



# ICD-10-CM Specialized Coding Training

<http://publichealth.nc.gov/lhd/icd10/training.htm>

## Maternal Health Course

For Local Health Departments and Rural Health

### *Unit 1*





# Maternal Health Training Objectives

- Develop a general understanding of the coding guidelines for those chapters in ICD-10-CM that will be utilized by health department staff for coding maternal health visits
  - Chapter 21 - Factors influencing health status and contact with health services (Z00-Z99)
  - Chapter 15 – Pregnancy, childbirth and the puerperium (O00-O9A)
- Demonstrate how to accurately assign ICD-10-CM codes using Maternal Health scenarios

**NOTE:** Basic ICD-10-CM Coding training is a prerequisite for this course



# Chapter 21

## Factors influencing health status and contact with health services Instructional Notes

- **Code Range: Z00~Z99**
- Z codes represent reasons for encounters
- CPT code must accompany Z codes if a procedure is performed
- Provided for occasions when circumstances other than a disease, injury or external cause classifiable to categories A00~Y89 are recorded as ‘diagnoses’ or ‘problems’
  - This can arise in two main ways:
    - When a person who may or may not be sick encounters health services for some specific purpose
      - Example: Encounter for pregnancy test
    - When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury
      - Example: Z33.1 Pregnant state



# Chapter 21

## Factors influencing health status and contact with health services

### Content

Chapter 21 contains the following block – 1<sup>st</sup> character is Z

Z00-Z13	Persons encountering health services for examinations	Z40-Z53	Encounters for other specific health car
Z14-Z15	Genetic carrier and genetic susceptibility to disease	Z55-Z65	Persons with potential health hazards related to socioeconomic and psychosocial circumstances
Z16	Resistance to antimicrobial drugs	Z66	Do not resuscitate status
Z17	Estrogen receptor status	Z67	Blood type
Z18	Retained foreign body fragments	Z68	Body mass index (BMI)
Z20-Z28	Persons with potential health hazards related to communicable diseases	Z69-Z76	Persons encountering health services in other circumstances
Z30-Z39	Persons encountering health services in circumstances related to reproduction	Z77-Z99	Persons with potential health hazards related to family and personal history and certain conditions influencing health status

# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Encounters for Obstetrical and Reproductive Services (Z30~Z39)**
  - Z codes for pregnancy are for use in those circumstances when none of the problems or complications included in the codes from the Obstetrics chapter exist
  - Codes in category **Z34, Encounter for supervision of normal pregnancy**, are:
    - always first-listed
    - are not to be used with any other code from the OB chapter
    - Codes in category **Z3A, Weeks of gestation**, may be assigned to provide additional information about the pregnancy
  - The outcome of delivery, category Z37, should be included on all maternal delivery records as a secondary code
  - Z codes for family planning (contraceptive) or procreative management and counseling should be included on an obstetric record either during the pregnancy or the postpartum stage, if applicable

# Chapter 21

## Factors influencing health status and contact with health services

### Coding Guidelines

- **Z codes/categories for obstetrical and reproductive services:**
  - Z30 Encounter for contraceptive management
  - Z31 Encounter for procreative management
  - Z32.2 Encounter for childbirth instruction
  - Z32.3 Encounter for childcare instruction
  - Z33 Pregnant state
  - Z34 Encounter for supervision of normal pregnancy
  - Z36 Encounter for antenatal screening of mother
  - Z3A Weeks of gestation
  - Z37 Outcome of delivery
  - Z39 Encounter for maternal postpartum care and examination
  - Z68 Body Mass Index (BMI)
  - Z76.81 Expectant mother pre-birth pediatrician visit

# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

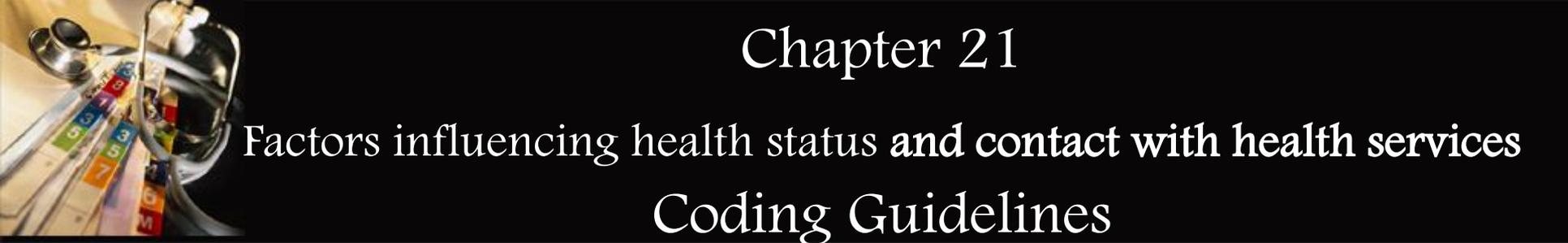
- **Contact/Exposure (Categories Z20 and Z77)**
  - Category Z20 indicates contact with, and suspected exposure to, communicable diseases
    - Do not show any sign or symptom of a disease
    - Suspected to have been exposed to a disease by close personal contact with an infected individual or are in an area where a disease is epidemic
    - **Z20.4 Contact with and (suspected) exposure to rubella**
  - Category Z77 indicates contact with and suspected exposures hazardous to health
    - **Z77.011 Contact with and (suspected) exposure to lead**
  - Contact/exposure codes may be used as a first-listed code to explain an encounter for testing, or, more commonly, as a secondary code to identify a potential risk

# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Status Codes**

- Indicate a client is either
  - carrier of a disease (**Z21-Asymptomatic HIV infection status**)
  - has the sequelae or residual of a past disease or condition (**Z98.51 – Tubal ligation status**)
- Include such things as the presence of prosthetic or mechanical devices resulting from past treatment (**Z97.0-Presence of artificial eye**)
- Are informative ~ the status may affect the course of treatment and its outcome (**Z94.0 – Kidney transplant status**)
- Are distinct from history codes which indicate the client no longer has the condition (**Z85.3 – Personal history of malignant neoplasm of breast**)
- **Z33.1 Pregnant state, incidental** – secondary code used when the pregnancy is in no way the complicating reason for the visit
- **Z74.01 Bed confinement status**



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Screening**

- Testing for disease or disease precursors in seemingly well individuals so early detection and treatment can be provided for those who test positive for the disease, such as:
  - Amniocentesis (**Z36 – Encounter for antenatal screening of mother**)
  - Screening Mammogram (**Z12.31 – Encounter for screening mammogram for malignant neoplasm of breast**)

- **Observation**

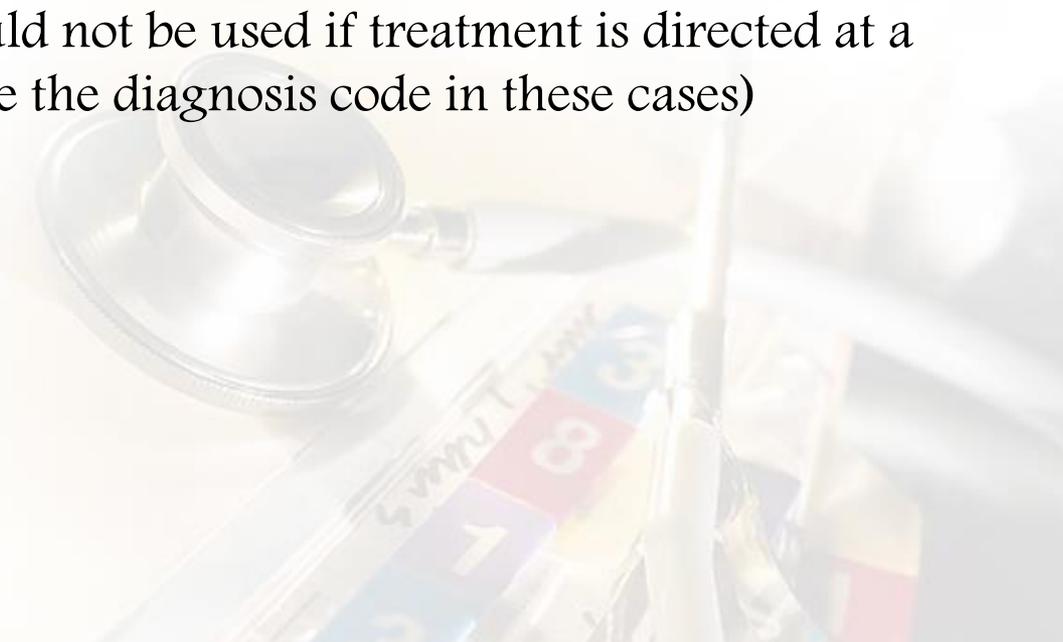
- Used in very limited circumstances
  - **Z03.7~ (Encounter for suspected maternal and fetal conditions ruled out)**
  - Person is observed for suspected condition that is ruled out
  - Administrative and legal observation status
  - Used primarily in hospitals
- Observation codes are not for use if an injury or illness or any signs or symptoms related to the suspected condition are present



