Government of **Western Australia**
Department of **Health**

Guide to Major Eleventh Edition Changes:

Obstetrics, neonates and genitourinary

WA Clinical Coding Authority

Purchasing and System Performance Division

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Contents

This guide was updated in January 2020 with creation of Examples 6, 7 and 19.

Chapter 15 *Pregnancy, childbirth and the puerperium*

Amendments include:

- Changes to code titles to specify 'in pregnancy, childbirth and the puerperium.'
- Changes to ACS titles for 1500 *Diagnosis sequencing in obstetric episodes of care,* 1511 *Termination of pregnancy (abortion)* and 1544 *Complications following pregnancy with abortive outcome.*
- Deletion of Excludes notes throughout ICD-10-AM to promote multiple condition coding.
- Clarification that codes from other chapters may be assigned to add specificity.
- Creation of four character codes to classify failed medical and surgical induction of labour.
- Indexing amendments to clarify code assignment for failed trial of labour and failure to progress unspecified, with or without identification of an underlying cause.
- ACS 1500 *Diagnosis sequencing in obstetric episodes of care* and ACS 1511 *Termination of pregnancy (abortion)* added to the list of exceptions at point 8, in ACS 0042 *Procedures normally not coded.*
- New code 95550-16 [1916] *Allied health intervention, lactation consultant.*
- New Index pathway to classify pelvic girdle pain/pubis symphysis dysfunction in pregnancy, childbirth or puerperium.

ACS 1500 *Diagnosis sequencing in obstetric episodes of care*

- This standard provides guidelines for code assignment in all obstetric episodes i.e. antenatal and delivery episodes.
- Added to the list of additional diagnoses to be coded, when documented and applicable to the episode of care, includes: prophylactic vaccination/need for immunisation; and codes from another chapter where it adds specificity to the Chapter 15 code or as per any Instructional notes.

ACS 1505 *Delivery and assisted delivery codes*

Amendments include:

- A list of procedures that may be performed and are included with the classification of "spontaneous" delivery.
- Where assistance procedures are performed during the delivery episode of care, regardless of the time they are performed in the delivery episode, then the delivery is no longer classified as "spontaneous" (excluding retained portion(s) requiring removal post delivery of placenta).
- New code 90477-01 [1343] *Assisted vertex delivery* is assigned when a procedure to assist delivery has been performed with a vaginal delivery.
- When ACHI codes for failed delivery procedures are assigned, O66.5 *Failed application of vacuum extractor and forceps, unspecified* should be assigned as an additional diagnosis.
- 90470-00 [1339] *Spontaneous breech delivery* is no longer valid. Spontaneous breech delivery is now assigned 90470-05 [1336] *Spontaneous breech delivery.*
- A cross reference was added to direct users from this standard to ACS 1550 *Discharge/ transfer in labour* for classification guidelines regarding transfer in third stage of labour (i.e. transfer following delivery of baby at one facility, with delivery of placenta at another facility).
- Clarification that delivery is not complete until expulsion of the placenta. This excludes any retained portion(s) expelled or requiring removal post-delivery.

Example 1: Vaginal delivery of healthy, term, single infant following failed forceps.

10th Edition		11th Edition	
O83	Other assisted single delivery	O83	Other assisted single delivery
O66.5	Failed application of vacuum extractor and forceps, unspecified	O66.5	Failed application of vacuum extractor and forceps, unspecified
Z37.0	Single live birth	Z37.0	Single live birth
90468-05 [1337]	Failed forceps	90477-01 [1343]	Assisted vertex delivery
		90468-05 [1337]	Failed forceps
		90477-01 [1343] *Assisted vertex delivery* is a new code in 11th Edition. Attempted forceps is considered an assistance procedure.	
		As per ACS 1505 *Delivery and assisted delivery codes*, once an assistance procedure is performed during the delivery episode of care, the delivery is no longer classified as spontaneous.	

Example 2: Patient admitted for induction of labour (IOL) at 38 weeks due to unstable lie. External version performed prior to artificial rupture of membranes (ARM). Progressed to a spontaneous vaginal delivery.

