CHAPTER SPECIFIC CATEGORY 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
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).

• Trimesters are counted from the first day of the last menstrual period and are defined as follows:

<table>
<thead>
<tr>
<th>Trimesters</th>
<th>Weeks and Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Less than 14 weeks 0 days</td>
</tr>
<tr>
<td>2nd</td>
<td>14 weeks 0 days to less than 28 weeks 0 days</td>
</tr>
<tr>
<td>3rd</td>
<td>28 weeks 0 days until delivery</td>
</tr>
</tbody>
</table>

• ICD-10-CM requires the use of a seventh character to identify the fetus to which certain complication codes apply.

• Codes for elective (legal or therapeutic) abortion are classified with the abortion codes in ICD-9-CM and in ICD-10-CM elective abortion has been moved to code Chapter 21 Z33.2, Encounter for elective termination of pregnancy.
CHAPTER NOTES (cont.)

- Complications of induced termination of pregnancy are found in category O04.

- The ICD-10-CM codes for obstructed labor incorporate the reason for the obstruction into the code; therefore, only one code is required rather than two as in ICD-9-CM.

- Category Z3A – Weeks of Gestation, added to identify specific week of pregnancy

- Seventh characters listed below are to be used when applicable to category codes in chapter 15.
  - 0-not applicable or unspecified (for single gestations and multiple gestations where the fetus is unspecified)
  - 1-fetus one
  - 2-fetus two
  - 3-fetus three
  - 4-fetus four
  - 5-fetus five
  - 9-other fetus
GENERAL RULES FOR OBSTETRIC CASES

Codes from chapter 15 and sequencing priority

• Obstetric cases require codes from Chapter 15, codes 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 providers responsibility to state that the condition being treated is not affecting the pregnancy.
GENERAL RULES FOR OBSTETRIC CASES (cont.)

Final character for trimester

• The majority of the codes in Chapter 15 have a final character indicating the trimester of pregnancy.

• The timeframes 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 documentation of the trimester (or number of weeks) for the current admission/encounter.

• This applies to the assignment of trimester for pre-existing conditions as well as those that develop during or are due to the pregnancy.
GENERAL RULES FOR OBSTETRIC CASES (cont.)

Final character for trimester (cont.)

• The providers 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.

Selection of trimester for inpatient admission 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.
GENERAL RULES FOR OBSTETRIC CASES (cont.)

Unspecified trimester

- Each category that includes codes for trimester has a code for “unspecified trimester.”

- The “unspecified trimester” code should rarely be used, such as when the documentation in the record is insufficient to determine the trimester and it is not possible to obtain clarification.

Seventh character for fetus identification

- Where applicable, a seventh 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.

- Assign seventh character “0” for:
  - Single gestation
  - When the documentation in the record is insufficient to determine the fetus affected and it is not possible to obtain clarification
  - When it is not possible to clinically determine which fetus is affected
SELECTION OF OB PRINCIPAL OR FIRST LISTED DIAGNOSIS

Routine outpatient prenatal visits

• For 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.

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 (cont.)

Episodes no delivery occurs

- In 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.

When a delivery occurs

- 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 a 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 (cont.)

Outcome of delivery

- A code from category Z37, Outcome of delivery, should be included on every maternal record when a delivery occurred.

- These codes are not to be used on subsequent records or on the newborn record.
PRE-EXISTING CONDITIONS VERSUS CONDITION DUE TO THE PREGNANCY

• 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.

• When assigning codes from chapter 15, it is important to assess if a condition was pre-existing prior to pregnancy or developed during or due to the pregnancy in order to assign the correct code.

• 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 HYPERTENSION IN PREGNANCY

- Category O10, Pre-existing hypertension complicating pregnancy, childbirth and the puerperium, includes codes for hypertensive heart and hypertensive chronic kidney disease.

- When assigning one of the O10 codes that includes hypertensive heart disease or hypertensive chronic kidney disease, it is necessary to add a secondary code from the appropriate hypertension category to specify the type of heart failure or chronic kidney disease.