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Aftercare**

- Aftercare visit codes cover situations when the initial treatment of a disease has been performed and the client requires continued care during the healing or recovery phase, or for the long-term consequences of the disease
  - **Z48.0~ (Encounter for attention to dressings, sutures and drains)**
  - The aftercare Z code should not be used if treatment is directed at a current, acute disease (use the diagnosis code in these cases)
- 

# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Follow-up**
  - Codes used to explain continuing surveillance following completed treatment of a disease, condition, or injury
    - They imply that the condition has been fully treated and no longer exists
    - Follow-up codes may be used in conjunction with history codes to provide the full picture of the healed condition and its treatment
      - Follow-up code is sequenced first, followed by the history code
  - A follow-up code may be used to explain multiple visits
  - Should a condition be found to have recurred on the follow-up visit, then the diagnosis code for the condition should be assigned in place of the follow-up code
  - **Category Z39 (Encounter for maternal postpartum care and examination)**



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Counseling**
  - Client/family member receives assistance in aftermath of illness/injury, or support is required in coping with family/social problems
    - Not used with a diagnosis code when counseling component is considered integral to standard treatment
- **Counseling Z codes/categories:**
  - Z30.0- Encounter for general counseling and advice on contraception
  - Z31.5 Encounter for genetic counseling
  - Z31.6- Encounter for general counseling and advice on procreation
  - Z32.2 Encounter for childbirth instruction
  - Z32.3 Encounter for childcare instruction
  - Z69 Encounter for mental health services for victim and perpetrator of abuse
  - Z70 Counseling related to sexual attitude, behavior and orientation
  - Z71 Persons encountering health services for other counseling and medical advice, not elsewhere classified
  - Z76.81 Expectant mother prebirth pediatrician visit

# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Miscellaneous Z codes**

- These codes capture a number of other health care encounters that do not fall into one of the other categories
  - May identify the reason for the encounter
  - May be used as additional codes to provide useful information on circumstances that may affect a patient's care and treatment
- Examples
  - **Z64.0 (Problems related to unwanted pregnancy)**
  - **Z64.1 (Problems related to multiparity)**



# Maternal Health Unit 1 – Review Questions

## True/False

1. Z codes related to obstetrics or reproduction are used when **none** of the conditions in Chapter 15, Pregnancy, Childbirth and the Puerperium, exist
2. Follow up codes, such as Z39.2-Encounter for routine postpartum follow-up, are used when treatment for a disease, condition or injury is complete
3. If childbirth or childcare counseling routinely occurs during a maternal health visit, you need to code the counseling
4. Codes from category Z34, Encounter for supervision of normal pregnancy, must be first-listed
5. Status codes are used to describe a condition a client had previously that no longer exists



# Maternal Health Unit 1

## Coding Exercise

- **Scenario 1:** *A 24 year old presents for return OB visit. 16 weeks gestation and her first pregnancy. No problems noted.*
- **Scenario 2:** *A 21 year old woman who is 3 months pregnant comes in to start prenatal care*



# Specialized ICD-10-CM Coding Training

## Maternal Health Course

For Local Health Departments and Rural Health

### *Unit 2*





# Maternal Health Unit 1 – Review Questions

## True/False

1. Z codes related to obstetrics or reproduction are used when **none** of the conditions in Chapter 15, Pregnancy, Childbirth and the Puerperium, exist
2. Follow up codes, such as Z39.2-Encounter for routine postpartum follow-up, are used when treatment for a disease, condition or injury is complete
3. If childbirth or childcare counseling routinely occurs during a maternal health visit, you need to code the counseling
4. Codes from category Z34, Encounter for supervision of normal pregnancy, must be first-listed
5. Status codes are used to describe a condition a client had previously that no longer exists.



# Maternal Health Unit 1

## Coding Exercise

- **Scenario 1:** *A 24 year old presents for return OB visit. 16 weeks gestation and her first pregnancy. No problems noted.*
- **Scenario 2:** *A 21 year old woman who is 3 months pregnant comes in to start prenatal care.*



# Chapter 15

## Pregnancy, childbirth and the puerperium

### Instructional Notes

- **Code Range: O00~O9A:**

- **Note:** 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. They are defined as follows:
  - 1st trimester~ less than 14 weeks 0 days
  - 2nd trimester~ 14 weeks 0 days to less than 28 weeks 0 days
  - 3rd trimester~ 28 weeks 0 days until delivery
- **Use additional** code from category Z3A, Weeks of gestation, to identify the specific week of the pregnancy
- **Excludes1:** supervision of normal pregnancy (Z34.~)
- **Excludes2:** mental and behavioral disorders associated with the puerperium (F53)  
obstetrical tetanus (A34); postpartum necrosis of pituitary gland (E23.0)  
puerperal osteomalacia (M83.0)