10th Edition		11th Edition	
O83	Other assisted single delivery	O83	Other assisted single delivery
O32.0	Maternal care for unstable lie	O32.0	Maternal care for unstable lie
Z37.0	Single live birth	Z37.0	Single live birth
16501-00 [1342]	External version	90477-01 [1343]	Assisted vertex delivery
90465-03 [1334]	Surgical induction of labour by artificial rupture of membranes [ARM]	16501-00 [1342]	External version
		90465-03 [1334]	Surgical induction of labour by artificial rupture of membranes [ARM]
		90477-01 [1343] *Assisted vertex delivery* is a new code in 11th Edition. External version is considered an assistance procedure.	
		As per ACS 1505 *Delivery and assisted delivery codes*, once an assistance procedure is performed during the delivery episode of care, the delivery is no longer classified as spontaneous.	

Example 3: Term delivery of healthy twins. Twin 1 delivered by breech extraction. Twin 2 delivered by spontaneous vertex delivery (SVD).

10th Edition		11th Edition	
O84.82	Multiple delivery by combination of methods	O84.82	Multiple delivery by combination of methods
O30.0	Twin pregnancy	O30.0	Twin pregnancy
O64.1	Labour and delivery affected by breech presentation	O64.1	Labour and delivery affected by breech presentation
Z37.2	Twins, both liveborn	Z37.2	Twins, both liveborn
90470-03 [1339]	Breech extraction	90470-03 [1339]	Breech extraction
90467-00 [1336]	Spontaneous vertex delivery	90467-00 [1336]	Spontaneous vertex delivery
		No change from 10th Edition	

Delivery of baby prior to the admitted episode of care

- New code 90467-01 [1336] *Spontaneous delivery of placenta, not elsewhere classified* is for assignment when this is the only intervention performed. This code is assigned for those patients who deliver their baby (or babies) prior to the episode of care but spontaneously deliver the placenta during the episode of care.

Example 4: Spontaneous delivery of healthy, single infant in the ambulance on the way to hospital; spontaneous delivery of placenta following admission to the birthing unit.

10th Edition		11th Edition	
Mother:		Mother:	
O80	Single spontaneous delivery	O80	Single spontaneous delivery
Z37.0	Single live birth	Z37.0	Single live birth
No ACHI code		90467-01 [1336]	Spontaneous delivery of placenta, not elsewhere classified
Baby:		Baby:	
Z38.1	Singleton, born outside hospital	Z38.1	Singleton, born outside hospital
		90467-01 [1336] *Spontaneous delivery of placenta, not elsewhere classified* is a new code in 11th Edition.	

Example 5: Spontaneous delivery of healthy, single infant in the ambulance on the way to hospital. Placenta delivered in the emergency department (ED).

10th Edition		11th Edition	
Mother:		Mother:	
Z39.03	Postpartum care after unplanned, out of hospital delivery	Z39.03	Postpartum care after unplanned, out of hospital delivery
No ACHI code		No ACHI code	
Baby:		Baby:	
Z38.1	Singleton, born outside hospital	Z38.1	Singleton, born outside hospital
		Note: procedures performed in the hospital carpark or in the ED are not classified as admitted activity, even if performed by a midwife or doctor.	

Example 6: Spontaneous delivery of healthy, single infant in the hospital carpark. Admitted to hospital and required manual removal of adherent placenta under general anaesthesia.

10th Edition		11th Edition	
Mother:		Mother:	
O83	Other assisted delivery	O83	Other assisted delivery
O43.2	Morbidly adherent placenta	O73.0	Retained placenta
Z37.0	Single live birth	Z37.0	Single live birth
90482-00 [1345]	Manual removal of placenta	90482-00 [1345]	Manual removal of placenta
92514-99 [1910]	General anaesthesia ASA 99	92514-99 [1910]	General anaesthesia ASA 99
Baby:		Baby:	
Z38.1	Singleton, born outside hospital	Z38.1	Singleton, born outside hospital

Example 7: Patient presented in labour to emergency department and had vacuum extraction of single live infant. Admitted to obstetric ward where placenta was spontaneously delivered.

