PREPARING FOR ICD-10-CM

OB/GYN SPECIALTY TRAINING
(OBSTETRICS/ MFM)
PART 3

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CHAPTER 15: PREGNANCY, CHILDBIRTH AND THE PUERPERIUM

Introduction/Overview

Nearly every chapter in ICD-10-CM has instructions that are specific to that particular chapter. Chapter 15 (Pregnancy, childbirth, and the puerperium) has one of the largest number of chapter-specific instructions—mainly because of the unique nature of obstetric services. This is not substantially different than Chapter 11 of ICD-9-CM. However, there are some factors that are new and unique because of the differences between the structure and organization between the two code sets.

Some of the key similarities between ICD-9-CM and ICD-10-CM are:

- Codes in Chapter 15 (like Chapter 11 in ICD-9-CM) take sequencing priority over codes from other chapters. If the patient is pregnant and is having a complication of any kind, the pregnancy diagnosis will be the primary diagnosis.
- Chapter 15 codes (like Chapter 11 in ICD-9-CM) go only on the maternal record, not the newborn record. Newborn conditions and complications are reported using codes from Chapter 16 (Chapter 15 in ICD-9-CM).
- In both code sets, outcome of delivery codes are reported only on claims that contain delivery CPT codes. The code structures are identical—the only difference is the codes (Z37.- in ICD-10-CM vs. V27.- in ICD-9-CM).

However, there is a significant difference between the code sets in terms of the philosophy of reporting pregnancy stage. In ICD-9-CM, the “episode of care” is reported, using the following 5th digits:

- 0 = Unspecified or not applicable
- 1 = Delivered, with or without mention of postpartum complication
- 2 = Delivered, with mention of postpartum complication
- 3 = Antepartum condition or complication
- 4 = Postpartum condition or complication

Nearly every code in the obstetrics chapter in ICD-9-CM has five digits and these fifth digits are applied, as appropriate, to define the timing and nature of the service.

In ICD-10-CM, the structure is different because the timing of the event in pregnancy is built into the code structure. Most codes are broken into the following categories:

- In pregnancy (the specific trimester is reported, as appropriate)
- In childbirth
- In the puerperium

In addition to the timing that is built into the code structure, whenever a complication is reported (using a Chapter 15 code), it is required that a Z3A.-- code is used to name...
the precise number of completed weeks of pregnancy. The Z3A.-- code will never be used as a primary diagnosis—it is always a secondary or tertiary code.

ICD-10-CM is also different than ICD-9-CM because many codes have seventh characters built into them that indicate which fetus(es) is/are involved in cases of a multiple gestation. This level of specificity was never possible in ICD-9-CM—it was impossible to indicate which specific fetus had a complication.

The final major difference between ICD-9-CM and ICD-10-CM is that the codes in ICD-10-CM are organized in a much more logical format. The codes in ICD-9-CM are grouped into 6 categories, as follows:

- 630-633—Ectopic and Molar Pregnancy
- 634-639—Other Pregnancy with Abortive Outcome
- 640-649—Complications Mainly Related to Pregnancy
- 650-659—Normal Delivery and Other Indications for Care in Pregnancy, Labor and Delivery
- 660-669—Complications Occurring Mainly in the Course of Labor and Delivery
- 670-677—Complications of the Puerperium

Chapter 15 in ICD-10-CM is organized as follows:

<table>
<thead>
<tr>
<th>Block</th>
<th>Description</th>
<th>Block</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O00-008</td>
<td>Pregnancy with abortive outcome</td>
<td>O60-077</td>
<td>Complications of labor and delivery</td>
</tr>
<tr>
<td>O09</td>
<td>Supervision of high risk pregnancy</td>
<td>080, 082</td>
<td>Encounter for delivery</td>
</tr>
<tr>
<td>O10-016</td>
<td>Edema, proteinuria, and hypertensive disorders in pregnancy, childbirth and the puerperium</td>
<td>085-092</td>
<td>Complications predominantly related to the puerperium</td>
</tr>
<tr>
<td>O20-029</td>
<td>Other maternal disorders predominantly related to pregnancy</td>
<td>O94-09A</td>
<td>Other obstetric conditions, not elsewhere classified</td>
</tr>
<tr>
<td>O30-048</td>
<td>Maternal care related to the fetus and amniotic cavity and possible delivery problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A more full appreciation of the differences in organization can be identified in the chart below, which compares the content of ICD-10-CM with the location of the respective codes in ICD-9-CM.
Codes that are grouped together in ICD-10-CM are scattered throughout various portions of ICD-9-CM.

Because of the trimester distinction that are present for so many codes, it’s important to understand the precise definition for each trimester. They are:

- Trimester 1 = **Up to 13 weeks 6 days**
- Trimester 2 = **14 week 0 days to 27 weeks 6 days**
- Trimester 3 = **28 weeks 0 days to delivery**
- Unspecified = **Unknown or doesn’t apply**

Not *every* code has a trimester designation and, in some cases, there are only two options because some conditions (such as preterm labor) can’t, by definition, happen in the first trimester. Also, the trimester concept is not necessarily applicable to every situation.

When a code is selected on the basis of trimester, it is based on the best gestational age available for the particular date of service in question. The only exception to this rule is if the patient is hospitalized in an inpatient status. During the period the patient is hospitalized, the trimester in which the complication started is reported until the patient is discharged. Then, the standard rules for trimester selection apply. Two examples of the possible timing in which this scenario could occur are:

- Patient is hospitalized from 13 weeks 5 days to 14 weeks 2 days
- Patient is hospitalized from 26 weeks 6 days to delivery
The obvious goal of obstetric is to achieve a successful delivery with a healthy liveborn. Most obstetric care is defined as “pregnancy supervision,” done for the purpose of achieving this goal. Pregnancy supervision happens on scheduled basis, for the purpose of continuously monitoring the patient’s care, to identify complications quickly and to address them before they become more serious. Typically, pregnancy supervision services are part of the “global” obstetric package.

For the purpose of coding, there are two categories of pregnancy supervision...
- “Normal”
- “High-risk”

Normal pregnancy is when there are no specific complications that are influencing the pregnancy. A “high-risk” pregnancy is one in which the patient has one or more factors that cause the pregnancy to be at greater potential for problems. A pregnancy is determined to be high-risk either based on personal history or the current presence of complications.

The “normal” pregnancy supervision codes in ICD-9-CM and ICD-10-CM can be compared as follows:

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>V22.0 Supervision of normal first pregnancy</td>
<td>Z34.0- Encounter for the supervision of normal first pregnancy</td>
</tr>
<tr>
<td>V22.1 Supervision of other normal pregnancy</td>
<td>Z34.8- Encounter for the supervision of other normal pregnancy</td>
</tr>
<tr>
<td></td>
<td>Z34.9- Encounter for supervision of normal pregnancy, unspecified</td>
</tr>
</tbody>
</table>

There is a direct parallel between V22.0 and Z34.0- and V22.1 and Z34.8-. Z34.9- does not have a comparable code in ICD-9-CM and is used only in the rare occasion in which the provider is not aware as to whether the pregnancy is the patient’s first or not.

There is a significant difference between ICD-9-CM and ICD-10-CM in that the final character in ICD-10-CM reflects the trimester for the current encounter.
- Z34.01—Encounter for supervision of normal first pregnancy, first trimester
- Z34.02 …2nd trimester
- Z34.03 …3rd trimester
- Z34.00 …unspecified trimester
The patterns are the same for Z34.8- and Z34.9-. The “unspecified” trimester code should be avoided, unless the provider truly does not know which trimester the patient is currently in.

The Z34 codes should be used only when the patient’s pregnancy is “normal” and it must be the primary diagnosis. Z34 codes can’t be used when any of the following are present:

• The patient has any complication in pregnancy (O00-O9A)
• The patient is high risk for a complication in pregnancy (O09.-)
• The patient is being diagnosed with a pregnancy (Z32.-)

If the patient is “high-risk,” then supervision services will be reported with O09.- as the primary diagnosis, and will be followed by a reporting of the reason(s) that the patient is “high-risk” if it is not fully reported by the O09.- code.

