

**CHAPTER 15**  
**PREGNANCY, CHILDBIRTH, AND**  
**THE PUERPERIUM**  
**000-09A**

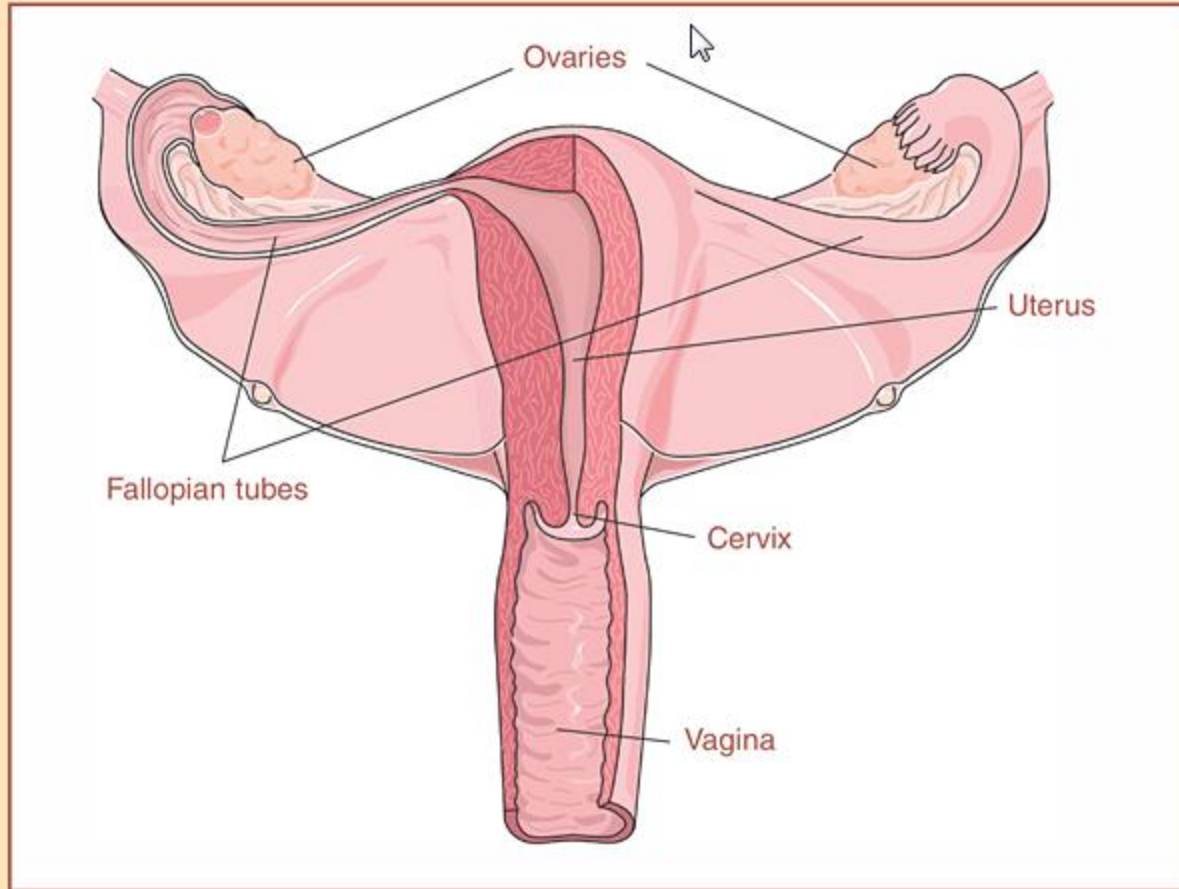
**Presented by**  
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# LEARNING OUTCOMES

- ❖ Code complications of pregnancy using the proper fourth and fifth characters.
- ❖ Use the proper Z codes to assign the outcome of delivery.
- ❖ Code for other obstetric care besides childbirth.
- ❖ Code for contraceptive and procreative management.
- ❖ Codes from chapter 15 take precedence over codes from other chapters.
- ❖ Codes from chapter 15 are never assigned on the newborn record.

