

CHAPTER 16

CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD (P00-P96)

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CHAPTER SPECIFIC CATEGORY CODE BLOCKS

- P00-P04 Newborn affected by maternal factors and by complications of pregnancy, labor, and delivery
- P05-P08 Disorders related to length of gestation and fetal growth
- P09 Abnormal findings on neonatal screening
- P10-P15 Birth trauma
- P19-P29 Respiratory and cardiovascular disorders specific to the perinatal period
- P35-P39 Infections specific to the perinatal period
- P50-P61 Hemorrhagic and hematological disorders of newborn
- P70-P74 Transitory endocrine and metabolic disorders specific to newborn

CHAPTER SPECIFIC CATEGORY CODE BLOCKS

- P76-P78 Digestive system disorders of newborn
- P80-P83 Conditions involving the integument and temperature regulation of newborn
- P84 Other problems with newborn
- P90-P96 Other disorders originating in the perinatal period

CHAPTER NOTES

- Block, category and title changes have been made in this chapter; for example, ICD-9-CM subsection 760-763 is titled “Maternal Causes of Perinatal Morbidity and Mortality,” whereas the ICD-10-CM counterpart, P00-P04, is titled “Newborn affected by maternal factors and by complications of pregnancy, labor and delivery.”
- While conditions originating in the perinatal period and congenital anomalies each had a specific chapter in ICD-9-CM, they are listed in a different order in ICD-10-CM.
- The phrase “fetus or newborn” used in many ICD-9-CM codes is not used in ICD-10-CM.
- The term “newborn” is consistently used in code titles in Chapter 16 to clarify that these codes are for use on newborn records only, never on maternal records.
- The first block in ICD-10-CM, newborns affected by newborns affected by maternal factors and by complications of pregnancy, labor and delivery, the phrase “suspected to be” is included in the code title as a nonessential modifier to indicate that the codes are for use when the listed maternal condition is specified as the cause of confirmed or suspected newborn morbidity or potential morbidity.

GENERAL PERINATAL RULES

Use of Chapter 16 codes

- Codes in this chapter are never for use on the maternal record.
- Codes from Chapter 15, the obstetric chapter, are never permitted on the newborn record.
- Chapter 16 codes may be used throughout the life of the patient if the condition is still present.

Principal diagnosis for birth record

- When coding the birth episode in a newborn record, assign a code from category Z38, Liveborn infants according to place of birth and type of delivery, as the principal diagnosis.
- A code from category Z38 is assigned only once, to a newborn at the time of birth.
- If a newborn is transferred to another institution, a code from category Z38 should not be used at the receiving hospital.
- A code from category Z38 is used only on the newborn record not on the mothers record.

GENERAL PERINATAL RULES (cont.)

Use of codes from other chapters with codes from Chapter 16

- Codes from other chapters may be used with codes from Chapter 16 if the codes from the other chapters provide more specific detail.
- Codes for signs and symptoms may be assigned when a definitive diagnosis has not been established .
- If the reason for the encounter is a perinatal condition, the code from Chapter 16 should be sequenced first.

Use of Chapter 16 codes after the perinatal period

- Should a condition originate in the perinatal period, and continue throughout the life of the patient, the perinatal code should continue to be used regardless of the patients age.

GENERAL PERINATAL RULES (cont.)

Birth process or community acquired conditions

- If a newborn has a condition that may be either due to the birth process or community acquired and the documentation does not indicate which it is, the default is due to the birth process and the code from Chapter 16 should be used.
- If the condition is a community acquired, a code from Chapter 16 should not be assigned.

Code all clinically significant conditions

- All clinically significant conditions noted on routine newborn examination should be coded.
- A condition is clinically significant if it requires:
 - Clinical evaluation; or
 - Therapeutic treatment; or
 - Diagnostic procedures; or
 - Extended length of hospital stay; or
 - Increased nursing care and/or monitoring; or
 - Has implications for future healthcare needs

GENERAL PERINATAL RULES (cont.)

Code all clinically significant conditions (cont.)

- The perinatal guidelines listed above are the same as the general coding guidelines for “additional diagnoses”, except for the final point regarding implications for further health care needs.
- Codes should be assigned for conditions that have been specified by the provider as having implications for future health care needs.

OBSERVATION AND EVALUATION OF NEWBORNS FOR SEPSIS CONDITIONS NOT FOUND

Reserved for future expansion

CODING ADDITIONAL PERINATAL DIAGNOSES

Assigning codes for conditions that require treatment

- Assign codes for conditions that require treatment for further investigation, prolong the length of stay, or require resource utilization.

Codes for conditions specified as having implications for future health care needs

- Assign codes for conditions that have been specified by the provider as having implications for future health care needs.
- This guideline should not be used for adult patients.

