIFIED ADJUSTMENT REACTION"
"309.9"	"UNSPECIFIED ADJUSTMENT REACTION"	"UNSPECIFIED ADJUSTMENT REACTION"
"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"
"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 AGRESSIVE MILD"
"312.02"	"UNDSOCIALIZED CONDCT D/O AGRESS-MOD"	"UNDERSOCIALIZED CONDUCT DISORDER AGRESSIVE MOD"

EXCLUDED SERVICES

PSYCHIATRIC		
ICD9Code	**Short Description**	**Long Description**
"312.03"	"UNDSOCIALIZED CONDCT D/O AGRESS-SEV"	"UNDERSOCIALIZED CONDUCT D/O AGRESSIVE SEVERE"
"312.1"	"UNDSOCLIZED CONDUCT D/O UNAGRESSIVE"	"UNDERSOCIALIZED CONDUCT DISORDER UNAGRESSIVE"
"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"
"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"
"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"

EXCLUDED SERVICES

PSYCHIATRIC		
ICD9Code	**Short Description**	**Long Description**
"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"
"314.1"	"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"
"316"	"PSYCHIC FCT ASSOC W/DZ CLASS ELSW"	"PSYCHIC FACTORS ASSOC W/DISEASES CLASSIFIED ELSW"
"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"
"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"

SUBSTANCE ABUSE		
ICD9Code	**Short Description**	**Long Description**
"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"

EXCLUDED SERVICES

SUBSTANCE ABUSE		
ICD9Code	**Short Description**	**Long Description**
"291.8"	"OTH SPEC ALCOHOL-INDUCED MENTAL D/O"	"OTHER SPECIFIED ALCOHOL-INDUCED MENTAL DISORDERS"
"291.81"	"ALCOHOL WITHDRAWAL"	"ALCOHOL WITHDRAWAL"
"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"

EXCLUDED SERVICES

SUBSTANCE ABUSE		
ICD9Code	**Short Description**	**Long Description**
"295"	"SCHIZOPHRENIC DISORDERS"	"SCHIZOPHRENIC DISORDERS"
"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"
"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/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"

EXCLUDED SERVICES

SUBSTANCE ABUSE		
ICD9Code	**Short Description**	**Long Description**
"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"
"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"

EXCLUDED SERVICES

SUBSTANCE ABUSE		
ICD9Code	**Short Description**	**Long Description**
"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"
"305.63"	"NONDEPENDENT COCAINE ABS REMISSION"	"NONDEPENDENT COCAINE ABUSE IN REMISSION"
"305.7"	"NONDPND AMPHET/REL ACT SYMPTHOM 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"

EXCLUDED SERVICES

SUBSTANCE ABUSE		
ICD9Code	**Short Description**	**Long Description**
"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"

Healthy Way LA Health Care Initiative – Matched and Unmatched Program
WORKPLAN / STATEMENT OF WORK

AGENCY:
[ ] FQHC [ ] FQHC Look-Alike [ ] Non-FQHC/Non-FQHC Look-Alike

	Site # 1	Site # 2	Site # 3	Site # 4
(1) Site Name, Address, and Clinic Telephone Number				
(2) SPA				
(3) Description of Services	[ ] Matched [ ] Primary Care [ ] Specialty Care [ ] Unmatched [ ] Primary Care [ ] SB 474 [ ] Specialty Care [ ] Dental	[ ] Matched [ ] Primary Care [ ] Specialty Care [ ] Unmatched [ ] Primary Care [ ] SB 474 [ ] Specialty Care [ ] Dental	[ ] Matched [ ] Primary Care [ ] Specialty Care [ ] Unmatched [ ] Primary Care [ ] SB 474 [ ] Specialty Care [ ] Dental	[ ] Matched [ ] Primary Care [ ] Specialty Care [ ] Unmatched [ ] Primary Care [ ] SB 474 [ ] Specialty Care [ ] Dental
(4) Hours of Operation	Primary Care: SB 474: Specialty Care: Dental:	Primary Care: SB 474: Specialty Care: Dental:	Primary Care: SB 474: Specialty Care: Dental:	Primary Care: SB 474: Specialty Care: Dental:
(5) Approximate waiting time for new patient appointment	Primary Care: SB 474: Specialty Care: Dental:	Primary Care: SB 474: Specialty Care: Dental:	Primary Care: SB 474: Specialty Care: Dental:	Primary Care: SB 474: Specialty Care: Dental:

EXHIBIT A-3
DESCRIPTION OF SERVICES
SPECIALTY CARE SERVICES
HEALTHY WAY LA HEALTH CARE INITIATIVE
MATCHED AND UNMATCHED PROGRAMS
ALL COMMUNITY PARTNERS

1. Specialty Care Services: Community Partner shall provide outpatient specialty care services to Eligible Unmatched and/or Matched Program Patients which services include, but are not limited to, office visits and procedures, outpatient surgery, or consultations. Services also shall 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 Attachment I, "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.

Community Partner 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.

Community Partner 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. Additional Community Partner Obligations under the Matched Program:

A. Community Partner shall provide or make available specialty care services to Eligible Matched Program Patients, either on site or through referral to

an outside specialist, including a County facility. Additionally, all specialists shall be Board certified or a Board candidate.

B. At no time may Community Partner cease services to Eligible Matched Program Patients with chronic illnesses or significant illnesses that require at least one additional visit to ensure that treatment is no longer necessary.

C. Specialty care access will be provided at a minimum within thirty (30) business day of the Eligible Matched Program Patient's request either directly through Community Partner or through a referral to an outside specialist, including a County Facility.

D. Prior to the referral of an Eligible Matched Program Patient to a County Facility for specialty care, Community Partner shall ensure that the patient completes an Ability-to Pay application according to the process set forth in Exhibit B-1.

E. For all Eligible Matched Program Patients who receive Specialty Care, Community Partner shall report to DHS on a quarterly basis those data elements as either DHS or the State of California or both require. County shall notify Community Partner of the data required to be provided through the PIN process. County shall update the data elements to be reported hereunder through the PIN process.

3. Workplan: Community Partner shall follow that portion of Community Partner's Workplan, as it pertains to Specialty Care, which Workplan is attached as Attachment II to Exhibit A-1 or A-2, as applicable, and which Attachment is incorporated herein by reference.

4. Community Partner's Operations: Community Partner shall adhere to the requirements set forth in Exhibit A-1 or A-2, as applicable, Paragraph 7, Community Partner's Operations, which requirements are incorporated herein by reference.

5. Patient Eligibility: Community Partner shall verify and document patient eligibility for services under this Agreement in accordance the process set forth in Exhibit B-1. 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 all documentation specified in Exhibit B-1. Such documentation must be maintained in accordance with the RECORDS AND AUDITS Paragraph of the ADDITIONAL PROVISIONS. Eligible Unmatched Program Patients receiving public health related services are exempt from the Los Angeles County residency verification process.

6. Credentialing and Community Partner's Physicians: Community Partner shall provide to Director a signed and dated Physician Self Verification Form, Attachment II, 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 Community Partner is adding a physician.

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

Community Partner is required to credential and re-credential its physicians and other medical health care professionals. Community Partner is responsible for and agrees that all physicians and other medical health care professionals are credentialed during the

term of this Agreement. Community Partner'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 Community Partner's credentialing program, Community Partner may accept and have on file documentation that the service provider has been credentialed by another responsible provider group or hospital acceptable to Director. Community Partner is responsible and shall bear the costs for credentialing its service providers.

Community Partner'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). Community Partner'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. Community Partner may not add any new physicians without prior written notice to Director and appropriate credentialing of these physicians. Community Partner 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.

7. Patient Care

A. Specialty Services: Community Partner 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".

B. Pharmacy: Community Partner 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. Community Partner shall be reimbursed for the provision of medically indicated pharmaceuticals pursuant to the rates and process set forth in Exhibit C-1, Exhibit C-2 and/or Exhibit C-3. Community Partner must use the Approved DHS Drug Formulary for the HWLA Initiative, which shall be provided to Community Partner prior to the commencement of services under this Agreement by way of the Provider Information Notice, which process is described hereunder. Community Partner may prescribe drugs beyond what is listed in the formulary upon prior authorization from DHS, which process shall be set forth in the Formulary, as well as prescribe therapeutic equivalent (generic) drugs, with some exceptions as shall be provided to Community Partner in the Formulary. Community Partner may also counsel patients on non-prescription therapeutic interventions whenever feasible, for example exercise, weight loss, and smoking cessation. Community Partner shall participate in all Patient Assistance Programs (PAPs) provided by

individual pharmaceutical companies. The foregoing obligation shall not apply to those pharmaceuticals specifically identified in the Formulary as "PAP Not Required" or such other terminology as DHS may choose to employ. Community Partner shall submit on behalf of all of its Eligible Unmatched and/or Matched Program Patients applications for any applicable PAP. County shall not reimburse Community Partner for the provision of any pharmaceuticals, if permitted under this Agreement, unless the Eligible Unmatched and/or Matched Program Patient's PAP application has been rejected.

8. Program Management: In accordance with Attachment I to Exhibit A-1 or A-2, as applicable, Community Partner's Workplan, Community Partner 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.

9. Performance Measurement:

A. Baseline Measurements: Information provided in the Community Partner's approved Workplan provides baseline information for components of performance reports.

B. County Quarterly Reports: County will issue quarterly reports to Community Partner to summarize performance of individual agencies. Information on the quarterly reports will be derived from claims adjudication data.

C. Community Partner Quarterly Reports: Community Partner 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 Community Partner of submission due dates and reporting requirements, as appropriate, via the Provider Information Notice process.

D. Data Reporting: For both Eligible Matched and Unmatched Program Patients, Community Partner shall report to DHS on a monthly basis those data elements as either DHS or the State of California or both require which will also include all diagnosis codes and relevant procedure codes. Community Partner's obligation to provide encounter data shall apply regardless of whether Community Partner has met its Maximum Obligation for the Unmatched Program in any Fiscal Year such that it no longer claims for services provided to this population pursuant to this Agreement. DHS shall notify Community Partner of the data required to be provided through the PIN process. As to Eligible Unmatched Program Patients, Community Partner's reporting obligation shall survive the cessation of funding for the provision of services in any Fiscal Year or part thereof that this Agreement is in effect. County shall update the data elements to be reported hereunder through the PIN process.

10. Performance Improvement: Community Partner shall participate in County activities to improve performance across the Matched and Unmatched Programs and across the larger HWLA Initiative. As reasonable, this may include

performance meetings with individual Community Partners, peer review meetings, and the review and development of new policies and procedures.

SCOPE OF SERVICES - SPECIALTY CARE

Community Partner 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 Community Partner'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. Community Partner'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.

Community Partner 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 Community Partner 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) _____

National Provider Identifier _____

License No. _____ Expiration Date _____

Drug Enforcement Administration (DEA) License No. _____

Expiration Date _____

Specialty _____ Board Status _____

Hospital, PPP, HWLA, 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

EXHIBIT A-4
DESCRIPTION OF SERVICES
DENTAL CARE SERVICES
HEALTHY WAY LA HEALTH CARE INITIATIVE
UNMATCHED PROGRAM
ALL COMMUNITY PARTNERS

1. Dental Care Services: Community Partner shall provide outpatient dental care services for the prevention, detection, and treatment of dental problems to Eligible Unmatched Program Patients, including dental support services, charting to dental records, and administrative management. For purposes of this Agreement, dental care services and rates shall be limited to those services identified by the visit codes and procedures listed in Attachment I, "SCOPE OF SERVICES-DENTAL CODES", attached hereto and incorporated herein by reference.

Community Partner 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 dental care services.

2. Workplan: Community Partner shall follow Community Partner's that portion of Community Partner's Workplan, as it pertains to Dental Care, which Workplan is attached as Attachment II to Exhibit A-1 or A-2, as applicable, which Attachment is incorporated herein by reference. Any changes to this Workplan must have the prior written consent of the Director.

3. Community Partner's Operations: Community Partner shall adhere to the requirements set forth in Exhibit A-1 or A-2, as applicable, Paragraph 7, Community Partner's Operations, which requirements are incorporated herein by reference.

4. Patient Eligibility: Community Partner shall verify and document patient eligibility for services under this Agreement in accordance the process set forth in

Exhibit B-1. 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 all documentation specified in Exhibit B-1. Such documentation must be maintained in accordance with the RECORDS AND AUDITS Paragraph of the ADDITIONAL PROVISIONS. Eligible Unmatched Program Patients receiving public health related services are exempt from the Los Angeles County residency verification process.

5. Self-Verification of Community Partner's Dentists: Community Partner shall provide to Director a signed and dated Dentist's Self-Verification Form, Attachment II, attached hereto and incorporated herein by reference, for each dentist 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 Community Partner is adding a dentist.

Community Partner may not add any new dentists without prior written notice to Director and performing self-verification of these dentists as required under this paragraph. Community Partner must also provide written notice to Director of any dentist that is no longer available to provide services under this Agreement within thirty (30) calendar days of the change.

6. Patient Care

A. Dental Services: Community Partner shall provide outpatient dental care services for the prevention, detection, and treatment of dental problems to Eligible Unmatched Program Patients, including dental support services, charting to dental records, and administrative management. For

purposes of this Agreement, dental care services are limited to those services identified by the visit codes and procedures listed in Attachment I, "SCOPE OF SERVICES-DENTAL CODES", attached hereto and incorporated herein by reference.

B. Pharmacy: Community Partner 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 dental care services. Community Partner shall be reimbursed for the provision of medically indicated pharmaceuticals pursuant to the rates and process set forth in Exhibit C-1, Unmatched Program Funding, Billing and Reimbursement. Community Partner must use the Approved DHS Drug Formulary for the HWLA Initiative, which shall be provided to Community Partner prior to the commencement of services under this Agreement by way of the Provider Information Notice, which process is described hereunder. Community Partner may prescribe drugs beyond what is listed in the Formulary upon prior authorization from DHS, which process shall be set forth in the Formulary, as well as prescribe therapeutic equivalent (generic) drugs, with some exceptions as shall be provided to Community Partner in the Formulary. Community Partner may also counsel patients on non-prescription therapeutic interventions whenever feasible, for example exercise, weight loss, and smoking cessation. Community Partner shall participate in all Patient Assistance Programs (PAPs) provided by individual pharmaceutical companies. The foregoing obligation shall not apply to those pharmaceuticals specifically

identified in the Formulary as "PAP Not Required" or such other terminology as DHS may choose to employ. Community Partner shall submit on behalf of all of its Eligible Unmatched Program Patients applications for any applicable PAP. County shall not reimburse Community Partner for the provision of any pharmaceuticals, if permitted under this Agreement, unless the Eligible Unmatched Program Patient's PAP application has been rejected.

7. Program Management: In accordance with Attachment I to Exhibit A-1 or A-2, as applicable, Community Partner's Workplan, Community Partner must manage contract resources to ensure that there are sufficient funds over the term of this Agreement to:

A. Provide continuous care, as medically appropriate, by providers at the Community Partner'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 Unmatched Program financial eligibility criteria.

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

8. Performance Measurement:

A. Baseline Measurements: Information provided in the Community Partner's approved Workplan provides baseline information for components of performance reports.

B. County Quarterly Reports: The County will issue quarterly reports to Community Partner to summarize performance of individual agencies, and

comparisons to Community Partners similar in size and organization, and to Unmatched Program providers across the entire system. Information on the quarterly reports will be derived from claims adjudication data, Community Partner's quarterly reports, annual monitoring/audit reports, and other sources.

C. Community Partner's Quarterly Reports: Community Partner 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 Community Partner of submission due dates and reporting requirements, as appropriate, via the Provider Information Notice process.

9. Performance Improvement: Community Partner shall participate in County activities to improve performance across the Unmatched Program, and across the larger HWLA Initiative. As reasonable, this may include performance meetings with individual Community Partners, peer review meetings, and the review and development of new policies and procedures.

LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES
DIVISION OF AMBULATORY CARE
SCOPES OF SERVICE - DENTAL CODES

CDT-4	DESCRIPTION	RATE
D0120	Periodic oral evaluation	$15
D0150	Comprehensive oral evaluation-new or established patient	$25
D0210	Intraoral-complete series (including bitewings)	$40
D0220	Intraoral-periapical first film	$10
D0230	Intraoral-periapical each additional film	$3
D0240	Intraoral-occlusal film	$10
D0250	Extraoral-first film	$22
D0260	Extraoral-each additional film	$5
D0270	Bitewing-single film	$5
D0272	Bitewings-two films	$10
D0274	Bitewings-four films	$18
D0330	Panoramic film	$25
D0350	Oral/Facial images (including intra and extraoral images)	$6
D0999	Unspecified diagnostic procedure, by report	$46
D1110	Prophylaxis-adult (age 13 & Over)	$40
D1120	Prophylaxis-child (child to age 12)	$30
D1201	Topical application of fluoride (including prophylaxis)-child (child to age 5)	$35
D1203	Topical application of fluoride (prophylaxis not included)-child (child to age 5)	$18
D1203	Topical application of fluoride (prophylaxis not included)-child (age 6 to 18)	$8
D1204	Topical application of fluoride (prophylaxis not included)-adult (age 19 & over)	$6
D1205	Topical application of fluoride (including prophylaxis)-adult (age 6 thru 17)	$40
D1351	Sealant-per tooth	$22
D1510	Space maintainer - fixed unilateral	$120
D1515	Space Maintainer - fixed bilateral	$200
D1520	Space Maintainer - removable unilateral	$230
D1525	Space maintainer - removable - bilateral	$230
D2140	Amalgam-one surface, primary or permanent	$39
D2150	Amalgam-two surfaces, primary or permanent	$48
D2160	Amalgam-three surfaces, primary or permanent	$57
D2161	Amalgam-four or more surfaces, primary or permanent	$60
D2330	Resin-based composite-one surface, anterior	$55
D2331	Resin-based composite-two surface, anterior	$60
D2332	Resin-based composite-three surface, anterior	$65
D2335	Resin-based composist-four or more surfaces or involving incisal angle-anterior	$85
D2391	Resin-based composite, one surface, posterior	$39
D2392	Resin-based composite,two surfaces, posterior	$48
D2393	Resin-based composite, three surfaces, posterior	$57
D2394	Resin-based composite, four or more surfaces, posterior	$60
D2710	Crown-resin (indirect)	$150
D2721	Crown-resin with predominantly base metal	$220
D2740	Crown-porcelain/ceramic substrate	$340
D2751	Crown-porcelain fused to predominantly base metal	$340
D2781	Crown-3/4 cast predominantly base metal	$340
D2791	Crown-full cast predominately base metal	$340
D2910	Recement inlay	$30

LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES
DIVISION OF AMBULATORY CARE
SCOPES OF SERVICE - DENTAL CODES

CDT-4	DESCRIPTION	RATE
D2920	Recement crown	$30
D2930	Prefabricated stainless steel crown-primary tooth	$75
D2931	Prefabricated stainless steel crown-permanent tooth	$90
D2951	Pin retention-per tooth, in addition to restoration	$80
D2952	Cast post and core in addition to crown	$75
D3220	Therapeutic pulpotomy (excluding final restoration)-removal of pulp coronal to the dentinocemental junction, application of medicament	$71
D3221	Pulpal debridement. primary and permanent teeth	$45
D3230	Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration)	$71
D3240	Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)	$71
D3310	Anterior (excluding final restoration)	$216
D3320	Bicuspid (excluding final restoration)	$261
D3330	Molar (excluding final restoration)	$331
D3351	Apexification/Recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	$100
D3352	Apexification/Recalcification-interim medication placement (apical closure/calcific repair of perforations, root resorption, etc.)	$100
D3410	Apicoectomy/Periradicular surgery-anterior	$100
D3421	Apicoectomy/Periradicular surgery-bicuspid (first root)	$100
D3425	Apicoectomy/Periradicular surgery-molar (first root)	$100
D3426	Apicoectomy/Periradicular surgery-molar (each additional root)	$100
D4341	Periodontal scaling & root planing-4 or >contiguous teeth or bounded teeth spaces per quad	$50
D4342	Periodontal scaling & root planing-1 to 3 teeth per quadrant	$30
D4999	Unspecified periodontal procedure, by report	$55
D5110	Complete denture-maxillary	$450
D5120	Complete denture-mandibular	$450
D5211	Maxillary partial denture-resin base (including any conventional clasps, rests and teeth)	$250
D5212	Mandibular partial denture-resin base (including any conventional clasps, rests and teeth)	$250
D5212	Mandibular partial denture-resin base (including any conventional clasps, rests and teeth)	$250
D5213	Maxillary partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$470
D5214	Mandiblar partial denture-cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$470
D5410	Adjust complete denture-maxillary	$25
D5411	Adjust complete denture-mandiblar	$25
D5421	Adjust partial denture-maxillary	$25
D5422	Adjust partial denture-mandiblar	$25
D5510	Repair broken complete denture base	$50
D5520	Replace missing or broken teeth-complete denture (each tooth)	$50
D5610	Repair resin denture base	$60
D5630	Repair or replace broken clasp	$100
D5630	Repair or replace broken clasp	$100
D5640	Replace broken teeth-per tooth	$50
D5650	Add tooth to existing partial denture	$60
D5660	Add clasp to existing partial denture	$100

LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES
DIVISION OF AMBULATORY CARE
SCOPES OF SERVICE - DENTAL CODES

CDT-4	DESCRIPTION	RATE
D5730	Reline complete maxillary denture (chairside)	$70
D5731	Reline complete mandibular denture (chairside)	$70
D5740	Reline maxillary partial denture (chairside)	$70
D5741	Reline mandibular partial denture (chairside)	$70
D5750	Reline complete maxillary denture (laboratory)	$140
D5751	Reline complete mandibular denture (laboratory)	$140
D5760	Reline maxillary partial denture (laboratory)	$140
D5761	Reline mandibular partial denture (laboratory)	$140
D5850	Tissue conditioning, maxillary	$50
D5851	Tissue conditioning, mandibular	$50
D5899	Unspecified removable prothodontic procedure, by report	$150
D6211	Pontic-cast predominantly base metal	$325
D6241	Pontic-porcelain fused to predominantley metal	$325
D6245	Pontic-porcelain/ceramic	$325
D6251	Pontic-Resin with predomininantly base metal	$325
D6930	Recement fixed partial denture	$50
D6970	Cast post and core in addition to fixed partial denture retainer	$75
D6980	Fixed partial denture repair, fixed	$75
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$41
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	$85
D7220	Removal of impacted tooth-soft tissue	$100
D7230	Removal of impacted tooth-partially bony	$135
D7240	Removal of impacted tooth-completely bony	$165
D7250	Surgical removal of residual tooth roots (cutting procedure)	$100
D7285	Biopsy of oral tissue-hard (bone, tooth)	$100
D7286	Biopsy of oral tissue-soft(all others)	$30
D7510	Incision and drainage of abscess-intraoral soft tissue	$50
D9110	Palliative (emergency) treatment of dental pain-minor procedure	$45
D9220	Deep Sedation/general anesthesia-first 30 minutes	$127
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	$25
D9430	Office visit for observation (during regularly scheduled hours)-no other services performed	$20
D9440	Office visit-after regularly scheduled hours	$20
D9610	Therapeutic drug injection, by report	$15
D9930	Treatment of complications (post-op)-unusual circumstances, by report	$15

DENTIST'S SELF VERIFICATION FORM

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

Address _____

City _____ State _____ Zip _____

Telephone (work) _____ Telephone (home) _____

National Provide Identifier _____

License No. _____ Expiration Date _____

Drug Enforcement Administration (DEA) License No. _____

Expiration Date _____

Specialty _____ Board Status _____

Hospital, Unmatched Program, 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 Dental Examiners?

Yes _____ No _____

If so, please describe: _____

_____

_____

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

_____
Signature

_____
Date

EXHIBIT A-5
TERMS AND CONDITIONS OF PARTICIPATION
HEALTHY WAY LA HEALTH CARE INITIATIVE
MATCHED PROGRAM
ALL COMMUNITY PARTNERS

1. BACKGROUND: On November 2, 2010, the Centers for Medicare and Medicaid Services and the State of California ("State") entered into a Medicaid Demonstration, commonly referred to as California's Bridge to Reform ("Demonstration Project"). The Demonstration Project provides the framework to federal Health Care Reform in 2014 by permitting health care coverage expansion, continued funding for public hospitals' uncompensated costs, new funding for delivery system improvements at public hospitals, Medi-Cal managed care for seniors and persons with disabilities, and federalization of State-only funded programs.

The State invited all interested counties to apply to participate in the Demonstration Project and, the County, through its Department of Health Services ("DHS"), has opted to participate in the Demonstration Project and has submitted the requisite application to do so.

Participation in the Demonstration Project will require DHS to re-structure its health care delivery system, particularly its ambulatory care system, to ensure that sufficient capacity exists for outpatient care, DHS meets all timeliness requirements for access to services required under the Demonstration Project, and a robust health care system is developed and maintained during the term of the Demonstration Project and beyond.

Community Partner wishes to partner with DHS in the care and treatment of the some of the most vulnerable residents of Los Angeles County, including the low income, indigent and uninsured population that relies on safety-net health care provided by DHS

and its HWLA Initiative Community Partners. Community Partner is uniquely positioned to collaborate with DHS to strengthen and maintain the health care safety net through the provision of ambulatory care services geared to meet the unique needs, and serve the best interests of, this shared patient population. Therefore, to enable Community Partner and County to position themselves to take advantage of the opportunities afforded under the Demonstration Project and to move DHS in the direction needed to position it, and its Community Partners, for Health Care Reform, the parties wish to undertake the work set forth herein.

2. COMMUNITY PARTNER'S OBLIGATIONS: Community Partner shall:

A. As the medical home for each Eligible Matched Program Patient, provide primary care services, as set forth Exhibit A-1 or A-2, as applicable, of this Agreement, to all Eligible Matched Program Patients as set forth in Exhibit B-1 of this Agreement.

B. Ensure that services are delivered in a culturally competent manner that is sufficient to provide access to services to all Eligible Matched Program Patients. Accordingly, Community Partner shall provide accessibility to the following services within the timeframes set forth.

1) Primary health care services must be accessible at a location within sixty (60) minutes or thirty (30) miles from each Eligible Matched Program Patient's place of residence unless the Eligible Matched Program Patient affirmatively waives, in writing, these requirements and such written waiver is placed in the patient's medical record;

2) Effective July 1, 2011, through June 30, 2012, a primary care appointment will be made available within thirty (30) business days the patient's request.

3) Effective July 1, 2012, through December 31, 2013, a primary care appointment will be made available within twenty (20) business days patient's request.

4) An urgent primary care appointment to treat conditions that have reached the level of "urgent care" will be provided within 48 hours of request by a referring professional or after appropriate office triage. For purposes of this provision, "urgent care" means services required to prevent serious deterioration of health following the onset of an unforeseen condition or injury, including sore throats, fever, minor lacerations, and some broken bones.

5) Initiate referrals to DHS of Eligible Matched Program Patients for Specialty Care, with referrals being handled within Community Partner's agency or through referral to an outside provider, which provider shall include DHS, as set forth in Paragraph 3 of this Exhibit.

6) Maintain clinic hours at least equal to those offered to all other clinic patients, including those with commercial insurance and Medicaid Fee-for-Service participants.

7) Inform Eligible Matched Program Patients that the County provides a Nurse Advice Line that is available 24 hours per day, seven days per week, for triage of patient concerns using a toll-free telephone number.

8) Participate as described in a PIN and/or in the Provider Manual, in a grievance and appeal system. Such participation shall include, but not be limited to, the following activities:

a. Provide notice to the patient, in the form and with the content specified by the County through the PIN process, if the Community Partner makes a decision to deny, terminate or limit services within the covered benefit to a Eligible Matched Program Patient;

b. Have appeal and grievance forms available to the patient;

c. Have a member service representative (liaison) who helps with documentation of grievances and appeals, assists members in filling out forms, faxes forms/documentation to County within 24 hours;

d. Assist with investigations into grievances/appeals. Provide documentation and information timely to County, and cooperate with resolving all grievances/appeals;

e. Produce information and allow site visits by County as needed related to grievances and appeals processes at the medical home as that term is described in Exhibit A-1;

f. If, in County's sole discretion, a significant problem exists with Community Partner's handling of a grievance/appeal, or

with Community Partner's general grievance/appeal process, and at County's request, develop and implement a corrective action plan;

g. Implement resolutions of grievances and appeals in a timely manner; and,

h. Provide monthly reports to County on grievances and appeals received by 5th calendar day of every month that this Agreement is in effect.

9) Ensure that Community Partner and all members of its staff do not discriminate in any way against an Eligible Matched Program Patient on the grounds that the Patient has exercised his or her right under the grievance or appeal system.

10) Ensure that Community Partner and all of its personnel are appropriately credentialed for the services furnished. Community Partner must ensure efforts to promote culturally competent service delivery.

11) Ensure the collection of all data on services furnished to Eligible Matched Program Patients through encounter data or other methods as specified by the County.

12) Initiate referrals to the Los Angeles County Department of Mental Health for mental health services which are outside the scope of services permitted under Exhibit A-1 or A-2, as applicable, where Community Partner determines that such services are indicated. Community Partner shall also inform patients of their right to contact DMH directly for such a referral. County shall provide Community Partner with guidelines and

procedures for the circumstances under which a referral to DMH is appropriate as well as with guidelines and procedures for the referral process pursuant to the PIN process. Community Partner shall participate in all necessary care coordination with the Matched Program Patients' mental health provider. Community Partner shall ensure that a referral to DMH is made immediately upon Matched Program Patient's request or of the Community Partner's determination that such services are indicated, as applicable.

3. SYSTEM FOR SPECIALTY CARE: Community Partner may provide specialty care at its service site(s) or may refer patients to external specialty care providers, including DHS sites. Reimbursement for specialty care services provided at Community Partner's site(s) will be at the rates set forth in Exhibit C-2 or C-3 as applicable. Community Partner shall provide or refer to specialty care only when all treatment options have been exhausted or the patient's medical condition dictates specialty care or both. Specialty care must be provided at a minimum of thirty (30) days of a patient's request. Prior to the referral of a patient to DHS for specialty care, Community Partner shall ensure that the patient completes an Ability-to-Pay application according to the process set forth in Exhibit B-1.

4. ADMINISTRATION, MONITORING, ACCESS, AND AUDIT:

A. Director shall have the authority to administer this Agreement on behalf of County.

B. Community Partner extends to Director, and to State and or federal representatives, the right to monitor all aspects of Community Partner's performance under the HWLA Initiative.

1) In accordance with the applicable provisions of the Health and Safety Code, the Welfare and Institutions Code, and State regulations relating to audits, Community Partner acknowledges that Director, CDHCS, the State Department of General Services, the Bureau of State Audits, and federal representatives, or their designated representatives, shall have the right to enter unannounced to review and to copy, subject to the applicable provisions of State and federal law, any records and supporting documentation pertaining to Community Partner's performance under the HWLA Initiative's Matched Program.

a. Community Partner must maintain current books of accounts, records, documents, and other evidence pertaining to its managerial, financial, and operational policies, procedures, functions, and processes.

b. All records, books of accounts, papers, and supporting documents of Community Partner relating to Matched Program services provided under this Agreement shall be immediately available and open to inspection or review, subject to the applicable provisions of federal and State law, during normal business hours by Director, CDHCS, its authorized representatives and designees, or by

other State or federal agencies with statutory or regulatory audit authority.

c. Community Partner's accounting procedures and practices shall conform to generally accepted accounting principles. Costs applicable to the HWLA Initiative's Matched Program shall be separately identifiable and readily ascertainable. Revenue and expense records pertaining to the HWLA Initiative's Matched Program shall be in sufficient detail to readily identify revenue source and all direct and indirect costs.

C. Wherever a duty of access is imposed on Community Partner under this Agreement, Community Partner shall have a duty to cooperate, which shall not be withheld, with Director, CDHCS staff, authorized State and/or federal representatives, or their authorized designees.

1) To assure compliance with this Agreement and for any other reasonable purpose relating to the Demonstration Project, Director, the State and the federal government, and their authorized representatives and designees, shall at all times have the right of access to all areas, with or without notice, on Community Partner's premises to inspect, monitor, or otherwise evaluate the work performed or being performed therein as to the HWLA Initiative's Matched Program, or to elicit information regarding the performance of this Agreement or any related work as to the HWLA Initiative's Matched Program. Such premises shall include all other places

where duties under this Agreement as to the HWLA Initiative's Matched Program are being performed.

2) For any instances of access, Community Partner shall provide access to facilities and shall cooperate with and assist Director, CDHCS, or federal representatives, and their designees, in the performance of their duties.

D. Unless otherwise agreed upon by Community Partner and County in writing, Community Partner must provide specified data upon request by Director, CDHCS, or federal representatives, or their authorized designees, within ten (10) working days for monitoring purposes as to the HWLA Initiative's Matched Program.

E. At all times during the period that this Agreement is in force and effect and for a period of five (5) years thereafter, unless a longer retention period is required, Community Partner shall provide Director and all duly authorized representatives of the State and federal governments with full access to all related financial records, including access to individuals with knowledge of financial records, as to the HWLA Initiative's Matched Program. Such access shall include access to Community Partner's outside auditors, Business Associates, internal reports (excluding attorney-client communications or personnel reports containing medical data of a personal nature), salary schedules, and full access to all additional records which bear any reasonable relationship whatsoever to the HWLA Initiative's Matched Program.

F. Director or such representatives may examine, audit, and copy such records addressed in subparagraph E, above, at the site at which they are located.

Such access shall include both announced and unannounced inspections, on-site audits, and regular and special reports from Community Partner; provided, however, that such examination and auditing of financial records be done for the purpose of assuring Director, CDHS, and/or federal agencies involved that Community Partner is properly fulfilling its responsibilities according to the terms of this Agreement as to the HWLA Initiative's Matched Program, and to assure that reports furnished in compliance with the provisions of this Agreement are true and correct.

G. Should an audit or examination described in this Paragraph 4 find that Community Partner is not fulfilling its responsibilities according to the terms of this Agreement or that reports furnished in compliance with the provisions of this Agreement are not true and correct, Director or CDHCS or federal authorities shall have the right to invoke any remedy available under this Agreement or under law or equity. Should any audit or examination described in this Paragraph 4 find that Community Partner has received payment as to the HWLA Initiative's Matched Program to which it is not entitled under this Agreement, such payments shall be recouped immediately by Director or CDHCS or federal authorities. In addition, based on an audit or examination, Director or CDHCS or federal authorities may seek recoupment, through offset or legal action, following the termination, cancellation, or expiration of this Agreement.