The “high-risk” codes are:

• O09.0- History of infertility
• O09.1- History of ectopic or molar pregnancy
• O09.21- History of pre-term labor
• O09.29- Other poor reproductive or obstetric history
• O09.3- Insufficient antenatal care
• O09.4- Grand multiparity
• O09.51- Elderly primigravida
• O09.52- Elderly multigravida
• O09.61- Young primigravida
• O09.62- Young multigravida
• O09.7- Social problems
• O09.81- Assisted reproductive technology
• O09.82- History of in utero procedure during previous pregnancy
• O09.89- Supervision of other high risk pregnancies
• O09.9- Supervision of high risk pregnancy, unspecified

The O09.89- codes will be used most frequently when the patient has a specific complication in pregnancy. The O09.89- will almost always have a secondary code to define the “other” high-risk pregnancy factor(s). O09.9- should be avoided because it would be exceptionally rare for a provider to know that the patient is high risk, but not to know what the cause or factor(s) is/are.

To summarize, for a scheduled visit, the primary diagnosis for a “normal” pregnancy will be:

• Z34.0-
• Z34.8-, or
• Z34.9-
For a high-risk pregnancy, the primary diagnosis for a scheduled visit will be:

- O09.- (if that adequately captures the high-risk status), or
- Z09.89- (if the patient has a specific complication, which is reported with a secondary diagnosis)

If the patient is seen as a “work-in” or for some other non-regularly scheduled visit, Z34 and O09 codes will not be the primary diagnosis. Instead, the primary diagnosis will be the complication that is prompting the encounter.

**Call for Documentation Specificity**

- As of today, in what trimester is the patient’s gestational age?
- Is the patient high risk or do they have a current complication? If so, what is it?
- Is today’s visit part of scheduled supervision or is it a work-in for a problem?

## COMPLICATIONS OF PREGNANCY

### O00-O08—Pregnancy with abortive outcome

The codes found in the first block of Chapter 15 generally crosswalk directly with the codes in 630-639 in ICD-9-CM. These codes are used when the pregnancy terminates—either intentionally or spontaneously—before the patient reaches 20 weeks gestation.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O00</td>
<td>Ectopic pregnancy</td>
<td>O04</td>
<td>Complications following (induced) termination of pregnancy</td>
</tr>
<tr>
<td>O01</td>
<td>Hydatiform mole</td>
<td>O07</td>
<td>Failed attempted termination of pregnancy</td>
</tr>
<tr>
<td>O02</td>
<td>Other abnormal products of conception</td>
<td>O08</td>
<td>Complications following ectopic and molar pregnancy</td>
</tr>
<tr>
<td>O03</td>
<td>Spontaneous abortion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The first four categories in this block are the codes that will be used more frequently, with the last three categories being used when complications occur following ectopic or molar pregnancies or pregnancy terminations. Interestingly, there are fewer codes in this section compared to ICD-9-CM, particularly in the area of ectopic pregnancy. In ICD-9-CM, there were separate codes when an ectopic pregnancy occurred simultaneously with a separate intrauterine pregnancy. This was an important tool...
because the management of an ectopic pregnancy is much more difficult with fewer treatment options, especially if there is the intent of trying to maintain the intrauterine pregnancy. In ICD-10-CM, there is no single code that reports simultaneous ectopic and intrauterine pregnancies. For now, the ectopic pregnancy should be reported in conjunction with code O26.891—Other specified pregnancy related conditions, first trimester.

Category O00 is used when the patient has a pregnancy that is located some place other than the uterus, where it is supposed to be gestating. This category is used whether the pregnancy is ruptured or not. The instructions associated with O00 indicate to “Use additional code from category O08 to identify any associated complication.” The most common complication is a ruptured ectopic, which can often produce excessive bleeding (O08.1). Other possible complications include:

- Infection
- Embolism
- Shock
- Renal failure
- Cardiac arrest
- UTI, etc.

There are also fewer codes in ICD-10-CM in which to report the possible locations of ectopic pregnancies. This will result in greater use of O00.8—Other ectopic pregnancy, whenever an ectopic pregnancy occurs somewhere other than the abdomen, tubes or ovaries.

- O00.0 Abdominal pregnancy
- O00.1 Tubal pregnancy
- O00.2 Ovarian pregnancy
- O00.8 Other ectopic pregnancy
  - Cervical
  - Cornual
  - Intraligamentous
  - Mural
- O00.9 Unspecified

O02—Other abnormal products of conception is used to report situations in which the ovum never properly develops (blighted ovum) or a missed abortion (fetal death before 20 weeks, with retention of the fetus.

- O02.0 Blighted ovum and nonhydatidiform mole
- O02.1 Missed abortion
- O02.81 Inappropriate change in quantitative human chorionic gonadotropin (hCG) in early pregnancy
- O02.89 Other abnormal products of conception
- O02.9 Abnormal product of conception, unspecified
O02.81 will be used most frequently in the context of infertility treatment. After advanced fertility treatments, it is very common to perform beta hCG tests to determine the progress of the embryo in its development. Typically, in a normal pregnancy, the hCG level will double every two days. If this does not occur, it often means that the pregnancy will not successfully carry on, but it still may do so. O02.81 provides the opportunity to explain that there was an abnormal finding, but it does not yet declare the pregnancy as non-viable.

In most non-advanced reproductive technology (ART) pregnancies, a miscarriage would occur before hCG levels were ever drawn or known.

Category O03-Spontaneous abortion is organized in a fashion that distinguishes between “complete” spontaneous abortions and “incomplete” spontaneous abortions. An incomplete spontaneous abortion is a situation in which some products of conception are retained after some of the products of conception are expelled. In most cases, incomplete spontaneous abortions require medical intervention—usually surgical.

The code organization in this category is parallel.

<table>
<thead>
<tr>
<th>Sub-category</th>
<th>Description</th>
<th>Sub-category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O03.0</td>
<td>Genital tract and pelvic infection</td>
<td>O03.5</td>
<td>Genital tract and pelvic infection</td>
</tr>
<tr>
<td>O03.1</td>
<td>Delayed and excessive hemorrhage</td>
<td>O03.6</td>
<td>Delayed and excessive hemorrhage</td>
</tr>
<tr>
<td>O03.2</td>
<td>Embolism</td>
<td>O03.7</td>
<td>Embolism</td>
</tr>
<tr>
<td>O03.3</td>
<td>Various complications</td>
<td>O03.8</td>
<td>Various complications</td>
</tr>
<tr>
<td>O03.4</td>
<td>Spontaneous abortion without complication</td>
<td>O03.9</td>
<td>Spontaneous abortion without complication</td>
</tr>
</tbody>
</table>

It is vital that the clinician appropriately designate whether miscarriage was complete or incomplete and whether there were any complications.

O10-O16—Edema, proteinuria and hypertensive disorders in pregnancy, childbirth & the puerperium
The codes in this particular block are organized together for the first time in ICD-10-CM. In ICD-9-CM, these codes were scattered throughout the pregnancy codes—not always in the most logical locations.
The codes are also far more detailed than they were previously in ICD-9-CM, with a more intense focus on both the nature of the complication and the timing of the complication. The codes are grouped in the following pattern:

- Pre-existing hypertension (O10-O11)
- Gestational edema and proteinuria without hypertension (O12)
- Gestational hypertension without proteinuria (O13)
- Pre-eclampsia, eclampsia, and unspecified maternal hypertension (O14-O16)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O10</td>
<td>Pre-existing hypertension complicating pregnancy, childbirth and the puerperium</td>
<td>O14</td>
<td>Pre-eclampsia</td>
</tr>
<tr>
<td>O11</td>
<td>Pre-existing hypertension with pre-eclampsia</td>
<td>O15</td>
<td>Eclampsia</td>
</tr>
<tr>
<td>O12</td>
<td>Gestational [pregnancy-induced] edema and proteinuria without hypertension</td>
<td>O16</td>
<td>Unspecified maternal hypertension</td>
</tr>
<tr>
<td>O13</td>
<td>Gestational [pregnancy-induced] hypertension without significant proteinuria</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In the first category, O10-Pre-existing hypertension complicating pregnancy, childbirth and the puerperium, there are multiple subcategories, each following the same coding pattern. An example can be seen in the first subcategory:

- O10.0 Pre-existing essential hypertension
- O10.01 Pre-existing essential hypertension complicating pregnancy
  - O10.011 1st trimester
  - O10.012 2nd trimester
  - O10.013 3rd trimester
  - O10.019 Unspecified trimester
- O10.02 Pre-existing essential hypertension complicating childbirth
- O10.03 Pre-existing essential hypertension complicating the puerperium

O10.0- is unique among the other subcategories in O10 because it is the only one that does not require a secondary diagnosis to identify the type of hypertension from which
the patient suffers. The other subcategories in O10, along with the code categories from secondary diagnoses must be chosen, are:

- **O10.0** - Pre-existing essential hypertension
- **O10.1** - Pre-existing hypertensive heart disease
  - Secondary diagnosis is a code from I11.-
- **O10.2** - Pre-existing hypertensive chronic kidney disease
  - Secondary diagnosis is a code from I12.-
- **O10.3** - Pre-existing hypertensive heart and chronic kidney disease
  - Secondary diagnosis is a code from I13.-
- **O10.4** - Pre-existing secondary hypertension
  - Secondary diagnosis is a code from I15.-
- **O10.9** - Unspecified pre-existing hypertension complicating pregnancy, childbirth, and the puerperium

Because of the lack of specificity in O10.9-, it is not possible to define precisely what additional diagnosis(es) might be reported).

**O11**—Pre-existing hypertension with pre-eclampsia is a new coding concept in ICD-10, to be used when the patient enters the pregnancy with hypertension and subsequently develops pre-eclampsia during the pregnancy. The codes are sorted based on the time of pregnancy in which it occurs. There is also an instructional note that indicates that a secondary diagnosis from O10 must be used, to indicate from what type of pre-existing hypertension the patient suffers. The specific codes are:

- **O11.1** - Pre-existing hypertension with pre-eclampsia, first trimester
- **O11.2** - Pre-existing hypertension with pre-eclampsia, second trimester
- **O11.3** - Pre-existing hypertension with pre-eclampsia, third trimester
- **O11.9** - Pre-existing hypertension with pre-eclampsia, unspecified trimester

Category O12— Gestational edema and proteinuria without hypertension has a unique pattern for its fifth characters. Documentation is especially important for this category because there is a significant distinction between edema (swelling caused by excess fluid trapped within the body’s tissues) and proteinuria (a condition where the urine contains an abnormal level of protein). Both conditions can be attributable to problems with kidney function and the patient may have one or the other condition or both. Documentation is again critical because these conditions can be associated with hypertension and this category is exclusively for patients who do NOT have hypertension.

The specific codes are:

- **O12.0** - Gestational edema
- **O12.1** - Gestational proteinuria
- **O12.2** - Gestational edema with proteinuria
  - 0 = Unspecified trimester
  - 1 = 1st trimester
• 2 = 2nd trimester
• 3 = 3rd trimester

O13—Gestational hypertension without significant procedure is fundamentally the opposite of category O12. Proteinuria is a common side effect of hypertension, but this category is used only for those patients who have hypertension, but no clinically significant proteinuria. Typically, proteinuria is the first complication that arises when the patient develops hypertension and the use of these codes means that the patient has hypertension, but no meaningful associated complications.

• O13.1 Gestational hypertension without significant proteinuria, first trimester
• O13.2 Gestational hypertension without significant proteinuria, second trimester
• O13.3 Gestational hypertension without significant proteinuria, third trimester
• O13.9 Gestational hypertension without significant proteinuria, unspecified trimester

Pre-eclampsia (O14) is a more serious form of high blood pressure (hypertension) in pregnancy, which can result in serious complications for both mother and fetus. The clinical understanding of pre-eclampsia has recently changed, making the classifications that exist in ICD-10 somewhat outdated. For now, clinicians will still have the responsibility of defining the relative severity of the patient’s condition, for the purpose of coding.

The forms of pre-eclampsia are:

• O14.0- Mild to moderate pre-eclampsia
• O14.1- Severe pre-eclampsia
• O14.2- HELLP syndrome
• O14.9- Unspecified pre-eclampsia

The fifth character in this category designates the trimester. There is no first trimester designation because pre-eclampsia does not occur in the first trimester.

• 0 = Unspecified trimester
• 2 = Second trimester
• 3 = Third trimester

Eclampsia (O15) is an even more severe form of gestational hypertension, which results in seizures that are not related to an existing brain condition. Eclampsia can occur at any point in pregnancy after the first trimester, so the code organization is somewhat different than for pre-eclampsia.

• O15.0- Eclampsia in pregnancy
  • O15.00 Eclampsia in pregnancy, unspecified trimester
  • O15.02 Eclampsia in pregnancy, second trimester
  • O15.03 Eclampsia in pregnancy, third trimester
• O15.1 Eclampsia in labor
• O15.2 Eclampsia in the puerperium
• O15.9  Eclampsia, unspecified as to time period

It is unquestionably suboptimal to use codes from O16-Unspecified maternal hypertension. The only time that it should be used is if the documentation simply is inadequate to be any more specific.

• O16.1  Unspecified maternal hypertension, first trimester
• O16.2  Unspecified maternal hypertension, second trimester
• O16.3  Unspecified maternal hypertension, third trimester
• O16.9  Unspecified maternal hypertension, unspecified trimester

Call for Documentation Specificity
• Is the patient’s hypertension pre-existing or gestational?
• If it is pre-existing (not essential), what type is it?
• What trimester is the patient currently in?
• What symptoms does the patient display?
  • Edema?
  • Proteinuria?
  • Both?
  • None?
• What is the severity of the patient’s hypertension?

O20-O29-Other maternal disorders predominantly related to pregnancy

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O20</td>
<td>Hemorrhage in early pregnancy</td>
<td>O25</td>
<td>Malnutrition in pregnancy, childbirth and the puerperium</td>
</tr>
<tr>
<td>O21</td>
<td>Excessive vomiting in pregnancy</td>
<td>O26</td>
<td>Maternal care for other conditions predominantly related to pregnancy</td>
</tr>
<tr>
<td>O22</td>
<td>Venous complications and hemorrhoids in pregnancy</td>
<td>O28</td>
<td>Abnormal findings on antenatal screening of mother</td>
</tr>
<tr>
<td>O23</td>
<td>Infections of the genitourinary tract in pregnancy</td>
<td>O29</td>
<td>Complications of anesthesia during pregnancy</td>
</tr>
<tr>
<td>O24</td>
<td>Diabetes mellitus in pregnancy, childbirth and the puerperium</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The conditions reported in this block of codes are primarily related to maternal conditions that do not directly involve the fetus, but certainly can have an adverse influence on the fetus if not properly treated. While there is no “episode of care” digit to designate when the service actually occurred, there is a definite pattern of final characters to indicate the trimester that reports the patient’s current gestational age. There are different patterns, depending upon whether the individual code has either five or six characters.

- When a code has 5 characters, trimesters are as follows:
  - 0 = Unspecified trimester
  - 1 = 1st trimester
  - 2 = 2nd trimester
  - 3 = 3rd trimester
- When a code has 6 characters, trimesters are as follows:
  - 1 = 1st trimester
  - 2 = 2nd trimester
  - 3 = 3rd trimester
  - 9 = Unspecified trimester

The category descriptions help define the stage of pregnancy by indicating the it is either “in pregnancy,” “in childbirth,” or “in the puerperium” (postpartum). It is important to note that codes this code block do not generally distinguish between pre-existing conditions and conditions that developed during pregnancy, unless it explicitly indicates a distinction (e.g., O24 for diabetes).

