Medical Policy

**Computed Tomography (CT) Orbit, Sella Turcica, Posterior Fossa, Temporal Bone, including Mastoids**

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**Policy Number:** 757
BCBSA Reference Number: N/A

**Related Policies**

- Medicare Advantage: High-Technology Radiology and Sleep Disorder Management Clinical and Utilization Guidance Redirect, #923
- Cardiac Computed Tomography (CT) for Quantitative Evaluation of Coronary Calcification, #832
- Computed Tomography (CT) Chest, #752
- Computed Tomography (CT) Abdomen & Pelvis Combination, #750
- Computed Tomography (CT) Abdomen, #749
- Computed Tomography (CT) Cardiac (Structure), #833
- Computed Tomography (CT) Cervical Spine, #751
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- Computed Tomography (CT) Lower Extremity, #754
- Computed Tomography (CT) Lumbar Spine, #755
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- Computed Tomography (CT) Paranasal Sinus & Maxillofacial Area, #758
- Computed Tomography (CT) Pelvis, #791
- Computed Tomography (CT) Thoracic Spine, #759
- Computed Tomography (CT) Upper Extremity, #760
- Computed Tomography (CT) CT Colonography (Virtual Colonoscopy), #179

**Policy**

**Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity**

**ADULTS**

Computed Tomography (CT) Orbit, Sella Turcica, Posterior Fossa, Temporal Bone, including Mastoids is considered **MEDICALLY NECESSARY** for the following conditions:
General indications
Abnormal imaging findings
Follow up of abnormal or indeterminate findings on a prior imaging study when required to direct treatment

Congenital or developmental anomaly
Diagnosis or management (including perioperative evaluation) of a suspected or known congenital anomaly or developmental condition of the orbit, temporal bone, sella turcica or posterior fossa (see Standard Anatomic Coverage for detail)

Infectious disease
Diagnosis or management (including perioperative evaluation) of infection involving the orbit, temporal bone, sella turcica or posterior fossa

Inflammatory disease
Diagnosis or management of inflammatory disease known to involve the orbit, temporal bone, sella turcica or posterior fossa

Localized facial pain – when persistent and unexplained

Osseous lesions
Examples include fibrous dysplasia, Paget’s disease and otosclerosis

Trauma to the orbit, temporal bone, or skull base

Tumor (benign or malignant)
Diagnosis or management (including perioperative evaluation) of benign or malignant tumor of the orbit, temporal bone, sella turcica or posterior fossa

Orbital indications
Diagnosis or management of any of the following:
- Dysconjugate gaze
- Exophthalmos (or proptosis)
- Extraocular muscle weakness
- Nystagmus
- Optic neuritis
- Orbital pseudotumor
- Papilledema
- Strabismus
- Thyroid ophthalmopathy
- Visual field defect

Foreign body in the orbit
- Following non-diagnostic X-ray

Visual disturbance
Evaluation for orbital or optic nerve pathology when suggested by the ophthalmologic exam

Otic indications

Cholesteatoma

Cochlear implant
Preoperative and post-operative evaluation
Conductive hearing loss

**Sensorineural hearing loss**

Diagnosis—detection of acoustic neuroma or other retrocochlear pathology in persons diagnosed with sensorineural hearing loss characterized by either of the following features:

- Gradual onset of unilateral or asymmetric hearing loss demonstrated by audiometric testing (15 dB or greater at 2 consecutive frequencies between 0.5 and 3 kHz)
- Hearing loss associated with at least one neurologic sign or symptom known to increase the pretest probability of a retrocochlear lesion

**requires contraindication to MRI**

**Tinnitus**

Evaluation for vascular pathology when tinnitus is pulsatile in quality

Evaluation for retrocochlear pathology when at least one of following features is present:

- Abrupt or sudden onset
- Associated neurologic findings
- Unilateral or asymmetric symptoms
  - Abnormality on audiogram or auditory brainstem response is required if present longer than six (6) months.

