MDHHS Michigan Department of Health & Human Services

Medical Services Administration

BULLETIN MSA

Bulletin Number: MSA 20-10

Distribution: All Providers, Bridges Eligibility Manual (BEM) and Bridges Administrative Manual (BAM) Holders

Issued: April 28, 2020

Subject: Rescinding Work Requirements for the Healthy Michigan Plan

Effective: March 4, 2020

Programs Affected: Healthy Michigan Plan

The purpose of this policy is to rescind the work requirements described in Bulletin MSA 19-35, issued December 2, 2019. Bulletin MSA 19-35 describes work requirements that were implemented for Medicaid beneficiaries who have Healthy Michigan Plan (HMP) health care coverage. Pursuant to the court order from the United States District Court for the District of Columbia in Young et al. v. Azar et al., the Michigan Department of Health and Human Services (MDHHS) is stopping the implementation of work requirements.

HMP changes described in Section I (subsections A-C) and Section IV of Bulletin MSA 19-35 are rescinded. HMP changes described in Section II (subsections A-B) and Section III of Bulletin MSA 19-35 remain in effect. HMP changes described in the following attachments to Bulletin MSA 19-35 also remain in effect:

- Attachment I: Policy and Operational Process Document: Healthy Behavior Requirements
- Attachment II: Policy and Operational Process Document: MI Health Account Co-Pays and Fees for HMP Beneficiaries

MDHHS is also amending Attachment III: "Policy and Operational Process Document: Identification of Medically Frail Beneficiaries" of Bulletin MSA 19-35 in accordance with the court order. Because MDHHS is stopping the implementation of work requirements, MDHHS will no longer use the medically frail identification process to exempt beneficiaries from the work requirements. However, MDHHS will still use this process to exempt beneficiaries who are medically frail from cost-sharing for the HMP program. MDHHS will also still allow beneficiaries to self-report that they are medically frail through several methods, which are described in the "Policy and Operational Process Document: Identification of Medically Frail Beneficiaries."

MDHHS is implementing this bulletin effective March 4, 2020, the date of the court order from the United States District Court for the District of Columbia.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the changes noted in this bulletin. Any interested party wishing to comment on the changes may do so by submitting comments to KurdunowiczP@michigan.gov. Please include "Rescinding Work Requirements for the Healthy Michigan Plan" in the subject line.

Comments received will be considered for revisions to the changes implemented by this bulletin.

Manual Maintenance

Providers should retain this bulletin until applicable information has been incorporated into the Bridges Administration Manual (http://www.mfia.state.mi.us/olmweb/ex/html/) and the Bridges Eligibility Manual (http://www.mfia.state.mi.us/olmweb/ex/html/).

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

Kate Massey, Director
Medical Services Administration

Policy and Operational Process Document: Identification of Medically Frail Beneficiaries

BACKGROUND

Healthy Michigan Plan (HMP) beneficiaries who are considered medically frail in accordance with 42 CFR 440.315(f) are exempt from cost sharing obligations for the HMP program. Beneficiaries who are medically frail may have any of the following:

- A physical, mental, or emotional health condition that limits a daily activity (like bathing, dressing, daily chores, etc.)
- A physical, intellectual, or developmental disability that impairs the ability to perform one or more activities of daily living
- A physical, mental, or emotional health condition that requires frequent monitoring
- A disability determination based on Social Security criteria (SSDI)
- A chronic substance use disorder
- A serious and complex medical conditions or special medical needs
- Is in a nursing home, hospice, or is receiving home help services
- Is homeless
- Is a survivor of domestic violence

Beneficiaries identified as medically frail will remain exempt for 12 months from the reported date or until their next health care coverage redetermination date, whichever comes first. Based upon the results of the redetermination, the exemptions may either be extended or will end. Medically frail beneficiaries will be identified by the following methods:

Self-Identification

Individuals may report and self-attest to their medically frail status through any of the medical assistance program applications: Application for Health Coverage & Help Paying Costs (DCH-1426), the all programs Assistance Application (MDHHS-1171), and the online MI Bridges Application. A telephone option for application is also available.

Application processes include questions that allow individuals to report and attest that they have physical, mental, or emotional health conditions that limit their daily activities, such as bathing, dressing, or daily chores; or limit their ability to work, attend school, or take care of daily needs. Additionally, questions will allow the individual to report they reside in a medical or nursing facility.

