

APPENDIX 40

PEDIATRIC/MATERNAL DIAGNOSES

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APPENDIX 40

PEDIATRIC DIAGNOSES

The purpose of the Pediatric Diagnosis Appendix (Appendix 40) is to classify, in a very directed manner, diagnoses **of specific interest to the IMPAACT** that are related to HIV infection, prevention and therapy. The original emphasis was on opportunistic infections, but other diagnoses have been included to meet the needs of the IMPAACT. If a diagnosis does not meet the criteria specified in the definition, then **DO NOT** use it. Where indicated, “other” codes have been provided. For each diagnosis code used, it is expected that source documentation is available to support the event. When the word “presumed” is used in the diagnosis (e.g. acute peritonitis, presumed) that means that only the etiology is presumed, not the diagnosis.

Each diagnosis code is followed by an indication of whether an organism code is necessary. The diagnosis description is followed by a brief definition of the diagnosis in most cases. If a “-1” appears under organism code, you may, if appropriate, enter an organism code from the organism list. Otherwise, enter “-1”. If a blank line under the organism code follows the diagnosis code, the appropriate organism code from the code list in the front of the appendix **MUST** be recorded on the diagnosis form. If 000/001 is listed in the organism code column you must determine whether the correct organism code is “000 - Specific organism NOT demonstrated after testing” or “001 – Testing not performed.” The diagnosis description, along with the associated organism, must be entered in the specify section of the diagnosis form.

Take care in recording diagnoses, as you may be asked to confirm diagnoses that are coded in the “other” category, either in response to a query or through the RESOLVE program, if it fails computerized checks. This system has been implemented to discourage sites from reporting signs and symptoms, procedures, and laboratory related conditions on diagnoses forms, and instead to record them on the appropriate form.

Appendix 40 is available in hard copy through the DMC Order entry program, and is also available on the DMC Web Site (<http://www.fstrf.org/ACTG/appendicies/append40.html>). A search option on the web site allows you to look up key words or codes for diagnoses and/or organism codes.

NOTE: Questions regarding this appendix should be addressed to actg.app40wg and cc'd to the appropriate study team. The Appendix 40 Working Group will update Appendix 40 as necessary.

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ORGANISM LIST

Code	Description
406	Acanthamoeba species [Granulomatous amebic encephalitis]
111	Acinetobacter
500	Adenovirus
197	Anaerobic infection (may include one or more of the following: Bacteroides, Clostridia, Eubacteria, Fusobacterium, Peptostreptococcus, Peptococcus, Prevotella species)
416	Ancylostoma duodenale
412	Angiostrongylus cantonensis [Angiostrongyliasis]
415	Ascaris lumbricoides [Ascariasis]
200	Aspergillus species
402	Babesia species [Babesiosis]
160	Bartonella (formerly Rochalimaea)
210	Blastomyces species (Blastomycosis)
115	Bordetella parapertussis
113	Bordetella pertussis
116	Borrelia species (e.g., Lyme disease, Relapsing fever)
114	Campylobacter species
220	Candida species (e.g., albicans, tropicalis)
120	Chlamydia trachomatis
121	Chlamydia pneumoniae (TWAR)
122	Chlamydia (species not specified)
125	Clostridium difficile
231	Coccidioides immitus (Coccidioidomycosis)
240	Cryptococcus (Cryptococcosis)
440	Cryptosporidium parvum (Cryptosporidiosis)
810	Cytomegalovirus
421	Diphyllobothrium Latum [Diaphyllobothriasis]
409	Dracunculus medinensis [Dracunculiasis]
422	Echinococcus species [Echinococcosis]
162	Ehrlichia species
401	Entamoeba histolytica
128	Enterobacter species
413	Enterobius vermicularis [Enterobiasis]
129	Enterococcus species
510	Enterovirus, other than polio (includes Coxsackieviruses)
585	Epstein-Barr virus (EBV)
132	Escherichia coli
131	Escherichia coli 0157
250	Fusarium
450	Giardia lamblia
139	Gardnerella vaginalis
117	Helicobacter pylori
135	Hemophilus ducreyi (Chancroid)
133	Hemophilus influenza type B
134	Hemophilus influenza non-typeable
138	Hemophilus influenza typeable other than type B
520	Hepatitis A virus
521	Hepatitis B virus
523	Hepatitis C virus
524	Hepatitis D virus
525	Hepatitis E virus
526	Hepatitis G virus
529	Hepatitis virus, other
536	Herpes Simplex Virus (HSV)
260	Histoplasmosis capsulatum (Histoplasmosis)
533	Human herpes virus (HHV6)
535	Human herpes virus (HHV7)
534	Human herpes virus (HHV8)
590	Human papilloma virus (HPV)
530	HIV
540	Influenza A virus
541	Influenza B virus
460	Isospora belli
136	Klebsiella species
148	Lactobacillus species
137	Legionella species
280	Leptospira species
140	Listeria monocytogenes
407	Loa loa [Loiasis]
281	Malassezia species
470	Microsporidia species
141	Moraxella species
198	Multiple bacterial organisms, specify
298	Multiple fungal organisms, specify

ORGANISM LIST (Continued)

Code	Description
398	Multiple mycobacterial organisms, specify
498	Multiple parasites, specify
598	Multiple virus, specify
555	Mumps virus
315	Mycobacterium avium complex
310	Mycobacterium bovis
320	Mycobacterium bovis BCG (BCG vaccine)
300	Mycobacterium tuberculosis
149	Mycoplasma hominis
142	Mycoplasma pneumoniae
146	Mycoplasma other species
405	Naegleria fowleri [primary amebic meningoencephalitis]
417	Necator americanus [Hookworm]
143	Neisseria gonorrhoea
144	Neisseria meningitidis
145	Neisseria other species
408	Onchocerciasis volvulus [Onchocerciasis]
553	Parainfluenza viruses (includes 1 – 4)
554	Parvovirus
285	Penicillium marneffii
475	Plasmodium vivax
476	Plasmodium falciparum
477	Plasmodium malariae
478	Plasmodium ovale
480	Pneumocystis jiroveci (formerly known as carinii)
560	Poliovirus
150	Proteus species
151	Pseudomonas aeruginosa
155	Pseudomonas other species
570	Respiratory syncytial virus (RSV)
161	Rickettsia species
580	Rotavirus
586	Rubella (German measles)
587	Rubeola (Measles virus)
163	Salmonella, non-typhoid
164	Salmonella typhi
166	Serratia species
167	Shigella species
170	Staphylococcus aureus
172	Staphylococcus, coagulase negative
175	Streptococcus, Group A
176	Streptococcus, Group B
178	Streptococcus, Group D, non enterococcus
179	Streptococcus, non Group A, B or D
180	Streptococcus pneumoniae (Pneumococcus)
430	Strongyloides
418	Strongyloides stercoralis [Strongyloidiasis]
419	Taenia solium [Cystercercosis]
290	Tinea species
490	Toxocara
495	Toxoplasma gondii (Toxoplasmosis)
295	Treponema pallidum
411	Trichinella spiralis [Trichinellosis]
485	Trichomonas vaginalis
465	Trichophyton species
414	Trichuris trichuria [Trichuriasis]
403	Trypanosoma gambiense
404	Trypanosoma rhodesiense
153	Ureaplasma urealyticum
147	Ureaplasma species
588	Varicella zoster virus (VZV)
185	Yersinia species
270	Zygomycetes (Mucor, Rhizopus, Absidia)
199	Other bacterial (specify)
299	Other fungal (specify)
399	Mycobacterium other species
599	Other virus (specify)
499	Other parasites/worms (specify)
800	Congenital CMV infection, diagnosed by culture of any source before 14 days of age.
801	Perinatal CMV infection, with positive culture between 2 weeks and 3 months of age.
802	Acquired CMV infection, diagnosed after age 3 months.
899	CMV infection, timing of infection unknown.
000	Specific organism NOT demonstrated after testing
001	Testing not performed
-1	Not applicable or organism self contained in diagnosis code

I. PATHOLOGIC DIAGNOSES

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Abscess

21000	_____	ABSCESS, INTERNAL ORGAN, PROVEN , etiology proven by positive test for specific organism and imaging technique or surgical specimen.
21001	000/001	ABSCESS, INTERNAL ORGAN, PRESUMED detected by imaging or surgical technique, no organism identified.
21005	_____	ABSCESS, SKIN, PROVEN , by positive test for specific organism.
21006	000/001	ABSCESS, SKIN, PRESUMED , etiology not proven (e.g., carbuncle).
21010	_____	ABSCESS, DENTAL, PROVEN , by positive test for specific organism.
21016	000/001	ABSCESS, DENTAL, PRESUMED , suspected clinically; no organism identified.

Angiomatosis

21030	_____	BACILLARY ANGIOMATOSIS, PROVEN by biopsy and culture. BACILLARY ANGIOMATOSIS, PRESUMED, There is no longer an acceptable definition for this diagnosis.
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Appendicitis

21225	-1	APPENDICITIS, PROVEN , clinical diagnosis confirmed by surgical or histological findings.
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Bacterial Infection of Deep Tissue, Body Cavity or Other Normally Sterile Site, specify site

65686	_____	BACTERIAL INFECTION OF DEEP TISSUE, BODY CAVITY OR OTHER NORMALLY STERILE SITE, SPECIFY SITE, CONFIRMED , This category includes, for example, organ parenchymal, deep soft tissue (including pyomyositis) or abdominal abscesses, empyema, purulent pericarditis, meningitis and bone and joint infections.
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Demonstration of bacterial pathogen(s) in deep tissue, viscera, body cavity, or other normally sterile site by one of the following methods:

- a. Isolation of a bacterial pathogen(s) from an aspirate or biopsy specimen.
- b. Appropriate histopathology stain of a specimen.
- c. Demonstration of bacterial pathogen(s) by appropriate Gram or microbiological stain of aspirate or biopsy specimen.

65687	_____	BACTERIAL INFECTION OF DEEP TISSUE, BODY CAVITY OR OTHER NORMALLY STERILE SITE, SPECIFY SITE, PROBABLE , 1. Evidence of an infection in a deep tissue, body cavity or other normally sterile site demonstrated by appropriate diagnostic sampling or imaging procedures such as fluid aspiration, biopsy, computerized tomography, ultrasonography, magnetic resonance imaging, radioisotope scanning or plain radiograph. <u>and</u> 2. Clinical signs and symptoms compatible with the infection. <u>and</u> 3. Appropriate treatment initiated and response demonstrated. (Appropriate treatment may include drainage procedures and/or antibacterial therapy.)
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I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Bacteriuria

21673	_____	BACTERIURIA, SYMPTOMATIC , bacteria in urine.
21674	_____	BACTERIURIA, ASYMPTOMATIC , bacteria in urine.

Bronchiectasis

26405	-1	BRONCHIECTASIS , Can be either focal or diffuse with abnormal and chronic dilation of the bronchi. The normal structural components of the wall, including cartilage, muscle and elastic tissue are destroyed and replaced by fibrous tissue. Diagnosed by CT, MRI or chest x-ray.
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Bronchiolitis

26402	_____	BRONCHIOLITIS, PROVEN , etiology proven.
26401	000/001	BRONCHIOLITIS, PRESUMED , specific etiology unknown.

Bronchitis

26412	_____	BRONCHITIS, PROVEN , etiology proven.
26411	000/001	BRONCHITIS, PRESUMED , specific etiology unknown.

Candidiasis of Bronchi, Trachea or Lungs, specify site (Bronchi, Trachea or Lungs)

62080	-1	CANDIDIASIS OF BRONCHI, TRACHEA OR LUNGS, SPECIFY SITE (BRONCHI, TRACHEA OR LUNGS), CONFIRMED , 1. Characteristic white plaques in the bronchi or trachea on bronchoscopic examination. <i>and</i> 2. Positive culture, KOH or histopathology from the bronchi or trachea.
62081	-1	CANDIDIASIS OF BRONCHI, TRACHEA OR LUNGS, SPECIFY SITE (BRONCHI, TRACHEA OR LUNGS), PROBABLE , 1. Characteristic white plaques in the bronchi or trachea on bronchoscopic examination. <i>and</i> 2. Response to specific antifungal therapy.

Pseudomembranous Candidiasis

62060	-1	PSEUDOMEMBRANOUS CANDIDIASIS, CONFIRMED , 1. Compatible clinical syndrome, consisting of one or more signs/symptoms as follows: White or yellow/creamy spots or plaques that may be located in any part of the oral cavity and can usually be wiped off to reveal an erythematous surface. There may be no pain or possible mild to moderate burning pain. The lesions/symptoms are usually intermittent, but may be long-standing. <i>and</i> 2. Positive culture, KOH or histopathology.
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I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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62061	-1	PSEUDOMEMBRANOUS CANDIDIASIS, PROBABLE 1. Compatible clinical syndrome, consisting of two or more signs/symptoms as follows: White or yellow spots or plaques that may be located in any part of the oral cavity and can usually be wiped off to reveal an erythematous surface. There may be no pain or possible mild to moderate burning pain. The lesions/symptoms are usually intermittent, but may be long-standing.
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Esophageal Candidiasis

62010	-1	ESOPHAGEAL CANDIDIASIS, CONFIRMED, 1. Compatible clinical syndrome, consisting of one or more of the following signs or symptoms: white plaques in esophagus, typical filling defects on barium swallow, odynophagia (midline retrosternal discomfort with swallowing). <u>and</u> 2. Positive culture, KOH or histopathology from esophagus.
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62011	-1	ESOPHAGEAL CANDIDIASIS PROBABLE 1. Either: a. Compatible clinical syndrome, consisting of two or more of the following signs or symptoms: white plaques in esophagus; typical filling defects on barium swallow; odynophagia (midline retrosternal discomfort with swallowing) or: b. Confirmed or probable oropharyngeal candidiasis and odynophagia <u>and</u> 2. Response to specific antifungal therapy for the treatment of esophagitis.
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Erythematous candidiasis

62062	-1	ERYTHEMATOUS CANDIDIASIS, CONFIRMED, 1. Compatible clinical syndrome, consisting of one or more signs/symptoms as follows: Patchy erythema or red areas usually located on the palate and dorsum of the tongue, but occasionally on the buccal mucosa. At times, white spots or plaques of pseudomembranous candidiasis may also be present. There may be no pain or possible mild to moderate burning pain. The lesions/symptoms are usually intermittent, but may be long-standing. <u>and</u> 2. Positive culture, KOH or histopathology.
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62063	-1	ERYTHEMATOUS CANDIDIASIS, PROBABLE, 1. Compatible clinical syndrome, consisting of two or more signs/symptoms as follows: Patchy erythema or red areas usually located on the palate and dorsum of the tongue, but occasionally on the buccal mucosa. At times, white spots or plaques of pseudomembranous candidiasis may also be present. There may be no pain or possible mild to moderate burning pain. The lesions/symptoms are usually intermittent, but may be long-standing. <u>and</u> 2. Specific antifungal therapy initiated or recommended.
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I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Cellulitis

21100	_____	CELLULITIS, PROVEN , by positive test for specific organism from blood or aspirate.
21101	000/001	CELLULITIS, PRESUMED , suspected clinically; no organism identified.

Cervicitis

21122	_____	CERVICITIS, PROVEN , by culture, PCR or other specific diagnostic test in endocervical secretions.
21121	-1	CERVICITIS, PRESUMED , diagnosed clinically, etiology unproven.

Chagas' Disease - Central Nervous System Involvement

61030	-1	<p>CHAGAS' DISEASE - CENTRAL NERVOUS SYSTEM INVOLVEMENT, CONFIRMED,</p> <p>At least one of the following:</p> <p>a. Direct finding of Trypanosomes in liquor, or brain biopsy</p> <p><u>and</u></p> <p>b. CSF pleocytosis, increased protein and occasionally decreased glucose levels</p>
61031	-1	<p>CHAGAS' DISEASE - CENTRAL NERVOUS SYSTEM INVOLVEMENT, PROBABLE,</p> <p>1. Person came from endemic area</p> <p><u>and</u></p> <p>2. CNS mass lesion with contrast enhancing effect that does not improve with Toxoplasmic treatment</p> <p><u>and</u></p> <p>3. CSF pleocytosis, increased protein and occasionally decreased glucose levels</p> <p><u>and</u></p> <p>4. Positive serology</p>

Chagas' Disease - Myocarditis

61032	-1	<p>CHAGAS' DISEASE - MYOCARDITIS, CONFIRMED,</p> <p>1. Finding of Trypanosomes nests in myocardium biopsy or in buffy coat</p> <p><u>and</u></p> <p>2. EKG right bundle branch block</p>
61033	-1	<p>CHAGAS' DISEASE - MYOCARDITIS, PROBABLE,</p> <p>1. Person came from endemic area</p> <p><u>and</u></p> <p>2. Clinical myocarditis</p> <p><u>and</u></p> <p>3. EKG with a variety of disturbances, most commonly right bundle branch block</p> <p><u>and</u></p> <p>4. Positive serology</p>

I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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CMV Colitis, International

- | | | |
|-------|----|---|
| 64214 | -1 | CMV COLITIS, INTERNATIONAL, CONFIRMED,

1. Symptoms: persistent or chronic diarrhea for > 14 days, abdominal pain and fever.
<u>and</u>
2. At least one of the following positive results:
a. Isolation of CMV from the GI tissue
b. Detection of CMV antigen
c. Isolation of CMV DNA |
| 64219 | -1 | CMV COLITIS, INTERNATIONAL, PROBABLE,

1. Symptoms: persistent or chronic diarrhea for > 14 days, abdominal pain and fever.
<u>and</u>
2. Colonoscopy report that demonstrates widespread submucosal hemorrhages and diffuse mucosal ulcerations. |

CMV Encephalitis

- | | | |
|-------|----|--|
| 64017 | -1 | CMV ENCEPHALITIS, CONFIRMED,

1. Rapidly progressive cognitive impairment, progressive change in mental status or delirium, or signs and symptoms of brain stem injury.
<u>and</u>
2. Detection of viral nucleic acids (e.g. PCR) in CSF or CSF CMV culture positive or brain biopsy demonstrating CMV by antigen, detection of viral nucleic acids (e.g. PCR) or characteristic cytopathic changes. |
| 64117 | -1 | CMV ENCEPHALITIS, PROBABLE,

1. Rapidly progressive cognitive impairment, progressive change in mental status or delirium, or signs and symptoms of brain stem injury.
<u>and</u>
2. MRI or contrast CT scan performed which:
a. Excludes toxoplasmosis, lymphoma, PML or other intracranial process.
<u>and</u>
b. Demonstrates periventricular inflammation or meningeal enhancement.
<u>and</u>
3. Other etiologies ruled out.
<u>and</u>
4. CMV end-organ disease (e.g. retinitis, colitis) present.
<u>and</u>
5. Specific therapy initiated, changed or recommended. |

I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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CMV Esophagitis

64012	-1	CMV ESOPHAGITIS, CONFIRMED, 1. Presence of at least one of the following symptoms: retrosternal pain or odynophagia (midline retrosternal discomfort with swallowing). <u>and</u> 2. Tissue biopsy demonstrating CMV by detection of antigen, viral nucleic acids (e.g. PCR) or characteristic cytopathic changes.
64112	-1	CMV ESOPHAGITIS, PROBABLE, 1. Presence of at least one of the following symptoms: retrosternal pain or odynophagia (midline retrosternal discomfort with swallowing). <u>and</u> 2. Appropriate visualization procedure (endoscopy) that reveals mucosal erythema, erosion and/or ulceration. <u>and</u> 3. CMV is isolated from the lesion. <u>and</u> 4. Anti-CMV therapy initiated or recommended.

CMV Gastroenteritis

64015	-1	CMV GASTROENTERITIS, CONFIRMED, 1. Presence of abdominal pain. <u>and</u> 2. Tissue biopsy demonstrating CMV by antigen, detection of viral nucleic acids (e.g. PCR) or characteristic cytopathic changes.
64115	-1	CMV GASTROENTERITIS, PROBABLE, 1. Presence of abdominal pain. <u>and</u> 2. Appropriate visualization procedures (endoscopy) that reveal mucosal erythema, erosion or ulceration. <u>and</u> 3. CMV is isolated from the lesion. <u>and</u> 4. Anti-CMV therapy initiated or recommended.

Mucocutaneous CMV Ulcers

64018	-1	MUCOCUTANEOUS CMV ULCERS, CONFIRMED, 1. Direct visualization of oral, vulvovaginal, or perianal ulcers. <u>and</u> 2. CMV culture of lesion or histologic demonstration of typical CMV cytopathology on biopsy of lesion.
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I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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CMV Pneumonitis

- | | | |
|-------|----|--|
| 64011 | -1 | CMV PNEUMONITIS, CONFIRMED,
1. Hypoxemia and infiltrates on chest X-ray or CT/MRI scan.
<u>and</u>
2. Tissue biopsy or cells obtained by BAL demonstrating CMV by antigen, detection of viral nucleic acids (e.g. PCR) or characteristic cytopathic changes.
<u>and</u>
3. No other pathogens identified by routine testing <u>or</u> signs/symptoms persist or recur after treatment of copathogens. |
| 64111 | -1 | CMV PNEUMONITIS, PROBABLE,
1. Hypoxemia and infiltrates on chest X-ray or CT/MRI scan.
<u>and</u>
2. Positive culture, detection of viral antigen, or detection of viral nucleic acids (e.g. PCR) of CMV from fluid obtained by BAL.
<u>and</u>
3. No other pathogens identified by routine testing <u>or</u> signs/symptoms persist or recur after treatment of copathogens.
<u>and</u>
4. Specific antiviral treatment initiated or recommended. |

CMV Proctitis

- | | | |
|-------|----|--|
| 64016 | -1 | CMV PROCTITIS, CONFIRMED,
1. Presence of rectal pain often associated with tenesmus, mucus and blood.
<u>and</u>
2. Tissue biopsy demonstrating CMV by antigen, detection of viral nucleic acids (e.g. PCR) or characteristic cytopathic changes. |
| 64116 | -1 | CMV PROCTITIS, PROBABLE,
1. Presence of rectal pain often associated with tenesmus, mucus and blood.
<u>and</u>
2. Appropriate visualization procedures (endoscopy) that reveal mucosal erythema, erosion or ulceration.
<u>and</u>
3. CMV is isolated from the lesion.
<u>and</u>
4. Anti-CMV therapy initiated or recommended. |

CMV Retinitis

- | | | |
|-------|----|--|
| 64013 | -1 | CMV RETINITIS, CONFIRMED,
Typical lesions including white areas with or without hemorrhages and/or gray-white areas of retinal necrosis with or without hemorrhages. Lesion(s) has/have irregular, dry-appearing granular border, with little or no overlying vitreous inflammation. Must be diagnosed by an experienced ophthalmologist using indirect ophthalmoscopy and documented by retinal photography that can be independently verified. |
| 64113 | -1 | CMV RETINITIS, PROBABLE,
Typical lesions including white areas with or without hemorrhages and/or gray-white areas of retinal necrosis with or without hemorrhages. Lesion(s) has/have irregular, dry-appearing granular border, with little or no overlying vitreous inflammation. Must be diagnosed by an experienced ophthalmologist using indirect ophthalmoscopy, but is not documented by retinal photographs. |

I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Other CMV Syndromes, Specify

- | | | |
|-------|----|--|
| 64019 | -1 | <p>OTHER CMV SYNDROMES, SPECIFY, CONFIRMED, (this includes but is not limited to the following)</p> <p><u>Hepatitis or cholangitis:</u></p> <ol style="list-style-type: none">1. ALT or alkaline phosphatase significantly elevated above the study participant's baseline values. <p><i>and</i></p> <ol style="list-style-type: none">2. Tissue biopsy demonstrating CMV by antigen, detection of viral nucleic acids (e.g. PCR) or characteristic cytopathic changes. <p><u>Radiculomyelopathy:</u></p> <ol style="list-style-type: none">1. Clinical presentation compatible with CMV end-organ disease, including all of the following:<ol style="list-style-type: none">a. Decreased lower extremity strength and reflexes or syndrome consistent with a cord lesion present subacutely (over days to weeks).b. Myelogram or MRI reveals no mass lesions but lower spinal nerve roots thickened.c. CMV positive culture in CSF <u>or</u> detection of CMV viral nucleic acids (e.g. PCR) in CSF. |
|-------|----|--|

Coccidioidal Meningitis (Probable Only)

- | | | |
|-------|----|---|
| 62044 | -1 | <p>COCCIDIOIDAL MENINGITIS, PROBABLE,</p> <ol style="list-style-type: none">1. Positive complement fixation serology <p><i>and</i></p> <ol style="list-style-type: none">2. Compatible clinical syndrome consisting of CSF lymphocytic pleocytosis, fever and one or more of the following signs and symptoms of meningitis: headache, altered mental status, stiff neck, and/or photophobia, seizures, and/or focal deficits <p><i>and</i></p> <ol style="list-style-type: none">3. Specific antifungal therapy initiated or recommended. |
|-------|----|---|

Conjunctivitis

- | | | |
|-------|---------|---|
| 21142 | _____ | CONJUNCTIVITIS, PROVEN , etiology identified. |
| 21143 | 000/001 | CONJUNCTIVITIS, PRESUMED , clinical diagnosis. |

Connective Tissue Disorder

- | | | |
|-------|----|--|
| 21800 | -1 | CONNECTIVE TISSUE DISORDER , syndromes including but not limited to systemic lupus erythematosus (SLE), sarcoid, vasculitides and Sjögren's, specify diagnosis. |
|-------|----|--|

Croup

- | | | |
|-------|---------|--|
| 26432 | _____ | CROUP, PROVEN , pathogen detection, or positive serology. |
| 26431 | 000/001 | CROUP, PRESUMED , specific etiology unknown. |

I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Dermatophyte Infections (Tinea)

22100	_____	TINEA, PROVEN , infection including capitus, pedis, cruris, corporis, diagnosed by laboratory studies, such as under KOH, and caused by dermatophytes (Microsporum spp., Trichophyton spp.)
22101	-1	TINEA, PRESUMED , infection suspected clinically but etiology unproven.
22110	_____	TINEA, DISSEMINATED , systemic infection with Microsporum or Trichophyton spp., documented by biopsy or positive culture of normally sterile site.

