ICD-10 challenges in the neonatal world

by Karen Bridgeman, MSN, RN, CCDS

ICD-10-CM/PCS brought some new challenges in coding neonatal records. The term “newborn” has replaced the term “fetus or newborn” in the ICD-10-CM code set. This change ensures that these codes will only be used on the neonate’s records.

Gestational age is only captured in the preterm (36 weeks or less) or the post-term neonate (40–42 weeks). The mapping of gestational age uses the keywords “preterm,” “prematurity,” or “post-term” as the term “gestational” is no longer recognized.

The encoder mapping has changed in ICD-10-CM/PCS, which has made locating the appropriate neonatal codes problematic. Many CDI specialists depend on their encoder, which may not lead down the appropriate pathway for code assignment. Therefore, CDI specialists should develop their knowledge of the ICD-10-CM code set and use the Tabular List of Diseases to ensure accurate code assignment.

Some congenital abnormalities have been further specified in ICD-10-CM, which assists in capturing the appropriate code. Propionic acidemia, an inherited metabolic disorder, was difficult to capture in ICD-9-CM, as it mapped incorrectly to acidosis as opposed to a disorder of inborn errors of metabolism. ICD-10-CM maps to the correct code assignment of E71.121, propionic acidemia.

Chapter 16, Certain Conditions Originating in the Perinatal Period, brought some new codes into ICD-10, including:

- P27.8 Other chronic respiratory diseases originating in the perinatal period
- P27.9 Unspecified chronic respiratory disease originating in the perinatal period

- P92 Feeding problems of newborn
  - P92.1 Regurgitation and rumination
  - P92.2 Slow feeding of newborn
  - P92.3 Underfeeding of newborn
  - P92.4 Overfeeding of newborn
  - P92.5 Neonatal difficulty in feeding at breast
  - P92.6 Failure to thrive in newborn

- P84 Other problems with newborn
  - Acidemia of newborn
  - Acidosis of newborn
  - Anoxia of newborn NOS
  - Asphyxia of newborn NOS
  - Hypercapnia of newborn
  - Hypoxia of newborn NOS
  - Mixed metabolic and respiratory acidosis of newborn
  - Excludes late metabolic acidosis of newborn

- P29.89 Other cardiovascular disorders originating in the perinatal period, which includes possible systolic ejection murmur

- P00–P04 Newborn (suspected to be) affected by maternal conditions that may be unrelated to present pregnancy

Codes from these categories are also for use for newborns that are suspected of having an abnormal condition, resulting from exposure from the mother or the birth process, but without signs or symptoms and which, after examination and observation, are found not to exist.
These codes may be used even if treatment is begun for a suspected condition that is ruled out.

Chapter 17, Congenital Malformations, Deformations, and Chromosomal Abnormalities, also has some additional codes, including:

- Q20.4 Double inlet left ventricle

ICD-10-PCS coding of congenital heart repair has been problematic due to lack of codes to capture some of the appropriate procedures. Luckily, the AHA Coding Clinic for ICD-10-CM/PCS, Third Quarter 2014, addresses some of the issues relating to the repair of congenital heart defects, including:

- Blalock-Taussig shunt
- Fontan completion procedure, stage II
- Repair of tetralogy of Fallot

Additional issues of Coding Clinic have been released to address other congenital problems, including:

- Vascular ring and double aortic arch
- Congenital hyperbilirubinemia versus transient hyperbilirubinemia
- Craniosynostosis with cranial vault reconstruction

The Official Guidelines for Coding and Reporting state that the Z38 codes may only be assigned once to a newborn at the time of birth. This differs from physician billing as the physician may assign the Z38 code for each visit during the birth admission.

As ICD-10-CM/PCS evolves, CDI specialists need to stay up to date on the official coding advice offered to ensure that we are capturing the most appropriate codes and procedures.

Editor’s note: Bridgeman is the CDI educator for the Medical University of South Carolina, a past ACDIS Conference speaker, and the author of the CDI Essential Skills online learning library. Contact her at bridgema@musc.edu.

**CODING CLINIC FOR CDI**

Reassessing debridement documentation

The AHA’s Coding Clinic for ICD-10-CM/PCS, Third Quarter 2015, opens with a discussion of the differences between excisional and non-excisional debridement—diagnoses with a long history of causing coding and clinical documentation confusion.

The new code set hasn’t made it any easier, as this edition of Coding Clinic includes eight questions on the matter on pp. 3–8, and an additional question regarding non-excisional debridement of cranial wound with removal and replacement of hardware.

The bottom line, really, is that just because a physician documents use of a sharp instrument to remove devitalized tissue does not necessarily mean that an excisional debridement was performed.

There are times when a physician may need to clean an area for a procedure or perform an excisional debridement that is not integral to the procedure itself. In such cases, the documentation in the medical record needs to be as clear as possible regarding what the physician did and why he or she did it. If a cleaning was performed as part of an overall procedure, it may not be coded separately. However, if a provider performs a true excisional debridement, it could require separate code assignment.

This issue of Coding Clinic emphasizes that a code is assigned for excisional debridement when the provider documents “excisional debridement” and/or the documentation meets the definition of the Excision root operation.

Excision is defined in ICD-10-PCS as cutting out or off, without replacement, a portion of a body part. Excisional debridement is considered a surgical procedure that results in a surgical MS-DRG and a higher relative weight, which translates into a higher reimbursement.