# Female Reproductive System

**FIGURE 24.1** Primary Organs of the Female Reproductive System



# TERMS TO KNOW

- **Antepartum** - the period of pregnancy from conception to childbirth
- **Peripartum** - the period involving the last month of pregnancy to five months postpartum
- **Postpartum** the period beginning right after delivery and including the next six weeks
- **Puerperium** the clinical term for the postpartum period

# PREGNANCY

<b>O00-O08</b>	Pregnancy with abortive outcome (tubals, spontaneous abortion, TOP)
<b>O09</b>	Supervision of high risk pregnancy
<b>O10-O16</b>	Edema, proteinuria, hypertensive disorders
<b>O20-O29</b>	Other maternal disorders
<b>O30-O48</b>	Maternal care related to the fetus, amniotic cavity and possible delivery problems
<b>O60-O77</b>	Complications of L&D
<b>O80, O82</b>	Encounter for delivery
<b>O85-O92</b>	Complications related to the puerperium
<b>O94-O9A</b>	Other obstetrical conditions NEC

# Supervision of Normal Pregnancy

## Z34

4 <sup>th</sup> Character Subcategory	5 <sup>th</sup> Character Subcategory
.0 First Pregnancy	0 Unspecified Trimester
.8 Other Pregnancy	1 First Trimester
.9 Unspecified Pregnancy	2 Second Trimester
	3 Third Trimester

### Trimester time frames:

- First trimester - less than 14 weeks 0 days
- Second trimester - 14 weeks 0 days to less than 28 weeks 0 days
- Third trimester - 28 weeks 0 days until delivery

# Supervision of High Risk Pregnancy

## 009

### ❖ 009.0

- 009.0 infertility (history of)
- 009.1 ectopic or molar pregnancy (history of)
- 009.2 other poor reproductive or obstetric history

### ❖ 009.3 - **Insufficient antenatal care** (current pregnancy)

### ❖ 009.4 - **Grand multiparity** (has given birth five or more times)

### ❖ 009.5 - **Elderly** (pregnancy for female 35 years and older at expected date of delivery) primigravida and multigravida

### ❖ 009.6 - **Young** (pregnancy for a female less than 16 years old at expected date of delivery) primigravida and multigravida

### ❖ 009.7 - **Due to social problems**

### ❖ 009.9-009.9 - **Supervision of other high-risk pregnancies** (includes pregnancy resulting from assisted reproductive technology [009.81-] and pregnancy with history of in utero procedure during previous pregnancy [009.82-])

✓ **Codes from category 009 all require a 5<sup>th</sup> or 6<sup>th</sup> character to identify trimester.**

# Weeks Gestation

## Z3A

5<sup>th</sup> character codes – the 4<sup>th</sup> & 5<sup>th</sup> characters represent the number of weeks gestation as they are written. ICD-10 instructs the coder to use an additional code from category Z3A to identify the specific week of the pregnancy .

For weeks 8 – 42:

<b>Z3A.<u>08</u></b>	8 weeks gestation
<b>Z3A.<u>09</u></b>	9 weeks gestation
<b>Z3A.<u>10</u></b>	10 weeks gestation
<b>Z3A.<u>11</u></b>	11 weeks gestation
<b>Z3A.<u>12</u></b>	12 weeks gestation

With the exception of:

<b>Z3A.00</b>	unspecified weeks
<b>Z3A.01</b>	less than 8 weeks
<b>Z3A.49</b>	greater than 42 weeks

**Codes from category Z3A are for use only on the mother's record.**



# Exercise 15.1

1. Pregnancy at 43 weeks of gestation
2. Office visit for routine prenatal care, for primigravida (first pregnancy) patient with no complications, 37 completed weeks
3. Office visit for care of 40-year-old patient who is in the 2<sup>nd</sup> trimester of her third pregnancy (multigravida)

# Exercise 15.1 Answers

1. 43 weeks of gestation

**O48.1 + Z3A.49**

2. Office visit for routine prenatal care, for primigravida (first pregnancy) patient with no complications, 37 completed weeks

**Z34.03 + Z3A.37**

3. Office visit for care of 40-year-old patient who is in the 2<sup>nd</sup> trimester of her third pregnancy (multigravida)

**O09.522 + Z3A.00**

# Pre-existing HTN, HTN Heart Disease, CKD

## O10

Hypertension in pregnancy is always considered a complicating factor in pregnancy, childbirth, or the puerperium. Determine whether the hypertension is a **pre-existing** or **gestational**.

