Femwell ICD-10-CM Training Quiz
Phase 4—MATERNAL FETAL MEDICINE

Complete the best answer(s) to each question. You will not always need to fill every space to correctly code the case.

1. A 34-year-old woman (gravida 3 para 2) was referred to Maternal Fetal Medicine because of an uncertain abnormality identified on a screening ultrasound. During today’s encounter, which took place at 22 weeks 3 days gestation, her blood pressure was 124/82 mm Hg; her other vital signs also were normal. Chest examination was unremarkable, and the abdominal examination showed that the fundal height matched the gestational age of 22 weeks. Her history indicated that her menstrual cycles were regular. She has reported no vaginal bleeding for 22 weeks, and she’s had no clinically significant illnesses.

A detailed anatomic ultrasound revealed an enlarged posterior fossa, cystic dilatation of the fourth ventricle, no significant dilatation of the lateral ventricles, near absence or hypoplasia of the cerebellum and the vermis, and elevation of the tentorium cerebelli. The physician diagnosed the fetus with a Dandy-Walker malformation.

The most appropriate diagnosis(es) for this case is/are:

1. ___________ O35.0XX0 Maternal care for central nervous system malformation in fetus, singleton fetus
2. ___________ Z3A.22 22 weeks gestation
3. __________________________
4. __________________________

Comments: It would be very tempting in this case to use diagnosis Q03.1 for Dandy-Walker syndrome. However, this would not be correct. The “patient” in this case is the mother and, unless she has that syndrome, the Q code would not be appropriate. When there are fetal abnormalities, the more correct diagnosis is type of abnormality (CNS malformation in this case). The Q03.1 code would be used only after a billable service is provided to a newborn.

2. A 30-year-old patient, gravida 2 para 1, presented at 23 weeks’ gestation for routine ultrasound screening. Her menstrual cycles prior to this pregnancy have been normal. She had no history of diabetes mellitus, hypertension, or any other major illness. The patient has been amenorrheic for 23 weeks, which almost corresponds with the age of the fetus on ultrasound scan. She had mild hemorrhagic discharge during the first month of this pregnancy but since has reported no other issues.
Her blood pressure was normal at 128/75 mm Hg. Other vital signs were within normal limits as well. No abnormalities were noted on chest examination. On abdominal examination, the fundal height matched the gestational age of 23 weeks. This patient underwent routine transabdominal ultrasound screening to exclude any congenital fetal anomalies. She had not undergone any previous ultrasound examination during this pregnancy.

In review of the findings, there is evidence of:
- A large, echogenic lesion in the left hemithorax.
- Significant midline shift and displacement of the heart to the right side.
- Normally located stomach, well within the confines of the abdominal cavity.

The physician determined that the diagnosis was fetal extralobar pulmonary sequestration.

The most appropriate diagnosis(es) for this case is/are:

1. **O35.8XX0** Maternal care for other (suspected) fetal abnormality and damage, singleton fetus

2. **Z3A.23** 23 weeks gestation

3. __________________________

4. __________________________

Comments: It is not appropriate to use Q33.2 in this case because the mother does not have pulmonary sequestration—it is the fetus. However, the fetus does have an abnormality, which is appropriate to report using O35.8XX0.

3. **CC** is a 31 year old primigravida who was referred for ultrasound at a community hospital due to suspected cardiac anomalies noted on a screening sonogram at her doctor's office. Due to concern about a probable cardiac abnormality an amniocentesis was also performed at the local hospital.

The amniocentesis showed trisomy 21 and the nuchal skin fold measured 7.7 mm, and the humerus lagged gestational age slightly. The remainder of the extracardiac anatomy was unremarkable.

The four chamber view of the heart was remarkable for an absence of the lower atrial septum, a common atrioventricular valve, and a ventricular septal defect. Venous return to the heart was normal, as were the great arterial connections. Color Doppler flow study showed good flow into both ventricles, and there was only a moderate ventricular septal defect. Neither ventricle dominated at the apex of the heart.

The fetus was diagnosed to have a complete atrioventricular (AV) septal defect (also known as an AV canal defect, or an endocardial cushion defect).