10th Edition		11th Edition	
Mother:		Mother:	
O81	Single delivery by forceps and vacuum extractor	O83	Single delivery by forceps and vacuum extractor
Z37.0	Single live birth	Z37.0	Single live birth
No ACHI code		90467-01 [1336]	Spontaneous delivery of placenta NEC
Baby:		Baby:	
Z38.1	Singleton, born outside hospital	Z38.1	Singleton, born outside hospital
		Note: procedures performed in the hospital carpark or in the ED are not classified as admitted activity, even if performed by a midwife or doctor.	

Example 8: Patient delivers single infant en route with a McRobert's manoeuvre performed by paramedics in the ambulance; then spontaneously delivers the placenta in the admitted episode of care.

10th Edition		11th Edition	
Mother:		Mother:	
O83	Other assisted single delivery	O83	Other assisted single delivery
Z37.0	Single live birth	Z37.0	Single live birth
No ACHI code		90467-01 [1336]	Spontaneous delivery of placenta, not elsewhere classified
Baby:		Baby:	
Z38.1	Singleton, born outside hospital	Z38.1	Singleton, born outside hospital
		As per ACS 1505 *Delivery and assisted delivery codes*, once an assistance procedure is performed during the delivery episode of care (e.g. McRobert's manoeuvre, version, breech extraction), the delivery is **no longer classified as spontaneous**.	
		As per Coding Rule TN1505 Eleventh Edition *FAQs Part 1: Delivery and assisted delivery* (effective 1 July 2019), the location of where an assistance procedure is performed is irrelevant and can be used to inform code selection of the appropriate O80-O84 code.	
		However, an ACHI code for the assistance procedure should only be assigned if performed in the admitted episode of care	
		As the delivery is not complete until the placenta is delivered, this scenario is classified to O80-O84 *Delivery.*	

ACS 1550 *Discharge/transfer in labour*

- The definition of false labour has been clarified and terms synonymous with false labour have been listed in the standard.

- The concept of "true labour" has been removed and classification guidelines have been provided for transfers in first or third stage of labour; and for discharge in labour (or false labour).

- The three stages of labour are:
  - First stage: cervical dilation to 10cm.
  - Second stage: from time of full dilation (10cm) to delivery of baby.
  - Third stage: from delivery of baby to delivery of placenta.

- A new ICD-10-AM code has been created to classify 'term labour without delivery' for assignment for episodes of care where:
  - a patient in labour is discharged home (to await more established labour) or
  - a patient is transferred to another facility for administrative reasons.

Transfer in first stage of labour

If a patient in first stage of labour is discharged/ transferred to another facility for **clinical reasons** assign:
- a code for the medical condition necessitating the transfer as principal diagnosis.

Where a patient in first stage of labour is discharged home or transferred to another facility for **administrative reasons** assign as principal diagnosis:
  - O60.0 *Preterm labour without delivery* if < 37 completed weeks of gestation or
  - O47.2 *Labour without delivery* if ≥ 37 completed weeks of gestation.

Example 9: Primigravida (38/40) admitted in the first stage of labour. Due to staff shortages, patient transferred to a nearby hospital.

10th Edition	11th Edition
Z34.0 Supervision of normal first pregnancy	O47.2 Labour without delivery New code O47.2 allows category Z34 to be restricted to supervision of 'uncomplicated' pregnancies (mutually exclusive from Chapter 15).

Transfer in third stage of labour

- A transfer in the third stage of labour may be for clinical (e.g. retained placenta) or administrative reasons (e.g. lack of obstetric services).

- This is a **rare/unusual** scenario that is not classified as per the usual definition of complete delivery as per ACS 1505 *Delivery and assisted delivery codes.*

- Facility 1
  - Code the delivery as per the guidelines in ACS 1500 *Diagnosis sequencing in obstetric episodes of care* and ACS 1505 *Delivery and assisted delivery codes.*

- Facility 2 assign as principal diagnosis:
  - a code for the condition that necessitated the patient's transfer or
  - O63.3 *Prolonged third stage (of labour)* if there is no documented indication for the transfer.