If beneficiaries become medically frail during a period of eligibility, they may update their application information. In addition to the paper and online applications, beneficiaries may also call the Beneficiary Help Line (telephone option) to report and attest to the medically frail exemption at any time. Beneficiaries should also notify their specialist within 10 days of any changes in their circumstances which may affect their eligibility for assistance.

Retrospective Claims Analysis

When available, MDHHS will review health care claims data available within the Community Health Automated Medicaid Processing System (CHAMPS) from the preceding 12 months for the presence of select diagnosis codes to identify beneficiaries considered medically frail. The list of codes is included as Appendix A. MDHHS may pursue updates to this list on an annual basis. The claims data to be reviewed include the following:

a. ICD-10 diagnosis codes (over 350 codes selected) that identify:
    - Individuals with disabling mental disorders;
    - Individuals with serious and complex medical conditions; and
    - Individuals with a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living.
b. Whether a beneficiary is in a nursing home or hospice or is receiving services through the Adult Home Help program or Children's Special Health Care Services program.
c. Whether a beneficiary is homeless.
d. Whether a beneficiary is a survivor of domestic violence.

Appendix A: Medically Frail Diagnosis Codes

CODE	DESCRIPTION
A170	TUBERCULOUS MENINGITIS
A171	MENINGEAL TUBERCULOMA
A1781	TUBERCULOMA OF BRAIN AND SPINAL CORD
A1782	TUBERCULOUS MENINGOENCEPHALITIS
A1783	TUBERCULOUS NEURITIS
A1789	OTHER TUBERCULOSIS OF NERVOUS SYSTEM
A179	TUBERCULOSIS OF NERVOUS SYSTEM UNSPECIFIED
A1801	TUBERCULOSIS OF SPINE
A1802	TUBERCULOUS ARTHRITIS OF OTHER JOINTS
A1803	TUBERCULOSIS OF OTHER BONES
A1809	OTHER MUSCULOSKELETAL TUBERCULOSIS
A1810	TUBERCULOSIS OF GENITOURINARY SYSTEM UNSPECIFIED
A1811	TUBERCULOSIS OF KIDNEY AND URETER
A1812	TUBERCULOSIS OF BLADDER
A1813	TUBERCULOSIS OF OTHER URINARY ORGANS
A1814	TUBERCULOSIS OF PROSTATE
A1815	TUBERCULOSIS OF OTHER MALE GENITAL ORGANS
A1816	TUBERCULOSIS OF CERVIX
A1817	TUBERCULOUS FEMALE PELVIC INFLAMMATORY DISEASE
A1818	TUBERCULOSIS OF OTHER FEMALE GENITAL ORGANS
A182	TUBERCULOUS PERIPHERAL LYMPHADENOPATHY
A1831	TUBERCULOUS PERITONITIS
A1832	TUBERCULOUS ENTERITIS
A1839	RETROPERITONEAL TUBERCULOSIS
A184	TUBERCULOSIS OF SKIN AND SUBCUTANEOUS TISSUE
A1850	TUBERCULOSIS OF EYE UNSPECIFIED

