Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
Infectious and Parasitic Diseases	
020.0	BUBONIC PLAGUE
020.1	CELLULOCUTANEOUS PLAGUE
020.2	SEPTICEMIC PLAGUE
020.3	PRIMARY PNEUMONIC PLAGUE
020.4	SECONDARY PNEUMON PLAGUE
036.0	MENINGOCOCCAL MENINGITIS
036.1	MENINGOCOCC ENCEPHALITIS
036.2	MENINGOCOCCEMIA
036.3	MENINGOCOCC ADRENAL SYND
038.0	STREPTOCOCCAL SEPTICEMIA
038.11	METHCLLN SUSPTBLE STAPHYLOCOCCUS AUREUS SEPTICEMIA
038.12	METHICLLN RESISTNT STAPHYLOCOCCUS AURES SEPTICEMIA
038.19	OTHER STAPHYLOCOCCAL SEPTICEMIA
038.2	PNEUMOCOCCAL SEPTICEMIA
038.3	ANAEROBIC SEPTICEMIA
038.40	GRAM-NEG SEPTICEMIA NOS
038.41	H. INFLUENAE SEPTICEMIA
038.42	E COLI SEPTICEMIA
038.43	PSEUDOMONAS SEPTICEMIA
038.44	SERRATIA SEPTICEMIA
038.49	GRAM-NEG SEPTICEMIA NEC
038.8	SEPTICEMIA NEC
040.41	INFANT BOTULISM
040.42	WOUND BOTULISM
041.41	SHIGA TOXIN-PRODUCING ESCHERICHIA COLI (STEC) 0157
058.21	HUMAN HERPESVIRUS 6 ENCEPHALITIS
058.29	OTHER HUMAN HERPESVIRUS ENCEPHALITIS
066.41	WEST NILE FEVER WITH ENCEPHALITIS
070.0	HEPATITIS A WITH COMA
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders	
250.30	DIABETES COMA NEC ADULT
250.31	DIABETES COMA NEC JUVEN
250.32	DIABETES W/OTH COMA TYPE II,UNSPECIFIED,UNCONTROLL
250.33	DIABET W/ COMA,TYPE I(IDDM,JUVEN)UNCONTROLLED
251.0	HYPOGLYCEMIC COMA
Diseases of Nervous System and Sense Organs	
320.0	HEMOPHILUS MENINGITIS
320.1	PNEUMOCOCCAL MENINGITIS
320.2	STREPTOCOCCAL MENINGITIS
320.3	STAPHYLOCOCC MENINGITIS
320.7	MENING IN OTH BACT DIS
320.81	ANAEROBIC MENINGITIS,GRAM NEG,BACTERIODES-FRAGILIS
320.82	MENINGITIS DUE TO GRAM-NEGATIVE BACTERIA,NEC
320.89	MENINGITIS DUE TO OTHER SPECIFIED BACTERIA
321.0	CRYPTOCOCCAL MENINGITIS
321.1	MENING IN OTH FUNGAL DIS
321.2	MENING IN OTH VIRAL DIS
321.3	TRYPANOSOMIASIS MENINGIT
321.4	MENINGIT D/T SARCOIDOSIS
321.8	MENING IN OTH NONBAC DIS
322.0	NONPYOGENIC MENINGITIS
322.1	EOSINOPHILIC MENINGITIS
322.9	MENINGITIS NOS
323.01	ENCEPHALITIS AND ENCEPHALOMYELITIS IN VIRAL DISEAS
323.02	MYELITIS IN VIRAL DISEASES CLASSIFIED ELSEWHERE
323.1	ENCEPH,MYELITIS & ENCEPHALOMY IN RICKETTSIAL DISEA
323.2	ENCEPH,MYELITIS & ENCEPHALOMY IN PROTOZOAL DISEASE
323.41	OTHER ENCEPHALITIS AND ENCIPHALOMYELITIS DUE TO IN
323.42	OTHER MYELITIS DUE TO INFECTION CLASSIFIED ELSEWHE
323.51	ENCEPHALITIS AND ENCEPHALOMYELITIS FOLLOW IMMUNIZA
323.61	INFECTIOUS ACUTE DISSEMINATED ENCEPHALOMYELITIS
323.63	POSTINFECTIOUS MYELITIS
323.71	TOXIC ENCEPHALITIS AND ENCEPHALOMYELITIS
323.81	OTHER CAUSES OF ENCEPHALITIS AND ENCEPHALOMYELITIS
324.0	INTRACRANIAL ABSCESS
324.1	INTRASPINAL ABSCESS
324.9	CNS ABSCESS NOS
325.	PHLEBITIS INTRCRAN SINUS
345.11	GEN CONVULSIVE EPILEPSY W/ INTRACTABLE EPILEPSY
345.3	STATUS EPILEPTICUS, GRAND MAL STATUS
346.61	PERSISTENT MIGRAINE AURA W/CEREBRAL INFARCTION
346.62	PERSISTENT MIGRAINE AURA W/CEREBRAL INFARCTION
346.63	PERSISTENT MIGRAINE AURA W/CEREBRAL INFARCTION
348.82	BRAIN DEATH
357.82	CRITICAL ILLNESS POLYNEUROPATHY
357.89	OTHER INFLAMMATORY AND TOXIC NEUROPATHY
359.81	CRITICAL ILLNESS MYOPATHY
383.01	SUBPERI MASTOID ABSCESS
Diseases of Circulatory System	
410.01	AMI ANTEROLATERAL WALL, INITIAL EPISODE OF CARE

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
410.02	AMI ANTEROLATERAL WALL SUBSEQUENT EPISODE OF CARE
410.11	AMI OTHER ANTERIOR WALL INITIAL EPISODE OF CARE
410.21	AMI INFEROLATERAL WALL INITIAL EPISODE OF CARE
410.22	AMI INFEROLATERAL WALL SUBSEQUENT EPISODE OF CARE
410.31	AMI INFEROPOSTERIOR WALL INITIAL EPISODE OF CARE
410.32	AMI INFEROPOSTERIOR WALL SUBSEQUENT EPISODE CARE
410.41	AMI OTHER INFERIOR WALL INITIAL EPISODE OF CARE
410.51	AMI:OTHER LATERAL WALL INITIAL EPISODE OF CARE
410.52	AMI:OTHER LATERAL WALL SUBSEQUENT EPISODE OF CARE
410.61	AMI:TRUE POSTERIOR WALL INFARC INIT. CARE EPISODE
410.62	AMI:TRUE POSTERIOR WALL INFARCT SUBSEQUENT EPISODE
410.71	AMI:SUBENDOCARDIAL INFARCT INITIAL EPISODE OF CARE
410.72	AMI:SUBENDOCARDIAL INFARCT SUBSEQUENT CARE EPISODE
410.81	AMI:OTHER SPECIFIED SITES/INITIAL EPISODE OF CARE
410.82	AMI:OTHER SPECIFIED SITES/SUBSEQUENT CARE EPISODE
411.81	CORONARY OCCLUSION W/O MYOCARDIAL INFARCTION
415.0	ACUTE COR PULMONALE
415.11	LATROGENIC PULMONARY EMBOLISM AND INFARCTION
415.12	SEPTIC PULMONARY EMBOLISM
415.13	SADDLE EMBOLUS OF PULMONARY ARTERY
420.90	ACUTE PERICARDITIS NOS
420.91	AC IDIOPATH PERICARDITIS
420.99	ACUTE PERICARDITIS NEC
422.90	ACUTE MYOCARDITIS NOS
422.92	SEPTIC MYOCARDITIS
422.93	TOXIC MYOCARDITIS
422.99	ACUTE MYOCARDITIS NEC
428.21	ACUTE SYSTOLIC HEART FAILURE
428.23	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE
428.31	ACUTE DIASTOLIC HEART FAILURE
428.33	ACUTE ON CHRONIC DIASTOLIC HEART FAILURE
428.41	ACUTE COMBINED SYSTOLIC & DIASTOLIC HEART FAILURE
428.43	ACUTE ON CHRONIC COMBINED SYST/DIAST HEART FAILURE
430.	SUBARACHNOID HEMORRHAGE
431.	INTRACEREBRAL HEMORRHAGE
436.	CVA
441.01	DISSECTING ANEURYSM, THORACIC
441.02	DISSECTING ANEURYSM, ABDOMINAL

Code	Description
441.03	DISSECTING ANEURYSM, THORACOABDOMINAL
441.1	RUPTUR THORACIC ANEURYSM
441.2	THORACIC AORTIC ANEURYSM
441.3	RUPT ABD AORTIC ANEURYSM
441.4	ABDOM AORTIC ANEURYSM
441.5	RUPT AORTIC ANEURYSM NOS
441.6	THORACOABDOMINAL ANEURYSM, RUPTURED
441.7	THORACOABDOMINAL ANEURYSM,W/O MENTION OF RUPTURE
443.21	DISSECTION OF CAROTID ARTERY
443.22	DISSECTION OF ILIAC ARTERY
443.23	DISSECTION OF RENAL ARTERY
443.24	DISSECTION OF VERTEBRAL ARTERY
444.01	SADDLE EMBOLUS OF ABDOMINAL AORTA
444.09	OTHR ARTERIAL EMBOLISM & THROMBOSIS ABDOMINL AORTA
444.1	THORACIC AORTIC EMBOLISM
444.21	UPPER EXTREMITY EMBOLISM
444.22	LOWER EXTREMITY EMBOLISM
444.81	ILIAC ARTERY EMBOLISM
444.89	ARTERIAL EMBOLISM NEC
451.0	SUPERFIC PHLEBITIS-LEG
453.84	ACUTE VENOUS EMBOLISM/THROMBOSIS AXILLARY VEINS
453.85	ACUTE VENOUS EMBOLISM/THROMBOSIS SUBCLAVIAN VEINS
Diseases of Respiratory System	
464.11	AC TRACHEITIS W OBSTRUCT
464.21	AC LARYNGOTRACH W OBSTR
464.31	AC EPIGLOTTITIS W OBSTR
466.0	ACUTE BRONCHITIS
466.11	ACUTE BRONCHIOLITIS DUE TO RSV
466.19	ACUTE BRONCHIOLITIS,OTH INFECTIOUS ORGANISMS
484.5	PNEUMONIA IN ANTHRAX
488.01	INFLUENZA DUE IDNTIFID AVIAN INFL VIRUS W/PNEUMNA
488.11	INFLUENZA DUE ID NOVEL H1N1 INFLU VIRUS W/PNEUMNIA
488.81	INFLNZA DUE 2 IDNTIFD NVL INFLN A VIRUS W/PNEUMNA
512.0	SPONT TENS PNEUMOTHORAX
512.1	IATROGENIC PNEUMOTHORAX,POSTOPERATIVE
512.81	PRIMARY SPONTANEOUS PNEUMOTHORAX
512.82	SECONDARY SPONTANEOUS PNEUMOTHORAX
512.84	OTHER AIR LEAK
512.89	OTHER PNEUMOTHORAX
516.34	RESPIRATORY BRONCHIOLITIS INTERSTITIL LUNG
516.35	IDIOPATHIC LYMPHOID INTERSTITIAL PNEUMONIA
516.36	CRYTOGENIC ORGANIZING PNEUMONIA

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
516.37	DESQUAMATIVE INTERSTITIAL PNEUMONIA
518.0	PULMONARY COLLAPSE
518.51	ACUTE RESPIRATRY FAILURE FOLLOWING TRAUMA & SURGRY
518.52	OTHR PLMNRY INSUF,NOT CLSSFD FOLLW TRAUMA & SURGRY
518.53	ACUTE & CHRONIC RESP FAILURE FOLLW TRAUMA & SURGRY
518.7	TRANSFUSION RELATED ACUTE LUNG INJURY (TRALI)
518.81	ACUTE RESPIRATORY FAILURE
Diseases of Digestive System	
531.00	AC STOMACH ULCER W HEM
531.01	AC STOMAC ULC W HEM-OBST
531.10	AC STOMACH ULCER W PERF
531.11	AC STOM ULC W PERF-OBST
531.20	AC STOMAC ULC W HEM/PERF
531.21	AC STOM ULC HEM/PERF-OBS
531.31	AC STOMACH ULC NOS-OBSTR
532.00	AC DUODENAL ULCER W HEM
532.01	AC DUODEN ULC W HEM-OBST
532.10	AC DUODENAL ULCER W PERF
532.11	AC DUODEN ULC PERF-OBSTR
532.20	AC DUODEN ULC W HEM/PERF
532.21	AC DUOD ULC HEM/PERF-OBS
532.31	AC DUODENAL ULC NOS-OBST
533.00	AC PEPTIC ULCER W HEMORR
533.01	AC PEPTIC ULC W HEM-OBST
533.10	AC PEPTIC ULCER W PERFOR
533.11	AC PEPTIC ULC W PERF-OBS
533.20	AC PEPTIC ULC W HEM/PERF
533.21	AC PEPT ULC HEM/PERF-OBS
534.00	AC MARGINAL ULCER W HEM
534.01	AC MARGIN ULC W HEM-OBST
534.10	AC MARGINAL ULCER W PERF
534.11	AC MARGIN ULC W PERF-OBS
534.20	AC MARGIN ULC W HEM/PERF
534.21	AC MARG ULC HEM/PERF-OBS
535.71	EOSINOPHILIC GASTRITIS, W/ HEMORRHAGE
540.0	AC APPEND W PERITONITIS
540.1	ACUTE APPENDICITIS WITH PERITONEAL ABSCESS
550.00	UNILAT ING HERNIA W GANG
550.01	RECUR UNIL ING HERN-GANG
550.02	BILAT ING HERNIA W GANG
550.03	RECUR BIL ING HERN-GANG
552.8	HERNIA, SITE NEC W OBSTR
552.9	HERNIA, SITE NOS W OBSTR
560.0	INTUSSUSCEPTION

Code	Description
560.1	PARALYTIC ILEUS
560.2	VOLVULUS OF INTESTINE
567.0	PERITONITIS IN INFEC DIS
567.1	PNEUMOCOCCAL PERITONITIS
567.21	PERITONITIS (ACUTE) GENERALIZED
567.22	PERITONEAL ABSCESS
567.23	SPONTANEOUS BACTERIAL PERITONITIS
567.29	OTHER SUPPURATIVE PERITONITIS
567.31	PSOAS MUSCLE ABSCESS
567.38	OTHER RETROPERITONEAL ABSCESS
567.39	OTHER RETROPERITONEAL INFECTIONS
567.81	CHOLEPERITONITIS
567.82	SCLEROSING MESENTERITIS
567.89	OTHER SPECIFIED PERITONITIS
574.00	CHOLELITH W AC CHOLECYST
574.01	CHOLELITH/AC GB INF-OBST
574.30	CHOLEDOCHOLITH/AC GB INF
574.31	CHOLEDOCHLITH/AC GB-OBST
574.40	CHOLEDOCHLITH/GB INF NEC
574.41	CHOLEDOCHLITH/GB NEC-OBS
574.50	CHOLEDOCHOLITHIASIS NOS
574.51	CHOLEDOCHLITH NOS W OBST
574.60	CAL GB,BILE DUCT,ACUTE CHOLECYST W/O OBSTRUCTN
574.61	CAL GB,BILE DUCT,ACUTE CHOLECYST W/OBSTRUCTN
575.0	ACUTE CHOLECYSTITIS
577.0	ACUTE PANCREATITIS
578.0	HEMATEMESIS
578.1	BLOOD IN STOOL
Diseases of Genitourinary System	
584.5	ACUTE KIDNEY FAILURE W/LESION OF TUBULAR NECROSIS
584.6	ACUTE KIDNEY FAILR W/LESION RENAL CORTICL NECROSIS
584.7	AC KIDNEY FAILR W/LESION RENAL MEDULLARY NECROSIS
584.8	AC KIDNEY FAILR W/OTHR SPEC PATH LESION IN KIDNEY
590.10	AC PYELONEPHRITIS NOS
590.11	AC PYELONEPHR W MED NECR
592.0	CALCULUS OF KIDNEY
592.1	CALCULUS OF URETER
592.9	URINARY CALCULUS NOS
599.69	URINARY OBSTRUCTION,NOT ELSEWHERE CLASSIFIED
601.0	ACUTE PROSTATITIS
604.0	ORCHITIS WITH ABSCESS
608.21	EXTRAVAGINAL TORSION OF SPERMATIC CORD
608.22	INTRAVAGINAL TORSION OF SPERMATIC CORD

