Chapter 9

PREGNANCY, CHILDBIRTH, PUERPERIUM, CONDITIONS ORIGINATING IN THE PERINATAL PERIOD, AND CONGENITAL MALFORMATIONS

O00-Q99

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Learning Objectives

- Understand Coding Guidelines for Complications of Pregnancy, Childbirth, and the Puerperium.
- Understand Coding Guidelines for the Perinatal Period.
- Understand Coding Guidelines for Congenital Malformations, Deformations, and Chromosomal Abnormalities.
- Assign ICD-10-CM codes to the highest level of specificity.
- Successfully complete checkpoint exercises and “test your knowledge” exercises.

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Introduction

- Chapter 15 in the Tabular List includes the following sections:
  - Pregnancy with abortive outcome (O00-O08).
  - Supervision of high risk pregnancy (O09).
  - Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium (O10-O16).
  - Other maternal disorders predominately related to pregnancy (O20-O29).
  - Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48).

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Introduction

  - Complications of labor and delivery (O60-O77).
  - Encounter for delivery (O80-O82).
  - Complications predominately related to the puerperium (O85-O92).
  - Other obstetric conditions, not classified elsewhere (O94-O9A).
- Chapter 15 includes codes for obstetric (OB) patients.
  - All procedures resulting from conditions located in Chapter 15 are indicated with a procedure code.

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Introduction

- The first OB code assigned should be based on the reason for the patient encounter.
- The first assigned diagnosis should be the reason for the encounter.
- For patient encounters where no delivery occurs, the most significant complication of pregnancy should be sequenced first, if more than one complication occurs.
- When delivery occurs, the principal/first-listed diagnosis should correspond to the main complication or circumstance of delivery.

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Introduction

- When Cesarean delivery occurs, the principal/first-listed diagnosis should correspond to the reason the Cesarean delivery was performed unless the reason is unrelated to the condition resulting in the Cesarean delivery.
- The majority of the codes beginning with category O09 identify a final character indicating the trimester of pregnancy.

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Introduction

- Chapter 15 includes codes for obstetric (OB) patients.
  - Timeframe of trimester is provided at the beginning of this chapter.
  - Trimesters are counted from the first day of the last menstrual period.
  - Trimesters 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.

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- Codes for unspecified trimester should never be reported unless it is impossible to determine the trimester from the medical record documentation in the medical record.
  - The provider's documentation in the medical record based on the number of weeks documented should be used in assigning the appropriate trimester of the pregnancy.
- Review the Official ICD-10-CM Guidelines for Coding and Reporting in Chapter 15.
- General Rules for Obstetric Cases --review Table 9.1.

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Pregnancy Incidental

- Obstetric cases require codes from Chapter 15, Pregnancy, Childbirth, and the Puerperium (code range O00-O9A).
- Should the physician document that the pregnancy is incidental to the encounter, then code Z33.1 (pregnancy, incidental state) should be used in place of any Chapter 15 codes.
- The physician should document in the medical record that the condition being treated is not affecting the pregnancy.

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Normal Pregnancy

- Normal pregnancy is coded in Chapter 21 (Factors Influencing Health Status and Contact with Health Services) category Z34, encounter for supervision of normal pregnancy.
- A code from this category is selected for routine OB care based on trimester and whether the patient's pregnancy is the first or subsequent pregnancy.

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Pregnancy with Abortive Outcome

- An ectopic pregnancy is any pregnancy arising from implantation of the ovum outside the cavity of the uterus.
- About 98% of ectopic pregnancies are tubal.
- Other sites of ectopic implantation are the peritoneum or abdominal viscera, the ovary, and the cervix.
- Peritonitis, salpingitis, abdominal surgery, and pelvic tumors may predispose to abnormally situated pregnancy.

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Pregnancy with Abortive Outcome

- Symptoms include amenorrhea; tenderness, soreness, and pain on the affected side; and pallor, weak pulse, and signs of shock or hemorrhage.
- Hydatidiform mole is a rare condition that is similar to an abortion, except that the placenta undergoes degenerative cystic, edematous changes that make it resemble a bunch of grapes.
- It is thought to be caused by abnormal postfertilization replication of spermatozoal chromosomes.