# Chapter 15

## Pregnancy, childbirth and the puerperium

### Content

Chapter 15 contains the following blocks – 1<sup>st</sup> character is O (not zero)

O00-O08 Pregnancy with abortive outcome	O60-O77 Complications of labor and delivery
O09 Supervision of high risk pregnancy	O80-O82 Encounter for delivery
O10-O16 Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium	O85-O92 Complications predominantly related to the puerperium
O20-O29 Other maternal disorders predominantly related to pregnancy	O94-O9A Other obstetric conditions, not elsewhere classified
O30-O48 Maternal care related to the fetus and amniotic cavity and possible delivery problems	



# Chapter 15

## Pregnancy, childbirth and the puerperium

### Coding Guidelines

- Sequencing Priority
  - 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
      - First listed would be any specific complication necessitating the encounter
      - If more than one complication – any can be first-listed
    - Should the provider document that the pregnancy is incidental to the encounter, then code **Z33.1, Pregnant state, incidental**, should be used in place of any chapter 15 codes
      - It is the provider's responsibility to state that the condition being treated is not affecting the pregnancy



# Chapter 15

## Pregnancy, childbirth and the puerperium

### Coding Guidelines

- Assignment of the final character for trimester should be based on the provider's **documentation** of the trimester (or number of weeks of gestation) for the **current encounter**
  - This applies to the assignment of trimester for:
    - Pre-existing conditions
      - O10.011 Pre-existing essential hypertension complicating pregnancy, first trimester
      - O10.012 Pre-existing essential hypertension complicating pregnancy, second trimester
    - Conditions that develop during or are due to the pregnancy
- If delivery occurs during the current encounter, and there is an “in childbirth” option for the obstetric complication being coded, the “in childbirth” code should be assigned



# Chapter 15

## Pregnancy, childbirth and the puerperium

### Coding Guidelines

- 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.

#### **Supervision of high risk pregnancy (O09)**

##### **O09 Supervision of high risk pregnancy**

##### **O09.0 Supervision of pregnancy with history of infertility**

**O09.00 Supervision of pregnancy with history of infertility, unspecified trimester**

**O09.01 Supervision of pregnancy with history of infertility, first trimester**

**O09.02 Supervision of pregnancy with history of infertility, second trimester**

**O09.03 Supervision of pregnancy with history of infertility, third trimester**



# Chapter 15

## Pregnancy, childbirth and the puerperium

### Coding Guidelines

- 7th character for Fetus Identification
  - Where applicable, a 7th character is to be assigned for certain categories to identify the fetus for which the complication code applies
  - These are found in category/codes O31, O32, O33.3 ~ O33.6, O35, O36, O40, O41, O60.1, O60.2, O64, and O69
  - Assign 7th character “0”:
    - For single gestations
    - 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
- *36 year old multigravida client pregnant with twins in her third trimester. There are 2 placentae and 2 amniotic sacs. Ultrasound shows that fetus 1 is breech with buttocks presentation and fetus 2 is complete breech.*



# Chapter 15

## Pregnancy, childbirth and the puerperium

### Coding Guidelines

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

#### **Z37 Outcome of delivery**

This category is intended for use as an additional code to identify the outcome of delivery on the mother's record. It is not for use on the newborn record.

**Excludes1:** stillbirth (P95)

**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

**Z37.50** Multiple births, unspecified, all liveborn



# Chapter 15

## Pregnancy, childbirth and the puerperium

### Coding Guidelines

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

**O35.1 Maternal care for (suspected) chromosomal abnormality in fetus**

**O35.2 Maternal care for (suspected) hereditary disease in fetus**

**Excludes2:** chromosomal abnormality in fetus (O35.1)



# Chapter 15

## Pregnancy, childbirth and the puerperium

### Coding Guidelines

- HIV Infection in Pregnancy, Childbirth and the Puerperium
  - If the encounter occurred because of an HIV-related illness
    - Assign a code from subcategory **O98.7~**, **Human immunodeficiency [HIV] disease complicating pregnancy, childbirth and the puerperium**, as first-listed
    - Assign code(s) for the HIV-related illness(es) as secondary
  - If the HIV infection status is asymptomatic during pregnancy, childbirth, or the puerperium
    - Assign a code from subcategory **O98.7~**, **Human immunodeficiency [HIV] disease complicating pregnancy, childbirth and the puerperium**
      - If the encounter is for a different complication, then that complication code will be first-listed
    - Code **Z21**, **Asymptomatic human immunodeficiency virus [HIV] infection status** , as secondary