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
608.23	TORSION OF APPENDIX TESTIS
608.3	ATROPHY OF TESTIS
608.4	MALE GEN INFLAM DIS NEC
608.81	MALE GEN DIS IN OTH DIS
608.83	MALE GEN VASCUL DIS NEC
608.84	CHYLOCELE, TUNIC VAGINAL
608.85	STRICTURE, MALE GEN ORGN
608.86	EDEMA, MALE GENITAL ORGN
608.89	MALE GENITAL DIS NEC
610.1	DIFFUS CYSTIC MASTOPATHY
610.4	MAMMARY DUCT ECTASIA
611.0	INFLAM DISEASE OF BREAST
611.3	FAT NECROSIS OF BREAST
611.4	ATROPHY OF BREAST
611.5	GALACTOCELE
611.6	GALACTORRHEA-NONOBSTET
611.72	LUMP OR MASS IN BREAST
611.81	PTOSIS OF BREAST
611.83	CAPSULAR CONTRACTURE OF BREAST IMPLANT
611.89	OTHER SPECIFIED DISORDERS OF BREAST
612.0	DEFORMITY OF RECONSTRUCTED BREAST
612.1	DISPORPORTION OF RECONSTRUCTED BREAST
614.0	AC SALPINGO-OOPHORITIS
614.2	SALPINGO-OOPHORITIS NOS
614.3	ACUTE PARAMETRITIS
615.0	AC UTERINE INFLAMMATION
616.0	CERVICITIS
616.11	VAGINITIS IN OTH DISEASE
616.2	BCRTHOLIN'S GLAND CYST
616.3	BARTHOLIN'S GLND ABSCESS
616.4	ABSCESS OF VULVA NEC
616.51	VULVAR ULCER IN OTH DIS
616.81	MUCOSITIS (ULCERATIVE) OF CERVIX,VAGINA,AND VULVA
616.89	OTHER INFLAMMATORY DISEASE OF CERVIX,VAGINA,& VULV
617.0	UTERINE ENDOMETRIOSIS
617.1	OVARIAN ENDOMETRIOSIS
617.2	TUBAL ENDOMETRIOSIS
617.3	PELV PERIT ENDOMETRIOSIS
617.4	VAGINAL ENDOMETRIOSIS
617.5	INTESTINAL ENDOMETRIOSIS
617.6	ENDOMETRIOSIS IN SCAR
617.8	ENDOMETRIOSIS NEC
618.01	CYSTOCELE, MIDLINE
618.02	CYSTOCELE, LATERAL
618.03	URETHROCELE

Code	Description
618.04	RECTOCELE
618.05	PERINEOCELE
618.09	OTHER PROLAPSE OF VAG WALL W/O MENTION OF UTER PRO
618.1	UTERINE PROLAPSE
618.2	UTEROVAG PROLAPS-INCOMPL
618.3	UTEROVAG PROLAPS-COMPLET
618.4	UTERVAGINAL PROLAPSE NOS
618.5	POSTOP VAGINAL PROLAPSE
618.6	VAGINAL ENTEROCELE
618.7	OLD LACER PELVIC MUSCLE
618.81	INCOMPETENCE OR WEAKENING OF PUBOCERVICAL TISSUE
618.82	INCOMPETENCE OR WEAKENING OF RECTOVAGINAL TISSUE
618.83	PELVIC MUSCLE WASTING
618.84	CERVICAL STUMP PROLAPSE
618.89	OTHER SPECIFIED GENITAL PROLAPSE
619.0	URIN-GENITAL FISTUL, FEM
619.1	DIGEST-GENIT FISTUL, FEM
619.2	GENITAL-SKIN FISTUL, FEM
619.8	FEM GENITAL FISTULA NEC
619.9	FEM GENITAL FISTULA NOS
620.0	FOLLICULAR CYST OF OVARY
620.1	CORPUS LUTEUM CYST
620.2	OVARIAN CYST NEC/NOS
620.3	ACQ ATROPHY OVARY TUBE
620.4	PROLAPSE OF OVARY TUBE
620.5	TORSION OF OVARY OR TUBE
620.6	BROAD LIGAMENT LACER SYN
620.7	BROAD LIGAMENT HEMATOMA
620.8	NONINFL DIS OVARY/ADNX (REMNANT SYNDROME)NEC
621.0	POLYP OF CORPUS UTERI
621.2	HYPERTROPHY OF UTERUS
621.32	COMPLEX ENDOMETRIAL HYPERPLASIA W/O ATYPIA
621.33	ENDOMETRIAL HYPERPLASIA WITH ATYPIA
621.4	HEMATOMETRA
621.5	INTRAUTERINE SYNECHIAE
621.6	MALPOSITION OF UTERUS
621.8	DISORDERS OF UTERUS NEC
622.0	EROSION/ECTROPION CERVIX
622.12	MODERATE DYSPLASIA OF CERVIX
622.2	LEUKOPLAKIA OF CERVIX
622.3	OLD LACERATION OF CERVIX
622.4	STRICTURE OF CERVIX
622.5	INCOMPETENCE OF CERVIX

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
622.6	HYPERTROPHIC ELONG CERVX
622.7	MUCOUS POLYP OF CERVIX
622.8	NONINFLAM DIS CERVIX NEC
623.0	DYSPLASIA OF VAGINA
623.1	LEUKOPLAKIA OF VAGINA
623.2	STRICTURE OF VAGINA
623.4	OLD VAGINAL LACERATION
623.5	NONINFECT VAG LEUKORRHEA
623.6	VAGINAL HEMATOMA
623.7	POLYP OF VAGINA
623.8	NONINFLAM DIS VAGINA NEC
624.01	VULVAR INTRAEPITHELIAL NEOPLASIA I
624.02	VULVAR INTRAEPITHELIAL NEOPLASIA II
624.09	OTHER DYSTROPHY OF VULVA
624.1	ATROPHY OF VULVA
624.4	OLD LACERATION OF VULVA
624.5	HEMATOMA OF VULVA
624.8	DYSPLASIA/VULVA,INTRAEPITHELIAL NEOPLASIA I,II
625.5	PELVIC CONGESTION SYND
625.71	VULVAR VESTIBULITIS
628.0	INFERTILITY-ANOVULATION
629.0	HEMATOCELE, FEMALE NEC
629.1	HYDROCELE CANAL NUCK-FEM
Complications of Pregnancy, Childbirth, and the Puerperium	
630.	HYDATIDIFORM MOLE
632.	MISSED ABORTION
633.00	ABDOMINAL PREGNANCY W/O INTRAUTERINE PREGNANCY
633.01	ABDOMINAL PREGNANCY WITH INTRAUTERINE PREGNANCY
633.10	TUBAL PREGNANCY WITHOUT INTRAUTERINE PREGNANCY
633.11	TUBAL PREGNANCY WITH INTRAUTERINE PREGNANCY
633.20	OVARIAN PREGNANCY WITHOUT INTRAUTERINE PREGNANCY
633.21	OVARIAN PREGNANCY WITH INTRAUTERINE PREGNANCY
633.80	OTHER ECTOPIC PREGNANCY W/O INTRAUTERINE PREGNANCY
633.81	OTHER ECTOPIC PREGNANCY W INTRAUTERINE PREGNANCY
634.01	SPON ABOR W PELV INF-INC
634.02	SPON ABOR W PEL INF-COMP
634.11	SPON ABORT W HEMORR-INC
634.12	SPON ABORT W HEMORR-COMP
634.21	SPON AB W PELV DAMAG-INC
634.22	SPON AB W PEL DAMAG-COMP
634.31	SPON AB W REN FAIL-INC
634.32	SPON AB W REN FAIL-COMP
634.41	SPON AB W METAB DIS-INC
634.42	SPON AB W METAB DIS-COMP
634.51	SPON ABORT W SHOCK-INC
634.52	SPON ABORT W SHOCK-COMP
634.61	SPON ABORT W EMBOL-INC
634.62	SPON ABORT W EMBOL-COMP
634.71	SPON AB W COMPL NEC-INC
634.72	SPON AB W COMPL NEC-COMP
634.81	SPON AB W COMPL NOS-INC
634.82	SPON AB W COMPL NOS-COMP
634.91	SPON ABORT UNCOMPL-INC
634.92	SPON ABORT UNCOMPL-COMP
635.01	LEG ABOR W PELV INF-INC
635.02	LEG ABOR W PELV INF-COMP
635.11	LEGAL ABORT W HEMORR-INC
635.12	LEGAL ABOR W HEMORR-COMP
635.21	LEG AB W PELV DAMAG-INC
635.22	LEG AB W PELV DAMAG-COMP
635.31	BCG ABOR W REN FAIL-INC
635.32	LEG ABOR W REN FAIL-COMP
635.41	LEG AB W METAB DIS-INC
635.42	LEG AB W METAB DIS-COMP
635.51	LEGAL ABORT W SHOCK-INC
635.52	LEGAL ABORT W SHOCK-COMP
635.61	LEGAL ABORT W EMBOL-INC
635.62	LEGAL ABORT W EMBOL-COMP
635.71	LEG AB W COMPL NEC-INC
635.72	LEG AB W COMPL NEC-COMP
635.81	LEG AB W COMPL NOS-INC
635.82	LEG AB W COMPL NOS-COMP
635.91	LEGAL ABORT UNCOMPL-INC
635.92	LEGAL ABORT UNCOMPL-COMP
637.01	ABORT NOS W PEL INF-INC
637.02	ABORT NOS W PEL INF-COMP
637.11	ABORT NOS W HEMORR-INC
637.12	ABORT NOS W HEMORR-COMP
637.21	AB NOS W PELV DAMAG-INC
637.22	AB NOS W PELV DAMAG-COMP
637.31	AB NOS W RENAL FAIL-INC
637.32	AB NOS W RENAL FAIL-COMP
637.41	AB NOS W METAB DIS-INC
637.42	AB NOS W METAB DIS-COMP
637.51	ABORT NOS W SHOCK-INC

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
637.52	ABORT NOS W SHOCK-COMP
637.61	AB NOS W EMBOLISM-INC
637.62	AB NOS W EMBOLISM-COMP
637.71	AB NOS W COMPL NEC-INC
637.72	AB NOS W COMPL NEC-COMP
637.81	AB NOS W COMPL NOS-INC
637.82	AB NOS W COMPL NOS-COMP
637.91	AB NOS UNCOMPLICAT-INC
637.92	AB NOS UNCOMPLICAT-COMP
638.0	ATTEM ABORT W PELVIC INF
638.1	ATTEM ABORT W HEMORRHAGE
638.2	ATTEM ABORT W PELV DAMAG
638.3	ATTEM ABORT W RENAL FAIL
638.4	ATTEM ABOR W METABOL DIS
638.5	ATTEM ABORTION W SHOCK
638.6	ATTEMP ABORT W EMBOLISM
638.7	ATTEMP ABORT W COMPL NEC
638.9	ATTEMPTED ABORT UNCOMPL
639.0	POSTABORTION GU INFECT
639.1	POSTABORTION HEMORRHAGE
639.2	POSTABORT PELVIC DAMAGE
639.3	POSTABORT RENAL FAILURE
639.4	POSTABORT METABOLIC DIS
639.5	POSTABORTION SHOCK
639.6	POSTABORTION EMBOLISM
639.8	POSTABORTION COMPL NEC
639.9	POSTABORTION COMPL NOS
640.01	THREATENED ABORT-DELIVER
640.03	THREATEN ABORT-ANTEPART
640.81	HEM EARLY PREG NEC-DELIV
640.83	HEM EARLY PG NEC-ANTEPAR
640.91	HEM EARLY PREG-DELIVERED
640.93	HEM EARLY PREG-ANTEPART
641.01	PLACENTA PREVIA-DELIVER
641.03	PLACENTA PREVIA-ANTEPART
641.11	PLACENTA PREV HEM-DELIV
641.13	PLACEN PREV HEM-ANTEPART
641.21	PREM SEPAR PLACEN-DELIV
641.23	PREM SEPAR PLAC-ANTEPART
641.31	COAG DEF HEMORR-DELIVER
641.33	COAG DEF HEMORR-ANTEPART
641.81	ANTEPARTUM HEM NEC-DELIV
641.83	ANTEPART HEM NEC-ANTEPAR
641.91	ANTEPARTUM HEM NOS-DELIV
641.93	ANTEPART HEM NOS-ANTEPAR
642.01	ESSEN HYPERTEN-DELIVERED

Code	Description
642.02	ESSEN HYPERTEN-DEL W P/P
642.03	ESSEN HYPERTEN-ANTEPART
642.04	ESSEN HYPERTEN-POSTPART
642.11	RENAL HYPERTEN PG-DELIV
642.12	RENAL HYPERTEN-DEL P/P
642.13	RENAL HYPERTEN-ANTEPART
642.14	RENAL HYPERTEN-POSTPART
642.21	OLD HYPERTEN NEC-DELIVER
642.22	OLD HYPERTEN-DELIV W P/P
642.23	OLD HYPERTEN NEC-ANTEPAR
642.31	TRANS HYPERTEN-DELIVERED
642.32	TRANS HYPERTEN-DEL W P/P
642.33	TRANS HYPERTEN-ANTEPART
642.41	MILD/NOS PREECLAMP-DELIV
642.42	MILD PREECLAMP-DEL W P/P
642.43	MILD/NOS PREECLAMP-ANTEP
642.44	MILD/NOS PREECLAMP-P/P
642.51	SEVERE PREECLAMP-DELIVER
642.52	SEV PREECLAMP-DEL W P/P
642.53	SEV PREECLAMP-ANTEPARTUM
642.54	SEV PREECLAMP-POSTPARTUM
642.61	ECLAMPSIA-DELIVERED
642.62	ECLAMPSIA-DELIV W P/P
642.63	ECLAMPSIA-ANTEPARTUM
642.64	ECLAMPSIA-POSTPARTUM
642.71	TOX W OLD HYPERTEN-DELIV
642.72	TOX W OLD HYP-DEL W P/P
642.73	TOX W OLD HYPER-ANTEPART
642.74	TOX W OLD HYPER-POSTPART
642.91	HYPERTENS NOS-DELIVERED
642.92	HYPERTENS NOS-DEL W P/P
642.93	HYPERTENS NOS-ANTEPARTUM
642.94	HYPERTENS NOS-POSTPARTUM
643.01	MILD HYPEREM GRAV-DELIV
643.03	MILD HYPEREMESIS-ANTEPAR
643.11	HYPEREM W METAB DIS-DEL
643.13	HYPEREM W METAB-ANTEPART
643.21	LATE VOMIT OF PREG-DELIV
643.23	LATE VOMIT PREG-ANTEPART
643.81	VOMIT COMPL PREG-DELIVER
643.83	VOMIT COMPL PREG-ANTEPAR
643.91	VOMIT OF PREG NOS-DELIV
643.93	VOMIT OF PG NOS-ANTEPART
644.03	THRT PREM LABOR-ANTEPART
644.13	THREAT LABOR NEC-ANTEPAR
644.21	EARLY ONSET DELIVERY-DEL