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Pregnancy with Abortive Outcome

- Ectopic and abnormal products of conception are classified from O00-O08, which include the following subclassifications:
  - Hydatidiform mole O01-
  - Other abnormal products of conception O02-
  - Spontaneous abortion O03-
  - Complications following (induced) termination of pregnancy O04-
  - Failed attempted termination of pregnancy O07-
  - Complications following ectopic and molar pregnancy O08-
  - Supervision of high-risk pregnancy O09-

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Abortion

- An abortion is the interruption or termination of pregnancy before the fetus is considered viable. The different types of abortion include:
  - Spontaneous abortion (also called miscarriage): abortion occurring without apparent cause.
  - Complete: an abortion in which the complete products of conception have been expelled.
  - Incomplete: an abortion in which part of the products of conception has been retained in the uterus.

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Abortion

- Missed: an abortion in which the fetus has died before completion of the 20th week of gestation, but the products of conception are retained in the uterus for 8 weeks or longer.
- Elective abortion: voluntary termination of a pregnancy for other than medical reasons.
- Therapeutic abortion: abortion performed when the pregnancy endangers the mother’s mental or physical health or when the fetus has a known condition incompatible with life.

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Abortion

- The ICD-10-CM guidelines direct the user to select a code from category O03, or O07 for subsequent encounters for retained products of conception following a spontaneous abortion.
- If the patient attempts to terminate the pregnancy and it results in a liveborn fetus, a code from category O60.1 is assigned.
- A code from category Z37 is assigned for a patient with preterm labor and delivery. A failed attempt to terminate the pregnancy is coded as Z33.2 (elective termination of pregnancy) if there are no complications.

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Supervision of High-Risk Pregnancy (O09)

- Codes in this category are to be used for prenatal care for patients with high-risk pregnancies An example of a patient at high risk is one who is under sixteen years of age.
- If a trimester character is not provided for a specific code in the category, it is because the condition always occurs in a specific trimester, or the trimester is not applicable, such as postpartum care.

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Complications Mainly Related to Pregnancy (O10-O29)

- This section includes the following conditions:
  - Hemorrhage in early pregnancy.
  - Pre-existing hypertension.
  - Pre-eclampsia.
  - Eclampsia.
  - Antepartum hemorrhage.
  - Abruptio placentae.
  - Placenta previa.
  - Excessive vomiting in pregnancy.

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Complications Mainly Related to Pregnancy (O10-O29)

- Early or threatened labor.
- Prolonged pregnancy.
- Gestational diabetes.
- Pre-existing diabetes mellitus.
- Infections in the genitourinary tract during pregnancy.
- Gestational edema.
- Venous complications in pregnancy.

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Complications Mainly Related to Pregnancy (O10-O29)

- Many of the code categories include a note to use additional code(s) to identify the condition.
- When referencing the Alphabetic Index, “pregnancy” should be referenced as the main term, followed by “complicated by.”

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Coding for Multiple Gestations (O30)

- Codes for multiple gestations are coded using category O30-
- A sixth character is added to codes for multiple gestations indicating which trimester is affected by a particular condition or code.

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Coding for Multiple Gestations (O30)

- One of the following 7th characters is to be assigned to each code under category O31. 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 O30, Multiple gestation, must also be assigned when assigning a code from category O31 that has a 7th character of 1 through 9. Review the character extensions for categories O30 and O31:

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Coding for Multiple Gestations (O30)

- 0 not applicable or unspecified.
- 1 fetus 1.
- 2 fetus 2.
- 3 fetus 3.
- 4 fetus 4.
- 5 fetus.
- 9 other fetus.

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Encounter for Delivery (O80-O82)

- Code O80 is for use in cases when a woman is admitted for a full-term normal delivery and delivers a single, healthy infant without any complications antepartum, during the delivery, or postpartum during the delivery episode.
- This code is never used alone and must be accompanied by a delivery code.
- The first-listed diagnosis code should coincide with the primary complication of the pregnancy if one exists.

