ICD-10-CM TRAINING
September 25, 2013

Obstetrics, Newborn
Perinatal and Congenital anomalies

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OB Coding
Definitions

Gravida: The term for the state of pregnancy.

Para: The number of times a female has given birth, counting twins and other multiple births as one pregnancy, and usually including stillbirths.

Nulligravida is a woman who has never been pregnant.

Primigravida: pregnant for the first time and is referred to as a woman who is (or has been only) pregnant for the first time.

Multiparous: Multiple pregnancies.
Chapter 15

Nine code families

000-008 Pregnancy with abortive outcome
009 Supervision of high risk pregnancy
010-016 Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium
020-029 Other maternal disorders predominantly related to pregnancy
030-048 Maternal care related to the fetus and amniotic cavity and possible delivery problems
060-077 Complications of Labor and Delivery
080-082 Encounter for delivery
085-092 Complications predominantly related to the puerperium
094-09A Other obstetric conditions, not elsewhere classified
# Code Title Changes

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
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<tr>
<td>652 – Malposition and malpresentation of fetus</td>
<td>Maternal care for malpresentation of fetus</td>
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<td>635 – Legally induced abortion</td>
<td>O04 – Complications following (induced) termination of pregnancy</td>
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Codes moved

Legally induced abortion without mention of complication
Illegally induced abortion without mention of complication

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<th>ICD-9-CM</th>
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<td>635.92</td>
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Breech or other malpresentation successfully converted to Cephalic presentation.

ICD-9-CM  ICD-10-CM

652.11  O32  Maternal care for malpresentation of fetus.

O32.1- Breech - buttocks, frank, complete

O32.8- Breech – footling or incomplete
Retained POC
spontaneous abortion
elective termination of pregnancy

Multiple codes required for subsequent encounters following a Spontaneous or elective termination of pregnancy.

O03  Spontaneous abortion – incomplete or complete
4th-5th digit specify if complete or incomplete and the complication if indicated.

or

O07.-  Failed attempted termination of pregnancy
Z33.2 Encounter for elective termination of pregnancy
Failed Termination

Assign additional codes as necessary to report any complications of pregnancy associated with conditions in category O07 Failed attempted termination of pregnancy category O08 Complications following ectopic and molar pregnancy.

O07.0 Genital tract and pelvic infection following failed termination of pregnancy.

O35.0XX1 Anencephaly of pregnancy
Failed Termination
live fetus

Z33.2  Encounter for termination of pregnancy
Z37.0  Single live birth
High Risk pregnancy codes are now in the OB chapter:

O09.0- Supervision of pregnancy with history of infertility
O09.1- Supervision of pregnancy with history of ectopic and molar pregnancy
O09.2- Supervision of pregnancy with other poor reproductive or obstetric history
  O09.21- History of pre-term labor
  O09.29- Other poor obstetric history
    (neonatal death, history of stillbirth)
O09.3- Supervision of pregnancy with insufficient prenatal care
  concealed pregnancy
  hidden pregnancy
High Risk pregnancy codes are now in the OB chapter:

009.4- Supervision of pregnancy with grand multiparity
009.5- Supervision of elderly primigravida and multigravida
  O09.51- Supervision of elderly primigravida
  O09.52- Supervision of elderly multigravida
009.6- Supervision of young primigravida and multigravida
  O09.61- Young primigravida
  O09.62- Young multigravida
009.7- Supervision of high risk pregnancy due to social problems
009.8- Supervision of other high risk pregnancy
  O09.81  Pregnancy resulting from assisted reproductive technology (in-vitro)
  O09.82- History of in utero procedure during previous pregnancy
009.9- Supervision of high risk pregnancy, unspecified
Trimester of Pregnancy

First: Conception to < 14 weeks 0 days

Second: 14 weeks 0 day to < 28 weeks 0 days

Third: 28 weeks 0 days until delivery
Changes in I-10

Occurrence of care is not an axis in I-10.

Instead we include the trimester of pregnancy.

5\text{th} or 6\text{th} character.

5\text{th} character - Trimester is based on the current episode or encounter.

Pre-existing conditions
Conditions occurring during delivery
Trimester of Pregnancy

Not all codes required the trimester of pregnancy.

O24.4- Gestational diabetes – Specified by “in pregnancy, childbirth and puerperium”

If final characters are not applicable to trimester, timeframes of pregnancy are sometimes used.

