

Chapter 16
Conditions Originating in the
Perinatal Period
P00-P96

Presented by:
Jennifer Kurkulonis

Overview

- ❖ Perinatal conditions other than congenital anomalies are classified in chapter 16 of ICD-10-CM.
- ❖ These conditions can be found under the main term Birth or as a subterm under the condition's main term.
- ❖ Perinatal conditions are sequenced as the principal diagnosis but behind the appropriate **Z38** code for the birth episode.
- ❖ Conditions are coded if they meet the definition of reportable conditions or if they have an implication for the newborn's future care.

Terms To Know

- ❖ **Newborn immaturity**

implies a birth of less than 37 completed weeks gestation

- ❖ **Newborn postmaturity**

a gestational period of more than 42 weeks

- ❖ **Newborn low birth weight**

implies a birth weight of 1,000-2,499 grams

- ❖ **Newborn extremely low birth weight**

implies a birth weight of less than 500-999 grams

Chapter 16 Categories

P00-P04	Newborn affected by maternal factors and by complications of pregnancy, labor, and delivery
P05-P08	Disorders of newborn 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
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

✓ Codes from chapter 16 are never found on a maternal record

Locating Codes

- ❖ The perinatal period is defined as before birth through the first 28 days after birth.

- ❖ Codes for perinatal conditions are located in the Alphabetic Index by referring to the main term **Birth** or to the main term for the condition and then to such subterms :
 - ❖ newborn
 - ❖ neonatal
 - ❖ fetal
 - ❖ infants
 - ❖ infantile

- ❖ If the Alphabetic Index does not provide a specific code for a perinatal condition, assign code **P96.89, Other specified conditions originating in the perinatal period**, followed by the code from another chapter that specifies the condition.

PERINATAL GUIDELINES

- ❖ Generally, chapter 16 codes are sequenced as the principal or first-listed diagnosis on the newborn record, except for the appropriate code from the **Z38** series for the birth episode. Codes from other chapters may be assigned as secondary diagnoses to provide additional detail.
- ❖ The perinatal guidelines for secondary diagnoses are the same as the general coding guidelines for "additional diagnoses".
- ❖ Assign codes for any conditions that have been specified by the provider as having implications for future health care needs.
- ❖ Assign codes from chapter 16 only for definitive diagnoses established by the provider. If a definitive diagnosis has not been established, codes for signs and symptoms may be assigned.
- ❖ Sometimes a newborn may have a condition that may be either due to the birth process or community acquired. If the documentation does not specify which it is, the **default code selected should be due to the birth process**.
- ❖ When the condition is community acquired, do not report a chapter 16 code.

RELATIONSHIP OF AGE TO CODES

Most conditions originating during the perinatal period are transitory in nature. Some conditions that originate during this period may persist and some do not manifest themselves until later in life. These conditions are classified in chapter 16 and no matter how old the patient is, may be reported throughout the life of the patient if the condition is still present.

- ❖ A 53-year-old woman is admitted for treatment of vaginal carcinoma due to intrauterine exposure to DES (diethylstilbestrol) taken by her mother during pregnancy. Code **C52, Malignant neoplasm of vagina**, and code **P04.8 Newborn (suspected to be) affected by other maternal noxious substances**, are assigned because the intrauterine exposure was still an important element in the patient's condition, even though the problem did not present itself until later in the patient's life.
- ❖ An 18-year-old man was admitted for workup because he had begun experiencing respiratory problems. A diagnosis of bronchopulmonary dysplasia was made, and the patient was discharged to be seen in the physician's office in two weeks. Code **P27.1, Bronchopulmonary dysplasia originating in the perinatal period**, is assigned because bronchopulmonary dysplasia is a congenital condition even though it may not become a problem until later in the patient's life.

CLASSIFICATION OF BIRTHS

- ❖ A code from category **Z38** is assigned as the principal diagnosis for any newborn. The first axis for coding is whether the birth is single, twin, or multiple. The codes further specify whether the birth occurred in the hospital, outside the hospital, or unspecified as to place of birth. If the birth occurred in the hospital, additional characters indicate the type of delivery (vaginal or cesarean).
- ❖ A code from this series is assigned only on the newborn record and is assigned only for the episode in which the birth occurred. If a newborn is discharged and readmitted or transferred to another facility, the code for the condition responsible for the transfer or readmission is designated as the principal diagnosis.
 - ❖ A single liveborn vaginally delivered in the hospital with an associated diagnosis of subdural hemorrhage due to birth trauma is coded as **Z38.00, Single liveborn infant, delivered vaginally**, and **P10.0, Subdural hemorrhage due to birth injury**, with the Z code sequenced first.
 - ❖ If the infant is discharged and readmitted or transferred to another facility for treatment of the hemorrhage, the principal diagnosis for that admission is **P10.0**; no code from category **Z38** is assigned.
 - ❖ If a newborn infant has been born outside the hospital and is admitted later because of complication, the complication code is assigned as the principal diagnosis; no code from category **Z38** is assigned.