**Pre-existing hypertension** is classified to category **O10**

- ❖ **O10.01-O10.03** Essential hypertension
- ❖ **O10.111-O10.13** Hypertensive heart disease
- ❖ **O10.211-O10.23** Hypertensive chronic kidney disease
- ❖ **O10.311-O10.33** Hypertensive heart and chronic kidney disease
- ❖ **O10.411-O10.43** Secondary hypertension
- ❖ **O10.911-O10.93** Unspecified

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:

- hypertensive heart disease (category **I11**)
- heart failure (category **I50**)
- chronic kidney disease (category **I12**)
- hypertensive heart and chronic kidney disease (category **I13**)

# HTN and Preeclampsia

## O11,O13,O14

- ❖ **O13 - Gestational Hypertension without significant proteinuria.** Patients may develop transient, gestational or pregnancy-induced hypertension during pregnancy. This condition clears relatively quickly post partum.

Hypertension in pregnancy sometimes leads to a pathological condition described as **eclampsia** or **preeclampsia**.

- ❖ **Preeclampsia** - marked by high blood pressure accompanied with a high level of protein in the urine. Women with preeclampsia often also have swelling in extremities.
- ❖ **When preeclampsia arises without any pre-existing hypertension:**
  - assign a code from category **O14, Pre-eclampsia**.
- ❖ **When preeclampsia is superimposed on a pre-existing hypertension:**
  - assign a code from category **O11** and
  - an additional code from category **O10** to identify the type of hypertension

# Eclampsia, Edema, Proteinuria

## O12,O15

- ❖ **O15- Eclampsia** - the final and most severe phase of preeclampsia occurs when preeclampsia is left untreated. Usually results in seizures and causes coma and even death of the mother and baby. It can occur before, during, or after childbirth. Eclampsia, regardless of whether it is due to pre-existing hypertension, gestational hypertension, or unspecified material hypertension, is classified to category **O15**, Eclampsia.
- ❖ Gestational hypertension associated with albuminuria, edema, or both is generally considered to be preeclampsia or eclampsia.

Codes for eclampsia or preeclampsia are never assigned solely on the basis of an elevated blood pressure, an abnormal albumin level, or the presence of edema. The physician must specify the condition as eclampsia or preeclampsia before any of these codes may be assigned.

**O12 Gestational edema and proteinuria without hypertension.**

# Other Maternal Disorders

## O20-O29

- ❖ Hemorrhage in early pregnancy (threatened abortion) **O20**
- ❖ Excessive vomiting in pregnancy (hyperemesis) **O21**
- ❖ Venous complications and hemorrhoids in pregnancy (varicose veins, phlebitis) **O22**
- ❖ Infections of the GU tract (cystitis, UTI) **O23**
- ❖ Diabetes mellitus in pregnancy, childbirth, and the puerperium **O24**

### **Diabetes mellitus is a significant complicating factor in pregnancy.**

Similar to hypertension, category **O24** distinguishes between pre-existing diabetes mellitus (including type 1, type 2, other, or unspecified), gestational diabetes, and unspecified diabetes.

- **O24.011-O24.03** Pre-existing type 1 diabetes mellitus
- **O24.111-O24.13** Pre-existing type 2 diabetes mellitus
- **O24.311-O24.319** Unspecified pre-existing diabetes mellitus
- **O24.410-O24.439** Gestational diabetes mellitus
- **O24.811-O24.83** Other pre-existing diabetes mellitus
- **O24.911-O24.93** Unspecified diabetes mellitus

**Gestational (pregnancy induced) diabetes can occur during the second and third trimester of pregnancy in women who were not diabetic prior to pregnancy and can increase their risk to develop diabetes mellitus following delivery.**

# Maternal care related to the fetus, amniotic cavity and possible delivery problems

## O30-O48

ICD-9	Description	ICD-10	Description
<b>651.00</b>	Twin pregnancy, unspecified	<b>O30.009</b>	Twin pregnancy, unspecified
<b>652.20</b>	Breech presentation w/o version, unspecified	<b>O32.1xx0</b>	Breech presentation, unspecified
<b>653.40</b>	Cephalopelvic disproportion	<b>O33.9</b>	Disproportion d/t CPD
<b>654.50</b>	Cervical Incompetence	<b>O34.30</b>	Cervical Incompetence
<b>656.50</b>	Poor fetal growth, light for dates, SGA	<b>O36.5990</b>	Suspected poor fetal growth, SGA
<b>656.60</b>	Excessive fetal growth - LGA	<b>O36.60x0</b>	Excessive fetal growth - LGA
<b>655.70</b>	Decreased fetal movements, unspecified	<b>O36.8190</b>	Decreased fetal movements, unspecified