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
645.11	POST TERM PREGNANCY DELIVRD,W/W/O ANTEPRTM CONDITN
645.13	POST TERM PREGNANCY ANTEPATUM CONDITION/COMPLICATN
645.21	PROLONGED PREGNANCY DELIVRD,W/W/O ANTEPRTM CONDTN
645.23	PROLONGED PREGNANCY ANTEPARTUM CONDITION/COMPLICTN
646.01	PAPYRACEOUS FETUS-DELIV
646.03	PAPYRACEOUS FET-ANTEPAR
646.11	EDEMA IN PREG-DELIVERED
646.12	EDEMA IN PREG-DEL W P/P
646.13	BCEMA IN PREG-ANTEPARTUM
646.14	EDEMA IN PREG-POSTPARTUM
646.21	RENAL DIS NOS-DELIVERED
646.22	RENAL DIS NOS-DEL W P/P
646.23	RENAL DIS NOS-ANTEPARTUM
646.24	RENAL DIS NOS-POSTPARTUM
646.31	HABITUAL ABORTER-DELIVER
646.33	HABITUAL ABORT-ANTEPART
646.41	NEURITIS-DELIVERED
646.42	NEURITIS-DELIVERED W P/P
646.43	NEURITIS OF PREG-ANTEPAR
646.44	NEURITIS OF PREG-POSTPAR
646.51	ASYM BACTERIURIA-DELIVER
646.52	ASY BACTERURIA-DEL W P/P
646.53	ASY BACTERIURIA-ANTEPART
646.54	ASY BACTERIURIA-POSTPART
646.61	GU INFECTION-DELIVERED
646.62	GU INFECTION-DELIV W P/P
646.63	GU INFECTION-ANTEPARTUM
646.64	GU INFECTION-POSTPARTUM
646.71	LIVER DISORDER-DELIVERED
646.73	LIVER DISORDER-ANTEPART
646.81	PREG COMPL NEC-DELIVERED
646.82	PREG COMPL NEC-DEL W P/P
646.83	PREG COMPL NEC-ANTEPART
646.84	PREG COMPL NEC-POSTPART
646.91	PREG COMPL NOS-DELIVERED
646.93	PREG COMPL NOS-ANTEPART
647.01	SYPHILIS-DELIVERED
647.02	SYPHILIS-DELIVERED W P/P
647.03	SYPHILIS-ANTEPARTUM
647.04	SYPHILIS-POSTPARTUM
647.11	GONORRHEA-DELIVERED
647.12	GONORRHEA-DELIVER W P/P
647.13	GONORRHEA-ANTEPARTUM
647.14	GONORRHEA-POSTPARTUM
647.21	OTHER VD-DELIVERED
647.22	OTHER VD-DELIVERED W P/P
647.23	OTHER VD-ANTEPARTUM
647.24	OTHER VD-POSTPARTUM
647.31	TUBERCULOSIS-DELIVERED
647.32	TUBERCULOSIS-DELIV W P/P
647.33	TUBERCULOSIS-ANTEPARTUM
647.34	TUBERCULOSIS-POSTPARTUM
647.41	MALARIA-DELIVERED
647.42	MALARIA-DELIVERED W P/P
647.43	MALARIA-ANTEPARTUM
647.44	MALARIA-POSTPARTUM
647.51	RUBELLA-DELIVERED
647.52	RUBELLA-DELIVERED W P/P
647.53	RUBELLA-ANTEPARTUM
647.54	RUBELLA-POSTPARTUM
647.61	OTH VIRAL DIS-DELIVERED
647.62	OTH VIRAL DIS-DEL W P/P
647.63	OTH VIRAL DIS-ANTEPARTUM
647.64	OTH VIRAL DIS-POSTPARTUM
647.81	INFECT DIS NEC-DELIVERED
647.82	INFECT DIS NEC-DEL W P/P
647.83	INFECT DIS NEC-ANTEPART
647.84	INFECT DIS NEC-POSTPART
647.91	INFECT NOS-DELIVERED
647.92	INFECT NOS-DELIVER W P/P
647.93	INFECT NOS-ANTEPARTUM
647.94	INFECT NOS-POSTPARTUM
648.01	DIABETES-DELIVERED
648.02	DIABETES-DELIVERED W P/P
648.03	DIABETES-ANTEPARTUM
648.04	DIABETES-POSTPARTUM
648.11	THYROID DYSFUNC-DELIVER
648.12	THYROID DYSFUN-DEL W P/P
648.13	THYROID DYSFUNC-ANTEPART
648.14	THYROID DYSFUNC-POSTPART
648.21	ANEMIA-DELIVERED
648.22	ANEMIA-DELIVERED W P/P
648.23	ANEMIA-ANTEPARTUM
648.24	ANEMIA-POSTPARTUM
648.31	DRUG DEPENDENCE-DELIVER
648.32	DRUG DEPENDEN-DEL W P/P
648.33	DRUG DEPENDENCE-ANTEPART
648.34	DRUG DEPENDENCE-POSTPART
648.41	MENTAL DISORDER-DELIVER

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
648.42	MENTAL DIS-DELIV W P/P
648.43	MENTAL DISORDER-ANTEPART
648.44	MENTAL DISORDER-POSTPART
648.51	CONGEN CV DIS-DELIVERED
648.52	CONGEN CV DIS-DEL W P/P
648.53	CONGEN CV DIS-ANTEPARTUM
648.54	CONGEN CV DIS-POSTPARTUM
648.61	CV DIS NEC PREG-DELIVER
648.62	CV DIS NEC-DELIVER W P/P
648.63	CV DIS NEC-ANTEPARTUM
648.64	CV DIS NEC-POSTPARTUM
648.71	BONE DISORDER-DELIVERED
648.72	BONE DISORDER-DEL W P/P
648.73	BONE DISORDER-ANTEPARTUM
648.74	BONE DISORDER-POSTPARTUM
648.81	ABN GLUCOSE TOLER-DELIV
648.82	ABN GLUCOSE-DELIV W P/P
648.83	ABN GLUCOSE-ANTEPARTUM
648.84	ABN GLUCOSE-POSTPARTUM
648.91	OTH CURR COND-DELIVERED
648.92	OTH CURR COND-DEL W P/P
648.93	OTH CURR COND-ANTEPARTUM
648.94	OTH CURR COND-POSTPARTUM
649.01	TOB USE DIS COMPL PREG,CHLDBRTH,W/WO MENT OF ANTEP
649.11	OBESITY COMP PREG,CHLDBRTH,W/WO MENT OF ANTIPARTUM
649.12	OBESITY COMP PREG,CHLDBRTH,W/MENT OF PSTPRTM COMPL
649.14	OBESITY COMP PREG,CHLDBRTH,POSTPARTUM COND OR COMP
649.32	COAGULATION DEFECT COMP PREG,W/MENT OF POSTPARTUM
649.42	EPILEPSY COMPL PREG W/MENTION OF POSTPARTUM CONDIT
649.71	CERVICAL SHORTEN,DELVRD W OR W/O ANTEPARTM CONDITN
649.73	CERVICAL SHORTN, ANTEPARTUM CONDITION/COMPLICATION
649.81	LBR AFTR 37WKS GESTATN B4 39 W/DEL PLN W/O PSTPTM
650.	NORMAL DELIVERY
651.01	TWIN PREGNANCY-DELIVERED
651.03	TWIN PREGNANCY-ANTEPART
651.11	TRIPLET PREGNANCY-DELIV
651.13	TRIPLET PREG-ANTEPARTUM
651.21	QUADRUPLET PREG-DELIVER
651.23	QUADRUPLET PREG-ANTEPART

Code	Description
651.30	TWIN PREGNANCY W FETAL LOSS & RETENTN OF ONE FETUS
651.31	TWIN PREG W FETAL LOSS & RETENTN OF 1 FETUS,DELIVE
651.33	TWIN PREG W FETAL LOSS & RETENTN OF 1 FETUS,ANTEPA
651.40	TRIPLET PREG W FETAL LOSS & RETENTN 1 > FETUS(ES)
651.41	TRIPLET PREG W FETAL LOSS, DELIVERED,W OR W/O ANTE
651.43	TRIPLET PREG W FETAL LOSS, ANTEPARTUM CONDITION
651.51	QUADRUPLET PREG W FETAL LOSS, DELIVERED
651.53	GUADRUPLET PREG W FETAL LOSS,ANTEPARTUM CONDITION
651.61	OTHER MULT PREG W FETAL LOSS,DELIVERED
651.63	OTHER MULTIPLE PREG W FETAL LOSS,ANTEPARTUM CONDIT
651.71	MULT GEST FOLLOW FETAL REDUC,DELIVER W/W/O ANTEPAR
651.73	MULT GEST FOLLOW FETAL REDUC,ANTEPART COND OR COMP
651.81	MULTI GESTAT NEC-DELIVER
651.83	MULTI GEST NEC-ANTEPART
651.91	MULT GESTATION NOS-DELIV
651.93	MULTI GEST NOS-ANTEPART
652.01	UNSTABLE LIE-DELIVERED
652.03	UNSTABLE LIE-ANTEPARTUM
652.11	CEPHALIC VERS NOS-DELIV
652.13	CEPHAL VERS NOS-ANTEPART
652.21	BREECH PRESENTAT-DELIVER
652.23	BREECH PRESENT-ANTEPART
652.31	TRANSVER/OBLIQ LIE-DELIV
652.33	TRANSV/OBLIQ LIE-ANTEPAR
652.41	FACE/BROW PRESENT-DELIV
652.43	FACE/BROW PRES-ANTEPART
652.51	HIGH HEAD AT TERM-DELIV
652.53	HIGH HEAD TERM-ANTEPART
652.61	MULT GEST MALPRES-DELIV
652.63	MULT GES MALPRES-ANTEPAR
652.71	PROLAPSED ARM-DELIVERED
652.73	PROLAPSED ARM-ANTEPART
652.81	MALPOSITION NEC-DELIVER
652.83	MALPOSITION NEC-ANTEPART
652.91	MALPOSITION NOS-DELIVER
652.93	MALPOSITION NOS-ANTEPART
653.01	PELVIC DEFORM NOS-DELIV
653.03	PELV DEFORM NOS-ANTEPART
653.11	CONTRACT PELV NOS-DELIV
653.13	CONTRAC PELV NOS-ANTEPAR
653.21	INLET CONTRACTION-DELIV
653.23	INLET CONTRACT-ANTEPART

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
653.31	OUTLET CONTRACTION-DELIV
653.33	OUTLET CONTRACT-ANTEPART
653.41	FETOPELV DISPROPOR-DELIV
653.43	FETOPEL DISPROP-ANTEPART
653.51	FETAL DISPROP NOS-DELIV
653.53	FETAL DISPRO NOS-ANTEPAR
653.61	HYDROCEPH FETUS-DELIVER
653.63	HYDROCEPH FETUS-ANTEPART
653.71	OTH ABN FET DISPRO-DELIV
653.73	OTH ABN FET DISPRO-ANTEP
653.81	DISPROPORTION NEC-DELIV
653.83	DISPROPOR NEC-ANTEPARTUM
653.91	DISPROPORTION NOS-DELIV
653.93	DISPROPOR NOS-ANTEPARTUM
654.01	CONGEN ABN UTERUS-DELIV
654.02	CONG ABN UTER-DEL W P/P
654.03	CONGEN ABN UTER-ANTEPART
654.04	CONGEN ABN UTER-POSTPART
654.11	UTERINE TUMOR-DELIVERED
654.12	UTERINE TUMOR-DEL W P/P
654.13	UTERINE TUMOR-ANTEPARTUM
654.14	UTERINE TUMOR-POSTPARTUM
654.21	PREV C-SECT NOS-DELIVER
654.23	PREV C-SECT NOS-ANTEPART
654.31	RETROVERT UTERUS-DELIVER
654.32	RETROVERT UTER-DEL W P/P
654.33	RETROVERT UTER-ANTEPART
654.34	RETROVERT UTER-POSTPART
654.41	ABN UTERUS NEC-DELIVERED
654.42	ABN UTERUS NEC-DEL W P/P
654.43	ABN UTERUS NEC-ANTEPART
654.44	ABN UTERUS NEC-POSTPART
654.51	CERVICAL INCOMPET-DELIV
654.52	CERV INCOMPET-DEL W P/P
654.53	CERV INCOMPET-ANTEPARTUM
654.54	CERV INCOMPET-POSTPARTUM
654.61	ABN CERVIX NEC-DELIVERED
654.62	ABN CERVIX NEC-DEL W P/P
654.63	ABN CERVIX NEC-ANTEPART
654.64	ABN CERVIX NEC-POSTPART
654.71	ABNORM VAGINA-DELIVERED
654.72	ABNORM VAGINA-DEL W P/P
654.73	ABNORM VAGINA-ANTEPARTUM
654.74	ABNORM VAGINA-POSTPARTUM
654.81	ABNORMAL VULVA-DELIVERED
654.82	ABNORMAL VULVA-DEL W P/P

Code	Description
654.83	ABNORMAL VULVA-ANTEPART
654.84	ABNORMAL VULVA-POSTPART
654.91	ABN PELV ORG NOS-DELIVER
654.92	ABN PELV NOS-DELIV W P/P
654.93	ABN PELV ORG NOS-ANTEPAR
654.94	ABN PELV ORG NOS-POSTPAR
655.01	FETAL CNS MALFORM-DELIV
655.03	FETAL CNS MALFOR-ANTEPAR
655.11	FETAL CHROMOSO ABN-DELIV
655.13	FET CHROMO ABN-ANTEPART
655.21	FAMIL HEREDIT DIS-DELIV
655.23	FAMIL HERED DIS-ANTEPART
655.31	FET DAMG D/T VIRUS-DELIV
655.33	FET DAMG D/T VIRUS-ANTEP
655.41	FET DAMG D/T DIS-DELIVER
655.43	FET DAMG D/T DIS-ANTEPAR
655.51	FET DAMAG D/T DRUG-DELIV
655.53	FET DAMG D/T DRUG-ANTEPA
655.61	RADIAT FETAL DAMAG-DELIV
655.63	RADIAT FET DAMAG-ANTEPAR
655.70	DECREASED FETAL MOVEMENTS-NON-SPECIFIC
655.71	DECREASED FETAL MOVEMENT - DELIVERED
655.73	DECREASED FETAL MOVEMENT-ANTEPARTUM CONDITION
655.81	FETAL ABNORM NEC-DELIVER
655.83	FETAL ABNORM NEC-ANTEPAR
655.91	FETAL ABNORM NOS-DELIVER
655.93	FETAL ABNORM NOS-ANTEPAR
656.01	FETAL-MATERNAL HEM-DELIV
656.03	FETAL-MATERN HEM-ANTEPAR
656.11	RH ISOIMMUNIZAT-DELIVER
656.13	RH ISOIMMUNIZAT-ANTEPART
656.21	ABO ISOIMMUNIZAT-DELIVER
656.23	ABO ISOIMMUNIZAT-ANTEPAR
656.31	FETAL DISTRESS-DELIVERED
656.33	FETAL DISTRESS-ANTEPART
656.41	INTRAUTER DEATH-DELIVER
656.43	INTRAUTER DEATH-ANTEPART
656.51	POOR FETAL GROWTH-DELIV
656.53	POOR FETAL GRTH-ANTEPART
656.61	EXCESS FETAL GRTH-DELIV
656.63	EXCESS FET GRTH-ANTEPART
656.71	OTH PLACENT COND-DELIVER
656.73	OTH PLACENT COND-ANTEPAR
656.81	FET/PLAC PROB NEC-DELIV
656.83	FET/PLAC PROB NEC-ANTEPA

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
656.91	FET/PLAC PROB NOS-DELIV
656.93	FET/PLAC PROB NOS-ANTEPA
657.01	POLYHYDRAMNIOS-DELIVERED W/ W/O ANTERPARTUM CONDIT
657.03	POLYHYDRAMNIOS-ANTEPART CONDITION/COMPLICATION
658.01	OLIGOHYDRAMNIOS-DELIVER
658.03	OLIGOHYDRAMNIOS-ANTEPAR
658.11	PREM RUPT MEMBRAN-DELIV
658.13	PREM RUPT MEMB-ANTEPART
658.21	PROLONG RUPT MEMB-DELIV
658.23	PROLONG RUP MEMB-ANTEPAR
658.31	ARTIFIC RUPT MEMBR-DELIV
658.33	ARTIF RUPT MEMB-ANTEPART
658.41	AMNIOTIC INFECTION-DELIV
658.43	AMNIOTIC INFECT-ANTEPART
658.81	AMNIOTIC PROB NEC-DELIV
658.83	AMNION PROB NEC-ANTEPART
658.91	AMNIOTIC PROB NOS-DELIV
658.93	AMNION PROB NOS-ANTEPART
659.01	FAIL MECH INDUCT-DELIVER
659.03	FAIL MECH INDUCT-ANTEPAR
659.11	FAIL INDUCTION NOS-DELIV
659.13	FAIL INDUCT NOS-ANTEPART
659.21	PYREXIA IN LABOR-DELIVER
659.23	PYREXIA IN LABOR-ANTEPAR
659.31	SEPTICEM IN LABOR-DELIV
659.33	SEPTICEM IN LABOR-ANTEPA
659.41	GRAND MULTIPARITY-DELIV
659.43	GRAND MULTIPARITY-ANTEPA
659.51	ELDERLY PRIMIGRAVIDA-DEL
659.53	ELDER PRIMIGRAVID-ANTEPA
659.60	ELDERLY MULTIGRAVIDA-UNS
659.61	ELDERLY MULTIGRAVIDA-DEL W/WO MENTION OF CONDITION
659.63	ELDERLY MULTIGRAVD-ANTEP CONDITION OR COMPLICATION
659.70	ABN FTL HRT RATE/RHY-UNS
659.71	ABN FTL HRT RATE/RHY-DEL
659.73	ABN FTL HRT RATE/RHY-ANT CONDITION OR COMPLICATION
659.81	COMPLIC LABOR NEC-DELIV
659.83	COMPL LABOR NEC-ANTEPART
659.91	COMPLIC LABOR NOS-DELIV
659.93	COMPL LABOR NOS-ANTEPART
660.01	OBSTRUC/FET MALPOS-DELIV
660.03	OBSTRUC/FET MALPOS-ANTEP

