CODEX

CODING DECODED

Chapter 15: Pregnancy, Childbirth, and the Puerperium (O00–O9A)

Quick-Reference Student Guide

Chapter 15: Pregnancy, Childbirth, and the Puerperium (O00–O9A)

a. General Rules for Obstetric Cases

Sequencing Priority

- Obstetric cases use codes from Chapter 15 (O00–O9A).
- **Chapter 15 codes always have sequencing priority** over codes from every other chapter; other-chapter codes may be added to further specify conditions.

Key rule: If the provider documents the pregnancy is incidental to the encounter, use Z33.1 instead of any Chapter 15 code — the provider must state the condition is not affecting the pregnancy.

Maternal Record Only

- Chapter 15 codes are used ONLY on the maternal record — never on the newborn's record.

Trimester (Final Character)

- Assign based on the provider's documentation of trimester (or weeks) at the CURRENT admission/encounter — applies to pre-existing conditions and pregnancy-caused ones alike.
- Delivery occurs this admission and an "in childbirth" option exists → use it.
- No "in childbirth" option available → code the current trimester instead.

Admission Spanning More Than One Trimester

- **Antepartum complication:** code the trimester when the complication DEVELOPED, not the trimester at discharge.
- **Pre-existing condition:** code the trimester at the time of admission.

Unspecified Trimester & Fetus Identification

- Unspecified trimester should rarely be used — only when documentation is insufficient and clarification isn't possible.
- 7th character for fetus ID applies to O31, O32, O33.3–O33.6, O35, O36, O40, O41, O60.1, O60.2, O84, O69.
- **Assign "0":** for single gestations, or when the affected fetus can't be determined from documentation/clarification, or can't be clinically determined.

Completed Weeks of Gestation

- "Completed" means full weeks only — 39 weeks 6 days is still coded as 39 weeks (not yet 40 completed).

b. Selection of OB Principal or First-Listed Diagnosis

- **Routine prenatal visit, no complications:** Z34 as first-listed — never with a Chapter 15 code.
- **High-risk pregnancy (O09):** prenatal period only. Labor/delivery complications → Chapter 15 complication codes. No complications → O80.
- **No delivery occurs:** principal dx = the complication that necessitated the encounter; if more than one, any may be sequenced first.
- **Delivery occurs:** principal dx = the condition that prompted admission (the one most related to delivery, if several). Delivery complications = additional codes.
- **Cesarean delivery:** code the condition that led to the cesarean — unless the reason for admission was unrelated, in which case code that instead.

Key rule: A code from category Z37 (Outcome of Delivery) belongs on every maternal record when a delivery occurs — never on subsequent records or the newborn record.

c. Pre-existing vs. Pregnancy-Related Conditions

- Some categories distinguish pre-existing conditions from those caused by pregnancy — assess carefully to pick the right code.
- Categories without that distinction may be used for either.
- Puerperium-specific codes may be combined with pregnancy/childbirth codes if a condition arises postpartum during the delivery encounter.

d. Pre-existing Hypertension in Pregnancy

- Category O10 covers pre-existing hypertension complicating pregnancy/childbirth/puerperium, including hypertensive heart disease and hypertensive CKD.
- **Add a secondary code** from the appropriate hypertension category to specify the type of heart failure or stage of CKD.

Cross-reference: See Section I.C.9, Hypertension.

e. Fetal Conditions Affecting Management of the Mother

- **O35 / O36:** assign only when the fetal condition actually changes maternal management — diagnostic studies, extra observation, special care, or termination.
- The fetal condition simply existing does NOT justify assigning these codes.

In Utero Surgery

- Assign O35 for the fetal condition plus the appropriate procedure code for the surgery performed.
- Never use a Chapter 16 (perinatal) code on the mother's record — in-utero fetal surgery is still coded as an obstetric encounter.

f. HIV Infection in Pregnancy, Childbirth, and the Puerperium

- **Admitted for an HIV-related illness:** principal dx = O98.7-, followed by code(s) for the HIV-related illness(es).
- **Asymptomatic HIV status:** O98.7- + Z21 (asymptomatic HIV infection status).

g. Diabetes Mellitus in Pregnancy

- Code O24 (diabetes in pregnancy/childbirth/puerperium) FIRST, followed by the appropriate diabetes code (E08–E13) from Chapter 4.