# Maternal care related to the fetus, amniotic cavity and possible delivery problems

## O30-O48

ICD-9	Description	ICD-10	Description
<b>657.00</b>	Polyhydramnios	<b>O40.9xx0</b>	Polyhydramnios, unspecified
<b>658.00</b>	Oligohydramnios, unspecified	<b>O41.00x0</b>	Oligohydramnios, unspecified
<b>658.48</b>	Chorioamnionitis, unspecified	<b>O41.1290</b>	Chorioamnionitis, unspecified
<b>658.10</b>	Premature rupture of membranes, unspecified	<b>O42.00</b>	Premature rupture of membranes, unspecified
<b>644.00</b>	Premature labor before 37 completed weeks w/o delivery	<b>O47.00</b>	False labor before 37 completed weeks of gestation
<b>645.10</b>	Post-term pregnancy - over 40 completed weeks to 42 weeks	<b>O48.0</b>	Post-term pregnancy - over 40 completed weeks to 42 weeks
<b>645.20</b>	Prolonged pregnancy - beyond 42 completed weeks	<b>O48.1</b>	Prolonged pregnancy - beyond 42 completed weeks



# Outcome of Delivery Z37

- ❖ Because chapter 15 codes do not indicate the outcome of delivery, a code from category **Z37** is assigned as an additional code to provide this information whenever the patient delivers in the hospital.
- ❖ Fourth characters indicate whether the outcome was single or multiple and whether liveborn or stillborn.

<b>Z37.0</b> Single live birth	<b>Z37.2</b> Twins, both liveborn
<b>Z37.1</b> Single stillbirth	<b>Z37.3</b> Twins, one liveborn and one stillborn
	<b>Z37.4</b> Twins, both stillborn

- ❖ For multiple births with more than twins, additional characters indicate the number of outcomes (e.g., triplets, quadruplets) and whether they were all liveborn, some liveborn, or all stillborn.
- ❖ These codes are used on the mother's record, not the newborn's. They are assigned only for the episode of care during which delivery occurred. If the mother delivers outside the hospital a code from Z37.0 cannot be assigned.

39 week term pregnancy with spontaneous delivery; twin pregnancy, one twin liveborn and one stillborn

**O30.003** Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, 3<sup>rd</sup> trimester

**O36.4xx0** Maternal care for intrauterine death

**Z3A.39** 39 weeks gestation of pregnancy

**Z37.3** Twins, one liveborn and one stillborn

# Normal Delivery

## O80

**All of the following criteria must be met in order for code O80 to be used correctly:**

- ❖ Delivery is entirely normal (requiring minimal or no assistance, with or without episiotomy).
- ❖ No fetal manipulation used (e.g., rotation version) or instrumentation (forceps).
- ❖ Spontaneous, cephalic, vaginal delivery.
- ❖ Presentation at delivery **can be only cephalic (head) or occipital**. Terms such as "right occipito-anterior (ROA)," "left occipito-anterior (LOA)," "right occipito-posterior (ROP)," "left occipito-posterior (LOP)," and "vertex" describe an occipital presentation. Any other presentation, such as breech, face, or brow, disallows the use of code O80.
- ❖ Any antepartum complication experienced during pregnancy must have been resolved before the time of delivery.
- ❖ No abnormalities of either labor or delivery can have occurred.
- ❖ No postpartum complications can be present.
- ❖ No procedures other than the following can have been performed: episiotomy without forceps, episiorrhaphy, amniotomy (artificial rupture of the membranes), manually assisted delivery without forceps, administration of analgesics and/or anesthesia, fetal monitoring, induction of labor (in the absence of medical indications), and sterilization. **If any other procedure is performed, code O80 cannot be assigned.**
- ❖ Outcome of delivery must be **single livebirth**. When there has been a multiple birth or stillbirth, code O80 cannot be assigned.