H. Such audits and examinations may be conducted prior to or within five (5) years after the termination, cancellation, or expiration of this Agreement. Community Partner shall promptly notify Director and CDHCS of any request for access to information related to this Agreement by any other governmental agency.

5. COUNTY'S OBLIGATIONS: County shall:

A. Develop outreach and educational materials, including, but not limited to brochures in English and Spanish, posters, contact letter templates, and mailing lists. County will make available these materials upon Community Partner's request.

B. Establish a centralized toll-free telephone bank to provide information and answer questions regarding the HWLA Program.

C. Ensure the toll-free telephone number is printed on all marketing materials and initial communications with potential Eligible HWLA Patients.

D. Establish a Nurse Advice Line (NAL), which will be available twenty-four (24) hours per day, seven (7) days a week.

E. Ensure that next-day referrals resulting from the NAL, will be sent via facsimile to the Community Partner's applicable clinic site by 6:00 a.m.

F. Provide access to the HWLA membership and enrollment database.

G. Provide Community Partner with a list of Public-Private Partnership (PPP) Program participants, from Community Partner's clinic population, who may be eligible for the HWLA Health Care Initiative Program, and enter patient information in a database.

H. Conduct training sessions on: Eligibility Requirements; Program Benefits; Screening Forms; and Enrollment Processes.

I. Provide technical assistance in the development of HWLA Health Care Initiative Program policies and procedures i.e., provide samples of policies and procedures currently used in County Health Centers.

J. Issue membership card and forward HWLA Enrollment Packet with membership card to the Eligible HWLA Patient.

6. PERFORMANCE MEASUREMENT:

A. County Monthly Reports: The County will issue monthly reports to Community Partner to summarize performance of individual agencies, and comparisons to Community Partners similar in size and organization, and to HWLA Initiative providers across the entire system. Information on the monthly reports will be derived from claims adjudication data, Community Partner's monthly reports, annual monitoring/audit reports, and other sources.

B. Community Partner's Monthly Reports: Community Partner shall provide monthly reports to the County 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.

C. Patient Assessment Survey: Community Partner shall participate in the County's Patient Assessment Survey as directed by County.

D. Medical Record Review: Community Partner shall provide the County with access to HWLA patient medical records as required for data collection related to performance measurement and evaluation purposes.

EXHIBIT B-1
PATIENT ELIGIBILITY AND ENROLLMENT
HEALTHY WAY LA HEALTH CARE INITIATIVE
MATCHED AND UNMATCHED PROGRAMS
ALL COMMUNITY PARTNERS

1. PROGRAM OF LAST RESORT: The parties acknowledge that the fundamental tenet of the HWLA Initiative is that no patient eligible for either the Matched or the Unmatched Program shall be turned away, barred, or delayed in receiving services based on the patient's payor status or inability to pay for health care services.

Notwithstanding the foregoing, the parties also acknowledge that the HWLA Initiative Unmatched Program is a "program of last resort" for patients seeking health care. It is intended to provide access to care only for those patients who lack third-party coverage for health care. Accordingly, Community Partner shall not enroll any patient in the Unmatched Program if that patient has, or qualifies for, third-party coverage.

For purposes of this Agreement, "third-party coverage" includes, but is not limited to, Medicare, Medi-Cal, Denti-Cal, Healthy Families, Healthy Kids, Children's Health and Disability Prevention Program, Children's Health Insurance Program, 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 under the Unmatched Program.

Community Partner shall be required to screen and refer to appropriate Community Partner staff or to local health programs, or both, as necessary, all patients seeking services under the Unmatched Program who may be potentially eligible for Medi-Cal, Denti-Cal, Healthy Families, Healthy Kids, Children's Health and Disability Prevention Program,

Children's Health Insurance Program or other types of public and private health programs. Appropriate referral contact information for local health programs shall be provided to Community Partner by Director upon execution of this Agreement via the PIN process.

2. PROGRAM ELIGIBILITY: Only those patients who meet the following eligibility requirements shall be considered Eligible Matched and/or Unmatched Program Patients and therefore eligible for reimbursement under this Agreement.

A. Unmatched Program: A patient shall be eligible for the Unmatched Program only after Community Partner has screened that patient for third-party coverage, as defined in Paragraph 1, and for the Matched Program, as set forth in Paragraph 2B. Community Partner shall enroll a minor age eighteen (18) and under only after the minor has been screened for third-party coverage and such coverage has been denied.

For purposes of this Agreement, an Eligible Unmatched Program Patient for whom Community Partner may be reimbursed hereunder is defined as an individual (1) whose total net family income is at or below 133% of the Federal Poverty Level ("FPL"); (2) who does not have third-party payor coverage for the services; (3) who meets County of Los Angeles residency requirements described in Paragraph 4 of this Exhibit; and (4) who has been screened and denied eligibility for the Matched Program.

By definition, Eligible Unmatched Program Patients shall also include patients who are: (1) General Relief ("GR") recipients of County who are not eligible for the Matched Program; (2) as to the Unmatched Program Dental Care Services component, patients formerly receiving benefits from the State of California's Denti-

Cal Program for whom benefits from that program have ceased as a result of action by the State of California; (3) as to the Unmatched Program Dental Care Services component, patients who, at the time of dental service, are Medi-Cal beneficiaries but who are not Denti-Cal Program beneficiaries; and, (4) patients enrolled in the Matched Program for whom eligibility under that program has ceased or terminated and who are eligible for the Unmatched Program pursuant to this Paragraph 2.

Community Partner shall redetermine an Eligible Unmatched Program Patient's eligibility for the program at least every twelve (12) months from the date of the Eligible Unmatched Program Patient's first eligibility determination. Community Partner shall ensure that each Unmatched Program Patient's redetermination includes a screening for the enrollee's eligibility for third-party coverage. Any patient eligible for third-party coverage shall be ineligible for the Unmatched Program.

B. Matched Program: A patient shall be eligible for the Matched program only after Community Partner has screened that patient for Medi-Cal and the State Children's Health Insurance Program ("CHIP").

For purposes of this Agreement, an Eligible Matched Program Patient shall be an adult, age nineteen (19) through sixty-four (64), who is not pregnant and whose family income is at or below 133% of FPL. To be eligible, the patient also must (1) meet the County of Los Angeles residency requirements set forth in Paragraph 4 of this Exhibit; and (2) provide documentation in accordance with requirements established by the State pursuant to an All County Welfare Director's Letter on the Deficit Reduction Act, which documentation shall be described in the

HWLA Health Care Initiative Matched Program Protocol, to be provided to Community Partner by County prior to the inception of service hereunder.

Community Partner shall redetermine an Eligible Matched Program Patient's eligibility for the program at least every twelve (12) months from the date of the Eligible Matched Program Patient's first eligibility determination. Community Partner shall ensure that each Matched Program Patient's redetermination includes a reassessment of the enrollee's eligibility for third-party coverage. Any patient eligible for Medi-Cal and/or CHIP shall be ineligible for the Matched Program and shall be disenrolled.

County shall have the ability to reduce the income limit for new applicants to the Matched Program. The lowering of income limit will occur if the County determines that funding will not be sufficient to continue to enroll new applicants under the previous income limit. County shall notify Community Partner of any modification to the income limit through the PIN process.

3. ABILITY-TO-PAY APPLICATION PROCESS: Community Partner shall obtain, for all patients seeking services under this Agreement, an Ability-to-Pay ("ATP") Application, attached hereto and incorporated herein by reference as Attachment I, as it currently exists or hereafter may be amended.

Notwithstanding the foregoing, as to the Unmatched Program only, for the period July 1, 2011, through December 31, 2011, Community Partner shall be permitted to honor, and County shall accept, an existing Eligible Unmatched Program Patient's Certification of Indigency ("COI") as proof of eligibility for the Unmatched Program. During this period, Community Partner shall use its best efforts to obtain for all existing Eligible Unmatched

Program Patients an ATP application but shall not be required to do so. The current completed, signed, and dated COI shall at all times be physically located in the Eligible Unmatched Program Patient's medical or dental record as appropriate and applicable.

Community Partner shall be notified a minimum of thirty (30) days in advance of any changes to the ATP Application, and of the date of availability of the revised ATP Application, through the PIN process. The revised ATP Application shall be available to Community Partner on the Division of Ambulatory Care's website on the date specified in the PIN. Effective with any change(s) to the ATP Application, Community Partner shall be responsible for ensuring that all appropriate staff are fully advised of said change(s) and shall use the revised ATP Application. Each revised ATP Application shall reflect the date of revision by the County.

Patients or their lawful representatives shall be required to complete an ATP Application for the initial visit and at least every twelve (12) months thereafter, unless the patient's Los Angeles County residency, family size and/or financial circumstances change(s) or unless the patient currently is receiving GR. Community Partner shall inquire at each visit whether there has been any change in Los Angeles County residency, family size, GR status or financial circumstances since the last visit and document such in chart. In the event of any such change, an updated ATP Application shall be immediately completed. Except for those patients currently receiving GR, all patients shall be required to complete the ATP Application.

As to patients enrolling in the Unmatched Program after disenrollment from the Matched Program, County shall accept eligibility documents on file for the Matched Program for purposes of Unmatched Program eligibility.

Community Partner shall be responsible to ensure that the ATP Application is complete and valid and to provide services only to Eligible Unmatched and Matched Program Patients. All prior and current completed, signed, and dated ATP Applications shall at all times be physically located in the Eligible Unmatched or Matched Program Patient's medical or dental record as appropriate and applicable.

In the event that Community Partner maintains an electronic medical record, Community Partner may scan the completed, signed, and dated ATP Application into the Eligible Unmatched or Matched Program Patient's medical or dental record, as appropriate. Community Partner shall assure that the original completed, signed and dated ATP Application is maintained in accordance with the RECORDS AND AUDITS Paragraph of the ADDITIONAL PROVISIONS. Community Partner may maintain the original completed, signed and dated ATP Application separate from the electronic medical record.

To the extent the FPL is revised by Department of Health and Human Services, County's DHS shall notify Community Partner within five (5) business days of notice to DHS from the Department of Public Social Services. Notice to Community Partner shall occur through the PIN process.

4. <u>COUNTY OF LOS ANGELES RESIDENCY REQUIREMENTS</u>:

A. To be eligible for HWLA Initiative services, patients must provide proof of residency in the County of Los Angeles upon their initial visit and upon each visit when the ATP Application is updated, which is to be at least every twelve (12) months after the first visit date and whenever the patient's family size, GR status, and financial circumstances change, as further set forth in Paragraph 3 of this Exhibit.

Community Partner shall be responsible for assuring that the ATP Application reflects the provision by the patient of proper residency and address verification, as set forth by the means described in this Paragraph 4, prior to the furnishing of health care services.

The following documents shall constitute acceptable proof of County of Los Angeles residency and address in order of preference: (1) valid California Driver's license; (2) valid Department of Motor Vehicles Identification Card; (3) government-issued identification card, including but not limited to the Matricula Consular, with patient's or legally responsible relative's picture and address; (4) school identification; (5) GR identification; (6) utility bill dated within sixty (60) days of the date presented; (7) any mailing addressed to the patient and canceled by the U.S. Post Office dated within sixty (60) days of the date presented; or, (8) 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" shall qualify for services under this Agreement by signing the "Affidavit of Residency" attached hereto and incorporated herein by this reference as Attachment II. For purposes of this Agreement, "homeless" patients shall include those who are: (1) residing in Los Angeles County without an address; (2) living in shelters; (3) living in the home of another; or (4) residing in rural areas without postal services. Community Partner shall place a completed Affidavit of Residency in the patient's medical record, as an attachment to the ATP Application, as proof of residency for all homeless patients.

C. Patients who do not meet the requirements of this Paragraph 4 are ineligible for services and shall not be billable under this Agreement.

D. Notwithstanding the foregoing, patients who meet the income requirements of the Unmatched Program, but live outside Los Angeles County, shall 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.

5. ENROLLMENT INTO THE MATCHED PROGRAM: Only Eligible Matched Program Patients, as defined in Paragraph 2B, may be "enrolled" into the Matched Program. Community Partner shall be responsible for obtaining all necessary enrollment information and documentation for Eligible Matched Program Patients.

For purposes of this Agreement, "enrollment" in the HWLA Matched Program is established once County determines that the patient meets all eligibility requirements set forth above. Community Partner shall obtain from the patient and transmit to County: (a) a signed and dated Attestation Form, attached hereto and incorporated herein by this reference as Attachment III; (b) verification of patient's U.S. citizenship or five (5) years legal residency; (c) verification of Los Angeles County residency; and (d) income verification.

All documents obtained shall constitute the patient's "enrollment package" and shall be transmitted in accordance with the HWLA Health Care Initiative Matched Program Protocol ("Protocol"), which Protocol shall be provided to Community Partner by County prior to the inception of service hereunder and which shall be updated by County through the PIN process.

Community Partner shall submit the enrollment package to County electronically. Electronic submission of documents shall occur when County receives the complete enrollment package. A patient shall not be considered enrolled until Community Partner provides the enrollment package to County and County makes the eligibility determination.

An Eligible Matched Program Patient shall not be enrolled into the Matched Program unless and until Community Partner completes the enrollment package, transmits that package to the County and the County verifies all eligibility and enrollment information. County shall not be obligated to reimburse Community Partner for services provided to any Eligible Matched Program Patient in the absence of any of the required documentation or in the absence of Community Partner completing all enrollment requirements.

Notwithstanding the foregoing, for the period of time between the completion of the ATP application and County's eligibility and enrollment determination, the patient shall be considered "Matched Program Pending." Community Partner shall be permitted to provide services that patient, and be reimbursed for the provision of services to that patient, in accordance with the rates and process set forth in Exhibit C-2 or C-3 as applicable.

6. DISENROLLMENT FROM THE MATCHED PROGRAM: An Eligible Matched Program Patient shall be disenrolled from the Matched Program upon the occurrence of any of the following: (a) the patient ceases to be a resident of the County of Los Angeles; (b) the patient does not renew membership within twelve (12) months of being enrolled; (c) the patient turns sixty-five (65); (d) the patient's income exceeds the limit set forth in Paragraph 2; or (e) the patient is eligible for third-party coverage. Upon notice of any of the preceding events, Community Partner shall notify the County immediately using the

process specified in the Protocol. County thereafter shall be responsible for disenrolling the patient from the Matched Program and notifying the patient of the disenrollment.

7. COMMUNITY PARTNER'S FAILURE TO MEET ACCESS STANDARDS: In the event that Community Partner, in County's sole discretion, fails to meet the access requirements for the Matched Program, as set forth in Exhibit A-5 of this Agreement, Community Partner shall not be permitted to enroll patients into either the Matched Program, the Unmatched Program, or both, until such time as County finds Community Partner in compliance with those access standards and notifies Community Partner, in writing, that its ability to enroll patients into the programs has been restored.

8. RECORDS AND AUDITS: Community Partner shall keep clear records of the number of Eligible Unmatched and Matched Program Patients served hereunder, including the service(s) provided. Community Partner 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, Community Partner 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. Community Partner 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.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

ABILITY - TO - PAY PLAN SERVICES AGREEMENT

Patient _____ MRUN # _____ Account # _____ Admit Date: _____
O/P Vs. Date: _____

FAMILY MEMBER IN HOME Name	BIRTHDATE Day Month Year	Birthplace	EMPLOYED Yes / No	Social Security No.
1 (Adult)				
2 (Adult)				
3				
4				
5				
6				

Address: _____ Telephone No. _____
Number/Street City State Zip

Los Angeles County Resident Yes ☐ No ☐

PATIENT LINKAGE:

65 or over	Yes ☐	No ☐	Parent Disabled	Yes ☐	No ☐
Under 21	Yes ☐	No ☐	Parent Unemployed	Yes ☐	No ☐
Potential Permanently Disabled / Blind	Yes ☐	No ☐	Patient Pregnant	Yes ☐	No ☐
Parent Absent	Yes ☐	No ☐	Patient SNF	Yes ☐	No ☐
Refugee	Yes ☐	No ☐	Date of Entry _____		

For County Use Only

Potential Linkage

Yes ☐

No ☐

PATIENT PENDING BENEFITS:

Welfare	Yes ☐	No ☐	Type _____	Dist. _____	Worker _____		
Soc. Sec.	Yes ☐	No ☐	Type _____	Pension	Yes ☐	No ☐	Type _____
UIB / DIB	Yes ☐	No ☐	Medicare	Yes ☐	No ☐		
Veteran's Benefits	Yes ☐	No ☐	Other	Yes ☐	No ☐	Specify _____	

PATIENT AND RESPONSIBLE RELATIVES MONTHLY GROSS INCOME:

For County Use Only

Monthly Gross Earned: Self $ _____ Resp. Rel $ _____ Resp. Rel. $ _____
Emp. _____ Emp. _____ Emp. _____

Self Employed Yes ☐ No ☐ Company Info: _____
Monthly Unearned:
UIB / DIB $ _____ Soc. Sec. $ _____ Grants $ _____
R.R. Retir. $ _____ Vet. Ben. $ _____ Income from Prop. $ _____
Cash Contrib. $ _____ Pension $ _____ Interest Income $ _____
Other $ _____ Specify _____

Total Monthly Gross Income: A) $ _____

PATIENT AND RESPONSIBLE RELATIVES MONTHLY DEDUCTIONS:
Monthly Mand. Ded.: Self $ _____ Resp. Rel. $ _____ Resp. Rel. $ _____
Medical Insurance $ _____ Child Care $ _____ Alimony $ _____
Child Support $ _____ Other Work Related Expenses $ _____ Specify _____

Total Monthly Deductions: B) $ _____

T-76A11A

LIABILITY COMPUTATION:			For County Use Only
+ Total Monthly Gross Income	(A) $ _____	Total Adjusted Net Monthly Income (A–B)	$ _____
— Total Monthly Deductions	(B) $ _____	ATP Liability Amount (See Chart):	$ _____
Family Size _____			

In consideration for being charged for health care services rendered by the County of Los Angeles (County) to _____ in accordance with the County's Ability-to-Pay Plan (ATP), I/we _____ promise to pay the county (check one):

- ☐ for all inpatient services received by the patient covered by this Agreement from _____, until and including _____, or until discharged from the County's Health care facility, whichever occurs first, the ATP Liability Amount of _____ dollars ($ _____) for such portion of such inpatient stay of admission; OR
- ☐ for all outpatient services received by the patient covered by this Agreement from _____, through _____, the ATP Liability Amount of _____ dollars ($ _____) for each outpatient visit during such period.