Diarrhea

65005	_____	CHRONIC DIARRHEA, CONFIRMED , 1. Clinical syndrome of 3 or more bowel movements (or stools) in a 24 hour period. <i>and</i> 2. Duration greater than or equal to (\geq) 28 days <i>and</i> 3. Pathogen identified
65006	000/001	CHRONIC DIARRHEA, PROBABLE , 1. Clinical syndrome of 3 or more bowel movements (or stools) in a 24-hour period. <i>and</i> 2. Duration greater than or equal to (\geq) 28 days <i>and</i> 3. Either diagnostic testing was done and no pathogen was identified or diagnostic testing was not available.
21152	_____	DIARRHEA, PROVEN , diagnosed by positive test for specific organism in stool or blood.
21153	000/001	DIARRHEA, PRESUMED , clinical and/or epidemiologic diagnosis only.
65007	-1	PERSISTENT DIARRHEA 1. Three (3) or more bowel movements (or stools) in a 24 hour period. <i>and</i> 2. Duration greater than ($>$) 14 to less than ($<$) 28 days.

Disseminated Blastomycosis

62051	-1	DISSEMINATED BLASTOMYCOSIS, CONFIRMED , Evidence of B. dermatitidis by positive culture or positive histopathology identifying characteristic appearance of organisms within body tissue or fluids.
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Disseminated Coccidioidomycosis

62041	-1	DISSEMINATED COCCIDIOIDOMYCOSIS, CONFIRMED , Identification of the fungal organism C. immitis by: a. Positive culture. <i>or</i> b. Positive histopathology: identification of characteristic appearance of organism within body tissue or fluids.
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I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Disseminated Histoplasmosis

- | | | |
|-------|----|---|
| 62031 | -1 | DISSEMINATED HISTOPLASMOSIS, CONFIRMED ,
Identification of the fungal organism <i>H. capsulatum</i> by:
a. Positive culture.
<i>or</i>
b. Positive histopathology: Identification of characteristic appearance of organism within body tissue or fluids. |
| 62032 | -1 | DISSEMINATED HISTOPLASMOSIS, PROBABLE ,
1. Compatible clinical syndrome consisting of one or more signs or symptoms as follows: anemia, leukopenia, thrombocytopenia, elevated alkaline phosphatase, ALT, LDH, or bilirubin, enlarged lymph nodes, spleen and/or liver, skin lesions or gastrointestinal ulcers.
<i>and</i>
2. Detection of positive histoplasma antigen > 1 unit obtained from body fluid.
<i>and</i>
3. Specific antifungal therapy initiated or recommended. |

Dysentery

- | | | |
|-------|---------|--|
| 26444 | _____ | ACUTE DYSENTERY, CONFIRMED
1. Clinical syndrome with acute onset of 3 or more bowel movements (or stools) in a 24 hour period.
AND
2. Visible blood in stool.
AND
3. Duration lasting.
AND
4. Pathogen identified. |
| 26445 | 000/001 | ACUTE DYSENTERY, PROBABLE
1. Clinical syndrome with acute onset of 3 or more bowel movements (or stools) in a 24 hour period.
AND
2. Visible blood in stool.
AND
3. Duration lasting.
AND
4. No Pathogen identified. |

Empyema

- | | | |
|-------|-------|---|
| 21359 | _____ | EMPHYEMA , accumulation of bacteria, fluid and cellular debris in the pleural space. Proven by x-ray, CT or MRI. |
|-------|-------|---|

Encephalitis

- | | | |
|-------|---------|---|
| 26452 | _____ | ENCEPHALITIS, PROVEN , pathogen identified by PCR, serology or biopsy. |
| 26451 | 000/001 | ENCEPHALITIS, PRESUMED , pathogen not identified. |

Endocarditis

- | | | |
|-------|---------|--|
| 21160 | _____ | ENDOCARDITIS, PROVEN , clinical features of the disease, documented by positive blood culture and other laboratory findings (e.g., echocardiogram). |
| 21161 | 000/001 | ENDOCARDITIS, PRESUMED , clinical features of the disease, pathogen not documented by positive blood culture. |

I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Endophthalmitis

21180	_____	ENDOPHTHALMITIS, PROVEN , clinical features of the disease, documented by positive laboratory findings (e.g., aspiration of vitreous).
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21181	000/001	ENDOPHTHALMITIS, PRESUMED , clinical features of the disease, pathogen not documented by positive laboratory findings.
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Epididymitis

21192	_____	EPIDIDYMITIS, PROVEN , etiology proven by positive test for specific organism in genital swabs or other specimens.
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21191	000/001	EPIDIDYMITIS, PRESUMED , diagnosed clinically, etiology unproven.
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Epiglottitis

21200	_____	EPIGLOTTITIS, PROVEN , diagnosed clinically and etiology proven by positive test for specific organism in blood or tissue.
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21201	000/001	EPIGLOTTITIS, PRESUMED , diagnosed clinically; etiology unproven by test for specific organism.
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Epstein Barr Virus (EBV)

26380	-1	PRIMARY EBV, PROVEN , infection (infectious mononucleosis), proven by EBV serology (monospot not acceptable).
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26381	-1	ACUTE, PRIMARY EBV , positive monospot only.
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Genital Ulcer

GENITAL ULCER, There is no longer an acceptable definition for this diagnosis.

Gastroenteritis

26442	_____	ACUTE GASTROENTERITIS, PROVEN , etiology identified.
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26443	000/001	ACUTE GASTROENTERITIS, PRESUMED , etiology not identified.
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Hepatitis

HEPATITIS, PRESUMED, There is no longer an acceptable definition for this diagnosis.

26472	_____	HEPATITIS, PROVEN , etiology proven.
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I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Herpes Simplex Virus (HSV)

HSV Esophagitis

- | | | |
|-------|----|--|
| 64020 | -1 | <p>HSV ESOPHAGITIS, CONFIRMED,</p> <ol style="list-style-type: none">1. Presence of at least one of the following symptoms: retrosternal pain or odynophagia (midline retrosternal discomfort with swallowing). <p><u>and</u></p> <ol style="list-style-type: none">2. Tissue biopsy demonstrating HSV by detection of antigen, viral nucleic acids (e.g. PCR) or characteristic cytopathic changes. |
| 64021 | -1 | <p>HSV ESOPHAGITIS, PROBABLE,</p> <ol style="list-style-type: none">1. Presence of at least one of the following symptoms: retrosternal pain or odynophagia (midline retrosternal discomfort with swallowing). <p><u>and</u></p> <ol style="list-style-type: none">2. Appropriate visualization procedure (endoscopy) that reveals mucosal erythema, erosion or ulceration. <p><u>and</u></p> <ol style="list-style-type: none">3. HSV is isolated from the lesion. <p><u>and</u></p> <ol style="list-style-type: none">4. Anti-HSV therapy initiated or recommended. |

Herpes Labialis

- | | | |
|-------|----|---|
| 64028 | -1 | <p>HERPES LABIALIS</p> <p>Clinical presentation of single or multiple vesicles or ulcers with crusting on vermillion portion of lips and adjacent facial skin. Usually mild to moderate pain. The lesion(s) is usually present for at most 10-14 days. There may be a prior history of (or recurrent) lesion(s).</p> |
|-------|----|---|

Intra-Oral Herpes Simplex

- | | | |
|-------|----|---|
| 64029 | -1 | <p>INTRA-ORAL HERPES SIMPLEX</p> <p>Clinical presentation of solitary, or cluster of multiple or confluent ulcers that may be noted together with vesicles on keratinized mucosa, including hard palate, attached gingival and dorsum of tongue. Exceptionally, non-keratinized tissue may be involved. Round to slightly irregular (map-like) margins with minimal to no erythematous halos are present. The base of the ulcers is usually pink. Usually mild to moderate pain. The lesion(s) is usually present for at most 10-14 days. There may be a prior history of lesion (or recurrent).</p> |
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I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Mucocutaneous Herpes Simplex

- | | | |
|-------|----|---|
| 64023 | -1 | <p>MUCOCUTANEOUS HERPES SIMPLEX, CONFIRMED,</p> <ol style="list-style-type: none">1. Typical (vesicular or ulcerative) HSV lesion(s) in any of the following sites: anogenital (external genitalia, cervix, vagina, perineum, perirectal, rectal), oral, perioral or finger. <p><u>and</u></p> <ol style="list-style-type: none">2. Any one of the following:<ol style="list-style-type: none">a. HSV isolated from lesion.b. HSV antigen detected by immunoassay from vesicular fluid or cells obtained from the base of a vesicle or ulcer.c. Recurrence of lesion in same general location: anogenital (external genitalia, cervix, vagina, perineum, perirectal, rectal), oral, perioral or finger with prior documented positive HSV culture. |
| 64024 | -1 | <p>MUCOCUTANEOUS HERPES SIMPLEX, PROBABLE,</p> <ol style="list-style-type: none">1. Clinically apparent typical (vesicular or ulcerative) HSV lesion(s) with prodromal and/or concurrent symptoms of discomfort (burning, itching, pain). <p><u>and</u> either 2 or 3:
<u>For an Initial episode:</u></p> <ol style="list-style-type: none">2. Typical herpes virus inclusions and/or multinucleated giant cells evident in cells obtained from the base of an ulcer or vesicular fluid. <p><u>For Recurrence:</u></p> <ol style="list-style-type: none">3. Specific antiviral treatment initiated or recommended. |

HSV Pneumonitis

- | | | |
|-------|----|--|
| 64026 | -1 | <p>HSV PNEUMONITIS, CONFIRMED,</p> <ol style="list-style-type: none">1. Hypoxemia and infiltrates on chest X-ray or CT/MRI scan. <p><u>and</u></p> <ol style="list-style-type: none">2. Tissue biopsy or cells obtained by BAL demonstrating HSV by antigen, detection of viral nucleic acids (e.g. PCR) or characteristic cytopathic changes. <p><u>and</u></p> <ol style="list-style-type: none">3. No other pathogens identified by routine testing <u>or</u> signs/symptoms persist or recur after treatment of copathogens. |
| 64027 | -1 | <p>HSV PNEUMONITIS, PROBABLE,</p> <ol style="list-style-type: none">1. Hypoxemia and infiltrates on chest X-ray or CT/MRI scan. <p><u>and</u></p> <ol style="list-style-type: none">2. Positive culture, detection of viral antigen, or detection of viral nucleic acids of HSV from fluid obtained by BAL. <p><u>and</u></p> <ol style="list-style-type: none">3. No other pathogens identified by routine testing <u>or</u> signs/symptoms persist or recur after treatment of copathogens. <p><u>and</u></p> <ol style="list-style-type: none">4. Specific antiviral treatment initiated or recommended. |
| 26280 | -1 | <p>HSV, REFRACTORY, PROVEN, refractory to appropriate treatment for >30 days. This must include a positive culture with <u>in vitro</u> sensitivity testing showing resistance to acyclovir.</p> |

I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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HHV6/Roseola

26481	000/001	HHV-6 INFECTION , suspected infection because of clinical diagnosis of roseola, virus detection studies not done or negative.
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Impetigo

21210	_____	IMPETIGO, PROVEN , test for specific organism positive.
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21211	000/001	IMPETIGO, PRESUMED , test for specific organism negative or not obtained.
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Influenza

21040	_____	INFLUENZA SYNDROME, PROVEN , pathogen detection, or positive serology. If available, specify type (A, B, C) and subtype (i.e. H1N1, etc.)
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21041	-1	INFLUENZA-LIKE ILLNESS (ILI), PRESUMED , specific etiology unknown.
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Isosporiasis

61045	_____	ISOSPORIASIS, CONFIRMED , 1. At least one of the following: a. Diarrhea defined as 2 or more non-formed stools per day for 2 or more days. b. Presence of at least one of the following abdominal symptoms: nausea, vomiting or abdominal pain. c. Presence of at least one of the following: biliary colic, jaundice or elevation in total bilirubin, alkaline phosphatase or gamma-glutamyl transpeptidase (GGTP) greater than or equal to 2.5 times the upper limit of normal (ULN.)
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and

2. Microscopic evidence of isospora present in stool, body fluid or tissue specimen.

Juvenile Arthritis

21052	-1	JUVENILE ARTHRITIS , including but not limited to Still's Disease, pauciarticular JRA, or systemic onset JRA.
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Leishmaniasis

There are four forms of leishmaniasis: visceral, cutaneous disease, mucosal disease and diffuse cutaneous leishmaniasis. Specify which form of disease.

61048	-1	LEISHMANIASIS, CONFIRMED , 1. Histologic evidence of disease from an aspirate or biopsy.
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and

2. Compatible clinical syndrome.

61049	-1	LEISHMANIASIS, PROBABLE , 1. Compatible clinical syndrome.
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and

2. Specific treatment initiated or recommended.

I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Lymphoid Interstitial Pneumonitis (LIP)

26823	-1	LYMPHOID INTERSTITIAL PNEUMONITIS (LIP), PROVEN , characteristic clinical course; proven by biopsy.
26822	-1	LYMPHOID INTERSTITIAL PNEUMONITIS (LIP), PRESUMED , characteristic clinical course; suggested by x-ray alone.

Lyme disease

21224	-1	LYME DISEASE , clinical diagnosis confirmed by positive ELISA, and by CDC criteria on immunoblot. (see guidelines from the Infectious Diseases Society of America)
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Lymphadenitis

21230	_____	LYMPHADENITIS, PROVEN , inflammation and swelling of lymph node(s) with tenderness; positive test for specific organism from node biopsy or aspirate, or blood.
21231	000/001	LYMPHADENITIS, PRESUMED , inflammation and swelling of lymph node(s) with tenderness, pathogen not identified.

Lymphadenopathy

21232	-1	PERSISTENT GENERALIZED LYMPHADENOPATHY , > 0.5 mm nodes at greater than 2 sites lasting for more than 3 months.
23645	000/001	MYCOBACTERIUM TUBERCULOSIS, EXTRATHORACIC, LYMPHADENOPATHY , PRESUMED , appropriate clinical findings and test results; presence of an enlarged lymph node and either typical histopathology seen on biopsy (granuloma) or pathologic evaluation consistent with inflammatory reaction.

Malaria

26490	_____	MALARIA, CONFIRMED 1. Identification of Plasmodium sp. on a smear of peripheral blood. AND 2. Compatible clinical syndrome.
26491	-1	MALARIA, PROBABLE 1. Compatible clinical syndrome. AND 2. Specific treatment initiated or recommended.

Mastitis

28100	-1	MASTITIS, PROVEN , in post partum patient. Oral temperature > 100.4 ° F or 38 ° C and any two of the following: unilateral breast (not nipple) pain; erythema and induration in one area of the breast; fluctuance of one area of the breast.
28101	-1	MASTITIS, PRESUMED , health care provider diagnosis.

Measles/Rubeola

26500	-1	MEASLES (RUBEOLA), PROVEN , documented by serology and/or virus detection.
26501	-1	MEASLES (RUBEOLA), PRESUMED <u>NOT</u> documented serologically or by virus detection.

I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Meningitis

23646	000/001	MYCOBACTERIUM TUBERCULOSIS, MENINGITIS, PRESUMED , abnormal neurological evaluation, CSF stain negative for AFB, appropriate clinical findings and test results; and one of the following:
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Radiologic evidence of TB on CT of the brain
(Tuberculoma, hydrocephalus or basal enhancement)

OR

Biologic evidence consistent with TB meningitis (CSF total protein > 0.6 mg/dL or leukocytosis with a lymphocyte predominance and the absence of other pathogen identified.)

Mold Infections, specify species (e.g. aspergillus species, mucormycosis and others)

62197	_____	MOLD INFECTIONS, SPECIFY SPECIES, CONFIRMED , 1. Evidence of invasive disease on histopathology. <u>and</u> 2. Positive culture. <u>and</u> 3. One of the following: a. Compatible clinical syndrome consistent with signs and symptoms of pulmonary fungal infection. <u>or</u> b. Localized clinical syndrome in sinus, nose, orbit or ear consisting of any of the following: pain, headache, nasal or ear discharge, changes in vision or hearing, facial tenderness, ulceration or necrotic membrane in nose or face, perforation of tympanic membrane, ocular paralysis, otitis externa or media, or radiographic evidence of sinus opacity or bony erosion. <u>or</u> c. Compatible clinical syndrome consistent with signs and symptoms of skin or soft tissue infection, osteomyelitis, cerebral abscess or meningitis or other organ disease.
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62198	_____	MOLD INFECTIONS, SPECIFY SPECIES, PROBABLE , 1. Either: a. Positive histopathology, cytology or KOH prep from tissue. or: b. Positive culture. <u>and</u> 2. One of the following: c. Compatible clinical syndrome consistent with signs and symptoms of pulmonary fungal infection. <u>or</u> d. Localized clinical syndrome in sinus, nose, orbit or ear consisting of any of the following: pain, headache, nasal or ear discharge, changes in vision or hearing, facial tenderness, ulceration or necrotic membrane in nose or face, perforation of tympanic membrane, ocular paralysis, otitis externa or media, or radiographic evidence of sinus opacity or bony erosion. <u>or</u> e. Compatible clinical syndrome consistent with signs and symptoms of skin or soft tissue infection, osteomyelitis, cerebral abscess or meningitis or other organ disease. <u>and</u> 3. Specific antifungal therapy initiated or recommended.
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I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Molluscum

26630	-1	MOLLUSCUM CONTAGIOSUM , a viral skin infection with characteristic raised pearl papules or nodules on the skin.
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Mycobacterium Avium Complex (MAC)

63018	-1	MYCOBACTERIUM AVIUM COMPLEX (MAC), CONFIRMED , MAC identified from a normally sterile site (blood, bone marrow, lymph node, liver, cerebrospinal fluid or other normally sterile body fluid, tissue or organ). Conventional (e.g., culture) and DNA probe technologies are acceptable for identification of MAC from cultures.
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63019	-1	MYCOBACTERIUM AVIUM COMPLEX (MAC), PROBABLE , 1. MAC identified from bronchopulmonary, gastrointestinal, skin surface or other non-sterile site(s) (as the only pathogen) coupled with histopathologic confirmation of AFB/MAC in tissue specimen(s) from which MAC was identified. Conventional (e.g., culture) and DNA probe technologies are acceptable for identification of MAC from cultures. <u>and</u> 2. A clinical MAC syndrome consisting of one or more of the following: persistent fever greater than or equal to (\geq) 38°C for more than one week, night sweats, diarrhea, weight loss or wasting, radiographically documented pulmonary infiltrates, hepatomegaly, splenomegaly, anemia (hemoglobin less than (<) 8.5 gm/dL), and alkaline phosphatase elevated to greater than twice the upper limit of normal (72 x ULN). <u>and</u> 3. Treatment initiated or recommended for MAC
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Mycobacterial Infection, Other Non-Tuberculous, Non-MAC