# Complications of L&D

## O60-O63

**O60 Preterm labor, is defined in ICD-10-CM as "onset (spontaneous) of labor before 37 completed weeks of gestation."**

- ❖ This category includes codes for cases with delivery as well as without delivery. Codes from category **O60** should not be used with codes from subcategory **O47.0-** for false or threatened labor.
- ❖ Failed induction of labor is classified to category **O61**.
- ❖ Fourth characters distinguish between medical (e.g., intravenous Oxytocin to stimulate contractions), instrumental (e.g., via mechanical or surgical induction, such as with transcervical foley catheter balloon or laminaria), other, and unspecified methods of induction of labor.

**O62 Abnormalities of forces of labor. Fourth characters specify:**

- primary inadequate contractions **O62.0**
- secondary uterine inertia **O62.1**
- other uterine inertia **O62.2**
- precipitate labor **O62.3**
- hypertonic, incoordinate, and prolonged uterine contractions **O62.4**
- other abnormalities of labor **O62.8**
- unspecified abnormalities of labor **O62.9**

**O63 Prolonged labor. Fourth character specifying the stages:**

- prolonged first stage **O63.0**
- prolonged second stage **O63.1**
- delayed delivery of second twin, triplet, etc. **O63.2**
- Unspecified **O63.9**

# 7<sup>th</sup> Character Required Categories

- ❖ **O31** - Complications specific to multiple gestation
- ❖ **O32** - Maternal care for malpresentation of fetus
- ❖ **O33** - Maternal care for disproportion
- ❖ **O35** - Maternal care for known or suspected fetal abnormality and damage
- ❖ **O36** - Maternal care for other fetal problems
- ❖ **O40** - Polyhydramnios
- ❖ **O41** - Other disorders of amniotic fluid and membranes
- ❖ **O60** - Preterm labor
- ❖ **O64** - Obstructed labor due to malposition and malpresentation of fetus
- ❖ **O69** - Labor and delivery complicated by umbilical cord complications

One of the following 7th characters is to be assigned to each code under category [Q64](#). 7th character 0 is for single gestations and multiple gestations where the fetus is unspecified. 7th characters 1 through 9 are for cases of multiple gestations to identify the fetus for which the code applies. The appropriate code from category [Q30](#), Multiple gestation, must also be assigned when assigning a code from category [Q64](#) that has a 7th character of 1 through 9.

0	<b>not applicable or unspecified</b>
1	<b>fetus 1</b>
2	<b>fetus 2</b>
3	<b>fetus 3</b>
4	<b>fetus 4</b>
5	<b>fetus 5</b>
9	<b>other fetus</b>

- ❖ Most often 7<sup>th</sup> character “0” will be assigned as it is used for single gestations or when the fetus has not been identified by the physician in a multiple gestation pregnancy.

# Complications of L&D

- ❖ **064** Obstructed Labor Due to Malposition and Malpresentation of Fetus \*\*requires 7<sup>th</sup> character\*\*
- ❖ **069** Labor and Delivery Complicated by Umbilical Cord Complications \*\*requires 7<sup>th</sup> character\*\*
- ❖ **070 - Perineal laceration during delivery**  
Degree of laceration must be specified by the physician in order to code it. It is important that the physician document if the laceration was repaired or not (we cannot assume).
- ❖ **071 – Other Obstetrical trauma** - rupture of uterus, laceration of cervix
- ❖ **072 - Postpartum hemorrhage**
  - .0 Third Stage
  - .1 Other immediate postpartum hemorrhage
  - .2 Delayed and secondary postpartum hemorrhage
  - .3 Postpartum coagulation defectsImportant to document hemorrhage (cannot code “brisk bleeding”, “large gush of blood”, “steady bleeding”, etc) we would query for clarification.
- ❖ **073 – Retained placenta and membranes, without hemorrhage**
- ❖ **074 - Complications of anesthesia during labor and delivery**
- ❖ **075 - Other complications of labor and delivery, not elsewhere classified** - fever during labor, maternal exhaustion, shock
- ❖ **076 - Abnormality in fetal heart rate and rhythm complicating labor and delivery** - bradycardia, tachycardia
- ❖ **077 - Other fetal stress complicating labor and delivery** - presence of meconium, fetal distress due to drug administration