Z38- Liveborn Infants

Z38 Liveborn infants according to place of birth and type of delivery

4 th Character	5 th Character
.0 - Single liveborn infant, born in hospital	0 delivered vaginally 1 delivered by cesarean
.1 - Single liveborn infant, born outside hospital	
.2 - Single liveborn infant, unspecified as to place of birth	
.3 - Twin liveborn infant, born in hospital	0 delivered vaginally 1 delivered by cesarean
.4 - Twin liveborn infant, born outside hospital	
.5 - Twin liveborn infant, unspecified as to place of birth	
.6 - Other multiple liveborn infant, born in hospital	1 triplet, liveborn, vaginally 2 triplet, liveborn, cesarean
.7 - Other multiple liveborn infant, born outside of hospital	3 quadruplet, liveborn, vaginally 4 quadruplet, liveborn, cesarean
.8 - Other multiple liveborn infant, unspecified as to place of birth	5 quintuplet, liveborn, vaginally 6 quintuplet, liveborn, cesarean 8 other mult, liveborn, vaginally 9 other mulp, liveborn, cesarean

Exercise 16.1

1. Five-year-old child with Erb's palsy secondary to birth trauma
2. Liveborn twins, both born in hospital, #1 delivered vaginally, #2 delivered by c/section
3. Newborn born on the way to hospital and admitted directly to newborn nursery

Exercise 16.1

1. Five-year-old child with Erb's palsy secondary to birth trauma

P14.0

2. Liveborn twins, both born in hospital, #1 delivered vaginally, #2 delivered by c/section

Z38.30 + Z38.31

3. Newborn born on the way to hospital and admitted directly to newborn nursery

Z38.1

OTHER NEWBORN DIAGNOSES

- ❖ Additional codes are assigned for all clinically significant conditions noted on the examination of the newborn. A newborn condition is clinically significant when it has implication for the newborn's future health care.
- ❖ The physician documents diagnoses of syndactyly and hydrocele on the newborn's diagnostic statement. Even though no treatment is given and no further evaluation is performed during the infant's hospital stay, both of these conditions will require treatment at some time in the future, so they are reported.
- ❖ The pediatrician documents in the newborn medical record that the baby's heart murmur is benign and most likely due to a patent ductus arteriosus/patent foramen ovale (PDA/PFO). He orders a cardiac consult and an echocardiogram to evaluate the PDA/PFO. Assign code **Q21.1, Atrial septal defect**, for the PFO and code **Q25.0, Patent ductus arteriosus**, for the PDA. These conditions are further evaluated (e.g., cardiac consultation and echocardiogram); therefore, they can be reported.
- ❖ Insignificant or transient conditions that resolve without treatment are not coded. Medical records of newborns sometimes mention conditions such as fine rashes, molding of the scalp, and minor jaundice. Because these conditions usually resolve without treatment and require no additional workup, they are not coded. For example:
 - ❖ The physician mentions on the newborn delivery record that the infant has slight jaundice. No further evaluation is performed, and the jaundice clears by the following day. No code for jaundice is assigned.

PREMATURITY, IMMATURITY AND LOW BIRTH WEIGHT

- ❖ Newborns delivered before full term are defined as either immature or premature by both birth weight and gestational age, classified in **P07**.
- ❖ When both birth weight and gestational age of the newborn are available, both should be coded, with birth weight sequenced before gestational age.
- ❖ A code from **P05-** Newborn Light for Gestational Age (SGA) and codes from **P07.2-** and **P07.3-** may be used to specify weeks of gestation as documented by the provider in the record. Providers use different criteria in determining prematurity.
- ❖ A code for prematurity should not be assigned unless it is documented.