63021	-1	M. KANSASII, CONFIRMED , 1. Other mycobacterial species cultured from blood, bone marrow, lymph node, liver, cerebrospinal fluid, or any other normally sterile body fluid, tissue or organ.
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63022	-1	M. KANSASII, PROBABLE . 1. Other mycobacterial species cultured from bronchopulmonary, gastrointestinal, urine, skin surface or other non-sterile site(s). <u>and</u> 2. Clinical symptoms, signs, or radiograph/laboratory abnormalities compatible with mycobacterial infection consisting of one or more of the following: persistent fever greater than or equal to (\geq) 38°C for more than one week, night sweats, diarrhea, weight loss or wasting, radiographically documented pulmonary infiltrates, hepatomegaly, splenomegaly, anemia (hemoglobin less than (<) 8.5 gm/dL), and alkaline phosphatase elevated to greater than twice the upper limit of normal (ULN). <u>and</u> 3. No alternative pathogen(s) identified or symptoms/signs persist after treatment for and/or elimination of alternative pathogen(s). <u>and</u> 4. Treatment initiated or recommended for non-tuberculous, non-MAC mycobacteria.
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I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
63023	-1	<p><i>M. GENOVENSII, CONFIRMED,</i></p> <p>1. Other mycobacterial species cultured from blood, bone marrow, lymph node, liver, cerebrospinal fluid, or any other normally sterile body fluid, tissue or organ.</p>
63024	-1	<p><i>M. GENOVENSII, PROBABLE.</i></p> <p>1. Other mycobacterial species cultured from bronchopulmonary, gastrointestinal, urine, skin surface or other non-sterile site(s).</p> <p><u>and</u></p> <p>2. Clinical symptoms, signs, or radiograph/laboratory abnormalities compatible with mycobacterial infection consisting of one or more of the following: persistent fever greater than or equal to (\geq) 38°C for more than one week, night sweats, diarrhea, weight loss or wasting, radiographically documented pulmonary infiltrates, hepatomegaly, splenomegaly, anemia (hemoglobin less than (<) 8.5 gm/dL), and alkaline phosphatase elevated to greater than twice the upper limit of normal (ULN).</p> <p><u>and</u></p> <p>3. No alternative pathogen(s) identified or symptoms/signs persist after treatment for and/or elimination of alternative pathogen(s).</p> <p><u>and</u></p> <p>4. Treatment initiated or recommended for non-tuberculous, non-MAC mycobacteria.</p>
63027	_____	<p>MYCOBACTERIAL INFECTION, OTHER NON-TUBERCULOUS, NON-MAC, CONFIRMED, <i>other non-MAC, non-TB mycobacteria</i></p> <p>1. Other mycobacterial species cultured from blood, bone marrow, lymph node, liver, cerebrospinal fluid, or any other normally sterile body fluid, tissue or organ.</p>
63028	_____	<p>MYCOBACTERIAL INFECTION, OTHER NON-TUBERCULOUS, NON-MAC PROBABLE, OTHER <i>other non-MAC, non-TB mycobacteria</i></p> <p>1. Other mycobacterial species cultured from bronchopulmonary, gastrointestinal, urine, skin surface or other non-sterile site(s).</p> <p><u>and</u></p> <p>2. Clinical symptoms, signs, or radiograph/laboratory abnormalities compatible with mycobacterial infection consisting of one or more of the following: persistent fever greater than or equal to (\geq) 38°C for more than one week, night sweats, diarrhea, weight loss or wasting, radiographically documented pulmonary infiltrates, hepatomegaly, splenomegaly, anemia (hemoglobin less than (<) 8.5 gm/dL), and alkaline phosphatase elevated to greater than twice the upper limit of normal (ULN).</p> <p><u>and</u></p> <p>3. No alternative pathogen(s) identified or symptoms/signs persist after treatment for and/or elimination of alternative pathogen(s).</p> <p><u>and</u></p> <p>4. Treatment initiated or recommended for non-tuberculous, non-MAC mycobacteria.</p>

I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Mycobacterium Tuberculosis

23641	-1	MYCOBACTERIUM TUBERCULOSIS, LATENT INFECTION , positive skin test with no evidence of disease (skin test positive) (ATS class II).
23620	_____	MILIARY MYCOBACTERIUM TUBERCULOSIS, PROVEN , disseminated/miliary (multiple sites), definitive diagnosis proven by specific test.
23621	000/001	MILIARY MYCOBACTERIUM TUBERCULOSIS, PRESUMED , suspected by radiograph, symptoms, and physical exam, but specific test negative or not obtained.
23642	-1	MYCOBACTERIUM TUBERCULOSIS, ABDOMINAL, PROVEN , mycobacterium tuberculosis isolated from sterile body fluid or sterile tissue from peritoneum, peritoneal fluid or intestinal tract tissue or associated mesenteric lymph nodes.
23643	000	MYCOBACTERIUM TUBERCULOSIS, ABDOMINAL, PRESUMED , appropriate clinical findings and test results; specific organism not identified.
23644	000/001	MYCOBACTERIUM TUBERCULOSIS, BONE/JOINT, PRESUMED , suspected clinically and radiologically. If bone aspirate sent, typical histopathology present (granuloma), or no other pathogens are identified. X-ray of the long bone showing changes consistent with TB such as erosion of the epiphysis or metaphysis or X-ray of collapse of a vertebral body.
23645	000/001	MYCOBACTERIUM TUBERCULOSIS, EXTRATHORACIC, LYMPHADENOPATHY , PRESUMED , appropriate clinical findings and test results; presence of an enlarged lymph node and either typical histopathology seen on biopsy (granuloma) or pathologic evaluation consistent with inflammatory reaction.
23646	000/001	MYCOBACTERIUM TUBERCULOSIS, MENINGITIS, PRESUMED , abnormal neurological evaluation, CSF stain negative for AFB, appropriate clinical findings and test results; and one of the following: Radiologic evidence of TB on CT of the brain (Tuberculoma, hydrocephalus or basal enhancement) OR Biologic evidence consistent with TB meningitis (CSF total protein > 0.6 mg/dL or leukocytosis with a lymphocyte predominance and the absence of other pathogen identified.)
23647	-1	MYCOBACTERIUM TUBERCULOSIS, PERICARDITIS, PROVEN , mycobacterium tuberculosis isolated from pericardial aspirate or pericardial biopsy.
23648	000/001	MYCOBACTERIUM TUBERCULOSIS, PERICARDITIS, PRESUMED , appropriate clinical findings and test results and one of the following: Abnormal echocardiography of the heart (constrictive pericarditis or pericardial effusion) OR If pericardiocentesis done: no other pathogens identified OR Typical histopathology present (granuloma), or no other pathogens identified

I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
21368	000/001	MYCOBACTERIUM TUBERCULOSIS, PULMONARY, PRESUMED, (PTB), positive AFB (auramine fluorochrome, most commonly used in South Africa, or Ziehl Neelson (ZN) stain on a specimen obtained by gastric washings or induced sputum in a child who fulfills at least one of the following: <ol style="list-style-type: none">1. Presence of at least two clinical criteria:<ul style="list-style-type: none">• cough > 2 weeks duration• family history of PTB in the prior 24 weeks• reactive TST ($\geq 5\text{mm}$ in an HIV+, $\geq 10\text{mm}$ in HIV-)• weight < 3rd percentile for age or a decrease in weight that has crossed 2 major growth percentiles since the last documented weight• fever of unknown origin > 2 weeks durationOR2. Abnormal chest x-ray with at least one of the following:<ul style="list-style-type: none">• Hilar lymphadenopathy• Paratracheal lymphadenopathy• Alveolar consolidation• Miliary pattern• Lung parenchymal breakdown/cavitation• Ghon focus
21369	000/001	MYCOBACTERIUM TUBERCULOSIS, PULMONARY, POSSIBLE In children, the presence of a reactive TST ($\geq 5\text{mm}$ in an HIV+, $\geq 10\text{mm}$ in HIV-) or, in the absence of a positive TST, if the child has a chest x-ray suggestive of Probable Pulmonary Tuberculosis (PTB), and a score of ≥ 6 on the Algorithm to Screen for and Diagnose Clinical Tuberculosis.

Myocarditis

26640	_____	MYOCARDITIS, PROVEN, clinical diagnosis, etiology proven by virus detection.
26641	000/001	MYOCARDITIS, PRESUMED, clinical diagnosis, specific etiology unknown.

Myositis

Omphalitis

28189	-1	OMPHALITIS, neonatal umbilical infection with purulent umbilical discharge and periumbilical cellulitis.
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Onychomycosis/ Fungal Nail Infections

62196	_____	FUNGAL NAIL INFECTIONS, CONFIRMED, <ol style="list-style-type: none">1. Fungal culture of the nail or nail plate material.
62195	-1	FUNGAL NAIL INFECTIONS, PROBABLE, <ol style="list-style-type: none">1. Paronychia (painful red and swollen nail bed) or onycholysis (separation of the nail from the nail bed) of the fingernails (white discoloration- especially involving proximal part of nail plate- with thickening and separation of the nail from the nail bed).

I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Osteoarthritis

21053	-1	OSTEOARTHRITIS, PROVEN , deterioration of the joint cartilage and other joint tissues with the formation of new bone at the margins of the joint, proven by x-ray.
21054	-1	OSTEOARTHRITIS, PRESUMED , clinical exam demonstrating deterioration of the joint cartilage and other joint tissues with the formation of new bone at the margins of the joint.

Osteomyelitis

23644	000/001	MYCOBACTERIUM TUBERCULOSIS, BONE/JOINT, PRESUMED , suspected clinically and radiologically. If bone aspirate sent, typical histopathology present (granuloma), or no other pathogens are identified. X-ray of the long bone showing changes consistent with TB such as erosion of the epiphysis or metaphysis or X-ray of collapse of a vertebral body.
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Osteonecrosis

21304	-1	OSTEONECROSIS , the death of bone in mass, as distinguished from caries or relatively small foci of necrosis in bone, proven by x-ray and/or MRI. Specify site.
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Otitis Externa

21320	_____	OTITIS EXTERNA , specify organism if test for specific organism is positive.
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Papilloma/Condyloma

26660	-1	LARYNGEAL PAPILOMATOSIS , diagnosed by laryngoscopy; proven by cytology or histopathology.
26670	_____	CONDYLOMA ACUMINATA, PROVEN , genital or anal warts; proven by cytology or histopathology.
26671	-1	CONDYLOMA ACUMINATA, PRESUMED , genital or anal warts; cytology or histopathology not definitive or not done.

Parotitis

26862	_____	PAROTITIS, PROVEN , unilateral or bilateral swelling of the parotid gland with loss of the angle of the mandible, causative agent identified.
26863	000/001	PAROTITIS, PRESUMED , unilateral or bilateral swelling of the parotid gland with loss of the angle of the mandible, no causative agent identified.

Parvovirus B19

26690	-1	PARVOVIRUS B19 , infection; Fifth disease or aplastic crisis; documented serologically or by PCR.
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I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Paracoccidioidomycosis

- | | | |
|-------|----|---|
| 62014 | -1 | PARACOCCIDIOIDOMYCOSIS, CONFIRMED,
1. Fever and advanced immunosuppression (CD4 <200 cells/mL)
<u>and</u>
2. Positive culture for <i>P. brasiliensis</i> from sputum, bronchoalveolar lavage, cerebrospinal fluid lymph nodes, lung tissue, skin or any other tissue. |
| 62015 | -1 | PARACOCCIDIOIDOMYCOSIS, PROBABLE,
1. Clinical signs of lung, mucous, skin or lymph node involvement and fever
<u>or</u>
1. New infiltrates on thorax CT imaging or chest X-ray.
<u>and</u>
2. Observation of the characteristic "pilot wheel" shape of <i>P. brasiliensis</i> by direct examination of sputum of bronchoalveolar lavage (KOH prep), or by silver stain of tissue or sputum. |

Peliosis

- | | | |
|-------|-------|---|
| 21350 | _____ | HEPATIC PELIOSIS , compatible biopsy or culture. |
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Penicilliosis Marneffeii, Disseminated

- | | | |
|-------|----|--|
| 62180 | -1 | PENICILLIOSIS MARNEFFEII, DISSEMINATED, CONFIRMED,
Isolation of <i>Penicillium marneffeii</i> from blood, bone marrow, tissue, or other normally sterile body fluids. |
| 62181 | -1 | PENICILLIOSIS MARNEFFEII, DISSEMINATED, PROBABLE,
One of the following major criteria:
1. A finding of elongated yeast like organism with clear central septum in Wright's-stained skin biopsy touch smear or scraping of a skin lesion.
<u>and</u>
At least two of the following minor criteria:
2. Fever, weight loss, papulonecrotic skin lesions, lymphadenopathy, hepatomegaly, splenomegaly, anemia, leukopenia, and thrombocytopenia. |

Periodontitis

- | | | |
|-------|----|--|
| 21357 | -1 | PERIODONTITIS , Clinical and or subclinical inflammation of the gingiva and the adjacent attachment apparatus with presence of a pathogenic subgingival plaque, loss of clinical attachment due to destruction of the periodontal ligament and loss of the adjacent supporting bone. Clinical findings: Periodontal pocket formation due to a loss of attachment, and bone resorption that usually progresses slowly with the development of angular defects visible on x-rays. <ul style="list-style-type: none">• slight periodontal loss: loss of attachment < 1/4 of the rootlength• moderate periodontal loss: loss of attachment 1/4 to 1/3 of the rootlength• severe periodontal loss: loss of attachment > 1/3 of the rootlength• severe complicated periodontal loss: loss of attachment > 1/3 of the root length combined with intra -osseous defect, bifurcation involvement and/or increased tooth mobility grade I and II. |
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I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Peritonitis

21355	_____	ACUTE PERITONITIS, PROVEN , appropriate clinical findings and test results; proven by specific identification of organisms in peritoneal fluid/ascites.
21356	000/001	ACUTE PERITONITIS, PRESUMED , appropriate clinical findings and test results; specific organism not identified.
23642	-1	MYCOBACTERIUM TUBERCULOSIS, ABDOMINAL, PROVEN , mycobacterium tuberculosis isolated from sterile body fluid or sterile tissue from peritoneum, peritoneal fluid or intestinal tract tissue or associated mesenteric lymph nodes.
23643	000	MYCOBACTERIUM TUBERCULOSIS, ABDOMINAL, PRESUMED , appropriate clinical findings and test results; specific organism not identified.

Pertussis

21222	_____	PERTUSSIS, PROVEN , characteristic syndrome proven by culture or PCR evidence of <i>B. pertussis</i> or <i>B. parapertussis</i> infection.
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Pneumonia

Bacterial Pneumonia

65100	_____	BACTERIAL PNEUMONIA, CONFIRMED , 1. Chest radiographic examination shows new or progressive infiltrate, consolidation or cavitation. <u>and</u> 2. At least one of the following: a. Bacterial organism(s) cultured from blood with no alternative site of infection. b. Isolation of a bacterial pathogen(s) from a culture specimen obtained by transtracheal aspirate, protected bronchial brushing or biopsy. c. Histopathologic evidence of pneumonia with bacterial organism(s) demonstrated by Gram stain or culture of tissue specimen or positive Quellung test for pneumococcus. d. Demonstration of a predominant bacterial organism by positive culture or Gram stain of an adequate sputum specimen (fewer than 10 epithelial cells and greater than (>) 25 PMNs per high power field). e. Fluorescent antibody or other antigen detection method positive for Legionella, Chlamydia or Mycoplasma spp. And no other pathogen identified.
65101	000/001	BACTERIAL PNEUMONIA, PROBABLE , 1. Chest radiographic examination shows new or progressive infiltrate, consolidation or cavitation. <u>and</u> 2. At least one of the following: a. Fever and/or cough. b. New onset of purulent sputum or change in character of sputum. c. Appropriately collected (acute and convalescent) serologic tests positive for Legionella, Chlamydia or Mycoplasma and no other pathogen identified. <u>and</u> 1. Appropriate antibacterial therapy initiated or recommended.

I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Pneumocystis Carinii Pneumonia (PCP) (also known as Pneumocystis jiroveci pneumonia)

61011	-1	<p>PNEUMOCYSTIS CARINII PNEUMONIA (PCP), CONFIRMED, (also known as Pneumocystis jiroveci pneumonia)</p> <ol style="list-style-type: none"> 1. A history (within the past three months) of shortness of breath, dyspnea on exertion, cough or fever <p><i>and</i></p> <ol style="list-style-type: none"> 2. Histological or cytological evidence of Pneumocystis carinii on bronchoalveolar lavage, lung biopsy or sputum specimen.
61012	-1	<p>PNEUMOCYSTIS CARINII PNEUMONIA (PCP), PROBABLE,</p> <ol style="list-style-type: none"> 1. A history (within the past three months) of shortness of breath, dyspnea on exertion, cough or fever <p><i>and</i></p> <ol style="list-style-type: none"> 2. Abnormal chest X-ray (or CT scan) or hypoxemic arterial blood gas $P_{aO_2} < 80$ mmHg or (A-a) DO_2 mm Hg > 15, on room air <p><i>and</i></p> <ol style="list-style-type: none"> 3. Specific anti-pneumocystis therapy was recommended or initiated.
21364	000/001	<p>PNEUMONIA, SUSPECTED, with fever, tachypnea, cough and compatible physical findings but chest x-ray not done, or not available; specific assays negative or not done.</p>
21367	-1	<p>PNEUMONIA, ASPIRATION, presumed clinical findings and chest x-ray temporally consistent with diagnosis, associated with aspiration of oral or GI contents.</p>
21368	000/001	<p>MYCOBACTERIUM TUBERCULOSIS, PULMONARY, PRESUMED, (PTB), positive AFB (auramine fluorochrome, most commonly used in South Africa, or Ziehl Neelson (ZN) stain on a specimen obtained by gastric washings or induced sputum in a child who fulfills at least one of the following:</p> <ol style="list-style-type: none"> 1. Presence of at least two clinical criteria: <ul style="list-style-type: none"> • cough > 2 weeks duration • family history of PTB in the prior 24 weeks • reactive TST (≥ 5mm in an HIV+, ≥ 10mm in HIV-) • weight $< 3^{rd}$ percentile for age or a decrease in weight that has crossed 2 major growth percentiles since the last documented weight • fever of unknown origin > 2 weeks duration <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 2. Abnormal chest x-ray with at least one of the following: <ol style="list-style-type: none"> a. Hilar lymphadenopathy b. Paratracheal lymphadenopathy c. Alveolar consolidation d. Miliary pattern e. Lung parenchymal breakdown/cavitation f. Ghon focus
21369	000/001	<p>MYCOBACTERIUM TUBERCULOSIS, PULMONARY, POSSIBLE In children, the presence of a reactive TST (≥ 5mm in an HIV+, ≥ 10mm in HIV-) or, in the absence of a positive TST, if the child has a chest x-ray suggestive of Probable Pulmonary Tuberculosis (PTB), and a score of ≥ 6 on the Algorithm to Screen for and Diagnose Clinical Tuberculosis.</p>

I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Proctitis

21371	_____	PROCTITIS, PROVEN , etiology proven by positive test for specific organism in anal lesions.
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Prostatitis

21382	_____	PROSTATITIS, PROVEN , clinical diagnosis, etiology proven by positive test for specific organism in urine or prostatic secretions.
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21383	000/001	PROSTATITIS, PRESUMED , diagnosed clinically, etiology unproven.
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Pulmonary Blastomycosis

62053	_____	PULMONARY BLASTOMYCOSIS 1. Abnormal chest X-ray or CT scan. <u>and</u> 2. Either: a. Positive histopathology of lung tissue or culture of lung tissue, sputum or BAL of: C. neoformans (cryptococcosis) H. capsulatum (histoplasmosis) C. immitis (coccidioidomycosis) B. dermatitidis (blastomycosis) or: b. Detection of one of the following: Histoplasma antigen (>1 unit) in serum, urine, BAL or sputum Coccidioidal positive complement fixation titer Cryptococcal serum antigen \geq 1:8 or other antibody test <u>and</u> 3. No evidence of extrapulmonary infection.
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Pulmonary Coccidioidomycosis

62043	_____	PULMONARY COCCIDIOIDOMYCOSIS 1. Abnormal chest X-ray or CT scan. <u>and</u> 2. Either: a. Positive histopathology of lung tissue or culture of lung tissue, sputum or BAL of: C. neoformans (cryptococcosis) H. capsulatum (histoplasmosis) C. immitis (coccidioidomycosis) B. dermatitidis (blastomycosis) or: b. Detection of one of the following: Histoplasma antigen (>1 unit) in serum, urine, BAL or sputum Coccidioidal positive complement fixation titer Cryptococcal serum antigen \geq 1:8 or other antibody test <u>and</u> 3. No evidence of extrapulmonary infection.
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I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Pulmonary Cryptococcosis

62027	_____	<p>PULMONARY CRYPTOCOCCOSIS</p> <p>1. Abnormal chest X-ray or CT scan.</p> <p><u>and</u></p> <p>2. Either:</p> <p>a. Positive histopathology of lung tissue or culture of lung tissue, sputum or BAL of:</p> <p>C. neoformans (cryptococcosis) H. capsulatum (histoplasmosis) C. immitis (coccidioidomycosis) B. dermatitidis (blastomycosis)</p> <p>or:</p> <p>b. Detection of one of the following: Histoplasma antigen (>1 unit) in serum, urine, BAL or sputum Coccidioidal positive complement fixation titer Cryptococcal serum antigen \geq1:8 or other antibody test</p> <p><u>and</u></p> <p>3. No evidence of extrapulmonary infection.</p>
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Pulmonary Histoplasmosis

62034	_____	<p>PULMONARY HISTOPLASMOSIS</p> <p>1. Abnormal chest X-ray or CT scan.</p> <p><u>and</u></p> <p>2. Either:</p> <p>a. Positive histopathology of lung tissue or culture of lung tissue, sputum or BAL of:</p> <p>C. neoformans (cryptococcosis) H. capsulatum (histoplasmosis) C. immitis (coccidioidomycosis) B. dermatitidis (blastomycosis)</p> <p>or:</p> <p>b. Detection of one of the following: Histoplasma antigen (>1 unit) in serum, urine, BAL or sputum Coccidioidal positive complement fixation titer Cryptococcal serum antigen \geq1:8 or other antibody test</p> <p><u>and</u></p> <p>3. No evidence of extrapulmonary infection.</p>
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Pyelonephritis

21390	_____	<p>PYELONEPHRITIS, PROVEN, diagnosed clinically and a positive test for specific organism in urine and/or blood, with or without a positive imaging technique.</p>
21391	000	<p>PYELONEPHRITIS, PRESUMED, diagnosed clinically but with negative test for specific organism in urine and/or blood, with or without a positive imaging technique.</p>

I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Rubella

26760	-1	RUBELLA, CONGENITAL, PROVEN , diagnosed clinically with viral detection or serology.
26761	-1	RUBELLA, CONGENITAL, PRESUMED , clinical diagnosis.
26765	-1	RUBELLA, POSTNATAL , documented serologically or by antigen detection or virus isolation.

Sepsis

65200 _____ **BACTERIAL SEPSIS, CONFIRMED,**

NOTE: These criteria apply only to bloodstream infections that are unrelated to infection at another site. See criteria for bacterial endocarditis and catheter related sepsis as necessary.

Laboratory-confirmed bloodstream infection must meet at least one of the following criteria:

1. A recognized bacterial pathogen(s) isolated from one or more blood cultures.
- or
2. Both:
 - a. The presence of at least one of the following signs or symptoms: fever greater than (>) 38°C, chills/rigors or hypotension (systolic pressure greater than or equal to (\leq) 90 mm Hg).

and

- b. Common skin flora (e.g. diphtheroids, coagulase-negative staphylococci, Bacillus spp., propionibacterium spp., or micrococci) isolated from two or more blood cultures drawn on separate occasions.

CATHETER RELATED BACTEREMIA/SEPSIS, CONFIRMED,

1. Isolation of a known bacterial pathogen(s) from a blood culture in a study participant with an indwelling intravascular catheter and no other alternative site of infection.

or

2. All of the following:
 - a. The presence of at least one of the following signs or symptoms: fever greater than (>) 38°C, chills/rigors or hypotension (systolic pressure greater than or equal to (\leq) 90 mm Hg).

and

- b. Common skin flora (e.g. diphtheroids, coagulase-negative staphylococci, Bacillus spp., Propionibacterium spp., or micrococci) isolated from two or more blood cultures drawn on separate occasions from a study participant with an indwelling catheter.

and

- c. No other alternative site of infection.

I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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65201	_____	BACTERIAL SEPSIS, PROBABLE,
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NOTE: These criteria apply only to bloodstream infections that are unrelated to infection at another site. See criteria for bacterial endocarditis and catheter related sepsis as necessary.

1. The presence of at least one of the following signs or symptoms: fever > 38°C, chills/rigors or hypotension (systolic pressure ≤ 90 mm Hg).
- and
2. At least one of the following:
 - a. Common skin flora (e.g. diphtheroids, coagulase-negative staphylococci, *Bacillus* spp., *Propionibacterium* spp., or micrococci) isolated from one blood culture.
 - b. Positive antigen test on blood (e.g. *Hemophilus influenzae*, *Streptococcus pneumoniae*, *Neisseria meningitides* or Group B Streptococcus).
- and
3. Signs and symptoms and positive laboratory results are not related to an alternative etiology.
- and
4. Appropriate antibacterial therapy initiated or recommended.