Code	Description
660.11	BONY PELV OBSTRUCT-DELIV
660.13	BONY PELV OBSTRUC-ANTEPA
660.21	ABN PELV TIS OBSTR-DELIV
660.23	ABN PELV TIS OBSTR-ANTEP
660.31	PERSIST OCCIPTPOST-DELIV
660.33	PERSIST OCCIPTPOST-ANTEP
660.41	SHOULDER DYSTOCIA-DELIV
660.43	SHOULDER DYSTOCIA-ANTEPA
660.51	LOCKED TWINS-DELIVERED
660.53	LOCKED TWINS-ANTEPARTUM
660.61	FAIL TRIAL LAB NOS-DELIV
660.63	FAIL TRIAL LAB NOS-ANTEP
660.71	FAILED FORCEPS NOS-DELIV
660.73	FAIL FORCEPS NOS-ANTEPAR
660.81	OBSTRUCT LABOR NEC-DELIV
660.83	OBSTRUC LABOR NEC-ANTEPA
660.91	OBSTRUCT LABOR NOS-DELIV
660.93	OBSTRUC LABOR NOS-ANTEPA
661.01	PRIM UTERINE INERT-DELIV
661.03	PRIM UTER INERT-ANTEPART
661.11	SEC UTERINE INERT-DELIV
661.13	SEC UTERINE INERT-ANTEPA
661.21	UTERINE INERT NEC-DELIV
661.23	UTERINE INERT NEC-ANTEPA
661.31	PRECIPITATE LABOR-DELIV
661.33	PRECIPITATE LABOR-ANTEPA
661.41	UTER DYSTOCIA NOS-DELIV
661.43	UTER DYSTOCIA NOS-ANTEPA
661.91	ABNORMAL LABOR NOS-DELIV
661.93	ABNORM LABOR NOS-ANTEPAR
662.01	PROLONG 1ST STAGE-DELIV
662.03	PROLONG 1ST STAGE-ANTEPA
662.11	PROLONG LABOR NOS-DELIV
662.13	PROLONG LABOR NOS-ANTEPA
662.21	PROLONG 2ND STAGE-DELIV
662.23	PROLONG 2ND STAGE-ANTEPA
662.31	DELAY DEL 2ND TWIN-DELIV
662.33	DELAY DEL 2 TWIN-ANTEPAR
663.01	CORD PROLAPSE-DELIVERED
663.03	CORD PROLAPSE-ANTEPARTUM
663.11	CORD AROUND NECK-DELIVER
663.13	CORD AROUND NECK-ANTEPAR
663.21	CORD COMPRESS NEC-DELIV
663.23	CORD COMPRES NEC-ANTEPAR
663.31	CORD ENTANGLE NEC-DELIV
663.33	CORD ENTANGL NEC-ANTEPAR

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
663.41	SHORT CORD-DELIVERED
663.43	SHORT CORD-ANTEPARTUM
663.51	VASA PREVIA-DELIVERED
663.53	VASA PREVIA-ANTEPARTUM
663.61	VASC LESION CORD-DELIVER
663.63	VASC LESION CORD-ANTEPAR
663.81	CORD COMPLICAT NEC-DELIV
663.83	CORD COMPL NEC-ANTEPART
663.91	CORD COMPLICAT NOS-DELIV
663.93	CORD COMPL NOS-ANTEPART
664.01	DEL W 1 DEG LACERAT-DEL
664.04	DEL W 1 DEG LAC-POSTPART
664.11	DEL W 2 DEG LACERAT-DEL
664.14	DEL W 2 DEG LAC-POSTPART
664.21	DEL W 3 DEG LACERAT-DEL
664.24	DEL W 3 DEG LAC-POSTPART
664.31	DEL W 4 DEG LACERAT-DEL
664.34	DEL W 4 DEG LAC-POSTPART
664.41	OB PERINEAL LAC NOS-DEL
664.44	PERINEAL LAC NOS-POSTPAR
664.51	OB PERINEAL HEMATOMA-DEL
664.54	PERIN HEMATOMA-POSTPART
664.61	ANAL SPHCTR TEAR COMP DELV, W W/O ANTEPARTUM COND
664.64	ANAL SPHCTR TEAR COMP DELV,POST PRTUM COND OR COMP
664.81	OB PERINEAL TRAU NEC-DEL
664.84	PERIN TRAUM NEC-POSTPART
664.91	OB PERINEAL TRAU NOS-DEL
664.94	PERIN TRAUM NOS-POSTPART
665.01	PRELABOR RUPT UTERUS-DEL
665.03	PRELAB RUPT UTER-ANTEPAR
665.11	RUPTURE UTERUS NOS-DELIV
665.22	INVERS UTERUS-DEL W P/P
665.24	INVERS UTERUS-POSTPART
665.31	LACERAT OF CERVIX-DELIV
665.34	LACER OF CERVIX-POSTPART
665.41	HIGH VAGINAL LACER-DELIV
665.44	HIGH VAGINAL LAC-POSTPAR
665.51	OB INJ PELV ORG NEC-DEL
665.54	INJ PELV ORG NEC-POSTPAR
665.61	DAMAGE TO PELVIC JT-DEL
665.64	DAMAGE PELVIC JT-POSTPAR
665.71	OB PELVIC HEMATOMA-DELIV
665.72	PELVIC HEMATOM-DEL W PP
665.74	PELVIC HEMATOMA-POSTPART
665.81	OB TRAUMA NEC-DELIVERED

Code	Description
665.82	OB TRAUMA NEC-DEL W P/P
665.83	OB TRAUMA NEC-ANTEPARTUM
665.84	OB TRAUMA NEC-POSTPARTUM
665.91	OB TRAUMA NOS-DELIVERED
665.92	OB TRAUMA NOS-DEL W P/P
665.93	OB TRAUMA NOS-ANTEPARTUM
665.94	OB TRAUMA NOS-POSTPARTUM
666.02	THRD-STAGE HEM-DEL W P/P
666.04	THIRD-STAGE HEM-POSTPART
666.12	POSTPA HEM NEC-DEL W P/P
666.14	POSTPART HEM NEC-POSTPAR
666.22	DELAY P/P HEM-DEL W P/P
666.24	DELAY P/PART HEM-POSTPAR
666.32	P/P COAG DEF-DEL W P/P
666.34	POSTPART COAG DEF-POSTPA
667.02	RETND PLAC NOS-DEL W P/P
667.04	RETAIN PLAC NOS-POSTPART
667.12	RET PROD CONC-DEL W P/P
667.14	RET PROD CONCEPT-POSTPAR
668.01	PULM COMPL IN DEL-DELIV
668.02	PULM COMPLIC-DEL W P/P
668.03	PULM COMPLICAT-ANTEPART
668.04	PULM COMPLICAT-POSTPART
668.11	HEART COMPL IN DEL-DELIV
668.12	HEART COMPL-DEL W P/P
668.13	HEART COMPLIC-ANTEPART
668.14	HEART COMPLIC-POSTPART
668.21	CNS COMPL LAB/DEL-DELIV
668.22	CNS COMPLIC-DEL W P/P
668.23	CNS COMPL IN DEL-ANTEPAR
668.24	CNS COMPL IN DEL-POSTPAR
668.81	ANESTH COMPL NEC-DELIVER
668.82	ANESTH COMPL NEC-DEL P/P
668.83	ANESTH COMPL ANTEPARTUM
668.84	ANESTH COMPL-POSTPARTUM
668.91	ANESTH COMPL NOS-DELIVER
668.92	ANESTH COMPL NOS-DEL P/P
668.93	ANESTH COMPL-ANTEPARTUM
668.94	ANESTH COMPL-POSTPARTUM
669.01	MATERNAL DISTRESS-DELIV
669.02	MATERN DISTRES-DEL W P/P
669.03	MATERN DISTRESS-ANTEPAR
669.04	MATERN DISTRESS-POSTPART
669.11	OBSTETRIC SHOCK-DELIVER
669.12	OBSTET SHOCK-DELIV W P/P
669.13	OBSTETRIC SHOCK-ANTEPAR

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
669.14	OBSTETRIC SHOCK-POSTPART
669.21	MATERN HYPOTEN SYN-DELIV
669.22	MATERN HYPOTEN-DEL W P/P
669.23	MATERN HYPOTENS-ANTEPAR
669.24	MATERN HYPOTENS-POSTPART
669.32	AC REN FAIL-DELIV W P/P
669.34	AC RENAL FAILURE-POSTPAR
669.41	OTH OB COMPL-DELIVERED
669.42	OTH OB COMPL-DELIV W P/P
669.44	OTH OB SURG COMPL-POSTPA
669.51	FORCEP DELIV NOS-DELIVER
669.61	BREECH EXTR NOS-DELIVER
669.71	CESAREAN DELIVERY NOS
669.81	COMP LAB/DELIV NEC-DELIV
669.82	COMPL DEL NEC-DEL W P/P
669.83	COMPL DELIV NEC-ANTEPAR
669.84	COMPL DELIV NEC-POSTPART
669.91	COMP LAB/DELIV NOS-DELIV
669.92	COMPL DEL NOS-DEL W P/P
669.93	COMPL DELIV NOS-ANTEPAR
669.94	COMPL DELIV NOS-POSTPART
670.02	MAJOR PUERPERAL INFECT,DELIVERED W/POSTPARTUM COMP
670.04	MAJOR PUERPERAL INFECTION,POSTPARTUM COND/COMPLICA
670.12	PUERPERAL ENDOMETRITIS,DELIVRD W/MNTN POSTPT COMP
670.14	PUERPERAL ENDOMETRITIS,POSTPARTM COND/COMPLICATION
670.24	PUERPERAL SEPSIS,POSTPARTUM COND/COMPLICATION
670.34	PUERPERAL SEPTIC THROMBOPH,POSTPRTM COND/COMP
670.82	OTHR PUERPERAL INFECTN,DELVRD W/MNTN PSTPRTM COMP
670.84	OTHR PUERPERAL INFECTION,PSTPRTM COND/COMP
671.01	VARICOSE VEIN LEG-DELIV
671.02	VARIC VEIN LEG-DEL W P/P
671.03	VARIC VEIN LEG-ANTEPART
671.04	VARIC VEIN LEG-POSTPART
671.11	VARICOSE VULVA-DELIVERED
671.12	VARICOSE VULVA-DEL W P/P
671.13	VARICOSE VULVA-ANTEPART
671.14	VARICOSE VULVA-POSTPART
671.21	THROMBOPHLEBITIS-DELIVER
671.22	THROMBOPHLEB-DELIV W P/P
671.23	THROMBOPHLEBIT-ANTEPART
671.24	THROMBOPHLEBIT-POSTPART

Code	Description
671.31	DEEP THROM ANTEPAR-DELIV
671.33	DEEP VEIN THROMB-ANTEPAR
671.42	THROMB POSTPAR-DEL W P/P
671.44	DEEP VEIN THROMB-POSTPAR
671.51	THROMBOSIS NEC-DELIVERED
671.52	THROMB NEC-DELIV W P/P
671.53	THROMBOSIS NEC-ANTEPART
671.54	THROMBOSIS NEC-POSTPART
671.81	VENOUS COMPL NEC-DELIVER
671.82	VEN COMP NEC-DELIV W P/P
671.83	VENOUS COMPL NEC-ANTEPAR
671.84	VENOUS COMPL NEC-POSTPAR
671.91	VENOUS COMPL NOS-DELIVER
671.92	VEN COMP NOS-DELIV W P/P
671.93	VENOUS COMPL NOS-ANTEPAR
671.94	VENOUS COMPL NOS-POSTPAR
672.02	PYREXIA OF UNKNOWN ORIGIN DURING PUERPENUM,DELIVER
672.04	PUERP PYREXIA-POSTPARTUM/COMPLICATIONS
673.01	OB AIR EMBOLISM-DELIVER
673.02	OB AIR EMBOL-DELIV W P/P
673.03	OB AIR EMBOLISM-ANTEPART
673.04	OB AIR EMBOLISM-POSTPART
673.11	AMNIOTIC EMBOLISM-DELIV
673.12	AMNIOT EMBOL-DELIV W P/P
673.13	AMNIOTIC EMBOL-ANTEPART
673.14	AMNIOTIC EMBOL-POSTPART
673.21	PULM EMBOL NOS-DELIVERED
673.22	PULM EMBOL NOS-DEL W P/P
673.23	PULM EMBOL NOS-ANTEPART
673.24	PULM EMBOL NOS-POSTPART
673.31	OB PYEMIC EMBOL-DELIVER
673.32	OB PYEM EMBOL-DEL W P/P
673.33	OB PYEMIC EMBOL-ANTEPART
673.34	OB PYEMIC EMBOL-POSTPART
673.81	PULMON EMBOL NEC-DELIVER
673.82	PULM EMBOL NEC-DEL W P/P
673.83	PULMON EMBOL NEC-ANTEPAR
673.84	PULMON EMBOL NEC-POSTPAR
674.01	PUERP CEREBVAS DIS-DELIV
674.02	CEREBVAS DIS-DELIV W P/P
674.03	CEREBROVASC DIS-ANTEPART
674.04	CEREBROVASC DIS-POSTPART
674.12	DISRUPT C-SECT-DEL W P/P
674.14	DISRUPT C-SECT-POSTPART
674.22	DISRUPT PERIN-DEL W P/P

