Understanding and Applying ICD-10-CM
Pregnancy, Childbirth and the Puerperium:
Coding and Coding Guidelines

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Objectives

- Review of pregnancy coding guidelines
- Tabular note review
- PCS highlights for OB section
Chapter 15: Code Blocks

- 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
Specific Coding Guidelines

- General rules for obstetric cases
- Selection of OB principal or first-listed diagnosis
- Pre-existing conditions versus conditions due to the pregnancy
- Pre-existing hypertension in pregnancy
- Fetal conditions affecting the management of the mother
- HIV infection in pregnancy, childbirth and the puerperium
- Diabetes mellitus in pregnancy
- Long term use of insulin
- Gestational (pregnancy induced) diabetes
Chapter 15: Pregnancy, Childbirth and the Puerperium (O00-O9A)

- Specific Coding Guidelines, continued
  - Sepsis and septic shock complicating abortion, pregnancy, childbirth and the puerperium
  - Puerperal sepsis
  - Alcohol and tobacco use during pregnancy, childbirth and the puerperium
  - Poisoning, toxic effects, adverse effects and underdosing in a pregnant patient
  - Normal delivery, code O80
  - The peripartum and postpartum periods
  - Code O94, Sequelae of complication of pregnancy, childbirth, and the puerperium
  - Termination of Pregnancy and Spontaneous abortions
  - Abuse in a pregnant patient
Chapter Notes

- CODES FROM THIS CHAPTER ARE FOR USE ONLY ON MATERNAL RECORDS, NEVER ON NEWBORN RECORDS
- Codes from this chapter are for use for conditions related to or aggravated by the pregnancy, childbirth, or by the puerperium (maternal causes or obstetric causes)
Specific Coding Guidelines
1) Codes from chapter 15 and sequencing priority

- Obstetric cases require codes from chapter 15, in the range O00-O9A, Pregnancy, Childbirth, and the Puerperium.

- Chapter 15 codes have sequencing priority over codes from other chapters.

- Additional codes from other chapters may be used in conjunction with chapter 15 codes to further specify conditions.

- Should the provider document that the pregnancy is incidental to the encounter, then code Z33.1, Pregnant state, incidental, should be used in place of any chapter 15 codes.
  - It is the provider’s responsibility to state that the condition being treated is not affecting the pregnancy.

2) Chapter 15 codes used only on the maternal record
3) Final character for trimester

- The majority of codes in Chapter 15 have a final character indicating the trimester of pregnancy.
  - The time frames for the trimesters are indicated at the beginning of the chapter.
  - If trimester is not a component of a code it is because the condition always occurs in a specific trimester, or the concept of trimester of pregnancy is not applicable.
  - Certain codes have characters for only certain trimesters because the condition does not occur in all trimesters, but it may occur in more than just one.

- Assignment of the final character for trimester should be based on the provider’s documentation of the trimester (or number of weeks) for the current admission/encounter. The provider’s documentation of the number of weeks may be used to assign the appropriate code identifying the trimester.

- Whenever delivery occurs during the current admission, and there is an “in childbirth” option for the obstetric complication being coded, the “in childbirth” code should be assigned.
4) Selection of trimester for inpatient admissions that encompass more than one trimester

- In instances when a patient is admitted to a hospital for complications of pregnancy during one trimester and remains in the hospital into a subsequent trimester
  - the trimester character for the antepartum complication code should be assigned on the basis of the trimester when the complication developed, not the trimester of the discharge.

- If the condition developed prior to the current admission/encounter or represents a pre-existing condition, the trimester character for the trimester at the time of the admission/encounter should be assigned.
5) Unspecified trimester

- Each category that includes codes for trimester has a code for “unspecified trimester.”
- The “unspecified trimester” code should rarely be used, however

6) 7th character for Fetus Identification

- Where applicable, a 7th character is to be assigned for certain categories (O31, O32, O33.3 - O33.6, O35, O36, O40, O41, O60.1, O60.2, O64, and O69) to identify the fetus for which the complication code applies.