CATHETER RELATED BACTEREMIA/SEPSIS

1. The presence of at least one of the following signs or symptoms: fever > 38°C, chills/rigors or Hypotension (systolic pressure ≤ 90 mm Hg).
- and
2. Common skin flora (e.g. diphtheroids, coagulase-negative staphylococci, *Bacillus* spp., *Propionibacterium* spp., or micrococci) isolated from one blood culture drawn from a study participant with an indwelling catheter.
- and
3. Appropriate antibacterial therapy is initiated or recommended.

Salmonella Sepsis (Non-Typhoid)

65204	_____	SALMONELLA SEPSIS (NON-TYPHOID), CONFIRMED, 1. Positive blood culture
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65203	_____	SALMONELLA SEPSIS (NON-TYPHOID), PROBABLE, 1. Clinical exam <u>and</u> 2. Stool culture positive
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21090	-1	SEPSIS INFLAMMATORY RESPONSE SYNDROME (SIRS), clinical impression of systemic response to blood stream or loculated infection without documentation of the source of infection.
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Septic Arthritis

21050	_____	SEPTIC ARTHRITIS, PROVEN, clinical diagnosis confirmed by specific test on blood or joint fluid.
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21051	000/001	SEPTIC ARTHRITIS, SUSPECTED, clinical diagnosis, negative or no specific test on blood and/or joint fluid.
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Septic Pelvic Thrombophlebitis

27254	-1	SEPTIC PELVIC THROMBOPHLEBITIS, PROVEN, clinical diagnosis, documented by imaging studies such as ultrasound, x-ray or MRI.
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27255	-1	SEPTIC PELVIC THROMBOPHLEBITIS, PRESUMED, clinical diagnosis.
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I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Sinusitis

65473	_____	<p>BACTERIAL SINUSITIS, CONFIRMED, EITHER A:</p> <ol style="list-style-type: none">1. Isolation of a bacterial pathogen(s) from specimen(s) obtained by drainage procedure(s) of involved sinus(es). <p><u>or</u></p> <ol style="list-style-type: none">2. Demonstration of PMNs and bacterial organism(s) on Gram stain (or other microbial staining technique) from specimen(s) obtained by drainage procedure(s) of involved sinus(es). <p>OR B:</p> <ol style="list-style-type: none">1. Acute and/or chronic radiographic changes of one or more sinuses as depicted by plain radiograph, CT or MRI scan. <p><u>and</u></p> <ol style="list-style-type: none">2. Isolation of a bacterial pathogen(s) from one or more blood cultures with either:<ol style="list-style-type: none">a. no material obtained for cultures by a drainage procedure(s) of involved sinus(es), <p><u>or</u></p> <ol style="list-style-type: none">b. specimen obtained yielded no growth and there is no other focus of infection.
65474	-1	<p>BACTERIAL SINUSITIS, PROBABLE, EITHER A:</p> <ol style="list-style-type: none">1. A compatible clinical syndrome consisting of fever > 38°C and one or more of the following:<ol style="list-style-type: none">a. Nasal congestion.b. Postnasal drainage.c. Facial pain, tenderness or headache. <p><u>and</u></p> <ol style="list-style-type: none">2. Acute and/or chronic changes of one or more sinuses as depicted by plain radiograph, CT or MRI scan. <p><u>and</u></p> <ol style="list-style-type: none">3. Appropriate antibacterial therapy initiated or recommended. <p>OR B:</p> <ol style="list-style-type: none">1. A compatible clinical syndrome consisting of fever > 38°C and two or more of the following:<ol style="list-style-type: none">a. Nasal congestion.b. Postnasal drainage.c. Facial pain, tenderness or headache. <p><u>and</u></p> <ol style="list-style-type: none">2. Appropriate antibacterial therapy initiated or recommended.

I. PATHOLOGIC DIAGNOSES (Continued)

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Toxoplasmic Encephalitis

61020	-1	<p>TOXOPLASMIC ENCEPHALITIS, CONFIRMED,</p> <p>1. Histologic evidence of <i>Toxoplasma gondii</i> in tissue obtained by brain biopsy or autopsy</p> <p><i>or</i></p> <p>2. All of the following:</p> <ol style="list-style-type: none"> Compatible clinical syndrome consisting of headache, seizure, neurologic deficits and/or fever. Presence of characteristic mass lesion(s) on brain imaging study (CT or MRI). Response after a minimum of two weeks of antitoxoplasmosis therapy with documented clinical or radiographic improvement. Positive blood culture for <i>Toxoplasma gondii</i>.
61021	-1	<p>TOXOPLASMIC ENCEPHALITIS, PROBABLE,</p> <p>1. Compatible clinical syndrome consisting of headache, seizure, neurologic deficits and/or fever</p> <p><i>and</i></p> <p>2. Presence of characteristic mass lesion(s) on brain imaging study (CT or MRI)</p> <p><i>and</i></p> <p>3. Response after a minimum of two weeks of antitoxoplasmosis therapy with documented clinical or radiographic improvement.</p>

Toxoplasmosis

25030	-1	TOXOPLASMOSIS, CONGENITAL, PROVEN, SYMPTOMATIC, diagnosed by IgM/IgA serology or histopathology within 1st month of life, with clinical evidence of disease by CT scan, ophthalmologic exam, or physical exam.
25031	-1	TOXOPLASMOSIS, CONGENITAL, PRESUMED, SYMPTOMATIC, diagnosed by IgM/IgA serology or histopathology at 1-5 months of life, with clinical evidence of disease by CT scan, ophthalmologic exam, or physical exam.
25040	-1	TOXOPLASMOSIS, CONGENITAL, PROVEN, ASYMPTOMATIC, diagnosed by IgM serology or histopathology within 1st month of life, with no symptoms or signs.
25041	-1	TOXOPLASMOSIS, CONGENITAL, PRESUMED, ASYMPTOMATIC, diagnosed by IgM serology or histopathology within 1-5 months of life, with no symptoms or signs.
25045	-1	TOXOPLASMOSIS, ACQUIRED, diagnosed by IgM serology or histopathology.

Tracheitis

21652	_____	TRACHEITIS, PROVEN, consistent clinical picture and endoscopy, etiology proven by positive test for specific organism.
21653	000/001	TRACHEITIS, PRESUMED, consistent clinical picture and endoscopy, but etiology not proven by positive test for specific organism.

I. PATHOLOGIC DIAGNOSES (Continued)

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Recurrent Upper Respiratory Tract Infections

Current event plus one or more in last six-month period.

65017	_____	TONSILLITIS, CONFIRMED, 1. Laboratory studies where available, such as culture of suitable body fluid.
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65016	-1	TONSILLITIS, PROBABLE, 1. Symptom complex, such as unilateral face pain with nasal discharge (sinusitis), painful, inflamed eardrum (otitis media), or tonsillopharyngitis without features of viral infection (such as coryza or cough).
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65019	_____	OTITIS MEDIA, CONFIRMED, 1. Laboratory studies where available, such as culture of suitable body fluid.
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65018	-1	OTITIS MEDIA, PROBABLE, 1. Symptom complex, such as unilateral face pain with nasal discharge (sinusitis), painful, inflamed eardrum (otitis media), or tonsillopharyngitis without features of viral infection (such as coryza or cough).
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65021	_____	PHARYNGITIS, CONFIRMED, 1. Laboratory studies where available, such as culture of suitable body fluid.
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65020	-1	PHARYNGITIS, PROBABLE, 1. Symptom complex, such as unilateral face pain with nasal discharge (sinusitis), painful, inflamed eardrum (otitis media), or tonsillopharyngitis without features of viral infection (such as coryza or cough).
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URI, PROVEN, There is no longer an acceptable definition for this diagnosis.

URI, Etiology Unproven, There is no longer an acceptable definition for this diagnosis.

Urinary Tract Infection

21670	_____	URINARY TRACT INFECTION, PROVEN, diagnosed by supra pubic tap or catheterization of urine (for children less than 5 years old) or clean catch specimen (patients over 5 years old) positive for specific organism (excluding pyelonephritis.)
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UTI, PRESUMED, There is no longer an acceptable definition for this diagnosis.

UTI, SUSPECTED, There is no longer an acceptable definition for this diagnosis.

Varicella-Zoster Virus (VZV)

26320	-1	VZV, UNCOMPLICATED, primary disease (chickenpox), uncomplicated.
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26321	-1	VZV, DISSEMINATED, clinical chickenpox; disseminated disease, including VZV pneumonia, encephalitis, or hepatitis, (with hepatic enzymes greater than 30 times normal).
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Vaginosis Bacterial

21700	-1	BACTERIAL VAGINOSIS, identified by three of the following four clinical criteria: homogeneous, white, noninflammatory discharge that adheres; clue cells on microscopic exam; pH of vaginal fluid >4.5; a fishy odor or vaginal discharge before or after addition of 10% KOH.
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I. PATHOLOGIC DIAGNOSES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Vulvovaginitis

21691	_____	VULVOVAGINITIS, PROVEN by culture, PCR or wet mount.
21692	-1	VULVOVAGINITIS, CHRONIC
21693	000/001	VULVOVAGINITIS, PRESUMED , clinical diagnosis.

Zoster

26350	-1	ZOSTER, UNCOMPLICATED, PROVEN , Zoster or shingles, first episode without complications; proven by virus isolation, antigen detection or PCR from skin lesions
26351	-1	ZOSTER, UNCOMPLICATED, PRESUMED , Zoster or shingles, first episode without complications; NOT proven by virus isolation, antigen detection or PCR from skin lesions.
26355	-1	ZOSTER, DISSEMINATED, PROVEN , Zoster disseminated with visceral involvement or cutaneous involvement with > 25 vesicles outside a contiguous dermatome; proven by virus isolation, antigen detection or PCR from skin lesions.

Other Infection

21998	_____	Other infection – specify
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II. PERINATAL/GYNECOLOGIC CONDITIONS

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Abruptio Placenta

28010	-1	ABRUPTIO PLACENTA , examination of the placenta at delivery reveals retroplacental clot OR clinical diagnosis in patient with two of the following: vaginal bleeding; uterine tenderness without other evidence of chorioamnionitis; hypercontractility and/or hypertonus.
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Carcinoma/Dysplasia/Neoplasia

27045	-1	ADENOCARCINOMA, ENDOCERVICAL, PROVEN , diagnostic histopathology on biopsy or surgical pathology results showing endocervical adenocarcinoma.
27030	-1	ADENOCARCINOMA, ENDOCERVICAL, PROBABLE , diagnostic cytology or PAP smear results showing endocervical adenocarcinoma.
27046	-1	ADENOCARCINOMA, ENDOMETRIAL, PROVEN , diagnostic histopathology on biopsy or surgical pathology results showing endometrial adenocarcinoma.
27031	-1	ADENOCARCINOMA, ENDOMETRIAL, PROBABLE , diagnostic cytology or PAP smear results showing endometrial adenocarcinoma.
27047	-1	ADENOCARCINOMA, EXTRAUTERINE, PROVEN , diagnostic histopathology on biopsy or surgical pathology results showing extrauterine adenocarcinoma.
27032	-1	ADENOCARCINOMA, EXTRAUTERINE, PROBABLE , diagnostic cytology or PAP smear results showing extrauterine adenocarcinoma.
27048	-1	ADENOCARCINOMA, PROVEN , diagnostic histopathology on biopsy or surgical pathology results showing adenocarcinoma, specify site.
27091	-1	ADENOCARCINOMA, PROBABLE , diagnostic cytology or PAP smear results showing adenocarcinoma, specify site.
27037	-1	ATROPHY, CERVICAL OR VAGINAL, PROVEN , diagnostic histopathology on biopsy or surgical pathology results showing reactive cellular changes associated with atrophy with inflammation ("atrophic vaginitis").
27033	-1	ATROPHY, CERVICAL OR VAGINAL, PROBABLE , diagnostic cytology or PAP smear results showing reactive cellular changes associated with atrophy with inflammation ("atrophic vaginitis").
27034	-1	ATYPIA, GLANDULAR CELL (AGCUS) , diagnostic cytology or PAP smear results showing atypical glandular cells of uncertain significance without intraepithelial neoplasia.
27035	-1	ATYPIA, SQUAMOUS CELL (ASCUS) , diagnostic cytology or PAP smear results showing atypical squamous cells of uncertain significance without intraepithelial neoplasia.
27044	-1	CARCINOMA IN SITU, PROVEN , diagnostic histopathology on biopsy or surgical pathology results showing high-grade squamous intraepithelial lesion (HGSIL), carcinoma in situ (CIS).
27080	-1	CARCINOMA IN SITU, PROBABLE , diagnostic cytology or PAP smear results showing high-grade squamous intraepithelial lesion (HGSIL), carcinoma in situ (CIS).
27092	-1	CERVICAL/ANOGENITAL SQUAMOUS CELL CANCER, INVASIVE, PROVEN , diagnostic histopathology on biopsy or surgical pathology.
27081	-1	CERVICAL/ANOGENITAL SQUAMOUS CELL CANCER, INVASIVE, PROBABLE , diagnostic cytology or PAP smear.

II. PERINATAL/GYNECOLOGIC CONDITIONS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Carcinoma/Dysplasia/Neoplasia (Continued)

27036	-1	CERVICAL INFLAMMATION, PROVEN , diagnostic histopathology on biopsy or surgical pathology results showing reactive cellular changes associated with inflammation (including typical repair).
27082	-1	CERVICAL INFLAMMATION, PROBABLE , diagnostic cytology or PAP smear results showing reactive cellular changes associated with inflammation (including typical repair).
27095	-1	DYSPLASIA, PROVEN , diagnostic histopathology on biopsy or surgical pathology (grade unknown) (specify site cervical, vaginal, vulvar, perianal).
27083	-1	DYSPLASIA, PROBABLE , diagnostic cytology or PAP smear (grade unknown) (specify site cervical, vaginal, vulvar, perianal).
27096	-1	DYSPLASIA/INTRAEPITHELIAL NEOPLASIA, LOW GRADE/GRADE 1, PROVEN , diagnostic histopathology on biopsy or surgical pathology results showing low grade squamous intraepithelial neoplasia or dysplasia.
27084	-1	DYSPLASIA/INTRAEPITHELIAL NEOPLASIA, LOW GRADE/GRADE 1, PROBABLE , diagnostic cytology or PAP smear results showing low grade squamous intraepithelial lesion (LGSIL).
27097	-1	DYSPLASIA/INTRAEPITHELIAL NEOPLASIA, MODERATE/GRADE 2, PROVEN , diagnostic histopathology on biopsy or surgical pathology results showing moderate squamous intraepithelial dysplasia or neoplasia.
27085	-1	DYSPLASIA/INTRAEPITHELIAL NEOPLASIA, MODERATE/GRADE 2, PROBABLE , diagnostic cytology or PAP smear results showing high-grade squamous intraepithelial lesion (HGSIL), moderate dysplasia.
27098	-1	DYSPLASIA/INTRAEPITHELIAL NEOPLASIA, SEVERE/GRADE 3, PROVEN , diagnostic histopathology on biopsy or surgical pathology results showing severe squamous intraepithelial dysplasia or neoplasia.
27086	-1	DYSPLASIA/INTRAEPITHELIAL NEOPLASIA, SEVERE/GRADE 3, PROBABLE , diagnostic cytology or PAP smear results showing high-grade squamous intraepithelial lesion (HGSIL), severe dysplasia.
27042	-1	DYSPLASIA/INTRAEPITHELIAL NEOPLASIA/CANCER, VAGINAL, PROVEN , diagnostic histopathology on biopsy or surgical pathology.
27087	-1	DYSPLASIA/INTRAEPITHELIAL NEOPLASIA/CANCER, VAGINAL, PROBABLE , diagnostic cytology or PAP smear.
27043	-1	DYSPLASIA/ INTRAEPITHELIAL NEOPLASIA/CANCER, VULVAR, PROVEN , diagnostic histopathology on biopsy or surgical pathology.
27088	-1	DYSPLASIA/ INTRAEPITHELIAL NEOPLASIA/CANCER, VULVAR, PROBABLE , diagnostic cytology or PAP smear.
27039	-1	IUD REACTIVE CHANGES, PROVEN , diagnostic histopathology on biopsy or surgical pathology results showing reactive cellular changes associated with intrauterine contraceptive device (IUD).
27089	-1	IUD REACTIVE CHANGES, PROBABLE , diagnostic cytology or PAP smear results showing reactive cellular changes associated with intrauterine contraceptive device (IUD).
27049	-1	NEOPLASM, GYNECOLOGICAL, PROVEN , diagnostic histopathology on biopsy or surgical pathology results showing other malignant neoplasms (specify neoplasm).

II. PERINATAL/GYNECOLOGIC CONDITIONS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Carcinoma/Dysplasia/Neoplasia (Continued)

27090	-1	NEOPLASM, GYNECOLOGICAL, PROBABLE , diagnostic cytology or PAP smear results showing other malignant neoplasms (specify neoplasm).
27055	-1	POLYP, CERVICAL, PROVEN , diagnostic histopathology on biopsy or surgical pathology.
27056	-1	POLYP, ENDOMETRIAL, PROVEN , diagnostic histopathology on biopsy or surgical pathology.
27057	-1	POLYP, PROVEN , origin uncertain, diagnostic histopathology on biopsy or surgical pathology.
27093	-1	POLYP, PROBABLE , origin uncertain, diagnostic cytology or PAP smear.
27038	-1	RADIATION CELL CHANGES, PROVEN , diagnostic histopathology on biopsy or surgical pathology results showing reactive cellular change associated with radiation changes.
27094	-1	RADIATION CELL CHANGES, PROBABLE , diagnostic cytology or PAP smear results showing reactive cellular change associated with radiation changes.

Chorioamnionitis

21085	_____	CHORIOAMNIONITIS/AMNIOTIC FLUID INFECTION, PROVEN amniotic fluid with a positive gram stain or culture.
21086	-1	CHORIOAMNIONITIS, PRESUMED , clinical diagnosis by obstetrician alone OR maternal oral temperature greater than or equal to 100.4° F or 38° C not attributable to other causes and any two of the following: Fetal heart rate which is persistently >160 BPM; Maternal heart rate which is >120 BPM in the absence of tocolytics or known maternal heart tachyarrhythmia; Uterine tenderness not associated with contractions; Purulent cervical discharge or amniotic fluid; Premature labor unresponsive to tocolytic therapy.

Cord Prolapse

28020	-1	CORD PROLAPSE , documentation of protrusion of the umbilical cord through the cervical os.
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Endometritis

21172	_____	ENDOMETRITIS, PROVEN , etiology proven by positive test for specific organism in endocervical secretions or positive endometrial culture.
21173	000/001	ENDOMETRITIS, PRESUMED , diagnosed clinically, etiology unproven, maternal postpartum fever greater than or equal to 38° C not attributable to other causes and accompanied by uterine tenderness.

II. PERINATAL/GYNECOLOGIC CONDITIONS (Continued)

DIAGNOSIS **ORGANISM** **DIAGNOSIS**
CODE **CODE** **DESCRIPTION**

Gestational/Pregestational Diabetes

28030 -1 **GESTATIONAL DIABETES (MEDICATION DEPENDENT)**, abnormal three-hour glucose tolerance test during pregnancy, specify gestational age at diagnosis. Criteria: two abnormal serum values from the following:

Fasting > 95; 1 hour > 180; 2 hour > 155; 3 hour >140
OR
abnormal 1 hour post 50 gram glucose load of >200 mg/dL
OR
2 abnormal fasting blood sugars according to institutional standards, specify values
OR
gestational diabetes diagnosed by another method, specify method of diagnosis
AND
hyperglycemia requiring the administration of insulin or oral agent and diabetic diet

Gestational/Pregestational Diabetes

28032 -1 **GESTATIONAL DIABETES (DIET)**, abnormal three-hour glucose tolerance test during pregnancy, specify gestational age at diagnosis. Criteria: two abnormal serum values from the following:

Fasting > 95; 1 hour > 180; 2 hour > 155; 3 hour > 140
OR
abnormal 1 hour post 50 gram glucose load of >200 mg/dL
OR
2 abnormal fasting blood sugars according to institutional standards, specify values
OR
Gestational diabetes diagnosed by another method, specify method of diagnosis
AND
Control of hyperglycemia with diabetic diet alone and no history of elevated blood sugar prior to pregnancy.

28034 -1 **PRE-GESTATIONAL DIABETES**, diabetes diagnosed before pregnancy.

Febrile Morbidity

28039 -1 **FEBRILE MORBIDITY, INTRAPARTUM**, oral, aural/tympanic or forehead temperature $\geq 100.4^{\circ}$ F or 38° C or rectal temperature $\geq 101.0^{\circ}$ F or 38.3° C.

28040 -1 **FEBRILE MORBIDITY, POSTPARTUM**, oral, aural/tympanic or forehead temperature $\geq 100.4^{\circ}$ F or 38° C on any two occasions 4 hours apart from > 24 post delivery through 10 days postpartum.

Hellp Syndrome

28045 -1 **HELLP SYNDROME**, hemolysis, elevated liver enzymes and low platelet count.

Hemorrhage, Vaginal

28050 -1 **VAGINAL BLEEDING <28 WEEKS**, any vaginal bleeding occurring during pregnancy prior to 28 weeks gestation and prior to the onset of labor.

28052 -1 **VAGINAL BLEEDING \geq 28 WEEKS**, any vaginal bleeding occurring during pregnancy at or after 28 weeks gestation and prior to the onset of labor.

28054 -1 **HEMORRHAGE WITH HEMODYNAMIC INSTABILITY INTRAPARTUM**,

bleeding AND a blood pressure <90/60 OR maternal heart rate>120 BPM
Includes only those episodes treated with fluid/volume expanders.

II. PERINATAL/GYNECOLOGIC CONDITIONS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
28055	-1	HEMORRHAGE WITH HEMODYNAMIC INSTABILITY POSTPARTUM , postpartum maternal hemorrhage with estimated maternal blood loss of >750 ml in vaginal delivery or >1200 ml in caesarean delivery, hemodynamic instability, BP < 90/60 or HR >120 BPM treated with fluid/volume expanders.
28056	-1	HEMORRHAGE REQUIRING SURGICAL PROCEDURE INTRAPARTUM , bleeding that necessitates surgical intervention, such as dilation and curettage, hysterectomy or uterine artery ligation or embolization.
28057	-1	HEMORRHAGE REQUIRING SURGICAL PROCEDURE POSTPARTUM , bleeding with estimated maternal blood loss of >750 ml in vaginal delivery or >1200 ml in caesarean delivery, which requires additional surgery such as dilation and curettage, hysterectomy or uterine artery ligation or embolization to control the bleeding. Examples include retained placenta requiring curettage, placenta accreta requiring hysterectomy, and vaginal lacerations requiring repair in an operating room.

Hemorrhage, Vaginal

28058	-1	HEMORRHAGE REQUIRING TRANSFUSION, INTRAPARTUM , bleeding with estimated maternal blood loss of > 750 ml in vaginal delivery or >1200 ml in caesarean delivery that necessitates transfusion intrapartum.
28059	-1	HEMORRHAGE REQUIRING TRANSFUSION, POSTPARTUM , bleeding with estimated maternal blood loss of >750 ml in vaginal delivery or >1200 ml in caesarean delivery that necessitates transfusion to maintain hemodynamic stability as defined by one of the following: to correct BP<90/60 or HR >120 BPM; to maintain hematocrit >20.