Some codes will not have either trimester, timeframe of pregnancy, as they are specified in category level or do not apply to the code.
Trimester of Pregnancy

Gestational hypertension – trimester specific:
  - first
  - second
  - third

HELLP syndrome – 2\textsuperscript{nd} and 3\textsuperscript{rd} trimester only

Pre-eclampsia - 2\textsuperscript{nd} and 3\textsuperscript{rd} trimester only
Trimester of Pregnancy

Last character of code

O42.013  Preterm premature rupture of membranes, onset of labor within 24 hours or rupture – 3rd trimester

If the trimester is not a component of a code, the condition is classified to a certain trimester, or not applicable to condition.

During the delivery episode, the “in childbirth” option should be used for coexisting condition.

O42.013  Preterm PROM, del within 24 hours, 3rd trimester

O41.103  Amnionitis in third trimester
Preterm labor O60

Definition: Before 37 completed weeks
Condition of pregnancy/delivery

Categories that do not have terms with pre-existing and pregnancy-related conditions may be used for either.
Hypertension during pregnancy

When patient has hypertensive heart disease or chronic kidney disease - assign appropriate code from hypertension codes of I11-I13 to further specify the type of hypertensive disease.

O10.312 Pre-existing hypertensive heart and CKD complicating pregnancy, 2\textsuperscript{nd} trimester

I13.2 Hypertensive heart and CKD with heart failure with stage V CKD or end-stage renal disease

I50.21 Acute systolic CHF

N18.5 CKD stage V
Substance abuse in pregnancy

O99.321 Drug abuse in pregnancy, first trimester
code first

F15.121 Stimulant abuse with intoxication with delirium
code drug type
Poisonings and Injuries during pregnancy

O9A.213   Code the pregnancy related condition first
T43.621A   Toxic effects of methamphetamine, initial encounter
Uncomplicated Pregnancy

O80

Minimal or no assistance
With or without episiotomy
Without fetal manipulation (forceps, rotation or version)
Spontaneous cephalic, vaginal, full-term, single, livebirth
Not used with any other “O” code

Must be “principal diagnosis code”

Use delivery code for the appropriate procedure.

Use additional code Z37.0 for the single birth
Weeks of Gestation

Report on every delivery record – Weeks of gestation
Z3A

Assign as an additional code after complications of pregnancy, childbirth and the puerperium.

Report only on maternal record.

O76 Abnormality in FHR
Z3A.39 39 weeks of gestation
Z37.0 Single Livebirth
Identification of Affected Fetus

0 –
- Single gestation
- Multiple gestation when the fetus is unspecified
- When it is not clinically possible to determine which fetus is affected.

1 – Fetus 1
2 – Fetus 2
3 – Fetus 3
4 – Fetus 4
5 – Fetus 5
9 – Other fetus

A code from O30 must be used for multiple gestations.
Identification of Affected Fetus

Certain obstetric code categories require a 7\textsuperscript{th} character to identify the affected fetus in a multiple gestation code.

Look for instructional note that instructs the coder to assign the 7\textsuperscript{th} character,
Breech presentation

Variations of the breech presentation

Complete breech
Incomplete breech
Frank breech
Transverse presentation
O32.2-
Face Presentation
O32.3-
Cephalopelvic Disproportion

Baby's head too large to fit through mother's pelvis
A 'compound presentation' is the medical term when the baby's hand and arm (or on rare occasions a foot) comes down to lie alongside the baby's head during the pushing phase so that they are born at the same time. (If your baby liked to suck their thumb in the uterus, then they may keep this habit up until they are born)

It is more likely to occur when the pelvis is not fully occupied by the fetus because of low birth weight, multiple gestation, polyhydramnios, high presenting part or a large pelvis.
Other Malpresentations

O32.0 - Unstable lie - breech, then vertex, then breech, then transverse, then breech, then vertex.

O32.4 - High Head at term
    Unengaged fetal head
New Codes

O9A. - Maternal malignant neoplasm, traumatic injuries abuse classified elsewhere but complicating pregnancy, childbirth and the puerperium.

O9A.1- Malignant neoplasm complicating pregnancy
O9A.2- Injury, poisoning and certain other consequences of external caused complicating pregnancy, childbirth and the puerperium.
O9A.3- Physical abuse complicating pregnancy, childbirth and the puerperium
New Codes

O9A. - Maternal malignant neoplasm, traumatic injuries abuse classified elsewhere but complicating pregnancy, childbirth and the puerperium.