- One of the following 7th characters (0,1-5, 9) is to be assigned to each code for the categories listed above to identify the fetus.
  - 0 not applicable or unspecified
  - For single gestations
  - When the documentation in the record is insufficient to determine the fetus affected and it is not possible to obtain clarification.
Selection of OB Principal or First-listed Diagnosis
Selection of OB Principal or First-listed Diagnosis

1) Routine outpatient prenatal visits
   - When no complications are present, a code from category Z34, Encounter for supervision of normal pregnancy, should be used as the first-listed diagnosis.
   - These codes should not be used in conjunction with chapter 15 codes.
Selection of OB Principal or First-listed Diagnosis

2) Prenatal outpatient visits for high-risk patients
   ▪ For routine prenatal outpatient visits for patients with high-risk pregnancies, a code from category O09, Supervision of high-risk pregnancy, should be used as the first-listed diagnosis.
   ▪ Secondary chapter 15 codes may be used in conjunction with these codes if appropriate.
Selection of OB Principal or First-listed Diagnosis: Examples

Examples of high risk pregnancies:
- Age of mother
- Gestational diabetes mellitus
- History of complications with previous pregnancies
- More than one fetus
- Pre-existing chronic condition
- Previous fetal loss
- Weight, e.g. overweight, excessive weight gain, malnutrition
Selection of OB Principal or First-listed Diagnosis

3) Episodes when no delivery occurs

- The principal diagnosis should correspond to the principal complication of the pregnancy which necessitated the encounter.
- Should more than one complication exist, all of which are treated or monitored, any of the complications codes may be sequenced first.
Selection of OB Principal or First-listed Diagnosis

4) When a delivery occurs

- The principal diagnosis should correspond to the main circumstances or complication of the delivery.
- In cases of cesarean delivery, the selection of the principal diagnosis should be the condition established after study that was responsible for the patient’s admission.
- If the patient was admitted with a condition that resulted in the performance of a cesarean procedure, that condition should be selected as the principal diagnosis.
- If the reason for the admission/encounter was unrelated to the condition resulting in the cesarean delivery, the condition related to the reason for the admission/encounter should be selected as the principal diagnosis.
Selection of OB Principal or First-listed Diagnosis

5) Outcome of delivery

A code from category Z37, Outcome of Delivery, should be included on every maternal record when a delivery has occurred. These codes are not to be used on subsequent records or on the newborn record.

Z37, Outcome of Delivery
This category is intended for use as an additional code to identify the outcome of delivery on the mother's record. It is not for use on the newborn record.
Pre-existing Conditions Versus Conditions Due to the Pregnancy
Pre-existing conditions

- Certain categories in Chapter 15 distinguish between conditions of the mother that existed prior to pregnancy (pre-existing) and those that are a direct result of pregnancy.
- Categories that do not distinguish between pre-existing and pregnancy-related conditions may be used for either.
  - It is acceptable to use codes specifically for the puerperium with codes complicating pregnancy and childbirth if a condition arises postpartum during the delivery encounter.
Pre-existing conditions: Hypertension

• When assigning one of the category O10 codes that includes hypertensive heart disease or hypertensive chronic kidney disease
  ▪ Add a secondary code from the appropriate hypertension category to specify the type of heart failure or chronic kidney disease.
Fetal Conditions Affecting the Management of the Mother
Fetal Conditions Affecting the Management of the Mother

1) Codes from categories O35 and O36

- Codes from categories O35, Maternal care for known or suspected fetal abnormality and damage, and O36, Maternal care for other fetal problems, are assigned only when the fetal condition is actually responsible for modifying the management of the mother, i.e., by requiring diagnostic studies, additional observation, special care, or termination of pregnancy.
  - The fact that the fetal condition exists does not justify assigning a code from this series to the mother’s record.
Fetal Conditions Affecting the Management of the Mother

2) In utero surgery

• In cases when surgery is performed on the fetus, a diagnosis code from category O35, Maternal care for known or suspected fetal abnormality and damage, should be assigned identifying the fetal condition. Assign the appropriate procedure code for the procedure performed.

• No code from Chapter 16, the perinatal codes, should be used on the mother’s record to identify fetal conditions. Surgery performed in utero on a fetus is still to be coded as an obstetric encounter.
HIV Infection in Pregnancy, Childbirth and the Puerperium

• During pregnancy, childbirth or the puerperium, a patient admitted because of an HIV-related illness should receive a principal diagnosis from subcategory O98.7-, Human immunodeficiency [HIV] disease complicating pregnancy, childbirth and the puerperium, followed by the code(s) for the HIV-related illness(es).

• Patients with asymptomatic HIV infection status admitted during pregnancy, childbirth, or the puerperium should receive codes of O98.7- and Z21, Asymptomatic human immunodeficiency virus [HIV] infection status.
Diabetes Mellitus in Pregnancy

• Diabetes mellitus is a significant complicating factor in pregnancy. Pregnant women who are diabetic should be assigned a code from category O24, first, followed by the appropriate diabetes code(s) (E08-E13) from Chapter 4.

• Code Z79.4, Long-term (current) use of insulin, should also be assigned if the diabetes mellitus is being treated with insulin.

