Pregnancy

Codes for obstetrical diagnoses are found in Chapter 15 of ICD-10-CM (Pregnancy, Childbirth and the Puerperium). The puerperium—also known as the postpartum period—is the 6-week period following delivery, during which the woman’s uterus returns to its normal size.

**Coding Tips: Pregnancy**

- Assign a code from Chapter 15 unless the physician documents the pregnancy is incidental.
- Select the code that reflects the patient’s current trimester (or in childbirth or puerperium if applicable).
- Assign additional codes from other chapters as necessary to fully describe the patient’s condition.
- Assign a code from Z3A to indicate the weeks of pregnancy.

**Trimesters**

Pregnancy is divided into three trimesters. The trimesters are defined in terms of the patient’s gestational age, which is the number of days or weeks since the first day of the patient’s last menstrual period. The table below shows the gestational age range for each trimester. For example, a patient who is at 15 weeks gestational age is in her second trimester.

<table>
<thead>
<tr>
<th>Trimester</th>
<th>Gestational Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Less than 14 weeks 0 days</td>
</tr>
<tr>
<td>Second</td>
<td>14 weeks 0 days to less than 28 weeks 0 days</td>
</tr>
<tr>
<td>Third</td>
<td>28 weeks 0 days until delivery</td>
</tr>
</tbody>
</table>

Many OB conditions have separate ICD-10-CM codes for each trimester. Select the diagnosis code based on the patient’s trimester at the time of the encounter that is being coded, even if the condition began during an earlier trimester. For example, if the patient was diagnosed with HIV disease during her first trimester and is now in her second trimester, assign the code for HIV in second trimester (O98.712).

Not all OB conditions have separate codes for each trimester. For example, category O20 (Hemorrhage in early pregnancy) does not have codes for all 3 trimesters because this diagnosis only applies to patients who are at less than 20 weeks gestational age.

The ICD-10-CM guidelines (Section I.C.15.a.3) state that it is appropriate to use the physician’s documentation of either the trimester or the number of weeks when selecting a code for a pregnant patient. However, the Guidelines do not allow the trimester calculation to be based on other information, such as the due date.
Complications of Procedures and Devices

Codes for complications of medical and surgical care are found in multiple locations within ICD-10-CM. Complications that are specific to a body system are found in the body system chapter. For example, colostomy complications are found in the Digestive System chapter, and cesarean section complications are found in the Pregnancy chapter. Other complications are reported with codes from Chapter 19, categories T80-T88.

Coding Tips: Complications of Procedures and Devices

- Look up the name of the specific complication, such as “Infection,” or look under main term “Complication.”
- Apply a 7th character to indicate the encounter.
- Don’t assign a status code together with a complication code unless it provides additional information.

Differentiating Complications from Status and Aftercare

ICD-10-CM contains several types of codes for patients who have undergone medical and surgical procedures. It is important not to confuse these categories.

- **Status:** Status codes indicate that a patient has had a particular type of surgery but is not experiencing complications and is not being seen specifically for services related to that surgery. For example, a chest x-ray is performed due to pneumonia and the radiologist notes that the patient has a pacemaker in place. Code Z95.0 (Presence of cardiac pacemaker) is assigned as a secondary diagnosis for informational purposes. The status codes are indexed under main term “Status.”

- **Aftercare:** The aftercare codes indicate that the purpose of the encounter is to provide routine services related to the patient’s postsurgical state. However, the patient is not experiencing complications. For example, if a patient is referred for routine change of a percutaneous gastrostomy tube, assign code Z43.1 (Encounter for attention to gastrostomy). Most of the aftercare codes are indexed under main term “Aftercare” or “Attention (to).” (Note: Remember that aftercare of an injury is coded as a subsequent encounter for the injury; do not use aftercare codes for these encounters. See Section I.C.21.c.7 of the ICD-10-CM guidelines.)

- **Complications:** A complication is an unexpected and undesired result of a medical or surgical procedure that affects the patient’s health care. For example, if an imaging study is ordered because a patient’s colostomy is not functioning, report complication code K94.03 (Colostomy malfunction). These codes are indexed under “Complication” or under the name of the specific type of complication. Do not assign a status code together with a complication code unless the status code provides additional information that is not indicated by the complication code. (See the ICD-10-CM guidelines, Section I.C.21.c.3.)
Factors Influencing Health Status

Chapter 21 of ICD-10-CM (*Factors Influencing Health Status and Contact with Health Services*) contains codes beginning with the letter “Z.” The remaining sections of this *Navigator®* are devoted to these codes, which are widely used in radiology coding.

Some of the Chapter 21 codes were discussed earlier in this *Navigator®,* including the codes used for personal history of cancer (see page 44) and for obstetrical ultrasound (page 142). To locate guidelines for a specific type of Z code, see the index at the end of this volume.

**Coding Tips: Z Codes**
- Used to describe a specific purpose for receiving healthcare services, or a circumstance that affects the patient’s health status but is not a current illness or injury.
- Most Z codes can be either primary or secondary diagnoses.
- Key Index terms include Examination, History, Fitting, Status, Screening, etc.

**Purpose of Z Codes**
The ICD-10-CM manual states that Z codes are used in two situations:

a) When a person who may or may not be sick encounters the health services for some specific purpose, such as to receive limited care or service for a current condition, to donate an organ or tissue, to receive prophylactic vaccination (immunization), or to discuss a problem which is in itself not a disease or injury.

b) When some circumstance or problem is present which influences the person’s health status but is not in itself a current illness or injury.

**Types of Z Codes**
The ICD-10-CM guidelines (Section I.C.21.c) classify the Z codes into 15 different groups. The following pages briefly describe each group and give an example of a code that falls into that group. Please see the ICD-10-CM guidelines for a complete listing of the codes in each group.