O9A.4- Sexual abuse complicating pregnancy, childbirth, and the puerperium

O9A.5- Psychological abuse complicating pregnancy, childbirth or the puerperium
Combination codes

In ICD-9-CM we used two codes to show obstructed labor and the cause of the obstructed labor.

In ICD-10-CM we use one combination code.

O65.0- Obstructed labor due to fetopelvic disproportion

O65.8- Obstructed labor due to other maternal pelvic abnormalities
Coding Guidelines

- Obstetric codes (O) may only be coded on the maternal record.
- Chapter 15 codes are to be used to report maternal or obstetrical conditions related to, or aggravated by, the pregnancy, childbirth and the puerperium.
- Code from chapter 15 take precedence over codes from other chapters in the codebook.
- Notes at the beginning of the chapter or the code block, pertain to all codes within the chapter or block.
Coding Guidelines

- The provider must document that a condition being treated is not affecting the pregnancy, otherwise the condition is assigned to the appropriate chapter 15 code.
- Codes from other chapters may be assigned as an additional code.

O22.3  Deep phlebothrombosis in pregnancy
I82.721  Deep vein thrombosis, R. upper extremity
use additional code for associated long-term use of anticoagulants. Z79.01
Selection of OB Principal Diagnosis or first listed diagnosis

Z34.-

Outpatient visits – Routine visits without complications may not be combined with code from chapter 15

excludes1: any complication of pregnancy O00-O9A
encounter for pregnancy test Z32.0-
encounter for supervision of high risk pregnancy O09.-

Patient seen for hyperemesis gravidarum in the 1st trimester, with dehydration

O21.1 Hyperemesis gravidarum with metabolic disturbances
Selection of OB Principal Diagnosis or first listed diagnosis

The principal diagnosis should correspond to the reason for the encounter when an admission for delivery does not result in a delivery.

O62.2 Desultory Labor (4 characters only)

Prenatal outpatient visits – High risk patients

O09 code can be used with other Chapter 15 code

O09.291 Supervision with poor reproductive hx

O26.21 Pregnancy care for recurrent pregnancy loss
Principle Diagnosis

The principle diagnosis should correspond to the reason for the encounter when an admission does not result in a delivery. In the event of multiple complications requiring treatment, any appropriate complication may be sequenced first.

- Pregnancy induced hypertension, 3rd trimester  O13.3 without proteinuria
- Gestational diabetes in pregnancy, diet controlled  O24.410
- Fetal monitoring
Principle Diagnosis in C-section

- The principle diagnosis in a patient who delivers by C-Section should be the condition that is responsible for the patient’s admission to the hospital.
- If a patient is admitted with a condition that caused the patient to deliver by c-section, that condition should be listed first. (Placenta abruption)
- If the reason for admission is unrelated to the reason for the c-section, the condition that necessitated admission should be listed first.
Principle Diagnosis in C-section

The principle diagnosis in a patient who delivers by C-Section should be the condition that is responsible for the patient’s admission to the hospital.

The patient is admitted in the 3rd trimester with placenta abruption. The baby’s heart rate is low. Patient is taken for emergency c-section.

O45.93
O76

The patient is admitted with pregnancy induced hypertension. She is induced and single baby is delivered by c-section for obstruction due to fetopelvic disproportion.

O13.3
O65.4
O35

O35 - Maternal care for known or suspected fetal abnormality and damage

Includes: The listed condition in the fetus as a reason for hospitalization or other obstetric care to the mother, or for termination of pregnancy.
Excludes1: Encounter for suspected maternal and fetal condition ruled out Z03.7-

Assign code from this categories only when the fetal condition is responsible for affecting or otherwise modifying the management of the mother’s pregnancy.

O35.0 Maternal care for (suspected) central nervous system malformation in fetus

O35.0xx1 Anencephaly in single fetus as reason for induction of labor in second trimester.
Intrauterine surgery

Assign appropriate code from O35 on the mother’s record.
In utero surgery

Assign appropriate code from O35 on the mother’s record.

In utero surgery on a fetus is classified and reported as an obstetric encounter.

O35.8XX1 Pregnancy with (1) fetus with spina bifida. Fetus has in utero repair during 2nd trimester during encounter for maternal care.