# Chapter 15

## Pregnancy, childbirth and the puerperium

### Coding Guidelines

- Suspected or confirmed cases of abuse in a pregnant client
  - First-listed codes will be from subcategories **O9A.3, Physical abuse complicating pregnancy, childbirth, and the puerperium**, **O9A.4, Sexual abuse complicating pregnancy, childbirth, and the puerperium**, and/or **O9A.5, Psychological abuse complicating pregnancy, childbirth, and the puerperium**
  - Use additional codes (if applicable) to identify any associated current injury due to physical abuse, sexual abuse, and the perpetrator of abuse
- Diabetes mellitus 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
  - Code **Z79.4, Long-term (current) use of insulin**, should also be assigned if the diabetes mellitus is being treated with insulin



# Chapter 15

## Pregnancy, childbirth and the puerperium

### Coding Guidelines

- **Gestational Diabetes (Pregnancy induced)**
  - Occurs during the 2nd and 3rd trimester of pregnancy in women who were not diabetic prior to pregnancy
  - Codes for gestational diabetes are in subcategory **O24.4~**, **Gestational diabetes mellitus**
    - No other code from category **O24**, **Diabetes mellitus in pregnancy, childbirth, and the puerperium**, should be used with a code from O24.4
    - O24.4~ includes codes for diet controlled and insulin controlled
      - If a client with gestational diabetes is treated with both diet and insulin, only the code for insulin-controlled is required
      - Code Z79.4, Long-term (current) use of insulin, **should not** be assigned with codes from subcategory O24.4~
  - An abnormal glucose tolerance in pregnancy is assigned a code from subcategory **O99.81~**, **Abnormal glucose complicating pregnancy, childbirth, and the puerperium**



# Chapter 15

## Pregnancy, childbirth and the puerperium

### Coding Guidelines

- Sepsis and septic shock complicating abortion, pregnancy, childbirth and the puerperium
  - When a chapter 15 code is assigned for **sepsis complicating abortion, pregnancy, childbirth, and the puerperium**
    - Assign an additional code for the specific type of infection
    - If severe sepsis is present, a code from subcategory **R65.2, Severe sepsis**, and code(s) for associated organ dysfunction(s) should also be assigned as additional diagnoses
  - Code **O85, Puerperal sepsis**, should be assigned with a secondary code to identify the causal organism
    - Example: For a bacterial infection, assign a code from category **B95-B96, Bacterial infections in conditions classified elsewhere**
    - Do not code from category A40, Streptococcal sepsis, or A41, Other sepsis
    - If applicable, use additional codes to identify severe sepsis (R65.2-) and any associated acute organ dysfunction.



# Chapter 15

## Pregnancy, childbirth and the puerperium

### Coding Guidelines

- Alcohol and tobacco use during pregnancy, childbirth and the puerperium
  - Alcohol use during pregnancy, childbirth and the puerperium
    - Assign codes under subcategory **O99.31, Alcohol use complicating pregnancy, childbirth, and the puerperium**
      - When a mother uses alcohol during the pregnancy or postpartum (i.e., 6 weeks following delivery)
      - Assign a secondary code from category **F10, Alcohol related disorders** to identify manifestations of the alcohol use
    - Tobacco use during pregnancy, childbirth and the puerperium
      - Assign codes under subcategory **O99.33, Smoking (tobacco) complicating pregnancy, childbirth, and the puerperium**
        - When a mother uses any type of tobacco product during the pregnancy or postpartum
        - Assign a secondary code from category **F17, Nicotine dependence**, or code **Z72.0, Tobacco use** (based on provider's documentation)



# Chapter 15

## Pregnancy, childbirth and the puerperium

### Coding Guidelines

- Poisoning, toxic effects, adverse effects and underdosing in a pregnant patient
  - Code-first from subcategory **O9A.2, Injury, poisoning and certain other consequences of external causes complicating pregnancy, childbirth, and the puerperium**
    - Next, code the appropriate injury, poisoning, toxic effect, adverse effect or underdosing code
    - Code as additional code(s) the condition caused by the poisoning, toxic effect, adverse effect or underdosing.
- Normal Delivery – Code O80
  - Use only for normal delivery (no complications) of single, healthy infant
  - Additional codes from other chapters can be used with code O80 if they are not related to any type of complication of the pregnancy
  - Z37.0, Single live birth, is the only outcome of delivery code appropriate for use with O80