CODE	DESCRIPTION
A1851	TUBERCULOUS EPISCLERITIS
A1852	TUBERCULOUS KERATITIS
A1853	TUBERCULOUS CHORIORETINITIS
A1854	TUBERCULOUS IRIDOCYCLITIS
A1859	OTHER TUBERCULOSIS OF EYE
A186	TUBERCULOSIS OF INNER MIDDLE EAR
A187	TUBERCULOSIS OF ADRENAL GLANDS
A1881	TUBERCULOSIS OF THYROID GLAND
A1882	TUBERCULOSIS OF OTHER ENDOCRINE GLANDS
A1883	TUBERCULOSIS OF DIGESTIVE TRACT ORGANS NEC
A1884	TUBERCULOSIS OF HEART
A1885	TUBERCULOSIS OF SPLEEN
A1889	TUBERCULOSIS OF OTHER SITES
B20	HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE
B900	SEQUELAE OF CENTRAL NERVOUS SYSTEM TUBERCULOSIS
B901	SEQUELAE OF GENITOURINARY TUBERCULOSIS
B902	SEQUELAE OF TUBERCULOSIS OF BONES AND JOINTS
B908	SEQUELAE OF TUBERCULOSIS OF OTHER ORGANS
D5700	HB-SS DISEASE WITH CRISIS, UNSPECIFIED
D5701	HB-SS DISEASE WITH ACUTE CHEST SYNDROME
D5702	HB-SS DISEASE WITH SPLENIC SEQUESTRATION
D571	SICKLE-CELL DISEASE WITHOUT CRISIS
D5720	SICKLE-CELL/HB-C DISEASE WITHOUT CRISIS
D57211	SICKLE-CELL/HB-C DISEASE WITH ACUTE CHEST SYNDROME
D57212	SICKLE-CELL/HB-C DISEASE WITH SPLENIC SEQUESTRATION
D57219	SICKLE-CELL/HB-C DISEASE WITH CRISIS, UNSPECIFIED
D5740	SICKLE-CELL THALASSEMIA WITHOUT CRISIS
D57411	SICKLE-CELL THALASSEMIA WITH ACUTE CHEST SYNDROME
D57412	SICKLE-CELL THALASSEMIA WITH SPLENIC SEQUESTRATION
D57419	SICKLE-CELL THALASSEMIA WITH CRISIS, UNSPECIFIED
D5780	OTHER SICKLE-CELL DISORDERS WITHOUT CRISIS
D57811	OTHER SICKLE-CELL DISORDERS WITH ACUTE CHEST SYNDROME
D57812	OTHER SICKLE-CELL DISORDERS WITH SPLENIC SEQUESTRATION
D57819	OTHER SICKLE-CELL DISORDERS WITH CRISIS, UNSPECIFIED
D808	OTHER IMMUNODEF W/PREDOMINANTLY ANTIBODY DEFECTS
D809	IMMUNODEF W/PREDOMINANTLY ANTIBODY DEFECTS UNS
D810	SEVERE COMBINED IMMUNODEF W/RETICULAR DYSGENESIS
D811	SEVERE COMBINED IMMUNODEF LOW T & B-CELL NUMBERS
D812	SEVERE COMBINED IMMUNODEF W/NORMAL B-CELL NUMBRS
D8130	ADENOSINE DEAMINASE DEFICIENCY, UNSPECIFIED
D8131	SEVERE COMBINED IMMUNODEF DUE TO ADENOSINE DEAMINASE DEFIC
D8132	ADENOSINE DEAMINASE 2 DEFICIENCY
D8139	OTHER ADENOSINE DEAMINASE DEFICIENCY
D814	NEZELOFS SYNDROME

CODE	DESCRIPTION
D815	PURINE NUCLEOSIDE PHOSPHORYLASE DEFICIENCY
D816	MAJ HISTOCOMPATIBILITY COMPLX CLASS I DEFICIENCY
D817	MAJ HISTOCOMPATIBILTY COMPLX CLASS II DEFICIENCY
D81810	BIOTINIDASE DEFICIENCY
D81818	OTHER BIOTIN-DEPENDENT CARBOXYLASE DEFICIENCY
D81819	BIOTIN-DEPENDENT CARBOXYLASE DEFICIENCY UNS
D8189	OTHER COMBINED IMMUNODEFICIENCIES
D819	COMBINED IMMUNODEFICIENCY UNSPECIFIED
D820	WISKOTT-ALDRICH SYNDROME
D821	DI GEORGES SYNDROME
D823	IMMUNODEFIC FLW HEREDITARY DEFECT RESPONS TO EBV
D828	IMMUNODEFIC ASSOCIATED W/OTH SPEC MAJOR DEFECT
D829	IMMUNODEFICIENCY ASSOCIATED W/MAJOR DEFECTS UNS
D830	CVI W/PREDOMINANT ABN OF B-CELL NUMBERS & FUNCT
D831	CVI W/PREDOMINANT IMMUNOREGULATORY T-CELL D/O
D832	CVI WITH AUTOANTIBODIES TO B- OR T-CELLS
E701	OTHER HYPERPHENYLALANINEMIAS
E7502	TAY-SACHS DISEASE
E7521	FABRY-ANDERSON DISEASE
E7522	GAUCHER DISEASE
E7523	KRABBE DISEASE
E75240	NIEMANN-PICK DISEASE TYPE A
E75241	NIEMANN-PICK DISEASE TYPE B
E75242	NIEMANN-PICK DISEASE TYPE C
E75243	NIEMANN-PICK DISEASE TYPE D
E75248	OTHER NIEMANN-PICK DISEASE
E75249	NIEMANN-PICK DISEASE UNSPECIFIED
E7525	METACHROMATIC LEUKODYSTROPHY
E7529	OTHER SPHINGOLIPIDOSIS
E840	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS
E8419	CYSTIC FIBROSIS W/OTH INTESTINAL MANIFESTATIONS
E848	CYSTIC FIBROSIS WITH OTHER MANIFESTATIONS
E849	CYSTIC FIBROSIS UNSPECIFIED
E8840	MITOCHONDRIAL METABOLISM DISORDER UNSPECIFIED
F0150	VASCULAR DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE
F0151	VASCULAR DEMENTIA WITH BEHAVIORAL DISTURBANCE
F0280	DEMENTIA OTH DZ CLASS ELSW W/O BEHAVRL DISTURB
F0281	DEMENTIA OTH DISEAS CLASS W/BEHAVIORAL DISTURB
F0390	UNSPEC DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE
F0391	UNSPECIFIED DEMENTIA WITH BEHAVIORAL DISTURBANCE
F04	AMNESTIC DISORDER DUE KNOWN PHYSIOLOGICAL COND
F060	PSYCHOTIC DISORDER W HALLUCIN DUE TO KNOWN PHYSIOL CONDITION
F061	CATATONIC DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION
F062	PSYCHOTIC DISORDER W DELUSIONS DUE TO KNOWN PHYSIOL COND