The most appropriate diagnosis(es) for the follow up consultation with the parents is/are:
1. **O35.1XX0** Maternal care for chromosomal abnormality in fetus, singleton

2. **O35.8XX0** Maternal care for other (suspected) fetal abnormality and damage, singleton fetus

3. **Z3A.00** Unknown weeks gestation

4. 

Comments: The primary diagnosis is used to report the Trisomy 21 condition and the secondary diagnosis is used to report the cardiac anomaly in the fetus. Because the case doesn’t indicate the number of weeks gestation, Z3A.00 is the only viable option.

4. 28 year-old Mary, G2 P1, at 30 weeks gestation (confirmed by a 15 week ultrasound) comes to the office due to no fetal movements for 2 days. The physician confirms that there was a fetal demise at 30 weeks 4 days gestation.

The most appropriate diagnosis(es) for this case is/are:

1. **O36.4XX0** Maternal care for intrauterine death, singleton gestation

2. **Z3A.30** 30 weeks gestation

3. 

4. 

Comments: It is required to report the number of weeks gestation, even if the pregnancy is no longer viable.

5. 22 year old Carol, G1P0, at 23 wks gestation by dates is referred to the office with the following 3 hour 100g OGTT results: F 102; 1 hr 195; 2 hr 180; 3hr 140. The physician determines that the patient has gestational diabetes, which will initially be managed by diet.

The most appropriate diagnosis(es) for this case is/are:

1. **O24.410** Gestational diabetes mellitus in pregnancy, diet controlled

2. **Z3A.23** 23 weeks gestation

3. 

4. 

Comments: It is required to report the number of weeks gestation, even if the pregnancy is no longer viable.
Comments: When the diagnosis indicates “diet controlled” it does not inherently mean that the glucose levels are under control—it is the intended method of control. If the patient is still not experiencing good control via diet, it would be necessary to also report O99.810 Abnormal glucose complicating pregnancy.

6. 31 year-old Charlotte, G2P1, was seen at the office for her first prenatal visit at 12 weeks gestation by dates. Her prenatal laboratory panel reveals a blood type of AB negative. Additional blood work later in the pregnancy at 28 weeks 2 days indicated that the patient was experiencing rhesus isoimmunization.

The most appropriate diagnosis(es) for this case is/are:

1. _O36.0930 Maternal care for other rhesus isommunization 3rd trimester_

2. _Z3A.28 28 weeks gestation______________________________

3. ________________________________

4. ________________________________

Comments: There are separate codes for anti-D Rh antibodies and “other.” Because the case does not indicate that anti-D antibodies are present, the “other” code is the most appropriate coding choice.

7. 21 year old Maggie G1P0, at 15 weeks 4 days gestation has a uterine fundus palpable at the umbilicus. An ultrasound examination shows twin gestation with a single placenta but no septum was visualized.

The most appropriate diagnosis(es) for this case is/are:

1. _O30.012 Twin pregnancy, monochorionic/monoamniotic, 2nd trimester_

2. _Z3A.15 15 weeks gestation______________________________

3. ________________________________

4. ________________________________

Comments: The chorionic/amniotic status must be reported when encountering multiple gestations. An unspecified code should be used if the status is not known, but the medical record in this case indicates that there is a single placenta and a single amniotic sac.
8. 42 yo Naomi G1P1 comes in for a consultation because she had a previous Down’s baby with spina bifida. She asks the physician to discuss the risk factors for Down’s syndrome in any future pregnancy.

The most appropriate diagnosis(es) for this case is/are:

1. __Z31.5__ Encounter for genetic counseling

2. __Z87.59__ Personal history of other complications of pregnancy, childbirth and the puerperium

3. ________________________________

4. ________________________________

Comments: The primary diagnosis is the reason for the encounter—to discuss the genetic issues that the patient has previously encountered. The secondary diagnosis is the underlying story to the reason for the conversation. It would not be appropriate to report a Down syndrome condition because no patient involved in this encounter has the condition.

9. 32 year-old Elsie, G4 P3, at 31 weeks gestation comes to L&D with complaints of painless vaginal bleeding for the past hour. On exam her perineum is grossly bloody but there is no active bleeding at the moment. While there are a number of differential diagnoses that could explain the bleeding, such as placenta previa or placental abruption, all of them were ruled out. Elsie does not have any record of a coagulation defect or bleeding abnormalities.