Such ATP Liability Amount has been determined under the ATP and is based upon information which I/we provide in this Agreement. It is understood and agreed that the above ATP Liability Amount for such inpatient services or for such outpatient services shall not be subsequently adjusted for any reason except as provided under the ATP.

I/we understand and agree that this Agreement shall be governed by the terms and conditions set forth in the ATP, which has been made available to me/us for review and which is incorporated herein by reference, and that I/we shall fully cooperate with the County in accordance with the ATP. Pursuant to Section 360.5 of the California Code of Civil Procedure, I/we agree that all statutes of limitation upon the debt for the health care services which are covered by the Agreement are hereby waived.

I/we certify that, during the next year, if the patient gets or loses insurance, or if his or her family size or income changes, I/we promise to immediately report that fact to the facility where this form was completed.

It is agreed that if I/we have a change in financial circumstances, including but not limited to an increase in the patient's or guarantor's income, or the patient, or patient's heirs or personal representative(s), receipt of damages recovered as a result of patient's injury by accident, negligence, or wrongful act, I/we will notify the facility where this Agreement was completed and this Agreement may, at the election of the County of Los Angeles, be terminated, and the County's hospital shall be entitled to its reasonable charges.

This agreement shall not in any way diminish or defeat the County's right, under California Government Code sections 23004.1 and 23004.2, or the Hospital Lien Act, or any other applicable laws to recover reimbursement from any responsible third-parties, including tortfeasors, the reasonable charges for health care services provided to the patient.

I/WE CERTIFY UNDER PENALTY OF PERJURY BY MY/OUR SIGNATURE(S) THAT THE INFORMATION I/WE HAVE PROVIDED AS REQUESTED IN THIS AGREEMENT IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE ALSO CERTIFY BY MY/OUR SIGNATURE(S) THAT I/WE HAVE READ AND UNDERSTAND ALL THE FOREGOING AND THAT I/WE AGREE TO SIGN THIS STATEMENT WITHOUT ANY RESERVATION WHATSOEVER.

Patient Signature	Date	Responsible Relative Signature	Date
Interviewer Signature	Date	Responsible Relative Signature	Date
		Supervisor's Approval	Date

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
HEALTHY WAY LA HEALTH CARE INITIATIVE

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

Attestation
Healthy Way LA (HWLA) Proof of Citizenship/Residency or Identity Received

Eligibility Number _____ **Application Date:** _____
(From Pre-Enrollment Letter or WebSphere)

Date of last COI: _____

Name of Applicant _____ **Clinic ID#:** _____

Proof of Citizenship/Residency or Identity Received

Instruction to Worker: When you receive proof of citizenship/residency or identity from a HWLA potential patient, you must fill out this form, make a photocopy of it and the proof documentation for file, return the original documents to the bearer.

CITIZENSHIP/RESIDENCY IDENTITY	
Name of the original citizenship/residency document you received: ☐ US Passport - No ID Document Required ☐ US Birth Certificate ☐ Permanent Resident (Green) Card I-551 (5+years) - No ID Document Required ☐ Certificate of Naturalization N-550/N-570 - No ID Document Required ☐ Birth Record (County or State Inquiry) ☐ Other - Please specify _____	Name of the original identity document you received: ☐ Driver's License ☐ School Identification, with photo ☐ Military Identification ☐ Other - Please specify _____
☐ **Approved.** The citizenship document you submitted is acceptable proof of citizenship. You will not have to provide proof again for the indicated person. ☐ **Denied.** The proof you submitted is not ___ acceptable. You must submit another proof of citizenship. Attached is a list of acceptable proof of citizenship documents.	☐ **Approved.** The identity document you submitted is acceptable proof of identity. You will not have to provide proof again for the indicated person. ☐ **Denied.** The identity document you submitted is not acceptable. You must submit another proof of identity. Attached is a list of acceptable proof of identity documents.

All documents must be originals or copies certified by the issuing agency. Photocopies are not acceptable.

☐ The indicated person has satisfied the new citizenship and identity requirements because both citizenship and identity documents were approved. He or she is eligible for HWLA as long as the person meets all other HWLA eligibility requirements.

☐ The indicated person has not satisfied the new citizenship and identity requirements because both citizenship and/or identity documents were denied. Applicants are not eligible for HWLA until both citizenship and identity documents are submitted and approved.

Patient To Complete

I declare under penalty of perjury under the laws of California that I am not covered by Medi-Cal, Healthy Families, Access For Infants and Mothers (AIM) or commercial insurance and I was not covered by commercial insurance within last 90 days of my application date. Additionally, my financial circumstances have not changed since the effective date of my COI application or GR application. (Check the appropriate statement):

☐ I am a citizen or national of the United States or

☐ I am in satisfactory immigration status

I have been instructed to provide verification of income.

Patient/Responsible Relative Signature Date:

Worker To Complete

To the best of my knowledge, I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Worker Name (print) _____	Date: _____
Worker Signature	Phone No.: _____

Revised 07/06/09

EXHIBIT C-1

FUNDING, BILLING AND PAYMENT
UNMATCHED PROGRAM

ALL COMMUNITY PARTNERS

1. FISCAL YEAR MAXIMUM OBLIGATION: Community Partner must manage contract funds over the entire term of this Agreement to ensure that sufficient funds are available to provide all required services to all Eligible Unmatched Program Patients.

A. County's reimbursement to Community Partner for July 1, 2011, through June 30, 2012, shall not exceed _____ Dollars ($_____) in total ("Total Unmatched Program Maximum Obligation"). That portion of the Total Unmatched Program Maximum Obligation shall be ____Dollars ($_____) for the provision of Primary Care Services (Exhibit A-1 or A-2, as applicable); and _____ Dollars ($_____) for the provision of Specialty Care Services (Exhibit A-3), and ___ Dollars ($_____) for the provision of Dental Care Services (Exhibit A-4). In the event of under or over-performance of services, County shall have the discretion to adjust Community Partner's funding pursuant to Paragraph 2D of this Exhibit.

Community Partner's Total Unmatched Program Maximum Obligation shall be allocated across all Service Planning Areas (SPAs) in which Community Partner provides services as set forth in Attachment I, HWLA Health Care Initiative Allocation, attached hereto and incorporated herein by this reference.

B. County's maximum obligation to Community Partner for the period of July 1, 2011, through June 30, 2012, shall not exceed _____ Dollars ($_____) for the provision of primary care services under this Agreement for the South Los Angeles

Preservation Fund Program (Preservation Fund). This allocation may not be redirected to any other service(s) provided under this Agreement.

C. County's reimbursement to Community Partner for July 1, 2012, through June 30, 2013, shall not exceed __Dollars ($_____) in total. That portion of the Total Unmatched Program Maximum Obligation shall be _ Dollars ($_____) for the provision of Primary Care Services (Exhibit A-1 or A-2, as applicable) Dollars ($_____) for the provision of Specialty Care Services (Exhibit A-3) , and _____Dollars ($_____) for the provision of Dental Care Services (Exhibit A-4). In the event of under or over-performance of services, County shall have the discretion to adjust Community Partner's funding pursuant to Paragraph 2D of this Exhibit.

Community Partner's Total Unmatched Program Maximum Obligation shall be allocated across all Service Planning Areas (SPAs) in which Community Partner provides services as set forth in Attachment I, HWLA Health Care Initiative Allocation, attached hereto and incorporated herein by this reference.

D. County's maximum obligation to Community Partner for the period of July 1, 2012, through June 30, 2013, shall not exceed _____ Dollars ($_____) for the provision of primary care services under this Agreement for the Preservation Fund Program. This allocation may not be redirected to any other service(s) provided under this Agreement.

E. County's reimbursement to Community Partner for July 1, 2013, through December 31, 2013, shall not exceed _____Dollars ($_____) in total. That portion of the Total Unmatched Program Maximum Obligation shall be ___Dollars ($_____) for the provision of Primary Care Services (Exhibit A-1 or A-2, as applicable); and ___Dollars ($_____) for the provision of Specialty Care Services (Exhibit A-3), and ____Dollars

($_____) for the provision of Dental Care Services (Exhibit A-4). In the event of under or over-performance of services, County shall have the discretion to adjust Community Partner's funding pursuant to Paragraph 2D of this Agreement.

Community Partner's Total Unmatched Program Maximum Obligation shall be allocated across all Service Planning Areas (SPAs) in which Community Partner provides services as set forth in Attachment I, HWLA Health Care Initiative Allocation, attached hereto and incorporated herein by this reference.

F. County's maximum obligation to Community Partner for the period of July 1, 2013, through December 31, 2013, shall not exceed _____Dollars ($_____) for the provision of primary care services under this Agreement for the Preservation Fund Program. This allocation may not be redirected to any other service(s) provided under this Agreement.

2. FUNDING ADJUSTMENTS:

A. "Allocation Methodology Formula": As used in this Paragraph 2, the term "Allocation Methodology Formula" shall mean the methodology approved by County's Board of Supervisors on April 22, 2008, based on a formula of 100% unmet need, which Formula is intended to address funding inequities between DHS SPAs. A true and correct copy of the County's Allocation Methodology Formula is attached hereto as Attachment II and incorporated herein by this reference.

B. Fiscal Year Close Assessment: If, upon the conclusion of any Fiscal Year that this Agreement is in effect, County determines that any portion of the funds budgeted for expenditure within the former PPP Program (now the HWLA Initiative's Unmatched Program) was not expended, Director may, at his/her sole discretion, and upon prior,

written notice to the Chief Executive Officer, County Counsel and the County's Board of Supervisors, "roll forward" any such unexpended funds from the Fiscal Year in which they were not expended to the next Fiscal Year. The authority to "roll forward" shall begin with Fiscal Year 2010-11.

Director may, at his/her sole discretion, administratively allocate such funds, if available, to existing providers in accordance with Attachment II, Allocation Methodology Formula, for 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, on a one-time only basis for each Fiscal Year that the Agreement is in effect. Allocation of such funds will occur after DHS' Division of Ambulatory Care conducts a Request for Information ("RFI") process as defined on sub-paragraph D hereunder.

Notwithstanding the foregoing, funds available to the Unmatched Program as a result of the early termination of an HWLA Initiative's Unmatched Program agreement or the failure of a potential Unmatched Program provider to execute a HWLA Initiative agreement shall not be considered "unexpended funds." Accordingly, funds from these sources, at the Director's sole discretion, shall be re-allocated to existing providers 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 provider to execute its agreement.

C. Transfer of Funds: County and Community Partner acknowledge that a portion of Community Partners in the Unmatched Program maintain multiple service sites and/or provide a breadth of services, including primary care, specialty care, and/or dental care.

County and Community Partner acknowledge that such Community Partners may need to transfer funds between service sites or service categories, or both, in order to maximize the ability to provide patient care. County and Community Partner further acknowledge that a need to transfer funds between service sites or between service categories or both must be tempered against the Allocation Methodology Formula's goal of achieving funding equity between SPAs. Therefore, the parties agree that, if Community Partner is an Unmatched Program provider with multiple service sites or a provider of a breadth of services, Community Partner shall be permitted to request Director's approval to transfer funds as follows:

1. Funding Transfers Within a SPA: Once during each Fiscal Year that this Agreement is in effect, Community Partner may, upon written request to and written approval from County, transfer funds between its specialty and primary care service categories within the same SPA. Community Partner shall submit to Director a written request for any such transfer of funds. Within thirty (30) business days of receipt of complete and accurate documents, Director shall notify Community Partner whether the transfer of funds has been approved and, if approved, the effective date of such transfer. Such transfers will not be carried to the next fiscal year maximum obligation.

Any such transfer of funds shall be affected through an administrative amendment to the Agreement, which amendment shall require prior approval of the Chief Executive Office and County Counsel. Community Partner shall not be permitted to transfer funds from a dental service category to any other service category, or to transfer funds from any other service category to a dental service category.

2. Other Funding Transfers: This subparagraph 2 shall apply to funding transfers: (a) between SPAs and within the same service category; and (b) between SPAs and between service Community Partner's primary and specialty care service categories.

Community Partner shall be permitted to request, in writing, a one-time only funding transfer as set forth in this subparagraph once in each Fiscal Year that this Agreement is in effect. Director may, at his/her sole discretion, and upon written request from Community Partner, permit or prohibit any such transfer of funds. Director shall consider the geographic proximity of the service sites impacted by the proposed transfer, the amount of funding requested for transfer, which amount is not to exceed ten percent (10%) of the Total Unmatched Program Maximum Obligation for each Fiscal Year, whether Community Partner's request demonstrates a compelling justification and whether that justification fits with the larger goal of the Unmatched Program to meet the needs of underserved patients. County shall issue a PIN setting forth further information on this transfer process.

To demonstrate a compelling justification for the transfer, Community Partner's written request shall set forth a detailed explanation to support the need for the transfer, including an estimate of the number of visits expected to be served. Community Partner's request shall be accompanied by a revised Workplan.

Within thirty (30) business days of receipt of complete and accurate documents, Director shall notify Community Partner whether the transfer of funds has been approved and, if approved, the effective date of such transfer. Director reserves the sole discretion to authorize a funding transfer that does not meet the criteria set forth herein if such transfer is in the best interest of the Unmatched Program, or the best interest of the Unmatched Program patients to be impacted by the proposed transfer, or both.

In the event that Director denies Community Partner's request to transfer funds, Community Partner shall have one opportunity to appeal the Director's decision. Community Partner's appeal shall be in writing and received by Director within ten (10) business days of the date of Director's decision. If Community Partner's appeal is received in a timely manner as defined herein, Director shall analyze the data and information provided by Community Partner, and respond in writing to Community Partner as to the final determination. Director's decision shall be final.

Any transfer of funds pursuant to this paragraph shall be effected through an administrative amendment to the Agreement, which amendment shall require prior approval of the Chief Executive Office and County Counsel.

D. Funding Reallocation of County's Fiscal Year Maximum Obligation Under this Agreement and Other HWLA Initiative Agreements: Notwithstanding any other provisions under this Agreement, Director may, at his/her sole discretion, administratively reallocate (increase or decrease) the funding 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, on a one-time only basis for each Fiscal Year the Agreement is in effect.

Reallocation of funds will occur after DHS' Division of Ambulatory Care ("DAC") conducts a Request for Information ("RFI") process. DAC shall initiate this process through the issuance of a formal RFI to the County's Unmatched Program Partners. In the RFI, DAC will solicit from the Community Partners information as to each Community Partner's ability to provide additional services at existing service sites and/or new service sites.

In addition to considering each Community Partner's stated expansion plans and fiscal needs, DAC shall also consider the following: 1) each Community Partner's Performance Level through the date specified in the RFI; 2) each Community Partner's monthly accrued projections for each service through the date specified in the RFI; 3) DHS and Unmatched Program priorities; and, 4) the Community Partner's financial, programmatic, administrative compliance with its existing HWLA Initiative Program Services Agreement.

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

Absent extreme or extenuating circumstances, a Community Partner that shows a substantial "underperformance" service level or Community Partners who fail to provide their accrued projections for each service, in County's sole discretion, will not be considered for additional funding.

Additionally, if County determines that a Community Partner has a substantial "underperformance" service level or failed to provide accrued projections for any service, and notwithstanding that Community Partner has refrained from participating in any RFI process, County may, according to the process set forth hereunder, effect an amendment to Community Partner's existing HWLA Initiative Agreement to decrease Community Partner's maximum obligation(s) and reallocate that funding to other Community Partners that have or are participating in a RFI process.

DHS and HWLA Initiative Unmatched Program priorities will be based on initiatives driving DHS policy, Board of Supervisors' policies and priorities, the Allocation Methodology and the County's Strategic Plan.

Finally, a Community Partner's financial, programmatic, and administrative compliance will be determined by County's review of any annual monitoring reports issued under this Agreement and Community Partner'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, DAC shall determine a Community Partner's compliance in this area by reviewing all available quality assurance documentation on file with DAC and any documentation otherwise available to County related to Community Partner's performance of its HWLA Initiative Program Services Agreement.

Regardless of the means by which DAC determines compliance, and absent extreme or extenuating circumstances, at the Director's discretion, a Community Partner may not be considered for reallocation funding if a Community Partner or its subcontractor or its medical/dental practitioners have been the subject of one or more of the following actions: (a) disciplinary action by the State Medical and/or Dental Board(s) (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.