Example 10: Spontaneous delivery of healthy, term, single infant at facility 1. Patient is transferred to facility 2 and the placenta is delivered spontaneously.

10th Edition	11th Edition
Facility 1 Mother: O80 — Single spontaneous delivery Z37.0 — Single live birth 90467-00 [1336] — Spontaneous vertex delivery **Facility 2** Mother: O63.9 — Long labour, unspecified Z39.01 — Postpartum care after hospital delivery O63.9 *Long labour, unspecified* is assigned as the principal diagnosis where there is no condition documented as the reason for transfer for Facility 2 as per ACCD Coding Rule Q3302 *Transfer in third stage of labour,* effective 1 Jul 2018- 30 Jun 2019.	**Facility 1** Mother: O80 — Single spontaneous delivery Z37.0 — Single live birth 90467-00 [1336] — Spontaneous vertex delivery **Facility 2** Mother: O63.3 — Prolonged third stage (of labour) Z39.01 — Postpartum care after hospital delivery 90467-01 [1336] — Spontaneous delivery of placenta, not elsewhere classified

Example 11: Spontaneous vertex delivery of baby (39/40) at facility 1. Patient transferred to facility 2 for adherent placenta requiring manual removal under sedation (no ASA score documented).

10th Edition	11th Edition
Facility 1 Mother: O80 — Single spontaneous delivery O43.2 — Morbidly adherent placenta Z37.0 — Single live birth 90467-00 [1336] — Spontaneous vertex delivery **Facility 2** Mother: O43.2 — Morbidly adherent placenta Z39.01 — Postpartum care after hospital delivery 90482-00 [1345] — Manual removal of placenta 92515-99 [1910] — Sedation, ASA 99 As per ACCD Coding Rule *Transfer in third stage of labour* (Q3302, effective 1 Jul 2018- 30 Jun 2019).	**Facility 1** Mother: O80 — Single spontaneous delivery O73.0 — Retained placenta Z37.0 — Single live birth 90467-00 [1336] — Spontaneous vertex delivery **Facility 2** Mother: O73.0 — Retained placenta Z39.01 — Postpartum care after hospital delivery 90482-00 [1345] — Manual removal of placenta 92515-99 [1910] — Sedation, ASA 99 The clinical concepts 'adherent placenta' and 'morbidly adherent placenta' have been unbundled in the ICD-10-AM Index. "Morbidly" is now an essential modifier for assignment of O43.2 *Morbidly adherent placenta*.

Failed induction of labour

Example 12: Patient admitted for induction of labour at 38 weeks for pregnancy induced hypertension. Despite oxytocin and artificial rupture of membranes, patient failed to establish labour. Decision made for emergency lower segment caesarean section with epidural. Liveborn female delivered.

10th Edition		11th Edition	
O82	Single delivery by caesarean section	O82	Single delivery by caesarean section
O13	Gestational [pregnancy-induced] hypertension	O13	Gestational [pregnancy-induced] hypertension
O61.0	Failed medical induction of labour	O61.2	Failed medical with surgical induction of labour
O61.1	Failed instrumental induction of labour		
Z37.0	Single live birth	Z37.0	Single live birth
16520-03 [1340]	Emergency lower segment caesarean section	16520-03[1340]	Emergency lower segment caesarean section
92508-99 [1909]	Neuraxial block, ASA 99	92508-99 [1909]	Neuraxial block, ASA 99
		O61.2 *Failed medical with surgical induction of labour* is a new code in 11th Edition.	

Postpartum haemorrhage

- In order to apply the ICD-10-AM principles of multiple condition coding, the concepts atonic uterus, retained placenta and membranes have been separated from postpartum haemorrhage to allow assignment of a code from category O72 *Third-stage and postpartum haemorrhage* as well as the documented **underlying cause**.
- Codes in category O72 *Third-stage and postpartum haemorrhage* are differentiated by the onset of haemorrhage.
- The classification of placenta adherens (adherent placenta NOS) has been separated from O43.2 *Morbidly adherent placenta.*
- Manual removal of portions of placenta remaining in the uterus is considered a later complication of incomplete removal of the placenta and does not constitute "assisted delivery".