See section I.C.9. Hypertension
FETAL CONDITIONS AFFECTING THE MANAGEMENT OF THE MOTHER

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.

In utero surgery

- In cases when surgery is performed on the fetus, a diagnosis code from category O35, Maternal care for known or suspected
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 mothers 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 PUEPERIUM

• During pregnancy, childbirth or puerperium, a patient admitted because of HIV-related illness should receive a principal diagnosis from subcategory O98.7-, Human immunodeficiency disease [HIV] 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, Diabetes mellitus in pregnancy, childbirth and the puerperium, first, followed by the appropriate diabetes code(s) (E08-E13) from Chapter 4.

LONG TERM USE OF INSULIN

• 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

• Gestational (pregnancy induced) diabetes can occur during the second and third trimester of pregnancy in women who were not diabetic prior to pregnancy.

• Gestational diabetes can cause complications in the pregnancy similar to those of pre-existing diabetes mellitus.

• It also puts the woman at greater risk of developing diabetes after the 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.

• The codes under subcategory O24.4 include diet controlled and insulin controlled.

• If a patient with gestational diabetes is treated with both diet and insulin, only the code for insulin-controlled is required.
GESTATIONAL (PREGNANCY INDUCED) DIABETES (cont.)

• Code Z79.4, Long-term (current use) of insulin should also 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 COMPLICATING ABORTION, PREGNANCY, CHILDBIRTH AND THE PUERPERIUM

• 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, Sever sepsis, and code(s) for associated organ dysfunction(s) should also be assigned as additional diagnoses.
PUERPERAL SEPSIS

• 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 puerpal 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

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.

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 IN A PREGNANT PATIENT

- 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.

See section I.C.19. Adverse effects, poisoning, underdosing and toxic effects
NORMAL DELIVERY, CODE O80

Encounter for full term uncomplicated delivery
- 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 the 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.

Uncomplicated delivery with resolved antepartum complication
- 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.
NORMAL DELIVERY, CODE O80 (cont.)

Admission for routine postpartum care following delivery outside hospital
• When a mother delivers outside the hospital prior to admission and is admitted for routine postpartum care and no complications are noted, code Z39.0, Encounter for care and examination of mother immediately after delivery, should be assigned as the principal diagnosis.

Pregnancy associated cardiomyopathy
• Pregnancy associated cardiomyopathy, code O90.3, is unique in that it may be diagnosed in the third trimester of pregnancy but may continue to progress months after delivery.

• For this reason, it is referred to as peripartum cardiomyopathy.

• Code O90.3 is only for use when the cardiomyopathy develops as a result of pregnancy in a woman who did not have pre-existing heart disease.
NORMAL DELIVERY, CODE O80 (cont.)

Outcome of delivery for O80

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

THE PERIPARTUM AND POSTPARTUM PERIODS

Peripartum and Postpartum periods

• The postpartum period begins immediately after delivery and continues for six weeks following delivery.

• The peripartum period is defined as the last month of pregnancy to five months postpartum.

Peripartum and postpartum complication

• A postpartum complication is any complication occurring within the six week period.

Pregnancy-related complications after six 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
- 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.

After the initial postpartum
- This code may be used at any time after the postpartum period.

Sequencing of code O94
- This code, like all sequelae codes, is to be sequenced following the code describing the sequelae of the complication.
TERMINATION OF PREGNANCY AND SPONTANEOUS ABORTIONS

Abortion with liveborn fetus
• 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.

Retained products of conception following an abortion
• 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.

Complication leading to 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 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.

See section I.C.19. Adult and child abuse, neglect and other maltreatment
CODING EXAMPLES

1. This 36-year-old G2 P1 woman is 26-weeks pregnant and being seen for gestational hypertension. At this time, she is not having any other problems. What is the correct diagnosis code(s)?

   **Answer:**
   O13.2 Pregnancy (single) (uterine), complicated by (care of) (management affected by), hypertension, -see Hypertension, complicating, pregnancy, gestational (pregnancy induced) (transient) (without proteinuria). Review the Tabular for complete code assignment.
   