• Gestational (pregnancy induced) diabetes can occur during the second and third trimester of pregnancy in women who were not diabetic prior to pregnancy.
  ▪ Codes for gestational diabetes are in subcategory O24.4, Gestational diabetes mellitus. No other code from category O24, Diabetes mellitus in pregnancy, childbirth, and the puerperium, should be used with a code from O24.4.
  ▪ If a patient with gestational diabetes is treated with both diet and insulin, only the code for insulin-controlled is required.
  ▪ Code Z79.4, Long-term (current) use of insulin, should not be assigned with codes from subcategory O24.4.
  ▪ An abnormal glucose tolerance in pregnancy is assigned a code from subcategory O99.81, Abnormal glucose complicating pregnancy, childbirth, and the puerperium.
Sepsis and Septic Shock, Puerperal Sepsis

• When assigning a chapter 15 code for sepsis complicating abortion, pregnancy, childbirth, and the puerperium, a code for the specific type of infection should be assigned as an additional diagnosis.
  ▪ If severe sepsis is present, a code from subcategory R65.2, Severe sepsis, and code(s) for associated organ dysfunction(s) should also be assigned as additional diagnoses.

• Code O85, Puerperal sepsis, should be assigned with a secondary code to identify the causal organism (e.g., for a bacterial infection, assign a code from category B95-B96, Bacterial infections in conditions classified elsewhere).
  ▪ A code from category A40, Streptococcal sepsis, or A41, Other sepsis, should not be used for puerperal sepsis. If applicable, use additional codes to identify severe sepsis (R65.2-) and any associated acute organ dysfunction.
Alcohol and Tobacco Use During Pregnancy, Childbirth And the Puerperium

1) Alcohol use during pregnancy, childbirth and the puerperium
   - Codes under subcategory O99.31, Alcohol use complicating pregnancy, childbirth, and the puerperium, should be assigned for any pregnancy case when a mother uses alcohol during the pregnancy or postpartum.
   - A secondary code from category F10, Alcohol related disorders, should also be assigned to identify manifestations of the alcohol use.

2) Tobacco use during pregnancy, childbirth and the puerperium
   - Codes under subcategory O99.33, Smoking (tobacco) complicating pregnancy, childbirth, and the puerperium, should be assigned for any pregnancy case when a mother uses any type of tobacco product during the pregnancy or postpartum.
   - A secondary code from category F17, Nicotine dependence, should also be assigned to identify the type of nicotine dependence.
Poisoning, Toxic Effects, Adverse Effects and Underdosing

- A code from subcategory O9A.2, Injury, poisoning and certain other consequences of external causes complicating pregnancy, childbirth, and the puerperium, should be sequenced first
  - Followed by the appropriate injury, poisoning, toxic effect, adverse effect or underdosing code, and then the additional code(s) that specifies the condition caused by the poisoning, toxic effect, adverse effect or underdosing.
Normal Delivery
O80
Normal Delivery: Code O80

• Code O80 should be assigned when a woman is admitted for a full-term normal delivery and delivers a single, healthy infant without any complications antepartum, during the delivery, or postpartum during the delivery episode.

• Code O80 is always a principal diagnosis. It is not to be used if any other code from chapter 15 is needed to describe a current complication of the antenatal, delivery, or perinatal period.

• Additional codes from other chapters may be used with code O80 if they are not related to or are in any way complicating the pregnancy.

• Code O80 may be used if the patient had a complication at some point during the pregnancy, but the complication is not present at the time of the admission for delivery.

• Z37.0, Single live birth, is the only outcome of delivery code appropriate for use with O80.
The Peripartum and Postpartum Periods
The Peripartum and Postpartum Periods

• The postpartum period begins immediately after delivery and continues for 6 weeks following delivery.
• The peripartum period is defined as the last month of pregnancy to 5 months postpartum.
• A postpartum complication is any complication occurring within the 6-week period.
• Chapter 15 codes may also be used to describe pregnancy-related complications after the peripartum or postpartum period if the provider documents that a condition is pregnancy related.
Code O94, Sequelae of Complication Of Pregnancy, Childbirth, and the Puerperium

• Code O94, Sequelae of complication of pregnancy, childbirth, and the puerperium, is for use in those cases when an initial complication of a pregnancy develops a sequelae requiring care or treatment at a future date.
• This code may be used at any time after the initial postpartum period.
• This code, like all sequela codes, is to be sequenced following the code describing the sequelae of the complication.
Abortions and Abuse
Termination of Pregnancy and Spontaneous Abortions

• When an attempted termination of pregnancy results in a liveborn fetus, assign code Z33.2, Encounter for elective termination of pregnancy and a code from category Z37, Outcome of Delivery.