CODE	DESCRIPTION
F0631	MOOD DISORDER DUE TO KNOWN PHYSIOL COND W DEPRESSV FEATURES
F0632	MOOD DISORD D/T PHYSIOL COND W MAJOR DEPRESSIVE-LIKE EPSD
F0633	MOOD DISORDER DUE TO KNOWN PHYSIOL COND W MANIC FEATURES
F0634	MOOD DISORDER DUE TO KNOWN PHYSIOL COND W MIXED FEATURES
F064	ANXIETY DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION
F200	PARANOID SCHIZOPHRENIA
F201	DISORGANIZED SCHIZOPHRENIA
F202	CATATONIC SCHIZOPHRENIA
F203	UNDIFFERENTIATED SCHIZOPHRENIA
F205	RESIDUAL SCHIZOPHRENIA
F2081	SCHIZOPHRENIFORM DISORDER
F2089	OTHER SCHIZOPHRENIA
F209	SCHIZOPHRENIA UNSPECIFIED
F21	SCHIZOTYPAL DISORDER
F22	DELUSIONAL DISORDERS
F23	BRIEF PSYCHOTIC DISORDER
F24	SHARED PSYCHOTIC DISORDER
F250	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE
F251	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE
F258	OTHER SCHIZOAFFECTIVE DISORDERS
F259	SCHIZOAFFECTIVE DISORDER UNSPECIFIED
F28	OTH PSYCHOT D/O NOT DUE SUBSTANCE/PHYSIOLOG COND
F29	UNS PSYCHOSIS NOT DUE SUBSTANCE/PHYSIOLOG COND
F3012	MANIC EPISODE WITHOUT PSYCHOTIC SYMPTOMS, MODERATE
F3013	MANIC EPISODE, SEVERE, WITHOUT PSYCHOTIC SYMPTOMS
F302	MANIC EPISODE, SEVERE WITH PSYCHOTIC SYMPTOMS
F3112	BIPOLAR DISORD, CRNT EPISODE MANIC W/O PSYCH FEATURES, MOD
F3113	BIPOLAR DISORD, CRNT EPSD MANIC W/O PSYCH FEATURES, SEVERE
F312	BIPOLAR DISORD, CRNT EPISODE MANIC SEVERE W PSYCH FEATURES
F3132	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE
F314	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEV, W/O PSYCH FEATURES
F315	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEVERE, W PSYCH FEATURES
F3162	BIPOLAR DISORDER, CURRENT EPISODE MIXED, MODERATE
F3163	BIPOLAR DISORD, CRNT EPSD MIXED, SEVERE, W/O PSYCH FEATURES
F3164	BIPOLAR DISORD, CRNT EPISODE MIXED, SEVERE, W PSYCH FEATURES
F321	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE
F322	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES
F323	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEVERE W PSYCH FEATURES
F331	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE
F332	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES
F333	MAJOR DEPRESSV DISORDER, RECURRENT, SEVERE W PSYCH SYMPTOMS
F4001	AGORAPHOBIA WITH PANIC DISORDER
F410	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]
F4311	POST-TRAUMATIC STRESS DISORDER, ACUTE