   O09.522 Pregnancy (single) (uterine), complicated by (care of) (management affected by), elderly, multigravida. Review the Tabular for complete code assignment.
   
   Z3A.26 Pregnancy (single) (uterine), weeks of gestation, 26 weeks

   **Rationale:**
   For both of these codes, the range of codes is further subdivided by the trimester for the current encounter. The note at the beginning of Chapter 15 defines the second trimester as 14 weeks 0 days to less than 28 weeks 0 days. The Index does not provide complete codes; therefore, it is necessary to review the Tabular for complete code assignment. The Z code identifying the weeks of gestation should also be assigned per the use additional code note at the beginning of Chapter 15.
CODING EXAMPLES (cont.)

2. This 24-year-old woman is three weeks postpartum and seen today for breast pain. Final diagnosis documented as nonpurulent postpartum mastitis. What is the correct diagnosis code?

   **Answer:** O91.22 Mastitis (acute) (diffuse) (nonpuerperal) (subacute), obstetric (interstitial) (nonpurulent), associated with, puerperium.

   **Rationale:** In this case, the mastitis is not classified in a pregnancy or delivery complication; however, further indentation in the Index provides the specificity of a postpartum complication.
CODING EXAMPLES (cont.)

3. This woman is G1P0 at 39 weeks with twin gestation. The delivery was complicated by nuchal cord, without compression, of fetus two. Both infants were liveborn and healthy. What is the correct diagnosis code(s)?

Answer: O30.003 Pregnancy (single) (uterine), complicated by (care of) (management affected by), multiple gestations, twin see Pregnancy, twin. Review the Tabular for complete code assignment.
O69.81X2 Delivery (childbirth) (labor), complicated, by, cord (umbilical), around neck, without compression. Review the Tabular for seventh character.
Z3A.39 Pregnancy (single) (uterine), weeks of gestation, 39 weeks
Z37.2 Outcome of delivery, twins NEC, both liveborn

Rationale: Complete code assignment for the twin pregnancy is found in the Tabular of ICD-10-CM. The umbilical cord complication is a complication of the delivery rather than the pregnancy and is further subdivided by with or without compression. If both fetus one and fetus two were found to have nuchal cords, code O69.81X would be coded twice with different seventh characters.
CODING EXAMPLES (cont.)

4. The patient, G3P2, was admitted at approximately 34 weeks gestation with a history of contractions for the last 24 hours. She was experiencing contractions every five to eight minutes. An ultrasound showed intrauterine fetal death of triplet two but the other two were progressing normally. The contractions stopped for approximately 24 hours and then started again. It was noted by the physician that the continued contractions were due to fetus two. The patient was given magnesium sulfate for tocolysis which was unsuccessful. The patient also developed a fever with an infection of the amniotic sac. The patient continued to be in active labor and due to the infection was allowed to spontaneously deliver the three infants, two liveborn and one fetal death. The patient experienced no postpartum complications. Code the diagnosis only.

Answer:

O60.14X2 Pregnancy (single) (uterine), complicated by (care of) (management affected by), preterm labor, third trimester, with third trimester preterm delivery

O36.4XX2 Pregnancy (single) (uterine), complicated by (care of) (management affected by), fetal (maternal care for), death (near term) or Pregnancy, complicated by, intrauterine fetal death (near term). Review the Tabular for complete code assignment.

O30.103 Pregnancy (single) (uterine), complicated by (care of) (management affected by), multiple gestations, triplet see Pregnancy, triplet - see Tabular for complete code, triplet
CODING EXAMPLES (cont.)

