Sections/Blocks in Chapter 16

- Newborn affected by maternal factors and by complications of pregnancy, labor, and delivery (P00-P04)
- Disorders of newborn related to length of gestation and fetal growth (P05-P08)
- Abnormal findings on neonatal screening (P09)
- Birth trauma (P10-P15)
- Respiratory and cardiovascular disorders specific to the perinatal period (P19-P29)
- Infections specific to the perinatal period (P35-P39)
- Hemorrhagic and hematological disorders of newborn (P50-P61)
- Transitory endocrine and metabolic disorders specific to newborn (P70-P74)
- Digestive system disorders of newborn (P76-P78)
- Conditions involving the integument and temperature regulation of newborn (P80-P83)
- Other problems with newborn (P84)
- Other disorders originating in the perinatal period (P90-P96)
Chapter 16

Note: Codes from this chapter are for use on newborn records only, never on maternal records.

Includes:
- Conditions that have their origin in the fetal or perinatal period (before birth through the first 28 days after birth) even if morbidity occurs later.

Excludes 2:
- Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
- Endocrine, nutritional and metabolic diseases (E00-E99)
- Injury, poisoning and certain other consequences of external causes (S00-T98)
- Neoplasms (C00-C97)
- Tetanus neonatorum (A33)

Section I.C.16 Coding Guidelines

For coding and reporting purposes the perinatal period is defined as before birth through the 28th day following birth. The following guidelines are provided for reporting purposes.

a. General Perinatal Rules

1) 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.

2) 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.
Section I.C.16 Coding Guidelines

3) 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.

4) 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 patient’s age.

5) 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 community-acquired, a code from Chapter 16 should not be assigned.

Section I.C.16 Coding Guidelines

6) 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 health care needs

Note: The perinatal guidelines listed above are the same as the general coding guidelines for “additional diagnoses”, except for the final point regarding implications for future health care needs. Codes should be assigned for conditions that have been specified by the provider as having implications for future health care needs.
Section I.C.16 Coding Guidelines

c. Coding Additional Perinatal Diagnoses

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

2) 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.

   Note: This guideline should not be used for adult patients.

Section I.C.16 Coding Guidelines

d. 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.
Section I.C.16 Coding Guidelines

e. 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 a low birth weight as a newborn and this is affecting the patient’s current health status.

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

f. 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, Staphylococcos, and Enterococcus as the cause of diseases classified elsewhere, or B96. Other bacterial agents as the cause of diseases 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.

g. 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 mother’s record.
Coding Exercises

1. 20 day old infant was admitted with Pseudomonas aeruginosa sepsis
   - P36.8 Other bacterial sepsis of newborn
   - B96.5 Pseudomonas (aeruginosa) (mallei) (pseudomallei)
     as the cause of diseases classified elsewhere

2. Live newborn female delivered by cesarean section; developed jaundice due to ABO incompatibility treated with multiple sessions of phototherapy
   - Z38.01 Single liveborn infant, delivered by cesarean
     - Index Term: Newborn, born in hospital, by cesarean section
   - P55.1 ABO isoimmunization of newborn
     - Index Term: Jaundice, newborn, due to, ABO incompatibility
   - 6A601ZZ Phototherapy of Skin, Multiple
     - Index Term: Phototherapy
     - Root Operation: Phototherapy - Extracorporeal treatment by light rays

3. Premature newborn, living female (1850 grams); 33 weeks gestation; meconium aspiration pneumonia; cord tightly around neck, times 2
   - Z38.00 Single liveborn infant, delivered vaginally
   - P07.36 Preterm newborn, gestational age 33 completed weeks
     - Index Term: Premature (Preterm, newborn)
   - P07.17 Single liveborn infant, delivered vaginally
     - Index Term: Weight (Low, Birthweight)
   - P24.01 Meconium aspiration with respiratory symptoms
     - Index Term: Pneumonia, aspiration, newborn, meconium
   - P02.5 Newborn (suspected to be) affected by other compression of umbilical cord
     - Index Term: Newborn, affected by, umbilical cord (tightly) around the neck
4. Term birth, living male, normal spontaneous vaginal delivery; after delivery infant’s blood pressure dropped and the baby became cyanotic progressing to shock. After workup, neonatologist diagnosis was severe sepsis with septic shock secondary to *Staph aureus* septicemia
   - Z38.00 Single liveborn infant, delivered vaginally
   - P36.2 Sepsis of newborn due to *Staphylococcus aureus*
   - R65.21 Severe sepsis with septic shock
   - Do on Encoder

5. Infant born at 34 weeks gestation by primary C-section in fetal distress because of mother’s failure to progress. Blood sugars were low following birth. Mother was not diabetic. Birthweight – 2123 grams.
   - Z38.01 Single liveborn infant, delivered by cesarean
   - P07.37 Preterm newborn, gestational age 34 completed weeks
     - Index Term: Preterm, newborn, gestational age, 34 completed weeks
   - P07.18 Other low birth weight newborn, 2000-2499 grams
     - Index Term: Low, birthweight, with weight of 2000-2499 grams.
   - P70.4 Other neonatal hypoglycemia
     - Index Term: Hypoglycemia, neonatal
   - P84 Other Problems with newborn – Not sure about

6. Term birth, twin (mate stillborn) delivered by C section. Hypoglycemia (Mother was diabetic) Birthweight; 1525 grams;
   - Z38.31 Twin liveborn infant, delivered by cesarean
     - Index Term: Newborn, twin, born in hospital, by cesarean
   - P07.16 Other low birth weight newborn, 1500-1749 grams
   - P70.1 Syndrome of infant of a diabetic mother
     - Index Term: Newborn, affected by, maternal condition, diabetes
7. 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 1,247 grams, 31 completed weeks of gestation. Dehydration
   - Z38.01 Single liveborn infant, delivered by cesarean
   - P07.31 Preterm newborn, gestational age 28 completed weeks
   - P07.14 Other low birth weight newborn, 1000-1249 grams
   - P04.41 Newborn (suspected to be) affected by other maternal medication
   - P74.1 Dehydration of newborn

Calendar of Events

- April 18, 2013 @ 1:30 pm
  - ICD 10-CM/ICD 10-PCS Webinar
    - Chapter 17 Congenital Malformations, Deformations and Congenital Abnormalities
- May 3, 2013 Annual GOCHIA Member Recognition and Installation of officers @ Knott's Chicken Dinner Restaurant
  - 6:00 pm to 8:00 pm
- June 9–12 CHIA Annual Conference
This is to certify that

___________________________________________________________________________________

has successfully completed

ICD 10-CM / ICD 10-PCS WEBINAR

Chapter 16 Conditions Originating in Perinatal Period

1 ICD 10-CM/PCS Contact Hour on March 21, 2013

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