Hematoma, Vaginal or Vulvar

28060	-1	HEMATOMA , documentation of a collection of blood, specify site.
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Hypertension, Maternal

28070	-1	PREGNANCY INDUCED HYPERTENSION , blood pressure persistently $\geq 140/90$ mm Hg WITHOUT proteinuria and onset after first 20 weeks gestation with no hypertension prior to pregnancy.
28074	-1	PRE-ECLAMPSIA , must occur after 20 weeks of gestation: blood pressure persistently $\geq 140/90$ AND at least one of the following: proteinuria of $\geq 1+$ by dipstick, on two occasions, and/or ≥ 300 mg protein in 24 hour collection.
28076	-1	ECLAMPSIA , seizure during pregnancy in the absence of any underlying known etiology or without any known reason for seizure and no suspicion of epilepsy or trauma.
28080	-1	INCOMPETENT CERVIX, PROPHYLACTIC CERCLAGE , history consistent with incompetent cervix, resulting in prophylactic cerclage placement.
28081	-1	INCOMPETENT CERVIX, EMERGENCY CERCLAGE , history consistent with incompetent cervix, resulting in emergency cerclage placement.
28082	-1	INCOMPETENT CERVIX , history consistent with incompetent cervix or current exam by physical diagnosis or imaging study as determined by obstetrician.

II. PERINATAL/GYNECOLOGIC CONDITIONS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Intrauterine Fetal Demise

28182	-1	INTRAUTERINE FETAL DEMISE , intrauterine death at ≥ 20 weeks gestational age. Specify gestational age at diagnosis of fetal death.
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Intrauterine Growth Restriction (IUGR)

28090	-1	INTRAUTERINE GROWTH RESTRICTION (IUGR) FETAL , based on ultrasound with estimated fetal weight $\leq 10^{\text{th}}$ percentile for gestational age.
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28091	-1	INTRAUTERINE GROWTH RESTRICTION (IUGR) FETAL, SEVERE , based on ultrasound with estimated fetal weight $\leq 3^{\text{rd}}$ percentile for gestational age.
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Oligohydramnios

28110	-1	OLIGOHYDRAMNIOS , amniotic fluid index (AFI) less than 5 cm or largest vertical pocket < 2 cm OR diagnosis by ultrasound without AFI information.
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Placenta Accreta total or partial

28121	-1	PLACENTA ACCRETA , placental villi invasion of the myometrium at the site of implantation and leading to obliteration of the normal cleavage plane.
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Placenta Increta

28123	-1	PLACENTA INCRETA , abnormal placental implantation with the villi extending into the myometrium.
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Placenta Percreta

28122	-1	PLACENTA PERCRETA , invasion of villi through the full thickness of the myometrium.
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Placenta Previa

28120	-1	PLACENTA PREVIA , documentation that the placenta overlies the cervical os by one of the following: by ultrasound; at delivery or at time of caesarean section.
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Polyhydramnios

28130	-1	POLYHYDRAMNIOS , amniotic fluid index (AFI) ≥ 25 cm or maximum vertical pocket > 8 cm OR diagnosis by ultrasound without AFI information.
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Pregnancy

28135	-1	ECTOPIC PREGNANCY , implantation of the fertilized ovum outside the uterine cavity.
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28136	-1	INTRAUTERINE PREGNANCY
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28137	-1	SPONTANEOUS ABORTION/MISCARRIAGE , loss of a pregnancy at < 20 weeks gestation either spontaneously or through medical or surgical procedure after documentation of no fetal heart activity.
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28138	-1	THERAPEUTIC ABORTION, (elective/induced) , termination of pregnancy prior to viability utilizing a medical or surgical procedure.
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II. PERINATAL/GYNECOLOGIC CONDITIONS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Premature Labor

28140	-1	PREMATURE LABOR , uterine contractions after 20 weeks and before 37 weeks necessitating tocolytic therapy and/or resulting in delivery.
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Premature Rupture of Membranes

28150	-1	PRETERM PREMATURE RUPTURE OF MEMBRANES, PROVEN , spontaneous rupture of membranes <37 weeks. Must be documented by one of the following: visualizing a pool of amniotic fluid in the vagina; or gross leakage of amniotic fluid from the vagina; positive peri-pad test after installation of indigo carmine dye; elevated pH; ferning of dried fluid on a microscope slide; history consistent with premature rupture of membranes or decreased amniotic fluid volume on ultrasound with no other explanation for the oligohydramnios.
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Premature Rupture of Membranes (Continued)

28151	-1	PREMATURE RUPTURE OF MEMBRANES, PRESUMED , suspected but not confirmed.
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28152	-1	PRETERM DELIVERY , delivery before 37 completed weeks gestation.
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28153	-1	POSTDATES/POST-TERM PREGNANCY , pregnancy at \geq 42 weeks gestation.
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Pulmonary Embolus

28160	-1	PULMONARY EMBOLUS, PROVEN , radiographic evidence of an embolus in the pulmonary tree.
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28161	-1	PULMONARY EMBOLUS, PRESUMED , signs and symptoms consistent with a thrombosis in the pulmonary tree, radiographic evidence nondiagnostic or not done.
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Uterine Atony

28185	-1	UTERINE ATONY , failure of the uterus to contract postpartum, requiring intervention.
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Uterine Inversion

28186	-1	UTERINE INVERSION , clinical diagnosis by obstetrical provider.
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Uterine Rupture

28184	-1	UTERINE RUPTURE , spontaneous rupture of pregnant uterus resulting in fetal distress, maternal hemorrhage, or extrusion of all or part of the fetus. Does not include asymptomatic uterine dehiscence.
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Uterine Scar Dehiscence

28196	-1	UTERINE SCAR DEHISCENCE , separation of scar from prior uterine surgery without meeting any of the criteria for uterine rupture. Asymptomatic.
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II. PERINATAL/GYNECOLOGIC CONDITIONS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Wound Infection

28170	-1	ABDOMINAL WOUND INFECTION, MAJOR , oral temperature $\geq 100.4^{\circ}$ F or 38° C in the absence of other source of fever AND pus draining/drained from wound OR wound dehiscence requiring debridement.
28171	-1	ABDOMINAL WOUND INFECTION, MINOR , erythema, edema and tenderness OR health care provider diagnosis.
28172	-1	EPISIOTOMY INFECTION, MAJOR , oral temperature ≥ 100.4 F or 38C in the absence of other sources of fever AND pus draining/drained from wound OR wound dehiscence (episiotomy breakdown) requiring debridement.
28173	-1	EPISIOTOMY INFECTION, MINOR , erythema, edema and tenderness OR health care provider diagnosis.

III. NEONATAL DISORDERS

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Intraventricular Hemorrhage

- | | | |
|-------|----|---|
| 28190 | -1 | INTRAVENTRICULAR HEMORRHAGE, GRADE 3 , radiologic diagnosis of hemorrhage into the germinal matrix tissues of the developing brain with possible rupture into the ventricular system and parenchyma. |
| 28188 | -1 | INTRAVENTRICULAR HEMORRHAGE, GRADE 4 , radiologic diagnosis of hemorrhage into the germinal matrix tissues of the developing brain with possible rupture into the ventricular system and parenchyma. |

Meconium Aspiration Syndrome

- | | | |
|-------|----|---|
| 28192 | -1 | MECONIUM ASPIRATION SYNDROME , aspiration of meconium mixed with amniotic fluid in utero or during delivery causing a partial or complete blockage of the airways associated with poor gas exchange in the lungs and chemical pneumonitis. |
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Necrotizing Enterocolitis

- | | | |
|-------|----|--|
| 28191 | -1 | NECROTIZING ENTEROCOLITIS, PROVEN , inflammation causing destruction of part of the bowel, may involve only the innermost lining or the entire thickness of the bowel, variable amounts of the bowel, proven by either surgery or radiographic study. |
| 28194 | -1 | NECROTIZING ENTEROCOLITIS, PRESUMED , inflammation causing destruction of part of the bowel, may involve only the innermost lining or the entire thickness of the bowel, variable amounts of the bowel: radiographic study nondiagnostic. |

Respiratory Distress Syndrome, Newborn

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|-------|----|---|
| 28187 | -1 | RESPIRATORY DISTRESS SYNDROME, NEWBORN |
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Syphilis, Congenital

- | | | |
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| 21500 | -1 | CONGENITAL SYPHILIS, EARLY, PROVEN , < 1 year old, characteristic symptoms; demonstration of <u>T. pallidum</u> in specimens from infant or stillbirth. |
| 21501 | -1 | CONGENITAL SYPHILIS, EARLY, PRESUMED , < 1 year old, based on maternal history, infant or maternal serologic findings, and clinical presentation of infant; organism not detected. |
| 21510 | -1 | CONGENITAL SYPHILIS, LATE, SYMPTOMATIC , aged > 1 year old; seropositive with clinical evidence of late sequelae of congenital syphilis. |
| 21511 | -1 | CONGENITAL SYPHILIS, LATE, Asymptomatic , aged > 1 year old; seropositive without clinical evidence of late sequelae of congenital syphilis. |

Transient Tachypnea Newborn

- | | | |
|-------|----|---|
| 28195 | -1 | TRANSIENT TACHYPNEA NEWBORN , noninfectious acute respiratory disease in newborn infants which results in admission to a critical care unit. TTN is the result of a delay in clearance of fetal lung liquid. Signs of respiratory distress (e.g., tachypnea, nasal flaring, grunting, retractions, cyanosis in extreme cases) become evident shortly after birth. The disorder is indeed transient, with resolution occurring usually by age 72 hours. |
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IV. BIRTH DEFECTS

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Cardiac

29200	-1	HEART DEFECTS , (anatomical), specify.
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Chromosomal Defects

29201	-1	TRISOMIES-TRISOMY , specify.
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29202	-1	DOWN SYNDROME , Trisomy 21.
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29203	-1	TURNER SYNDROME
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Cleft Lip/Palate

29204	-1	CLEFT LIP AND/OR CLEFT PALATE
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CNS

29205	-1	OTHER CNS ANATOMICAL DEFECT , specify.
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29206	-1	NEURAL TUBE DEFECT , includes Spina Bifida, specify defect.
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Endocrine

29207	-1	INFANT OF DIABETIC MOTHER
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29208	-1	ENDOCRINE BIRTH DEFECT OTHER , specify.
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Fetal Alcohol Syndrome

29209	-1	FETAL ALCOHOL SYNDROME
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Gastrointestinal

29210	-1	GASTROINTESTINAL, ANATOMICAL , specify.
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29211	-1	PYLORIC STENOSIS , proven.
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Genitourinary

29212	-1	GENITOURINARY, MALE , anatomical, specify.
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29213	-1	GENITOURINARY, FEMALE , anatomical, specify.
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29214	-1	GENITOURINARY, OTHER , specify.
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Metabolism

29221	-1	INBORN ERRORS OF METABOLISM
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29222	-1	GLYCOGEN STORAGE DISEASE , specify.
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Musculoskeletal

29223	-1	MUSCULOSKELETAL ABNORMALITY , specify.
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29224	-1	MUSCULOSKELETAL DUPLICATION , specify.
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29225	-1	MUSCULOSKELETAL ABSENCE OF , specify.
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IV. BIRTH DEFECTS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Respiratory

29226	-1	DIAPHRAGMATIC HERNIA , hemidiaphragm/absence of diaphragm.
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29227	-1	RESPIRATORY BIRTH DEFECT OTHER , specify.
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Skin

29228	-1	CUTANEOUS DEFECTS (e.g., skin dimples, branchial cleft and thyroglossal, supernumerary nipples), specify.
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29229	-1	VASCULAR LESIONS (e.g., port wine, nevi and hemangiomas).
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29230	-1	PIGMENT DISORDERS (e.g., albinism, café au lait spots), specify size and location.
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29231	-1	SKIN BIRTH DEFECT OTHER , specify.
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Special Senses

29232	-1	ANOMALIES OF THE EYE
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29233	-1	ANOMALIES OF THE EAR
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29234	-1	ANOMALIES OF THE NOSE
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Other

29239	-1	OTHER BIRTH DEFECT , specify.
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V. MITOCHONDRIAL DISORDERS

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Mitochondrial Disorders:

Mitochondrial diseases result from failures of the mitochondria (specialized compartments present in every cell of the body except red blood cells), which are responsible for creating more than 90% of the energy needed by the body to sustain life and support growth. When they fail, less and less energy is generated within the cell. Cell injury and even cell death follow. If this process is repeated throughout the body, whole systems begin to fail, and the life of the person in whom this is happening is severely compromised. These inherited diseases primarily affect children but adult onset may occur.

Diseases of the mitochondria appear to cause the most damage to cells of the brain, heart, liver, skeletal muscles, kidney and the endocrine and respiratory systems.

Depending on which cells are affected, symptoms may include loss of motor control, muscle weakness and pain, gastro-intestinal disorders and swallowing difficulties, poor growth, cardiac disease, liver disease, diabetes, respiratory complications, seizures, visual/hearing problems, lactic acidosis, developmental delays and susceptibility to infection.

Please note that great care is required when applying one of the following diagnoses due to the overlapping of symptoms associated with this particular class of diseases.

Alpers' Disease

29300	-1	ALPERS' DISEASE , progressive neurodegenerative disease of the brain characterized by developmental delay, progressive mental retardation, hypotonia, spasticity and dementia, seizures often intractable, including <i>epilepsia partialis continua</i> , optic atrophy, and chronic liver dysfunction leading to liver failure.
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Cyclic Vomiting Syndrome

29301	-1	CYCLIC VOMITING SYNDROME , childhood disorder; bouts of vomiting that last from a few hours to several days, occurring regularly at intervals of days, weeks or months.
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Kearns-Sayre Syndrome

29302	-1	KEARNS-SAYRE SYNDROME (KSS) , progressive external ophthalmoplegia, retinal pigmentary degeneration, cardiac conduction block, short stature, hearing loss, increased cerebrospinal fluid protein, ataxia, cognitive dysfunction, diabetes, and other endocrine disorders. Caused by large deletions in mitochondrial DNA.
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Leigh Syndrome

29305	-1	LEIGH SYNDROME (SUBACUTE NECROTIZING ENCEPHALOMYELOPATHY) , degeneration of the central nervous system. Erratic breathing patterns (cyclic or Cheyne-Stokes) or respiratory failure are common. Brain MRI may show a characteristic pattern of lesions in basal ganglia, thalamus and brainstem, but may also be normal. Autopsy shows characteristic neuropathological changes in similar regions.
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V. MITOCHONDRIAL DISORDERS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Mitochondrial Myopathies:

Muscle weakness or exercise intolerance due to underlying mitochondrial cytopathy. May be accompanied by other organ system disturbance, commonly heart failure or rhythm disturbances, dementia, movement disorders, stroke-like episodes, deafness, blindness, vomiting, and seizures. Ragged red fibers on muscle biopsy, abnormal mitochondria on electron microscopy, and/or documented muscle oxidative phosphorylation defects are necessary to confirm diagnosis.

Leber Progressive Optic Neuropathy

29304	-1	LEBER PROGRESSIVE OPTIC NEUROPATHY , delayed bilateral loss of vision which could lead to total blindness due to degeneration of the optic nerve. Early signs include localized collection of distended blood capillary vessels around the start of the optic nerve.
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Mitochondrial DNA Depletion/Congenital Myopathy

29307	-1	MITOCHONDRIAL DNA DEPLETION/CONGENITAL MYOPATHY , neonatal weakness, hypotonia requiring assisted ventilation, possible renal dysfunction, severe lactic acidosis, and prominent ragged-red fibers in muscle biopsy.
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Mitochondrial DNA Depletion/Infantile Myopathy

29308	-1	MITOCHONDRIAL DNA DEPLETION/INFANTILE MYOPATHY , following normal early development until one year of age, weakness appears and worsens rapidly, causing respiratory failure and death typically within a few years.
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Mitochondrial DNA Depletion/Hepatopathy

29309	-1	MITOCHONDRIAL DNA DEPLETION/HEPATOPATHY , enlarged liver and intractable liver function, myopathy, and severe lactic acidosis. Death is typical within the first year.
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Mitochondrial Encephalopathy Lactic Acidosis and Stroke-Like Episodes

29310	-1	MITOCHONDRIAL ENCEPHALOPATHY LACTIC ACIDOSIS AND STROKE-LIKE EPISODES (MELAS) , stroke-like episodes with focal neurological deficits, lactic acidosis; may also include short stature, seizures, recurrent headaches, cognitive regression.
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Myoclonic Epilepsy and Ragged-Red Fiber Myopathy

29311	-1	MYOCLONIC EPILEPSY AND RAGGED-RED FIBER MYOPATHY (MERRF) , myoclonic epilepsy, progressive ataxia, muscle weakness and degeneration, ragged red fibers on biopsy, deafness, and dementia.
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Neurogenic Progressive External Ophthalmoplegia

29312	-1	NEUROGENIC PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA , progressive external ophthalmoplegia (abnormal eye movements), progressive proximal muscle weakness, cataracts, ataxia, episodic ketoacidotic coma and episodic ketoacidosis.
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V. MITOCHONDRIAL DISORDERS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Neuropathy, Ataxia and Retinitis Pigmentosa

29313	-1	NEUROPATHY, ATAXIA AND RETINITIS PIGMENTOSA (NARP) , sensory neuropathy, cerebellar ataxia, retinitis pigmentosa, dementia, seizures, developmental delay, and proximal weakness.
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Pearson's Syndrome

29314	-1	PEARSON'S SYNDROME (PS) , bone marrow involvement, (pancytopenia), and exocrine pancreatic insufficiency. This syndrome is caused by large deletions in mitochondrial DNA.
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Renal Fanconi Syndrome

29315	-1	RENAL FANCONI SYNDROME , proximal tubular dysfunction, causing excretion of glucose, amino acids, uric acid and phosphate. Secondary growth failure, rickets, and osteomalacia may occur.
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Mitochondrial Syndrome

29316	-1	MITOCHONDRIAL SYNDROME , not listed above, specify.
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VI. NEUROLOGICAL/NEUROPSYCHOLOGICAL CONDITIONS

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Acute Disseminated Encephalomyelitis (ADEM)

27190	-1	ACUTE DISSEMINATED ENCEPHALOMYELITIS (ADEM) , an acute multifocal demyelinating disorder of the CNS, including spinal cord, usually self-limiting.
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Ataxia

27181	-1	ATAXIA , abnormality of muscle balance or inability to finely coordinate movements.
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Bell's Palsy

27163	-1	BELL'S Palsy , paralysis of Cranial Nerve VII.
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Cranial Nerve Abnormalities

27177	-1	CRANIAL NERVE ABNORMALITY , list/identify cranial nerve and abnormality.
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27188	-1	FACIAL NERVE PALS Y, PERIPHERAL, NOT BELL'S PALS Y , includes congenital or chronic lower motor neuron or peripheral facial palsy, unilateral or bilateral.
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Encephalopathy/HIV Associated Dementia

NOTE: When recording this diagnosis specify either dementia or encephalopathy.

67037	-1	HIV-ASSOCIATED DEMENTIA (ENCEPHALOPATHY), CONFIRMED , 1. Acquired cognitive/motor dysfunction for at least 1 month causing impairment of work or activities of daily living (verifiable by report of a key informant), not attributable solely to severe systemic illness or medication adverse effects. <u>and</u> 2. Abnormalities from at least two of the following categories: a. Motor abnormality: For example, slowed rapid movements, release signs, abnormal gait, limb incoordination, diffuse hyperreflexia, hypertonia, or weakness. b. Behavioral abnormality: For example, change in personality with apathy, inertia, irritability, and/or emotional lability or new onset of impaired judgment characterized by socially inappropriate behavior or disinhibition. c. Cognitive abnormality (two or more): memory, judgment, flexibility, visual, constructional difficulties, reaction time, speed of mental processing, attention and/or concentration as determined by appropriate neuropsychological instruments, with interpretation of abnormality or decline by a neurologist/neuropsychologist. <u>and</u> 3. No other etiology confirmed by MRI/CT scan, negative CSF cryptococcal antigen or CSF CMV PCR: exclude active CNS opportunistic infections or malignancy, active psychiatric disorders, active alcohol or substance use or substance withdrawal.
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VI. NEUROLOGICAL/NEUROPSYCHOLOGICAL CONDITIONS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
67038	-1	<p>HIV-ASSOCIATED DEMENTIA (ENCEPHALOPATHY), PROBABLE,</p> <p>1. Acquired cognitive/motor dysfunction for at least 1 month causing impairment of work or activities of daily living (verifiable by report of a key informant), not attributable solely to severe systemic illness or medication adverse effects.</p> <p><i>and</i></p> <p>2. Abnormalities from at least two of the following categories:</p> <ul style="list-style-type: none"> a. Motor abnormality: For example, slowed rapid movements, release signs, abnormal gait, limb incoordination, diffuse hyperreflexia, hypertonia, or weakness. b. Behavioral abnormality: For example, change in personality with apathy, inertia, irritability, and/or emotional lability or new onset of impaired judgment characterized by socially inappropriate behavior or disinhibition. c. Cognitive abnormality (two or more): memory, judgment, flexibility, visual, constructional difficulties, reaction time, speed of mental processing, attention and/or concentration as determined by appropriate neuropsychological instruments, with interpretation of abnormality or decline by a neurologist/neuropsychologist. <p><i>and</i></p> <p>3. Tests for other possible etiology (active CNS opportunistic infections or malignancy, active psychiatric disorders, active alcohol or substance abuse or substance withdrawal) are not completed, results are not available or results do not exclude other CNS processes.</p>
27152	-1	NON HIV ENCEPHALOPATHY , diffuse, generalized and non-specific dysfunction of the central nervous system not resulting from HIV.
27153	-1	STATIC ENCEPHALOPATHY , monophasic insult to the CNS causing dysfunction.
27154	-1	CEREBRAL PALSY , a form of a static encephalopathy, characterized by motor difficulties (hypertonia/spasticity, hypotonia, dystonia, choreoathetosis), which may or may not be accompanied by mental deficiency/ retardation, language impairment or neurodevelopmental delays.
27155	-1	TOXIC ENCEPHALOPATHY , changes in mental status or brain function caused by exposure to toxic substances.
27156	-1	METABOLIC ENCEPHALOPATHY , changes in mental status or brain function caused by inborn error of metabolism, electrolyte imbalance, mitochondrial dysfunction, or neurometabolic disease effecting the CNS.
27185	-1	ENCEPHALOPATHY, OTHER , specify.