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Encounter for Delivery (O80-O82)

- If more than one complication exists, all should be listed and any of the complications can be sequenced first.
- Code O80 is used only when the following is documented:
  - A full-term, single, liveborn infant is delivered.
  - There are no antepartum or postpartum complications.
  - The presentation is cephalic, requiring minimal assistance, without fetal manipulation or the use of instrumentation.

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Encounter for Delivery (O80-O82)

  - An episiotomy can be performed.
- A normal delivery includes the following:
  - Spontaneous onset of labor.
  - Cephalic (head-first) vaginal delivery.
  - Single, liveborn infant between 38-42 completed weeks of gestation.
  - No mention of fetal manipulation or intrumentation.
  - Labor less than 20 hours.

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Outcome of Delivery (Z37)

- When coding the outcome of the delivery, code from category Z37, which provides information when a patient delivers in the hospital. If the patient delivers elsewhere, you do not use a code from category Z37. This category is intended to be used as an additional code to identify the outcome of delivery for the mother's record. It is not reported on the newborn record.
- Review the following for outcome of delivery in ICD-10-CM:
  - Z37.0 Single live birth.

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Outcome of Delivery (Z37)

- 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.
  - Z37.51 Triplets, all liveborn.
  - Z37.52 Quadruplets, all liveborn.
  - Z37.53 Quintuplets, all liveborn.
  - Z37.54 Sextuplets, all liveborn.
  - Z37.59 Other multiple births, all liveborn.

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Outcome of Delivery (Z37)

- Z37.6 Other multiple births, some liveborn
  - Z37.60 Multiple births, unspecified, some liveborn.
  - Z37.61 Triplets, some liveborn.
  - Z37.62 Quadruplets, some liveborn.
  - Z37.63 Quintuplets, some liveborn.
  - Z37.64 Sextuplets, some liveborn.
  - Z37.69 Other multiple births, some liveborn.
- Z37.7 Other multiple births, all stillborn.
- Z37.9 Outcome of delivery, unspecified.

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Coding Tip

- Outcome of delivery codes Z37- is not reported on the infant's record, but reported only on the mother's record.

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Complications of Labor and Delivery (O60-O77)

- This section includes codes for:
  - Preterm labor.
  - Failed induction of labor.
  - Abnormalities of forces of labor.
  - Obstructed labor.
  - Long labor.
  - Trauma to perineum and vulva during delivery.
  - Postpartum hemorrhage.
  - Retained placenta or membranes, without hemorrhage.
  - Complications of the administration of anesthetic or other sedation in labor and delivery.

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HIV in Pregnancy

- HIV in a pregnant patient is reported with first listed diagnosis of 098.7- (HIV disease complicating pregnancy, childbirth and the puerperium).
- The secondary diagnosis B20 should be reported as the secondary diagnosis and a diagnosis for the related HIV disease.
- A patient who is HIV positive without any HIV-related system is coded O98.7-, along with Z21 for the asymptomatic HIV infection status.
- Codes from Chapter 15 always take sequencing priority.

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Certain Conditions Originating in the Newborn (perinatal period) (P00-P96)

- Conditions originating in the perinatal period are located in Chapter 16 and include the following categories:
  - Newborn affected by maternal factors and by complications of pregnancy, labor and delivery (P00-P04).
  - Disorders 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).

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Certain Conditions Originating in the Newborn (perinatal period) (P00-P96)

- 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).

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Certain Conditions Originating in the Newborn (perinatal period) (P00-P96)

- The perinatal period covers birth through the 28th day.
- Any clinically significant condition noted on the newborn examination is coded, with the most serious requiring the most care reported first.
- A condition is considered clinically significant if it requires:
  - Clinical evaluation.
  - Therapeutic treatment.
  - Diagnostic procedure.
  - Extended length of hospital stay.
  - Increased nursing care or monitoring.
  - Implications for future health care needs.

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Newborn Affected by Maternal Factors and by Complications of Pregnancy, Labor, and Delivery (P00-P04)

- When a newborn is suspected to have a problem due to the condition of the mother, categories P00-P04 is reported.
- Newborns affected by maternal factors and complication of pregnancy, labor, and delivery are used for these encounters.
- If tests or treatment are performed, codes in this category are used.
- In addition if the problem is confirmed, a code for the condition is reported, followed by a code from P00-P04.