**requires contraindication to MRI**

**Vertigo and dizziness**

- Evaluation of signs or symptoms suggestive of a CNS lesion
- Symptoms associated with abnormal audiogram or auditory brainstem response

*Note: Vertigo or dizziness which is clearly related to positional change does not require advanced imaging.*

**Pediatrics**

Computed Tomography (CT) Orbit, Sella Turcica, Posterior Fossa, Temporal Bone, including Mastoids is considered **MEDICALLY NECESSARY** for the following conditions:

**General indications**

Abnormal imaging findings

**Follow up of abnormal or indeterminate findings on a prior imaging study when required to direct treatment**

**Congenital or developmental anomaly**

Diagnosis or management (including perioperative evaluation) of a suspected or known congenital anomaly or developmental condition of the orbit, temporal bone, sellar turcica or posterior fossa (see Standard Anatomic Coverage for detail)

**Infectious disease**

Diagnosis or management (including perioperative evaluation) of infection involving the orbit, temporal bone, sellar turcica or posterior fossa

**Inflammatory disease**

Diagnosis or management of inflammatory disease known to involve the orbit, temporal bone, sellar turcica or posterior fossa

**Localized facial pain – when persistent and unexplained**
Osseous lesions
Examples include fibrous dysplasia, Paget’s disease, and otosclerosis.

Trauma to the orbit, temporal bone, or skull base

Tumor (benign or malignant)
Diagnosis or management (including perioperative evaluation) of benign or malignant tumor of the orbit, temporal bone, sella turcica or posterior fossa

Orbital indications

Evaluation of any of the following:
- Absence of red reflex
- Dysconjugate gaze
- Exophthalmos (or proptosis)
- Extraocular muscle weakness
- Nystagmus
- Optic neuritis
- Orbital pseudotumor
- Papilledema
- Strabismus
- Thyroid ophthalmopathy

Foreign body in the orbit
- Following non-diagnostic radiograph

Visual disturbance
Evaluation for orbital or optic nerve pathology when suggested by the ophthalmologic exam

Otic indications

Cholesteatoma

Cochlear implant
Preoperative and post-operative evaluation

Hearing loss
Evaluation for a structural cause of conductive, sensorineural or mixed hearing loss
Note: CT is preferred for conductive or mixed hearing loss. MRI is preferred for sensorineural hearing loss.

Pulsatile tinnitus

Vertigo and dizziness
- Evaluation of signs or symptoms suggestive of a CNS lesion
- Symptoms associated with abnormal audiogram or auditory brainstem response
Note: Vertigo or dizziness which is clearly related to positional change does not require advanced imaging.

Prior Authorization Information

Inpatient
- For services described in this policy, precertification/preauthorization IS REQUIRED for all products if the procedure is performed inpatient.

Outpatient
For services described in this policy, see below for products where prior authorization might be required if the procedure is performed outpatient.

<table>
<thead>
<tr>
<th>Product</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>The requirements of BCBSMA Radiology Management Program may require a precertification/prior authorization via AIM Specialty Health. These requirements are member-specific:</td>
</tr>
<tr>
<td>Commercial PPO and EPO</td>
<td>Please verify member eligibility and requirements through Online Services by logging onto Provider Central. Refer to our Quick Tip for an overview of precertification and prior authorization requirements. Ordering clinicians should request pre-certification from AIM Specialty Health or call 1-866-745-1783 (when applicable). Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in medical policy #923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products.</td>
</tr>
<tr>
<td>Indemnity</td>
<td>Prior authorization is not required.</td>
</tr>
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</table>

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
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<tbody>
<tr>
<td>10/2018</td>
<td>Clarified coding information.</td>
</tr>
<tr>
<td>1/2018</td>
<td>Prior authorization information for Medicare HMO Blue and Medicare PPO Blue removed. Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in medical policy #923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products, 1/1/2018</td>
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<td>10/2017</td>
<td>Clarified coding information.</td>
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<tr>
<td>8/2017</td>
<td>Clinical literature was reviewed.</td>
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<tr>
<td>5/2017</td>
<td>Prior Authorization Information clarified. 5/1/2017</td>
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<td>10/2016</td>
<td>Clarified coding information.</td>
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**Information Pertaining to All Blue Cross Blue Shield Medical Policies**

Click on any of the following terms to access the relevant information:

- Medical Policy Terms of Use
- Managed Care Guidelines
References

Adults

Pediatrics

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

CPT Codes

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>70480</td>
<td>CT of orbit, sella or posterior fossa and outer, middle or inner ear, without contrast</td>
</tr>
<tr>
<td>70481</td>
<td>CT of orbit, sella or posterior fossa and outer, middle or inner ear, with contrast</td>
</tr>
<tr>
<td>70482</td>
<td>CT of orbit, sella or posterior fossa and outer, middle or inner ear, without contrast, followed by re-imaging with contrast</td>
</tr>
</tbody>
</table>
The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT codes above if medical necessity criteria are met:

**ICD-10 Diagnosis Coding**

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>ICD-10 Name</th>
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</thead>
<tbody>
<tr>
<td>A18.03</td>
<td>Tuberculosis of other bones</td>
</tr>
<tr>
<td>A18.50</td>
<td>Tuberculosis of eye, unspecified</td>
</tr>
<tr>
<td>A18.51</td>
<td>Tuberculous episcleritis</td>
</tr>
<tr>
<td>A18.52</td>
<td>Tuberculous keratitis</td>
</tr>
<tr>
<td>A18.53</td>
<td>Tuberculous chorioretinitis</td>
</tr>
<tr>
<td>A18.54</td>
<td>Tuberculous iridocyclitis</td>
</tr>
<tr>
<td>A18.59</td>
<td>Other tuberculosis of eye</td>
</tr>
<tr>
<td>A18.6</td>
<td>Tuberculosis of (inner) (middle) ear</td>
</tr>
<tr>
<td>A49.01</td>
<td>Methicillin susceptible Staphylococcus aureus infection, unspecified site</td>
</tr>
<tr>
<td>A49.02</td>
<td>Methicillin resistant Staphylococcus aureus infection, unspecified site</td>
</tr>
<tr>
<td>A49.1</td>
<td>Streptococcal infection, unspecified site</td>
</tr>
<tr>
<td>A49.2</td>
<td>Hemophilus influenzae infection, unspecified site</td>
</tr>
<tr>
<td>A49.3</td>
<td>Mycoplasma infection, unspecified site</td>
</tr>
<tr>
<td>A49.8</td>
<td>Other bacterial infections of unspecified site</td>
</tr>
<tr>
<td>A49.9</td>
<td>Bacterial infection, unspecified</td>
</tr>
<tr>
<td>A51.43</td>
<td>Secondary syphilitic oculopathy</td>
</tr>
<tr>
<td>A54.30</td>
<td>Gonococcal infection of eye, unspecified</td>
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<tr>
<td>A54.31</td>
<td>Gonococcal conjunctivitis</td>
</tr>
<tr>
<td>A54.32</td>
<td>Gonococcal iridocyclitis</td>
</tr>
<tr>
<td>A54.33</td>
<td>Gonococcal keratitis</td>
</tr>
<tr>
<td>A54.39</td>
<td>Other gonococcal eye infection</td>
</tr>
<tr>
<td>A74.0</td>
<td>Chlamydial conjunctivitis</td>
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<tr>
<td>A74.89</td>
<td>Other chlamydial diseases</td>
</tr>
<tr>
<td>B00.51</td>
<td>Herpesviral iridocyclitis</td>
</tr>
<tr>
<td>B00.52</td>
<td>Herpesviral keratitis</td>
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<tr>
<td>B00.53</td>
<td>Herpesviral conjunctivitis</td>
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<tr>
<td>B00.59</td>
<td>Other herpesviral disease of eye</td>
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<tr>
<td>B02.30</td>
<td>Zoster ocular disease, unspecified</td>
</tr>
<tr>
<td>B02.31</td>
<td>Zoster conjunctivitis</td>
</tr>
<tr>
<td>B02.32</td>
<td>Zoster iridocyclitis</td>
</tr>
<tr>
<td>B02.33</td>
<td>Zoster keratitis</td>
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<tr>
<td>B02.34</td>
<td>Zoster scleritis</td>
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<tr>
<td>B02.39</td>
<td>Other herpes zoster eye disease</td>
</tr>
<tr>
<td>B30.0</td>
<td>Keratoconjunctivitis due to adenovirus</td>
</tr>
<tr>
<td>B30.1</td>
<td>Conjunctivitis due to adenovirus</td>
</tr>
<tr>
<td>B30.2</td>
<td>Viral pharyngoconjunctivitis</td>
</tr>
<tr>
<td>B30.3</td>
<td>Acute epidemic hemorrhagic conjunctivitis (enteroviral)</td>
</tr>
<tr>
<td>B30.8</td>
<td>Other viral conjunctivitis</td>
</tr>
<tr>
<td>B95.0</td>
<td>Streptococcus, group A, as the cause of diseases classified elsewhere</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>B95.1</td>
<td>Streptococcus, group B, as the cause of diseases classified elsewhere</td>
</tr>
<tr>
<td>B95.2</td>
<td>Enterococcus as the cause of diseases classified elsewhere</td>
</tr>
<tr>
<td>B95.3</td>
<td>Streptococcus pneumoniae as the cause of diseases classified elsewhere</td>
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<tr>
<td>B95.4</td>
<td>Other streptococcus as the cause of diseases classified elsewhere</td>
</tr>
<tr>
<td>B95.5</td>
<td>Unspecified streptococcus as the cause of diseases classified elsewhere</td>
</tr>
<tr>
<td>B95.61</td>
<td>Methicillin susceptible Staphylococcus aureus infection as the cause of</td>
</tr>
<tr>
<td></td>
<td>diseases classified elsewhere</td>
</tr>
<tr>
<td>B95.62</td>
<td>Methicillin resistant Staphylococcus aureus infection as the cause of</td>
</tr>
<tr>
<td></td>
<td>diseases classified elsewhere</td>
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<tr>
<td>B95.7</td>
<td>Other staphylococcus as the cause of diseases classified elsewhere</td>
</tr>
<tr>
<td>B96.0</td>
<td>Mycoplasma pneumoniae [M. pneumoniae] as the cause of diseases classified</td>
</tr>
<tr>
<td></td>
<td>elsewhere</td>
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<tr>
<td>B96.1</td>
<td>Klebsiella pneumoniae [K. pneumoniae] as the cause of diseases classified</td>
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<tr>
<td></td>
<td>elsewhere</td>
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<tr>
<td>B96.20</td>
<td>Unspecified Escherichia coli [E. coli] as the cause of diseases classified</td>
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<tr>
<td></td>
<td>elsewhere</td>
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<tr>
<td>B96.21</td>
<td>Shiga toxin-producing Escherichia coli [E. coli] (STEC) O157 as the cause of</td>
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<tr>
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<td>diseases classified elsewhere</td>
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<tr>
<td>B96.22</td>
<td>Other specified Shiga toxin-producing Escherichia coli [E. coli] (STEC) as</td>
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<td>the cause of diseases classified elsewhere</td>