Example 13: Normal vaginal delivery of healthy liveborn male at 38+4. After delivery, atonic uterus resulted in 550mls post-partum haemorrhage (PPH). Uterine massage and oxytocic drugs given to control bleeding.

10th Edition		11th Edition	
O80	Single spontaneous delivery	O80	Single spontaneous delivery
O72.1	Other immediate postpartum haemorrhage	O72.1	Other immediate postpartum haemorrhage
Z37.0	Single live birth	O62.2	Other uterine inertia
		Z37.0	Single live birth
		Sequence codes as per ACS 0001 Principal diagnosis, *Problems and underlying conditions.*	

Example 14: Patient admitted at 39 weeks for repeat lower uterine segment caesarean section (LSCS). Live female delivered. Uterine atony evident, manual compression applied and Oxytocin administered with good result with no documented post-partum haemorrhage (PPH).

10th Edition		11th Edition	
O82	Single delivery by caesarean section	O82	Single delivery by caesarean section
O34.2	Maternal care due to uterine scar from previous surgery	O34.2	Maternal care due to uterine scar from previous surgery
O72.1	Other immediate postpartum haemorrhage	O62.2	Other uterine inertia
Z37.0	Single live birth	Z37.0	Single live birth

Example 15: Patient delivered single baby via spontaneous vaginal delivery (SVD) and placenta by controlled cord traction (CCT), with subsequent immediate haemorrhage. Uterus examined and retained portions of placenta removed manually.

10th Edition		11th Edition	
O80	Single spontaneous delivery	O80	Single spontaneous delivery
O72.2	Delayed and secondary postpartum haemorrhage	O72.1	Other immediate postpartum haemorrhage
		O73.1	Retained portions of placenta and membranes
Z37.0	Single live birth	Z37.0	Single live birth
90467-00 [1336]	Spontaneous vertex delivery	90467-00 [1336]	Spontaneous vertex delivery
90482-00 [1345]	Manual removal of placenta	90482-00 [1345]	Manual removal of placenta
			PPH occurring within 24 hours of the delivery of placenta is assigned O72.1.

Example 16: Patient delivered (baby and placenta) at home (planned home birth). She is admitted to hospital four hours later due to postpartum haemorrhage (PPH) and taken to theatre for removal of retained portions of placenta by dilation and curettage (D&C) under general anaesthesia.

10th Edition		11th Edition	
O72.2	Delayed and secondary postpartum haemorrhage	O72.1	Retained portions of placenta and membranes
		O73.1	Other immediate postpartum haemorrhage
Z39.02	Postpartum care after planned, out of hospital delivery	Z39.02	Postpartum care after planned, out of hospital delivery
16564-00 [1345]	Postpartum evacuation of uterus by dilation and curettage	16564-00 [1345]	Postpartum evacuation of uterus by dilation and curettage
92514-99 [1910]	General anaesthesia, ASA 99	92514-99 [1910]	General anaesthesia, ASA 99
		The clinical concept "without haemorrhage" has been removed from codes in O73 *Retained placenta and membranes*. Code selection for PPH is now classified according to the time period (less than or equal to 24 hours, or greater than 24 hours) that the PPH occurs post-delivery. Apply the guidelines in ACS 0001 *Principal diagnosis* for code sequencing.	

ACS 1551 *Obstetric perineal lacerations/grazes*

- Guidelines for code assignment for multiple perineal lacerations (ruptures or tears) have been added.

- Codes in O70 *Perineal laceration during delivery* represent a continuum.

- Where multiple lacerations exist of different degrees, assign a code for the highest (most severe) degree only.

- Note: WA Coding Rule 1111/08 effective 16 Nov 2011*Coding of multiple perineal tears* will be retired.

ACS 1511 *Termination of pregnancy (abortion)*

- New classification guidelines for staged medical abortions to eliminate double coding of a single abortion over two episodes of care.