Community Partners, 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 RFI process. The Director's determination shall be final.

Community Partner, if affected by a funding decrease, shall be given thirty (30) calendar days advance written notice of the proposed reallocation action by Director. Community Partner shall have one opportunity to appeal Director's proposed action, which shall be in writing and received by Director within ten (10) calendar days of the date of such notice. If Community Partner's appeal is received in a timely manner as defined herein, Director shall analyze the data and information provided by Community Partner, and respond in writing to Community Partner as to the final funding decrease determined by Director under this Exhibit, but only after all appeals regarding contract funding reallocations for Unmatched Program, 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 all Community Partners' Unmatched Program services 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 Community Partner.

Any other funding increase or decrease to the County 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 HWLA Initiative Program contract(s).

3. PATIENT BILLINGS: Community Partner shall not bill any Eligible Unmatched Program Patients receiving services hereunder, but may accept voluntary donations from those 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 Community Partner determines that a patient seeking services is eligible for services hereunder, but that the patient requires services beyond those encompassed in this Agreement, Community Partner shall be permitted to charge that patient for any and all services rendered in accordance with Community Partner's customary policies, procedures and practices pertaining to the provision of its services.

4. ELECTRONIC BILLINGS TO COUNTY: For Primary Care Services only, Community Partner shall use its best efforts to submit to County's Claims Adjudicator data elements substantially similar to those found on the CMS Form 1500, or other forms approved by Director ("Billing Form") within thirty (30) days of the service date. In no event shall Community Partner submit such claims later than one hundred twenty (120) days of the service date. Claims submitted later than this timeframe will be rejected and will not be paid. As to Dental and Specialty Care Services, Community Partner shall use its best efforts to submit to County's Claims Adjudicator data elements substantially similar to those found on the dental and/or specialty Billing Form(s) heretofore approved by Director within thirty (30) days of the service date. In no event shall Community Partner submit such claims later than one hundred twenty (120) days of the service date. Claims submitted later than this timeframe will be rejected and will not be paid. As to the ancillary services associated with the provision of dental and specialty care, Community Partner shall submit to County's Claims Adjudicator data elements substantially similar to those found on the

dental and/or specialty Billing Form(s) heretofore approved by Director within one hundred twenty (120) days of the service date. Claims submitted later than this timeframe will be rejected and will not be paid. Such data shall be submitted electronically for each visit provided to an Eligible Unmatched Program Patient monthly in arrears. None of Community Partner's physicians or other providers shall separately bill County or Eligible Unmatched Program Patients or their families for services hereunder.

5. MANUAL BILLINGS TO COUNTY: If electronic billing between Community Partner and County's Claims Adjudicator is not operational, Community Partner shall use its best efforts to bill County's Claims Adjudicator manually using the Billing Form(s) completed in duplicate within thirty (30) days of the service date. In no event shall Community Partner submit such claims later than one hundred twenty (120) days of the service date. Claims submitted later than this timeframe will be rejected and will not be paid. As to the ancillary services associated with the provision of dental and specialty care, Community Partner shall use its best efforts to bill County's Claims Adjudicator manually using the Billing Form(s) completed in duplicate within one hundred twenty (120) days of the service date. Claims submitted later than this timeframe will be rejected and will not be paid. All manual information must be submitted on a Billing Form, as approved by Director. Community Partner shall retain one billing copy for its own records and shall forward the original billing copy to the County's Claims Adjudicator.

6. BILLING GUIDELINES: Community Partner shall follow the billing guidelines contained in this Exhibit and as set forth in any PIN, which shall be provided to Community Partner 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 Community

Partner prior to the commencement of services hereunder through a PIN. Community Partner shall not bill for Denti-Cal and/or Medi-Cal pending patients until the Denti-Cal and/or Medi-Cal application has been denied.

7. COUNTY'S MANUAL REPROCESSING OF COMMUNITY PARTNER'S DENIED AND CANCELED CLAIMS: If claims were denied or canceled through no fault of County or County's Claims Adjudicator, and solely through the fault of Community Partner, Community Partner shall pay County the appropriate County contract, per-claim fee billed County by County's Claims Adjudicator. Community Partner shall be advised by Director, by means of a PIN, of the current fee charged to County. The County shall recoup payment due from Community Partner for denied or canceled claims by requesting payment from Community Partner, which repayment shall be remitted forthwith by Community Partner to County by check made payable to the County of Los Angeles, or by withholding such amount from the usual monthly payment for Community Partner's services under this Agreement as an off-set.

8. RECORDS: Subject to the conditions and terms set forth in this Agreement, Community Partner 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.

9. 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 Community Partner 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 may reconcile all claims against a Medi-Cal eligibility database before processing the claims for payment and deny any Medi-Cal eligible claim. In such event, Community Partner 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.

Community Partner shall maintain a system of record keeping that will allow Community Partner to determine when it has incurred seventy-five percent (75%) of the Contract's Sum. Upon occurrence of this event, Community Partner shall send written notification to the CEO, Division of Ambulatory Care.

Director shall have the discretion, on a periodic basis, to conduct a Medi-Cal reconciliation in which County shall reconcile some or all of the claims submitted by all Community Partners over the terms of their respective Agreements against a database containing the identities of all Medi-Cal eligible patients to determine whether any Community Partner has been reimbursed for services provided to Medi-Cal "eligible" patients.

If the final Medi-Cal reconciliation process indicates that Community Partner has been reimbursed for Medi-Cal eligible patients, following Director's written notice, County shall recoup any amounts owed to County by Community Partner by requesting payment

from Community Partner, which repayment shall be remitted forthwith to County by check made payable to the County of Los Angeles, or by County withholding such amount from the usual monthly payment for Community Partner's services under this Agreement as an off-set.

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

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

10. PAYMENT RATES: Subject to the County's Fiscal Year Maximum Obligation Paragraph of this Exhibit, Community Partner shall be reimbursed as follows:

A. Primary Care: 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 Exhibit A-1 or A-2, as applicable, of this Agreement, needed during or as a result of the visit;

B. Dental Care: At the rates set forth on Exhibit A-4, Attachment I, Dental Rates, following Denti-Cal Guidelines; and,

C. Specialty Care: At the applicable Medi-Cal Rates for Specialty Care Services in effect as of the date of service, but only for those specialty care services listed under Exhibit A-3 of this Agreement by visit codes and procedures. All billing claims will identify

services and procedures utilizing the American Medical Association's Current Procedural Terminology publication for specialty care services.

11. REIMBURSEMENT FOR PHARMACEUTICALS: When required by an Eligible Unmatched Program Patient, drugs or medications, and medical supplies, prescribed by Community Partner shall be available without charge to the Eligible Unmatched Program Patient. When available to the Community Partner, non-prescription drugs (over the counter medication) and/or medical supplies shall be supplied by the Community Partner without charge to the patient.

As a condition precedent to County reimbursing Community Partner for the provision of pharmaceuticals as set forth in this Paragraph, Community Partner shall participate in all Patient Assistance Programs (PAPs) provided by individual pharmaceutical companies as set forth in Exhibit A-1 or A-2, as applicable. Community Partner also shall submit on behalf of all of its Eligible Unmatched Program Patients applications for any applicable PAP as set forth in Exhibit A-1 or A-2 as applicable. County shall not reimburse Community Partner for the provision of any pharmaceuticals unless the Eligible Unmatched Program Patient's PAP application has been rejected.

For the period July 1, 2011, through June 30, 2012, County shall reimburse Community Partner for pharmaceuticals as follows:

A. Primary Care: Community Partner shall not be reimbursed for pharmaceuticals. Community Partner shall be reimbursed for the provision of pharmaceuticals as part of the all inclusive rate for primary care set forth in Paragraph 10 of this Exhibit.

B. Dental Care: At the 340B drug acquisition cost currently in effect at the time of dispensing pursuant to the Veterans Health Care Act of 1992, which cost shall be determined by County on a quarterly basis. Community Partner shall not bill and shall not be reimbursed by County for pharmaceuticals Community Partner has received as a donation or which have been provided to Community Partner under another County contract. If no definitive 340B drug acquisition cost for a pharmaceutical provided an Eligible Unmatched Program Patient exists, County shall have no obligation to reimburse Community Partner for that pharmaceutical.

C. Specialty Care: At the 340B drug acquisition cost currently in effect at the time of dispensing pursuant to the Veteran's Health Care Act of 1992, which cost shall be determined by County on a quarterly basis. Community Partner shall not bill and shall not be reimbursed by County for pharmaceuticals Community Partner has received as a donation or which have been provided to Community Partner under another County contract. If no definitive 340B drug acquisition cost for a pharmaceutical provided an Eligible Unmatched Program Patient exists, County shall have no obligation to reimburse Community Partner for that pharmaceutical.

Notwithstanding any other provision of this Agreement, County shall not have any obligation to reimburse Community Partner for the provision of any pharmaceutical(s) to any Eligible Unmatched Program Patient(s) after June 30, 2012. No later than April 1, 2012, the parties shall meet and confer to address reimbursement issues concerning the provision of pharmaceuticals. Any agreement of the parties in this regard shall be codified in a formal amendment to this Agreement.

12. REIMBURSEMENT FOR ANCILLARY SERVICES, SPECIALTY CARE ONLY: Community Partner shall be reimbursed for the provision of laboratory and radiology services provided during or as the result of specialty care services to an Eligible Unmatched Program Patient at the applicable Medi-Cal Rates for such ancillary services in effect as of the date of service, but only for those ancillary services listed under Exhibit A-3 of this Agreement by visit codes and procedures. All billing claims will identify services and procedures utilizing the American Medical Association's Current Procedural Terminology publication for specialty care services.

13. CLAIMING FOR MEDICAL AND MENTAL HEALTH VISITS IN THE SAME DAY: Community Partner shall be entitled only to payment for one visit for the same patient during the same day, even if such Community Partner provides services by both mental health professionals and non-mental health professionals on the same day.

Further, if County determines that Community Partner has submitted claims for billable visits to the same patient on the same day under this Agreement and under any agreement between Community Partner and the County for the provision of mental health services, then either the County Department of Mental Health ("County DMH") or County DHS shall be entitled to recover from Community Partner all payment amounts in excess of the payment that would be made for a single billable visit. Accordingly, Community Partner shall be entitled to retain only the amount it would have been entitled to receive for one billable visit under one agreement.

County DHS and County DMH shall prepare a protocol which shall set forth which entity shall have the right to recoup such overpayment. County shall provide this protocol to Community Partner through the PIN process. At the request of County DMH or County

DHS, Community Partner shall provide such information as is necessary for the County to determine under its protocol which Department is responsible for paying for the visit.

Health Way LA Health Care Initiative - Matched and Unmatched Programs

HWLA HEALTH CARE INITIATIVE ALLOCATION

AGENCY/ HEADQUARTERS ADDRESS/ CONTRACT TYPE	EXECUTIVE DIRECTOR PHONE/FAX/EMAIL	SITE NAME	SITE ADDRESS	SUPV DIST	SPA	Service Types(s) - July 1, 2011 through June 30, 2012 Allocation (1)								Service Types(s) - July 1, 2011 through June 30, 2012 Estimated Allocation (2)/Allocation					TOTAL CONTRACT
						UNMATCHED PROGRAM								MATCHED PROGRAM					
						P	D	S	PRIMARY	DENTAL	SPECIALTY	SB474 SPA 6	TOTAL	P	S	PRIMARY	SPECIALTY	TOTAL MATCHED PROGRAM	

EXHIBIT C-2

HWLA INITIATIVE MATCHED
ESTIMATED EXPENDITURES, BILLING AND PAYMENT
FQHC/FQHC LOOKALIKE COMMUNITY PARTNERS

1. ESTIMATED EXPENDITURES FOR PRIMARY CARE: Community Partner understands that services provided under the HWLA Initiative's Matched Program are funded in whole or in part by the Demonstration Project. County's reimbursement to Community Partner is contingent upon continuation of Federal approval of the Demonstration Project and approval of Federal matching funds for the HWLA Initiative's Matched Program under this Agreement.

Community Partner's HWLA Health Care Initiative Allocation is set forth on Attachment I, attached hereto and incorporated herein by this reference. For purposes of budgetary planning for the parties, and not as a means to restrict enrollment in the Matched Program, the following shall constitute the estimated funding expenditures for Primary Care Services that Community Partner shall have for each Fiscal Year or portion thereof that this Agreement is in effect:

A. Community Partner's estimated Matched Program expenditures for July 1, 2011, through June 30, 2012, shall be _____ Dollars ($_____) in total ("Total Estimated Matched Program Expenditures").

B. Community Partner's Total Estimated Matched Program Expenditures for July 1, 2012, through June 30, 2013, shall be _____ Dollars ($_____).

C. Community Partner's Total Estimated Matched Program Expenditures for July 1, 2013, through December 31, 2013, shall be _____

Dollars ($_____).

2. MAXIMUM OBLIGATION FOR SPECIALTY CARE: Community Partner shall maintain a system of record keeping that will allow Community Partner to determine when it has incurred seventy-five percent (75%) of the Maximum Obligation for Specialty Care for any Fiscal Year or part thereof that this Agreement is in effect. Upon incurring 75% of the Maximum Obligation for Specialty Care, Community Partner shall send written notification to the CEO of the Division of Ambulatory Care. Upon receipt of Community Partner's notice, the CEO of the Division of Ambulatory Care shall contact Community Partner to institute a process for the referral of patients to DHS for specialty care.

The following shall constitute the Maximum Obligation for Specialty Care services that Community Partner shall have for each Fiscal Year or portion thereof that this Agreement is in effect:

A. County's reimbursement to Community Partner for July 1, 2011, through June 30, 2012, shall not exceed _____ Dollars ($_____) for the provision of Specialty Care Services (Exhibit A-3).

B. County's reimbursement to Community Partner for July 1, 2012, through June 30, 2013, shall not exceed _____ Dollars ($_____) for the provision of Specialty Care Services (Exhibit A-3).

C. County's reimbursement to Community Partner for July 1, 2013, through December 30, 2013, shall not exceed _____ Dollars ($_____) for the provision of Specialty Care Services (Exhibit A-3).

3. PATIENT BILLINGS: Community Partner shall not bill any Eligible Matched Program Patients receiving services hereunder, but may accept voluntary donations from those 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 Community Partner determines that a patient seeking services is eligible for services hereunder, but that the patient requires services beyond those encompassed in this Agreement, Community Partner shall be permitted to charge that patient for any and all services rendered in accordance with Community Partner's customary policies, procedures and practices pertaining to the provision of its services.

4. BILLING:

A. Primary Care:

1. Electronic Billing: Community Partner 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). Community Partner shall use its best efforts to submit such data electronically for each visit provided to an Eligible Matched Program Patient within thirty (30) days of the service date. In no event shall Community Partner submit such data later than one hundred twenty (120) days of the service date. As to the ancillary services associated with the provision of primary care, Community Partner shall use its best efforts to submit to County's Claims Adjudicator data elements substantially similar to those found on the Billing Form within thirty (30) days of the service

date. In no event shall Community Partner submit such data later than one hundred twenty (120) days of the service date. Any claim submitted later than the 120 day timeframe will be rejected and will not be paid. None of Community Partner's physicians or other providers shall separately bill County or Eligible Matched Program Patients or their families for services hereunder.

2. Manual Billing: If electronic billing between Community Partner and County's Claims Adjudicator is not operational, Community Partner shall use its best efforts to bill County's Claims Adjudicator manually using the Billing Form completed in duplicate within thirty (30) days of the service date. In no event shall Community Partner submit such claims later than one hundred twenty (120) days of the service date. As to the ancillary services associated with the provision of primary care, Community Partner shall use its best efforts to bill County's Claims Adjudicator manually using the Billing Form completed in duplicate within thirty (30) days of the service date. In no event shall Community Partner submit such claims later than one hundred twenty (120) days of the service date. Any claim submitted later than the 120 day timeframe will be rejected and will not be paid. All manual information must be submitted on a Billing Form, as approved by Director. Community Partner shall retain one billing copy for its own records and shall forward the original billing copy to the County's Claims Adjudicator.

B. Specialty Care:

1. Electronic Billing: Community Partner shall submit to County's Claims Adjudicator data elements substantially similar to those found on the Specialty Billing Form approved by Director. Community Partner shall use its best efforts to submit such data electronically for each visit provided to an Eligible Matched Program Patient within thirty (30) days of the service date. In no event shall Community Partner submit such data later than one hundred twenty (120) days of the service date. As to the ancillary services associated with the provision of specialty care, Community Partner shall use its best efforts to submit to County's Claims Adjudicator data elements substantially similar to those found on the Billing Form within thirty(30) days of the service date. In no event shall Community Partner submit such data later than one hundred twenty (120) days of the service date. Any claim submitted later than the 120 day timeframe will be rejected and will not be paid. None of Community Partner's physicians or other providers shall separately bill County or Eligible Matched Program Patients or their families for services hereunder.

2. Manual Billing: If electronic billing between Community Partner and County's Claims Adjudicator is not operational, Community Partner shall use its best efforts to bill County's Claims Adjudicator manually using the Specialty Billing Form completed in duplicate within thirty (30) days of the service date. In no event shall Community Partner submit such claims later than one hundred twenty (120) days of the service date. As to the ancillary services associated with the provision of

primary care, Community Partner shall use its best efforts to bill County's Claims Adjudicator manually using the Billing Form completed in duplicate within thirty (30) days of the service date. In no event shall Community Partner submit such claims later than one hundred twenty (120) days of the service date. Any claim submitted later than the 120 day timeframe will be rejected and will not be paid. All manual information must be submitted on the Billing Form. Community Partner shall retain one billing copy for its own records and shall forward the original billing copy to the County's Claims Adjudicator.