Failure to Thrive, Brain Growth

27202	-1	FAILURE TO THRIVE, BRAIN GROWTH , impaired brain growth, as documented by either absence of normal rate of head growth in children or progressive loss of cerebral parenchymal volume by CT or MRI.
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Hearing Loss

27330	-1	HEARING LOSS , hearing loss sufficient to present clinically, regardless of etiology and site (i.e., conductive, sensorineural, etc).
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Hypertonia

27179	-1	HYPERTONIA , abnormally excessive muscle tone.
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VI. NEUROLOGICAL/NEUROPSYCHOLOGICAL CONDITIONS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Hypotonia

27178	-1	HYPOTONIA , abnormally diminished muscle tone.
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Infantile Spasms

27176	-1	INFANTILE SPASMS , (West Syndrome), syndrome characterized by the triad of infantile spasms (generalized seizures), hypsarrhythmia and arrest of psychomotor development at seizure onset.
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Involuntary Movement Disorder

27157	-1	INVOLUNTARY MOVEMENT DISORDER , uncontrollable movements that may or may not be repetitive, diffuse or segmental. Examples include chorea, dystonia, athetosis, ballismus, either diffuse, focal or segmental. Spasticity is NOT an involuntary movement disorder, even if there are flexor spasms.
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Macrocephaly

27182	-1	MACROCEPHALY , head circumference that measures ≥ 3 SD above the mean for age and sex.
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Microcephaly

27183	-1	MICROCEPHALY , head circumference that measures ≥ 3 SD below the mean for age and sex.
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Migraine

27170	-1	MIGRAINE , syndrome of recurrent episodes of severe cephalgia, often associated with nausea, vomiting or aura.
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Motor Neuron Disease

27162	-1	MOTOR NEURON DISEASE , a disorder that affects the anterior horn cells leading to muscle weakness and atrophy.
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Multiple Sclerosis

27165	-1	MULTIPLE SCLEROSIS , a disease characterized by CNS demyelination, with multiple lesions occurring at different times and spatial locations.
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Muscular Dystrophy

27184	-1	MUSCULAR DYSTROPHY , a group of diseases characterized by progressive muscle weakness and loss of muscle tissue including but not limited to Becker Syndrome, Duchenne's muscular dystrophy and limb-girdle muscle dystrophy.
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Myelopathy

27166	-1	MYELOPATHY , a disorder of the spinal cord.
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Myoneural Junction Disorder

27189	-1	MYONEURAL JUNCTION DISORDER , abnormalities of the myoneural junction. (e.g. myasthenia gravis, myasthenic syndromes)
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VI. NEUROLOGICAL/NEUROPSYCHOLOGICAL CONDITIONS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Myopathy

- | | | |
|-------|----|--|
| 27160 | -1 | MYOPATHY, PROVEN , a disorder of the muscle proven with appropriate laboratory testing, specify type. |
| 27161 | -1 | MYOPATHY, PRESUMED , a disorder of the muscle, appropriate laboratory testing negative or not done, specify type. |

Neurodegenerative Disease

- | | | |
|-------|----|---|
| 27175 | -1 | NEURODEGENERATIVE DISEASE , indicate specific diagnosis. |
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Neurologic Deterioration

NEUROLOGIC DETERIORATION, There is no longer an acceptable definition for this diagnosis.

Neuropathy

- | | | |
|-------|----|---|
| 27158 | -1 | NEUROPATHY, PROVEN , abnormalities of the peripheral nervous system involving a spinal nerve, not inclusive of the anterior horn cell (see motor neuron disease), leading to nerve dysfunction. Proven by laboratory studies, EMG/NCV or nerve biopsy. |
| 27159 | -1 | NEUROPATHY, PRESUMED , abnormalities of the peripheral nervous system involving a spinal nerve, not inclusive of the anterior horn cell (see motor neuron disease), leading to nerve dysfunction. Tests not conclusive or not done. |

Other Cognitive, Language and Developmental Disorders

OTHER COGNITIVE, LANGUAGE AND DEVELOPMENTAL DISORDERS,
There is no longer an acceptable definition for this diagnosis.

Palsy

- | | | |
|-------|----|---|
| 27180 | -1 | PALSY, OTHER , (e.g., pseudobulbar) disorder associated with damaged nerve cells of the brain characterized by lack of coordination. |
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Peripheral Neuropathy

- | | | |
|-------|----|---|
| 67027 | -1 | SENSORY PERIPHERAL NEUROPATHY, CONFIRMED ,
1. Symptoms of pain, burning, numbness, or tingling discomfort in both feet, or both feet and hands, for at least 2 weeks. No history of diabetes mellitus, chemotherapy, or vitamin B12 deficiency.
<u>and</u>
2. Examination shows at least two of the following abnormalities:
a. Diminished or absent ankle reflexes.
b. Diminished vibration sensation in the toes.
c. Disturbance in pain or temperature sensation.
<u>and</u>
3. Exclusion of nerve toxicity from ddl, ddC, d4T either by history (no ddl, ddC, or d4T for immediately preceding three months) or by drug holiday off these medications for at least 1 month.
<u>and</u>
4. Neurodiagnostic confirmation by either:
a. Nerve biopsy.
<u>or</u>
b. Abnormal nerve conduction testing <u>and</u> abnormal quantitative sensory testing (Vibration CASE IV or equivalent.) |
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VI. NEUROLOGICAL/NEUROPSYCHOLOGICAL CONDITIONS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
67028	-1	SENSORY PERIPHERAL NEUROPATHY, PROBABLE, 1. Symptoms of pain, burning, numbness, or tingling discomfort in both feet, or both feet and hands, for at least 2 weeks. No history of diabetes mellitus, chemotherapy, or vitamin B12 deficiency. <u>and</u> 2. Examination shows at least two of the following abnormalities: a. Diminished or absent ankle reflexes. b. Diminished vibration sensation in the toes. c. Disturbance in pain or temperature sensation. <u>and</u> 3. Exclusion of nerve toxicity from ddl, ddC, d4T either by history (no ddl, ddC, or d4T for immediately preceding three months) or by drug holiday off these medications for at least 1 month.

Progressive Multifocal Leukoencephalopathy PML

64040	-1	PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY (PML), CONFIRMED, PML diagnosed by histopathology or in situ hybridization from a brain biopsy or by PCR of cerebrospinal fluid (CSF) for James Canyon Virus (JCV).
64041	-1	PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY (PML), PROBABLE, 1. Clinical presentation compatible with PML including a subacute or chronic progressive illness with hemiparesis, aphasia, hemianopsia, ataxia and other focal deficits. <u>and</u> 2. MRI compatible with PML.

Post-Herpetic Neuralgia

27164	-1	POST-HERPETIC NEURALGIA , a painful dermatomal syndrome following Herpes Zoster infection related to previous nerve inflammation.
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Pseudotumor Cerebri

27171	-1	PSEUDOTUMOR CEREBRI , a syndrome of increased intracranial pressure without an identifiable cause.
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Seizure Disorders

27167	-1	EPILEPSY , a syndrome of recurrent, unprovoked seizures.
27168	-1	FEBRILE SEIZURE , syndrome of childhood, consisting of a seizure event associated with a febrile episode. Specify if the diagnosis is: <u>Simple febrile seizures</u> : brief (<10 - 15 minutes), generalized convulsions, with fever, not recurrent within the same 24 hours, in a child without preexisting neurological or developmental abnormalities. First occurrence is generally between ages 3 months and 3 years. Subsequent occurrences may continue to age 6 years. OR <u>Complex febrile seizures</u> : at least one of the following complex characteristics: focal, prolonged (>15 min), multiple in same 24 hours, preexisting neurological or developmental abnormalities.
27169	-1	NEONATAL SEIZURE , seizures occurring up to 1 month of age.

VI. NEUROLOGICAL/NEUROPSYCHOLOGICAL CONDITIONS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
27186	-1	OTHER PROVOKED SEIZURE , seizures occurring due to acute systemic condition (i.e. hyponatremia, hypoglycemia, intoxication, drug withdrawal) or immediately after neurological injury (acute traumatic seizures, impact seizures), or as a response to syncope.
27187	-1	SINGLE UNPROVOKED SEIZURE , isolated seizure of any type without identifiable provoking condition. Approximately 40% of children with a single unprovoked seizure have a second seizure and meet criteria for diagnosis of epilepsy.

Sleep Apnea

27173	-1	SLEEP APNEA , a disruption of normal sleep architecture as a result of recurrent apnea, which is usually obstructive.
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Spinocerebellar Disease

27174	-1	SPINOCEREBELLAR DISEASE , degenerative diseases involving the cerebellum, brainstem and spinal cord, specify if identified.
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Stroke

68180	-1	STROKE , specify hemorrhagic, ischemic, or unknown <ol style="list-style-type: none">1. Demonstrable lesion compatible with an acute stroke on a CT (or MRI). <p><i>or</i></p> <ol style="list-style-type: none">2. Rapid onset of a neurologic deficit persisting for at least 24 hours which is:<ol style="list-style-type: none">a. Attributed to an obstruction or rupture of the arterial system. <p><i>and</i></p> <ol style="list-style-type: none">b. Not known to be secondary to brain trauma, tumor, infection or other cause.
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For study participants that satisfy the above criteria, select the type of stroke:

A. HEMORRHAGIC STROKE

1. Blood in subarachnoid space or intraparenchymal hemorrhage by CT scan. (Intraparenchymal blood must be dense and not mottled-mixed hyperdensity and hypodensity.)

or

2. Bloody spinal fluid by lumbar puncture. (Bloody CSF means >100 cells/cu mm. The LP is thought to be non-traumatic and counts in the last tube are similar to those in the first tube [no clearing] or xanthochromia when the specimen is spun down.)

or

3. Surgical evidence of hemorrhage as cause of clinical syndrome.

B. ISCHEMIC INFARCTION

1. Focal brain deficit without CT or LP evidence of blood, except mottled cerebral pattern. Either decreased density by CT in a compatible location or a negative CT or none done.

or

2. Surgical evidence of ischemic infarction.

C. UNKNOWN TYPE OF STROKE

Inadequate information to categorize as hemorrhagic or ischemic infarction. Satisfies criteria for stroke.

VI. NEUROLOGICAL/NEUROPSYCHOLOGICAL CONDITIONS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Transient Ischemic Attack

NOTE: Discovery of an infarct by CT in a location compatible with the symptoms, even if the symptoms cleared in less than 24 hours, shall be diagnosed as a stroke.

68183	-1	TRANSIENT ISCHEMIC ATTACK 1. One or more episodes of focal neurologic deficit lasting more than 30 seconds and no longer than 24 hours with rapid evolution of the symptoms to the maximal deficit in less than 5 minutes with complete resolution and no immediately preceding head trauma. <i>and</i> 2. There should be no evidence of clonic jerking, conjugate eye deviation, prolonged Jacksonian march, scintillating scotoma, headache with nausea and vomiting.
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PSYCHOLOGICAL DISORDERS:

(These diagnoses should be indicated only when there is adequate source documentation, either from the psychologist who completes PACTG neuropsychological evaluations and/or from school documentation and/or from psychiatrists, psychologists or other mental health practitioners who participate in the clinical care of the subject).

Anorexia Nervosa

27338	-1	ANOREXIA NERVOSA , individual refuses to maintain a minimally normal body weight, is intensely afraid of gaining weight, and exhibits a significant disturbance in the perception of the shape or size of his or her body.
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Asperger's Disorder

27312	-1	ASPERGER'S DISORDER , characterized by severe and sustained impairment in social interaction and the development of restricted, repetitive pattern of behavior, interests and activities. The disturbance must cause clinically significant impairment in social, occupational or other important areas of functioning. There are <u>no</u> clinically significant delays in language or cognitive development or in the development of age appropriate self-help skills, adaptive behavior and curiosity.
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Attention Deficit/Hyperactivity Disorder (ADHD)

27306	-1	ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD) , the essential feature of ADHD is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development. Symptoms that cause impairment should be present before age 7 years and impairment from the symptoms must be present in at least two settings (e.g., at home and at school or work). There must be evidence of interference with developmentally appropriate social, academic, or occupational functioning; behaviors must be present for at least 6 months. ADHD may be predominantly hyperactive-impulsive type or may be predominantly inattentive type. Specify if childhood or adult onset. <u>Inattention</u> includes failing to give close attention to details or making careless mistakes, having difficulty sustaining attention, not listening, not following through, having difficulty organizing, avoiding sustained mental effort, losing things, being easily distracted and forgetfulness. <u>Hyperactivity</u> includes fidgeting, being out of seat, running or climbing excessively, having difficulty playing quietly, being "on the go" and talking excessively. <u>Impulsivity</u> includes blurting out answers, having difficulty waiting turn or interrupting others.
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VI. NEUROLOGICAL/NEUROPSYCHOLOGICAL CONDITIONS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Autism

27305	-1	AUTISM , disorder characterized by the presence of markedly abnormal or impaired development in social interaction, qualitative impairment in communication and play and a markedly restricted repertoire of activity or interests. The qualitative impairments are distinctly deviant relative to the individual's developmental level or mental age. The disturbance in social interaction, language for social communication, and symbolic play are manifested prior to three years of age.
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Bipolar Disorder

27344	-1	BIPOLAR DISORDER , a disorder of affect regulation characterized by abnormal mood and mental excitement usually presenting as a marked change in individual's baseline functioning. A manic episode is the hallmark feature of the disorder. Symptoms include a distinct period of abnormally or persistently elevated, expansive and/or irritable mood and must last at least one week. During the period of mood disturbance, patient must display three of the following symptoms: grandiosity, decreased sleep, pressured speech, racing thought, distractibility, increased goal directed activity or excessive involvement in reckless acts. The symptoms must cause marked impairment in social/occupational functioning.
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In children, the changes noted in mood, level of psychomotor agitation and mental excitement are often markedly labile and erratic, rather than persistent. Irritability, belligerence, and mixed manic-depressive features are more common than euphoria. The types of reckless behaviors seen are constrained by the child's developmental and social boundaries and thereby limited to typical behavior problems of children, such as school failure, fighting, dangerous play, and inappropriate sexualized activity. There may be history of bipolar disorder in the child's family.

Significant depressive symptoms may precede, occur conjointly, or follow those of mania. Depressive episodes are characterized by psychomotor retardation and hypersomnia, significant suicide attempts, and/or psychotic symptoms.

Bulimia Nervosa

27339	-1	BULIMIA NERVOSA , individual has recurrent episodes of binge eating and inappropriate compensatory methods to prevent weight gain.
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Childhood Disintegrative Disorder

27309	-1	CHILDHOOD DISINTEGRATIVE DISORDER , characterized by a marked regression in multiple areas of functioning following a period of at least two years of normal development. After the first two years of life and before age 10, the child has a clinically significant loss of previously acquired skills in at least two of the following areas: expressive or receptive language, social skills or adaptive behavior, bowel or bladder control, play or motor skills. Individuals with this disorder exhibit the social and communicative deficits and behavioral features observed in autistic disorder; it does not occur in the context of a degenerative disease of the brain or schizophrenia.
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Communication Disorders

27336	-1	COMMUNICATION DISORDER , characterized by significant difficulties or lack of development of age appropriate speech and/or language skills. These difficulties interfere with academic or occupational achievement or with social communication and are not due to sensory or motor deficit or environmental deprivation. Communication disorders may include expressive language disorder, mixed receptive-expressive language disorder, phonological disorder, and/or stuttering.
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VI. NEUROLOGICAL/NEUROPSYCHOLOGICAL CONDITIONS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Conduct Disorder

27337	-1	CONDUCT DISORDER , characterized by severe, repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated. These behaviors may include aggressive conduct towards people or animals, nonaggressive conduct that causes property damage, deceitfulness or theft, and serious violations of rules. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning and is present in a variety of settings such as home, school, or the community.
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Developmental Delay

DEVELOPMENTAL DELAY, There is no longer an acceptable definition for this diagnosis.

Dysthymic Disorder

27342	-1	DYSTHYMIC DISORDER , characterized by chronically depressed mood that occurs for most of the day more days than not for at least two years (one year in children under 12). Other symptoms include changes in appetite, sleep, self-esteem, concentration, energy and hope.
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Generalized Anxiety Disorders

27345	-1	GENERALIZED ANXIETY DISORDER , characterized by excessive worry and anxiety that is hard to control; associated symptoms include restlessness, fatigue, difficulty with concentration, irritability, muscle tension and sleep disturbance.
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Learning Disorders

27335	-1	LEARNING DISORDER , characterized by academic functioning that is substantially below expected given the person's chronological age, measured intelligence, and age-appropriate education. Learning disorders may include reading disorder, disorder of written expression, mathematics disorder and/or learning disorders not otherwise specified. Learning disorders significantly interfere with academic achievement or activities of daily living that require reading, mathematical, or writing skills, specify disorder.
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Major Depressive Disorder

27341	-1	MAJOR DEPRESSIVE DISORDER , period of at least two weeks during which there is either pervasive depressed or irritable mood or loss of interest or pleasure in nearly all activities. There are significant changes in patterns of appetite, weight, sleep, activity, concentration, energy level, self-esteem, and motivation. Symptoms produce impairment in relationships or in performance of activities.
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Mental Retardation

27340	-1	MENTAL RETARDATION , characterized by significantly subaverage intellectual functioning (an IQ below 70) with onset before age 18 years and concurrent deficits or impairments in adaptive functioning. Limitations in adaptive functioning should be measured by an appropriate standardized test of adaptive behavior and should occur in at least two of the following skill areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health and safety. Severity of mental retardation may be mild, moderate, severe, or profound and should be identified by assessment with one or more of the standardized, individually administered intelligence tests.
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VI. NEUROLOGICAL/NEUROPSYCHOLOGICAL CONDITIONS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Oppositional Defiant Disorder

27348	-1	OPPOSITIONAL DEFIANT DISORDER , characterized by a recurrent pattern of negativistic, defiant, hostile, and disobedient behavior towards authority figures that persists for at least six months. There are frequent occurrences of at least four of the following behaviors: often loses temper, argues with adults, defies or refuses to comply with adult requests or rules, deliberately annoys people, blames others for mistakes or misbehavior, easily annoyed by others, angry and resentful, spiteful and vindictive. The behavioral disturbance causes clinically significant impairment in social, academic or occupational functioning.
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Panic Disorder

27347	-1	PANIC DISORDER , characterized by recurrent, spontaneous episodes of panic that are associated with physiological and psychological symptoms.
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Pervasive Developmental Disorder Not Otherwise Specified

27313	-1	PERVASIVE DEVELOPMENTAL DISORDER NOT OTHERWISE SPECIFIED , characterized by severe and pervasive impairment in development of reciprocal social interaction <u>or</u> verbal and nonverbal communication skills <u>or</u> when stereotyped behavior, interests and activities are present; however, the observed symptoms do not meet the criteria for autism or other pervasive disorders.
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Postpartum Depression

27343	-1	POSTPARTUM DEPRESSION , characterized by symptoms of depression with onset within four weeks after delivery of a child. A fluctuating course and mood lability may be common; severe anxiety, panic attacks, spontaneous crying long after the usual duration of "baby blues" (i.e., 3-7 days postpartum), disinterest in the baby and insomnia may be present.
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Posttraumatic Stress Disorder

27346	-1	POSTTRAUMATIC STRESS DISORDER , refers to the development of characteristic symptoms following exposure to a particularly severe stressor. The stressor must be extreme such as experiencing or witnessing a threatening event capable of causing death, or injury. Reaction must include intense fear, horror, helplessness or agitated behavior. Child's response must include symptoms of re-experiencing, avoidance/numbing, and/or increased arousal (sleep difficulties, irritability, angry outbursts, hypervigilance, difficulty concentrating, exaggerated startle). Symptoms must be present for one month and must cause clinically significant distress or impairment in function.
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Rett's Disorder

27311	-1	RETT'S DISORDER , characterized by an initial period of normal development. Between 5 months and 4 years there is a deceleration of head growth, followed by a loss of hand skills and the appearance of stereotypic hand-wringing movements. Social skills and language development deteriorate at 2 or 3 years of age. Ataxia and apraxia become prominent and gait becomes broad-based and jerky with stiff legs and side to side swaying; breathing dysfunctions may be severe; occurs almost exclusively in females.
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Schizophrenia

27349	-1	SCHIZOPHRENIA , a disturbance that lasts for at least six months and includes at least one month of two or more of the symptoms including delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, negative symptoms, i.e., affective flattening. Symptoms are associated with marked social or occupational dysfunction.
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VI. NEUROLOGICAL/NEUROPSYCHOLOGICAL CONDITIONS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Social Phobia

27351	-1	SOCIAL PHOBIA , characterized by marked, persistent fear of social or performance situations in which person is exposed to unfamiliar people or scrutiny.
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Substance Use Disorder

27307	-1	SUBSTANCE USE DISORDER , maladaptive pattern of substance use manifested by recurrent and significant adverse consequences (such as impairment in psychosocial and academic functioning in adolescents) related to the repeated use of substances. Behavioral changes may include disinhibition, lethargy, hyperactivity or agitation, somnolence and hypervigilance. Changes in cognition may include impaired concentration, changes in attention span, and overt disturbances in thinking such as delusions. Mood changes may range from depression to euphoria.
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VII. METABOLIC/ENDOCRINE DISORDERS

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Addison's Disease

27210	-1	ADDISON'S DISEASE , primary adrenal insufficiency manifested by lassitude, malaise, salt-craving and frequently hyponatremia with hyperkalemia are present on laboratory testing. The diagnosis can be confirmed by the finding of low serum cortisol levels particularly in the early morning, accompanied by high levels of ACTH.
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Cushing's Syndrome

27205	-1	CUSHING'S SYNDROME , primary overactivity of the adrenal glands or secondary adrenal overactivity due to pituitary hypersecretion of ACTH. The clinical picture can also be seen in patients on high doses of glucocorticoid medication. The picture is one of central obesity with relatively thin limbs. Fat may accumulate at the base of the neck in a buffalo hump. Characteristic striae or stretch marks may be seen on the upper arms abdomen or flanks. The face is full. The diagnostic workup is complex and is based initially on a high level of cortisol in a 24 hour urine and high serum cortisol levels especially in the evening and night.
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Diabetes

68021	-1	IMPAIRED FASTING GLUCOSE
68022	-1	IMPAIRED GLUCOSE TOLERANCE
68023	-1	DIABETES MELLITUS

Normoglycemia: Fasting plasma glucose of <110 mg/dL or 2-hour post glucose load plasma glucose <140 mg/dL.

Impaired Fasting Glucose: Fasting plasma glucose of ≥110 mg/dL and <126 mg/dL.

Impaired Glucose Tolerance: 2-hour post glucose load plasma glucose ≥140 mg/dL and <200 mg/dL.

Diabetes Mellitus: Fasting plasma glucose ≥126 mg/dL or 2-hour post glucose load plasma glucose ≥200 mg/dL or non-fasting plasma glucose ≥200 mg/dL accompanied by symptoms of diabetes mellitus (polyuria, polydipsia, dehydration, blurred vision, new vaginal candidiasis).

NOTE: If an ACTG study participant has a fasting plasma glucose value suggestive of a diagnosis of diabetes but no other symptoms of diabetes, the fasting glucose value must be confirmed.

Failure to Thrive

27207	-1	FAILURE TO THRIVE (FTT)/GROWTH FAILURE , A decrease in height or weight velocity z-score (from NCHS/WHO reference curves as appropriate) below the 3 rd or 5 th percentile.
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OR

A change in growth that has crossed two major growth percentiles (e.g., from above the 75th to below the 25th) in a short period of time.

FAILURE TO THRIVE, PRESUMED, There is no longer an acceptable definition for this diagnosis.

VII. METABOLIC/ENDOCRINE DISORDERS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Growth Hormone (GH) Deficiency

27214	-1	GROWTH HORMONE DEFICIENCY - inadequate production of growth hormone.
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HIV Wasting

Wasting Syndrome

NOTE: Study participants should be carefully assessed for the concurrent existence of abnormal or altered fat distribution. Diagnostic criteria can be found in the document "Diagnostic Criteria for Abnormalities of Fat Redistribution." This document is located at the ACTG Web Site / Global Protocol Support Documents / Metabolic /Fat Redistribution Guidelines at the following link: <http://ACTG.s-3.com/> . You must be a registered user to access the Web Site.