• Subsequent encounters for retained products of conception following a spontaneous abortion or elective termination of pregnancy are assigned the appropriate code from category O03, Spontaneous abortion, or codes O07.4, Failed attempted termination of pregnancy without complication and Z33.2, Encounter for elective termination of pregnancy.
  ▪ This advice is appropriate even when the patient was discharged previously with a discharge diagnosis of complete abortion.

• Codes from Chapter 15 may be used as additional codes to identify any documented complications of the pregnancy in conjunction with codes in categories in O07 and O08.
Abuse in a Pregnant Patient

• For suspected or confirmed cases of abuse of a pregnant patient, a code(s) from subcategories O9A.3, Physical abuse complicating pregnancy, childbirth, and the puerperium, O9A.4, Sexual abuse complicating pregnancy, childbirth, and the puerperium, and O9A.5, Psychological abuse complicating pregnancy, childbirth, and the puerperium, should be sequenced first
  ▪ Followed by the appropriate codes (if applicable) to identify any associated current injury due to physical abuse, sexual abuse, and the perpetrator of abuse.
**Trimesters**

Trimesters are counted from the 1st day of the last menstrual period and are defined as follows:

- 1st trimester: Fewer than 14 weeks 0 days
- 2nd trimester: 14 weeks 0 days to fewer than 28 weeks 0 days
- 3rd trimester: 28 weeks 0 days until delivery

Use additional code from category Z3A, Weeks of gestation, to identify the specific week of the pregnancy:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z3A.00</td>
<td>Weeks of gestation of pregnancy not specified</td>
</tr>
<tr>
<td>Z3A.01</td>
<td>Less than 8 weeks gestation of pregnancy</td>
</tr>
<tr>
<td>Z3A.08</td>
<td>8 weeks gestation of pregnancy</td>
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<td>Z3A.09</td>
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<td>Z3A.10</td>
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<td>Z3A.11</td>
<td>11 weeks gestation of pregnancy</td>
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<tr>
<td>Z3A.12</td>
<td>12 weeks gestation of pregnancy.....</td>
</tr>
</tbody>
</table>
Pregnancy with Abortive Outcome (O00-O08)

There are no categories O05 or O06

O00, Ectopic Pregnancy
Includes: ruptured ectopic pregnancy
Use additional code from category O08 to identify any associated complication.

O01, Hydatidiform mole
Use additional code from category O08 to identify any associated complication.

O02, Other abnormal products of conception
Use additional code from category O08 to identify any associated complication.
Pregnancy with Abortive Outcome (O00-O08)

There are no categories O05 or O06

O03, Spontaneous abortion
Note: Incomplete abortion includes retained products of conception following spontaneous abortion
Includes: miscarriage

O04.87, Sepsis following (induced) termination of pregnancy

Use additional code to identify infectious agent (B95-B97)
Use additional code to identify severe sepsis, if applicable (R65.2-)
Pregnancy with Abortive Outcome (O00-O08)

There are no categories O05 or O06

O07, Failed attempted termination of pregnancy
Includes: failure of attempted induction of termination of pregnancy incomplete elective abortion

O07.37, Sepsis following failed attempted termination of pregnancy
Use additional code (B95-B97), to identify infectious agent
Use additional code (R65.2-) to identify severe sepsis, if applicable

O08, Complications following ectopic and molar pregnancy
This category is for use with categories O00-O02 to identify any associated complications

O08.82, Sepsis following ectopic and molar pregnancy
Use additional code (B95-B97), to identify infectious agent
Use additional code (R65.2-) to identify severe sepsis, if applicable
Supervision of High Risk Pregnancy (O09): Definitions

O09.3-, Supervision of pregnancy with insufficient antenatal care
Supervision of concealed pregnancy
Supervision of hidden pregnancy

O09.5, Supervision of elderly primigravida and multigravida
Pregnancy for a female 35 years and older at expected date of delivery

O09.6, Supervision of young primigravida and multigravida
Supervision of pregnancy for a female less than 16 years old at expected date of delivery

O09.81, Supervision of pregnancy resulting from assisted reproductive technology
Supervision of pregnancy resulting from in-vitro fertilization
Edema, Proteinuria and Hypertensive Disorders in Pregnancy, Childbirth and the Puerperium (O10-O16): O10

O10, Pre-existing Hypertension Complicating Pregnancy, Childbirth and the puerperium
Includes: pre-existing hypertension with pre-existing proteinuria complicating pregnancy, childbirth and the puerperium

O10.0-, Pre-existing essential hypertension complicating pregnancy, childbirth and the puerperium
Any condition in I10 specified as a reason for obstetric care during pregnancy, childbirth or the puerperium

