ICD-10-CM TRAINING
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**Obstetrics, Newborn
Perinatal and Congenital anomalies**

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OB Coding

Definitions

Gravida: The term for the state of pregnancy [7]

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

O00-O08 Pregnancy with abortive outcome

O09   Supervision of high risk pregnancy

O10-O16 Edema, proteinuria and hypertensive disorders
               in pregnancy, childbirth and the puerperium

O20-O29 Other maternal disorders predominantly
                related to pregnancy

O30-O48 Maternal care related to the fetus and amniotic
               cavity and possible delivery problems

O60-O77 Complications of Labor and Delivery

O80-O82 Encounter for delivery

O85-O92 Complications predominantly related to the puerperium

O94-O9A Other obstetric conditions, not elsewhere classified

Code Title Changes

ICD-9-CM   ICD-10-CM

652 – Malposition and   Maternal care for
        malpresentation of fetus   malpresentation of fetus

635 – Legally induced abortion   O04 – Complications
                                                following (induced)
                                                termination of
                                                pregnancy

Codes moved

Legally induced abortion without mention of complication

Illegally induced abortion without mention of complication

ICD-9-CM	ICD-10-CM
635.92	Z33.2
636.92	

Code Deleted

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

O09

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

O09

High Risk pregnancy codes are now in the OB chapter:

O09.4- Supervision of pregnancy with grand multiparity

O09.5- Supervision of elderly primigravida and multigravida

      O09.51- Supervision of elderly primigravida

      O09.52- Supervision of elderly multigravida

O09.6- Supervision of young primigravida and multigravida

      O09.61- Young primigravida

      O09.62- Young multigravida

O09.7- Supervision of high risk pregnancy due to social
      problems

O09.8- 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

O09.9-   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.
  5th or 6th character.

5th 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 – 2nd and 3rd trimester only

Pre-eclampsia - 2nd and 3rd 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, 2nd 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 7th character to identify the affected fetus in a multiple gestation code.

Look for instructional note that instructs the coder to assign the 7th character,

Breech presentation

Variations of the breech presentation

Complete
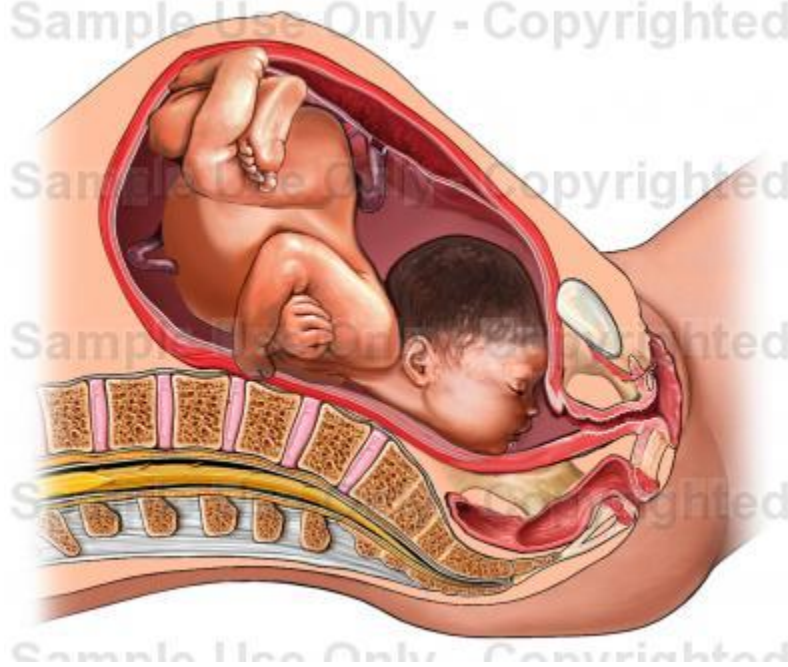breech

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

Compound Presentation O32.6-

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 <u>placenta abruption</u>. The baby's heart rate is low. Patient is taken for emergency c-section.

      O45.93

      O76

The patient is admitted with <u>pregnancy induced hypertension</u>. 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

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

Z37

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
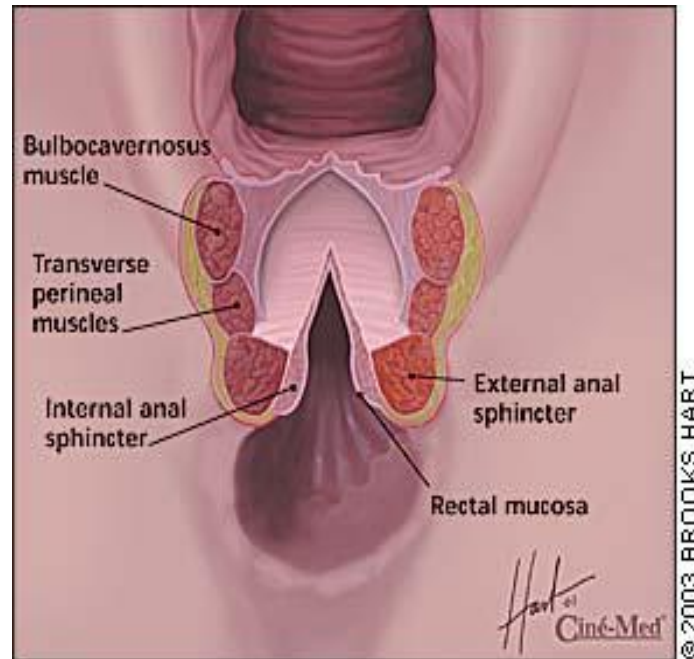
Episiotomy with subsequent tear

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 congenial 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

Salem Health ICD-1O

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