69020	-1	WASTING SYNDROME, CONFIRMED, <u>EITHER A:</u> 1. Involuntary weight loss of greater than 10% over at least 6 months. <i>and</i> 2. No evidence of concurrent illness or condition (other than HIV infection) that explains or contributes to the ongoing weight loss (i.e., dehydration, edema, simple mechanical impediments to oral intake). <u>OR B:</u> 1. Involuntary weight loss of greater than 5% over 3 consecutive months. <i>and</i> 2. No evidence of concurrent illness or condition (other than HIV infection) that explains or contributes to the ongoing weight loss (i.e., dehydration, edema, simple mechanical impediments to oral intake). <i>or</i> 3. The weight loss must persist for at least 3 consecutive months despite initiation of appropriate treatment for the known concurrent illness or condition.
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Hyperthyroidism

27212	-1	HYPERTHYROIDISM , an autoimmune disorder more common in girls than boys, which causes excessive amounts of thyroid hormone to be secreted. Symptoms include hyperactivity with a large appetite, feeling hot, with the skin warm to the touch. There may be tremors, excessive sweating, and diarrhea. There is usually goiter or thyroid enlargement. The eyes may be protuberant or staring. Thyroxine values are elevated usually above 12 micrograms/dl. TSH is suppressed.
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Hypothyroidism

27213	-1	HYPOTHYROIDISM , underactivity of the thyroid more common in girls than boys. Symptoms are weight gain, growth failure, lassitude, constipation and feeling cold. The skin may feel dry to the touch and cold. There may be enlargement of the thyroid. Blood tests showed a reduced thyroxine level usually below 4 micrograms/dl and an elevated TSH.
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VII. METABOLIC/ENDOCRINE DISORDERS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Lactic Acidosis

68654 -1

LACTIC ACIDOSIS

Lactate level greater than the upper limit of normal(ULN) confirmed by repeat lactate level analysis may be part of a syndrome referred to as lactic acidemia or lactic acidosis.

Lactic acidemia refers to the presence of plasma lactate above ULN (confirmed) without evidence of a metabolic acidosis. In addition lactic acidemia may be symptomatic or asymptomatic. As lactate levels are highly dependent on collection techniques, careful attention to collection guidelines is necessary and high lactate levels should be repeated for verification. (See "ACTG Venous Lactate Specimen Collection and Storage Guidelines" at <http://ACTG.s-3.com/member/psmet.htm>)

Lactic acidosis is a potentially life-threatening condition and presents with elevated plasma lactate level AND an arterial pH less than 7.35, in general with low bicarbonate or increased anion gap. It is usually accompanied by symptoms which may be vague and/or subtle.

Subcategorization:

- Asymptomatic
- Symptomatic: New, otherwise unexplained occurrence of one or more of the following symptoms:
 - Nausea and/or vomiting
 - Abdominal pain or gastric discomfort
 - Abdominal distention
 - Increased hepatic transaminase levels
 - Unexplained fatigue
 - Dyspnea
 - Weight loss \geq 5% body weight
 - Muscle weakness

Lipoatrophy

67215 -1

FAT LOSS (LIPOATROPHY)

Face Study participant may report "sunken cheeks" or "drawn face" or indicate that family members or friends have noticed such changes since initiation or change of antiretroviral therapy. The loss of facial tissue should be just proximal to the nasolabial fold. (This is the area of the buccal fat pad, the largest fat deposit in the face.)

Extremities Study participant reports that pants/slacks are progressively fitting more loosely through the thighs, new onset of looseness of watch or wristbands, and awareness that the extremities appear thinner since the initiation or change of antiretroviral therapy. The relationship is strengthened by reporting of awareness that veins in the extremities appear more prominent. On exam, extremities appear thin and veins prominent.

Buttocks Self-reported change in the buttocks in which there is a perception of loss of volume in the subgluteal region, since the initiation or change of antiretroviral therapy. Loss of firmness is by itself not diagnostic as it could be due to muscle atrophy.

VII. METABOLIC/ENDOCRINE DISORDERS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Lipodystrophy

67221 -1

FAT ACCUMULATION (LIPODYSTROPHY)

Symptoms due to fat accumulation in various places occur following the initiation or change of antiretroviral therapy. These include increasing abdominal girth with an increasing belt or waist size which may be accompanied by complaints of bloating or distension; fat accumulation in the back of the neck or increasing neck size; increasing breast size which may be accompanied by complaints of breast pain; and other new fat accumulations either circumscribed (lipomas) or general such as increase in chest size in absence of breast enlargement. In reporting fat accumulation, the body area involved needs to be specified. In males gynecomastia can present as unilateral breast enlargement, occasionally with nodular lesions.

Abdominal and/or Truncal Obesity:

Possible: Self-report of increasing abdominal girth; increasing belt or waist size (may be accompanied by complaints of bloating, distension)

Definite:

- Cross-sectional: Self-reported increase plus waist-to-hip ratio (WHR) > 0.95 (M); 0.85(F)
- Longitudinal: Measured increase in waist circumference of 2.5 cm (1") or 5% increase in WHR, sagittal diameter, or abdominal fat (by paired MRI, DEXA, or CT measurements obtained under identical, controlled conditions) in the past 12 months

Dorsocervical Fat Pad Enlargement (Buffalo Hump):

Possible: Self-report of increasing size of dorsocervical region; may be accompanied by increasing shirt neck size or inability to button shirts

Definite:

- Cross-sectional: Physical findings consistent with accumulations of fat in dorsocervical area
- Longitudinal: Measured increase in neck circumference of 1.5 cm (0.5") in the past 12 months

Breast Enlargement (Both Genders):

Possible: Self-report of increasing bra size or shirt/blouse size to accommodate increasing breast size; may be accompanied by complaints of breast pain

Definite:

- Cross-sectional: Self-reported increase plus physical findings consistent with enlarged breasts due to increase in fat deposition (note: gynecomastia is an increase in breast tissue, a distinct syndrome and finding)
- Longitudinal: Measured increase in chest circumference of 5% in past 12 months

Other New Fat Accumulation (Must Specify Location):

Possible: Self-report of new regional circumscribed accumulation of fat; increase in neck size in absence of dorsocervical fat pad enlargement; increase in chest size in absence of breast enlargement.

Definite:

- Cross-sectional: Self-report of new fat accumulation plus physical findings consistent with lipoma(s) or lipomatosis (multiple fat accumulations or one > 2 cm)

Metabolic Acidosis

27206 -1

METABOLIC ACIDOSIS, a disturbance of the body's acid-base balance in which there is excessive acidity of body fluids or loss of alkali (base).

Precocious Puberty

27208 -1

PRECOCIOUS PUBERTY, the premature development of pubertal changes in a young child.

VII. METABOLIC/ENDOCRINE DISORDERS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Premature Adrenarche

27209	-1	PREMATURE ADRENARCHE , appearance of sexual hair before the age of 8 in girls or 9 in boys without evidence of maturation
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Premature Thelarche

27217	-1	PREMATURE THELARCHE , transient condition of isolated breast development.
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Protein-energy Malnutrition

27223	-1	MODERATE ACUTE MALNUTRITION (MAM) , Weight-for-height measurement of < -2 SD (from NCHS/WHO reference curves as appropriate).
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OR

Mid-Upper-Arm Circumference (MUAC) < 125 mm in children age 1 - 5 years.

27224	-1	SEVERE ACUTE MALNUTRITION (SAM) , Weight -for-height measurement < -3 SD (from NCHS/WHO reference curves as appropriate).
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OR

The presence of bilateral pitting oedema of nutritional origin.

OR

A mid-upper-arm circumference (MUAC) < 115 mm in children age 1-5 years.

Other Metabolic/Endocrine Disorder

27219	-1	METABOLIC/ENDOCRINE DISORDER, OTHER , specify.
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VIII. HEMATOLOGIC/NEOPLASTIC DISEASES

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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ANEMIAS

Aplastic Anemia

27247	-1	APLASTIC ANEMIA , failure of the bone marrow to make red blood cells.
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Autoimmune Hemolytic Anemia

27251	-1	AUTOIMMUNE HEMOLYTIC ANEMIA , confirmed, not due to maternal antibody.
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Erythrocyte Enzyme Disorders

27020	-1	G6PD DEFICIENCY , associated with hemolysis.
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27025	-1	OTHER ERYTHROCYTE ENZYME DISORDER , specify type.
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Hemoglobinopathy

27240	-1	ALPHA (α) THALASSEMIA , confirmed by electrophoresis.
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27241	-1	BETA (β) THALASSEMIA , confirmed by electrophoresis.
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27242	-1	SICKLE CELL TRAIT , single gene inherited disease of red blood cells confirmed by electrophoresis.
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27243	-1	SICKLE CELL DISEASE , inherited hemoglobinopathy leading to sickle shaped red blood cells confirmed by electrophoresis
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27249	-1	OTHER HEMOGLOBINOPATHY , specify.
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Hemolytic Anemia

27246	-1	HEMOLYTIC ANEMIA , other than autoimmune, specify.
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Hemolytic Disease of the Newborn

27248	-1	HEMOLYTIC DISEASE OF THE NEWBORN , mediated by maternal antibody, Coombs positive.
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Iron Deficiency Anemia

27245	-1	IRON DEFICIENCY ANEMIA , characterized by low or absent iron stores, low serum iron concentration, elevated free erythrocyte porphyrin, low transferrin, low serum ferritin, low hemoglobin concentration or hematocrit, and hypochromic microcytic red blood cells.
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Red Cell Disorders

27303	-1	HEREDITARY SPHEROCYTOSIS , inherited disorder of red blood cells leading to spherocytosis
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27304	-1	HEREDITARY ELLIPTOCYTOSIS , inherited disorder of red blood cells leading to elliptocytosis.
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VIII. HEMATOLOGIC/ NEOPLASTIC DISEASES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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NEOPLASMS

Bone Cancers

24120	-1	BONE CANCER , proven by biopsy, specify type.
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Hodgkins Lymphoma

24320	-1	HODGKINS LYMPHOMA , proven by biopsy.
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Kaposi's Sarcoma

66011	-1	KAPOSI SARCOMA (KS), CONFIRMED MUCOCUTANEOUS , specify site Positive histopathology on tissue from any site/organ.
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66013	-1	KAPOSI SARCOMA (KS), PROBABLE MUCOCUTANEOUS , specify site Characteristic lesion(s) on skin or mucous membrane noted by an experienced physician. The early lesions are typically flat (or macular) with color ranging from red to purple. At a later stage, lesions become nodular, raised and ulcerated. On the oral mucosa, the lesions are predominantly seen on the palate or gingival. At the early stage, the lesions are asymptomatic. Mild to moderate pain may develop as the lesions become nodular and ulcerated. Local trauma to the more advanced lesions may induce bleeding. The nodular lesions are long-standing.
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66012	-1	KAPOSI SARCOMA (KS), CONFIRMED VISCERAL , specify site Positive histopathology on tissue from any site/organ.
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66014	-1	KAPOSI SARCOMA (KS), PROBABLE VISCERAL , specify site Characteristic lesion(s) on skin or mucous membrane noted by an experienced physician. The early lesions are typically flat (or macular) with color ranging from red to purple. At a later stage, lesions become nodular, raised and ulcerated. On the oral mucosa, the lesions are predominantly seen on the palate or gingival. At the early stage, the lesions are asymptomatic. Mild to moderate pain may develop as the lesions become nodular and ulcerated. Local trauma to the more advanced lesions may induce bleeding. The nodular lesions are long-standing.
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Leiomyoma

24135	-1	LEIOMYOMA, PROVEN , by histopathology.
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24136	-1	LEIOMYOMA, PRESUMED , clinical findings on physical exam, visualization at surgery, or imaging studies consistent with leiomyoma.
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Leiomyosarcoma

24130	-1	LEIOMYOSARCOMA , proven by histopathology.
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Leukemia

24150	-1	LEUKEMIA , proven by bone marrow aspiration, specify type.
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Metastatic Disease

24220	-1	METASTATIC DISEASE , specify type.
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Neuroblastoma

24330	-1	NEUROBLASTOMA , proven by biopsy.
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VIII. HEMATOLOGIC/ NEOPLASTIC DISEASES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Non-Hodgkin's Lymphoma

66031	-1	LYMPHOMA, N-H SMALL NON-CLEAVED (BURKITT OR BURKITT'S LIKE), CONFIRMED,
66032	-1	LYMPHOMA, N-H IMMUNOBLASTIC, CONFIRMED,
66033	-1	LYMPHOMA, N-H LARGE CELL, CONFIRMED,
66034	-1	N-H INDETERMINATE, CONFIRMED,

Including all B cell or indeterminate cell, intermediate to high-grade malignant lymphomas (e.g. large cell, immunoblastic, small non-cleaved, Burkitt or Burkitt's-like lymphoma.) Pathological/biopsy confirmation of NHL is mandatory in all cases.

Positive histopathology/cytology/fine-needle aspiration on tissue biopsy from any site/organ, supported by appropriate immunocytochemical or molecular biological investigations. (Note: bone marrow sampling may confirm diagnosis despite non-diagnostic biopsies from other sites.)

Oral manifestations present as a firm elastic, often somewhat reddish or purplish swelling, with or without ulceration. The gingival, palatal mucosa, and fauces are sites of predilection.

Note: The fauces are regarded as the two pillars of mucous membrane, the palatoglossal arch on the anterior and the palatopharyngeal arch on the posterior, surrounding the palatine tonsils. At the early stage, the lesions are usually asymptomatic. Moderate to severe pain may develop as the lesions become ulcerated. The ulcerated lesions and swelling are long-standing.

Primary CNS Lymphoma (PCL)

66020	-1	PRIMARY CNS LYMPHOMA (PCL), CONFIRMED, Positive histopathology/cytology on tissue biopsy of brain or cerebrospinal fluid analysis.
66021	-1	PRIMARY CNS LYMPHOMA (PCL), PROBABLE, 1. Neurologic signs with CD4 lymphocyte count $<100/\text{mm}^3$ <u>and</u> 2. Mass lesion(s) on head CT/MRI scan. <u>and</u> 3. Failure of clinical response to antitoxoplasmosis chemotherapy or other anti-infective chemotherapy (e.g. tuberculosis, cryptococcosis). <u>and</u> 4. Lesion(s) becomes markedly reduced or disappears following high-dose glucocorticoid and/or radiation therapy.

Wilms' Tumor

24340	-1	WILMS' TUMOR, proven by biopsy.
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Other Neoplasm

24999	-1	NEOPLASM, OTHER, proven by biopsy, specify.
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VIII. HEMATOLOGIC/ NEOPLASTIC DISEASES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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COAGULATION DISORDERS

Hemophilia.

27250	-1	HEMOPHILIA , hereditary inability to clot blood, specify type
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Idiopathic Thrombocytopenic Purpura

27270	-1	IDIOPATHIC THROMBOCYTOPENIC PURPURA , unassociated with any definable systemic disease.
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Von Willebrand's Disease

27252	-1	VON WILLEBRAND'S DISEASE , inherited disorder of clotting.
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Other Coagulation Disorder

27259	-1	OTHER COAGULATION DISORDER , specify.
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THROMBOTIC DISORDERS

Ovarian Vein Thrombophlebitis

27253	-1	OVARIAN VEIN THROMBOPHLEBITIS, PROVEN , clinical diagnosis, documented by imaging studies such as ultrasound, x-ray or MRI.
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27257		OVARIAN VEIN THROMBOPHLEBITIS, PRESUMED , clinical exam and history consistent with diagnosis.
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Septic Pelvic Thrombophlebitis

27254	-1	SEPTIC PELVIC THROMBOPHLEBITIS, PROVEN , clinical diagnosis, documented by imaging studies such as ultrasound, x-ray or MRI.
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27255	-1	SEPTIC PELVIC THROMBOPHLEBITIS, PRESUMED , clinical diagnosis.
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Other Thrombotic Disorder

27256	-1	OTHER THROMBOTIC DISORDER , specify.
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IX. RENAL DISORDERS

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Anatomic Abnormality

27292	-1	RENAL ANATOMIC ABNORMALITY , specify.
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Diabetes Insipidus

27301	-1	DIABETES INSIPIDUS , failure to concentrate urine when dehydrated in the presence of normal renal function.
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Hemolytic Uremic Syndrome

27302	-1	HEMOLYTIC UREMIC SYNDROME , acute renal failure associated with thrombocytopenia and hemolytic anemia.
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Hypertension

NOTE: The diagnosis of hypertension should be made by the study participant's clinician and not diagnosed solely on the blood pressure measurements obtained during research visits.

68210	-1	HYPERTENSION 1. A clinical diagnosis of hypertension is based on the average diastolic blood pressure >90 mmHg and/or systolic blood pressure of >140 mmHg in an adult not taking antihypertensive medications and not acutely ill. Based on the average of two or more readings taken at each of two or more visits after the first elevated blood pressure was obtained. <i>or</i> 2. Antihypertensive treatment or a regimen of diet and exercise prior to starting antihypertensive medication recommended or initiated. This includes initial treatment with diuretics to control the hypertension.
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Interstitial Nephritis

27294	-1	INTERSTITIAL NEPHRITIS, PROVEN , decreasing renal function associated with inflammation of the tubules and the spaces between the tubules and the glomeruli, proven by kidney biopsy.
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27298	-1	INTERSTITIAL NEPHRITIS, PRESUMED , decreasing renal function with eosinophils demonstrated in the urine by Wright's stain.
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Nephrocalcinosis

27289	-1	NEPHROCALCINOSIS , deposition of calcium and oxalate or phosphate in the renal tubules and interstitium.
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Nephrolithiasis

27290	-1	NEPHROLITHIASIS , the presence of calculi in the kidney.
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Nephropathy

68631	-1	HIV-ASSOCIATED NEPHROPATHY 1. Determined by renal biopsy
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Nephrotic Syndrome

27295	-1	NEPHROTIC SYNDROME , term used to describe the condition of proteinuria, hypoproteinemia and edema.
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IX. RENAL DISORDERS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Proximal Renal Tube Dysfunction

27308	-1	PROXIMAL RENAL TUBULAR ACIDOSIS DYSFUNCTION (PRTD) , dysfunction of proximal tubule leading to acidosis, dehydration, electrolyte imbalance, rickets, and growth failure, due to increased urinary loss of amino acids, glucose, phosphate & bicarbonate, specify cause if drug induced.
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Renal Failure

Renal Insufficiency, Acute

68025	-1	RENAL INSUFFICIENCY, ACUTE Increases in serum creatinine to values >1.5 mg/dL (or >1.0-1.3 x ULN) that return to normal values within 3 months or less.
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Renal Insufficiency, Chronic

68026 I	-1	RENAL INSUFFICIENCY, CHRONIC Increases in serum creatinine to values >1.5 mg/dL (or >1.0-1.3 x ULN) that persist for > 3 months.
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Renal Tubular Acidosis

27293	-1	RENAL TUBULAR ACIDOSIS , syndrome in which renal tubular defect leads to an inability to maintain normal plasma bicarbonate manifested by metabolic acidosis without an acidic urine, specify cause if drug induced.
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Rhabdomyolysis

27285	-1	RHABDOMYOLYSIS , disorder involving injury to the kidney caused by toxic effects of the contents of muscle cells.
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Renal Disorder Other

27299	-1	RENAL DISORDER OTHER , specify.
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X. DERMATOLOGIC CONDITIONS

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
Acne		
28515	-1	ACNE , an inflammatory skin condition characterized by superficial skin eruptions that are caused by plugging of the skin pores.
Acrodermatitis		
28519	_____	ACRODERMATITIS , a skin condition peculiar to children that may be accompanied by mild symptoms of fever and malaise; may also be associated with hepatitis B infection, Epstein-Barr virus (EBV) infection, coxsackievirus A16, parainfluenza virus and other viral infections. Lesions are brownish-red or copper-colored papules that are flat topped and firm. The rash may appear as a linear string of papules with symmetrical distribution.
Allergic Rashes		
28510	-1	DRUG RASH , specify drug and drug code.
28512	-1	STEVENS-JOHNSON SYNDROME , adverse drug reaction resulting in involvement of skin and mucous membranes.
Alopecia		
28517	-1	ALOPECIA , complete loss of hair within roundish patches.
Atopic Dermatitis/Eczema		
28540	-1	ATOPIC DERMATITIS , dermatitis of unknown etiology characterized by itching and scratching in an individual with inherently irritable skin.
Eosinophilic Pustular Folliculitis		
28521	-1	EOSINOPHILIC PUSTULAR FOLLICULITIS , superficial inflammation of the hair follicles with eosinophils
Erythema Multiforme		
28513	-1	ERYTHEMA MULTIFORME , skin disorder resulting from an allergic reaction.
Erythema Toxicum Neonatorum		
28541	-1	ERYTHEMA TOXICUM NEONATORUM , benign condition in up to 50% of normal newborns characterized by a central whitish to yellowish-white papule surrounded by reddened skin, may be present for a few hours to days. Eosinophils present on skin scraping.
Erythroderma		
28522	-1	ERYTHRODERMA , rash may have target lesions, plaques, or other erythematous lesions.
Flat warts		
26678	-1	PAPILLOMA VIRUS INFECTION , common flat warts; clinical diagnosis only.
Hemangioma		
28523	-1	HEMANGIOMA SINGLE , vascular lesion of the skin which may involve underlying tissue planes, specify size and location.
Hemangioma Continued		
28524	-1	HEMANGIOMA MULTIPLE , vascular lesions of the skin which may involve underlying tissue planes, specify size and locations.