The most commonly used codes in this code block are:
- O20.- Hemorrhage in early pregnancy
  - O20.0 Threatened abortion
  - O20.8 Other hemorrhage in early pregnancy
  - O20.9 Hemorrhage in early pregnancy, unspecified
- O21.- Excessive vomiting in pregnancy
  - O21.0 Mild hyperemesis gravidarum
    - Unspecified or mild, earlier than 20 weeks
  - O21.1 Hyperemesis gravidarum with metabolic disturbance
    - Starting before the 20th week of gestation
  - O21.2 Late vomiting of pregnancy
    - After the 20th week of gestation
  - O21.8 Other vomiting complicating pregnancy
    - Caused by other conditions, which should be reported
- O22 Venous complications and hemorrhoids in pregnancy
  - O22.2- Superficial thrombophlebitis in pregnancy
    - Use an additional code (I80.0-)
  - O22.3- Deep phlebothrombosis in pregnancy
• Use an additional code (I82.4-, I82.5-, I82.62-, I82.72-) and Z79.01, if applicable
• O23 Infections of genitourinary tract in pregnancy
  • Urinary system (O23.0- through O23.4-)
  • Genital tract (O23.5--)
  • Unspecified genitourinary tract infection in pregnancy (O23.9-)

One of the most common conditions that complicates pregnancy is diabetes mellitus. ICD-10-CM provides different codes to report patients who enter the pregnancy with diabetes (pre-existing) vs. those who develop diabetes during pregnancy (gestational). The codes are organized differently and reported differently when the diabetes is pre-existing than when it is gestational.

For pre-existing diabetes, it is essential to know the patient’s type of diabetes.
• O24.0 Pre-existing diabetes, type 1
  • O24.01- Pre-existing diabetes, type 1 in pregnancy
  • O24.02 Pre-existing diabetes, type 1 in childbirth
  • O24.03 Pre-existing diabetes, type 1 in the puerperium
• O24.1 Pre-existing diabetes, type 2
• O24.2 Other pre-existing diabetes
• O24.3 Unspecified pre-existing diabetes

Any time one of these codes is used, the instructions in ICD-10-CM indicate that an additional, secondary code from Chapter 4 (E10-E11) is necessary to report whether or not the patient has any complications.

For gestational diabetes (O24.4--), the code organization is different. The trimester of pregnancy is not reported—instead, the stage of pregnancy is reported using the 5th character (in pregnancy, in childbirth, in the postpartum period). Then, the 6th character is used to report how the diabetes is being controlled—by diet, with insulin, or unspecified.
• 0 = Diet controlled
• 4 = Insulin controlled
• 9 = Unspecified control

Unfortunately, at this time, there is no specific way to report when gestational diabetes is being managed by oral medication. At the present time, when the patient’s diabetes is managed by oral medication, it should be reported with either 0 or 9. Also, bear in mind that codes from O24.4- can’t be used with any other O24 code because the patient cannot have pre-existing and gestational diabetes at the same time.

The codes O24.8 (other pre-existing diabetes) and O24.9 (unspecified pre-existing diabetes) should be completely avoided if possible, because there are more than enough codes to adequately describe the patient’s condition.
Once we get past these initial codes, the next most commonly used group of codes will be O26—Maternal care for other conditions predominantly related to pregnancy.

<table>
<thead>
<tr>
<th>Sub-category</th>
<th>Description</th>
<th>Sub-category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O26.0-</td>
<td>Excessive weight gain</td>
<td>O26.5-</td>
<td>Maternal hypotension syndrome</td>
</tr>
<tr>
<td>O26.1-</td>
<td>Low weight gain</td>
<td>O26.6-</td>
<td>Liver and biliary tract disorders</td>
</tr>
<tr>
<td>O26.2-</td>
<td>Pregnancy care for patient with recurrent pregnancy loss</td>
<td>O26.7-</td>
<td>Subluxation of symphysis (pubis)</td>
</tr>
<tr>
<td>O26.3-</td>
<td>Retained intrauterine contraceptive device in pregnancy</td>
<td>O26.8-</td>
<td>Other specified pregnancy related complications</td>
</tr>
<tr>
<td>O26.4-</td>
<td>Herpes gestationis</td>
<td>O26.9-</td>
<td>Pregnancy related condition, unspecified</td>
</tr>
</tbody>
</table>

This category will be used if the patient is gaining too much weight (O26.0-), gaining too little weight (O26.1-), or is currently pregnant with a history of recurrent pregnancy loss. Other more significant but less common complications are also reported from this category. The O26.8- subcategory is further divided as follows:

- O26.81- Exhaustion and fatigue
- O26.82- Peripheral neuritis
- O26.83- Renal disease
- O26.84- Uterine size-date discrepancy
- O26.85- Spotting complicating pregnancy
- O26.86- Pruritic urticarial papules and plaques of pregnancy (PUPPP)
- O26.87- Cervical shortening
- O26.89- Other specified pregnancy related complication

The most commonly used codes in this subcategory are uterine size-date discrepancy (O26.84-), spotting in pregnancy (O26.85-), and cervical shortening (O26.87-). In each case, the last character defines the patient’s current trimester.

If the patient has an abnormal finding on any antenatal screening, that abnormality is reported using a code from the O28 category. The mode(s) of screening is/are reported using the following codes:
• O28.0 Hematological finding
• O28.1 Biochemical finding
• O28.2 Cytological finding
• O28.3 Ultrasonic finding
• O28.4 Radiological finding
• O28.5 Chromosomal and genetic finding
• O28.8 Other abnormal finding
• O28.9 Unspecified abnormal finding

Call for Documentation Specificity
• In what trimester is the complication occurring?
• What is the precise location of any infection that exists?
• If the patient has diabetes…
  • Is it pre-existing (what type) or gestational?
  • How is it being controlled?
• What type of abnormal finding was identified?

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O30</td>
<td>Multiple gestation</td>
<td>O40</td>
<td>Polyhydramnios</td>
</tr>
<tr>
<td>O31</td>
<td>Complications specific to multiple gestation</td>
<td>O41</td>
<td>Other disorders of amniotic fluid and membranes</td>
</tr>
<tr>
<td>O32</td>
<td>Maternal care for malpresentation of fetus</td>
<td>O42</td>
<td>Premature rupture of membranes</td>
</tr>
<tr>
<td>O33</td>
<td>Maternal care for disproportion</td>
<td>O43</td>
<td>Placental disorders</td>
</tr>
<tr>
<td>O34</td>
<td>Maternal care for abnormality of pelvic organs</td>
<td>O44</td>
<td>Placenta previa</td>
</tr>
<tr>
<td>O35</td>
<td>Maternal care for known or suspected fetal abnormality and damage</td>
<td>O45</td>
<td>Premature separation of placenta</td>
</tr>
<tr>
<td>O36</td>
<td>Maternal care for other fetal problems</td>
<td>O46</td>
<td>Antepartum hemorrhage, not elsewhere classified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>O47</td>
<td>False labor</td>
</tr>
</tbody>
</table>
This block of codes is, by far, the largest block within Chapter 15. As is the case with many other codes in this chapter, the vast majority require a trimester designation to indicate when the complication is occurring. What is unique, relative to anything we’ve discussed to this point, is that many of these codes require a seventh character to indicate which fetus(es) is affected by the complication(s) that are present. In many cases, the need for a 7th character necessitates the user of “placeholders”, which are represented by the letter “X.”

The seventh character, when needed, is as follows:
- 0 = singleton, not applicable or unspecified
- 1 = fetus 1
- 2 = fetus 2
- 3 = fetus 3
- 4 = fetus 4
- 5 = fetus 5
- 9 = other fetus

The following are the categories in this block (and in the next block) that require a seventh character to designate the fetus:
- O31 Mult. gestation
- O32 Malpresentation
- O33.4-
- O33.5-
- O33.6-
- O33.7-
- O35 Known/Suspect Abnormality
- O36 Other fetal problems
- O40 Polyhydramnios
- O41 Other amniotic/membrane disorders
- O60.1- Preterm labor/delivery
- O60.2- Term deliv/preterm labor
- O64 Obstructed labor
- O69 Umbilical cord compl.

If the patient has a multiple gestation, a code from O30-Multiple gestation will be used for every encounter. Those codes are:
- O30.0-- Twin pregnancy
- O30.1-- Triplet pregnancy
- O30.2-- Quadruplet pregnancy
- O30.8-- Other specified multiple gestation (more than 4)
• O30.9- Multiple gestation, unspecified

In each case, the 5th character reflects the patient’s amniotic/chorionic (placental) status and the 6th character indicates the patient’s current trimester. It would be exceptionally rare to use O30.9- because the provider will almost always know how many fetuses are present.