CODE	DESCRIPTION
F4312	POST-TRAUMATIC STRESS DISORDER, CHRONIC
F440	DISSOCIATIVE AMNESIA
F441	DISSOCIATIVE FUGUE
F444	CONVERSION DISORDER WITH MOTOR SYMPTOM OR DEFICIT
F445	CONVERSION DISORDER WITH SEIZURES OR CONVULSIONS
F446	CONVERSION DISORDER WITH SENSORY SYMPTOM OR DEFICIT
F447	CONVERSION DISORDER WITH MIXED SYMPTOM PRESENTATION
F4481	DISSOCIATIVE IDENTITY DISORDER
F4522	BODY DYSMORPHIC DISORDER
F481	DEPERSONALIZATION-DEREALIZATION SYNDROME
F600	PARANOID PERSONALITY DISORDER
F601	SCHIZOID PERSONALITY DISORDER
F71	MODERATE INTELLECTUAL DISABILITIES
F72	SEVERE INTELLECTUAL DISABILITIES
F73	PROFOUND INTELLECTUAL DISABILITIES
F801	EXPRESSIVE LANGUAGE DISORDER
F840	AUTISTIC DISORDER
F845	ASPERGERS SYNDROME
F848	OTHER PERVASIVE DEVELOPMENTAL DISORDERS
F849	PERVASIVE DEVELOPMENTAL DISORDER UNSPECIFIED
F952	TOURETTES DISORDER
G041	TROPICAL SPASTIC PARAPLEGIA
G114	HEREDITARY SPASTIC PARAPLEGIA
G1221	AMYOTROPHIC LATERAL SCLEROSIS
G130	PARANEOPLASTIC NEUROMYOPATHY AND NEUROPATHY
G131	OTH SYSTEM ATROPHY PRIM AFFECT CNS NEOPLASTIC DZ
G231	PROGRESSIVE SUPRANUCLEAR OPHTHALMOPLEGIA
G300	ALZHEIMERS DISEASE WITH EARLY ONSET
G301	ALZHEIMERS DISEASE WITH LATE ONSET
G308	OTHER ALZHEIMERS DISEASE
G309	ALZHEIMERS DISEASE UNSPECIFIED
G3109	OTHER FRONTOTEMPORAL DEMENTIA
G3183	DEMENTIA WITH LEWY BODIES
G35	MULTIPLE SCLEROSIS
G450	VERTEBRO-BASILAR ARTERY SYNDROME
G451	CAROTID ARTERY SYNDROME HEMISPHERIC
G452	MULTIPLE & BILATERAL PRECEREBRAL ARTERY SYND
G453	AMAUROSIS FUGAX
G454	TRANSIENT GLOBAL AMNESIA
G458	OTH TRANSIENT CERBRL ISCHEMIC ATTACKS & REL SYND
G459	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED
G460	MIDDLE CEREBRAL ARTERY SYNDROME
G461	ANTERIOR CEREBRAL ARTERY SYNDROME
G462	POSTERIOR CEREBRAL ARTERY SYNDROME