# Chapter 15

## Pregnancy, childbirth and the puerperium

### Coding Guidelines

- Peripartum and Postpartum Periods
  - Postpartum period begins immediately after delivery and continues for 6 weeks following delivery
    - A postpartum complication is any complication within the 6 week period
  - Peripartum is defined as the last month of pregnancy to 5 months postpartum
    - 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
  - Use code O94 when an initial complication of a pregnancy develops a sequelae requiring care or treatment at a future date
  - Code can be used any time after the initial postpartum period
  - Sequence O94 after the code describing the sequelae of the complication



# Chapter 15

## Pregnancy, childbirth and the puerperium

### Coding Guidelines

- Retained Products of Conception following an abortion
  - Subsequent encounters for retained products of conception
    - Following a spontaneous abortion, assign appropriate code from Category O03, Spontaneous abortion
    - Following elective termination of pregnancy code
      - O07.4, Failed attempted termination of pregnancy without complication and
      - Z33.2, Encounter for elective termination of pregnancy
- Complications Leading to Abortion (Categories O07, O08)
  - Codes from Chapter 15 will be additional codes for documented complications of pregnancy in conjunction with codes in categories O07 and O08



# Maternal Health Unit 2 ~ Review Questions

## True/False

1. If a client has a condition coded from Chapter 15, it will be first-listed
2. It is acceptable to use codes from category **Z34, Encounter for supervision of normal pregnancy**, with Chapter 15 codes
3. 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
4. For the client's first pre-natal visit, a trimester is assigned and does not change during future encounters
5. If the clinician documents the client is in their 16<sup>th</sup> week of the pregnancy, the client is in their 1<sup>st</sup> trimester
6. To code live born infant including place of birth and type of delivery, codes from Chapter 15 are used



# Maternal Health Unit 2

## Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis	Answer
1	During a routine prenatal visit, a 35 year old woman, G1, P1 at 18 weeks of pregnancy underwent a 1 hour glucose screening test that was found to be abnormal, with a blood sugar level reported to be over 200 mg/dl. The patient was sent to the hospital laboratory for a 3 hour glucose tolerance test. The final diagnosis is Gestational Diabetes.	
2	36 year old G2 P1 female is 28-weeks pregnant and is being seen at the health department for gestational hypertension. At this time she is not having any other problems.	
3	25 year old female admitted to the hospital is G1 P0 at 39 weeks with twin gestation. The C-Section delivery was complicated by nuchal cord, without compression, of fetus 2. Both infants were live born and healthy.	
4	15 year old client is having difficulty breathing. She has AIDS and is 13 weeks pregnant. This is her first pregnancy. Workup reveals Pneumocystitis carinii pneumonia.	
5	A 30-year old female is in the 36 <sup>th</sup> week of pregnancy and comes to the clinic reporting bleeding. Upon examination it is determined that the patient is hemorrhaging due to placenta previa. EMS is called and the patient is sent to the hospital for an emergency C-Section.	
6	A 14 year old prenatal patient returns to clinic a few hours after her initial prenatal workup visit complaining of vaginal bleeding and cramps.	



# Maternal Health Unit 2

## Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis	Answer
7	During a routine maternal health clinic visit, a 38 year old G2, P0, at 22 weeks gestation, diagnosed with eclampsia. She is a juvenile diabetic and is nicotine dependent smoking 1 pack of cigarettes per day.	
8	Patient presents today for first postpartum exam and birth control. Last sex was one day ago (first sex since delivering a baby girl 6 weeks ago.) She states that she would like to use NuvaRing. A pregnancy test was administered and was negative.	
9	Antepartum supervision of pregnancy in 29 year old patient with history of three previous stillbirths, 24 weeks gestation	
10	A primigravida 15 year old patient at 15 weeks gestation has chronic cystitis and has had recurrent bouts of acute cystitis during her pregnancy.	
11	A 42 year old comes in for her new OB physical exam after a positive home pregnancy test. Pregnancy confirmed at 8 weeks gestation. This is her first pregnancy.	



# Specialized ICD-10-CM Coding Training

## Maternal Health Course

For Local Health Departments and Rural Health

### *Unit 3*





# Maternal Health Unit 2 ~ Review Questions

## True/False

1. If a client has a condition coded from Chapter 15, it will be first-listed.

**Answer: True**

2. It is acceptable to use codes from category **Z34, Encounter for supervision of normal pregnancy**, with Chapter 15 codes.

**Answer: False** (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.)

3. 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.

**Answer: True** (other codes from Chapter 15 can be additional diagnosis)



# Maternal Health Unit 2 ~ Review Questions

## True/False

4. For the client's first pre-natal visit, a trimester is assigned and does not change during future encounters.

**Answer: False** (the trimester is based on #weeks gestation for each encounter)

5. If the clinician documents the client is in their 16<sup>th</sup> week of the pregnancy, the client is in their 1<sup>st</sup> trimester.