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
674.24	DISRUPT PERINEUM-POSTPAR
674.32	OB SURG COMPL-DEL W P/P
674.34	OB SURG COMP NEC-POSTPAR
674.42	PLACENT POLYP-DEL W P/P
674.44	PLACENTAL POLYP-POSTPART
674.51	PERIPARTUM CARDIOMYOPATHY,DELIV,W/W/O ANTEPARTUM
674.52	PERIPARTUM CARDIOMYOPATHY,DELIVERED,POSTPARTUM
674.53	PERIPARTUM CARDIOMYOPATHY,ANTEPARTUM OR COMPLICATN
674.54	PERIPARTUM CARDIOMYOPATHY,POSTPARTUM OR COMPLICATN
674.82	PUERP COMP NEC-DEL W P/P
674.84	PUERP COMPL NEC-POSTPART
674.92	PUERP COMP NOS-DEL W P/P
674.94	PUERP COMPL NOS-POSTPART
675.01	INFECT NIPPLE-DELIVERED
675.02	INFECT NIPPLE-DEL W P/P
675.03	INFECT NIPPLE-ANTEPARTUM
675.04	INFECT NIPPLE-POSTPARTUM
675.11	BREAST ABSCESS-DELIVERED
675.12	BREAST ABSCESS-DEL W P/P
675.13	BREAST ABSCESS-ANTEPART
675.14	BREAST ABSCESS-POSTPART
675.21	MASTITIS-DELIVERED
675.22	MASTITIS-DELIV W P/P
675.23	MASTITIS-ANTEPARTUM
675.24	MASTITIS-POSTPARTUM
675.81	BREAST INFECT NEC-DELIV
675.82	BREAST INF NEC-DEL W P/P
675.83	BREAST INF NEC-ANTEPART
675.84	BREAST INF NEC-POSTPART
675.91	BREAST INFECT NOS-DELIV
675.92	BREAST INF NOS-DEL W P/P
675.93	BREAST INF NOS-ANTEPART
675.94	BREAST INF NOS-POSTPART
676.01	RETRACTED NIPPLE-DELIVER
676.02	RETRACT NIPPLE-DEL W P/P
676.03	RETRACT NIPPLE-ANTEPART
676.04	RETRACT NIPPLE-POSTPART
676.11	CRACKED NIPPLE-DELIVERED
676.12	CRACKED NIPPLE-DEL W P/P
676.13	CRACKED NIPPLE-ANTEPART
676.14	CRACKED NIPPLE-POSTPART
676.21	BREAST ENGORGE-DELIVERED
676.22	BREAST ENGORGE-DEL W P/P
676.23	BREAST ENGORGE-ANTEPART
676.24	BREAST ENGORGE-POSTPART
676.31	BREAST DIS NEC-DELIVERED
676.32	BREAST DIS NEC-DEL W P/P
676.33	BREAST DIS NEC-ANTEPART
676.34	BREAST DIS NEC-POSTPART
676.41	LACTATION FAIL-DELIVERED
676.42	LACTATION FAIL-DEL W P/P
676.43	LACTATION FAIL-ANTEPART
676.44	LACTATION FAIL-POSTPART
676.51	SUPPR LACTATION-DELIVER
676.52	SUPPR LACTAT-DEL W P/P
676.53	SUPPR LACTATION-ANTEPAR
676.54	SUPPR LACTATION-POSTPART
676.61	GALACTORRHEA-DELIVERED
676.62	GALACTORRHEA-DEL W P/P
676.63	GALACTORRHEA-ANTEPARTUM
676.64	GALACTORRHEA-POSTPARTUM
676.81	LACTATION DIS NEC-DELIV
676.82	LACTAT DIS NEC-DEL W P/P
676.83	LACTAT DIS NEC-ANTEPART
676.84	LACTAT DIS NEC-POSTPART
676.91	LACTATION DIS NOS-DELIV
676.92	LACTAT DIS NOS-DEL W P/P
676.93	LACTAT DIS NOS-ANTEPART
676.94	LACTAT DIS NOS-POSTPART
677.	LATE EFFECT COMPLX OF PREG,CHILDBIRTH,PUERPERIUM
678.01	FETAL HEMATOLOGIC CONDTN, DELIVRD,W/ W/O ANTEPARTM
678.03	FETAL HEMATOLOGIC COND,ANTEPARTUM COND/COMPLICATN
678.11	FETAL CONJOINED TWINS, DELIVERED W/ W/O ANTEPARTUM
678.13	FETAL CONJOINED TWINS, ANTEPARTUM COND/COMPLICATN
679.01	MATERNAL COMP UTERO PRODR,DELIVRD W/ W/O ANTEPARTM
679.02	MATERNAL COMP UTERO PROCDR,DELIVRD W/POSTPRTM COMP
679.03	MATERNAL COMP UTERO PROCDR,ANTEPARTM COND/COMP
679.04	MATERNAL COMP UTERO PROCDR,POSTPART COND/COMP
679.11	FETAL COMP UTERO PROCEDRS,DELIVRD W/ W/O ANTEPARTM
679.12	FETAL COMP UTERO PROCEDURES, DELIVRD W/POSTPARTUM

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
679.13	FETAL COMP UTERO PROCEDURE,ANTEPARTUM COND/COMP
679.14	FETAL COMP UTERO PROCDURES,POSTPARTUM COND/COMP
Diseases Skin and Subcutaneous Tissue	
682.1	CELLULITIS OF NECK
682.2	CELLULITIS OF TRUNK
682.3	CELLULITIS OF ARM
682.4	CELLULITIS OF HAND
682.5	CELLULITIS OF BUTTOCK
682.6	CELLULITIS OF LEG
682.7	CELLULITIS OF FOOT
682.8	CELLULITIS, SITE NEC
682.9	CELLULITIS NOS
Diseases of Musculoskeletal and Connective Tissue	
724.03	SPINAL STENOSIS,LUMBAR REGN,W/NEUROGENIC CLAUDCTN
Newborn (Perinatal) Guidelines	
770.84	RESPIRATORY FAILURE OF NEWBORN
770.87	RESPIRATORY ARREST OF NEWBORN
771.81	SEPTICEMIA (SEPSIS) OF NEWBORN
771.83	BACTEREMIA OF NEWBORN
777.53	STAGE 3 NECROTIZING ENTEROCOLITIS IN NEWBORN
779.85	CARDIAC ARREST OF NEWBORN
Signs, Symptoms and Ill-Defined Conditions	
780.01	ALTERATION OF CONSCIOUSNESS, COMA
780.02	TRANSIENT ALTERATION OF AWARENESS
780.03	PERSISTENT VEGETATIVE STATE
780.09	OTHER,DROWSINES,SEMICOMA,SOMNOLENCE,STUPOR,UN CONSC
780.2	SYNCOPE AND COLLAPSE
785.52	SEPTIC SHOCK
786.31	ACUTE IDIOPATHIC PULMONARY HEMORRHAGE IN INFNTS
786.39	OTHER HEMOPTYSIS
798.0	SUDDEN INFANT DEATH SYND
798.1	INSTANTANEOUS DEATH
798.2	DEATH WITHIN 24 HR SYMPT
798.9	UNATTENDED DEATH
799.01	ASPHYXIA
799.02	HYPOXEMIA
799.1	RESPIRATORY ARREST
Injury and Poisoning	
800.10	CL SKL VLT FX/CEREBR LAC
800.11	CL SKULL VLT FX W/O COMA
800.12	CL SKULL VLT FX-BRF COMA
800.13	CL SKULL VLT FX-MOD COMA
800.14	CL SKL VLT FX-PROLN COMA
800.15	CL SKUL VLT FX-DEEP COMA
800.16	CL SKULL VLT FX-COMA NOS
800.19	CL SKL VLT FX-CONCUS NOS
800.20	CL SKL VLT FX/MENING HEM
800.21	CL SKULL VLT FX W/O HEM
800.22	CL SKULL VLT FX-BRF COMA
800.23	CL SKULL VLT FX-MOD COMA
800.24	CL SKL VLT FX-PROLN COMA
800.25	CL SKUL VLT FX-DEEP COMA
800.26	CL SKULL VLT FX-COMA NOS
800.29	CL SKL VLT FX-CONCUS NOS
800.30	CL SKULL VLT FX/HEM NEC
800.31	CL SKULL VLT FX W/O COMA
800.32	CL SKULL VLT FX-BRF COMA
800.33	CL SKULL VLT FX-MOD COMA
800.34	CL SKL VLT FX-PROLN COMA
800.35	CL SKUL VLT FX-DEEP COMA
800.36	CL SKULL VLT FX-COMA NOS
800.39	CL SKL VLT FX-CONCUS NOS
800.40	CL SKL VLT FX/BR INJ NEC
800.41	CL SKULL VLT FX W/O COMA
800.42	CL SKULL VLT FX-BRF COMA
800.43	CL SKULL VLT FX-MOD COMA
800.44	CL SKL VLT FX-PROLN COMA
800.45	CL SKUL VLT FX-DEEP COMA
800.46	CL SKULL VLT FX-COMA NOS
800.49	CL SKL VLT FX-CONCUS NOS
800.50	OPN SKULL VAULT FRACTURE
800.51	OPN SKUL VLT FX W/O COMA
800.52	OPN SKUL VLT FX-BRF COMA
800.53	OPN SKUL VLT FX-MOD COMA
800.54	OPN SKL VLT FX-PROLN COM
800.55	OPN SKL VLT FX-DEEP COMA
800.56	OPN SKUL VLT FX-COMA NOS
800.59	OP SKL VLT FX-CONCUS NOS
800.60	OPN SKL VLT FX/CEREB LAC
800.61	OPN SKUL VLT FX W/O COMA
800.62	OPN SKUL VLT FX-BRF COMA
800.63	OPN SKUL VLT FX-MOD COMA
800.64	OPN SKL VLT FX-PROLN COM
800.65	OPN SKL VLT FX-DEEP COMA
800.66	OPN SKUL VLT FX-COMA NOS
800.69	OP SKL VLT FX-CONCUS NOS
800.70	OPN SKL VLT FX/MENIN HEM
800.71	OPN SKUL VLT FX W/O COMA

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
800.72	OPN SKUL VLT FX-BRF COMA
800.73	OPN SKUL VLT FX-MOD COMA
800.74	OPN SKL VLT FX-PROLN COM
800.75	OPN SKL VLT FX-DEEP COMA
800.76	OPN SKUL VLT FX-COMA NOS
800.79	OP SKL VLT FX-CONCUS NOS
800.80	OPN SKULL VLT FX/HEM NEC
800.81	OPN SKUL VLT FX W/O COMA
800.82	OPN SKUL VLT FX-BRF COMA
800.83	OPN SKUL VLT FX-MOD COMA
800.84	OPN SKL VLT FX-PROLN COM
800.85	OPN SKL VLT FX-DEEP COMA
800.86	OPN SKUL VLT FX-COMA NOS
800.89	OP SKL VLT FX-CONCUS NOS
800.90	OP SKL VLT FX/BR INJ NEC
800.91	OPN SKUL VLT FX W/O COMA
800.92	OPN SKUL VLT FX-BRF COMA
800.93	OPN SKUL VLT FX-MOD COMA
800.94	OPN SKL VLT FX-PROLN COM
800.95	OP SKUL VLT FX-DEEP COMA
800.96	OPN SKUL VOT FX-COMA NOS
801.01	CL SKUL BASE FX W/O COMA
801.02	CL SKUL BASE FX-BRF COMA
801.03	CL SKUL BASE FX-MOD COMA
801.04	CL SKL BASE FX-PROL COMA
801.05	CL SKL BASE FX-DEEP COMA
801.06	CL SKUL BASE FX-COMA NOS
801.09	CL SKULL BASE FX-CONCUSS
801.10	CL SKL BASE FX/CEREB LAC
801.11	CL SKUL BASE FX W/O COMA
801.12	CL SKUL BASE FX-BRF COMA
801.13	CL SKUL BASE FX-MOD COMA
801.14	CL SKL BASE FX-PROL COMA
801.15	CL SKL BASE FX-DEEP COMA
801.16	CL SKUL BASE FX-COMA NOS
801.19	CL SKULL BASE FX-CONCUSS
801.20	CL SKL BASE FX/MENIN HEM
801.21	CL SKUL BASE FX W/O COMA
801.22	CL SKUL BASE FX/BRF COMA
801.23	CL SKUL BASE FX-MOD COMA
801.24	CL SKL BASE FX-PROL COMA
801.25	CL SKL BASE FX-DEEP COMA
801.26	CL SKUL BASE FX-COMA NOS
801.29	CL SKULL BASE FX-CONCUSS
801.30	CL SKULL BASE FX/HEM NEC
801.31	CL SKUL BASE FX W/O COMA

Code	Description
801.32	CL SKUL BASE FX-BRF COMA
801.33	CL SKUL BASE FX-MOD COMA
801.34	CL SKL BASE FX-PROL COMA
801.35	CL SKL BASE FX-DEEP COMA
801.36	CL SKUL BASE FX-COMA NOS
801.39	CL SKULL BASE FX-CONCUSS
801.40	CL SK BASE FX/BR INJ NEC
801.41	CL SKUL BASE FX W/O COMA
801.42	CL SKUL BASE FX-BRF COMA
801.43	CL SKUL BASE FX-MOD COMA
801.44	CL SKL BASE FX-PROL COMA
801.45	CL SKL BASE FX-DEEP COMA
801.46	CL SKUL BASE FX-COMA NOS
801.49	CL SKULL BASE FX-CONCUSS
801.50	OPEN SKULL BASE FRACTURE
801.51	OPN SKL BASE FX W/O COMA
801.52	OPN SKL BASE FX-BRF COMA
801.53	OPN SKL BASE FX-MOD COMA
801.54	OP SKL BASE FX-PROL COMA
801.55	OP SKL BASE FX-DEEP COMA
801.56	OPN SKL BASE FX-COMA NOS
801.59	OPN SKUL BASE FX-CONCUSS
801.60	OP SKL BASE FX/CEREB LAC
801.61	OPN SKL BASE FX W/O COMA
801.62	OPN SKL BASE FX-BRF COMA
801.63	OPN SKL BASE FX-MOD COMA
801.64	OP SKL BASE FX-PROL COMA
801.65	OP SKL BASE FX-DEEP COMA
801.66	OPN SKL BASE FX-COMA NOS
801.69	OPN SKUL BASE FX-CONCUSS
801.70	OP SKL BASE FX/MENIN HEM
801.71	OPN SKL BASE FX W/O COMA
801.72	OPN SKL BASE FX-BRF COMA
801.73	OPN SKL BASE FX-MOD COMA
801.74	OP SKL BASE FX-PROL COMA
801.75	OP SKL BASE FX-DEEP COMA
801.76	OPN SKL BASE FX-COMA NOS
801.79	OPN SKUL BASE FX-CONCUSS
801.80	OPN SKUL BASE FX/HEM NEC
801.81	OPN SKL BASE FX W/O COMA
801.82	OPN SKL BASE FX-BRF COMA
801.83	OPN SKL BASE FX-MOD COMA
801.84	OP SKL BASE FX-PROL COMA
801.85	OP SKL BASE FX-DEEP COMA
801.86	OPN SKL BASE FX-COMA NOS
801.89	OPN SKUL BASE FX-CONCUSS

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
802.1	NASAL BONE FX-OPEN
802.20	MANDIBLE FX NOS-CLOSED
802.21	FX CONDYL PROC MANDIB-CL
802.22	SUBCONDYLAR FX MANDIB-CL
802.23	FX CORON PROC MANDIB-CL
802.24	FX RAMUS NOS-CLOSED
802.25	FX ANGLE OF JAW-CLOSED
802.26	FX SYMPHY MANDIB BODY-CL
802.27	FX ALVEOLAR BORD MAND-CL
802.28	FX MANDIBLE BODY NEC-CL
802.29	MULT FX MANDIBLE-CLOSED
802.30	MANDIBLE FX NOS-OPEN
802.31	FX CONDYL PROC MAND-OPEN
802.32	SUBCONDYL FX MANDIB-OPEN
802.33	FX CORON PROC MANDIB-OPN
802.34	FX RAMUS NOS-OPEN
802.35	FX ANGLE OF JAW-OPEN
802.36	FX SYMPHY MANDIB BDY-OPN
802.37	FX ALV BORD MAND BDY-OPN
802.38	FX MANDIBLE BODY NEC-OPN
802.39	MULT FX MANDIBLE-OPEN
802.4	FX MALAR/MAXILLARY-CLOSE
802.5	FX MALAR/MAXILLARY-OPEN
802.6	FX ORBITAL FLOOR-CLOSED
802.7	FX ORBITAL FLOOR-OPEN
802.8	FX FACIAL BONE NEC-CLOSE
802.9	FX FACIAL BONE NEC-OPEN
803.01	CL SKULL FX NEC W/O COMA
803.02	CL SKULL FX NEC-BRF COMA
803.03	CL SKULL FX NEC-MOD COMA
803.04	CL SKL FX NEC-PROLN COMA
803.05	CL SKUL FX NEC-DEEP COMA
803.06	CL SKULL FX NEC-COMA NOS
803.09	CL SKULL FX NEC-CONCUSS
803.10	CL SKL FX NEC/CEREBR LAC
803.11	CL SKULL FX NEC W/O COMA
803.12	CL SKULL FX NEC-BRF COMA
803.13	CL SKULL FX NEC-MOD COMA
803.14	CL SKL FX NEC-PROLN COMA
803.15	CL SKUL FX NEC-DEEP COMA
803.16	CL SKULL FX NEC-COMA NOS
803.19	CL SKULL FX NEC-CONCUSS
803.20	CL SKL FX NEC/MENING HEM
803.21	CL SKULL FX NEC W/O COMA
803.22	CL SKULL FX NEC-BRF COMA
803.23	CL SKULL FX NEC-MOD COMA
803.24	CL SKL FX NEC-PROLN COMA
803.25	CL SKUL FX NEC-DEEP COMA
803.26	CL SKULL FX NEC-COMA NOS
803.29	CL SKULL FX NEC-CONCUSS
803.30	CL SKULL FX NEC/HEM NEC
803.31	CL SKULL FX NEC W/O COMA
803.32	CL SKULL FX NEC-BRF COMA
803.33	CL SKULL FX NEC-MOD COMA
803.34	CL SKL FX NEC-PROLN COMA
803.35	CL SKUL FX NEC-DEEP COMA
803.36	CL SKULL FX NEC-COMA NOS
803.39	CL SKULL FX NEC-CONCUSS
803.40	CL SKL FX NEC/BR INJ NEC
803.41	CL SKULL FX NEC W/O COMA
803.42	CL SKULL FX NEC-BRF COMA
803.43	CL SKULL FX NEC-MOD COMA
803.44	CL SKL FX NEC-PROLN COMA
803.45	CL SKUL FX NEC-DEEP COMA
803.46	CL SKULL FX NEC-COMA NOS
803.49	CL SKULL FX NEC-CONCUSS
803.50	OPEN SKULL FRACTURE NEC
803.51	OPN SKUL FX NEC W/O COMA
803.52	OPN SKUL FX NEC-BRF COMA
803.53	OPN SKUL FX NEC-MOD COMA
803.54	OPN SKL FX NEC-PROL COMA
803.55	OPN SKL FX NEC-DEEP COMA
803.56	OPN SKUL FX NEC-COMA NOS
803.59	OPN SKULL FX NEC-CONCUSS
803.60	OPN SKL FX NEC/CEREB LAC
803.61	OPN SKUL FX NEC W/O COMA
803.62	OPN SKUL FX NEC-BRF COMA
803.63	OPN SKUL FX NEC-MOD COMA
803.64	OPN SKL FX NEC-PROLN COM
803.65	OPN SKL FX NEC-DEEP COMA
803.66	OPN SKUL FX NEC-COMA NOS
803.69	OPN SKULL FX NEC-CONCUSS
803.70	OPN SKL FX NEC/MENIN HEM
803.71	OPN SKUL FX NEC W/O COMA
803.72	OPN SKUL FX NEC-BRF COMA
803.73	OPN SKUL FX NEC-MOD COMA
803.74	OPN SKL FX NEC-PROL COMA
803.75	OPN SKL FX NEC-DEEP COMA
803.76	OPN SKUL FX NEC-COMA NOS
803.79	OPN SKULL FX NEC-CONCUSS
803.80	OPN SKULL FX NEC/HEM NEC
803.81	OPN SKUL FX NEC W/O COMA