CODE	DESCRIPTION
G7100	MUSCULAR DYSTROPHY, UNSPECIFIED
G7101	DUCHENNE OR BECKER MUSCULAR DYSTROPHY
G7102	FACIOSCAPULOHUMERAL MUSCULAR DYSTROPHY
G7109	OTHER SPECIFIED MUSCULAR DYSTROPHIES
G731	LAMBERT-EATON SYNDROME IN NEOPLASTIC DISEASE
G800	SPASTIC QUADRIPLEGIC CEREBRAL PALSY
G801	SPASTIC DIPLEGIC CEREBRAL PALSY
G802	SPASTIC HEMIPLEGIC CEREBRAL PALSY
G803	ATHETOID CEREBRAL PALSY
G804	ATAXIC CEREBRAL PALSY
G808	OTHER CEREBRAL PALSY
G809	CEREBRAL PALSY UNSPECIFIED
G8100	FLACCID HEMIPLEGIA AFFECTING UNSPECIFIED SIDE
G8101	FLACCID HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE
G8102	FLACCID HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE
G8103	FLACCID HEMIPLEGIA AFFECTING RT NONDOMINANT SIDE
G8104	FLACCID HEMIPLEGIA AFFECTING LT NONDOMINANT SIDE
G8110	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE
G8111	SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE
G8112	SPASTIC HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE
G8113	SPASTIC HEMIPLEGIA AFFECTING RT NONDOMINANT SIDE
G8114	SPASTIC HEMIPLEGIA AFFECTING LT NONDOMINANT SIDE
G8190	HEMIPLEGIA UNS AFFECTING UNSPECIFIED SIDE
G8191	HEMIPLEGIA UNS AFFECTING RIGHT DOMINANT SIDE
G8192	HEMIPLEGIA UNS AFFECTING LEFT DOMINANT SIDE
G8193	HEMIPLEGIA UNS AFFECTING RIGHT NONDOMINANT SIDE
G8194	HEMIPLEGIA UNS AFFECTING LEFT NONDOMINANT SIDE
G8220	PARAPLEGIA UNSPECIFIED
G8221	PARAPLEGIA COMPLETE
G8222	PARAPLEGIA INCOMPLETE
G8250	QUADRIPLEGIA UNSPECIFIED
G8251	QUADRIPLEGIA C1-C4 COMPLETE
G8252	QUADRIPLEGIA C1-C4 INCOMPLETE
G8253	QUADRIPLEGIA C5-C7 COMPLETE
G8254	QUADRIPLEGIA C5-C7 INCOMPLETE
G830	DIPLEGIA OF UPPER LIMBS
G8310	MONOPLEGIA LOWER LIMB AFFECTING UNSPECIFIED SIDE
G8311	MONOPLEGIA LOWER LIMB RIGHT DOMINANT SIDE
G8312	MONOPLEGIA LOWER LIMB LEFT DOMINANT SIDE
G8313	MONOPLEGIA LOWER LIMB RIGHT NONDOMINANT SIDE
G8314	MONOPLEGIA LOWER LIMB LEFT NONDOMINANT SIDE
G8320	MONOPLEGIA UPPER LIMB AFFECTING UNSPECIFIED SIDE
G8321	MONOPLEGIA UPPER LIMB RIGHT DOMINANT SIDE
G8322	MONOPLEGIA UPPER LIMB LEFT DOMINANT SIDE