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<tr>
<td>B96.23</td>
<td>Unspecified Shiga toxin-producing Escherichia coli [E. coli] (STEC) as the</td>
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<td>cause of diseases classified elsewhere</td>
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<tr>
<td>B96.29</td>
<td>Other Escherichia coli [E. coli] as the cause of diseases classified</td>
</tr>
<tr>
<td></td>
<td>elsewhere</td>
</tr>
<tr>
<td>B96.3</td>
<td>Hemophilus influenzae [H. influenzae] as the cause of diseases classified</td>
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<tr>
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<td>elsewhere</td>
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<tr>
<td>B96.4</td>
<td>Proteus (mirabilis) (morganii) as the cause of diseases classified elsewhere</td>
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<tr>
<td>B96.5</td>
<td>Pseudomonas (aeruginosa) (mallei) (pseudomallei) as the cause of diseases</td>
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<tr>
<td></td>
<td>classified elsewhere</td>
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<tr>
<td>B96.6</td>
<td>Bacteroides fragilis [B. fragilis] as the cause of diseases classified</td>
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<tr>
<td></td>
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<tr>
<td>B96.7</td>
<td>Clostridium perfringens [C. perfringens] as the cause of diseases classified</td>
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<tr>
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<td>elsewhere</td>
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<tr>
<td>B96.81</td>
<td>Helicobacter pylori [H. pylori] as the cause of diseases classified elsewhere</td>
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<tr>
<td>B96.82</td>
<td>Vibrio vulnificus as the cause of diseases classified elsewhere</td>
</tr>
<tr>
<td>B96.89</td>
<td>Other specified bacterial agents as the cause of diseases classified</td>
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<tr>
<td></td>
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<tr>
<td>C00.0</td>
<td>Malignant neoplasm of external upper lip</td>
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<tr>
<td>C00.1</td>
<td>Malignant neoplasm of external lower lip</td>
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<tr>
<td>C00.2</td>
<td>Malignant neoplasm of external lip, unspecified</td>
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<td>C00.3</td>
<td>Malignant neoplasm of upper lip, inner aspect</td>
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<tr>
<td>C00.4</td>
<td>Malignant neoplasm of lower lip, inner aspect</td>
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<tr>
<td>C00.5</td>
<td>Malignant neoplasm of lip, unspecified, inner aspect</td>
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<tr>
<td>C00.6</td>
<td>Malignant neoplasm of commissure of lip, unspecified</td>
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<tr>
<td>C00.8</td>
<td>Malignant neoplasm of overlapping sites of lip</td>
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<tr>
<td>C00.9</td>
<td>Malignant neoplasm of lip, unspecified</td>
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<tr>
<td>C01</td>
<td>Malignant neoplasm of base of tongue</td>
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<td>C02.0</td>
<td>Malignant neoplasm of dorsal surface of tongue</td>
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<td>C02.1</td>
<td>Malignant neoplasm of border of tongue</td>
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<tr>
<td>C02.2</td>
<td>Malignant neoplasm of ventral surface of tongue</td>
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<tr>
<td>C02.3</td>
<td>Malignant neoplasm of anterior two-thirds of tongue, part unspecified</td>
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<td>C02.4</td>
<td>Malignant neoplasm of linguval tonsil</td>
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<tr>
<td>C02.8</td>
<td>Malignant neoplasm of overlapping sites of tongue</td>
</tr>
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<td>Code</td>
<td>Description</td>
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<tr>
<td>C02.9</td>
<td>Malignant neoplasm of tongue, unspecified</td>
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<td>C03.9</td>
<td>Malignant neoplasm of gum, unspecified</td>
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<td>C04.0</td>
<td>Malignant neoplasm of anterior floor of mouth</td>
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<td>C04.1</td>
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<td>C04.8</td>
<td>Malignant neoplasm of overlapping sites of floor of mouth</td>
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<td>C05.1</td>
<td>Malignant neoplasm of soft palate</td>
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<tr>
<td>C05.2</td>
<td>Malignant neoplasm of uvula</td>
</tr>
<tr>
<td>C05.8</td>
<td>Malignant neoplasm of overlapping sites of palate</td>
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<tr>
<td>C05.9</td>
<td>Malignant neoplasm of palate, unspecified</td>
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<tr>
<td>C06.0</td>
<td>Malignant neoplasm of cheek mucosa</td>
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<td>C06.1</td>