O10.1-, Pre-existing hypertensive heart disease complicating pregnancy, childbirth and the puerperium
Any condition in I11 specified as a reason for obstetric care during pregnancy, childbirth or the puerperium
Use additional code from I11 to identify the type of hypertensive heart disease

O10.2-, Pre-existing hypertensive chronic kidney disease complicating pregnancy, childbirth and the puerperium
Any condition in I12 specified as a reason for obstetric care during pregnancy, childbirth or the puerperium
Use additional code from I12 to identify the type of hypertensive chronic kidney disease
Edema, Proteinuria and Hypertensive Disorders in Pregnancy, Childbirth and the Puerperium (O10-O16): O10

• O10.3-, Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, childbirth and the puerperium

  Any condition in I13 specified as a reason for obstetric care during pregnancy, childbirth or the puerperium

  **Use additional code from I13 to identify the type of hypertensive heart and chronic kidney disease**

• O10.4-, Pre-existing secondary hypertension complicating pregnancy, childbirth and the puerperium

  Any condition in I15 specified as a reason for obstetric care during pregnancy, childbirth or the puerperium

  **Use additional code from I15 to identify the type of secondary hypertension**
Edema, Proteinuria and Hypertensive Disorders in Pregnancy, Childbirth and the Puerperium (O10-O16): O11,O15

O11.-, Pre-existing hypertension with pre-eclampsia
Includes: conditions in O10 complicated by pre-eclampsia
pre-eclampsia superimposed pre-existing hypertension
Use additional code from O10 to identify the type of hypertension

O15, Eclampsia
Includes: convulsions following conditions in O10-O14 and O16
Other Maternal Disorders Predominantly Related to Pregnancy (O20-O29): O20, O21

O20, Hemorrhage in early pregnancy
Includes: hemorrhage before completion of 20 weeks gestation
Excludes1: pregnancy with abortive outcome (O00-O08)

O21.2, Late vomiting of pregnancy
Excessive vomiting starting after 20 completed weeks of gestation

O21.8, Other vomiting complicating pregnancy
Vomiting due to diseases classified elsewhere, complicating pregnancy
Use additional code, to identify cause.
Other Maternal Disorders Predominantly Related to Pregnancy (O20-O29): O22

O22.2, Superficial thrombophlebitis in pregnancy
Phlebitis in pregnancy NOS
Thrombophlebitis of legs in pregnancy
Thrombosis in pregnancy NOS
Use additional code to identify the superficial thrombophlebitis (I80.0-

O22.3, Deep phlebothrombosis in pregnancy
Deep vein thrombosis, antepartum
Use additional code to identify the deep vein thrombosis (I82.4-, I82.5-, I82.62-. I82.72-)
Use additional code, if applicable, for associated long-term (current) use of anticoagulants (Z79.01)
Other Maternal Disorders Predominantly Related to Pregnancy (O20-O29): O23, O24

O23-, Infections of genitourinary tract in pregnancy
Use additional code to identify organism (B95.-, B96.-)

O24.0-, Pre-existing diabetes mellitus, type 1, in pregnancy, childbirth and the puerperium
Juvenile onset diabetes mellitus, in pregnancy, childbirth and the puerperium
Ketosis-prone diabetes mellitus in pregnancy, childbirth and the puerperium
Use additional code from category E10 to further identify any manifestations

O24.1-, Pre-existing diabetes mellitus, type 2, in pregnancy, childbirth and the puerperium
Insulin-resistant diabetes mellitus in pregnancy, childbirth and the puerperium
Use additional code (for):
  from category E11 to further identify any manifestations
  long-term (current) use of insulin (Z79.4)
Other Maternal Disorders Predominantly Related to Pregnancy (O20-O29): O23, O24

O24.3-, Unspecified pre-existing diabetes mellitus in pregnancy, childbirth and the puerperium
Use additional code (for):
from category E11 to further identify any manifestation
long-term (current) use of insulin (Z79.4)

O24.8-, Other pre-existing diabetes mellitus in pregnancy, childbirth, and the puerperium
Use additional code (for):
from categories E08, E09 and E13 to further identify any manifestation
long-term (current) use of insulin (Z79.4)

O24.9-, Unspecified diabetes mellitus in pregnancy, childbirth and the puerperium
Use additional code for long-term (current) use of insulin (Z79.4)
Other Maternal Disorders Predominantly Related to Pregnancy (O20-O29): O26

