CODEX

CODING DECODED

Chapter 16: Certain Conditions Originating in the Perinatal Period (P00–P96)

Quick-Reference Student Guide

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Chapter 16: Certain Conditions Originating in the Perinatal Period (P00–P96)

Definition: For coding/reporting purposes, the perinatal period runs from before birth through the 28th day following birth.

a. General Perinatal Rules

Use of Chapter 16 Codes

- Never used on the maternal record; Chapter 15 (obstetric) codes are never used on the newborn record.
- May be used throughout the patient's life if the condition is still present.

Principal Diagnosis for the Birth Record

- **Z38** (Liveborn infants, by place of birth and type of delivery) is the principal diagnosis for the birth episode.
- Assigned only ONCE, at birth — a transferring newborn does NOT get a new Z38 at the receiving hospital.
- Z38 is used only on the newborn record, never the mother's.

Codes from Other Chapters with Chapter 16

- Other-chapter codes may be added for more specific detail; sign/symptom codes are fine when no definitive diagnosis exists yet.
- If the reason for the encounter is a perinatal condition, sequence the Chapter 16 code FIRST.

Chapter 16 Codes After the Perinatal Period

- If a condition originates in the perinatal period and continues throughout life, keep using the perinatal code — regardless of the patient's current age.

Birth Process vs. Community-Acquired

- Documentation doesn't specify which → default to BIRTH PROCESS and use the Chapter 16 code.
- Clearly community-acquired → do NOT assign a Chapter 16 code.

Cross-reference: For COVID-19 in a newborn, see guideline I.C.16.h below.

Code All Clinically Significant Conditions

- Code any condition noted on routine newborn exam that requires: clinical evaluation, therapeutic treatment, diagnostic procedures, extended length of stay, increased nursing care/monitoring, OR has implications for future health care needs.

Note: Matches the general "additional diagnoses" guidelines, plus the future-health-care-needs criterion — only code for that reason when the provider specifically documents it.

b. Observation and Evaluation of Newborns for Suspected Conditions Not Found

Use of Z05 Codes

- Assign Z05 for a healthy newborn evaluated for a suspected condition that, after study, is NOT present.
- Do NOT use Z05 if signs or symptoms of the suspected problem are documented — code the sign/symptom instead.

Z05 on Other Than the Birth Record

- May be principal/first-listed for readmissions or encounters once the Z38 code no longer applies.
- For use only with healthy newborns/infants where no condition is found after study.

Z05 on a Birth Record

- Used as a SECONDARY code, following the Z38 code.

c. Coding Additional Perinatal Diagnoses

- Code conditions that require treatment or further investigation, prolong the length of stay, or use hospital resources.
- Code conditions the provider specifies as having implications for future health care needs.

Note: This guideline does not apply to adult patients.

d. Prematurity and Fetal Growth Retardation

- Do NOT assign a prematurity code unless it is documented — providers use different criteria.
- **P05** (slow fetal growth/malnutrition) and **P07** (short gestation/low birth weight) are based on the RECORDED birth weight and ESTIMATED gestational age.

Key rule: When both birth weight and gestational age are available, assign TWO P07 codes — birth weight sequenced BEFORE gestational age.

e. Low Birth Weight and Immaturity Status

- P07 codes also apply to a child or adult who was premature/low birth weight as a newborn, when it is affecting the patient's CURRENT health status.

Cross-reference: See Section I.C.21, Factors influencing health status and contact with health services — Status.

f. Bacterial Sepsis of Newborn

- Category P36 includes congenital sepsis.
- Documentation doesn't specify congenital vs. community-acquired → default to CONGENITAL and assign a P36 code.
- P36 code already identifies the causal organism → do NOT also assign B95/B96.
- P36 code does NOT include the causal organism → add a code from B96.

Also add: R65.2- and any associated acute organ dysfunction code(s), if severe sepsis applies.

g. Stillbirth

- P95 is only for use at institutions that maintain separate records for stillbirths.
- No other code should be used with P95.
- Never used on the mother's record.

h. COVID-19 Infection in Newborn

- **Positive test, transmission type not documented:** assign U07.1 + codes for associated manifestations in the neonate/newborn.

- **Positive test, provider documents in-utero or birth-process transmission:** assign P35.8 (other congenital viral diseases) + U07.1.
- For the birth episode, the appropriate Z38 code is still sequenced as the principal diagnosis.