<td>Malignant neoplasm of vestibule of mouth</td>
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<td>C06.2</td>
<td>Malignant neoplasm of retromolar area</td>
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<td>Malignant neoplasm of overlapping sites of unspecified parts of mouth</td>
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<td>Malignant neoplasm of parotid gland</td>
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<td>C08.9</td>
<td>Malignant neoplasm of major salivary gland, unspecified</td>
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<td>Malignant neoplasm of tonsillar pillar (anterior) (posterior)</td>
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<td>Malignant neoplasm of overlapping sites of tonsil</td>
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<td>C09.9</td>
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<td>C10.0</td>
<td>Malignant neoplasm of vallecula</td>
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<tr>
<td>C10.1</td>
<td>Malignant neoplasm of anterior surface of epiglottis</td>
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<td>C10.2</td>
<td>Malignant neoplasm of lateral wall of oropharynx</td>
</tr>
<tr>
<td>C10.3</td>
<td>Malignant neoplasm of posterior wall of oropharynx</td>
</tr>
<tr>
<td>C10.4</td>
<td>Malignant neoplasm of branchial cleft</td>
</tr>
<tr>
<td>C10.8</td>
<td>Malignant neoplasm of overlapping sites of oropharynx</td>
</tr>
<tr>
<td>C10.9</td>
<td>Malignant neoplasm of oropharynx, unspecified</td>
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<tr>
<td>C11.0</td>
<td>Malignant neoplasm of superior wall of nasopharynx</td>
</tr>
<tr>
<td>C11.1</td>
<td>Malignant neoplasm of posterior wall of nasopharynx</td>
</tr>
<tr>
<td>C11.2</td>
<td>Malignant neoplasm of lateral wall of nasopharynx</td>
</tr>
<tr>
<td>C11.3</td>
<td>Malignant neoplasm of anterior wall of nasopharynx</td>
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<td>Malignant carcinoid tumors of other sites</td>
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<td>H44.129</td>
<td>Parasitic endophthalmitis, unspecified, unspecified eye</td>
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<td>Sympathetic uveitis, right eye</td>
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<td>H47.333</td>
<td>Pseudopapilledema of optic disc, bilateral</td>
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<td>H47.339</td>
<td>Pseudopapilledema of optic disc, unspecified eye</td>
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<td>H47.391</td>
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<td>H47.399</td>
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<td>H47.41</td>
<td>Disorders of optic chiasm in (due to) inflammatory disorders</td>
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<td>H47.42</td>
<td>Disorders of optic chiasm in (due to) neoplasm</td>
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<td>H47.43</td>
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<td>H47.49</td>
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<td>Disorders of visual pathways in (due to) inflammatory disorders, right side</td>
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<td>Disorders of visual pathways in (due to) inflammatory disorders, left side</td>
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<td>Disorders of visual pathways in (due to) inflammatory disorders, unspecified side</td>
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<td>Disorders of visual pathways in (due to) neoplasm, right side</td>
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<td>H47.522</td>
<td>Disorders of visual pathways in (due to) neoplasm, left side</td>
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<td>H47.529</td>
<td>Disorders of visual pathways in (due to) neoplasm, unspecified side</td>
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<td>Disorders of visual pathways in (due to) vascular disorders, right side</td>
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<td>Disorders of visual pathways in (due to) vascular disorders, left side</td>
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<td>H47.539</td>
<td>Disorders of visual pathways in (due to) vascular disorders, unspecified side</td>
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<td>H47.611</td>
<td>Cortical blindness, right side of brain</td>
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<td>H47.612</td>
<td>Cortical blindness, left side of brain</td>
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<tr>
<td>H47.619</td>
<td>Cortical blindness, unspecified side of brain</td>
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<td>Disorders of visual cortex in (due to) inflammatory disorders, right side of brain</td>
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<td>Disorders of visual cortex in (due to) inflammatory disorders, left side of brain</td>
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<td>Disorders of visual cortex in (due to) neoplasm, left side of brain</td>
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<td>Disorders of visual cortex in (due to) neoplasm, unspecified side of brain</td>
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<td>Third [oculomotor] nerve palsy, right eye</td>
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<td>Third [oculomotor] nerve palsy, left eye</td>