**Answer: False** (2<sup>nd</sup> trimester (14-28 weeks))

6. To code live born infant including place of birth and type of delivery, codes from Chapter 15 are used.

**Answer: False** (To code liveborn infant including place of birth and type of delivery, Codes from Chapter 21, category Z38 are used)

# Maternal Health Unit 2

## Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis	Answer
1	<p>During a routine prenatal visit, a 35 year old woman, G1, P1 at 18 weeks of pregnancy underwent a 1 hour glucose screening test that was found to be abnormal, with a blood sugar level reported to be over 200 mg/dl. The patient was sent to the hospital laboratory for a 3 hour glucose tolerance test. The final diagnosis is Gestational Diabetes.</p> <p><b>O09.512</b> (Supervision of elderly primigravida, second trimester) Note: This is first-listed since the prenatal visit was routine; <b>O24.419</b> (Gestational diabetes mellitus in pregnancy, unspecified control. (Note that trimester is not included for this code since gestational diabetes occurs in 2<sup>nd</sup> or 3<sup>rd</sup> trimester so trimester is not deemed applicable); Optional code <b>Z3A.18</b> (18 weeks gestation of pregnancy - in Alpha under Pregnancy, weeks of gestation)</p>	
2	<p>36 year old G2 P1 female is 28-weeks pregnant and is being seen at the health department for gestational hypertension. At this time she is not having any other problems.</p> <p><b>O13.3</b> (pregnancy complicated by hypertension, 3rd trimester – code first since specific complication); <b>O09.523</b> (Supervision of elderly (35+yrs) multigravida, 3rd trimester); Optional code <b>Z3A.28</b> (28 weeks gestation)</p>	

# Maternal Health Unit 2

## Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis	Answer
3	<p>25 year old female admitted to the hospital is G1 P0 at 39 weeks with twin gestation. The C-Section delivery was complicated by nuchal cord, without compression, of fetus 2. Both infants were live born and healthy.</p> <p><b>O30.003</b> (Pregnancy complicated by multiple gestations, twins); <b>O69.81x2</b> (Delivery complicated by cord around neck, without compression, fetus 2); Optional code <b>Z3A.39</b> (39 weeks gestation); <b>Z37.2</b> (Outcome of delivery, twins, both liveborn)            NOTE: High risk pregnancy codes are used for prenatal outpatient visits so not needed for this case.</p>	
4	<p>15 year old client is having difficulty breathing. She has AIDS and is 13 weeks pregnant. This is her first pregnancy. Workup reveals Pneumocystitis carinii pneumonia.</p> <p><b>O98.711</b> (HIV disease complicating pregnancy, 1st trimester – there is a note to use additional code to identify the type of HIV disease); <b>O99.511</b> (Diseases of the respiratory system complicating pregnancy, first trimester); <b>O09.611</b> (Supervision of young primigravida, 1st trimester); <b>B20</b> (AIDS); <b>B59</b> (Pneumocystitis carinii pneumonia); Optional code <b>Z3A.13</b> (13 weeks gestation)</p>	

# Maternal Health Unit 2

## Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis	Answer
5	<p>A 30-year old female is in the 36<sup>th</sup> week of pregnancy and comes to the clinic reporting bleeding. Upon examination it is determined that the patient is hemorrhaging due to placenta previa. EMS is called and the patient is sent to the hospital for an emergency C-Section.</p> <p><b>O44.13</b> (Placenta previa with hemorrhage, third trimester); Optional code <b>Z3A.36</b> (36 weeks gestation of pregnancy)</p>	
6	<p>A 14 year old prenatal patient returns to clinic a few hours after her initial prenatal workup visit complaining of vaginal bleeding and cramps.</p> <p><b>O26.859</b> Spotting complicating pregnancy, unspecified trimester; <b>O26.899</b> Other specified pregnancy related conditions, unspecified trimester; <b>O09.619</b> Supervision of young primigravida, unspecified trimester (Used this code since had to choose between primigravida and multigravida – this needs to be documented; For routine prenatal outpatient visits for patients with <u>high-risk</u> pregnancies, a code from category <b>O09</b>, <b>Supervision of high-risk pregnancy</b>, should be used as the <u>first-listed</u> diagnosis but this was not routine – the visit earlier in the day was) <b>Documentation needs to include the trimester and/or weeks of gestation.</b></p>	