Codes for twin gestations are reported as follows, based on the combination of amniotic/chorionic status:

- O30.00- Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs
- O30.01- Twin pregnancy, monochorionic/monoamniotic
- O30.02- Conjoined twin pregnancy
- O30.03- Twin pregnancy, monochorionic/diamniotic
- O30.04- Twin pregnancy, dichorionic/diamniotic
- O30.09- Twin pregnancy, unable to determine number of placenta and amniotic sacs

O30.00 will be used if the amniotic/chorionic status is not known, while O30.09 is used if an attempt is made to know the placenta/amniotic sac status, but a determination was not made. In ICD-9-CM, reporting the placenta/amniotic sac status was reported using a separate code and most considered it to be optional. It is now mandatory to report the status, as part of the multiple gestation code.

For higher order multiples, the placenta/amniotic sac status is reflected as follows (using triplets as a model):

- O30.10- Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs
- O30.11- Triplet pregnancy with two or more monochorionic fetuses
- O30.12- Triplet pregnancy with two or more monoamniotic fetuses
- O30.19- Triplet pregnancy, unable to determine number of placenta and number of amniotic sacs

The sixth character defines the current trimester of the patient’s gestation.
Category O31-Complications specific to multiple gestation does exactly what it sounds like it is designed to do—provide opportunity to describe complications that only occur in connection with multiple gestations. The most common complication reported will be either the spontaneous abortion of one or more fetuses, with a continuing pregnancy for one or more other fetuses. In this case, the seventh character of this code is used to report which fetus is surviving. A code from O00-O08 block will be used to report the status of the fetus that terminated.

The codes this category are:

- O31.0-X- Papyraceous fetus
- O31.1-X- Continuing pregnancy after spontaneous abortion of one fetus or more
- O31.2-X- Continuing pregnancy after intrauterine death of one fetus or more
- O31.3-X- Continuing pregnancy after elective fetal reduction of one fetus or more
- O31.8X-- Other complications specific to multiple gestation

For this category, the fifth code designates the trimester, while the seventh character designates the fetus.

Category O32-Maternal care for malpresentation of fetus is used during the antepartum period to represent the extra care that will likely occur because of the malpresentation. If the malpresentation continues to exist at the time of delivery, a different code from the O64 category will be reported at that time.

The codes in this category are:

- O32.0XX- Unstable lie
- O32.1XX- Breech presentation
- O32.2XX- Transverse and oblique lie
- O32.3XX- Face, brow and chin presentation
- O32.4XX- High head at term
- O32.6XX- Compound presentation
- O32.8XX- Other malpresentation of fetus
  - Footling presentation, incomplete breech
- O32.9XX- Malpresentation of fetus, unspecified

It is particularly important that the provider designate the precise malpresentation that is occurring. The seventh character is used to designate the fetus. “Other” malpresentation is used when none of the other code adequately describes the situation. The two “inclusion” examples are the most common circumstances in which the “other” code will be used.

Category O33-Maternal care for disproportion is used when there is disproportion, but not every code in this category requires a seventh character. In some cases, the issue
is directly related to the mother’s anatomy. When this is the case, a simple four character code is used. When the fetal condition contributes to the disproportion, then O33.4XX- through O33.7XX- is used, with the seventh character designating which fetus is involved.

- O33.0 Due to deformity of maternal pelvic bones
- O33.1 Due to generally contracted pelvis
- O33.2 Due to inlet contraction of pelvis
- O33.3 Due to outlet contraction of pelvis
- O33.4XX- Mixed maternal and fetal origin
- O33.5XX- Due to unusually large fetus
- O33.6XX- Due to hydrocephalic fetus
- O33.7XX- Due to other fetal deformities
  - Ascites, hydrops, meningomyelocele, fetal tumor

The codes in category O34-Maternal care for abnormality of pelvic organs are used when the mother has some anatomical abnormality or dysfunction that may adversely affect a normal vaginal delivery. These codes are:

- O34.0- Congenital malformation of uterus
- O34.1- Benign tumor of corpus uteri
- O34.2- Due to uterine scar from previous surgery
  - O34.21 Maternal care for scar from previous cesarean delivery
  - O34.29 Maternal care due to uterine scar from other surgery
- O34.3- Cervical incompetence
- O34.4- Other abnormalities of cervix
- O34.5-- Other abnormalities of pregnant uterus

In this category, the 5th character represents the trimester of pregnancy. This does not apply to O34.2 (where there is no trimester designation) and O34.5 (where the trimester is reflected in the sixth character. The most commonly used codes in this category will be O34.1- for uterine fibroids complicating the pregnancy, O34.21 as an indication for a repeat cesarean section due to a previous cesarean delivery, and O34.3- when the patient has cervical incompetence issues.

The ICD-10-CM guidelines are very clear that categories O35 and O36 are to be used only when the fetal abnormality described affects the way in which the mother’s care is managed. (For example, if an anatomy scan revealed that the fetus was missing one toe and there were no other complications, the management of the mother would likely not change substantially and O35 and O36 codes would not be reported.) If the patient is going to undergo in utero surgery, then codes from O35 and O36 must be used to provide the indication for the surgery.

The codes for O35 are as follows:

- O35.0XX- Central nervous system malformation in fetus
- O35.1XX- Chromosomal abnormality in fetus
• O35.2XX- Hereditary disease in fetus
• O35.3XX- Damage to fetus from viral disease in mother
• O35.4XX- Damage to fetus from alcohol
• O35.5XX- Damage to fetus by drugs
• O35.6XX- Damage to fetus by radiation
• O35.7XX- Damage to fetus by other medical procedures
• O35.8XX- Other fetal abnormality and damage
• O35.9XX- Fetal abnormality and damage, unspecified

As you can see, these are only four character codes, that require two placeholders to facilitate the reporting of the seventh character fetus extension.

O36 is somewhat unique in that the fifth through seventh characters are somewhat variable from sub-category to sub-category. This is illustrated in the information below:

• O36.0--- Maternal care for rhesus isoimmunization
  • 5th character = type
  • 6th character = trimester
  • 7th character = fetus
• O36.1--- Maternal care for other isoimmunization
• O36.2-X- Maternal care for hydrops fetalis
• O36.4XX- Maternal care for intrauterine death
• O36.5--- Maternal care for known/suspected poor fetal growth
• O36.6-X- Maternal care for excessive fetal growth
• O36.7-X- Maternal care for viable fetus in abdominal pregnancy
• O36.8 Maternal care for other specified fetal problems
  • O36.80X- Pregnancy with inconclusive fetal viability
  • O36.81-- Decreased fetal movements
  • O36.82-- Fetal anemia and thrombocytopenia
  • O36.89-- Other specified fetal problems
• O36.9-X- Maternal care for fetal problem, unspecified

The most commonly used codes in this category will likely be O36.5--- for known or suspected poor fetal growth, O36.6-X- for excessive fetal growth, O36.80X- for pregnancy with inconclusive fetal viability, and O36.81—for decreased fetal movements. O36.80X- is particularly helpful if there is concern about fetal viability, but the provider is not yet ready to declare that the pregnancy is not viable. This typically is used relatively early in pregnancy, but can be used, if appropriate, at any time.

When reporting membrane complications (category O40-O41), the documentation must indicate whether there is too much fluid (polyhydramnios), insufficient fluid (oligohydramnios), or an infection in the fluid. All codes require designation of the stage of pregnancy (trimester) and which fetus(es) is/are involved. The codes are:

• O40.-XX- Polyhydramnios
• O41.0-X- Oligohydramnios
• O41.1--- Infection of amniotic sac and membrane
• O41.8X--- Other specified disorders of amniotic fluid and membranes
• O41.9-X- Disorder of amniotic fluid and membranes, unspecified

The key issue related to premature rupture of membranes (rupture that occurs without the patient being in active labor) is whether labor starts within 24 hours or if it is more than 24 hours from the time the membranes ruptured. These codes have either five or six characters, depending on the particular code. It is vital that the medical record demonstrates when the rupture occurred, when labor occurred, and whether it was pre-term (before 37 weeks gestation). The codes are:

• O42.0 Onset of labor within 24 hours of rupture
• O42.1 Onset of labor more than 24 hours following rupture
• O42.9 Unspecified as to length of time between rupture and onset of labor

This is one of those few cases where the use of the “unspecified” code may be appropriate, because the provider may not truly know if the patient ruptured more or less than 24 hours before labor began.