- O26, Maternal Care for Other Conditions Predominantly Related to Pregnancy
- O26.6-, Liver and biliary tract disorders in pregnancy, childbirth and the puerperium
  - Use additional code to identify the specific disorder
- O26.83-, Pregnancy related renal disease
  - Use additional code to identify the specific disorder
Other Maternal Disorders Predominantly Related to Pregnancy (O20-O29): O29

O29, Complications of Anesthesia During Pregnancy
Includes: maternal complications arising from the administration of a general, regional or local anesthetic, analgesic or other sedation during pregnancy
Use additional code, if necessary, to identify the complication
Maternal Care Related To the Fetus and Amniotic Cavity and Possible Delivery Problems (O30-O48): O30-O35

O30, Multiple Gestation
Code also any complications specific to multiple gestation

O32, Maternal care for malpresentation of fetus
Includes: the listed conditions as a reason for observation, hospitalization or other obstetric care of the mother, or for cesarean delivery before onset of labor

O33, Maternal care for disproportion
Includes: the listed conditions as a reason for observation, hospitalization or other obstetric care of the mother, or for cesarean delivery before onset of labor
Maternal Care Related To the Fetus and Amniotic Cavity and Possible Delivery Problems (O30-O48): O30-O35

O34, Maternal Care for Abnormality of Pelvic Organs
Includes: the listed conditions as a reason for hospitalization or other obstetric care of the mother, or for cesarean delivery before onset of labor
Code first any associated obstructed labor (O65.5)
Use additional code for specific condition

O35, Maternal Care for Known or Suspected Fetal Abnormality and Damage
Includes: the listed conditions in the fetus as a reason for hospitalization or other obstetric care to the mother, or for termination of pregnancy
Code also any associated maternal condition
Maternal Care Related To the Fetus and Amniotic Cavity and Possible Delivery Problems (O30-O48): O36-O48

O36, Maternal Care for Other Fetal Problems
Includes: the listed conditions in the fetus as a reason for hospitalization or other obstetric care of the mother, or for termination of pregnancy

O43.2-, Morbidly adherent placenta
Code also associated third stage postpartum hemorrhage, if applicable (O72.0)

O47, False labor
Includes: Braxton Hicks contractions
threatened labor

O48, Late Pregnancy

O48.0, Post-term pregnancy
Pregnancy over 40 completed weeks to 42 completed weeks gestation
O48.1, Prolonged pregnancy
Pregnancy which has advanced beyond 42 completed weeks gestation

There are no codes from O49 to O59
Complications of Labor and Delivery (O60-O77)

O60.-, Preterm labor
Includes: onset (spontaneous) of labor before 37 completed weeks of gestation

Normal pregnancies last anywhere from 37 to 40 weeks.

<table>
<thead>
<tr>
<th>Indication</th>
<th>Nullipara (Never Given Birth)</th>
<th>Multipara (More than 1 pregnancy resulting in viable offspring)</th>
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<tbody>
<tr>
<td>O63.0— Prolonged first stage</td>
<td>&gt;20 h</td>
<td>&gt;14 h</td>
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<tr>
<td>Prolonged first phase</td>
<td></td>
<td></td>
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<td>O63.1— Prolonged second stage</td>
<td>&gt;2 h</td>
<td>&gt;1 h</td>
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<td>Prolonged second stage without epidural</td>
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<tr>
<td>O63.1— Prolonged second stage</td>
<td>&gt;3 h</td>
<td>&gt;2 h</td>
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<tr>
<td>Prolonged second stage with epidural</td>
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<tr>
<td>Prolonged third stage</td>
<td>&gt;30 min</td>
<td>&gt;30 min</td>
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Complications of Labor and Delivery (O60-O77): O65-O70

O65.5, Obstructed labor due to abnormality of maternal pelvic organs
Obstructed labor due to conditions listed in O34.
Use additional code to identify abnormality of pelvic organs O34.

O66.3, Obstructed labor due to other abnormalities of fetus
Use additional code to identify cause of obstruction

O66.41, Failed attempted vaginal birth after previous cesarean delivery
Code first rupture of uterus, if applicable (O71.0-, O71.1)

O70, Perineal laceration during delivery
Includes: episiotomy extended by laceration
Degrees of Perineal Laceration

- First Degree (O70.0): involve damage to the fourchette and vaginal mucosa – underlying muscles are exposed but not torn.
- Second Degree (O70.1): include the posterior wall and perineal muscles, but the anal sphincter is intact.
- Third Degree (O70.2): extend to the anal sphincter, but the rectal mucosa is intact.
- Fourth Degree (O70.3): involve the rectal and anal mucosa.
Complications of Labor and Delivery (O60-O77): O72-O75

O72.-, Postpartum hemorrhage
Includes: hemorrhage after delivery of fetus or infant
Postpartum hemorrhage is defined as a blood loss in excess of 500 ml after delivery.