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
803.82	OPN SKUL FX NEC-BRF COMA
803.83	OPN SKUL FX NEC-MOD COMA
803.84	OPN SKL FX NEC-PROL COMA
803.85	OPN SKL FX NEC-DEEP COMA
803.86	OPN SKUL FX NEC-COMA NOS
803.89	OPN SKULL FX NEC-CONCUSS
803.90	OP SKL FX NEC/BR INJ NEC
803.91	OPN SKUL FX NEC W/O COMA
803.92	OPN SKUL FX NEC-BRF COMA
803.93	OPN SKUL FX NEC-MOD COMA
803.94	OPN SKL FX NEC-PROL COMA
803.95	OPN SKL FX NEC-DEEP COMA
803.96	OPN SKUL FX NEC-COMA NOS
803.99	OPN SKULL FX NEC-CONCUSS
804.01	CL SKL W OTH FX W/O COMA
804.02	CL SKL W OTH FX-BRF COMA
804.03	CL SKL W OTH FX-MOD COMA
804.04	CL SKL/OTH FX-PROLN COMA
804.05	CL SKUL/OTH FX-DEEP COMA
804.06	CL SKL W OTH FX-COMA NOS
804.09	CL SKUL W OTH FX-CONCUSS
804.10	CL SK W OTH FX/CEREB LAC
804.11	CL SKL W OTH FX W/O COMA
804.12	CL SKL W OTH FX-BRF COMA
804.13	CL SKL W OTH FX-MOD COMA
804.14	CL SKL/OTH FX-PROLN COMA
804.15	CL SKUL/OTH FX-DEEP COMA
804.16	CL SKL W OTH FX-COMA NOS
804.19	CL SKUL W OTH FX-CONCUSS
804.20	CL SKL/OTH FX/MENING HEM
804.21	CL SKL W OTH FX W/O COMA
804.22	CL SKL W OTH FX-BRF COMA
804.23	CL SKL W OTH FX-MOD COMA
804.24	CL SKL/OTH FX-PROLN COMA
804.25	CL SKUL/OTH FX-DEEP COMA
804.26	CL SKL W OTH FX-COMA NOS
804.29	CL SKUL W OTH FX-CONCUSS
804.30	CL SKUL W OTH FX/HEM NEC
804.31	CL SKL W OTH FX W/O COMA
804.32	CL SKL W OTH FX-BRF COMA
804.33	CL SKL W OTH FX-MOD COMA
804.34	CL SKL/OTH FX-PROLN COMA
804.35	CL SKUL/OTH FX-DEEP COMA
804.36	CL SKL W OTH FX-COMA NOS
804.39	CL SKUL W OTH FX-CONCUSS
804.40	CL SKL/OTH FX/BR INJ NEC

Code	Description
804.41	CL SKL W OTH FX W/O COMA
804.42	CL SKL W OTH FX-BRF COMA
804.43	CL SKL W OTH FX-MOD COMA
804.44	CL SKL/OTH FX-PROLN COMA
804.45	CL SKUL/OTH FX-DEEP COMA
804.46	CL SKL W OTH FX-COMA NOS
804.49	CL SKUL W OTH FX-CONCUSS
804.50	OPN SKULL FX/OTH BONE FX
804.51	OPN SKUL/OTH FX W/O COMA
804.52	OPN SKUL/OTH FX-BRF COMA
804.53	OPN SKUL/OTH FX-MOD COMA
804.54	OPN SKL/OTH FX-PROL COMA
804.55	OPN SKL/OTH FX-DEEP COMA
804.56	OPN SKUL/OTH FX-COMA NOS
804.59	OPN SKULL/OTH FX-CONCUSS
804.60	OPN SKL/OTH FX/CEREB LAC
804.61	OPN SKUL/OTH FX W/O COMA
804.62	OPN SKUL/OTH FX-BRF COMA
804.63	OPN SKUL/OTH FX-MOD COMA
804.64	OPN SKL/OTH FX-PROL COMA
804.65	OPN SKL/OTH FX-DEEP COMA
804.66	OPN SKUL/OTH FX-COMA NOS
804.69	OPN SKULL/OTH FX-CONCUSS
804.70	OPN SKL/OTH FX/MENIN HEM
804.71	OPN SKUL/OTH FX W/O COMA
804.72	OPN SKUL/OTH FX-BRF COMA
804.73	OPN SKUL/OTH FX-MOD COMA
804.74	OPN SKL/OTH FX-PROL COMA
804.75	OPN SKL/OTH FX-DEEP COMA
804.76	OPN SKUL/OTH FX-COMA NOS
804.79	OPN SKULL/OTH FX-CONCUSS
804.80	OPN SKL W OTH FX/HEM NEC
804.81	OPN SKUL/OTH FX W/O COMA
804.82	OPN SKUL/OTH FX-BRF COMA
804.83	OPN SKUL/OTH FX-MOD COMA
804.84	OPN SKL/OTH FX-PROL COMA
804.85	OPN SKL/OTH FX-DEEP COMA
804.86	OPN SKUL/OTH FX-COMA NOS
804.89	OPN SKULL/OTH FX-CONCUSS
804.90	OP SKL/OTH FX/BR INJ NEC
804.91	OPN SKUL/OTH FX W/O COMA
804.92	OPN SKUL/OTH FX-BRF COMA
804.93	OPN SKUL/OTH FX-MOD COMA
804.94	OPN SKL/OTH FX-PROL COMA
804.95	OPN SKL/OTH FX-DEEP COMA
804.96	OPN SKUL/OTH FX-COMA NOS

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
804.99	OPN SKULL/OTH FX-CONCUSS
805.01	FX C1 VERTEBRA-CLOSED
805.02	FX C2 VERTEBRA-CLOSED
805.03	FX C3 VERTEBRA-CLOSED
805.04	FX C4 VERTEBRA-CLOSED
805.05	FX C5 VERTEBRA-CLOSED
805.06	FX C6 VERTEBRA-CLOSED
805.07	FX C7 VERTEBRA-CLOSED
805.08	FX MULT CERVICAL VERT-CL
805.11	FX C1 VERTEBRA-OPEN
805.12	FX C2 VERTEBRA-OPEN
805.13	FX C3 VERTEBRA-OPEN
805.14	FX C4 VERTEBRA-OPEN
805.15	FX C5 VERTEBRA-OPEN
805.16	FX C6 VERTEBRA-OPEN
805.17	FX C7 VERTEBRA-OPEN
805.18	FX MLT CERVICAL VERT-OPN
805.2	FX DORSAL VERTEBRA-CLOSE
805.3	FX DORSAL VERTEBRA-OPEN
805.4	FX LUMBAR VERTEBRA-CLOSE
805.5	FX LUMBAR VERTEBRA-OPEN
805.6	FX SACRUM/COCCYX-CLOSED
805.7	FX SACRUM/COCCYX-OPEN
806.01	C1-C4 FX-CL/COM CORD LES
806.02	C1-C4 FX-CL/ANT CORD SYN
806.03	C1-C4 FX-CL/CEN CORD SYN
806.04	C1-C4 FX-CL/CORD INJ NEC
806.05	C5-C7 FX-CL/CORD INJ NOS
806.06	C5-C7 FX-CL/COM CORD LES
806.07	C5-C7 FX-CL/ANT CORD SYN
806.08	C5-C7 FX-CL/CEN CORD SYN
806.09	C5-C7 FX-CL/CORD INJ NEC
806.10	C1-C4 FX-OP/CORD INJ NOS
806.11	C1-C4 FX-OP/COM CORD LES
806.12	C1-C4 FX-OP/ANT CORD SYN
806.13	C1-C4 FX-OP/CEN CORD SYN
806.14	C1-C4 FX-OP/CORD INJ NEC
806.15	C5-C7 FX-OP/CORD INJ NOS
806.16	C5-C7 FX-OP/COM CORD LES
806.17	C5-C7 FX-OP/ANT CORD SYN
806.18	C5-C7 FX-OP/CEN CORD SYN
806.19	C5-C7 FX-OP/CORD INJ NEC
806.20	T1-T6 FX-CL/CORD INJ NOS
806.21	T1-T6 FX-CL/COM CORD LES
806.22	T1-T6 FX-CL/ANT CORD SYN
806.23	T1-T6 FX-CL/CEN CORD SYN
806.24	T1-T6 FX-CL/CORD INJ NEC
806.25	T7-T12 FX-CL/CRD INJ NOS
806.26	T7-T12 FX-CL/COM CRD LES
806.27	T7-T12 FX-CL/ANT CRD SYN
806.28	T7-T12 FX-CL/CEN CRD SYN
806.29	T7-T12 FX-CL/CRD INJ NEC
806.30	T1-T6 FX-OP/CORD INJ NOS
806.31	T1-T6 FX-OP/COM CORD LES
806.32	T1-T6 FX-OP/ANT CORD SYN
806.33	T1-T6 FX-OP/CEN CORD SYN
806.34	T1-T6 FX-OP/CORD INJ NEC
806.35	T7-T12 FX-OP/CRD INJ NOS
806.36	T7-T12 FX-OP/COM CRD LES
806.37	T7-T12 FX-OP/ANT CRD SYN
806.38	T7-T12 FX-OP/CEN CRD SYN
806.39	T7-T12 FX-OP/CRD INJ NEC
806.4	CL LUMBAR FX W CORD INJ
806.5	OPN LUMBAR FX W CORD INJ
806.60	FX SACRUM-CL/CRD INJ NOS
806.61	FX SACR-CL/CAUDA EQU LES
806.62	FX SACR-CL/CAUDA INJ NEC
806.69	FX SACRUM-CL/CRD INJ NEC
806.70	FX SACRUM-OP/CRD INJ NOS
806.71	FX SACR-OP/CAUDA EQU LES
806.72	FX SACR-OP/CAUDA INJ NEC
806.79	FX SACRUM-OP/CRD INJ NEC
807.00	FRACTURE RIB NOS-CLOSED
807.01	FRACTURE ONE RIB-CLOSED
807.02	FRACTURE TWO RIBS-CLOSED
807.03	FRACTURE THREE RIBS-CLOS
807.04	FRACTURE FOUR RIBS-CLOSE
807.05	FRACTURE FIVE RIBS-CLOSE
807.06	FRACTURE SIX RIBS-CLOSED
807.07	FRACTURE SEVEN RIBS-CLOS
807.08	FX EIGHT/MORE RIB-CLOSED
807.09	FX MULT RIBS NOS-CLOSED
807.10	FRACTURE RIB NOS-OPEN
807.11	FRACTURE ONE RIB-OPEN
807.12	FRACTURE TWO RIBS-OPEN
807.13	FRACTURE THREE RIBS-OPEN
807.14	FRACTURE FOUR RIBS-OPEN
807.15	FRACTURE FIVE RIBS-OPEN
807.16	FRACTURE SIX RIBS-OPEN
807.17	FRACTURE SEVEN RIBS-OPEN
807.18	FX EIGHT/MORE RIBS-OPEN
807.19	FX MULT RIBS NOS-OPEN

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
807.2	FRACTURE OF STERNUM-CLOS
807.3	FRACTURE OF STERNUM-OPEN
807.4	FLAIL CHEST
807.5	FX LARYNX/TRACHEA-CLOSED
807.6	FX LARYNX/TRACHEA-OPEN
808.0	FRACTURE ACETABULUM-CLOS
808.1	FRACTURE ACETABULUM-OPEN
808.2	FRACTURE OF PUBIS-CLOSED
808.3	FRACTURE OF PUBIS-OPEN
808.42	FRACTURE ISCHIUM-CLOSED
808.43	PELV FX-CLOS/PELV DISRUP
808.44	MULTI CLOSD PELVIC FRCTURS W/O DISRPTN PLVC CIRCLE
808.49	PELVIC FRACTURE NEC-CLOS
808.51	FRACTURE OF ILIUM-OPEN
808.52	FRACTURE OF ISCHIUM-OPEN
808.53	PELV FX-OPEN/PELV DISRUP
808.54	MULTI OPEN PELVIC FRCTURS W/O DISRPTN PLVC CIRCLE
808.59	PELVIC FRACTURE NEC-OPEN
809.0	FRACTURE TRUNK BONE-CLOS
809.1	FRACTURE TRUNK BONE-OPEN
828.0	FX LEGS W ARM/RIB-CLOSED
828.1	FX LEGS W ARM/RIB-OPEN
845.10	SPRAIN OF FOOT NOS
851.01	CORTEX CONTUSION-NO COMA
851.02	CORTEX CONTUS-BRIEF COMA
851.03	CORTEX CONTUS-MOD COMA
851.04	CORTX CONTUS-PROLNG COMA
851.05	CORTEX CONTUS-DEEP COMA
851.06	CORTEX CONTUS-COMA NOS
851.09	CORTEX CONTUS-CONCUS NOS
851.10	CORTEX CONTUSION/OPN WND
851.11	OPN CORTX CONTUS-NO COMA
851.12	OPN CORT CONTUS-BRF COMA
851.13	OPN CORT CONTUS-MOD COMA
851.14	OPN CORT CONTU-PROL COMA
851.15	OPN CORT CONTU-DEEP COMA
851.16	OPN CORT CONTUS-COMA NOS
851.19	OPN CORTX CONTUS-CONCUSS
851.20	CEREBRAL CORTEX LACERAT
851.21	CORTEX LACERAT W/O COMA
851.22	CORTEX LACERA-BRIEF COMA
851.23	CORTEX LACERAT-MOD COMA
851.24	CORTEX LACERAT-PROL COMA
851.25	CORTEX LACERAT-DEEP COMA
851.26	CORTEX LACERAT-COMA NOS