P07.0-	Extremely low birth weight newborn - 999g or less
P07.1-	Other low birth weight newborn - 1000-2499g
P07.2-	Extreme immaturity of newborn - less than 28 completed weeks
P07.3-	Preterm, premature newborn other - 28 completed weeks or more but less than 37 completed weeks

POSTMATURITY

- ❖ Post-term - a gestational period over 40 completed weeks to 42 completed weeks.
- ❖ Postmaturity or prolonged gestation - a gestational period of more than 42 completed weeks.

Disorders of newborn related to long gestation and high birth weight

P08.0	Exceptionally large newborn baby (usually implies weight of 4,500 grams or more)
P08.1	Other heavy for gestational age newborn (heavy- or large-for-dates newborns, regardless of period of gestation)
P08.21	Post-term newborn - over 40 to 42 completed weeks of gestation
P08.22	Prolonged gestation of newborn - over 42 completed weeks of gestation

- ❖ Codes **P08.21, Post-term newborn,** and **P08.22, Prolonged gestation of newborn,** may be assigned based only on the gestational age of the newborn. A specific condition or disorder does not have to be associated with the longer gestational period for these codes to be assigned.

RESPIRATORY DISTRESS, RDS & TTN

- ❖ **Respiratory distress** - is common immediately after birth, typically caused by abnormal respiratory function during the transition from fetal to neonatal life. It is manifested by tachypnea, nasal flaring, intercostal or subcostal retractions, audible grunting, and cyanosis.

P22.9 Respiratory distress of newborn, unspecified

- ❖ **Respiratory distress syndrome** - Neonatal RDS occurs in infants whose lungs have not yet fully developed. Symptoms similar to respiratory distress, disease is caused mainly by lack of slippery substance in the lungs called surfactant. Surfactant is present when the lungs are fully developed. Most cases of RDS occur in babies born before 37 weeks.

P22.0 Respiratory distress syndrome of newborn

- ❖ **Transient tachypnea of newborn (TTN)** - respiratory disorder usually seen shortly after delivery in full or near-term babies, characterized by rapid breathing, bluish skin color and flaring nostrils. Usually resolves within 24 hours.

P22.1 Transient tachypnea of newborn

- ❖ **Fetal distress & Asphyxia** - signs that indicate a critical response to stress and a decreased level of oxygen to the body. It implies metabolic abnormalities such as hypoxia and acidosis that affect the functions of vital organs to the point of temporary or permanent injury or even death.

P84 Other Problems of Newborn - use to code fetal distress and birth asphyxia.

FETAL AND NEWBORN ASPIRATION P24-

- ❖ Meconium aspiration in newborns occurs when the fetus gasps while still in the birth canal and inhales meconium-stained amniotic, vaginal, or oropharyngeal fluids.
- ❖ Tachypnea, wheezing, and apnea are sometimes present in meconium aspiration; these conditions may resolve over a short period or may take a more prolonged course. In the milder forms of this condition, dyspnea occurs soon after birth, lasts two or three days, and is followed by rapid recovery. Therapy includes bronchoscopic suction of meconium, oxygen administration, humidity control, and prophylactic antibiotics.

4 th Character	5 th Character
.0- Meconium aspiration	0 without respiratory symptoms 1 with respiratory symptoms
.1- aspiration of (clear) amniotic fluid and mucus	0 without respiratory symptoms 1 with respiratory symptoms
.2- aspiration of blood	0 without respiratory symptoms 1 with respiratory symptoms
.3- aspiration of milk and regurgitated food	0 without respiratory symptoms 1 with respiratory symptoms
.8- Other neonatal aspiration	0 without respiratory symptoms 1 with respiratory symptoms
.9 Neonatal aspiration, unspecified	

✓ If applicable, an additional code, I27.2, should be assigned to identify any secondary pulmonary hypertension.

MECONIUM DIAGNOSES

- ❖ **P96.83** is assigned for meconium staining.
- ❖ Code **P03.82** is assigned for meconium passage (without aspiration) during delivery.
- ❖ **P76.0, Meconium plug syndrome** - meconium ileus and meconium plug syndrome (a transient disorder of the newborn's colon with delayed passage of meconium and intestinal dilatation).
- ❖ If specified as meconium ileus in **cystic fibrosis**, **E84.11** is coded instead.

