



Case Study – Pregnancy and Pregnancy Related Conditions Answer Sheet

Please list all possible conditions/diseases and procedures, if any, found in the medical record. For each condition/disease, identify the type of treatment/evaluation (e.g., drug, diagnostic study, etc.). For every applicable diagnosis code please assign the POA indicator. For each procedure, list the indication(s) for the procedure. Assign ICD-10-CM codes for all treated/evaluated conditions/diseases and ICD-10-PCS for all documented procedures.

Condition/Disease	Type of Treatment/Evaluation	ICD-10 Code/POA
1. Postpartum anemia	Iron sulfate	O90.81 – N
2. 1st degree laceration	SVD	O70.0 – N
3. Obesity-pregnancy	High risk	O99.214 – Y, [E66.9] – Y
4. Tobacco (smoking) dependence-pregnancy	High risk	O99.334 – Y, F17.210 – Y
5. Single liveborn	Outcome of delivery	Z37.0 – Exempt
6. 39 weeks gestation	H & P	Z3A.39 – Exempt
7. Suicide attempt at 13 yrs	H & P	Z91.5 -- Exempt
8. Administration of MMR vaccine	MAR	Z23 – Exempt
9.		
10.		
11.		
12.		
13.		
14.		

15.		
Procedures	Indication(s)	ICD-10-PCS Code
1. SVD	Pregnancy	10E0XZZ
2. Artificial rupture of membranes	Pregnancy	10907ZC
3. MMR vaccination	Pregnancy	3E0134Z
4. External fetal monitoring	Pregnancy	4A1HXCZ

Principal Diagnosis

O99.214

Principal Procedure (if performed)

10E0XZZ

MS-DRG

775

Possible Physician Queries?

Query for agalactia (O92.3-) based off the statement in the discharge summary that she had “no milk” and was instructed to use supplemental formula.

The history and physical briefly mention possible mental retardation however the condition was not further evaluated and/or confirmed as a definitive diagnosis. This condition was not documented on the discharge summary (O99.344, F79).

The addition of these codes would not impact DRG assignment because they are not classified as complicating diagnoses to cause a shift to MS-DRG 774.

Rationale:

Per the *Official Guidelines*, if a condition represents a pre-existing condition, the trimester character should be assigned based off the trimester at the time of admission/encounter. When delivery occurs during the current admission and there is a “in childbirth” option, this option should be assigned versus the trimester code option.

Per the *Official Guidelines*, the category O09- codes can only be used during the prenatal period. During the admission where labor and delivery occurs, other complication codes would be

assigned from Chapter 15 or possibly an uncomplicated normal delivery where code O80 would be appropriate.

Per the *Official Guidelines*, Z23 may be used as an additional code if an inoculation is given as a part of routine preventive health care. The instructional note at Z23 identifies a separate procedure code is required to identify the vaccine.

Procedure code 10H073Z could also arguably be assigned for this admission. Per the notes on 1/23, the fetal scalp monitoring electrode was placed but was not functioning therefore was switched to external fetal monitoring.

The additional code E66.9 is not required since it adds no additional information. Facilities may develop their own internal policies regarding unspecified codes. <AHA, Coding Clinic Q3, 2021>