Cross-reference: See Section I.C.4.a.3 for long-term use of insulin and oral hypoglycemics.

i. Gestational (Pregnancy-Induced) Diabetes

- Codes fall under subcategory O24.4 only — no other O24 code should be used with an O24.4 code.
- **Diet + insulin:** code insulin-controlled only.
- **Diet + oral hypoglycemic:** code oral-hypoglycemic-controlled only.
- Do NOT assign Z79.4, Z79.84, or Z79.85 alongside an O24.4 code.
- **Abnormal glucose tolerance** (not diabetes) → O99.81.

j. Sepsis and Septic Shock Complicating Abortion, Pregnancy, Childbirth, and the Puerperium

- Add a code for the specific type of infection as an additional diagnosis.
- **Severe sepsis present:** also add R65.2- plus code(s) for the associated organ dysfunction(s).

k. Puerperal Sepsis

- O85 + a secondary code identifying the causal organism (e.g., B95–B96 for a bacterial infection).
- Do NOT use A40 (streptococcal sepsis) or A41 (other sepsis) for puerperal sepsis.
- Add R65.2- and organ dysfunction codes if applicable.

Exception: O85 is not assigned for sepsis following an obstetric procedure — see Section I.C.1.d.5.b instead.

l. Alcohol, Tobacco, and Drug Use During Pregnancy, Childbirth, and the Puerperium

Substance	Primary Code	Add Secondary Code For
Alcohol	O99.31	F10 — alcohol-related disorders
Tobacco	O99.33	F17 — nicotine dependence
Drugs (illegal or Rx misuse)	O99.32	F11–F16, F18–F19 — manifestations

m. Poisoning, Toxic Effects, Adverse Effects, and Underdosing in a Pregnant Patient

- Sequence O9A.2 FIRST, then the appropriate injury/poisoning/toxic-effect/adverse-effect/underdosing code, then the code(s) specifying the condition caused.

Cross-reference: See Section I.C.19, Adverse effects, poisoning, underdosing and toxic effects.

n. Normal Delivery — Code O80

- Assign for a full-term, single, healthy infant delivered with NO complications ante-, intra-, or postpartum during the delivery episode.
- **O80 is always the principal diagnosis** — never used if any other Chapter 15 code is needed for a current complication.
- Codes from other chapters may still be added if unrelated to or not complicating the pregnancy.
- A complication earlier in the pregnancy that resolved before admission for delivery does not rule out O80.

Key rule: Z37.0 (Single live birth) is the ONLY outcome-of-delivery code appropriate for use with O80.

o. The Peripartum and Postpartum Periods

- **Postpartum period:** immediately after delivery through 6 weeks following delivery.
- **Peripartum period:** last month of pregnancy through 5 months postpartum.
- A postpartum complication is any complication occurring within that six-week window.

- Chapter 15 codes may still be used beyond the peripartum/postpartum period if the provider documents the condition is pregnancy-related.
- **Delivered outside the hospital,** admitted for routine postpartum care with no complications → Z39.0 as principal dx.

Pregnancy-Associated (Peripartum) Cardiomyopathy

- O90.3 may be diagnosed in the third trimester but can progress for months after delivery.
- Use only when the cardiomyopathy develops as a result of pregnancy in a patient with no pre-existing heart disease.

p. Code O94 — Sequelae of Complication of Pregnancy, Childbirth, and the Puerperium

- Used when an initial pregnancy complication develops a sequela requiring care or treatment at a future date.
- May be assigned at any time after the initial postpartum period.
- Sequence AFTER the code describing the sequela itself, like all sequela codes.

q. Termination of Pregnancy and Spontaneous Abortion

- **Attempted termination resulting in a liveborn fetus:** Z33.2 + a code from category Z37 (Outcome of Delivery).
- **Retained products of conception,** subsequent encounter, no complication: O03.4 (incomplete spontaneous abortion) or O07.4 (failed termination) — even if previously discharged with a diagnosis of "complete abortion."
- A specific complication present alongside retained products → code the complication (O03-, O04-, O07-) instead of O03.4/O07.4.
- Chapter 15 codes may be added to O04, O07, O08 to identify documented pregnancy complications.

Key rule: Hemorrhage after an elective abortion → O04.6. Do not assign O72.1 (postpartum hemorrhage) — it excludes post-abortion conditions.

r. Abuse in a Pregnant Patient

- Sequence FIRST: O9A.3 (physical abuse), O9A.4 (sexual abuse), or O9A.5 (psychological abuse) complicating pregnancy/childbirth/puerperium.
- Then add codes for any associated current injury and the perpetrator of abuse, if applicable.

Cross-reference: See Section I.C.19, Adult and child abuse, neglect and other maltreatment.

s. COVID-19 Infection in Pregnancy, Childbirth, and the Puerperium

- **COVID-19 is the reason for admission:** sequence O98.5- as principal/first-listed, then U07.1 and codes for associated manifestations as additional diagnoses.
- Chapter 15 codes always take sequencing priority.
- **Admission unrelated to COVID-19,** but diagnosed during the stay: sequence the actual reason for admission first, then O98.5-, U07.1, and manifestation codes as additional diagnoses.