HEMOLYTIC DISEASE OF THE NEWBORN P55-

- ❖ Infants born to Rh-negative mothers often develop hemolytic disease owing to fetal-maternal blood group incompatibility.
- ❖ These conditions are classified in category **P55**, Hemolytic disease of newborn.
- ❖ Note that an indication of incompatibility on a routine cord blood test is not conclusive.
- ❖ Do not assign a code from category **P55** on the basis of this finding alone; a diagnosis of isoimmunization or hemolytic disease requires provider confirmation.

P55.0 Rh isoimmunization of newborn

P55.1 ABO isoimmunization of newborn

P55.8 Other hemolytic diseases of newborn

P55.9 Hemolytic disease of newborn, unspecified

FEEDING PROBLEMS OF NEWBORN P92-

- ❖ ICD-10-CM separately classifies vomiting, bilious emesis, failure to thrive, and other feeding problems in newborns. Persistent vomiting in a newborn may be a sign of a very serious condition.

P92.0 Vomiting of newborn:

P92.01 **Bilious** vomiting

P92.09 **Other** vomiting

P92.1 Regurgitation and rumination of newborn

P92.2 Slow feeding of newborn

P92.3 Underfeeding of newborn

P92.4 Overfeeding of newborn

P92.5 Neonatal difficulty in feeding at breast

P92.6 Failure to thrive in newborn

P92.8 Other feeding problems of newborn

P92.9 Feeding problem of newborn, unspecified

- ❖ These codes are assigned only for the first 28 days of life. **Excludes 1** note directs the coder to the appropriate code categories for children over 28 days of life.

INFECTIONS ORIGINATING DURING THE PERINATAL PERIOD P35-P39

- ❖ Many infections specific to the perinatal period are considered to be congenital and may be classified in chapter 16 of ICD-10-CM when they are acquired before birth via the umbilicus (for example, rubella) or during birth (for example, herpes simplex).
- ❖ Certain perinatal infections (for example, congenital syphilis) appear in chapter 1 of ICD-10-CM, Infectious and Parasitic Diseases.
- ❖ Infections that occur after birth but appear during the 28-day perinatal period may or may not be classified in chapter 16. If an infection does not appear for a week or more after birth, the record should be reviewed to see whether there is any indication that it may be due to exposure to the infection rather than being congenital. Clarification should be sought from the physician when the record is not completely clear.
- ❖ If a newborn has sepsis, assign a code from category **P36- Bacterial sepsis of newborn**. If the **P36** code includes the causal organism, you do not need to assign an additional code to identify the organism responsible. If the **P36-** code does not include the causal organism, an additional code is added to specify the organism.

If applicable, use additional codes to identify :

Severe sepsis R65.2- and any associated acute organ dysfunction, such as
Acute respiratory failure P28.5

Exercise 16.2

1. Preterm newborn delivered vaginally at 28 weeks with a low birth weight of 1122 grams
2. 5-day-old newborn admitted with meconium ileus
3. 8-day-old newborn admitted with severe sepsis due to *E. coli*

Exercise 16.2

1. Preterm newborn delivered vaginally at 28 weeks with a low birth weight of 1122 grams

Z38.00 + P05.04 + P07.31

2. 5-day-old newborn admitted with meconium ileus

P76.0

3. 8-day-old newborn admitted with severe sepsis due to E. coli

P36.4 + R65.20

BIRTH TRAUMA P10-P15

- ❖ Some common birth injuries:
 - ❖ P12.9 scalp
 - ❖ P15.4 face
 - ❖ P13.4 fracture of the clavicle
- ❖ Quick access to birth trauma codes in ICD-10 Index - Birth, injury.

P10-	Intracranial laceration and hemorrhage due to birth injury
P11-	Other birth injuries to central nervous system
P12-	Birth injury to scalp
P13-	Birth injury to skeleton
P14-	Birth injury to peripheral nervous system
P15-	Other birth injuries

MATERNAL CONDITIONS AFFECTING THE FETUS OR NEWBORN P00-O04

- ❖ Codes from categories P00 through P04 are assigned only on the newborn's record and only when the maternal condition is the cause of morbidity or mortality in the newborn.
- ❖ Unless there is an adverse effect, no code from this series is assigned. The fact that the mother has a related medical condition or has experienced a complication of pregnancy, labor, or delivery does not warrant assignment of a code from these categories on the newborn's record.
 - ❖ A newborn is admitted following cesarean delivery and diagnosed with hypermagnesemia. The provider documents that the infant had developed hypermagnesemia due to the mother's treatment with magnesium sulfate for pregnancy-related eclampsia prior to delivery. Assign codes:
P74.4, Other transitory electrolyte disturbances of newborn , and
P04.1, Newborn (suspected to be) affected by other maternal medication.
*Code **Z38.01** is assigned as the principal diagnosis.
 - ❖ A newborn delivered of a mother addicted to cocaine shows no sign of dependence, but a drug screen is positive. In this case, code:
P04.41, Newborn (suspected to be) affected by maternal use of cocaine