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<td>Fourth [trochlear] nerve palsy, bilateral</td>
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<td>Other specified disorders of binocular movement</td>
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<td>Recurrent cholesteatoma of postmastoidectomy cavity, bilateral ears</td>
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<td>Mucosal cyst of postmastoidectomy cavity, unspecified ear</td>
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<td>Other disorders following mastoidectomy, right ear</td>
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<td>Cellulitis and abscess of mouth</td>
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<td>K121</td>
<td>Other Forms Of Stomatitis</td>
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<td>Cellulitis And Abscess Of Mouth</td>
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<td>Oral Mucositis (Ulcerative) Due To Antineoplastic Therapy</td>
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<td>Oral Mucositis (Ulcerative) Due To Other Drugs</td>
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<td>Other Oral Mucositis (Ulcerative)</td>
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<td>L03.213</td>
<td>Periorbital cellulitis</td>
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<td>Cellulitis of head [any part, except face]</td>
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<td>Limited mandibular range of motion</td>
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<td>Deviation in opening and closing of the mandible</td>
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<td>Centric occlusion maximum intercuspation discrepancy</td>
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<td>Lack of posterior occlusal support</td>
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<td>Other dentofacial functional abnormalities</td>
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<td>Fissured, notched and cleft nose</td>
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<td>Dizziness and giddiness</td>
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<td>Contusion of left ear, subsequent encounter</td>
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<td>S00.432S</td>
<td>Contusion of left ear, sequela</td>
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<tr>
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<td>Contusion of unspecified ear, sequela</td>
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<td>Contusion of lip, sequela</td>
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<td>S00.83xA</td>
<td>Contusion of other part of head, initial encounter</td>
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<td>Contusion of other part of head, subsequent encounter</td>
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<td>Contusion of unspecified part of head, sequela</td>
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<td>Unspecified open wound of unspecified cheek and temporomandibular area, initial encounter</td>
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<td>Unspecified open wound of unspecified cheek and temporomandibular area, subsequent encounter</td>
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<td>Unspecified open wound of unspecified cheek and temporomandibular area, sequela</td>
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<td>S01.80XA</td>
<td>Unspecified open wound of other part of head, initial encounter</td>
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<tr>
<td>S01.80XD</td>
<td>Unspecified open wound of other part of head, subsequent encounter</td>
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<td>S01.80XS</td>
<td>Unspecified open wound of other part of head, sequela</td>
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<td>Laceration without foreign body of other part of head, initial encounter</td>
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<td>Laceration without foreign body of other part of head, subsequent encounter</td>
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<td>Laceration without foreign body of other part of head, sequela</td>
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<td>Type I occipital condyle fracture, right side, initial encounter for open fracture</td>
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<td>Type I occipital condyle fracture, right side, subsequent encounter for fracture with routine</td>
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<td>Type I occipital condyle fracture, right side, subsequent encounter for fracture with nonunion</td>
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<td>Type I occipital condyle fracture, left side, initial encounter for open fracture</td>
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<td>Type I occipital condyle fracture, left side, subsequent encounter for fracture with routine healing</td>
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<td>Type II occipital condyle fracture, right side, subsequent encounter for fracture with routine healing</td>
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<td>Type III occipital condyle fracture, left side, sequela</td>
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<td>S02.400A</td>
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<td>Fracture of other specified skull and facial bones, unspecified side, initial encounter for closed fracture</td>