Code	Description
851.29	CORTEX LACERAT-CONCUSS
851.30	CORTEX LACER W OPN WOUND
851.31	OPN CORTEX LACER-NO COMA
851.32	OPN CORTX LAC-BRIEF COMA
851.33	OPN CORTX LACER-MOD COMA
851.34	OPN CORTX LAC-PROLN COMA
851.35	OPN CORTEX LAC-DEEP COMA
851.36	OPN CORTX LACER-COMA NOS
851.39	OPN CORTX LACER-CONCUSS
851.40	CEREBEL/BRAIN STM CONTUS
851.41	CEREBELL CONTUS W/O COMA
851.42	CEREBELL CONTUS-BRF COMA
851.43	CEREBELL CONTUS-MOD COMA
851.44	CEREBEL CONTUS-PROL COMA
851.45	CEREBEL CONTUS-DEEP COMA
851.46	CEREBELL CONTUS-COMA NOS
851.49	CEREBELL CONTUS-CONCUSS
851.50	CEREBEL CONTUS W OPN WND
851.51	OPN CEREBE CONT W/O COMA
851.52	OPN CEREBE CONT-BRF COMA
851.53	OPN CEREBE CONT-MOD COMA
851.54	OPN CEREBE CONT-PROL COM
851.55	OPN CEREBE CONT-DEEP COM
851.56	OPN CEREBE CONT-COMA NOS
851.59	OPN CEREBEL CONT-CONCUSS
851.60	CEREBEL/BRAIN STEM LACER
851.61	CEREBEL LACERAT W/O COMA
851.62	CEREBEL LACER-BRIEF COMA
851.63	CEREBEL LACERAT-MOD COMA
851.64	CEREBEL LACER-PROLN COMA
851.65	CEREBELL LACER-DEEP COMA
851.66	CEREBEL LACERAT-COMA NOS
851.69	CEREBEL LACER-CONCUSSION
851.70	CEREBEL LACER W OPEN WND
851.71	OPN CEREBEL LAC W/O COMA
851.72	OPN CEREBEL LAC-BRF COMA
851.73	OPN CEREBEL LAC-MOD COMA
851.74	OPN CEREBE LAC-PROL COMA
851.75	OPN CEREBE LAC-DEEP COMA
851.76	OPN CEREBEL LAC-COMA NOS
851.79	OPN CEREBELL LAC-CONCUSS
851.80	BRAIN LACERATION NEC
851.81	BRAIN LACER NEC W/O COMA
851.82	BRAIN LAC NEC-BRIEF COMA
851.83	BRAIN LACER NEC-MOD COMA
851.84	BRAIN LAC NEC-PROLN COMA

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
851.85	BRAIN LAC NEC-DEEP COMA
851.86	BRAIN LACER NEC-COMA NOS
851.89	BRAIN LACER NEC-CONCUSS
851.90	BRAIN LAC NEC W OPEN WND
851.91	OPN BRAIN LACER W/O COMA
851.92	OPN BRAIN LAC-BRIEF COMA
851.93	OPN BRAIN LACER-MOD COMA
851.94	OPN BRAIN LAC-PROLN COMA
851.95	OPEN BRAIN LAC-DEEP COMA
851.96	OPN BRAIN LACER-COMA NOS
851.99	OPEN BRAIN LACER-CONCUSS
852.00	TRAUM SUBARACHNOID HEM
852.01	SUBARACHNOID HEM-NO COMA
852.02	SUBARACH HEM-BRIEF COMA
852.03	SUBARACH HEM-MOD COMA
852.04	SUBARACH HEM-PROLNG COMA
852.05	SUBARACH HEM-DEEP COMA
852.06	SUBARACH HEM-COMA NOS
852.09	SUBARACH HEM-CONCUSSION
852.10	SUBARACH HEM W OPN WOUND
852.11	OPN SUBARACH HEM-NO COMA
852.12	OP SUBARACH HEM-BRF COMA
852.13	OP SUBARACH HEM-MOD COMA
852.14	OP SUBARACH HEM-PROL COM
852.15	OP SUBARACH HEM-DEEP COM
852.16	OP SUBARACH HEM-COMA NOS
852.19	OPN SUBARACH HEM-CONCUSS
852.20	TRAUMATIC SUBDURAL HEM
852.21	SUBDURAL HEM W/O COMA
852.22	SUBDURAL HEM-BRIEF COMA
852.23	SUBDURAL HEMORR-MOD COMA
852.24	SUBDURAL HEM-PROLNG COMA
852.25	SUBDURAL HEM-DEEP COMA
852.26	SUBDURAL HEMORR-COMA NOS
852.29	SUBDURAL HEM-CONCUSSION
852.30	SUBDURAL HEM W OPN WOUND
852.31	OPEN SUBDUR HEM W/O COMA
852.32	OPN SUBDUR HEM-BRF COMA
852.33	OPN SUBDUR HEM-MOD COMA
852.34	OPN SUBDUR HEM-PROL COMA
852.35	OPN SUBDUR HEM-DEEP COMA
852.36	OPN SUBDUR HEM-COMA NOS
852.39	OPN SUBDUR HEM-CONCUSS
852.40	TRAUMATIC EXTRADURAL HEM
852.41	EXTRADURAL HEM W/O COMA
852.42	EXTRADUR HEM-BRIEF COMA
852.43	EXTRADURAL HEM-MOD COMA
852.44	EXTRADUR HEM-PROLN COMA
852.45	EXTRADURAL HEM-DEEP COMA
852.46	EXTRADURAL HEM-COMA NOS
852.49	EXTADURAL HEM-CONCUSS
852.50	EXTRADURAL HEM W OPN WND
852.51	EXTRADURAL HEMOR-NO COMA
852.52	EXTRADUR HEM-BRIEF COMA
852.53	EXTRADURAL HEM-MOD COMA
852.54	EXTRADUR HEM-PROLN COMA
852.55	EXTRADUR HEM-DEEP COMA
852.56	EXTRADURAL HEM-COMA NOS
852.59	EXTRADURAL HEM-CONCUSS
853.00	TRAUMATIC BRAIN HEM NEC
853.01	BRAIN HEM NEC W/O COMA
853.02	BRAIN HEM NEC-BRIEF COMA
853.03	BRAIN HEM NEC-MOD COMA
853.04	BRAIN HEM NEC-PROLN COMA
853.05	BRAIN HEM NEC-DEEP COMA
853.06	BRAIN HEM NEC-COMA NOS
853.09	BRAIN HEM NEC-CONCUSSION
853.10	BRAIN HEM NEC W OPN WND
853.11	BRAIN HEM OPN W/O COMA
853.12	BRAIN HEM OPN-BRF COMA
853.13	BRAIN HEM OPEN-MOD COMA
853.14	BRAIN HEM OPN-PROLN COMA
853.15	BRAIN HEM OPEN-DEEP COMA
853.16	BRAIN HEM OPEN-COMA NOS
853.19	BRAIN HEM OPN-CONCUSSION
854.00	BRAIN INJURY NEC
854.01	BRAIN INJURY NEC-NO COMA
854.02	BRAIN INJ NEC-BRIEF COMA
854.03	BRAIN INJ NEC-MOD COMA
854.04	BRAIN INJ NEC-PROLN COMA
854.05	BRAIN INJ NEC-DEEP COMA
854.06	BRAIN INJ NEC-COMA NOS
854.09	BRAIN INJ NEC-CONCUSSION
854.10	BRAIN INJURY W OPN WND
854.11	OPN BRAIN INJ W/O COMA
854.12	OPN BRAIN INJ-BRIEF COMA
854.13	OPN BRAIN INJ-MOD COMA
854.14	OPN BRAIN INJ-PROLN COMA
854.15	OPN BRAIN INJ-DEEP COMA
854.16	OPEN BRAIN INJ-COMA NOS
854.19	OPN BRAIN INJ-CONCUSSION
860.0	TRAUM PNEUMOTHORAX-CLOSE

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
860.1	TRAUM PNEUMOTHORAX-OPEN
860.2	TRAUM HEMOTHORAX-CLOSED
860.3	TRAUM HEMOTHORAX-OPEN
860.4	TRAUM PNEUMOHEMOTHOR-CL
860.5	TRAUM PNEUMOHEMOTHOR-OPN
861.01	HEART CONTUSION-CLOSED
861.02	HEART LACERATION-CLOSED
861.03	HEART CHAMBER LACERAT-CL
861.10	HEART INJURY NOS-OPEN
861.11	HEART CONTUSION-OPEN
861.12	HEART LACERATION-OPEN
861.13	HEART CHAMBER LACER-OPN
861.20	LUNG INJURY NOS-CLOSED
861.21	LUNG CONTUSION-CLOSED
861.22	LUNG LACERATION-CLOSED
861.30	LUNG INJURY NOS-OPEN
861.31	LUNG CONTUSION-OPEN
861.32	LUNG LACERATION-OPEN
862.0	DIAPHRAGM INJURY-CLOSED
862.1	DIAPHRAGM INJURY-OPEN
862.21	BRONCHUS INJURY-CLOSED
862.22	ESOPHAGUS INJURY-CLOSED
862.29	INTRATHORACIC INJ NEC-CL
862.31	BRONCHUS INJURY-OPEN
862.32	ESOPHAGUS INJURY-OPEN
862.39	INTRATHORAC INJ NEC-OPEN
862.8	INTRATHORACIC INJ NOS-CL
862.9	INTRATHORAC INJ NOS-OPEN
863.0	STOMACH INJURY-CLOSED
863.1	STOMACH INJURY-OPEN
863.20	SMALL INTEST INJ NOS-CL
863.21	DUODENUM INJURY-CLOSED
863.29	SMALL INTEST INJ NEC-CL
863.30	SMALL INTEST INJ NOS-OPN
863.31	DUODENUM INJURY-OPEN
863.39	SMALL INTEST INJ NEC-OPN
863.40	COLON INJURY NOS-CLOSED
863.41	ASCENDING COLON INJ-CLOS
863.42	TRANSVERSE COLON INJ-CL
863.43	DESCENDING COLON INJ-CL
863.44	SIGMOID COLON INJ-CLOSED
863.45	RECTUM INJURY-CLOSED
863.46	COLON INJ MULT SITE-CLOS
863.49	COLON INJURY NEC-CLOSED
863.50	COLON INJURY NOS-OPEN
863.51	ASCENDING COLON INJ-OPEN

Code	Description
863.52	TRANSVERSE COLON INJ-OPN
863.53	DESCENDING COLON INJ-OPN
863.54	SIGMOID COLON INJ-OPEN
863.55	RECTUM INJURY-OPEN
863.56	COLON INJ MULT SITE-OPEN
863.59	COLON INJURY NEC-OPEN
863.80	GI INJURY NOS-CLOSED
863.81	PANCREAS, HEAD INJ-CLOSE
863.82	PANCREAS, BODY INJ-CLOSE
863.83	PANCREAS, TAIL INJ-CLOSE
863.84	PANCREAS INJURY NOS-CLOS
863.85	APPENDIX INJURY-CLOSED
863.89	GI INJURY NEC-CLOSED
863.90	GI INJURY NOS-OPEN
863.91	PANCREAS, HEAD INJ-OPEN
863.92	PANCREAS, BODY INJ-OPEN
863.93	PANCREAS, TAIL INJ-OPEN
863.94	PANCREAS INJURY NOS-OPEN
863.95	APPENDIX INJURY-OPEN
863.99	GI INJURY NEC-OPEN
864.01	LIVER HEMATOMA/CONTUSION
864.02	LIVER LACERATION, MINOR
864.03	LIVER LACERATION, MOD
864.04	LIVER LACERATION, MAJOR
864.09	LIVER INJURY NEC-CLOSED
864.10	LIVER INJURY NOS-OPEN
864.11	LIVER HEMATOM/CONTUS-OPN
864.12	LIVER LACERAT, MINOR-OPN
864.13	LIVER LACERAT, MOD-OPEN
864.14	LIVER LACERAT, MAJOR-OPN
864.19	LIVER INJURY NEC-OPEN
865.01	SPLEEN HEMATOMA-CLOSED
865.02	SPLEEN CAPSULAR TEAR
865.03	SPLEEN PARENCHYMA LACER
865.04	SPLEEN DISRUPTION-CLOS
865.09	SPLEEN INJURY NEC-CLOSED
865.11	SPLEEN HEMATOMA-OPEN
865.12	SPLEEN CAPSULAR TEAR-OPN
865.13	SPLEEN PARNCHYM LAC-OPN
865.14	SPLEEN DISRUPTION-OPEN
865.19	SPLEEN INJURY NEC-OPEN
873.1	OPEN WOUND SCALP-COMPL
873.20	OPEN WOUND OF NOSE NOS
873.21	OPEN WOUND NASAL SEPTUM
873.22	OPEN WOUND NASAL CAVITY
873.23	OPEN WOUND NASAL SINUS

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
873.29	MULT OPEN WOUND NOSE
873.30	OPEN WND NOSE NOS-COMPL
873.31	OPN WND NAS SEPTUM-COMPL
873.32	OPEN WND NASAL CAV-COMPL
873.33	OPEN WND NAS SINUS-COMPL
873.39	MULT OPEN WND NOSE-COMPL
873.40	OPEN WOUND OF FACE NOS
873.41	OPEN WOUND OF CHEEK
873.42	OPEN WOUND OF FOREHEAD
873.43	OPEN WOUND OF LIP
873.44	OPEN WOUND OF JAW
873.49	OPEN WOUND OF FACE NEC
873.50	OPEN WND FACE NOS-COMPL
873.51	OPEN WOUND CHEEK-COMPL
873.52	OPEN WND FOREHEAD-COMPL
873.53	OPEN WOUND LIP-COMPLICAT
873.54	OPEN WOUND JAW-COMPLICAT
873.59	OPEN WND FACE NEC-COMPL
873.60	OPEN WOUND OF MOUTH NOS
873.61	OPEN WOUND BUCCAL MUCOSA
873.62	OPEN WOUND OF GUM
873.63	TOOTH (BROKEN)(FRACTURED)(DUE TO TRAUMA)W/O COMPLI
873.64	OPN WND TONGUE/MOUTH FLR
873.65	OPEN WOUND OF PALATE
873.69	OPEN WOUND MOUTH NEC
873.70	OPEN WND MOUTH NOS-COMPL
873.71	OPN WND BUC MUCOSA-COMPL
873.72	OPEN WOUND GUM-COMPL
873.73	TOOTH (BROKEN)(FRACTURED)(DUE TO TRAUMA)W/COMPLICA
873.74	OPEN WOUND TONGUE-COMPL
873.75	OPEN WOUND PALATE-COMPL
873.79	OPEN WND MOUTH NOS-COMPL
873.8	OPEN WOUND OF HEAD NEC
873.9	OPEN WND HEAD NEC-COMPL
875.0	OPEN WOUND OF CHEST
875.1	OPEN WOUND CHEST-COMPL
896.0	AMPUTATION FOOT, UNILAT
896.1	AMPUT FOOT, UNILAT-COMPL
896.2	AMPUTATION FOOT, BILAT
896.3	AMPUTAT FOOT, BILAT-COMP
897.0	AMPUT BELOW KNEE, UNILAT
897.1	AMPUTAT BK, UNILAT-COMPL
897.2	AMPUT ABOVE KNEE, UNILAT
897.3	AMPUT ABV KN, UNIL-COMPL
897.4	AMPUTAT LEG, UNILAT NOS

Code	Description
897.5	AMPUT LEG, UNIL NOS-COMP
897.6	AMPUTATION LEG, BILAT
897.7	AMPUTAT LEG, BILAT-COMPL
900.00	INJUR CAROTID ARTERY NOS
900.01	INJ COMMON CAROTID ARTER
900.02	INJ EXTERNAL CAROTID ART
900.03	INJ INTERNAL CAROTID ART
900.1	INJ INTERNL JUGULAR VEIN
900.81	INJ EXTERN JUGULAR VEIN
900.82	INJ MLT HEAD/NECK VESSEL
900.89	INJ HEAD/NECK VESSEL NEC
901.0	INJURY THORACIC AORTA
901.1	INJ INNOMIN/SUBCLAV ART
901.2	INJ SUPERIOR VENA CAVA
901.3	INJ INNOMIN/SUBCLAV VEIN
901.40	INJ PULMONARY VESSEL NOS
901.41	INJURY PULMONARY ARTERY
901.42	INJURY PULMONARY VEIN
901.81	INJ INTERCOSTAL ART/VEIN
901.82	INJ INT MAMMARY ART/VEIN
901.83	INJ MULT THORACIC VESSEL
901.89	INJ THORACIC VESSEL NEC
902.0	INJURY ABDOMINAL AORTA
902.10	INJ INFER VENA CAVA NOS
902.11	INJURY HEPATIC VEINS
902.19	INJ INFER VENA CAVA NEC
902.20	INJ CELIAC/MESEN ART NOS
902.21	INJURY GASTRIC ARTERY
902.22	INJURY HEPATIC ARTERY
902.23	INJURY SPLENIC ARTERY
902.24	INJURY CELIAC AXIS NEC
902.25	INJ SUPER MESENTERIC ART
902.26	INJ BRNCH SUP MESENT ART
902.27	INJ INFER MESENTERIC ART
902.29	INJ MESENTERIC VESS NEC
902.31	INJ SUPERIOR MESENT VEIN
902.32	INJ INFERIOR MESENT VEIN
902.33	INJURY PORTAL VEIN
902.34	INJURY SPLENIC VEIN
902.39	INJ PORT/SPLEN VESS NEC
902.40	INJURY RENAL VESSEL NOS
902.41	INJURY RENAL ARTERY
902.42	INJURY RENAL VEIN
902.49	INJURY RENAL VESSEL NEC
902.50	INJURY ILIAC VESSEL NOS
902.51	INJ HYPOGASTRIC ARTERY