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Coding Tips

- 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.
- Codes from the perinatal chapter should not be assigned unless the provider has established a definitive diagnosis.

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Disorders of Newborn Related to Length of Gestation and Fetal Growth (P05-P08)

- Low birth weight is any newborn weighing less than 2,500 grams or 5 pounds, 8 ounces.
- Low birth weight can contribute to increased risk for health problems throughout life. Many of these newborns require specialized care in a NICU (newborn intensive care unit).
- Some problems that are relative to low birth weight include:
  - Intraventricular hemorrhage (IVH).
  - Respiratory distress syndrome (RDS).

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Disorders of Newborn Related to Length of Gestation and Fetal Growth (P05-P08)

- Patent ductus arteriosus (PDA).
- Necrotizing enterocolitis (NEC).
- Retinopathy of prematurity (ROP).

- The two main reason a newborn might be born with low birth weight include premature birth and fetal growth restriction.
- In a premature birth the baby is born before 37 weeks of pregnancy is completed.
- A newborn with fetal growth restriction is born at full term but is small for gestation age and underweight.

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Disorders of Newborn Related to Length of Gestation and Fetal Growth (P05-P08)

- These babies are typically healthy even though they are small.
- Babies that are both premature and growth restricted are at a higher risk for health problems throughout their lives.
- Codes from category P05-P08, Disorders of newborn related to short gestation and low birth weight, 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:
  - P05.0 Newborn light for gestational age.

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Disorders of Newborn Related to Length of Gestation and Fetal Growth (P05-P08)

- P05.1Newborn small for gestational age.
- P07.0 Extremely low birth weigh newborn.
- P07.1 Other low birth weight newborn.
- P07.2 Extreme immaturity of newborn.
- P07.3 Other preterm newborn.
- P08 Disorders of newborn related to long gestation and high birth weight.
- Z79.71 Low birth weight and immaturity status.

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Infections Specific to the Perinatal Period (P35-P39)

- Categories P35-P39 are used to report infections specific to the perinatal period.
- According to the Tabular List, when coding for infections specific to the perinatal period, the infections must be acquired before or during the birth, via the umbilicus or 28 days after birth.

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Infections Specific to the Perinatal Period (P35-P39)

- Conditions excluded from these categories are congenital pneumonia, congenital syphilis, maternal infectious disease as a cause of mortality or morbidity in fetus or newborn, but fetus or newborn not manifesting the disease, ophthalmia neonatorum due to gonococcus, and other infections not specifically classified in these categories.

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Liveborn status (Z38)

- When coding the birth of an infant, assign a code from category Z38, according to the type of birth.
- A code from this series is assigned as a principal diagnosis, and is assigned only once to a newborn at the time of birth.
- This is never reported on the mother's record, but on the newborn's initial birth record.

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Liveborn status (Z38)

- Review category Z38 for reporting the type of birth:
  - Z38.0 Single liveborn infant, born in hospital.
    - Z38.00 Single liveborn infant, delivered vaginally.
    - Z38.01 Single liveborn infant, delivered by Cesarean.
  - Z38.1 Single liveborn infant, born outside hospital.
  - Z38.2 Single liveborn infant, unspecified as to place of birth.
  - Z38.3 Twin liveborn infant, born in hospital.
    - Z38.30 Twin liveborn infant, delivered vaginally.
    - Z38.31 Twin liveborn infant, delivered by Cesarean.

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Liveborn status (Z38)

- Z38.4 Twin liveborn infant, born outside hospital.
- Z38.5 Twin liveborn infant, unspecified place of birth.
- Z38.6 Other multiple liveborn infant, born in hospital.
  - Z38.61 Triplet liveborn infant, delivered vaginally.
  - Z38.62 Triplet liveborn infant, delivered by Cesarean.
  - Z38.63 Quadruplet liveborn infant, delivered vaginally.
  - Z38.64 Quadruplet liveborn infant, delivered by Cesarean.
  - Z38.65 Quintuplet liveborn infant, delivered vaginally.