Categories O43-O45 are all related to placental abnormalities and issues. The codes are as follows:

• O43 Placental disorders
  • O43.0 Placental transfusion syndromes
  • O43.1 Malformation of placenta
  • O43.2 Morbidly adherent placenta
    • O43.21- Placenta accrete
    • O43.22- Placenta increta
    • O43.23- Placenta percreta
  • O43.8 Other placental disorders
  • O43.9 Unspecified placental disorder
• O44 Placenta previa
  • O44.0- Placenta previa without hemorrhage
  • O44.1- Placenta previa with hemorrhage
• O45 Premature separation of placenta [abruption placentae]
  • O45.0-- Premature separation of placenta with coagulation defect
  • O45.8X- Other premature separation of placenta
  • O45.9- Premature separation of placenta, unspecified

Once again, documentation is essential to describe the exact form of placental abnormality and whether or not there is hemorrhage in cases of placenta previa.

The best way to grasp when category O46-Antepartum hemorrhage, not elsewhere specified is to be used is to describe when it should not be used. O46 is not used if the condition is related to:

• Hemorrhage in early pregnancy (O20.-)
• Intrapartum hemorrhage (O67.-)
• Placenta previa (O44.-)
• Premature separation of placenta (O45.-)

The most common circumstance that it will be used is when there is bleeding later in pregnancy (but not in labor), that is not specifically attributable to one of the issues listed above. In many cases, this will be associated with coagulation defects, as demonstrated below:

• O46.00- Antepartum hemorrhage with coagulation defect, unspecified
• O46.01- Antepartum hemorrhage with afibrinogenemia
• O46.02- Antepartum hemorrhage with disseminated intravascular coagulation
• O46.09- Antepartum hemorrhage with other coagulation defect
• O46.8X- Other antepartum hemorrhage
• O46.9X- Antepartum hemorrhage, unspecified

Category O47-False labor is to be used when the patient has Braxton Hicks contractions or they believe that they might be in labor (but, after examination, are not). This code is not to be used if the patient is actually in pre-term labor, but the progress of that labor is stopped. Code selection is based on whether the false labor is occurring before or after 37 weeks gestation.

There are only two codes in Category O48-Late pregnancy. They are:

• O48.0  Post-term pregnancy (over 40 completed weeks to 42 completed weeks)
• O48.1  Prolonged pregnancy (beyond 42 completed weeks).

Having a pregnancy go beyond 42 completed weeks is exceptionally rare as most patients are induced before they reach that stage of gestation.

**Call for Documentation Specificity**

• In what trimester is the patient’s encounter occurring?
• In a multiple gestation...
  • What is the placental/amniotic sac status?
  • If applicable, which fetus is involved?
• What is the most precise description of the complication involved?
• Where appropriate, is there hemorrhage or no hemorrhage?

**O60-O77 Complications of labor and delivery**

The code block for Complications of labor and delivery (O60-O77) is significant for its number of code categories, but within these categories, there are a lesser number of codes relative to other code blocks because these services are limited to the period of time surrounding labor. Therefore, multiple codes to designate trimester are generally not necessary.
Category O60 is used to report pre-term labor. Pre-term labor is labor with an onset prior to 37 completed weeks of gestation. The codes are differentiated by whether or not preterm delivery also occurred. The codes in this category are as follows:

- O60.0- Preterm labor without delivery
- O60.1-X- Preterm labor with preterm delivery
- O60.2-X- Term delivery with preterm labor

The fifth character defines the trimester in which the encounter takes place and the seventh character defines which fetus(es) is/are affected.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O60</td>
<td>Preterm labor</td>
<td>O69</td>
<td>Labor and delivery complicated by umbilical cord complications</td>
</tr>
<tr>
<td>O61</td>
<td>Failed induction of labor</td>
<td>O70</td>
<td>Perineal laceration during delivery</td>
</tr>
<tr>
<td>O62</td>
<td>Abnormalities of forces of labor</td>
<td>O71</td>
<td>Other obstetric trauma</td>
</tr>
<tr>
<td>O63</td>
<td>Long labor</td>
<td>O72</td>
<td>Postpartum hemorrhage</td>
</tr>
<tr>
<td>O64</td>
<td>Obstructed labor due to malposition and malpresentation of fetus</td>
<td>O73</td>
<td>Retained placenta and membranes, without hemorrhage</td>
</tr>
<tr>
<td>O65</td>
<td>Obstructed labor due to maternal pelvic abnormality</td>
<td>O74</td>
<td>Complications of anesthesia during labor and delivery</td>
</tr>
<tr>
<td>O66</td>
<td>Other obstructed labor</td>
<td>O75</td>
<td>Other complications of labor and delivery, NEC</td>
</tr>
<tr>
<td>O67</td>
<td>Labor and delivery complicated by intrapartum hemorrhage, not elsewhere classified</td>
<td>O76</td>
<td>Abnormality in fetal heart rate and rhythm complicating labor and delivery</td>
</tr>
<tr>
<td>O68</td>
<td>Labor and delivery complicated by abnormality of fetal acid-base balance</td>
<td>O77</td>
<td>Other fetal stress complicating labor and delivery</td>
</tr>
</tbody>
</table>

Category O61-Failed induction of labor is used to indicate when the attempt is made to induce labor, but it ultimately is not successful and requires a cesarean delivery. Different codes indicate what type of delivery induction was attempted.
- O61.0  Failed medical induction of labor
- O61.1  Failed instrumental induction of labor
- O61.8  Other failed induction of labor
- O61.9  Failed induction of labor, unspecified

O61.0 is used when an induction is attempted with oxytocin or prostaglandins. O61.1
would be used for any instrumental induction, such as artificially breaking the patient’s
membranes.

Category O62-Abnormalities of forces of labor is used to report any situation (in any
stage of labor) that is unusual, ranging from labor that never really begins (O62.0) to
labor that starts and then fails to proceed (O62.1), to labor that happens abnormally
fast (O60.3). The full category list is as follows:
- O62.0  Primary inadequate contractions
- O62.1  Secondary uterine inertia
- O62.2  Other uterine inertia
- O62.3  Precipitate labor
- O62.4  Hypertonic, incoordinate, and prolonged uterine contractions
- O62.8  Other abnormalities of forces of labor
- O62.9  Abnormality of forces of labor, unspecified

Whenever labor take an abnormally long period of time (as defined by the clinician),
codes from O63-Long labor are used. There are three stages of labor:
Stage 1 = Contractions and dilation (O63.0)
Stage 2 = Childbirth (O63.1)
Stage 3 = Delivery of the placenta

In addition to these codes, there are also codes for a delayed delivery of a second twin,
triplet, etc. (O63.2) and long labor, unspecified (O63.9), which should be avoided.
Problems with the delivery of the placenta are reported using codes from O43 or O72,
depending on the presenting problem.

O64-Obstructed labor due to malposition and malpresentation of fetus is used to report
fetal positioning issues that exist at the time of delivery. It does somewhat parallel
category O32. The documentation of the precise presentation is essential to select the
correct code(s):
- O64.0X-  Incomplete rotation of fetal head
- O64.1X-  Breech presentation
- O64.2X-  Face presentation
- O64.3X-  Brow presentation
- O64.4X-  Shoulder presentation
- O64.5X-  Compound presentation
- O64.8X-  Other malposition and malpresentation
- O64.9X-  Unspecified
O65-Obstructed labor due to maternal pelvic abnormality matches up with O33 and is used when pelvic abnormalities are the cause of the obstructed labor.

- O65.0  Deformed pelvis
- O65.1  Generally contracted pelvis
- O65.2  Pelvic inlet contraction
- O65.3  Pelvic outlet and mid-cavity contraction
- O65.4  Fetopelvic disproportion, unspecified
- O65.5  Abnormality of maternal pelvic organs (use O34)
- O65.8  Other maternal pelvic abnormalities
- O65.9  Unspecified

Category O66-Other obstructed labor provides the opportunity to report other labor problems that are fairly common. They are:

- O66.0  Shoulder dystocia
- O66.1  Locked twins
- O66.2  Unusually large fetus
- O66.3  Other abnormalities of fetus
- O66.4- Failed trial of labor
  - O66.40  Failed trial of labor, unspecified
  - O66.41  Failed attempted VBAC
- O66.5  Attempted application of vacuum extractor and forceps
- O66.6  Other multiple fetuses
- O66.8  Other specified obstructed labor
- O66.9  Obstructed labor, unspecified

O66.40 would be used any time a cesarean delivery is necessary because labor was not successful and when that is the situation after an attempted VBAC, the appropriate code is O66.41. O66.5 is used to indicate when vacuum extraction or forceps are attempted, but are not successful. Usually, this prompts the performance of cesarean delivery, but not necessarily.