5. BILLING GUIDELINES: Community Partner shall follow the billing guidelines contained in this Exhibit and as set forth in any PINs, which shall be provided to Community Partner 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 Community Partner prior to the commencement of services hereunder through a PIN.

6. COUNTY'S MANUAL REPROCESSING OF COMMUNITY PARTNER'S DENIED AND CANCELED CLAIMS: If claims were denied through no fault of County or County's Claims Adjudicator, and solely through the fault of Community Partner, Community Partner shall pay County the appropriate County contract, per-claim fee billed County by County's Claims Adjudicator. Community Partner shall be advised by Director, by means of a PIN, of the current fee charged to County. The County shall recoup payment due from Community Partner for denied or canceled claims by requesting payment from Community Partner, which repayment shall be remitted

forthwith by Community Partner to County by check made payable to the County of Los Angeles or by withholding such amount from the usual monthly payment for Community Partner's services under this Agreement as an off-set.

7. RECORDS: Subject to the conditions and terms set forth in the body of Agreement, Community Partner 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.

8. COUNTY'S FISCAL YEAR REIMBURSEMENT: County shall pay one hundred percent (100%) of the electronic and/or manual claims submitted by Community Partner 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 may reconcile all claims against a Medi-Cal eligibility database before processing the claims for payment and deny any Medi-Cal eligible claim. In such event, Community Partner 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.

Community Partner shall maintain a system of record keeping that will allow

Community Partner to determine when it has incurred seventy-five percent (75%) of the Contract's Sum. Upon occurrence of this event, Community Partner shall send written notification to the CEO, Division of Ambulatory Care.

Director shall have the discretion, on a periodic basis, to conduct a Medi-Cal reconciliation in which County shall reconcile some or all of the claims submitted by all Community Partners over the terms of their respective Agreements against a database containing the identities of all Medi-Cal eligible patients to determine whether any Community Partner has been reimbursed for services provided to Medi-Cal "eligible" patients.

If the final Medi-Cal reconciliation process indicates that Community Partner has been reimbursed for Medi-Cal eligible patients, following Director's written notice, County shall recoup any amounts owed to County by Community Partner by requesting payment from Community Partner, which repayment shall be remitted forthwith to County by check made payable to the County of Los Angeles, or by County withholding such amount from the usual monthly payment for Community Partner's services under this Agreement as an off-set.

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

If Director determines that Community Partner has been underpaid, the amount of the underpayment shall be paid to Community Partner within thirty (30) days from the date the underpayment was determined.

9. PAYMENT RATES: As a condition for payment for services rendered hereunder, Community Partner must provide to County the required eligibility documentation in accordance with the process set forth in Exhibit B-1 of this Agreement. Payment rates shall be as follows:

A. Primary Care: As required under the terms of the Demonstration Project, Community Partner shall be reimbursed for the provision of Primary Care at either the Medi-Cal Prospective Payment System (PPS) Rate or $109.00 per visit, whichever is greater, for primary health care services as defined under this Agreement.

B. Specialty Care: Community Partner shall be reimbursed for the provision of Specialty Care at the Medi-Cal PPS Rate or $109 per visit, whichever is greater, for specialty care services provided directly by Community Partner. In the event that Community Partner refers the Eligible Matched Program Patient to an outside provider for Specialty Care, reimbursement shall be at the Medicare Rate in effect for the specialty care service as of the date such service was rendered.

C. "Matched Pending" Patients: Notwithstanding the foregoing, Community Partner shall be reimbursed for services provided to "Matched Pending" patients, as that term is defined in Exhibit B-1, at the rate of $94 per visit.

As to Primary Care, and as to Specialty Care services provided directly by Community Partner, upon County determining that the Matched Pending Patient is eligible for enrollment into the Matched Program, County shall remit to

Community Partner the difference between the Matched Pending rate of $94 and Community Partner's Medi-Cal PPS rate or $109 rate, as applicable. As to Specialty Care provided under a referral from Community Partner, County shall remit the difference between the Matched Pending rate of $94 and the applicable Medicare Rate for the specialty service as of the date that service was rendered.

D. Adjustment to the Medi-Cal PPS Rate: In the event that Community Partner's Medi-Cal PPS Rate is either increased or decreased by action of the State at any time during the term of this Agreement, Director shall have the authority to either increase or decrease Community Partner's Medi-Cal PPS Rate to coincide with the rate set by the State. Such adjustment shall be memorialized through an administrative amendment to this Agreement, which amendment shall be approved prior to execution by the County's Chief Executive Office and County Counsel.

In the event that Community Partner loses its status as a FQHC or FQHC Lookalike, for any reason whatsoever during the term of this Agreement, Contractor shall immediately notify County of its loss of status in writing. Failure to provide County such notice shall be a material breach of this Agreement upon which County may immediately terminate this Agreement. Director shall have the authority to adjust the rate paid to Community Partner so that the rate accords with that set forth for Non-FQHC Community Partners. Such adjustment shall be effective as of the date that Community Partner's FQHC or FQHC Lookalike status changed and shall be memorialized through an administrative amendment to this Agreement, which amendment shall be approved prior to

execution by the County's Chief Executive Office and County Counsel.

In the event that County reimbursed Community Partner for claims at the Medi-Cal PPS rate even though Community Partner's FQHC or FQHC Lookalike designation lapsed, County shall be entitled to recoup from Community Partner the difference between the Medi-Cal PPS rate and the rate set forth for Non-FQHC Community Partners by: 1) crediting the amount to be recouped against any amounts due by the County to the Community Partner; or 2) by Community Partner remitting payment within thirty (30) calendar days of demand by County

E. Payment Disallowances: If after reviewing Matched Program enrollment documents submitted by Community Partner, County determines that a patient does not meet the Matched Program eligibility requirements, or that a patient was not assigned to Community Partner's site(s) as the patient's medical home, County shall recoup the reimbursement for each ineligible patient visit by: 1) crediting the amount to be recouped against any amounts due by the County to Community Partner; or 2) by Community Partner remitting payment paid within thirty (30) calendar days of demand by County.

10. REIMBURSEMENT FOR ANCILLARY SERVICES

A. PHARMACEUTICALS: When required by an Eligible Matched Program Patient, drugs or medications, and medical supplies, prescribed by Community Partner shall be available without charge to the Eligible Matched Program Patient. When available to the Community Partner, non-prescription drugs (over the counter medication) and/or medical supplies shall be supplied by the Community Partner without charge to the patient.

As a condition precedent to County separately reimbursing Community Partner for the provision of pharmaceuticals as set forth in this Paragraph, Community Partner shall participate in all Patient Assistance Programs (PAPs) provided by individual pharmaceutical companies as set forth in Exhibit A-1 or A-2 as applicable. Community Partner also shall submit on behalf of all of its Eligible Matched Program Patients applications for any applicable PAP as set forth in Exhibit A-1 or A-2, as applicable. County shall not reimburse Community Partner for the provision of any pharmaceuticals unless the Eligible Matched Program Patient's PAP application has been rejected.

For the period July 1, 2011, through June 30, 2012, County shall reimburse Community Partner separately for pharmaceuticals provided to Eligible Matched Program Patients at the 340B drug acquisition cost currently in effect at the time of dispensing pursuant to the Veterans Health Care Act of 1992, which cost shall be determined by County on a quarterly basis. Community Partner shall bill County on an itemized basis for each Eligible Matched Program Patient, using the claim form to be provided to Community Partner through the PIN process. Community Partner shall not bill and shall not be reimbursed by County for pharmaceuticals Community Partner has received as a donation or which have been provided to Community Partner under another County contract. Community Partner shall not bill and shall not be reimbursed by County for pharmaceuticals for which it obtains any form of reimbursement from any other source. If no definitive 340B drug acquisition cost for a pharmaceutical provided an Eligible Matched Program Patient exists, County shall have no obligation to

reimburse Community Partner for that pharmaceutical.

Notwithstanding any other provision of this Agreement, County shall not have any obligation to reimburse Community Partner for the provision of any pharmaceutical(s) to any Eligible Matched Program Patient(s) after June 30, 2012. No later than April 1, 2012, the parties shall meet and confer to address reimbursement issues concerning the provision of pharmaceuticals. Any agreement of the parties in this regard shall be codified in a formal amendment to this Agreement.

B. Laboratory and Radiology: For the period July 1, 2011, through June 30, 2012, Community Partner shall be separately reimbursed for the provision of laboratory and radiology services provided to an Eligible Matched Program Patient at the lesser of Community Partner's actual cost for the ancillary service or the Medi-Cal rate in effect at the time of the provision of the ancillary service. Notwithstanding any other provision of this Agreement, County shall not have any obligation to reimburse Community Partner for the provision of any laboratory or radiology services to any Eligible Matched Program Patient(s) after June 30, 2012.

C. Medi-Cal PPS Rate Representation, Warranty and Indemnification: Community Partner shall be separately reimbursed for the provision of ancillary services, as set forth in this Paragraph, on condition that it represents and warrants to County, no later than July 15 of any Fiscal Year that this Agreement is in effect, in a written certification signed under penalty of perjury by the Community Partner's senior financial officer, or, if no such position exists, by its

Executive Director, that all claims for separately reimbursed ancillary services for which Community Partner will be submitting in the coming Fiscal Year are the type of services (1) for which costs were excluded in the determination of the Community Partner's Medi-Cal PPS Rate; (2) the costs of which were not, and could not have been, later included by the State in Community Partner's PPS rate through a request for a Medi-Cal PPS Rate adjustment; and (3) would otherwise be reimbursable under the Medi-Cal Program as a separately paid service if these were Medi-Cal beneficiaries. For fiscal years beginning on or after July 1, 2012, Community Partner shall include in its certification a representation and warranty that all separate claims for ancillary services submitted in the prior fiscal year met these requirements. County shall provide Community Partner with the required certification letter through the PIN process.

In the event that Community Partner fails to submit the certification required under this Paragraph, County shall be entitled to recoup from Community Partner all payments for ancillary services made in the Fiscal Year for which certification was not submitted by: 1) crediting the amount to be recouped against any amounts due by the County to the Community Partner; or 2) by Community Partner remitting payment within thirty (30) calendar days of demand by County.

Community Partner 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, expenses (including attorney and expert witness fees) damage recoveries that include a multiplier to actual damages, and penalties, against County in connection with any alleged violation of any State or Federal statutes or regulations, including those pertaining to the submission of false claims to either the State or Federal government, or both, and those leading to an administrative recovery of payments to the County, arising from or connected with Community Partner's submission of claims for ancillary services reimbursement under this Agreement.

12. REIMBURSEMENT FOR COSTS OF OUT-OF-STATE BIRTH CERTIFICATES: County shall reimburse Community Partner for the actual cost of obtaining out-of-state birth certificates for Eligible Matched Program Patients. On a quarterly basis, Community Partner shall invoice County for its actual costs in obtaining birth certificates for the preceding quarter. Community Partner's invoice shall include the name and date of birth for each patient whose birth certificate was/were ordered. The cost of each birth certificate shall be accompanied by proof of payment to the respective state(s) from which each birth certificate was/were received. Community Partner shall submit invoices quarterly to:

HWLA Birth Certificate Coordinator
HWLA Program
Los Angeles County, Department of Health Services
1000 South Fremont Avenue, Building A-9 East, 2nd Floor
Alhambra, California 91803-8859

County shall reimburse Community Partner within sixty (60) days of receipt of a complete and accurate invoice.

13. CLAIMING FOR MEDICAL AND MENTAL HEALTH VISITS IN THE SAME DAY: Community Partner shall be entitled only to payment for one visit for the same patient during the same day, even if such Community Partner provides services by both mental health professionals and non-mental health professionals on the same day.

Further, if County determines that Community Partner has submitted claims for billable visits to the same patient on the same day under this Agreement and under any agreement between Community Partner and the County for the provision of mental health services, then either the County Department of Mental Health ("County DMH") or County DHS shall be entitled to recover from Community Partner all payment amounts in excess of the payment that would be made for a single billable visit. Accordingly, Community Partner shall be entitled to retain only the amount it would have been entitled to receive for one billable visit under one agreement.

County DHS and County DMH shall prepare a protocol which shall set forth which entity shall have the right to recoup such overpayment. County shall provide this protocol to Community Partner through the PIN process. At the request of County DMH or County DHS, Community Partner shall provide such information as is necessary for the County to determine under its protocol which Department is responsible for paying for the visit.

HWLA HEALTH CARE INITIATIVE ALLOCATION

AGENCY/ HEADQUARTERS ADDRESS/ CONTRACT TYPE	EXECUTIVE DIRECTOR PHONE/FAX/EMAIL	SITE NAME	SITE ADDRESS	SUPV DIST	SPA	Service Types(s) - July 1, 2011 through June 30, 2012 Allocation (1)								Service Types(s) - July 1, 2011 through June 30, 2012 Estimated Allocation (2)/Allocation					TOTAL CONTRACT
						UNMATCHED PROGRAM								MATCHED PROGRAM					
						P	D	S	PRIMARY	DENTAL	SPECIALTY	SB474 SPA 6	TOTAL	P	S	PRIMARY	SPECIALTY	TOTAL MATCHED PROGRAM	

EXHIBIT C-3

HWLA INITIATIVE MATCHED
ESTIMATED EXPENDITURES, BILLING AND PAYMENT
NON-FQHC COMMUNITY PARTNERS

1. ESTIMATED EXPENDITURES: Community Partner understands that services provided under the HWLA Initiative's Matched Program are funded in whole or in part by the Demonstration Project. County's reimbursement to Community Partner is contingent upon continuation of Federal approval of the Demonstration Project and approval of Federal matching funds for the HWLA Initiative's Matched Program under this Agreement.

Community Partner's HWLA Health Care Initiative Allocation is set forth on Attachment I, attached hereto and incorporated herein by this reference. For purposes of budgetary planning for the parties, and not as a means to restrict enrollment in the Matched Program, the following shall constitute the estimated funding expenditures that Community Partner shall have for the provision of Primary Care Services for each Fiscal Year or portion thereof that this Agreement is in effect:

A. Community Partner's estimated Matched Program expenditures for July 1, 2011, through June 30, 2012, shall be _____ Dollars ($_____) in total ("Total Estimated Matched Program Expenditures").

B. Community Partner's Total Estimated Matched Program Expenditures for July 1, 2012, through June 30, 2013, shall be _____ Dollars ($_____).

C. Community Partner's Total Estimated Matched Program Expenditures for July 1, 2013, through December 31, 2013, shall be _____ Dollars ($_____).

2. MAXIMUM OBLIGATION FOR SPECIALTY CARE: Community Partner shall maintain a system of record keeping that will allow Community Partner to determine when it

has incurred seventy-five percent (75%) of the Maximum Obligation for Specialty Care for any Fiscal Year or part thereof that this Agreement is in effect. Upon occurrence of this event, Community Partner shall send written notification to the CEO of the Division of Ambulatory Care. Upon receipt of Community Partner's notice, the CEO of the Division of Ambulatory Care shall contact Community Partner to institute a process for the referral of patients to DHS for specialty care for which process is to be implemented upon Community Partner reaching its maximum obligation.

The following shall constitute the Maximum Obligation for Specialty Care services that Community Partner shall have for each Fiscal Year or portion thereof that this Agreement is in effect:

A. County's reimbursement to Community Partner for July 1, 2011, through June 30, 2012, shall not exceed _____ Dollars ($_____) for the provision of Specialty Care Services (Exhibit A-3).

B. County's reimbursement to Community Partner for July 1, 2012, through June 30, 2013, shall not exceed _____ Dollars ($_____) for the provision of Specialty Care Services (Exhibit A-3).

C. County's reimbursement to Community Partner for July 1, 2013, through December 30, 2013, shall not exceed _____ Dollars ($_____) for the provision of Specialty Care Services (Exhibit A-3).

3. PATIENT BILLINGS: Community Partner shall not bill any Eligible Matched Program Patients receiving services hereunder, but may accept voluntary donations from those 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 Community

Partner determines that a patient seeking services is eligible for services hereunder, but that the patient requires services beyond those encompassed in this Agreement, Community Partner shall be permitted to charge that patient for any and all services rendered in accordance with Community Partner's customary policies, procedures and practices pertaining to the provision of its services.

4. BILLING:

A. Primary Care:

1. Electronic Billing: Community Partner 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). Community Partner shall use its best efforts to submit such data electronically for each visit provided to an Eligible Matched Program Patient within thirty (30) days of the service date. In no event shall Community Partner submit such data later than one hundred twenty (120) days of the service date. As to the ancillary services associated with the provision of primary care, Community Partner shall use its best efforts to submit to County's Claims Adjudicator data elements substantially similar to those found on the Billing Form within thirty (30) days of the service date. In no event shall Community Partner submit such data later than one hundred twenty (120) days of the service date. Any claim submitted later than the 120 day timeframe will be rejected and will not be paid. None of Community Partner's physicians or other providers shall

separately bill County or Eligible Matched Program Patients or their families for services hereunder.