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
902.52	INJURY HYPOGASTRIC VEIN
902.53	INJURY ILIAC ARTERY
902.54	INJURY ILIAC VEIN
902.55	INJURY UTERINE ARTERY
902.56	INJURY UTERINE VEIN
902.59	INJURY ILIAC VESSEL NEC
902.81	INJURY OVARIAN ARTERY
902.82	INJURY OVARIAN VEIN
902.87	INJ MULT ABD/PELV VESSEL
902.89	INJ ABDOMINAL VESSEL NEC
924.3	CONTUSION OF TOE
924.4	MULTIPLE CONTUSION LEG
925.1	CRUSHING INJURY OF FACE AND SCALP
925.2	CRUSHING INJURY OF NECK
926.0	CRUSH INJ EXT GENITALIA
926.11	CRUSHING INJURY BACK
926.12	CRUSHING INJURY BUTTOCK
926.19	CRUSHING INJ TRUNK NEC
926.8	MULT CRUSHING INJ TRUNK
927.00	CRUSH INJ SHOULDER REG
927.01	CRUSH INJ SCAPUL REGION
927.02	CRUSH INJ AXILLARY REG
927.03	CRUSHING INJ UPPER ARM
927.09	CRUSH INJ SHOULDER ARM
927.10	CRUSHING INJURY FOREARM
927.11	CRUSHING INJURY ELBOW
927.20	CRUSHING INJURY OF HAND
927.21	CRUSHING INJURY OF WRIST
927.3	CRUSHING INJURY FINGER
927.8	MULT CRUSHING INJURY ARM
928.00	CRUSHING INJURY THIGH
928.01	CRUSHING INJURY HIP
928.10	CRUSHING INJ LOWER LEG
928.11	CRUSHING INJURY KNEE
928.20	CRUSHING INJURY FOOT
928.21	CRUSHING INJURY ANKLE
928.3	CRUSHING INJURY TOE
928.8	MULT CRUSHING INJURY LEG
929.0	CRUSH INJ MULT SITE NEC
929.9	CRUSHING INJURY NOS
941.21	2ND DEG BURN EAR
941.22	2ND DEG BURN EYE
941.23	2ND DEG BURN LIP
941.24	2ND DEG BURN CHIN
941.25	2ND DEG BURN NOSE
941.26	2ND DEG BURN SCALP

Code	Description
941.27	2ND DEG BURN FACE NEC
941.28	2ND DEG BURN NECK
941.29	2ND DEG BURN HEAD-MULT
941.30	3RD DEG BURN HEAD NOS
941.31	3RD DEG BURN EAR
941.32	3RD DEG BURN EYE
941.33	3RD DEG BURN LIP
941.34	3RD DEG BURN CHIN
941.35	3RD DEG BURN NOSE
941.36	3RD DEG BURN SCALP
941.37	3RD DEG BURN FACE NEC
941.38	3RD DEG BURN NECK
941.39	3RD DEG BURN HEAD-MULT
941.40	DEEP 3 DEG BURN HEAD NOS
941.41	DEEP 3RD DEG BURN EAR
941.42	DEEP 3RD DEG BURN EYE
941.43	DEEP 3RD DEG BURN LIP
941.44	DEEP 3RD DEG BURN CHIN
941.45	DEEP 3RD DEG BURN NOSE
941.46	DEEP 3RD DEG BURN SCALP
941.47	DEEP 3RD BURN FACE NEC
941.48	DEEP 3RD DEG BURN NECK
941.49	DEEP 3 DEG BRN HEAD-MULT
941.50	3RD BURN W LOSS-HEAD NOS
941.51	3RD DEG BURN W LOSS-EAR
941.52	3RD DEG BURN W LOSS-EYE
941.53	3RD DEG BURN W LOSS-LIP
941.54	3RD DEG BURN W LOSS-CHIN
941.55	3RD DEG BURN W LOSS-NOSE
941.56	3RD DEG BRN W LOSS-SCALP
941.57	3RD BURN W LOSS-FACE NEC
941.58	3RD DEG BURN W LOSS-NECK
941.59	3RD BRN W LOSS-HEAD MULT
942.21	2ND DEG BURN BREAST
942.22	2ND DEG BURN CHEST WALL
942.23	2ND DEG BURN ABDOMN WALL
942.24	2ND DEG BURN BACK
942.29	2ND DEG BURN TRUNK NEC
942.30	3RD DEG BURN TRUNK NOS
942.31	3RD DEG BURN BREAST
942.32	3RD DEG BURN CHEST WALL
942.33	3RD DEG BURN ABDOMN WALL
942.34	3RD DEG BURN BACK
942.35	3RD DEG BURN GENITALIA
942.39	3RD DEG BURN TRUNK NEC
942.40	DEEP 3RD BURN TRUNK NOS

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
942.41	DEEP 3RD DEG BURN BREAST
942.42	DEEP 3RD BURN CHEST WALL
942.43	DEEP 3RD BURN ABDOM WALL
942.44	DEEP 3RD DEG BURN BACK
942.45	DEEP 3RD BURN GENITALIA
942.49	DEEP 3RD BURN TRUNK NEC
942.50	3RD BRN W LOSS-TRUNK NOS
942.51	3RD BURN W LOSS-BREAST
942.52	3RD BRN W LOSS-CHEST WLL
942.53	3RD BRN W LOSS-ABDOM WLL
942.54	3RD DEG BURN W LOSS-BACK
942.55	3RD BRN W LOSS-GENITALIA
942.59	3RD BRN W LOSS-TRUNK NEC
946.1	1ST DEG BURN MULT SITE
946.2	2ND DEG BURN MULT SITE
946.3	3RD DEG BURN MULT SITE
946.4	DEEP 3 DEG BRN MULT SITE
946.5	3RD BRN W LOSS-MULT SITE
947.0	BURN OF MOUTH PHARYNX
947.1	BURN LARYNX/TRACHEA/LUNG
947.2	BURN OF ESOPHAGUS
947.3	BURN OF GI TRACT
947.4	BURN OF VAGINA UTERUS
947.8	BURN INTERNAL ORGAN NEC
948.11	10-19% BDY BRN/10-19% 3D
948.20	20-29% BDY BRN/3 DEG NOS
948.21	20-29% BDY BRN/10-19% 3D
948.22	20-29% BDY BRN/20-29% 3D
948.30	30-39% BDY BRN/3 DEG NOS
948.31	30-39% BDY BRN/10-19% 3D
948.32	30-39% BDY BRN/20-29% 3D
948.33	30-39% BDY BRN/30-39% 3D
948.40	40-49% BDY BRN/3 DEG NOS
948.41	40-49% BDY BRN/10-19% 3D
948.42	40-49% BDY BRN/20-29% 3D
948.43	40-49% BDY BRN/30-39% 3D
948.44	40-49% BDY BRN/40-49% 3D
948.50	50-59% BDY BRN/3 DEG NOS
948.51	50-59% BDY BRN/10-19% 3D
948.52	50-59% BDY BRN/20-29% 3D
948.53	50-59% BDY BRN/30-39% 3D
948.54	50-59% BDY BRN/40-49% 3D
948.55	50-59% BDY BRN/50-59% 3D
948.60	60-69% BDY BRN/3 DEG NOS
948.61	60-69% BDY BRN/10-19% 3D
948.62	60-69% BDY BRN/20-29% 3D
948.63	60-69% BDY BRN/30-39% 3D
948.64	60-69% BDY BRN/40-49% 3D
948.65	60-69% BDY BRN/50-59% 3D
948.66	60-69% BDY BRN/60-69% 3D
948.70	70-79% BDY BRN/3 DEG NOS
948.71	70-79% BDY BRN/10-19% 3D
948.72	70-79% BDY BRN/20-29% 3D
948.73	70-79% BDY BRN/30-39% 3D
948.74	70-79% BDY BRN/40-49% 3D
948.75	70-79% BDY BRN/50-59% 3D
948.76	70-79% BDY BRN/60-69% 3D
948.77	70-79% BDY BRN/70-79% 3D
948.80	80-89% BDY BRN/3 DEG NOS
948.81	80-89% BDY BRN/10-19% 3D
948.82	80-89% BDY BRN/20-29% 3D
948.83	80-89% BDY BRN/30-39% 3D
948.84	80-89% BDY BRN/40-49% 3D
948.85	80-89% BDY BRN/50-59% 3D
948.86	80-89% BDY BRN/60-69% 3D
948.87	80-89% BDY BRN/70-79% 3D
948.88	80-89% BDY BRN/80-89% 3D
948.90	90% + BDY BRN/3D DEG NOS
948.91	90% + BDY BRN/10-19% 3RD
948.92	90% + BDY BRN/20-29% 3RD
948.93	90% + BDY BRN/30-39% 3RD
948.94	90% + BDY BRN/40-49% 3RD
948.95	90% + BDY BRN/50-59% 3RD
948.96	90% + BDY BRN/60-69% 3RD
948.97	90% + BDY BRN/70-79% 3RD
948.98	90% + BDY BRN/80-89% 3RD
948.99	90% + BDY BRN/90% + 3RD
952.01	COMPLETE LES CORD/C1-C4
952.02	ANTERIOR CORD SYND/C1-C4
952.03	CENTRAL CORD SYND/C1-C4
952.04	C1-C4 SPIN CORD INJ NEC
952.05	C5-C7 SPIN CORD INJ NOS
952.06	COMPLETE LES CORD/C5-C7
952.07	ANTERIOR CORD SYND/C5-C7
952.08	CENTRAL CORD SYND/C5-C7
952.09	C5-C7 SPIN CORD INJ NEC
952.2	LUMBAR SPINAL CORD INJUR
952.3	SACRAL SPINAL CORD INJUR
952.4	CAUDA EQUINA INJURY
952.8	SPIN CORD INJ-MULT SITE
959.19	OTHER INJURY OF OTHER SITES OF TRUNK
963.0	POIS-ANTIALLRG/ANTIEMET

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
963.1	POISONING-ANTINEOPLASTIC/IMMUNOSUPPRESSIVE DRUGS
963.2	POISONING-ACIDIFYING AGT
963.3	POISONING-ALKALIZING AGT
963.4	POISONING-ENZYMES NEC
963.5	POISONING-VITAMINS NEC
963.8	POISONING-SYSTEM AGT NEC
967.1	POISONING-CHLORAL HYDRAT
967.2	POISONING-PARALDEHYDE
967.3	POISONING-BROMINE COMPND
967.4	POISONING-METHAQUALONE
967.5	POISONING-GLUTETHIMIDE
967.6	POISON-MIX SEDATIVE NEC
967.8	POIS-SEDATIVE/HYPNOT NEC
968.0	POIS-CNS MUSCLE DEPRESS
969.01	POISONING BY MONOAMINE OXIDASE INHIBITORS
969.02	POISONNG SELECT SEROTON/NOREPINEPHRINE REUPTK INHB
969.03	POISONING BY SELECTIVE SEROTONIN REUPTAKE INHIBITR
969.04	POISONING BY TETRACYCLIC ANTIDEPRESSANTS
969.05	POISONING BY TRICYCLIC ANTIDEPRESSANTS
969.09	POISONING BY OTHER ANTIDEPRESSANTS
969.1	POIS-PHENOTHIAZINE TRANQ
969.2	POIS-BUTYROPHENONE TRANQ
969.3	POISON-ANTIPSYCHOTIC NEC
969.4	POIS-BENZODIAZEPINE TRAN
969.5	POISON-TRANQUILIZER NEC
969.6	POISONING-HALLUCINOGENS
969.72	POISONING BY AMPHETAMINES
969.73	POISONING BY METHYLPHENIDATE
969.79	POISONING BY OTHER PSYCHOSTIMULANTS
969.8	POISON-PSYCHOTROPIC NEC
970.89	POISONING BY OTHR CENTRAL NERVOUS SYSTM STIMULANTS
972.0	POIS-CARD RHYTHM REGULAT
972.1	POISONING-CARDIOTONICS
972.2	POISONING-ANTILIPEMICS
972.3	POIS-GANGLION BLOCK AGT
972.4	POIS-CORONARY VASODILAT
972.5	POISON-VASODILATOR NEC
972.6	POIS-ANTIHYPERTEN AGENT
972.7	POISON-ANTIVARICOSE DRUG
972.8	POISON-CAPILLARY ACT AGT
972.9	POIS-CARDIOVASC AGT NEC
975.0	POISONING-OXYTOCIC AGENT
975.1	POIS-SMOOTH MUSCLE RELAX

Code	Description
975.2	POIS-SKELET MUSCLE RELAX
975.3	POISON-MUSCLE AGENT NEC
975.4	POISONING-ANTITUSSIVES
975.5	POISONING-EXPECTORANTS
975.6	POIS-ANTI-COLD DRUGS
975.7	POISONING-ANTIASTHMATICS
975.8	POIS-RESPIR DRUG NEC/NOS
986.	TOX EFF CARBON MONOXIDE
987.0	TOXIC EFF LIQ PETROL GAS
987.1	TOX EF HYDROCARB GAS NEC
987.2	TOXIC EFF NITROGEN OXIDE
987.3	TOXIC EFF SULFUR DIOXIDE
987.4	TOXIC EFFECT FREON
987.5	TOX EFF LACRIMOGENIC GAS
987.6	TOXIC EFF CHLORINE GAS
987.7	TOX EFF HYDROCYAN ACD GS
987.8	TOXIC EFF GAS/VAPOR NEC
988.0	TOXIC EFF FISH/SHELLFISH
988.2	TOX EFF BERRY/PLANT NEC
988.8	TOX EFF NOXIOUS FOOD NEC
989.0	TOXIC EFFECT CYANIDES
989.1	TOXIC EFFECT STRYCHNINE
989.2	TOX EFF CHLOR HYDROCARB
989.3	TOX EFF ORGANPHOS/CARBAM
989.4	TOXIC EFF PESTICIDES NEC
989.5	TOXIC EFFECT VENOM
989.6	TOXIC EFF SOAP/DETERGENT
989.7	TOX EFF AFLATOX/MYCOTOX
989.81	ASBESTOS
989.82	LATEX
990.	EFFECTS RADIATION NOS
991.0	FROSTBITE OF FACE
991.1	FROSTBITE OF HAND
991.2	FROSTBITE OF FOOT
991.3	FROSTBITE NEC/NOS
991.4	IMMERSION FOOT
991.5	CHILBLAINS
991.6	HYPOTHERMIA
991.8	EFFECT REDUCED TEMP NEC
995.0	ANAPHYLACTIC SHOCK
995.27	OTHER DRUG ALLERGY
996.03	MALFUNC CORON BYPASS GRF
998.12	HEMATOMA COMPLICATING A PROCEDURE
998.13	SEROMA COMPLICATING A PROCEDURE
998.31	DISRUPTION OF INTERNAL OPERATION (SURGICAL) WOUND

Utah Medicaid Table of Authorized Emergency Inpatient Diagnoses

Inpatient hospital services do not require a co-insurance payment if the primary diagnosis is listed below:

Code	Description
998.32	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND
998.33	DISRUPTION OF TRAUMATIC INJURY WOUND REPAIR
999.32	BLOODSTREAM INFECTION DUE 2 CENTRAL VENOUS CATHETR
999.33	LOCAL INFECTION DUE 2 CENTRAL VENOUS CATHETER
999.34	ACUTE INFCTN FLLWNG TRNSFSN,INFSN/INJ BLOOD/PRDCTS
999.41	ANAPHYLACTIC REACTN DUE 2 ADMIN BLOOD/BLD PRODCTS
999.42	ANAPHYLACTIC REACTION DUE TO VACCINATION
999.51	OTHER SERUM REACTION DUE 2 ADMIN BLOOD/BLD PRODCTS
999.52	OTHER SERUM REACTION DUE 2 VACCINATION
999.59	OTHER SERUM REACTION

Code	Description