Answer to four cont:  
O41.1030 Pregnancy (single) (uterine), complicated by (care of) (management affected by), infection(s), amniotic fluid or sac 
Z3A.34 Pregnancy (single) (uterine), weeks of gestation, 34 weeks 
Z37.61Outcome of delivery, multiple births, some liveborn, triplets

Rationale:  
The patient was admitted in early labor with a 34-week gestation (O60.14X2). Review of the Tabular for category O60 (preterm labor) reveals that all codes in category O60 require a seventh character. Seventh characters one to nine are for cases of multiple gestations to identify the fetus for which the code applies. Code O60.14X2 was sequenced as the principal diagnosis because the preterm labor was the original reason that the patient was admitted. The seventh character two was used to indicate that fetus two was responsible for the continued contractions and ultimately the preterm delivery as documented within the case. One of the triplets was an intrauterine fetal death (O36.4XX2) and review of the Tabular indicates that codes from this category also require a seventh character to indicate which fetus was dead. The pregnancy is a triplet pregnancy (O30.103). The patient developed infection of amniotic sac (O41.103). Review of the Tabular for category O41 indicates that all codes from this category also require a seventh character.
CODING EXAMPLES (cont.)

Rationale to four cont.: In this instance, the documentation does not indicate the fetus for which the infection applies, therefore, a seventh character of 0 is used to signify a multiple gestation where the fetus is unspecified. The fever during labor (O75.2) is not coded because the cause is known (infection). The outcome of delivery was triplets, two liveborn and one fetal death (Z37.61).

5. This 34-year-old woman who is G4, P3, 28 weeks is seen today for continued follow-up of her gestational diabetes. Her diabetes has been well controlled on oral medications. What is the correct diagnosis code(s)?

Answer: O24.419 Pregnancy (single) (uterine), complicated by (care of) (management affected by), diabetes (mellitus), gestational (pregnancy Induced) see Diabetes, gestational (in pregnancy)
ZZ3A.28 Pregnancy (single) (uterine), weeks of gestation, 28 weeks

Rationale: This sixth character indicates the type of control (namely, diet or insulin) for the gestational diabetes. ICD-10-CM does not provide a specific sixth character for control with oral medication; therefore, the unspecified control code is used.
CODING EXAMPLES (cont.)

6. This 25-year-old patient was admitted with difficulty breathing. She has AIDS and is 21 weeks pregnant. Workup reveals Pneumocystis carinii pneumonia. What is the correct diagnosis code(s)?

**Answer:**

Review the Tabular for complete code assignment
B20 AIDS (related complex)
B59 Pneumocystis carinii pneumonia
Z3A.21 Pregnancy (single) (uterine), weeks of gestation, 21 weeks

**Rationale:**

There is a specific ICD-10-CM coding guideline for HIV Infections in Pregnancy, Childbirth, and the Puerperium (I.C.15.f). This guidelines states “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). A sixth character two indicates that the patient is in the second trimester.
CODING EXAMPLES (cont.)

Rationale to six cont.: A note appears at the beginning of Chapter 15 of ICD-10-CM that states that “Trimesters are counted from the first day of the last menstrual period. They are defined as follows: first trimester: less than 14 weeks 0 days; second trimester: 14 weeks 0 days to less than 28 weeks 0 days; and third trimester: 28 weeks 0 days until delivery.” An instructional note appears under code B20 indicating that code O98.7- is listed first. An instructional note appears under O98.7: “Use an additional code to identify the type of HIV disease.”
CODING EXAMPLES (cont.)

7. The patient is admitted in active labor during week 39 of pregnancy. The patient experienced no complications during her pregnancy. The patient labored for eight hours and delivered a liveborn male over an intact perineum. Code the diagnosis codes only.

Answer: O80 Delivery (childbirth) (labor), normal
Z3A.39 Pregnancy (single) (uterine), weeks of gestation, 39 weeks
Z37.0 Outcome of delivery, single, liveborn

Rationale: ICD-10-CM guidelines define a normal delivery (O80) as a full-term normal delivery with a single, healthy infant without any complications antepartum, during the delivery, or postpartum during the delivery episode. Code O80 is always the principal diagnosis and 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. See the note with code O80 for a full definition of this code. Z37.0 is the only outcome of delivery code appropriate for use with O80.
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