2. Manual Billing: If electronic billing between Community Partner and County's Claims Adjudicator is not operational, Community Partner shall use its best efforts to bill County's Claims Adjudicator manually using the Billing Form completed in duplicate within thirty (30) days of the service date. In no event shall Community Partner submit such claims later than one hundred twenty (120) days of the service date. As to the ancillary services associated with the provision of primary care, Community Partner shall use its best efforts to bill County's Claims Adjudicator manually using the Billing Form completed in duplicate within thirty (30) days of the service date. In no event shall Community Partner submit such claims later than one hundred twenty (120) days of the service date. Any claim submitted later than the 120 day timeframe will be rejected and will not be paid. All manual information must be submitted on a Billing Form, as approved by Director. Community Partner shall retain one billing copy for its own records and shall forward the original billing copy to the County's Claims Adjudicator.

B. Specialty Care:

1. Electronic Billing: Community Partner shall submit to County's Claims Adjudicator data elements substantially similar to those found on the Specialty Billing Form approved by Director. Community Partner shall use its best efforts to submit such data electronically for each visit provided to an Eligible Matched Program Patient within thirty (30) days of the service date.

In no event shall Community Partner submit such data later than one hundred twenty (120) days of the service date. As to the ancillary services associated with the provision of specialty care, Community Partner shall use its best efforts to submit to County's Claims Adjudicator data elements substantially similar to those found on the Billing Form within thirty(30) days of the service date. In no event shall Community Partner submit such data later than one hundred twenty (120) days of the service date. Any claim submitted later than the 120 day timeframe will be rejected and will not be paid. None of Community Partner's physicians or other providers shall separately bill County or Eligible Matched Program Patients or their families for services hereunder.

2. Manual Billing: If electronic billing between Community Partner and County's Claims Adjudicator is not operational, Community Partner shall use its best efforts to bill County's Claims Adjudicator manually using the Specialty Billing Form completed in duplicate within thirty (30) days of the service date. In no event shall Community Partner submit such claims later than one hundred twenty (120) days of the service date. As to the ancillary services associated with the provision of primary care, Community Partner shall use its best efforts to bill County's Claims Adjudicator manually using the Billing Form completed in duplicate within thirty (30) days of the service date. In no event shall Community Partner submit such claims later than one hundred twenty (120) days of the service date. Any claim submitted later than the 120 day timeframe will be rejected and will not be paid. All manual

information must be submitted on the Billing Form. Community Partner shall retain one billing copy for its own records and shall forward the original billing copy to the County's Claims Adjudicator.

5. BILLING GUIDELINES: Community Partner shall follow the billing guidelines contained in this Exhibit and as set forth in any PINs, which shall be provided to Community Partner 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 Community Partner prior to the commencement of services hereunder through a PIN.

6. COUNTY'S MANUAL REPROCESSING OF COMMUNITY PARTNER'S DENIED AND CANCELED CLAIMS: If claims were denied through no fault of County or County's Claims Adjudicator, and solely through the fault of Community Partner, Community Partner shall pay County the appropriate County contract, per-claim fee billed County by County's Claims Adjudicator. Community Partner shall be advised by Director, by means of a PIN, of the current fee charged to County. The County shall recoup payment due from Community Partner for denied or canceled claims by requesting payment from Community Partner, which repayment shall be remitted forthwith by Community Partner to County by check made payable to the County of Los Angeles or by withholding such amount from the usual monthly payment for Community Partner's services under this Agreement as an off-set.

7. RECORDS: Subject to the conditions and terms set forth in the body of Agreement, Community Partner 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.

8. COUNTY'S FISCAL YEAR REIMBURSEMENT: County shall pay one hundred percent (100%) of the electronic and/or manual claims submitted by Community Partner 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 may reconcile all claims against a Medi-Cal eligibility database before processing the claims for payment and deny any Medi-Cal eligible claim. In such event, Community Partner 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.

Community Partner shall maintain a system of record keeping that will allow Community Partner to determine when it has incurred seventy-five percent (75%) of the Contract's Sum. Upon occurrence of this event, Community Partner shall send written notification to the CEO, Division of Ambulatory Care.

Director shall have the discretion, on a periodic basis, to conduct a Medi-Cal reconciliation in which County shall reconcile some or all of the claims submitted by all Community Partners over the terms of their respective Agreements against a database

containing the identities of all Medi-Cal eligible patients to determine whether any Community Partner has been reimbursed for services provided to Medi-Cal "eligible" patients.

If the final Medi-Cal reconciliation process indicates that Community Partner has been reimbursed for Medi-Cal eligible patients, following Director's written notice, County shall recoup any amounts owed to County by Community Partner by requesting payment from Community Partner, which repayment shall be remitted forthwith to County by check made payable to the County of Los Angeles, or by County withholding such amount from the usual monthly payment for Community Partner's services under this Agreement as an off-set.

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

If Director determines that Community Partner has been underpaid, the amount of the underpayment shall be paid to Community Partner within thirty (30) days from the date the underpayment was determined.

9. PAYMENT RATES: As a condition for payment for services rendered hereunder, Community Partner must provide to County the required eligibility documentation in accordance with the process set forth in Exhibit B-1 of this Agreement. Payment rates shall be as follows:

A. Primary Care: Community Partner shall be reimbursed for the provision of Primary Care at the rate of $109.00 per visit for primary health care as defined under this Agreement.

B. Specialty Care: Community Partner shall be reimbursed for the provision of Specialty Care at the rate of $109 per visit for specialty care services provided directly by Community Partner. In the event that Community Partner refers the Eligible Matched Program Patient to an outside provider for Specialty Care, reimbursement shall be at the Medicare Rate in effect for the specialty care service as of the date such service was rendered.

C. "Matched Pending" Patients: Notwithstanding the foregoing, Community Partner shall be reimbursed for services provided to "Matched Pending" patients, as that term is defined in Exhibit B-1, at the rate of $94 per visit.

As to Primary Care, and as to Specialty Care services provided directly by Community Partner, upon County determining that the Matched Pending Patient is eligible for enrollment into the Matched Program, County shall remit to Community Partner the difference between the Matched Pending rate of $94 and the $109 rate. As to Specialty Care provided under a referral from Community Partner, County shall remit the difference between the Matched Pending rate of $94 and the applicable Medicare Rate for the specialty service as of the date that service was rendered.

D. Adjustment to Payment Rates: In the event that Community Partner obtains status as a FQHC or FQHC Lookalike during the term of this Agreement, and consistent with the terms of the Demonstration Project, Director shall have the authority to adjust the rate paid to Community Partner under this Agreement so that County reimburses

Community Partner at the Medi-Cal PPS Rate which the State has established for Community Partner. Such adjustment shall be memorialized through an administrative amendment to this Agreement, which amendment shall be approved prior to execution by the County's Chief Executive Office and County Counsel.

E. Payment Disallowances: If after reviewing Matched Program enrollment documents submitted by Community Partner, County determines that a patient does not meet the Matched Program eligibility requirements, or that a patient was not assigned to Community Partner's site(s) for the patient's medical home, County shall recoup the reimbursement for each ineligible patient visit by: 1) crediting the amount to be recouped against any amounts due by the County to Community Partner; or 2) by Community Partner remitting payment paid within thirty (30) calendar days of demand by County.

10. REIMBURSEMENT FOR PHARMACEUTICALS: When required by an Eligible Matched Program Patient, drugs or medications, and medical supplies, prescribed by Community Partner shall be available without charge to the Eligible Matched Program Patient. When available to the Community Partner, non-prescription drugs (over the counter medication) and/or medical supplies shall be supplied by the Community Partner without charge to the patient.

As a condition precedent to County reimbursing Community Partner for the provision of pharmaceuticals as set forth in this Paragraph, Community Partner shall participate in all Patient Assistance Programs (PAPs) provided by individual pharmaceutical companies as set forth in Exhibit A-1 or A-2, as applicable. Community Partner also shall submit on behalf of all of its Eligible Matched Program Patients applications for any applicable PAP as set forth in Exhibit A-1 or A-2, as applicable. County shall not reimburse Community

Partner for the provision of any pharmaceuticals unless the Eligible Matched Program Patient's PAP application has been rejected.

For the period July 1, 2011, through June 30, 2012, County shall reimburse Community Partner for pharmaceuticals provided to Eligible Matched Program Patients at the 340B drug acquisition cost currently in effect at the time of dispensing pursuant to the Veterans Health Care Act of 1992, which cost shall be determined by County on a quarterly basis. Community Partner shall not bill and shall not be reimbursed by County for pharmaceuticals Community Partner has received as a donation or which have been provided to Community Partner under another County contract or which have been reimbursed, or are reimbursable by, any other source. If no definitive 340B drug acquisition cost for a pharmaceutical provided an Eligible Matched Program Patient exists, County shall have no obligation to reimburse Community Partner for that pharmaceutical.

Notwithstanding any other provision of this Agreement, County shall not have any obligation to reimburse Community Partner for the provision of any pharmaceutical(s) to any Eligible Matched Program Patient(s) after June 30, 2012. No later than April 1, 2012, the parties shall meet and confer to address reimbursement issues concerning the provision of pharmaceuticals. Any agreement of the parties in this regard shall be codified in a formal amendment to this Agreement.

11. REIMBURSEMENT FOR OTHER ANCILLARY SERVICES: For the period July 1, 2011, through June 30, 2012, Community Partner shall be reimbursed for the provision of laboratory and radiology services provided to an Eligible Matched Program Patient at the lesser of Community Partner's actual cost for the ancillary service or the Medi-Cal rate in effect at the time of the provision of the ancillary service.

Notwithstanding any other provision of this Agreement, County shall not have any obligation to reimburse Community Partner for the provision of any pharmaceutical(s) to any Eligible Matched Program Patient(s) after June 30, 2012.

12. REIMBURSEMENT FOR COSTS OF OUT-OF-STATE BIRTH CERTIFICATES: County shall reimburse Community Partner for the actual cost of obtaining out-of-state birth certificates for Eligible Matched Program Patients. On a quarterly basis, Community Partner shall invoice County for its actual costs in obtaining birth certificates for the preceding quarter. Community Partner's invoice shall include the name and date of birth for each patient whose birth certificate was/were ordered. The cost of each birth certificate shall be accompanied by proof of payment to the respective state(s) from which each birth certificate was/were received. Community Partner shall submit invoices quarterly to:

HWLA Birth Certificate Coordinator
HWLA Program
Los Angeles County, Department of Health Services
1000 South Fremont Avenue, Building A-9 East, 2nd Floor
Alhambra, California 91803-8859

County shall reimburse Community Partner within sixty (60) days of receipt of a complete and accurate invoice.

13. CLAIMING FOR MEDICAL AND MENTAL HEALTH VISITS IN THE SAME DAY: Community Partner shall be entitled only to payment for one visit for the same patient during the same day, even if such Community Partner provides services by both mental health professionals and non-mental health professionals on the same day.

Further, if County determines that Community Partner has submitted claims for billable visits to the same patient on the same day under this Agreement and under any

agreement between Community Partner and the County for the provision of mental health services, then either the County Department of Mental Health ("County DMH") or County DHS shall be entitled to recover from Community Partner all payment amounts in excess of the payment that would be made for a single billable visit. Accordingly, Community Partner shall be entitled to retain only the amount it would have been entitled to receive for one billable visit under one agreement.

County DHS and County DMH shall prepare a protocol which shall set forth which entity shall have the right to recoup such overpayment. County shall provide this protocol to Community Partner through the PIN process. At the request of County DMH or County DHS, Community Partner shall provide such information as is necessary for the County to determine under its protocol which Department is responsible for paying for the visit.

HWLA HEALTH CARE INITIATIVE ALLOCATION

AGENCY/ HEADQUARTERS ADDRESS/ CONTRACT TYPE	EXECUTIVE DIRECTOR PHONE/FAX/EMAIL	SITE NAME	SITE ADDRESS	SUPV DIST	SPA	Service Types(s) - July 1, 2011 through June 30, 2012 Allocation (1)								Service Types(s) - July 1, 2011 through June 30, 2012 Estimated Allocation (2)/Allocation					TOTAL CONTRACT
						UNMATCHED PROGRAM								MATCHED PROGRAM					
						P	D	S	PRIMARY	DENTAL	SPECIALTY	SB474 SPA 6	TOTAL	P	S	PRIMARY	SPECIALTY	TOTAL MATCHED PROGRAM	

EXHIBIT D-1
CONDITIONS OF SPACE USE AT COUNTY FACILITY
HEALTHY WAY LA HEALTH CARE INITIATIVE
UNMATCHED PROGRAM
ALL COMMUNITY PARTNERS

Agency Name _____

1. Authority for Use: Community Partner is hereby granted permission to utilize, for the term of this Agreement and in accordance with the following terms and conditions, the County space ("Premises") identified in Exhibit D-2. Community Partner may occupy such space solely for the provision of health services in accordance with this Agreement. Community Partner understands that this space use does not constitute the conveyance by County to Community Partner of any estate or interest in real or personal property. Community Partner shall not use County's property for financing purposes.

Community Partner acknowledges that Community Partner has performed a personal inspection of the Premises and the surrounding area and evaluation of the extent to which the physical condition thereof will affect the Agreement. Community Partner accepts the Premises in its present physical condition on an as-is basis and agrees to make no demands upon County for any improvements or alterations thereof.

County reserves the right, with a thirty (30) day advance written notice, to terminate this provision, upon execution of a formal lease agreement with County's CEO Real Estate Division.

2. Parking: Community Partner is authorized to use up to __ ( ) non-exclusive and non-reserved parking spaces located on the Premises, on a first come, first served basis.

3. Value of Space: The parties acknowledge that the total square footage of Premises (including common space) hereunder is _____, and that the square footage occupied by Community Partner hereunder is _____ square feet, i.e., _____ percent (__%) of the total square footage of Premises. The annual rental value of such space at Premises is _____ Dollars ($_____), i.e., $____ per square foot. This space is provided to Community Partner in exchange for the provision of services under this Agreement.

County and Community Partner shall be responsible for their respective prorated share of space support costs: (__) utilities, including gas, electricity, and water; (__) trash and refuse collection; (__) landscaping; and (__) general repair and maintenance; (__) general security; and (__) all necessary janitorial and other housekeeping services for Premises, according to the respective percentage of square footage occupied by County and Community Partner. However, Community Partner shall not be responsible for any County administrative overhead costs associated with Community Partner's space support costs. ("Administrative overhead costs" for purposes of this Paragraph shall mean those administrative costs billed to County's Department of Health Services by County's Internal Services Department for its services, or any Indirect Cost Proposal ("ICP") costs incurred by County's Department of Health Services.)

Within thirty (30) days of the effective date of this Agreement, Community Partner and County shall determine which of the Premises maintenance services identified above Community Partner shall administer, and which Premises maintenance services County shall administer. A complete list of the agreed upon maintenance services and the party responsible for each of those services shall be attached to this Exhibit as

Attachment I and incorporated herein by this reference within thirty (30) days of full execution of this Agreement.

Effective with the commencement of services under this Agreement, Community Partner shall assume financial responsibility for its percentage share of the Premises maintenance services identified above. In addition, Community Partner shall be responsible for its own telephone/data service and any damage beyond normal wear and tear.

County's Department of Health Services, Division of Ambulatory Care, shall ensure that each DHS County Facility is invoicing the appropriate Takeover and/or Co-located Community Partner Facility as appropriate. Additionally, County's Department of Public Health, as appropriate, shall invoice Community Partner on a quarterly basis for its responsible percentage of space support and Premises maintenance services identified above. Community Partner shall remit payment within thirty (30) days of receipt of invoice**.** Community Partner shall remit payment to the DHS or DPH contact set forth on Attachment II. In the event that Community Partner fails to remit payment within the time frame specified herein, County, at its sole discretion, may be off-set the amount owed to County against any payments which County may owe Community Partner under this Agreement.

Community Partner shall be solely responsible for maintenance of equipment and furniture located on or in the Premises, to their current condition. Such equipment is described in the Equipment and Furniture Inventory.

Community Partner shall submit a written request to the DHS or DPH contact set forth on Attachment III should Community Partner determine equipment and/or furniture

is no longer usable for services provided under this Agreement. County shall not be responsible for the replacement of equipment and/or furniture nor for the cost of obtaining replacement equipment and/or furniture.

Community Partner, subject to the conditions defined below, shall be responsible at its cost for improvements it may desire for the Premises it occupies, including compliance with the Americans with Disability Act ("ADA").

4. Operational Space Responsibilities: Community Partner shall:

A. Keep the Premises in a clean and sanitary manner.

B. Conduct the authorized activities in a courteous and professional manner; remove any agent, servant, or employee who fails to conduct the authorized activities on the Premises in the manner heretofore described.

C. Repair any and all damage beyond normal wear and tear to Premises arising out of the conduct of the authorized activities on the Premises.

D. Maintain all existing and subsequently County-installed security devices required for protection of fixtures and personal property belonging to County, Community Partner, and its employees, from theft, burglary, or vandalism.

Written approval for the installation of all personal property and fixtures belonging to the Community Partner on Premises hereunder, except office furniture such as desks and chairs and medical equipment such as exam tables, blood pressure cuffs, and otoscopes, must be first obtained in writing from County using the point of contact designated on Attachment III.

E. Comply with all applicable municipal and County ordinances, and all State and Federal laws, and in the course thereof, obtain and keep in effect all permits and licenses required to conduct the permitted activities on the Premises.