Do not assign Chapter 16 (newborn) codes on the mother’s record.
In utero fetal surgery

- Conditions that potentially are treated by open fetal surgery include:
  - Congenital diaphragmatic hernia (if indicated at all, it is now more likely to be treated by endoscopic fetal surgery)
  - Congenital cystic adenomatoid malformation
  - Congenital heart disease
  - Pulmonary sequestration
  - Sacrococcygeal teratoma
Minimally invasive fetal surgery

- Twin-twin transfusion syndrome – Laser Ablation of Vessels
- Fetal bladder obstructions
- Aortic or Pulmonary Valvuloplasty – opening the Aortic or Pulmonary fetal heart valves to allow blood flow
- Atrial Septostomy – opening the inter-atrial septum of the fetal heart to allow unrestricted blood flow between the atriums
- Congenital diaphragmatic hernia – Balloon tracheal occlusion
- Spina bifida – Fetoscopic closure of the malformation
O36.4 – Maternal care for intrauterine death:
Includes fetal death after 20 weeks
Maternal care for late fetal death/missed delivery
HIV in Pregnancy

O98.7  Human immunodeficiency virus complicating pregnancy, childbirth and the puerperium
Use additional code to identify the type of HIV disease:
acquired immune deficiency syndrome (AIDS)  B20
asymptomatic HIV status  Z21
HIV positive  Z21
symptomatic HIV disease  B20

Report (Symptomatic) HIV in Pregnancy with an appropriate code followed by the specific code to report the illness.

O98.711  Human immunodeficiency virus (HIV) diseases complicating pregnancy, first trimester

B20  HIV disease
Asymptomatic HIV

Pregnancy complicated by asymptomatic HIV infection status during pregnancy, childbirth, or the puerperium should be reported:

O98.711 1st trimester pregnancy
Z21 Asymptomatic HIV infection
Diabetes in Pregnancy

**O24.0** Pre-existing, Type I
- Juvenile onset
- Ketosis prone
  
  Use additional code from E10:
  to further identify any manifestations

**O24.1** Pre-existing Type II
- Insulin resistant diabetes in pregnancy
  
  Use additional code:
  E11 to further specify any manifestations
  Z79.4 current insulin use

**O24.3** Pre-existing unspecified type
  
  Use additional code:
  E11 to further specify any manifestations
  Z79.4 current insulin use

Fifth digit specifies in pregnancy, childbirth or puerperium
Sixth digit specified trimester of pregnancy
Diabetes in Pregnancy

Pregnancy complicated by Gestational Diabetes mellitus O24.4

Gestational diabetes is classified into three subcategories:
• Affecting pregnancy
• Childbirth
• Puerperium

Sixth character indicated the method of control:
• Diet controlled
• Insulin controlled
• Unspecified control
Diabetes in Pregnancy

- **O24.4** Gestational diabetes mellitus
  (Diabetes arising in pregnancy)
  - O24.41 Gestational diabetes in pregnancy
    - .410 diet controlled
    - .414 insulin controlled
    - .419 unspecified control
  - O24.42 Gestational diabetes in childbirth
  - O24.43 Gestational diabetes in puerperium

- **O24.8** Other pre-existing DM in pregnancy, childbirth and the puerperium
  Use additional code: E08, E09, E13 for manifestation of diabetes
  Z79.4 for insulin use

- **O24.9** Unspecified diabetes mellitus in pregnancy, childbirth or the puerperium
  use additional code for long-term current use of insulin
Diabetes in Pregnancy

Diabetes in pregnancy required multiple coding.

O24.011  Pre-existing diabetes mellitus, type I, first trimester
E10.9    Type I Diabetes without complications
Z79.4    Long term (current) use of insulin
Glucose intolerance

O99.8  Other specified diseases and conditions complicating pregnancy, childbirth, and the puerperium

O99.81 : Abnormal glucose intolerance in pregnancy
O25

ICD-9-CM nonspecific code 648.9-  
ICD-10-CM New Code O25.-

O25.1 Malnutrition in Pregnancy  
  Trimester specific in pregnancy  
    Unspecified O25.10  
    1st - O25.11  
    2nd - O25.12  
    3rd - O25.13

Childbirth O25.2

Puerperium O25.3
Sepsis complicating pregnancy

Report appropriate pregnancy related code followed by the symptom code for severity of sepsis if documented.

O85  Puerperal Sepsis

R65.20  Severe sepsis without septic shock

B95.61  MSSA as the cause of disease classified elsewhere
Postpartum Time Frame

The postpartum time period extends from delivery through six weeks postpartum.

The peripartum period from the last month of pregnancy through five months postpartum.

Chapter 15 may be used to report both:
- Postpartum complications
- Peripartum complications
If documented by the physician.
Routine Postpartum Care

Z39.0 Routine postpartum care
Sequela of pregnancy complications

O94

NOTE: This category is to be used to indicate conditions in O00-O77, O85-O94 and O98-O9A as the cause of late effects. The sequela include conditions specified as much, or as a late effect, which may occur at any time after the puerperium.