X. DERMATOLOGIC CONDITIONS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Ichthyosis

28525	-1	ICHTHYOSIS , inherited skin disorder presenting with dry scaly skin most severe on extremities, classically may include fine palmar lines
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Lice

25230	-1	LICE, PROVEN , at any site, proven by direct visualization or microscopy.
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25231	-1	LICE, PRESUMED , lice at any site responding to specific pediculosis therapy.
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Lichen Nitidus

28526	-1	LICHEN NITIDUS , skin disorder characterized by chronic itching and tiny flesh colored to pink raised persistent papules generally occurring on abdomen, flexar surface of palms and genitalia
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Lichen Planus

28527	-1	LICHEN PLANUS , recurring disorder of skin and mucous membranes resulting in inflammation, itching and distinctive skin lesions
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Pityriasis Alba

28528	-1	PITYRIASIS ALBA , common skin disorder similar to mild eczema with round or oval colorless finely scaled patches of skin. Most often presenting on the cheeks
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Pityriasis Rosea

26870	-1	PITYRIASIS ROSEA , classic skin rash with herald rash.
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Plantar Warts

28516	-1	PLANTAR WART
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Psoriasis

28529	-1	PSORIASIS , common inflammatory skin condition characterized by frequent episodes of redness, itching and thick dry silvery scales on the skin.
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Scabies

25210	-1	SCABIES, PROVEN , superficial infection, proven by microscopy.
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25215	000/001	SCABIES, PRESUMED , superficial infection, suspected; no organisms seen; positive response to treatment.
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Seborrheic Dermatitis

28542	-1	SEBORRHEIC DERMATITIS , is a papulosquamous disorder patterned on the sebum-rich areas of the scalp, face and trunk. It is characterized by loose, greasy or dry, white to yellowish scales, with or without associated reddened skin. The severity varies from mild dandruff to exfoliative erythroderma.
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Vitiligo

28530	-1	VITILIGO , loss of the pigment of the skin.
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XI. GASTROINTESTINAL DISORDERS

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Appendicitis

21225	-1	APPENDICITIS, PROVEN clinical diagnosis confirmed by surgical or histological findings.
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Cholangitis

29002	_____	CHOLANGITIS, PROVEN , ascending infection of the biliary tree with biliary colic, jaundice, spiking fevers with chills and partial obstruction to the flow of bile; proven by positive blood cultures.
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29003	000/001	CHOLANGITIS, PRESUMED , ascending infection of the biliary tree with biliary colic, jaundice, spiking fevers with chills and partial obstruction to the flow of bile; presumed: blood cultures negative or not done.
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Cholelithiasis

29004	-1	CHOLELITHIASIS , presence of stones in the gall bladder; proven by either x-ray; cholecystiogram; gall bladder ultrasound or radioisotope scan.
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Esophagitis

29005	_____	ESOPHAGITIS, PROVEN , inflammation of the esophagus with burning. Retrosternal discomfort that moves up and down in the chest, relieved by upright posture, antacids; proven by diagnostic evaluation.
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29006	-1	ESOPHAGITIS, PRESUMED , inflammation of the esophagus with burning retrosternal discomfort that moves up and down in the chest, relieved by upright posture, antacids; presumed, diagnostic evaluation not done.
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Gastric Disorder

29009	-1	GASTRIC DISORDER , specify
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Gastritis/Ulcer Disease

29010	_____	GASTRITIS, PROVEN , inflammation of the lining of the stomach confirmed by radiographic and/or endoscopic means. Etiology confirmed by urease test on biopsy specimen or by urease breath test or histologic test.
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29011	000/001	GASTRITIS, PRESUMED , clinical syndrome consistent with inflammation of the lining of the stomach, confirmatory tests not diagnostic or not done.
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Gastroesophageal Reflux

29012	-1	GASTROESOPHAGEAL REFLUX , regurgitation of gastric contents into the esophagus possibly causing inflammation.
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XI. GASTROINTESTINAL DISORDERS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Intussusception

29013	-1	INTUSSUSCEPTION, PROVEN , Invagination of one segment of intestine into a segment of distal intestine.
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Level 1 Diagnostic Certainty: The demonstration of invagination of the intestine by ≥ 1 of the following:

- At surgery; and/or
- Radiologically, by either air or liquid contrast enema; or by {demonstration of an abdominal mass by abdominal ultrasound with specific characteristic features (target or doughnut sign on transverse scan AND a psuedo-kidney or sandwich sign on longitudinal scan) that is proven to be reduced by hydrostatic enema on a postreduction (repeat ultrasound); and/or
- At autopsy

29014	-1	INTUSSUSCEPTION, PRESUMED , intussusception suspected but not proven by surgery, radiology, or autopsy
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Pancreatitis

29008	_____	PANCREATITIS , inflammation of the pancreas related either to infection or medication with elevated enzymes specific to the pancreas (i.e., amylase, lipase).
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XII. GENITOURINARY/SEXUALLY TRANSMITTED DISEASES

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Balanitis

29100	_____	BALANITIS , inflammation of the glans of the penis, specify organism if identified.
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Chancroid

21450	_____	CHANCROID, PROVEN , painful genital ulcer, proven by culture or gram stain.
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21451	000/001	CHANCROID, PRESUMED , painful genital ulcer, cultures not done or not diagnostic.
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Dysmenorrhea/Amenorrhea

29110	-1	DYSMENORRHEA, PRIMARY , painful menstrual cramps, no underlying abnormality, usually appears within 2 years of menarche.
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29111	-1	DYSMENORRHEA, SECONDARY , painful menstrual cramps, due to underlying pathology, usual onset beyond 2 years of menarche.
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29112	-1	AMENORRHEA, PRIMARY , no onset of menses beyond the age at which menarche normally occurs, based on age, Tanner staging, and age of maternal menarche.
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29113	-1	AMENORRHEA OR OLIGOMENORRHEA, SECONDARY , cessation of established menses for greater than 3 months.
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Lymphogranuloma

21470	_____	LYMPHOGRANULOMA VENEREUM, PROVEN , by culture or serology.
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Orchitis

29130	_____	ORCHITIS , inflammation of the testes, clinical diagnosis, specify etiology.
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Salpingitis/Pelvic Inflammatory Disease (PID)

21401	_____	SALPINGITIS/PID, PROVEN , etiology proven by positive test for specific organism from material obtained by laparoscopy or cul de sac aspiration, or cervical/vaginal diagnostic test.
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21411	000/001	SALPINGITIS/PID, PRESUMED , diagnosed clinically.
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21421	_____	SALPINGITIS/PID, ABSCESS , with tubo-ovarian abscess.
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Syphilis, Non Congenital

EARLY CONGENITAL SYPHILIS, UNLIKELY, There is no longer an acceptable definition for this diagnosis.

21520	-1	ACQUIRED SYPHILIS, PROVEN , primary or secondary infection, proven by serologic methods and/ or demonstration of <u>T. pallidum</u> in clinical specimens; no evidence of neurosyphilis.
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21525	-1	ACQUIRED NEUROSYPHILIS , proven by positive serology of CSF, excluding congenital infection.
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XII. GENITOURINARY/SEXUALLY TRANSMITTED DISEASES (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Syphilis, Non Congenital

21530	-1	ACQUIRED SYPHILIS, TERTIARY , clinical diagnosis by positive serology. Congenital syphilis excluded. This excludes cardiovascular and neuro tertiary syphilis.
21531	-1	SYPHILIS, LATENT , positive anti-treponemal antibody test with no clinical manifestations; CSF antibody is normal.

Trichomoniasis

25220	-1	TRICHOMONIASIS , urethral or vaginal, diagnosed by trichomonas seen on wet prep, PAP smear or culture.
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Urethritis

21660	_____	URETHRITIS , diagnosed clinically and by demonstration of specific organism in exudate. URETHRITIS, PRESUMED, There is no longer an acceptable definition for this diagnosis.
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XIII. ORAL DISORDERS

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Necrotizing Ulcerative Gingivitis or Periodontitis, specify gingivitis or periodontitis

This is a clinical diagnosis without definitive criteria

65014	-1	NECROTIZING ULCERATIVE GINGIVITIS OR PERIODONTITIS, PROBABLE, <ol style="list-style-type: none">1. Destruction of one or more interdental gingival papillae. In the acute stage of the process ulceration, necrosis, and sloughing may be seen with ready hemorrhage and characteristic fetid odor.2. In the case of necrotizing ulcerative periodontitis, the condition is characterized by soft tissue loss as a result of ulceration or necrosis. Exposure, destruction or sequestration of alveolar bone may be seen, and the teeth may become loosened.3. Usually of a sudden onset and rapidly worsens. Moderate to severe pain may be a prominent feature.
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Angular Cheilitis

This is a clinical diagnosis without definitive criteria.

65022	-1	ANGULAR CHEILITIS, PROBABLE, <ol style="list-style-type: none">1. Red or white fissures or linear ulcers located at the lip commissures or corners of the mouth. There may be no pain or possible mild pain when opening the mouth. The lesions/symptoms are usually intermittent, but may be long-standing.
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Aphthous Stomatitis Recurrent

64049	-1	RECURRENT APHTHOUS STOMATITIS <p>Clinical presentation of single or multiple, white/yellow, well circumscribed, painful ulcer(s) on non-keratinized tissue. A red halo is usually present around each ulcer.</p> <p>Minor aphthous ulcers may be, 0.2 to 0.5 cm in diameter and lasts 7 to 10 days.</p> <p>Major aphthous ulcers are greater than (>) 0.5 cm in size (may be as large as 2 cm in diameter) and may last for weeks.</p> <p>There may be moderate to severe pain, especially when eating. Patient reports a long-term history recurrent ulcers.</p>
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Gingivitis

26800	-1	GINGIVITIS , nonspecific etiology.
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XIII. ORAL DISORDERS

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Lineal Gingival Erythema (LGE)

26830	-1	LINEAL GINGIVAL ERYTHEMA (LGE) , band shaped or punctate erythema and is characterized by distinctive erythema of the free and attached gingivae and alveolar mucosa, which may bleed spontaneously. Plaque accumulation is minimal. Lineal gingival erythema is resistant to local treatment measures.
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**Ulcerations NOS (Not Otherwise Specified)/Necrotizing Ulcerative Stomatitis, SPECIFY
ULCERATIONS NOS, ORAL OR NECROTIZING ULCERATIVE STOMATITIS**

65013	-1	ULCERATIONS NOS (NOT OTHERWISE SPECIFIED)/NECROTIZING ULCERATIVE STOMATITIS, CONFIRMED, Histologic features are those of non-specific ulceration. Microbiologic studies fail to identify a specific etiologic agent.
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65012	-1	ULCERATIONS NOS (NOT OTHERWISE SPECIFIED)/NECROTIZING ULCERATIVE STOMATITIS, PROBABLE, Large (>0.5 cm and sometimes up to 3 cm) ulceration(s) with white/yellow necrotic base that may be located on either keratinized or non-keratinized mucosa. NOTE: The clinical appearance is similar to that of major aphthous ulcer, but there is no history of recurrent lesions. Necrotizing ulcerative stomatitis presents as localized, painful ulceronecrotic lesions of the oral mucosa that exposes underlying bone or penetrates or extends into contiguous tissues. Severe pain may be a prominent feature. It has a sudden onset, but may be long-standing and/or recurrent.
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XIV. CARDIOPULMONARY DISORDERS

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Aneurysm

27075	-1	ANEURYSM , abnormal widening or ballooning of a portion of a blood vessel; specify location of blood vessel.
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Angina Pectoris

27058	-1	ANGINA PECTORIS , history of specific type of pain in the chest caused by exertion or excitement and alleviated with rest resulting from decreased blood flow through the blood vessels of the heart muscle. Electrocardiograph or stress test findings consistent with ischemia.
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Arrhythmia

27059	-1	ARRHYTHMIA , disorder of heart rate or rhythm.
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Asthma/RAD

27010	-1	ASTHMA/RAD , (reactive airway disease), specify.
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Cardiac Abnormality

27068	-1	CARDIAC ABNORMALITY , specify.
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Cardiomyopathy

27000	-1	CARDIOMYOPATHY , Left or right ventricular diastolic/systolic dimensions ≥ 2 SD from the mean for body surface area. OR Abnormal fractional shortening index ≥ 2 SD from the mean.
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Congestive Heart Disease.

27060	-1	CONGESTIVE HEART DISEASE , chronic or acute loss of contracting myocardium
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Chronic Obstructive Pulmonary Disease (COPD)/Emphysema.

27066	-1	CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)/EMPHYSEMA , prolonged or persistent respiratory dysfunction resulting in oxygenation or CO ₂ elimination at an inappropriate rate
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Coronary Heart Disease (CHD)/Coronary Artery Disease (CAD)

68147	-1	CORONARY HEART DISEASE (CHD)/CORONARY ARTERY DISEASE (CAD) , includes all clinically suspected and/or angiographically confirmed CAD.
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Cystic Fibrosis

27067	-1	CYSTIC FIBROSIS , systemic inherited disease of the exocrine glands.
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XIV. CARDIOPULMONARY DISORDERS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Deep Vein Thrombosis

68224	-1	DEEP VEIN THROMBOSIS (DVT), CONFIRMED, 1. Clinical presentation of swelling and/or pain/tenderness of one or both lower extremities. <u>and</u> 2. Findings consistent with DVT on ultrasound, Doppler, computerized tomography (CT) or other acceptable diagnostic method.
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68225	-1	DEEP VEIN THROMBOSIS (DVT), PROBABLE, 1. Clinical presentation of swelling and/or pain/tenderness of one or both lower extremities.
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Myocardial Infarction

68220	-1	MYOCARDIAL INFARCTION, ACUTE (SYMPTOMATIC), CONFIRMED, 1. Symptoms suggestive of myocardial infarction. <u>and</u> 2. Cardiology report of electrocardiograph indicating findings consistent with myocardial infarction. (For example, new Q wave present in 2 or more contiguous leads and with either duration \geq 40 msec or amplitude $>$ $\frac{1}{4}$ of R wave.) <u>or</u> 3. Significant elevation of serum enzymes as demonstrated by one of the following: a. CPK-MB present, or above upper limit of normal (depending on how local lab records) within 36 hours of onset of acute symptoms of MI. b. Reversal of LDH/LDH2 ratio within 5 days of the onset of acute symptoms of MI. c. CPK total at least 1.25 times the upper limit of normal for the laboratory that performed the test (in the absence of other possible causes for elevation of the CPK total and with CPK-MB missing, not done, or done more than 36 hours after onset of symptoms). d. SGOT, LDH or other cardiac enzymes at least 1.25 times the upper limit of normal for the laboratory that performed the test (in the absence of other possible causes for elevation of the enzymes and with CPK-MB missing, not done, or done more than 36 hours after the onset of symptoms.) e. Elevation ($>$ 0.1ng/mL) in serum cardiac-specific troponin I (cTnI) and troponin T (cTnT). (Note: Serum levels of cTnI and cTnT increase 3-12 hours after onset of MI, reach a peak in 24-48 hours, and return to baseline over 5-14 days.)
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68223	-1	MYOCARDIAL INFARCTION, SILENT (found at routine ECG or on hospital ECGs), specify asymptomatic or symptomatic Cardiology report of electrocardiograph indicating findings consistent with myocardial infarction. (For example, new Q wave present in two (2) or more contiguous leads and with either duration \geq 40 msec or amplitude $>$ $\frac{1}{4}$ R wave.)
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XIV. CARDIOPULMONARY DISORDERS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Pericarditis

27064	_____	PERICARDITIS , inflammation of the pericardium causing severe substernal chest pain; proven by ECG, or radiologic tests.
23647	-1	MYCOBACTERIUM TUBERCULOSIS, PERICARDITIS, PROVEN , mycobacterium tuberculosis isolated from pericardial aspirate or pericardial biopsy.
23648	000/001	MYCOBACTERIUM TUBERCULOSIS, PERICARDITIS, PRESUMED , appropriate clinical findings and test results and one of the following: Abnormal echocardiography of the heart (constrictive pericarditis or pericardial effusion) OR If pericardiocentesis done: no other pathogens identified OR Typical histopathology present (granuloma), or no other pathogens identified

Peripheral Vascular Disease (Pvd)

NOTE: Intermittent claudication is a symptom of peripheral vascular disease. Report only diagnoses of PVD using this diagnosis code. Symptoms in the absence of a physician's diagnosis should be reported on a sign and symptom form.

68141	-1	PERIPHERAL VASCULAR DISEASE (PVD) 1. Recurring episodes of pain, ache, cramp, numbness or sense of fatigue in either leg (usually calf) occurring during exercise. (intermittent claudication) <u>and</u> 2. Symptom(s) does not resolve during exercise but is relieved with rest.
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Pneumothorax

27070	-1	PNEUMOTHORAX , a collection of air or gas in the pleural cavity.
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Valvular Heart Disease

27065	-1	VALVULAR HEART DISEASE , abnormal opening or closing of a heart valve, specify valvular lesion.
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XV. OTHER DISORDERS

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Abnormality in Vision

29400	-1	ABNORMALITY IN VISION EXCLUDING REFRACTIVE ERRORS , specify.
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29401	-1	ABNORMALITY IN VISION INCLUDING REFRACTIVE ERRORS , specify.
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Bone Fracture

29430	-1	TRAUMATIC BONE FRACTURE , specify.
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29431	-1	NON-TRAUMATIC BONE FRACTURE , specify.
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29432	-1	NON-HEALING BONE FRACTURE , specify.
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Hepatic Disorder

29402	-1	HEPATIC DISORDER , specify.
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Immune Reconstitution Inflammatory Syndrome (IRIS)

29411	_____	IMMUNE RECONSTITUTION INFLAMMATORY SYNDROME (IRIS) , specify opportunistic infection or non-pathogen condition. <ol style="list-style-type: none">1. Initiation, reintroduction or change in antiretroviral therapy/regimen. AND2. ¹Evidence of:<ol style="list-style-type: none">a. an increase in CD4+ cell count as defined by ≥ 50 cells/mm³ or a ≥ 2-fold rise in CD4+ cell count, and/orb. decrease in the HIV-1 viral load of $>0.5 \log_{10}$ and/orc. weight gain or other investigator-defined signs of clinical improvement in response to initiation, reintroduction or change of antiretroviral therapy/regimen. AND <ol style="list-style-type: none">3. Symptoms and/or signs that are consistent with an infectious/inflammatory condition AND4. These symptoms and/or signs cannot be explained by a newly acquired infection, the expected clinical course of a previously recognized infectious agent, or the side effects of antiretroviral therapy itself. AND5. For purposes of data collection, the infectious/inflammatory condition must be attributable to a specific pathogen or condition.
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¹ If the study participant is being evaluated for an infectious/inflammatory condition at a time that is <4 weeks after initiation, reintroduction or change in antiretroviral therapy/regimen, items 2a-2c are not required.

Isolated Reflex Abnormalities Without Gross Motor Dysfunction

29403	-1	ISOLATED REFLEX ABNORMALITIES WITHOUT GROSS MOTOR DYSFUNCTION , hyperreflexia or abnormal primitive reflexes without other findings to suggest cerebral palsy, etc.
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XV. OTHER DISORDERS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Liver Disease, specify type

- | | | |
|-------|----|---|
| 68511 | -1 | <p>LIVER DISEASE, specify type (this includes but is not limited to the most common causes listed below)
Development of abnormal liver enzymes (ALT and/or AST and/or alkaline phosphatase) or elevation in bilirubin in a study participant with previously normal tests, or further increases (to grade ≥ 3) in a study participant with chronic abnormal levels. Most common causes in HIV-infected study participants are drug injury, viral hepatitis, steatosis, cholelithiasis, tumors, and other non-drug related conditions. In study participants with known chronic hepatitis B or C, certain drugs may worsen already present liver abnormalities, e.g., nevirapine (hepatocellular damage), indinavir and atazanavir (unconjugated bilirubinemia), lopinavir/ritonavir (hepatocellular damage), etc.</p> <ol style="list-style-type: none">1. In study participants with normal liver tests prior to initiating or changing antiretroviral therapy, the following evaluations are recommended.<ol style="list-style-type: none">a. History, physical examination, blood count, liver chemistries, ultrasound of the liver, liver biopsy (optional) and laboratory tests for viral hepatitis:<ol style="list-style-type: none">i. HAVAb IgM (for acute disease; test HAVAb IgG if negative; vaccinate if HAVAb IgG negative)ii. HbsAg, HbcAb total (HBV DNA if either is positive)iii. HCVAb (HCV RNA if positive or CD4 <200)b. As in previous sectionc. If chronic HBV, test HBV DNAd. If chronic HCV, test HCV RNAe. Liver biopsy strongly recommended to assess amount of inflammation and stage of fibrosis2. In study participants with abnormal liver tests prior to initiating or changing antiretroviral therapy, assessment of the cause should be undertaken:<ol style="list-style-type: none">a. As in previous sectionb. If chronic HBV, test HBV DNAc. If chronic HCV, test HCV RNAd. Liver biopsy strongly recommended to assess amount of inflammation and stage of fibrosis3. All study participants with suspected drug-related liver disease must have:<ul style="list-style-type: none">• No evidence of acute viral hepatitis• No evidence of tumor• No evidence of cholelithiasis• No evidence of non-drug related hepatic injury |
|-------|----|---|

Motor Developmental Delay

- | | | |
|-------|----|---|
| 29404 | -1 | <p>MOTOR DEVELOPMENTAL DELAY, patient does not have abnormalities of reflexes, tone or muscle bulk, cognitive development is reasonable but motor landmarks are delayed, for example late walking without weakness, CP, etc.</p> |
|-------|----|---|

Muscle Disorder

- | | | |
|-------|----|---|
| 29405 | -1 | <p>MUSCLE DISORDER, specify.</p> |
|-------|----|---|

Nystagmus

- | | | |
|-------|----|--|
| 29406 | -1 | <p>NYSTAGMUS, involuntary movement of the eyes.</p> |
|-------|----|--|

Ocular Mobility Disorder

- | | | |
|-------|----|--|
| 29407 | -1 | <p>OCULAR MOBILITY DISORDER, eyes do not move appropriately, other than simple strabismus, but is not obviously part of a specific syndrome such as Kearns-Sayre syndrome, etc.</p> |
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XV. OTHER DISORDERS (Continued)

<u>DIAGNOSIS CODE</u>	<u>ORGANISM CODE</u>	<u>DIAGNOSIS DESCRIPTION</u>
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Optic Nerve Atrophy

29408	-1	OPTIC NERVE ATROPHY (ONA) , a permanent visual impairment caused by damage to the optic nerve. On fundoscopic exam, optic nerve is pale but of normal diameter.
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Optic Nerve Hypoplasia

29409	-1	OPTIC NERVE HYPOPLASIA , a reduction in the number of optic nerve fibers within the optic nerve. This condition is present at birth and results in a lack of clarity and/or a poor field of vision. On fundoscopic exam, optic nerve is generally of smaller than normal diameter and may appear pale.
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Pigmentary Retinopathy

29410	-1	PIGMENTARY RETINOPATHY (RETINITIS PIGMENTOSA) , a chronic progressive disease that has its onset in early childhood. It is marked by degeneration of the retinal epithelium, esp. the rods, without inflammation; atrophy of the optic nerve; and widespread pigmentary changes in the retina. An early symptom is defective night vision followed by a constricted field of vision. Although isolated retinitis pigmentosa is a specific genetic syndrome, Pigmentary retinopathies are also found in a variety of neurodegenerative diseases including some mitochondrial disorders, neuronal ceroid lipofuscinosis and others.
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Retinitis

29420	_____	RETINITIS, PROVEN , inflammation of the retina, pathogen identified.
29421	000/001	RETINITIS, PRESUMED , inflammation of the retina, pathogen not identified.

Unexplained Persistent Fever

69026	-1	UNEXPLAINED PERSISTENT FEVER, CONFIRMED , 1. Documented fever of >37.5 ° C with negative blood culture, negative Ziehl-Nielsen stain, malaria slide and normal or unchanged chest X-ray and no other obvious foci of infection.
69025	-1	UNEXPLAINED PERSISTENT FEVER, PROBABLE 1. Fever or night sweats for more than one month, either intermittent or constant, with reported lack of response to antibiotics or antimalarial agents, without other obvious foci of disease reported or found on examination. Malaria must be excluded in malarious areas.

Visual Loss

VISUAL LOSS, There is no longer an acceptable definition for this diagnosis.

Other

29999	-1	Any other diagnosis that is not on this list, specify.
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ABORTION/MISCARRIAGE	43	CHAGAS' DISEASE	
ABRUPTIO PLACENTA.....	38	CENTRAL NERVOUS SYSTEM	
ABSCCESS	6	INVOLVEMENT	9
ACNE	74	MYOCARDITIS.....	9
ACRODERMATITIS	74	CHANCROID.....	78
ACUTE DISSEMINATED		CHILDHOOD DISINTEGRATIVE DISORDER..	59
ENCEPHALOMYELITIS (ADEM).....	52	CHOLANGITIS.....	76
ADDISON'S DISEASE	63	CHOLELITHIASIS	76
ALOPECIA.....	74	CHORIOAMNIONITIS	40
ALPERS' DISEASE	49	CHRONIC OBSTRUCTIVE PULMONARY	
AMENORRHEA	78	DISEASE.....	82
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