O72.0, Third-stage hemorrhage
Hemorrhage associated with retained, trapped or adherent placenta
Retained placenta NOS
Code also type of adherent placenta (O43.2-)

O74, Complications of anesthesia during labor and delivery
Includes: maternal complications arising from the administration of a general, regional or local anesthetic, analgesic or other sedation during labor and delivery
Use additional code, if applicable, to identify specific complication

O75.3, Other infection during labor
Sepsis during labor
Use additional code (B95-B97), to identify infectious agent
Complications of Labor and Delivery (O60-O77): O75

O75.4, Other complications of obstetric surgery and procedures
Cardiac arrest following obstetric surgery or procedures
Cardiac failure following obstetric surgery or procedures
Cerebral anoxia following obstetric surgery or procedures
Pulmonary edema following obstetric surgery or procedures
Use additional code to identify specific complication

O75.82, Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39 completed weeks gestation, with delivery by (planned) cesarean section
Delivery by (planned) cesarean section occurring after 37 completed weeks of gestation but before 39 completed weeks gestation due to (spontaneous) onset of labor
Code first to specify reason for planned cesarean section such as:
cephalopelvic disproportion (normally formed fetus) (O33.9)
previous cesarean delivery (O34.21)
Encounter for Delivery (O80-O82)

O80, Encounter for Full-Term Uncomplicated Delivery
Delivery requiring minimal or no assistance, with or without episiotomy, without fetal manipulation [e.g., rotation version] or instrumentation [forceps] of a spontaneous, cephalic, vaginal, full-term, single, live-born infant. This code is for use as a single diagnosis code and is not to be used with any other code from chapter 15.
Use additional code to indicate outcome of delivery (Z37.0)

O82, Encounter for Cesarean Delivery Without Indication
Use additional code to indicate outcome of delivery (Z37.0)

*Avoid use of O82*
Complications Predominantly Related to the Puerperium (O85-O92): O85, O86, O87, O89, O90, O91

O85, Puerperal sepsis
Use additional code (B95-B97), to identify infectious agent
Use additional code (R65.2-) to identify severe sepsis, if applicable

O86, Other puerperal infections
Use additional code (B95-B97), to identify infectious agent

O87.1, Deep Phlebothrombosis in the Puerperium
Use additional code to identify the deep vein thrombosis (I82.4-, I82.5-, I82.62-. I82.72-)
Use additional code, if applicable, for associated long-term (current) use of anticoagulants (Z79.01)

O89, Complications of anesthesia during the puerperium
Includes: maternal complications arising from the administration of a general, regional or local anesthetic, analgesic or other sedation during the puerperium
Use additional code, if applicable, to identify specific complication

O90.3, Peripartum cardiomyopathy
Conditions in I42.- arising during pregnancy and the puerperium

O91, Infections of Breast Associated With Pregnancy, the Puerperium and Lactation
Use additional code to identify infection
Other Obstetric Conditions, Not Elsewhere Classified (O94-O9A)

O94, Sequelae of complication of pregnancy, childbirth, and the puerperium
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 sequelae include conditions specified as such, or as late effects, which may occur at any time after the puerperium

**Code first condition resulting from (sequela) of complication of pregnancy, childbirth, and the puerperium**

O98, Maternal Infectious and Parasitic Diseases Classifiable Elsewhere but Complicating Pregnancy, Childbirth and the Puerperium
Includes: the listed conditions when complicating the pregnant state, when aggravated by the pregnancy, or as a reason for obstetric care

**Use additional code** (Chapter 1), to identify specific infectious or parasitic disease

O98.7, Human Immunodeficiency Virus [HIV] Disease 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 NOS (Z21)
Symptomatic HIV disease (B20)
Other Obstetric Conditions, Not Elsewhere Classified (O94-O9A)

O99, Other Maternal Diseases Classifiable Elsewhere But Complicating Pregnancy, Childbirth And The Puerperium
   Includes: conditions which complicate the pregnant state, are aggravated by the pregnancy
   or are a main reason for obstetric care
   Use additional code to identify specific condition

O99.21-, Obesity complicating pregnancy, childbirth, and the puerperium
   Use additional code to identify the type of obesity (E66.-)

O99.31-, Alcohol use complicating pregnancy, childbirth, and the puerperium
   Use additional code(s) from F10 to identify manifestations of the alcohol use

O99.32-, Drug use complicating pregnancy, childbirth, and the puerperium
   Use additional code(s) from F11-F16 and F18-F19 to identify manifestations of the drug use