- For the **initial** episode of care (stage 1) assign as principal diagnosis the newly created Z32.2 *Initiation of medical abortion* code. Note: Stage 1 is usually performed as non-admitted care and would not be coded.

- For the **subsequent** (stage 2) episode of care assign as principal diagnosis O04.- *Medical abortion with fourth character .5 – .9.*

- Either Z32.3 *Initiation of medical abortion* or O04.- *Medical abortion* will be assigned as the principal diagnosis in admissions for medical abortion, regardless of gestation.

Example 17: Patient admitted with twin pregnancy (22/40) for intra-amniotic injection to terminate twin one due to severe chromosomal abnormality. Discharged home with both the deceased twin and surviving twin in utero, to continue the pregnancy. Patient admitted at term (38/40) for elective lower segment caesarean section with spinal anaesthesia. Outcome of delivery: one liveborn and one stillborn.

10th Edition		11th Edition	
Initial episode of care		**Initial episode of care**	
O35.1	Maternal care for (suspected) chromosomal abnormality in fetus	Z32.2	Initiation of medical abortion
O04.4	Medical abortion, incomplete, without complication	O09.3	Duration of pregnancy 20–25 completed weeks
O09.3	Duration of pregnancy 20–25 completed weeks	O35.1	Maternal care for (suspected) chromosomal abnormality in fetus
O30.0	Twin pregnancy	O30.0	Twin pregnancy
90461-00 [1330]	Intra-amniotic injection	90461-00 [1330]	Intra-amniotic injection
Subsequent episode of care		**Subsequent episode of care**	
O84.2	Multiple delivery, all by caesarean section	O84.2	Multiple delivery, all by caesarean section
O30.0	Twin pregnancy	O30.0	Twin pregnancy
O31.1	Continuing pregnancy after abortion of one fetus or more	O31.1	Continuing pregnancy after abortion of one fetus or more
Z37.3	Twins, one liveborn and one stillborn	Z37.3	Twins, one liveborn and one stillborn
16520-02 [1340]	Elective lower segment caesarean section	16520-02 [1340]	Elective lower segment caesarean section
92508-99 [1909]	Neuraxial block, ASA 99	92508-99 [1909]	Neuraxial block, ASA 99
		During the ITG consultation process for 11th Edition, ACCD concluded that continuing multiple pregnancy after abortion of one fetus or more should not be considered a 'staged medical abortion' for classification purposes. However, ACCD advised that it was appropriate to use newly created code Z32.3 in the initial episode, but O04.- is NOT to be assigned in the subsequent episode of care.	

Example 18: Patient admitted for medical abortion at (23/40) due to diagnosis of bony metastases. Mastectomy one year previously for infiltrating duct carcinoma of breast. Medical and surgical induction of labour performed, followed by spontaneous vaginal delivery. Outcome single stillborn.

10th Edition		11th Edition	
O99.8	Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium	O04.9	Medical abortion, complete or unspecified, without complication
C79.5	Secondary malignant neoplasm of bone and bone marrow	O09.3	Duration of pregnancy 20–25 completed weeks
M8500/6	Infiltrating duct carcinoma NOS, metastatic	O99.8	Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium
C50.9	Breast, unspecified		
M8500/3	Infiltrating duct carcinoma NOS	C79.5	Secondary malignant neoplasm of bone and bone marrow
O04.9	Medical abortion, complete or unspecified, without complication	M8500/6	Infiltrating duct carcinoma NOS, metastatic
O80	Single spontaneous delivery	C50.9	Breast, unspecified
O60.3	Preterm delivery without spontaneous labour	M8500/3	Infiltrating duct carcinoma NOS
O09.3	Duration of pregnancy 20–25 completed weeks	O80	Single spontaneous delivery
Z37.1	Single stillbirth	O60.3	Preterm delivery without spontaneous labour
		Z37.1	Single stillbirth
90467-00 [1336]	Spontaneous vertex delivery	90467-00 [1336]	Spontaneous vertex delivery
90465-05 [1334]	Medical and surgical induction of labour	90465-05 [1334]	Medical and surgical induction of labour

Example 19: Missed abortion (fetal death in utero) at 09/40 weeks. Medical management with oral misoprostol. Passed products; ultrasound confirmed an empty uterus.