## Exercise 15.2

1. Gestational diabetes, 22 weeks
2. Gestational hypertension with moderate pre-eclampsia, 2<sup>nd</sup> trimester
3. Twin delivery at term, both liveborn

## Exercise 15.2

1. Gestational diabetes, 22 weeks

**O24.419 + Z3A.22**

2. Gestational hypertension with moderate pre-eclampsia, 2<sup>nd</sup> trimester

**O14.02 + Z3A.00**

3. Twin delivery at term, both liveborn

**O30.003 + Z37.2 + Z3A.00**

# Complications Related to the Puerperium

## O85-O92

- ❖ O85 - Puerperal sepsis
- ❖ O86 - Other puerperal infections
- ❖ O87 - Venous complications and hemorrhoids in the puerperium
- ❖ O88 - Obstetric embolism
- ❖ O89 - Complications of anesthesia during the puerperium
- ✓ O90 - Complications of the puerperium, not elsewhere classified
- ❖ O91 - Infections of breast associated with pregnancy, the puerperium and lactation
- ❖ O92 - Other disorders of breast and disorders of lactation associated with pregnancy and the puerperium

✓ **O90.81** – Anemia of the puerperium (postpartum anemia, NOS) must be specified by the physician along with the type (acute blood loss, iron deficiency, NOS). A code for postpartum anemia cannot be assigned on the basis of lab values or due to the fact that the patient received a blood transfusion - this must be documented.



# Other Obstetrical Conditions NEC

## O99- Alcohol and Tobacco Use

- ❖ Alcohol consumed during pregnancy increases the risk of alcohol-related birth defects, including growth deficiencies, facial abnormalities, central nervous system impairment, behavioral disorders, and impaired intellectual development.
- ❖ For any pregnancy case in which the mother uses alcohol during the pregnancy or postpartum, codes from subcategory **O99.31**, Alcohol use complicating pregnancy, childbirth and the puerperium, should be assigned.
- ❖ A secondary code from category **F10**, Alcohol related disorders, should also be assigned to identify manifestations of the alcohol used.
- ❖ Women who smoke prior to and during pregnancy are at risk for several adverse outcomes, such as premature rupture of membranes, placental abruption, and placenta previa during pregnancy.
- ❖ Babies born to women who smoke during pregnancy also have a higher risk of premature birth and low birth weight and are 1.4 to 3.0 times more likely to die of sudden infant death syndrome (SIDS). Codes from subcategory **O99.33**, Smoking (tobacco) complicating pregnancy, childbirth, and the puerperium, should be assigned for any pregnancy case in which a mother uses any type of tobacco product during the pregnancy or postpartum.
- ❖ A secondary code from category **F17**, Nicotine dependence, or code **Z72.0**, **Tobacco use**, should also be assigned to identify the type of nicotine dependence.

# Female Genitourinary System

## N70-N99

<b>N70-N77</b>	Inflammatory diseases of female pelvic organs
<b>N80-N98</b>	Non-inflammatory disorders of female genital tract
<b>N99</b>	Intraoperative and postprocedural complications and disorders of genitourinary system NEC

Use additional code to identify infectious agent for inflammatory diseases or underlying disease when specified.

Acute Pelvic Inflammatory Disease due to Human Papilloma virus  
**N73.0 + B97.7**

# Inflammatory diseases of female pelvic organs

## N70-N77

<b>N70.-</b>	Salpingitis and oophoritis	Acute, chronic
<b>N71.-</b>	Inflammatory disease of uterus, except cervix – endometritis, uterine abscess	Acute, chronic
<b>N72</b>	Inflammatory disease of cervix uteri – Cervicitis, endocervicitis	* Use additional code to identify infectious agent
<b>N73.-</b>	Other female PID – parametritis, cellulitis, peritonitis, pelvic adhesions	Acute, chronic
<b>N74</b>	PID in diseases classified elsewhere	* Code first underlying disease
<b>N75</b>	Diseases of Bartholin's gland – cyst, abscess	
<b>N76.-</b>	Other inflammation – vaginitis, abscess, ulceration	Acute, subacute, chronic
<b>N77</b>	Vulvovaginal ulceration and inflammation classified elsewhere	* Code first underlying disease