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<td>Fracture of other specified skull and facial bones, right side, subsequent encounter for fracture with delayed healing</td>
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<tr>
<td>S02.81xK</td>
<td>Fracture of other specified skull and facial bones, right side, subsequent encounter for fracture with nonunion</td>
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<td>S02.81XS</td>
<td>Fracture of other specified skull and facial bones, right side, sequela</td>
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<tr>
<td>S02.82xA</td>
<td>Fracture of other specified skull and facial bones, left side, initial encounter for closed fracture</td>
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<td>S02.82XB</td>
<td>Fracture of other specified skull and facial bones, left side, initial encounter for open fracture</td>
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<td>Fracture of other specified skull and facial bones, left side, subsequent encounter for fracture with routine healing</td>
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<td>Unspecified fracture of facial bones, initial encounter for closed fracture</td>
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<td>Dislocation of jaw, bilateral, initial encounter</td>
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<td>Dislocation of jaw, bilateral, sequela</td>
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<td>S04.011A</td>
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<td>Injury of trochlear nerve, unspecified side, initial encounter</td>
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<td>Injury of abducent nerve, unspecified side, initial encounter</td>
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<td>Injury of abducent nerve, right side, initial encounter</td>
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<td>S04.41xD</td>
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<td>Injury of abducent nerve, left side, initial encounter</td>
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<td>S04.42xD</td>
<td>Injury of abducent nerve, left side, subsequent encounter</td>
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<td>Injury of olfactory [1st] nerve, right side, initial encounter</td>
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<td>Injury of olfactory [1st] nerve, right side, subsequent encounter</td>
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<td>Injury of olfactory [1st] nerve, left side, sequela</td>
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<td>Injury of olfactory [1st] nerve, unspecified side, initial encounter</td>
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<td>Injury of olfactory [1st] nerve, unspecified side, sequela</td>
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<td>S04.891A</td>
<td>Injury of other cranial nerves, right side, initial encounter</td>
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<td>Injury of other cranial nerves, unspecified side, sequela</td>
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<td>S05.10xA</td>
<td>Contusion of eyeball and orbital tissues, unspecified eye, initial encounter</td>
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<td>S05.10xD</td>
<td>Contusion of eyeball and orbital tissues, unspecified eye, subsequent encounter</td>
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<td>Contusion of eyeball and orbital tissues, unspecified eye, sequela</td>
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<td>Contusion of eyeball and orbital tissues, right eye, initial encounter</td>
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<td>Contusion of eyeball and orbital tissues, left eye, initial encounter</td>
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<td>S05.12xD</td>
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<td>Contusion of eyeball and orbital tissues, left eye, sequela</td>
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<td>S05.40XA</td>
<td>Penetrating wound of orbit with or without foreign body, unspecified eye, initial encounter</td>
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<td>Penetrating wound of orbit with or without foreign body, left eye, initial encounter</td>
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<td>S05.42XS</td>
<td>Penetrating wound of orbit with or without foreign body, left eye, sequela</td>
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<td>Penetrating wound with foreign body of unspecified eyeball, initial encounter</td>
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<td>Penetrating wound with foreign body of unspecified eyeball, subsequent encounter</td>
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<td>S05.50XS</td>
<td>Penetrating wound with foreign body of unspecified eyeball, sequela</td>
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<td>Penetrating wound with foreign body of right eyeball, initial encounter</td>
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<td>Penetrating wound with foreign body of right eyeball, sequela</td>
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<td>Penetrating wound with foreign body of left eyeball, initial encounter</td>
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<td>Penetrating wound with foreign body of left eyeball, sequela</td>
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**Endnotes**