F. Assume the risk of loss, damage, or destruction to any and all fixtures and personal property belonging to Community Partner that are installed or placed within the Premises

G. Upon termination of this Agreement, and upon the written request of County, restore the Premises to the conditions that existed prior to the commencement date of this Agreement other than for: 1) ordinary wear and tear and damage or destruction from forces beyond the control of Community Partner, and 2) approved alterations, additions, or betterments made by Community Partner in accordance with Paragraph 5 hereinbelow.

5. Alterations and Improvements to Premises: Community Partner shall not make either structural or non-structural alterations or improvements to the Premises without the prior written consent of County, including its Chief Executive Officer ("CEO"). County shall set forth the appropriate point of contact for consent within DHS or DPH Facilities Management and the CEO on Attachment III. County shall approve or disapprove such alteration, improvement, or installation requests from Community Partner within thirty (30) calendar days of receipt of Community Partner's written request. Any alterations, improvements, or installations so approved shall be done at Community Partner’s sole expense and in full compliance with the ADA.

In the event that Community Partner proposes any structural alteration or repair of Premises following occupancy of the Premises hereunder, then, prior to the

commencement of any such alteration or repair, Community Partner shall obtain the prior written approval of the plans and specifications for such alteration or repair from County using the point of contact set forth on Attachment III. County shall approve or disapprove such proposals from Community Partner within thirty (30) calendar days of receipt of Community Partner's written request. County may condition its approval upon posting of such performance and labor and material bonds (with County named as an additional obligee) at Community Partner's expense, to assure the satisfactory and timely completion of the proposed alteration or repair.

During the construction of any improvements, course of construction (Builder's Risk) insurance providing Special Form ("all-risk") coverage, and including flood and earthquake, shall be provided covering the Community Partner's interests and any County materials, equipment, and furnishings, in an amount equal to one hundred percent (100%) of the then full replacement cost of Community Partner's interests and County materials, equipment, and furnishings. Coverage shall be written on a completed value basis, and include builder's risk renovations, breach of warranty, debris removal (including compliance with applicable legal requirements), pollutant clean-up and removal, preservation of property, collapse during construction, and theft. The policy or policies shall have an aggregate deductible of no greater than five percent (5%).

In the event that the estimated cost of any such alteration or repair, including labor and material, exceeds Ten Thousand Dollars ($10,000), then such alteration or repair may be subject to the competitive bidding requirements of State law.

Plans and specifications for alterations or installation of equipment may also require Office of Statewide Health, Planning and Development approval.

The performance of any such alteration or repair shall be subject to the State Constitution, and Federal and State statutes and regulations, including but not limited to, the prevailing wage and hour provisions of the California Labor Code, local laws and codes, and County ordinances, as well as the prior written approval of County. Any alteration or repair of Premises hereunder shall become County property, or at County's sole election, County may require Community Partner, at Community Partner's expense, to restore the Premises to the condition as existed prior to any such alteration or repair, except for normal wear and tear and any improvement approved by County.

All personal property, fixtures, and equipment, which are not owned by County and which have been installed or placed by Community Partner on the Premises, shall be removed by Community Partner by the expiration or termination date of this Agreement. In the event of failure to remove such property or fixtures in accordance herewith, title to such property or fixtures shall vest in County, or County may elect to have such property or fixtures removed and stored, the cost of which shall be borne by Community Partner. At County's written request, Community Partner shall restore Premises to the original condition, excepting normal wear and tear and any improvement approved by County.

Except as noted above, all permanent alterations, additions, or betterments to the Premises furnished by Community Partner or by County during the term of this Agreement, whether authorized by County or not, shall remain the property of County upon the termination of this Agreement.

Should Community Partner make any alterations or improvements without the prior written approval of County, or fail to comply with any conditions imposed by this Paragraph 5, County may, at any time, during the term of this Agreement, and in addition to any other rights and remedies set forth in this Agreement (1)require that Community Partner remove all of any part of such alterations or improvements, (2) remove the alterations or improvements and charge Community Partner for the cost of such removal, (3) notify Community Partner of County's intent to retain the alterations or improvements upon termination or expiration of the Agreement, and/or (4) terminate the Agreement and require Community Partner to vacate the Premises immediately.

6. Title: Community Partner hereby acknowledges the title of County in and to the Premises and covenants and agrees never to assail, contest, or resist said title.

7. Occupancy: While this Agreement confers on Community Partner permission to occupy the Premises in accordance with the terms and conditions hereinabove specified, it does not grant or reserve to Community Partner any other interest or estate therein.

8. Right to Entry: The Premises shall be open to the inspection of authorized County representatives at any time; however, County shall use its best efforts to notify Community Partner as soon as possible of the entry.

9. Administration of County Space: County does not grant or delegate to Community Partner hereunder any of its governmental powers (statutory, implied, administrative, or otherwise) with respect to County space which is the subject of this Agreement.

10. Authority to Stop: In the event County finds that any activity conducted by Community Partner on County property endangers the health or safety of County patients, County personnel, or others, Community Partner shall forthwith cease such activity. In addition, County may close or secure the property on which the activity has been conducted until the endangering activities cease.

11. Acknowledgment of Ineligibility for Relocation Assistance: Community Partner expressly acknowledges that Community Partner will be situated upon the Premises as a result of County's previously acquired property interest. In recognition of such fact, Community Partner hereby disclaims any status as a "displaced person" as such is defined in Government Code section 7260, and hereby acknowledges its ineligibility for relocation assistance as provided in Government Code sections 7260 through 7277.

12. Surrender of Premises: Upon termination or expiration of this Agreement, Community Partner shall immediately vacate the Premises described in Exhibit D-2.

13. Equipment, Supplies, Staffing: Except as otherwise may be expressly noted herein, Community Partner shall furnish all furniture, equipment, supplies, and staff required to provide services hereunder.

14. Damage to County Facilities, Buildings, or Grounds:

A. Community Partner shall repair, or cause to be repaired, or make due diligent efforts to begin such repair beyond normal wear and tear, at its own cost, any and all damage to County facilities, buildings, or grounds caused by Community Partner, employees of Community Partner, or persons or companies making pick-ups from or deliveries to Community Partner. Such repairs or due

diligent efforts to begin such repairs shall be made immediately after Community Partner has become aware of such damage, but in no case later than thirty (30) calendar days after the occurrence.

B. If Community Partner fails to make timely repairs, County may make any necessary repairs. All costs incurred by County for such repairs shall be repaid by Community Partner by cash payment within thirty (30) calendar days of the date of County's invoice thereof or, at Director's discretion, may be set-off against any payments which County may owe Community Partner.

C. Community Partner shall notify County in writing of any County facility, building, or grounds repair at the Premises caused by normal wear and tear. County's DHS or DPH Facilities Management Divisions, as appropriate, shall review each request for repair and work with the appropriate sections.

D. The appropriate DHS or DPH Facilities Management Division to contact shall be set forth on Attachment III.

15. Capital Expenditures: Except for damage caused by Community Partner, its staff and personnel, or persons or companies making pick-ups from or deliveries to Community Partner, Community Partner's obligation to repair and maintain Premises as stated hereunder shall not include capital expenditures. For purposes of this Agreement, capital expenditures are defined as those which; 1) extend the useful life of the Premises; and 2) exceed $10,000 in labor and materials to repair or replace Premises building systems, e.g., roofing, heating, air conditioning, electrical, and plumbing. This provision is not intended to impose on County any obligation to make capital expenditures.

16. Taxes:

A. County shall have no liability or responsibility for any taxes, including, but not limited to, sales, income, or property taxes, which may be imposed in connection with or resulting from this Agreement or Community Partner's performance hereunder. Subject to any exemptions to which Community Partner may be legally entitled, Community Partner shall have liability and responsibility for all such taxes, including any which may be levied or assessed upon the personal property and fixtures belonging to County.

B. Community Partner understands and agrees that the rights granted by this Agreement to occupy the Premises may create a possessory interest subject to real property taxation or assessment thereon, or both, and that Community Partner shall pay any such tax or assessment unless any exemptions to which Community Partner may be legally entitled removes such liability.

C. Community Partner shall be bound by the requirements of the Master Lease if County provides space to Community Partner as applicable.

D. County shall provide Community Partner with copy o Master Lease, if applicable, within thirty (30) days of full execution of this Agreement.

EXHIBIT D-1 ATTACHMENT I

SERVICES AND RESPONSIBILITIES

[Insert services and responsibilities, here]

EXHIBIT D-1 - ATTACHMENT II

REMIT PAYMENT – CONTACT INFORMATION

For Department of Health Services	
Community Partner	Remit Payment to:
Children's Dental Foundation	TBD*
JWCH Institute, Inc.	Fiscal Services Department of Health Service, Fiscal Services 313 North Figueroa Street, Suite 505 Los Angeles, California 90012
Northeast Valley Health Corporation (Co-Location, Valencia Health Center)	Expenditure Management Olive View-UCLA Medical Center 14445 Olive View Drive Sylmar, California 91342

For Department of Public Health	
Community Partner	Remit Payment to:
Harbor Community Clinic Pomona Valley Hospital Health Medical Center T.H.E. Clinic, Inc.	Jeremy Cortez, Chief Financial Officer Public Health Finance 5555 Ferguson Drive, Suite 100-50 Commerce, California 90022

* will include "remit to" address in final agreement with Community Partner.

NOTE: The names of contact persons are listed as current, and may change in the future.

EXHIBIT D-1 - ATTACHMENT III

EQUIPMENT/FURNITURE – CONTACT INFORMATION

For Department of Health Services:

Facilities Management Division, Chief
Health Services Administration
313 North Figueroa Street, Room 707
Los Angeles, California 90012

For Department of Public Health:

Facilities Management Division, Chief
Public Health Facilities Management
5555 Ferguson Drive, Suite 320-50
Commerce, California 90022

EXHIBIT D-2
AUTHORIZED SPACE USE IN COUNTY FACILITY
HEALTHY WAY LA HEALTH CARE INITIATIVE
UNMATCHED PROGRAM
ALL COMMUNITY PARTNERS

COMMUNITY PARTNER: _____

COUNTY FACILITY: _____

AUTHORIZED SPACE

The authorized space (shaded areas) to be occupied by Community Partner shall include that certain square footage of the total square footage of the _____ for Community Partner's exclusive use as well as shared space with County, further described in Exhibit D-1, Conditions of Space Use. The _____space is depicted below:

EXHIBIT D-3
CONDITIONS FOR USE OF COUNTY-OWNED EQUIPMENT AND FURNITURE
HEALTHY WAY LA HEALTH CARE INITIATIVE
UNMATCHED PROGRAM
ALL COMMUNITY PARTNERS

1. Equipment and Furniture Maintenance: Community Partner, Agents, employees, invitees, and visitors shall maintain, repair, and provide regular preventive maintenance and cleaning for all County-owned equipment and furniture located at Facility and made available for Community Partner's use for primary care services under this Agreement.

Community Partner shall assure that County-owned equipment and furniture shall be used only by staff who are properly trained and who have demonstrated competence in its use.

Community Partner shall respond immediately to all malfunctions of the equipment and furniture to make necessary repairs, but only as long as such equipment and furniture have remaining useful life. Community Partner shall maintain a repair log documenting dates of service and repair calls, and shall maintain regular preventive maintenance schedules for servicing, cleaning, and checking the equipment and furniture for possible malfunctions, under manufacturer's warranty or otherwise.

2. Inventory of Equipment and Furniture:

A. Initial and Supplemental Inventories: Such County-owned equipment and furniture is listed in Exhibit D-4, County of Los Angeles Department of Health Services Equipment and Furniture Inventory (Inventory), attached hereto. Within sixty (60) calendar days of County Board of Supervisors' ("Board") approval to loan County-owned equipment and furniture to Community

Partner, Community Partner and Director shall complete the Inventory, using Exhibit D-4, for all County-owned equipment and furniture (both medical and office) located in Community Partner's premises at Facility which may be used by Community Partner. The Inventory shall be dated and signed by Director and Community Partner.

For each such item on the Inventory, the specific condition as agreed upon by Director and Community Partner will be indicated. The Inventory may be periodically supplemented and dated and signed by Director and Community Partner to include any additional equipment and furniture which Director may wish to loan Community Partner, if County's Board has first approved such use by Community Partner.

Community Partner may return any such equipment and furniture to Director from time-to-time during the term of this Agreement upon reasonable advance written notice to Director, and such returned items shall be removed from the Inventory and reflected accordingly on a supplemental Inventory dated and signed by Director and Community Partner.

Community Partner shall bear the responsibility and related costs for removing any such equipment and furniture located at Facility and returning same to County site(s) designated by Director, in the same condition specified in the Inventory, less consideration for normal wear and tear, and, if it is not, Community Partner shall reimburse County at its cost for repairing or replacing same at its actual cash value, as determined by County's Purchasing Agent (i.e., replacement value less depreciation equals actual cash value), for any damaged

or missing County equipment and furniture, or Director, at his/her option, may deduct such cost from any sums due Community Partner from County (unless the damage was due to earthquake or flood). Director and Community Partner shall mutually agree to the date(s) for delivery to County of the returned items.

Copies of the original Inventory, together with any executed supplements thereto which may be added to the original Inventory from time-to-time during the course of the Agreement, shall be retained by each party for the duration of Agreement, and for a period of at least five (5) years following the expiration or prior termination of this Agreement.

B. Final Inventory and Return of Equipment and Furniture: At the expiration or prior termination of this Agreement, a final Inventory shall be prepared in writing by Director and Community Partner; and Community Partner shall reimburse County at its cost for repairing or replacing any damaged or missing County equipment and furniture at its actual cash value, as determined by County's Purchasing Agent (i.e., replacement value less depreciation equals actual cash value), or Director, at his/her option, may deduct such cost from any sums due Community Partner from County (unless the damage was due to earthquake or flood).

At the expiration or prior termination of this Agreement, Community Partner shall be entitled to remove equipment and furniture given to Community Partner by third-parties or purchased and installed by Community Partner, provided however, that Community Partner shall restore premises to the original condition excepting normal wear and tear.

At the expiration or prior termination of this Agreement, Community Partner shall provide Director with immediate access to, and possible removal by County staff of, any and all County equipment and furniture reflected on the Inventory and any updates thereto.

Director may conduct periodic physical inventories or examinations of County-owned equipment and furniture located in Community Partner's premises at Facility during the term of this Agreement.

3. Proprietary Interest Retained by County:

A. Proprietary Interest: In accordance with all applicable Federal, State, and County laws, ordinances, rules, regulations, manuals, guidelines, and directives, County shall retain all proprietary interest, except for use during the term of this Agreement, in all County equipment and furniture loaned to Community Partner hereunder. Upon the expiration or earlier termination of this Agreement, the discontinuation of the business of Community Partner, the failure of Community Partner to comply with any of the provisions of this Agreement, the bankruptcy of Community Partner or its giving of an assignment for the benefit of creditors, or the failure of Community Partner 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 equipment and furniture, without any claim for reimbursement whatsoever on the part of Community Partner. Director, in conjunction with Community Partner, shall place identifying labels and inventory control numbers on all such County property indicating the proprietary interest of County, and Community Partner shall not remove such labels or control

numbers. Community Partner shall not use such equipment or furniture for financing purposes.

B. Inventory, Records, and Controls: Community Partner shall continuously maintain an accurate and complete Inventory, records, and controls for all County-owned equipment and furniture loaned to Community Partner and designated for the provision of services hereunder.

C. Protection of County Property: Community Partner shall take all reasonable precautions to protect all equipment and furniture loaned by County hereunder, against damage or loss by fire, theft, burglary, vandalism, and malicious mischief. During the term of Agreement and until its return to County, Community Partner shall maintain, repair, protect, and preserve said equipment and furniture to assure its full availability and usefulness for the performance of services under this Agreement.

All such equipment and furniture shall be used only for the performance of services under this Agreement.

EXHIBIT D-4
EQUIPMENT AND FURNITURE INVENTORY
HEALTHY WAY LA HEALTH CARE INITIATIVE
UNMATCHED PROGRAM
ALL COMMUNITY PARTNERS

(PLEASE COMPLETE - TYPEWRITTEN ONLY)

Date Inventory Taken:_____County Contract No._____
(To be assigned by DHS Contracts & Grants)

Community Partner Name: _____

Community Partner and Director shall initially complete this Inventory within sixty (60) calendar days of County Board of Supervisors' approval to loan County-owned equipment and furniture to Community Partner.

The County-owned equipment and furniture itemized below is located at the following Board-approved County Facility service site.

_____
_____
_____

DESCRIPTION	COUNTY INVENTORY NO.	QUANTITY	CONDITION	REPLACEMENT VALUE

Page _____ of _____
(FOR ADDITIONAL PAGES, PHOTOCOPY AND NUMBER ACCORDINGLY)

EXHIBIT D-4
UNMATCHED PROGRAM
EQUIPMENT AND FURNITURE INVENTORY

(PLEASE COMPLETE - TYPEWRITTEN ONLY)

Date Inventory Taken:_____County Contract No._____
(To be assigned by DHS Contracts & Grants)

Community Partner Name: _____

_____
_____
_____

DESCRIPTION	COUNTY INVENTORY NO.	QUANTITY	CONDITION	REPLACEMENT VALUE

Signatures:

_____ _____
Contractor's Authorized Representative Date

_____ _____
Print Name Title

_____ _____
DHS Authorized Representative Date

_____ _____
Print Name Title

Page ____ of ____
(SIGNATURE PAGE LAST)