Code first the condition resulting from (sequela) of complication of Pregnancy, childbirth, and the puerperium.

O70.4 Fourth degree tear during delivery
O94 Sequela of pregnancy
A Z37 code is assigned on every maternal record in which a delivery occurs. Code only on the original delivery episode.

O24.424  Pregnancy complicated by gestational DM insulin controlled, childbirth episode.

Z37.0   Single live birth
Anatomy of a Perineal Tear

Perineal tear classification is a system used to quantify the severity of trauma to the perineum during vaginal childbirth. Delivery may lead to overstretching of the vagina causing tears in the perineal tissue between the vagina and rectum.

Lacerations are classified into four categories:

- **First-degree tear**: laceration is limited to the fourchette and superficial perineal skin or vaginal mucosa
- **Second-degree tear**: laceration extends beyond fourchette, perineal skin and vaginal mucosa to perineal muscles and fascia, but not the anal sphincter
- **Third-degree tear**: fourchette, perineal skin, vaginal mucosa, muscles, and anal sphincter are torn; third-degree tears may be further subdivided into three subcategories:[3]
  - 3a: partial tear of the external anal sphincter involving less than 50% thickness
  - 3b: greater than 50% tear of the external anal sphincter
  - 3c: internal sphincter is torn
- **Fourth-degree tear**: fourchette, perineal skin, vaginal mucosa, muscles, anal sphincter, and rectal mucosa are torn
Anatomy of a Perineal Tear
Episiotomy with subsequent tear

An episiotomy is the same degree as a 2nd degree tear

If episiotomy extends beyond that level, is considered to be 3rd-4th degree tear. Physician should document degree of Extension.

Code episiotomy and repair of tear.
Code degree of tear for the extension if over 2nd degree.
cc/MCC List for OB’s

List available for inpatient coders
Chapter 16: Conditions in the Perinatal Period

P00-P04 Newborn affected by maternal factors
P05-P08 Disorders of newborn related to gestation and growth
P09 Abnormal findings on neonatal screening
P10-P15 Birth Trauma
P19-P29 Respiratory and cardiovascular disorders - perinatal
P35-P39 Infections in the perinatal period
P50-P61 Hemorrhagic and hematological disorders of newborn
P70-P74 Transitory endocrine and metabolic disorders - newborn
P80-P83 Conditions involving integument and temperature
P84 Other problems with newborn
P90-P96 Other disorders originating in the perinatal period
Code category refinement

ICD-9-CM  779  Other and ill defined conditions in the perinatal period

ICD-10-CM  P29  Cardiovascular disorders
           P90  Convulsions in newborn
           P91  Other disturbances of cerebral status
           P92  Feeding problems of newborn
           P94  Disorders of muscle tone of newborn
           P96  Other conditions originating in the perinatal
Respiratory changes

ICD-9-CM  770  Multiple types of respiratory conditions

ICD-10-CM  P19-P29  Respiratory and cardiovascular disorders specific to Perinatal period
separate respiratory conditions by type
P19  Metabolic academia in newborn
P22  Respiratory distress of newborn
P23  Congenital pneumonia
P24  Neonatal aspiration
P25  Interstitial emphysema and related conditions
P26  Pulmonary hemorrhage
P27  Chronic respiratory disease originating in perinatal period
P28  Other respiratory conditions originating in perinatal period
Reclassification of codes

Fetal Alcohol syndrome moved to congenital abnormalities Chapter 17 as it is now recognized as a nonreversible condition associated with an array of mental and physical defects and anomalies.

Q86.0  Fetal Alcohol Syndrome (Dysmorphic)
Terminology changes

ICD-9-CM  Fetus or newborn description

ICD-10-CM  Newborn is used consistently in perinatal codes

The intent is for these codes to be used only on the newborn record.
Coding Guidelines

Perinatal period: Birth through 28th day following birth.

Chapter 16 codes never reported on maternal record

Chapter 16 codes may be used throughout the life of the Patient if the condition is still present:

P14.2 Phrenic nerve injury due to birth injury
Sequencing of Perinatal codes

Z38 code is always sequenced first when coding the birth episode of care.

Z38 code is not used on transfers to our hospital from other facilities or for subsequent visits.

Patient transferred to our hospital for TTN born at outside hospital

P22.1
Guideline cont’d

Codes from other chapters may be coded with codes from Chapter 16 to provide specificity.