The most appropriate diagnosis(es) for this case is/are:

1. __O46.8X3__ Other antepartum hemorrhage, 3rd trimester

2. __Z3A.31__ 31 weeks gestation

3. ________________________________

4. ________________________________

Comments: Since there is no clear cause for the bleeding and the patient has no coagulation defect or other bleeding disorder, then the appropriate diagnosis is O46.8X3. If a cause had been identified, then that would have been reported as the primary diagnosis.

10. L & D notifies you that 32 year-old Georgia, G4 P3, at 41 1/2 weeks gestation in active labor has been 5 cm dilated for the past 3 hours. The physician decided that labor augmentation was going to be necessary. The child was ultimately delivered vaginally 5 hours later.

The most appropriate diagnosis(es) for this case is/are:
1. **O62.0** Primary inadequate contractions

2. **O48.0** Post-term pregnancy

3. **Z3A.41** 41 weeks gestation

4. **Z37.0** Single live birth

Comments: It is possible, depending on the situation, to use O63.0 Prolonged first stage of labor. However, in this case, one of the inclusion note for O62.0 is “failure of cervical dilatation,” making it a slightly more accurate description. It is also necessary to report the outcome of delivery code since the delivery happened in connection with this episode of care. There is no specific code to indicate additional labor augmentation, but it is strongly implied based on diagnoses 1 & 2.

11. L & D nurse calls regarding 18 year-old Peggy, G1 P0, 39 weeks gestation in active labor. The fetal monitor which was initially normal now shows FHR baseline at 70/min. FECG is in place. An immediate cesarean section was performed and the baby was successfully delivered.

The most appropriate diagnosis(es) for this case is/are:

1. **O76** Abnormality in fetal heart rate and rhythm complicating labor and delivery

2. **Z3A.39** 39 weeks gestation

3. **Z37.0** Single live birth

4. 

Comments: O76 is one of the primary diagnoses that would be used to indicate the need for a primary cesarean section. Also, bear in mind that all delivery services will require 3 diagnoses—1 for the primary condition, 1 for weeks gestation, and 1 for outcome of delivery.

12. 22 year old Dana, G1 P0, at 27 weeks gestation comes to your office stating she had a gush of fluid from the vagina 2 hours ago. Her perineum is grossly wet.

The most appropriate diagnosis(es) for this case if the amniotic sac is NOT broken is/are:

1. **Z03.71** Encounter for suspected problem with amniotic cavity and membrane ruled out

2. **Z3A.27** 27 weeks gestation

3. 

Comments:
13. 22 year old Dana, G1 P0, at 27 weeks gestation comes to your office stating she had a gush of fluid from the vagina 2 hours ago. Her perineum is grossly wet. There is no evidence of the initiation of labor.

The most appropriate diagnosis(es) for this case if the patient’s amniotic sac IS broken is/are:

1. **O42.912** Preterm premature rupture of membranes, unspecified as to the length of time between rupture and onset of labor, 2\textsuperscript{nd} trimester

2. **Z3A.27** 27 weeks gestation

3. 

4. 

Comments: Because the patient has presented with a PROM, but labor has not yet started, at this stage we have to report an unknown length of time. If labor had started or we knew that it was more than 24 hours, a different code from the O42 series would have been selected.

14. L&D nurse calls you to see a 20 year-old Becky, G3P3, one hour post uncomplicated vaginal delivery because of excessive bleeding.

The most appropriate diagnosis(es) for this case is/are:

1. **O72.1** Other immediate postpartum hemorrhage

2. 

3. 

4. 

Comments: There was no indication that any portion of the placenta had been retained, making O72.1 the most correct choice.
1. O48.1 Prolonged pregnancy

2. Z3A.42 42 weeks gestation

Comments: This pregnancy has advanced beyond 42 completed weeks gestation (which is the definition of prolonged pregnancy), but it has not yet entered the 43rd week, making the Z3A code Z3A.42. No specific complication code is used because there is no known complication.