# Cysts and Polyps

## N83, N84,N85,N88

<b>N83.0</b> Follicular cyst of ovary	<b>N84.0</b> Polyp of corpus uteri	<b>N85.8</b> Cyst of uterus	<b>N88.0</b> Cyst of cervix
<b>N83.1</b> Corpus luteum cyst	<b>N84.1</b> Polyp of cervix uteri		
<b>N83.2-</b> Other and unspecified ovarian cysts	<b>N84.2</b> Polyp of vagina		
	<b>N84.3</b> Polyp of vulva		
	<b>N84.8</b> Polyp of other parts of genital tract		
	<b>N84.9</b> Polyp of female genital tract, unspecified		

# Menstruation Disorders and Abnormal Bleeding N91-N93

<b>N91 Absent, scanty or rare</b>	<b>N92 Excessive, frequent, irregular</b>
<b>.0</b> Primary amenorrhea	<b>.0</b> Excessive and frequent with regular cycle
<b>.1</b> Secondary amenorrhea	<b>.1</b> Excessive and frequent with irregular cycle
<b>.2</b> Amenorrhea, unspecified	<b>.2</b> Excessive menstruation at puberty
<b>.3</b> Primary oligomenorrhea	<b>.3</b> Ovulation bleeding
<b>.4</b> Secondary oligomenorrhea	<b>.4</b> Excessive bleeding in the premenopausal period
<b>.5</b> Oligomenorrhea, unspecified	<b>.5</b> Other specified irregular menstruation
	<b>.6</b> Irregular menstruation, unspecified

<b>N93 Other abnormal uterine and vaginal bleeding</b>
<b>.0</b> Postcoital and contact bleeding
<b>.8</b> Other specified abnormal uterine and vaginal bleeding
<b>.9</b> Abnormal uterine and vaginal bleeding, unspecified

# Pain and Other Conditions

## N94

4 <sup>th</sup> Characters	5 <sup>th</sup> Characters	6 <sup>th</sup> Characters
<b>.0</b> Mittelschmerz		
<b>.1</b> Dyspareunia		
<b>.2</b> Vaginismus		
<b>.3</b> Premenstrual tension syndrome		
<b>.4</b> Primary dysmenorrhea		
<b>.5</b> Secondary dysmenorrhea		
<b>.6</b> Dysmenorrhea, unspecified		
<b>.8</b> Other specified conditions associated with female genital organs and menstrual cycle	<b>1</b> Vulvodynia	<b>0</b> Vulvar vestibulitis <b>8</b> Other vulvodynia <b>9</b> Vulvodynia, unspecified
<b>.9</b> Unspecified condition associated with female genital organs and menstrual cycle		

# Menopausal and Perimenopausal Disorders N95

**Menopausal and other perimenopausal disorders due to naturally occurring (age-related) menopause and perimenopause.**

**N95.0** Postmenopausal bleeding

✓ **N95.1** Menopausal and female climacteric states

**N95.2** Postmenopausal atrophic vaginitis

**N95.8** Other specified

**N95.9** Unspecified

✓ **N95.1** Use additional code for associated symptoms such as flushing, sleeplessness, headache, lack of concentration with (age-related) menopause.

# Encounter For:

<b>Z01.411</b>	Routine gynecologic exam – with abnormal findings
<b>Z01.419</b>	Routine gynecologic exam – without abnormal findings
<b>Z30.011- Z30.09</b>	Contraception – initial encounter
<b>Z30.40 – Z30.9</b>	Contraception – surveillance & management
<b>Z30.014</b>	Insertion of intrauterine device
<b>Z30.432</b>	Removal of intrauterine device
<b>Z32.0 0 – Z32.02</b>	Pregnancy test
<b>Z39.1</b>	Care and examination of lactating mother
<b>Z76.81</b>	Expectant parent(s) pre-birth pediatrician visit (pre-adoption)



## Exercise 15.3

1. Routine gynecological exam – no abnormal findings
2. Hemorrhagic left ovarian cyst
3. Menopausal woman with complaints of flushing

## Exercise 15.3 Answers

1. Routine gynecological exam – no abnormal findings

**Z01.419**

2. Hemorrhagic left ovarian cyst

**N83.20**

3. Menopausal woman with complaints of flushing

**N95.1 + R23.2**