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Liveborn status (Z38)

- Z38.65 Quintuplet liveborn infant, delivered vaginally.
- Z38.66 Quintuplet liveborn infant, delivered by Cesarean.
- Z38.68 Other multiple liveborn infant, delivered vaginally.
- Z38.69 Other multiple liveborn infant, delivered by Cesarean.

– Z38.7 Other multiple liveborn infant, born outside hospital.

– Z38.8 Other multiple liveborn infant, unspecified place of birth.

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Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00-Q99)

- Chapter 17 includes the following categories:
  - Congenital malformations of the nervous system (Q00–Q07).
  - Congenital malformations of the eye, ear, face, and neck (Q10–Q18).
  - Congenital malformations of the circulatory system (Q20–Q28).
  - Congenital malformations of the respiratory system (Q30–Q34).

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Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00-Q99)

- Cleft lip and cleft palate (Q35–Q37).
- Other congenital malformations of the digestive system (Q38–Q45).
- Congenital malformations of the genital organs (Q50–Q56).
- Congenital malformations of the urinary system (Q60–Q64).
- Congenital malformations and deformations of the musculoskeletal system (Q65–Q79).

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Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00-Q99)

  - Other congenital malformations (Q80–Q89).
  - Chromosomal abnormalities, not elsewhere classified (Q90–Q99).
- Chapter 17 of the Tabular List describes congenital anomalies and is not subdivided in code sections like some other chapters.
- An anomaly is an abnormality of a structure or organ.
- The term congenital refers to an abnormality with which a person is born.

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Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00-Q99)

- Examples of congenital anomalies:
  - Spina bifida, the failure of the spinal column to close during fetal development.
  - Absence of a body structure such as an eye, ear lobe, blood vessel, lung, etc.
  - Cleft palate, a congenital fissure in the roof of the mouth forming a communicating passageway between mouth and nasal cavities.
  - Polydactyly, the condition of having more than the usual number of fingers and toes.

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Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00-Q99)

- Congenital anomalies or syndromes may occur as a set of symptoms or multiple malformations.
  - If there is no code for a syndrome, for every manifestation of that syndrome a code should be reported from any chapter in the classification.
  - If there is a specific code to identify the congenital anomaly or syndrome, additional codes may be assigned to identify manifestations not included in the code for the syndrome.

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Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00-Q99)

- Review the Official ICD-10-CM Guidelines for Coding in this classification (Q00-Q99):

1. Assign an appropriate code(s) from categories Q00-Q99, Congenital malformations, deformations, and chromosomal abnormalities when a malformation/ deformation or chromosomal abnormality is documented. A malformation/deformation/or chromosomal abnormality may be the principal/first listed diagnosis on a record, or a secondary diagnosis.

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Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00-Q99)

2. When a malformation/deformation/or chromosomal abnormality does not have a unique code assignment, assign additional code(s) for any manifestations that may be present.
3. When the code assignment specifically identifies the malformation/deformation/or chromosomal abnormality, manifestations that are an inherent component of the anomaly should not be coded separately. Additional codes should be assigned for manifestations that are not an inherent component.

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Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00-Q99)

4. Codes from Chapter 17 may be used throughout the life of the patient. If a congenital malformation or deformity has been corrected, a personal history code should be used to identify the history of the malformation or deformity. Although present at birth, malformation/ deformation/or chromosomal abnormality may not be identified until later in life. Whenever the condition is diagnosed by the physician, it is appropriate to assign a code from codes Q00-Q99.

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Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00-Q99)

5. For the birth admission, the appropriate code from category Z38, Liveborn infants, according to place of birth and type of delivery, should be sequenced as the principal diagnosis, followed by any congenital anomaly codes, Q00- Q99.

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Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00-Q99)

- Some anomalies are detected at birth (like spina bifida or cleft palate), while other anomalies are detected many years later (such as absence of an ovary).
- Congenital anomalies may occur as a set of symptoms or multiple malformations.
- A code should be assigned for each presenting manifestation of the syndrome if the syndrome is not specifically indexed in ICD-10-CM.

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