# Maternal Health Unit 2

## Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis	Answer
7	<p>During a routine maternal health clinic visit, a 38 year old G2, P0, at 22 weeks gestation, diagnosed with eclampsia. She is a juvenile diabetic and is nicotine dependent smoking 1 pack of cigarettes per day.</p> <p><b>O09.522</b> Supervision of elderly multigravida, second trimester; <b>O15.02</b> Eclampsia in pregnancy, second trimester; <b>O24.012</b> Pre-existing diabetes mellitus, type 1, in pregnancy, second trimester; <b>E10.69</b> Type 1 Diabetes Mellitus with other specified complication; <b>O99.332</b> Smoking tobacco, complicating pregnancy, 2<sup>nd</sup> trimester; <b>F17.210</b> Nicotine dependence, cigarettes, uncomplicated; <b>Z3A.22</b> 22 weeks gestation of pregnancy</p>	
8	<p>Patient presents today for first postpartum exam and birth control. Last sex was one day ago (first sex since delivering a baby girl 6 weeks ago.) She states that she would like to use NuvaRing. A pregnancy test was administered and was negative.</p> <p><b>Z39.2</b> Encounter for routine postpartum follow-up; <b>Z30.018</b> Encounter for initial prescription of other contraceptives; <b>Z37.0</b> Single live birth; <b>Z32.02</b> Encounter for pregnancy test, result negative (Code <u>first</u> postpartum exam)</p>	



# Maternal Health Unit 2

## Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis	Answer
9	<p>Antepartum supervision of pregnancy in 29 year old patient with history of three previous stillbirths, 24 weeks gestation</p> <p><b>O09.292</b> Supervision of pregnancy with other poor reproductive or obstetric history, second trimester; <b>O26.22</b> Pregnancy care for patient with recurrent pregnancy loss, second trimester; <b>Z3A.12</b> 12 weeks gestation of pregnancy</p>	
10	<p>A primigravida 15 year old patient at 15 weeks gestation has chronic cystitis and has had recurrent bouts of acute cystitis during her pregnancy.</p> <p><b>O23.12</b> Infections of bladder in pregnancy, second trimester; <b>O09.612</b> Supervision of young primigravida, second trimester; <b>Z3A.15</b> 15 weeks gestation of pregnancy; <b>Z87.440</b> Personal history of UTIs</p>	
11	<p>A 42 year old comes in for her new OB physical exam after a positive home pregnancy test. Pregnancy confirmed at 8 weeks gestation. This is her first pregnancy.</p> <p><b>O09.511</b> Supervision of elderly primigravida, first trimester; <b>Z3A.08</b> 8 weeks gestation of pregnancy</p>	



# Maternal Health Unit 1 – Review Questions True/False

1. Z codes related to obstetrics or reproduction are used when **none** of the conditions in Chapter 15, Pregnancy, Childbirth and the Puerperium, exist

**Answer: True** (with the exception of Z3A codes used to designate weeks of gestation)

2. Follow up codes, such as Z39.2-Encounter for routine postpartum follow-up, are used when treatment for a disease, condition or injury is complete

**Answer: True**



# Maternal Health Unit 1 – Review Questions

## True/False

3. If childbirth or childcare counseling routinely occurs during a maternal health visit, you need to code the counseling

**Answer: False** (Counseling codes are used for such things as family planning or childbirth/childcare instruction – as long as this type of counseling is not associated with another diagnosis code when the counseling component is integral to standard treatment. For example, if counseling routinely occurs during a maternal health visit, then you would not code the counseling.)

4. Codes from category Z34, Encounter for supervision of normal pregnancy, must be first-listed

**Answer: True**

5. Status codes are used to describe a condition a client had previously that no longer exists.

**Answer: False** (“History of” codes indicate the client no longer has the condition)



# Maternal Health Unit 1

## Coding Exercise

- **Scenario 1:** *A 24 year old presents for return OB visit. 16 weeks gestation and her first pregnancy. No problems noted.*

**Answer:** Z34.02 (Encounter for supervision of normal first pregnancy, second trimester); optional - Z3A.16 (16 weeks gestation of pregnancy)

- **Scenario 2:** *A 21 year old woman who is 3 months pregnant comes in to start prenatal care.*

**Answer:** Z34.90 (Encounter for supervision of normal pregnancy, unspecified, unspecified trimester) Notes: Could provide more specific code if documentation indicates first pregnancy or pregnant in past; also need to specify weeks of gestation since '3 months' could mean 1<sup>st</sup> or 2<sup>nd</sup> trimester (13 weeks or less vs. 14 weeks or more); if weeks of gestation were specified, could code weeks of gestation but not required)



# Evaluation and Questions

Evaluation Forms are in the ICD-10- CM Specialized Coding Training Workbook and at:

<http://publichealth.nc.gov/lhd/icd10/docs/training>

Submit Evaluation Forms and Questions to:

Marty.Melvin@dhhs.nc.gov