CODE	DESCRIPTION
G8323	MONOPLEGIA UPPER LIMB RIGHT NONDOMINANT SIDE
G8324	MONOPLEGIA UPPER LIMB LEFT NONDOMINANT SIDE
G8330	MONOPLEGIA UNS AFFECTING UNSPECIFIED SIDE
G8331	MONOPLEGIA UNS AFFECTING RIGHT DOMINANT SIDE
G8332	MONOPLEGIA UNS AFFECTING LEFT DOMINANT SIDE
G8333	MONOPLEGIA UNS AFFECTING RIGHT NONDOMINANT SIDE
G8334	MONOPLEGIA UNS AFFECTING LEFT NONDOMINANT SIDE
H4930	TOTAL EXTERNAL OPHTHALMOPLEGIA UNSPECIFIED EYE
H4931	TOTAL EXTERNAL OPHTHALMOPLEGIA RIGHT EYE
H4932	TOTAL EXTERNAL OPHTHALMOPLEGIA LEFT EYE
H4933	TOTAL EXTERNAL OPHTHALMOPLEGIA BILATERAL
H4940	PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA UNS EYE
H4941	PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA RIGHT EYE
H4942	PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA LEFT EYE
H4943	PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA BILATERAL
H5120	INTERNUCLEAR OPHTHALMOPLEGIA UNSPECIFIED EYE
H5121	INTERNUCLEAR OPHTHALMOPLEGIA RIGHT EYE
H5122	INTERNUCLEAR OPHTHALMOPLEGIA LEFT EYE
H5123	INTERNUCLEAR OPHTHALMOPLEGIA BILATERAL
H52511	INTERNAL OPHTHALMOPLEGIA COMPLETE TOTAL RT EYE
H52512	INTERNAL OPHTHALMOPLEGIA COMPLETE TOTAL LT EYE
H52513	INTERNAL OPHTHALMOPLEGIA COMPLETE TOTAL BILAT
H52519	INTERNAL OPHTHALMOPLEGIA COMPLETE TOTAL UNS EYE
I120	HYPERTENSIVE CKD W/STAGE 5 CKD OR ESRD
I1311	HTN HEART & CKD W/O HF W/STAGE 5 CKD OR ESRD
I132	HTN HEART & CKD W/HF W/STAGE 5 CKD OR ESRD
I69351	HEMIPLEGIA FLW CEREBRAL INFARCT AFF RT DOM SIDE
I69352	HEMIPLEGIA FLW CEREBRAL INFARCT AFF LT DOM SIDE
I69353	HEMIPLEGIA FLW CEREBRAL INFARCT AFF RT NON-DOM
I69354	HEMIPLEGIA FLW CEREBRAL INFARCT AFF LT NON-DOM
I69359	HEMIPLEGIA FLW CEREBRAL INFARCT AFFCT UNS SIDE
M623	IMMOBILITY SYNDROME PARAPLEGIC
N184	CHRONIC KIDNEY DISEASE STAGE 4 SEVERE
N185	CHRONIC KIDNEY DISEASE STAGE 5
N186	END STAGE RENAL DISEASE
Q050	CERVICAL SPINA BIFIDA WITH HYDROCEPHALUS
Q051	THORACIC SPINA BIFIDA WITH HYDROCEPHALUS
Q052	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS
Q053	SACRAL SPINA BIFIDA WITH HYDROCEPHALUS
Q054	UNSPECIFIED SPINA BIFIDA WITH HYDROCEPHALUS
Q055	CERVICAL SPINA BIFIDA WITHOUT HYDROCEPHALUS
Q056	THORACIC SPINA BIFIDA WITHOUT HYDROCEPHALUS
Q057	LUMBAR SPINA BIFIDA WITHOUT HYDROCEPHALUS
Q058	SACRAL SPINA BIFIDA WITHOUT HYDROCEPHALUS

CODE	DESCRIPTION
Q059	SPINA BIFIDA UNSPECIFIED
Q900	TRISOMY 21, NONMOSAICISM (MEIOTIC NONDISJUNCTION)
Q901	TRISOMY 21, MOSAICISM (MITOTIC NONDISJUNCTION)
Q902	TRISOMY 21, TRANSLOCATION
Q909	DOWN SYNDROME, UNSPECIFIED
Q910	TRISOMY 18, NONMOSAICISM (MEIOTIC NONDISJUNCTION)
Q911	TRISOMY 18, MOSAICISM (MITOTIC NONDISJUNCTION)
Q912	TRISOMY 18, TRANSLOCATION
Q913	TRISOMY 18, UNSPECIFIED
Q914	TRISOMY 13, NONMOSAICISM (MEIOTIC NONDISJUNCTION)
Q915	TRISOMY 13, MOSAICISM (MITOTIC NONDISJUNCTION)
Q916	TRISOMY 13, TRANSLOCATION
Q917	TRISOMY 13, UNSPECIFIED
Q920	WHOLE CHROMOSOME TRISOMY, NONMOSAICISM (MEIOTIC NONDISJUNCTION)
Q921	WHOLE CHROMOSOME TRISOMY, MOSAICISM (MITOTIC NONDISJUNCTION)
Q922	PARTIAL TRISOMY
Q925	DUPLICATIONS WITH OTHER COMPLEX REARRANGEMENTS
Q9261	MARKER CHROMOSOMES IN NORMAL INDIVIDUAL
Q9262	MARKER CHROMOSOMES IN ABNORMAL INDIVIDUAL
Q927	TRIPLOIDY AND POLYPLOIDY
Q928	OTHER SPECIFIED TRISOMIES AND PARTIAL TRISOMIES OF AUTOSOMES
Q929	TRISOMY AND PARTIAL TRISOMY OF AUTOSOMES, UNSPECIFIED
Q930	WHOLE CHROMOSOME MONOSOMY, NONMOSAICISM (MEIOTIC NONDISJUNCTION)
Q931	WHOLE CHROMOSOME MONOSOMY, MOSAICISM (MITOTIC NONDISJUNCTION)
Q932	CHROMOSOME REPLACED WITH RING, DICENTRIC OR ISOCHROMOSOME
Q937	DELETIONS WITH OTHER COMPLEX REARRANGEMENTS
Q9381	VELO-CARDIO-FACIAL SYNDROME
Q9388	OTHER MICRODELETIONS
Q9389	OTHER DELETIONS FROM THE AUTOSOMES
Q939	DELETION FROM AUTOSOMES, UNSPECIFIED
Q952	BALANCED AUTOSOMAL REARRANGEMENT IN ABNORMAL INDIVIDUAL
Q953	BALANCED SEX/AUTOSOMAL REARRANGEMENT IN ABNORMAL INDIVIDUAL
Q992	FRAGILE X CHROMOSOME
R4181	AGE-RELATED COGNITIVE DECLINE
R532	FUNCTIONAL QUADRIPLEGIA
R54	AGE-RELATED PHYSICAL DEBILITY
T7411XA	ADULT PHYSICAL ABUSE, CONFIRMED, INITIAL ENCOUNTER
T7411XD	ADULT PHYSICAL ABUSE, CONFIRMED, SUBSEQUENT ENCOUNTER
T7411XS	ADULT PHYSICAL ABUSE, CONFIRMED, SEQUELA
T7421XA	ADULT SEXUAL ABUSE, CONFIRMED, INITIAL ENCOUNTER
T7421XD	ADULT SEXUAL ABUSE, CONFIRMED, SUBSEQUENT ENCOUNTER
T7421XS	ADULT SEXUAL ABUSE, CONFIRMED, SEQUELA