Codes for signs and symptoms may be coded if no specific diagnosis is established. Use the sign/symptom code instead of the rule out suspected condition.

Chapter 16 codes are assigned by default if a condition cannot be determined as acquired outside the hospital or due to the birth process.

If condition is community acquired – do not use a code from Chapter 16.

Pneumonia in a 26 day old infant – community acquired. J18.9
Guidelines cont’d

Code all clinically significant conditions:
clinical evaluation
therapeutic treatment
diagnostic procedures
Extended length of stay
Increased nursing care and/or monitoring
Future health care needs

Hypospadius – code as will need future follow-up
Meconium staining – no affect on fetus, no monitoring
Guidelines cont’d

Do not code prematurity unless the provider specifically documents this.

Baby born at 35 weeks with out specific documentation of prematurity – Query the physician
Guidelines cont’d

P05 and P07 Disorder related to small for dates, fetal malnutrition, short gestations and low birth weight are only coded if documented.

Assign both birth weight and gestational age from P07, as appropriate. Sequence the birth weight first.

- P07.17 Other low birth weight newborn, 1750-1999 grams
- P07.33 Preterm newborn, gest age 30 weeks
Prematurity affecting health status

P07 Prematurity codes may be recorded after the newborn encounter if they affect the patient’s current health status.

J45.902 Asthma- status asthmaticus
P07.33 Premature 33 weeks gestation
P36  Bacterial Sepsis of newborn

Coded is assigned by default if:

- No documentation of community acquired or congenital

Code also severe sepsis R65.2- as appropriate
Code also the organism responsible as documented
  - Z38.00  Single liveborn infant
  - P36.0   Sepsis of newborn
  - R65.20  Severe sepsis without septic shock
code underling cause of sepsis
P95 Stillbirth

Code only when hospital maintains separate record for stillbirth.

Never report on the maternal record
Maternal condition affecting newborn

If a maternal condition affects the newborn report with a code from P00-P04.

Code the end result of the maternal condition, followed by the P00-P04 code.

P11.0 Subdural hemorrhage due to birth injury
P03.2 Newborn suspected to be affected by forceps delivery
Newborns affected by drugs or toxins from the mother or given to newborn

P58.4 Newborn jaundice due to drugs or toxins transmitted from mother or given to newborn

Code additional code for the poisoning, if applicable, T36-T65 with fifth and sixth character of 1-4 or 6

Use additional code for the adverse effect, if applicable to identify the drug T36-T50 with fifth character of 5

P58.41 due to drugs transmitted from mother
P58.42 due to drugs given to newborn
Q – Congenital malformations, deformations and chromosomal abnormalities

Note: Title change – ICD-9-CM – congenital anomalies

Codes are arranged by anatomical site

Codes moved from this chapter:
   Persistent fetal circulation  P29.3 – Perinatal chapter
Detail in coding

Chromosomal anomalies are more specific:
  anatomical site
  laterality

  Q01.0  Frontal encephalocele
  Q65.1  Congenital dislocation of bilateral hips

Nine code categories for chromosomal anomalies

Codes for congenital anomalies of the reproductive organs
have been revised or expanded.

  Q56.4  Indeterminate sex, unspecified (ambiguous
genitalia)
Coding guidelines

Chapter 17 codes may be listed as principal diagnosis or secondary diagnosis.

Z38.00  Newborn born this admission
Q05.0  Cervical spina bifida with hydrocephalus

Q05.0  Child seen at 1 month by pediatric neurologist for congenital spina bifida
Coding guidelines cont’d

If there is no specific code available – assign additional code for the manifestations or associated conditions.

Q99.9  Unspecified chromosomal anomaly
R25.9  Abnormal involuntary movements

No not code manifestations that are a symptom or part of the congenital condition.

Chapter 17 codes may be used during the entire lifetime of the patient. Some conditions may not be recognized until later in life.
Coding guidelines

If a congenital anomaly has been corrected, do not assign a code from chapter 17. Use Z code for personal history.

Z87.710 History (personal) hypospadius
REFERENCES

• CMS: http://www.cms.gov/Medicare/Coding/ICD10/index.html
• AHIMA: http://www.ahima.org/
• AAPC: http://www.aapc.com/
• ACDIS: http://www.hcpro.com/acdis/index.cfm
• HCPro Just Coding: www.justcoding.com
• Optum
• Dr. Lugenbill – definition of episiotomy with subsequent tear
QUESTIONS?