Other hemorrhages that occur at the time of labor and delivery are reported using O67. If the patient has a coagulation defect, O67.0 is used. If there is bleeding that is not attributable to a coagulation defect, then O67.8 would be reported. O67.9-Intrapartum hemorrhage, unspecified, should be avoided whenever possible.

The codes in category O69-Labor and delivery complicated by umbilical cord complications all have seven characters, to reflect which fetus is affected by the complication.

- O69.0XX- Prolapse of cord
- O69.1XX- Cord around neck, with compression
- O69.2XX- Other cord entanglement, with compression
- O69.3XX- Short cord
- O69.4XX- Vasa previa
• O69.5XX- Vascular lesion of cord
• O69.8 Labor and delivery complicated by other cord complications
  • O69.81X- Cord around neck, without compression
  • O69.82X- Other cord entanglement, without compression
  • O69.89X- Other cord complications

The major documentation issue that must be monitored in this area is whether or not the cord problem is producing compression affecting the fetus, or not. Perineal lacerations are not an uncommon complication of delivery. The degree of laceration must be documented in order to select the appropriate code:
• O70.0 First degree laceration, during delivery
• O70.1 Second degree laceration, during delivery
• O70.2 Third degree laceration, during delivery
• O70.3 Fourth degree laceration, during delivery
• O70.4 Anal sphincter tear, not associated with a third degree laceration
• O70.9 Perineal laceration during delivery, unspecified

Of course, other obstetric trauma can occur during the delivery. If it is not a perineal laceration, then O71 is the code category that should be used.
• O71.0- Rupture of uterus before onset of labor
• O71.1 Rupture of uterus during labor
• O71.2 Postpartum inversion of uterus
• O71.3 Obstetric laceration of cervix
• O71.4 Obstetric high vaginal laceration alone
• O71.5 Other obstetric injury to pelvic organs
• O71.6 Obstetric damage to pelvic joints and ligaments
• O71.7 Obstetric hematoma of pelvis
• O71.8- Other specified obstetric trauma
• O71.9 Obstetric trauma, unspecified

Postpartum hemorrhage codes (O72) will be selected based on whether the bleeding is the result of placental issues, due to coagulation defects, or are attributable to some other cause.
• O72.0 Third stage hemorrhage
• O72.1 Other immediate postpartum hemorrhage
• O72.2 Delayed and secondary postpartum hemorrhage
• O72.3 Postpartum coagulation defects

When the placenta and/or membranes are retained and there is not a hemorrhage, codes from O73 are used. There are only two codes in this category:
• O73.0 Retained placenta without hemorrhage
• O73.1 Retained portions of placenta and membranes, without hemorrhage
O74 and O75 are used to report complications (some quite severe) that are not seen frequently. O76 is a single code category used to indicate that there are fetal heart rate and/or rhythm abnormalities. This will be the best diagnosis in ICD-10-CM to report fetal distress that prompts an emergency cesarean delivery. This code is not used if there is electrocardiographic or ultrasonic evidence of fetal stress. In those cases, O77.8 is used.

The final category in this code block is O77-Other fetal stress complicating labor and delivery. The codes in this section are:

- O77.0 Labor and delivery complicated by meconium in amniotic fluid
- O77.1 Fetal stress in labor and delivery due to drug administration
- O77.8 Labor and delivery complicated by other evidence of fetal stress
- O77.9 Labor and delivery complicated by fetal stress, unspecified

**Call for Documentation Specificity**

- With regard to labor and delivery, what is the timing?
- If labor is obstructed, what is the precise issue?
- What labor and delivery complications were present and what fetus was affected, if applicable?
- What sort of trauma, if any, occurred?
- What were the detailed of any postpartum hemorrhage?
- Select the correct fetal “problem” code, based on the timing of the service.

### Delivery

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O80</td>
<td>Encounter for full-term uncomplicated delivery</td>
<td>O82</td>
<td>Encounter for cesarean delivery without indication</td>
</tr>
</tbody>
</table>

The guidelines for delivery are fairly clear. O80 can be used only if there is a full-term, uncomplicated delivery. If the patient has any complications that are present at the time of delivery, O80 can’t be used as the diagnosis. Also, if the patient has anything but a healthy singleton, O80 can’t be used as the diagnosis. (Z37.0 is the only possible outcome of delivery code.)

O82 is used only if the patient insists on a cesarean delivery without a clinical indication to do so. If there is a clinical indication, that diagnosis code should be used—not O82.

**O85-O92 Complications predominantly related to the puerperium**
Complications that happen primarily in the postpartum period are reported with diagnoses from this block of codes.

The most common postpartum complications are infections and wound dehiscence. There are two separate categories for this situation—O86 for infections and O90 for wound separation of dehiscence. The specific codes are:

- O86.0  Infection of obstetric surgical wound
- O86.1- Other infection of genital tract following delivery
- O86.2- Urinary tract infection following delivery
- O86.4  Pyrexia of unknown origin following delivery
- O86.8- Other specified puerperal infection
- O90.0  Disruption of cesarean delivery wound
- O90.1  Disruption of perineal obstetric wound
- O90.2  Hematoma of obstetric wound

Two other significant postpartum complication codes will be O90.6—Postpartum mood disturbance (postpartum depression) and O90.81—Anemia of the puerperium

The final categories in this block of codes is O91 and O92 for infections and disorders of the breast. The codes are:

- O91.0-- Infection of nipple
- O91.1-- Abscess of breast
- O91.2-- Nonpurulent mastitis
- O92.0-- Retracted nipple
- O92.1-- Cracked nipple
- O92.2- Other unspecified disorders
- O92.3  Agalactia

<table>
<thead>
<tr>
<th>Category</th>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O85</td>
<td><em>Puerperal sepsis</em></td>
<td>O89</td>
<td>Complications of anesthesia during the puerperium</td>
</tr>
<tr>
<td>O86</td>
<td>Other puerperal infections</td>
<td>O90</td>
<td>Complications of the puerperium not elsewhere classified</td>
</tr>
<tr>
<td>O87</td>
<td>Venous complications and hemorrhoids in the puerperium</td>
<td>O91</td>
<td>Infections of breast associated with pregnancy, the puerperium and lactation</td>
</tr>
<tr>
<td>O88</td>
<td>Obstetric embolism</td>
<td>O92</td>
<td>Other disorders of breast and disorders of lactation associated with pregnancy and the puerperium</td>
</tr>
</tbody>
</table>
• O92.4  Hypogalactia
• O92.5  Suppressed lactation
• O92.6  Galactorrhea
• O92.7- Other and unspecified disorders of lactation

Any of these codes can be used at any stage of pregnancy, as indicated by the fact that codes are available for each of the various trimesters. However, these problems happen most often in the postpartum period.

**O94-O9A Other obstetric conditions, not elsewhere classified**
This final block of codes in the pregnancy chapter (Chapter 15) does not really have a comparable group of codes in ICD-9-CM. These codes are used to report complications that do adversely affect pregnancy.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>O94</td>
<td><strong>Sequelae of complication of pregnancy, childbirth and the puerperium</strong></td>
<td>O99</td>
<td>Other maternal diseases classifiable elsewhere, but complicating pregnancy, childbirth and the puerperium</td>
</tr>
<tr>
<td>O98</td>
<td>Maternal infectious and parasitic diseases classifiable elsewhere, but complicating pregnancy, childbirth and the puerperium</td>
<td>O9A</td>
<td>Maternal malignant neoplasms, traumatic injuries and abuse classifiable elsewhere, but complicating pregnancy, childbirth and the puerperium</td>
</tr>
</tbody>
</table>

O94 is used exclusively as a secondary diagnosis that explains that a complication that exists after the conclusion of the postpartum period still remains. The complication is reported as the primary diagnosis.