ENDOCRINE AND METABOLIC DISTURBANCES SPECIFIC TO THE FETUS AND NEWBORN P70-P74

- ❖ ICD-10-CM classifies transitory endocrine and metabolic disorders specific to newborn to categories **P70** through **P74**. This code range includes transitory endocrine and metabolic disturbances caused by the infant's response to maternal endocrine and metabolic factors or its adjustment to the extrauterine environment.

Newborn hypoglycemia from mother with gestational diabetes:

P70.0 Syndrome of infant of mother with gestational diabetes

Newborn hypoglycemia from mother with (pre-existing) diabetes:

P70.1 Syndrome of infant of a diabetic mother

NEONATAL JAUNDICE P59-

- ❖ Newborn jaundice is when a baby has high levels of bilirubin in the blood. Bilirubin is a yellow substance that the body creates when it replaces old red blood cells. The liver helps break down the substance so it can be removed from the body in the stool. High levels of bilirubin makes your baby's skin and whites of the eyes look yellow.
- ❖ Most newborns have some yellowing of the skin, this is referred to as "physiological jaundice" which usually resolves within 2 weeks and does not require treatment.
- ❖ Infants with significant jaundice have extreme tiredness and poor feeding and may require treatment. Phototherapy is a treatment that uses special blue lights which help break down the bilirubin in the skin so it can be removed from the body.

P59.0 Neonatal jaundice associated with preterm delivery

P59.1 Inspissated bile syndrome

P59.20 Neonatal jaundice from unspecified hepatocellular damage

P59.29 Neonatal jaundice from other hepatocellular damage

P59.3 Neonatal jaundice from breast milk inhibitor

P59.8 Neonatal jaundice from other specified causes

P59.9 Neonatal jaundice, unspecified

INFANTILE COLIC R10.83

- ❖ A colicky baby is a healthy, well-fed baby who cries more than three hours a day, three days a week, for more than three weeks.
- ❖ The crying usually occurs at about the same time every day for no apparent reason and may be intense, with the baby having clenched fists and tensed abdominal muscles. The baby may be inconsolable.
- ❖ There is no known cause for colic. It may last from the first few weeks of birth through four months of age.

R10.83 Colic is assigned for infantile colic.

R10.84, Generalized abdominal pain, is assigned for colic in an adult or child more than 12 months old.

ROUTINE VACCINATION OF NEWBORNS

- ❖ Newborns are vaccinated shortly after birth against hepatitis B and varicella.
- ❖ When the need for vaccination is indicated during the newborn stay, code **Z23, Encounter for immunization**, may be assigned.
- ❖ If the newborn's vaccination is not administered because of parental refusal, assign code **Z28.82, Immunization not carried out because of caregiver refusal**.

HEALTH SUPERVISION OF INFANT OR CHILD

- ❖ A code from subcategory **Z00.1-**, Encounter for newborn, infant and child health examinations, is assigned for routine encounters of infants and children when no problem has been identified.
- ❖ Codes from subcategory **Z00.11-**, Newborn health examination, are assigned for a routine examination or health check for children under 29 days old.

Z00.1- Encounter for health examination	6th Character
Z00.11- Newborn health examination - child under 29 days old	0 under 8 days old 1 8 to 28 days old
Z00.12- Routine child health examination – child over 28 days old	1 with abnormal findings* 9 without abnormal findings

*** Use an additional code to identify any abnormal findings.**

Exercise 16.3

1. Newborn with scalp injury to due internal electrode (monitoring device) *code injury only
2. One week old infant admitted with neonatal withdrawal syndrome due to drug-dependent mother
3. Routine visit for healthy 14-day old infant

Exercise 16.3

1. Newborn with scalp injury to due internal electrode (monitoring device) *code injury only

P12.4

2. One week old infant admitted with neonatal withdrawal syndrome due to drug-dependent mother

P96.1

3. Routine visit for healthy 14-day old infant

Z00.111