PREMATURITY AND FETAL GROWTH RETARDATION

- Providers utilize different criteria in determining prematurity.
- A code for prematurity should not be assigned unless it is documented.
- Assignment of codes in categories P05, Disorders of newborn related to slow fetal growth and fetal malnutrition, and P07, Disorders of newborn related to short gestation and low birth weight, not elsewhere classified, should be based on the recorded birth weight and estimated gestational age.
- Codes from category P05 should not be assigned with codes from category P07.
- When both birth weight and gestational age are available, two codes from category P07 should be assigned, with the code for birth weight sequenced before the code for gestational age.

LOW BIRTH WEIGHT AND IMMATURITY STATUS

- Codes from category P07, Disorders of newborn related to short gestation and low birth weight, not elsewhere classified, are for use for a child or adult who was premature or had low birth weight as a newborn and this is affecting the patients current health status.

See section I.C.21. Factors influencing health status and contact with health services, Status

BACTERIAL SEPSIS OF NEWBORN

- Category P36, Bacterial sepsis of newborn, includes congenital sepsis.
- If a perinate is documented as having sepsis without documentation of congenital or community acquired, the default is congenital and a code from category P36 should be assigned.
- If the P36 code includes the causal organism, an additional code from category B95, Streptococcus, Staphylococcus and Enterococcus as the cause of the disease classified elsewhere, or B96, Other bacterial agents as the cause of disease classified elsewhere, should not be assigned.
- If the P36 code does not include the causal organism, assign an additional code from category B96.
- If applicable, use additional codes to identify severe sepsis (R65.2-) and any associated acute organ dysfunction.

STILLBIRTH

- Code P95, Stillbirth, is only for use in institutions that maintain separate records for stillbirths.
- No other code should be used with P95.
- Code P95 should not be used on the mothers record.

CODING EXAMPLES

1. Assign the codes for the following diagnosis: Premature “crack” baby born in the hospital by cesarean section to a mother dependent on cocaine. The newborn did not show signs of withdrawal. Birth weight of 1,247g, 31 completed weeks of gestation, dehydration.

Answer: Z38.01 Newborn (infant) (liveborn) (singleton), born in hospital, by cesarean
P04.41 Newborn (infant) (liveborn) (singleton), affected by cocaine
P07.14 Weight, 1000–2499 grams at birth (low) – see Low, birthweight.
Low, birthweight (2499 grams or less) with weight of 1000–1249 grams
P07.34 Premature, newborn, less than 37 completed weeks – see Preterm newborn. Preterm newborn (infant), gestational age 31 weeks, 0 days through 31 weeks, 6 days
P74.1 Newborn (infant) (liveborn) (singleton), dehydration

Rationale: There is no documentation of withdrawal, which would be coded P96.1. Following sequencing according to the guidelines, the code for birth weight is sequenced before the code for gestational age. In indexing the premature newborn, note that Preterm infant is not an option under the term Newborn. It is indexed under Preterm infant, newborn.

CODING EXAMPLES (cont.)

2. This full-term female infant was born in this hospital by vaginal delivery. Her mother has been an alcoholic for many years and would not stop drinking during her pregnancy. The baby was born with fetal alcohol syndrome and was placed in the NICU. What diagnosis codes are assigned?

Answer: Z38.00 Newborn (infant) (liveborn) (singleton), born in hospital
Q86.0 Syndrome, fetal, alcohol (dysmorphic)

Rationale: According to ICD-10-CM Coding Guidelines, a code from Z38 is assigned as the principal/first listed diagnosis. When the coder reviews code Q86.0, there is an Excludes2 statement that refers to a possible use of code P04.-. However, when code P04.3 (that with use of alcohol) is referenced, it specifically excludes that with fetal alcohol syndrome.

CODING EXAMPLES (cont.)

3. This full-term newborn was delivered four days ago and she was discharged with no problems. After going home she was noticed to be somewhat jaundiced, and her mother brought her to the pediatrician's office. She was diagnosed with hyperbilirubinemia and will have phototherapy provided at home. What diagnosis codes are assigned?

Answer: P59.9 Newborn (infant) (liveborn) (singleton), hyperbilirubinemia

Rationale: The birth did not occur at this encounter, so the Z38 category is not assigned. Hyperbilirubinemia without mention of prematurity or specified cause is coded to P59.9. If prematurity was documented, there is a specific code to identify that condition (P59.0).

CODING EXAMPLES (cont.)

4. Assign the code(s) for the following diagnosis: 20-day-old infant was admitted with Staphylococcus aureus sepsis.

Answer: P36.2 Newborn, (infant) (liveborn) (singleton), sepsis (congenital), due to Staphylococcus, aureus

Rationale: The Z38 category is not assigned, because the birth episode did not occur at this encounter. Code A41.0- is incorrect because this encounter was within the 28 days after birth (perinatal period) and the newborn codes are to be used. See the Excludes1 note at category A41 – Excludes1 neonatal (P36.-). This is the only code required because there is no mention of severe sepsis or organ dysfunction. And, the P36.2 code identifies the organism, so no additional code from category B95 is indicated.

TRAINING SOURCES

American Health Information Management Association
www.ahima.org