O98 is used to report infectious and parasitic diseases that affect the mother. The codes are as follows:
• O98.0--  Tuberculosis
• O98.1--  Syphilis
• O98.2--  Gonorrhea
• O98.3--  Sexual mode of transmission
• O98.4--  Viral hepatitis
• O98.5--  Other viral diseases
• O98.6--  Protozoal diseases
• O98.7--  HIV
• O98.8--  Other maternal infections
• O98.9--  Unspecified maternal infectious and parasitic disease
These codes are reported at any stage in pregnancy, using the 5th and 6th characters to designate the stage of pregnancy (trimester, childbirth, or postpartum). If the patient has HIV in pregnancy, it will always be the primary diagnosis. The secondary diagnosis will be either B20 for an active HIV infection or Z21 for an asymptomatic infection. The routine antepartum visits for this patient will always have a primary diagnosis of O09.89-, followed by the respective HIV codes.

The codes in category O99—Other maternal diseases, are grouped by the organ system that they are affecting. The codes are:

- O99.0-- Anemia
- O99.1-- Other diseases of blood and blood forming organs
- O99.2-- Endocrine, nutritional, and metabolic disease
- O99.3-- Mental disorders and diseases of the nervous system
- O99.4-- Diseases of the circulatory system
- O99.5-- Diseases of the respiratory system
- O99.6-- Diseases of the digestive system
- O99.7-- Diseases of skin and subcutaneous tissue
- O99.8-- Other specified
  - O99.81- Abnormal glucose
  - O99.82- Strep B carrier
  - O99.83 Other infection carrier
  - O99.84 Bariatric surgery status
  - O99.89 Other specified diseases

O99.81- is used when the patient has an abnormal glucose result, but the clinician is not yet ready to declare that the patient is a gestational diabetic. O99.0- is used when the patient had pre-existing anemia coming into the pregnancy. O90.81 is used when the patient developed anemia in the postpartum period.

The codes in the O9A section cover the following conditions:

- O9A.1-- Malignant neoplasm complicating pregnancy, childbirth, and the puerperium
- O9A.2-- Injury, poisoning and certain other consequences of external causes complicating pregnancy
- O9A.3-- Physical abuse complicating pregnancy, childbirth and the puerperium
- O9A.4-- Sexual abuse complicating pregnancy, childbirth and the puerperium
- O9A.5-- Psychological abuse complicating pregnancy, childbirth and the puerperium

For O9A.1--, a secondary diagnosis from Chapter 2 (malignant neoplasms) is required. O9A.2-- will be used if the patient sustains a traumatic injury or is poisoned during the
course of the pregnancy. A secondary diagnosis that describes the injury or poisoning would be the secondary diagnosis. All of the abuse codes require that the provider use a code from Chapter 20 (Y07.-) to identify the perpetrator of the abuse.

CHAPTER 21 AND OBSTETRICS

Although we discussed codes from Chapter 21 (Z00-Z99) in the previous session, we did not discuss those that are directly related to obstetrics care. There are codes in this category that will be used very frequently, especially in the supervision of pregnancies. The codes used in connection with pregnancy are found in bold below.

<table>
<thead>
<tr>
<th>Category</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Z30</td>
<td>Encounter for contraception management</td>
<td>Z36</td>
<td>Encounter for antenatal screening of mother</td>
</tr>
<tr>
<td>Z31</td>
<td>Encounter for procreative management</td>
<td>Z37</td>
<td>Outcome of delivery</td>
</tr>
<tr>
<td>Z32</td>
<td>Encounter for pregnancy test and childbirth and childcare instruction</td>
<td>Z38</td>
<td>Liveborn infants according to place of birth and type of delivery</td>
</tr>
<tr>
<td>Z33</td>
<td>Pregnant state</td>
<td>Z39</td>
<td>Encounter for maternal postpartum care and examination</td>
</tr>
<tr>
<td>Z34</td>
<td>Encounter for supervision of normal pregnancy</td>
<td>Z3A</td>
<td>Weeks of gestation</td>
</tr>
</tbody>
</table>

The category for **Z32-Encounter for pregnancy test** is used when the patient presents with signs or symptoms of a pregnancy, but it has not yet been confirmed by a medical professional.

- Z32.00 Pregnancy test, result unknown
- Z32.01 Pregnancy test, result positive
- Z32.02 Pregnancy test, result negative

It is not appropriate to use the amenorrhea codes if there is known or suspected pregnancy because the codes for amenorrhea are in a block for “Noninflammatory disorders of the female genital tract.” If a patient is pregnant and not having a period, it is not a disorder—it is completely normal and to be expected. In addition, the clinical definition of amenorrhea is a patient who has missed three consecutive periods. It is improbable that a patient that is pregnant has not had a period in three or more months.
When reporting codes from the Z32.- series, the service should be separately payable by most insurers and not included as part of the global obstetric package. Z32 codes should not be used if supervision of the pregnancy takes place during the encounter. There is an Excludes1 note that precludes this because it is not possible to both diagnose and supervise a pregnancy during the same encounter.

The category for pregnant state is used for two circumstances. First, Z33.1-Pregnant state, incidental, is used as the secondary diagnosis code when a patient is being treated for a condition that is not affecting the pregnancy in any way. That, in itself, is fairly rare occurrence. Typically, it is best not to use this diagnosis code as it frequently will result in a claim denial because the services is often bundled into the global obstetric package by payers. The other code (Z33.2-Encounter for elective termination of pregnancy) is used only when the termination is completely uncomplicated. If there are any complications, codes from category O04 are used.

Category Z36-Encounter for antenatal screening of mother is a three digit code to be used to report any routine antepartum screening of the mother. It is NOT to be used if there are any known or suspected problems or there have been any previous screening exams that had abnormal results.

Z36 replaces the entirety of the V28 codes that are found in ICD-9-CM. Additional characters are not necessary because the form of testing is communicated via the CPT or HCPCS codes that report the service(s) provided. While this code can’t be used in conjunction with any complication, it can be used if routine antepartum care (Z34.-- or genetic counseling (Z31.5) are reported during the same encounter.

The outcome of delivery codes (Z37.-) are used to indicate how many fetuses were delivered and whether there were liveborn or not. The coding matches the equivalent coding pattern in ICD-9-CM, as follows:

- **Z37.0**  Single live birth
- **Z37.1**  Single stillbirth
- **Z37.2**  Twins, both liveborn
- **Z37.3**  Twins, one liveborn and one stillborn
- **Z37.4**  Twins, both stillborn
- **Z37.5-**  Other multiple births, all liveborn
- **Z37.6-**  Other multiple births, some liveborn
- **Z37.7**  Other multiple births, all stillborn
- **Z37.9**  Outcome of delivery, unspecified

It would be extraordinarily rare not to know the outcome of the delivery with greater precision than that described by Z37.9.
Category Z38 is not used on the maternal record—it is used only on the newborn record, to indicate the number of liveborn infants and the location in which they were born.

Category Z39 is used to report routine postpartum services. The codes are sorted as follows:

- **Z39.0** Encounter for care and examination of mother immediately after delivery (when the patient delivers outside the hospital and the provider sees them immediately upon arrival. If there are any complications, this code is not reported and the relevant complication(s) is/are reported.)
- **Z39.1** Encounter for care and examination of lactating mother (used only when an encounter takes place related to lactation. If there are specific lactation issues, the appropriate postpartum complication code(s) should be reported.)
- **Z39.2** Encounter for routine postpartum follow-up (used for routine postpartum services that have no postpartum complications)

A brand new concept in ICD-10-CM is found in category Z3A—Weeks of gestation. This code must be used when any complication of pregnancy is reported (Chapter 15). The only exception is O80—Full-term uncomplicated delivery. It is not required for this code, but it would be helpful to know for data collection purposes.

Generally, the last two characters in these codes is consistent with the number of completed weeks of gestation. There is no rounding up or down, so if a patient is at 36 weeks, 6 days, Z3A.36 would be used. The following are examples of how these are reported:

- **Z3A.00** Unspecified weeks of gestation
- **Z3A.01** Less than 8 weeks gestation
- **Z3A.08** 8 weeks gestation
- **Z3A.24** 24 weeks gestation
- **Z3A.49** Greater than 42 weeks gestation