O99.33-, Smoking (tobacco) complicating pregnancy, childbirth, and the puerperium
   Use additional code from F17 to identify type of tobacco

O99.8-, Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium
   Conditions in D00-D48, H00-H95, M00-N99, and Q00-Q99
   Use additional code to identify condition

O99.83-, Other infection carrier state complicating pregnancy, childbirth and the puerperium
   Use additional code to identify the carrier state (Z22.-)
Other Obstetric Conditions, Not Elsewhere Classified (O94-O9A)

O9A.1, Malignant neoplasm complicating pregnancy, childbirth and the puerperium  
Conditions in C00-C96  
Use additional code to identify neoplasm

O9A.2-, Injury, poisoning and certain other consequences of external causes complicating  
pregnancy, childbirth and the puerperium  
Conditions in S00-T88, except T74 and T76  
Use additional code(s) to identify the injury or poisoning

O9A.3-, Physical abuse complicating pregnancy, childbirth and the puerperium  
Conditions in T74.11 or T76.11  
Use additional code (if applicable):  
to identify any associated current injury due to physical abuse  
to identify the perpetrator of abuse (Y07.-)

O9A.4-, Sexual abuse complicating pregnancy, childbirth and the puerperium  
Conditions in T74.21 or T76.21  
Use additional code (if applicable):  
to identify any associated current injury due to sexual abuse  
to identify the perpetrator of abuse (Y07.-)

O9A.5-, Psychological abuse complicating pregnancy, childbirth and the puerperium  
Conditions in T74.31 or T76.31  
Use additional code to identify the perpetrator of abuse (Y07.-)
Chapter 21 Factors Influencing Health Status and Contact With Health Services (Z00-Z99)

Z03.7, Encounter for suspected maternal and fetal conditions ruled out
Encounter for suspected maternal and fetal conditions not found
Persons encountering health services in circumstances related to reproduction (Z30-Z39)

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<tr>
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<tr>
<td>Z39</td>
<td>Encounter for maternal postpartum care and examination</td>
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Other Coding Guidance and Notes
Recent issues of the American Hospital Association’s Coding Clinic has addressed some pregnancy disorders and procedures. Topics include:

- Physicians often document twins as fetus A and fetus B. However, the fetal extensions in chapter 15, Pregnancy, childbirth and the puerperium, for codes related to complications of multiple gestation (e.g., O31, O32, etc.) refer to fetus 1, fetus 2, and so on. For the purposes of selecting the seventh character for these codes, is it appropriate to assume that fetus A is fetus 1 and B is 2, etc.?
  - Answer: Yes.

- Question:
- The Official ICD-10-CM Guidelines for Coding and Reporting in the chapter on the perinatal period state, "For coding and reporting purposes the perinatal period is defined as before birth through the 28th day following birth." Therefore, does this mean that the perinatal period ends on the 29th day of life, making the day of birth equal 0 days?
  - Answer: Yes.
No recent American Hospital Association’s Coding Clinic to address pregnancy procedures but PCS Coding Guidelines state:

- Procedures performed on the products of conception are coded to the Obstetrics section. Procedures performed on the pregnant female other than the products of conception are coded to the appropriate root operation in the Medical and Surgical section.

- Procedures performed following a delivery or abortion for curettage of the endometrium or evacuation of retained products of conception are all coded in the Obstetrics section, to the root operation Extraction and the body part Products of Conception, Retained. Diagnostic or therapeutic dilation and curettage performed during times other than the postpartum or post-abortion period are all coded in the Medical and Surgical section, to the root operation Extraction and the body part Endometrium.
There are twelve root operations in the Obstetrics section. Ten of these are also found in the Medical and Surgical section.

The two root operations unique to Obstetrics are defined below:
- A – Abortion: Artificially terminating a pregnancy
- E – Delivery: Assisting the passage of the products of conception from the genital canal

Abortion is subdivided according to whether an additional device such as a laminaria or abortifacient is used, or whether the abortion was performed by mechanical means.
- If either a laminaria or abortifacient is used, then the approach is Via Natural or Artificial Opening.
- All other abortion procedures are those done by mechanical means (the products of conception are physically removed using instrumentation), and the device value is Z, No Device.
Delivery applies only to manually-assisted, vaginal delivery and is defined as assisting the passage of the products of conception from the genital canal. Cesarean deliveries are coded in this section to the root operation Extraction.
In Summary

- Review unusual documentation terms with staff and physicians
- Consider adding facility guidelines for clarification in absence of many years of coding guidance
- Determine points of weakness
- Practice and review ICD-10-PCS related to obstetric procedures
References


Wrap Up

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