CODE	DESCRIPTION
T7431XA	ADULT PSYCHOLOGICAL ABUSE, CONFIRMED, INITIAL ENCOUNTER
T7431XD	ADULT PSYCHOLOGICAL ABUSE, CONFIRMED, SUBSEQUENT ENCOUNTER
T7431XS	ADULT PSYCHOLOGICAL ABUSE, CONFIRMED, SEQUELA
T7451XA	ADULT FORCED SEXUAL EXPLOITATION, CONFIRMED, INIT
T7451XD	ADULT FORCED SEXUAL EXPLOITATION, CONFIRMED, SUBS
T7451XS	ADULT FORCED SEXUAL EXPLOITATION, CONFIRMED, SEQUELA
T7611XA	ADULT PHYSICAL ABUSE, SUSPECTED, INITIAL ENCOUNTER
T7611XD	ADULT PHYSICAL ABUSE, SUSPECTED, SUBSEQUENT ENCOUNTER
T7611XS	ADULT PHYSICAL ABUSE, SUSPECTED, SEQUELA
T7621XA	ADULT SEXUAL ABUSE, SUSPECTED, INITIAL ENCOUNTER
T7621XD	ADULT SEXUAL ABUSE, SUSPECTED, SUBSEQUENT ENCOUNTER
T7621XS	ADULT SEXUAL ABUSE, SUSPECTED, SEQUELA
T7631XA	ADULT PSYCHOLOGICAL ABUSE, SUSPECTED, INITIAL ENCOUNTER
T7631XD	ADULT PSYCHOLOGICAL ABUSE, SUSPECTED, SUBSEQUENT ENCOUNTER
T7631XS	ADULT PSYCHOLOGICAL ABUSE, SUSPECTED, SEQUELA
T7651XA	ADULT FORCED SEXUAL EXPLOITATION, SUSPECTED, INIT
T7651XD	ADULT FORCED SEXUAL EXPLOITATION, SUSPECTED, SUBS
T7651XS	ADULT FORCED SEXUAL EXPLOITATION, SUSPECTED, SEQUELA
Z510	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY
Z5111	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY
Z5112	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY
Z590	HOMELESSNESS
Z6911	ENCNTR FOR MNTL HLTH SERV FOR VICTIM OF SPOUS OR PRTNR ABUSE
Z6981	ENCOUNTER FOR MENTAL HEALTH SERVICES FOR VICTIM OF OTH ABUSE
Z7682	AWAITING ORGAN TRANSPLANT STATUS