10th Edition		11th Edition	
O02.1	Missed abortion	O02.1	Missed abortion
O09.1	Duration of pregnancy 5-13 completed weeks	O09.1	Duration of pregnancy 5-13 completed weeks
		90462-01 [1330]	Termination of pregnancy [abortion procedure], not elsewhere classified
Inconsistent practice regarding ACHI code assignment due to essential modifier "suppository" for prostaglandin; and ACCD Coding Rule TN1248 *Tenth Edition FAQs Part 2: Obstetrics* which stated: "Note that an ACHI code for induced abortion is not assigned as the fetus is already deceased".		During Eleventh Edition development the ACCD indicated: "ACCD does not support the statement that termination of pregnancy is not performed for FDIU; research indicates that FDIU may be an indication for termination of pregnancy". 90462-01 [1330] *Termination of pregnancy [abortion procedure] NEC* is assigned as per ACHI Index: Termination of pregnancy (medical/administration of pharmacological agent).	

ACS 1544 *Complications following pregnancy with abortive outcome*

- The ACS title has been changed, the standard reformatted and more examples added to clarify existing classification guidelines.
- The standard is divided into classification guidelines for complications following abortion, complications of ectopic or molar pregnancy or other abnormal products of conception and admission for retained products of conception following abortion.

Complications following abortion

- The "**current episode of care**" refers to admissions to treat or perform an abortion. Complications occurring in the current episode of care are assigned a fourth character with codes from categories O03-O06.

- Follow the Index at '**Abortion**/complicated' and select a fourth character from the options listed in the table under **Abortion** (current episode) (O03-O06).
  - Subdivisions .0–.4 are assigned for incomplete abortion (retained products of conception following abortion).
  - For complete or unspecified abortion (without mention of retained products of conception) assign a character from subdivisions .5–.9.
- Assign an additional diagnosis code from another chapter where it adds specificity.
  - The *'Use additional code'* changes in O03-O08 are consistent with the ICD-10-AM multiple coding convention and with ACS 1521 *Conditions and injuries in pregnancy* and ACS 1500 *Diagnosis sequencing in episodes of care* instruction to assign a code from another chapter where it adds specificity to the Chapter 15 code.

Example 20: Patient admitted with incomplete miscarriage at 9 weeks. Discharge delayed due to development of deep vein thrombosis (DVT) in calf.

10th Edition		11th Edition	
O03.2	Spontaneous abortion, incomplete, complicated by embolism	O03.2	Spontaneous abortion, incomplete, complicated by embolism
O09.1	Duration of pregnancy 5-13 completed weeks	I80.20	Phlebitis and thrombophlebitis of deep vessels of lower extremities, not elsewhere classified
		O09.1	Duration of pregnancy 5-13 completed weeks

- The "**subsequent episode**" refers to admissions where the focus of care is the complication(s) of an abortion treated, performed or completed prior to the episode of care.
  - In these cases, assign a code from category O08 *Complications following abortion and ectopic and molar pregnancy,* with the exception being a complication of 'retained products of conception' which is classified to O03-O06.

Complications following abortion (continued)

Example 21: Patient readmitted with bleeding since a dilatation and curettage (D&C) 3 weeks prior for an incomplete spontaneous abortion at 10 weeks. No evidence of retained products found in this episode. Disseminated intravascular coagulation (DIC) identified as the underlying cause of the bleeding.

10th Edition	11th Edition
O08.1 Delayed or excessive haemorrhage following abortion and ectopic and molar pregnancy	D65 Disseminated intravascular coagulation [defibrination syndrome] O08.1 Delayed or excessive haemorrhage following abortion and ectopic and molar pregnancy Admission is for the complication (coagulopathy). The incomplete spontaneous abortion was treated prior to this episode of care.

- ACHI codes for 'postoperative' and 'postpartum' haemorrhage are not applicable to haemorrhage following (spontaneous or medical/induced) abortion.

- Assign 35759-01 [1299] *Control of post abortion haemorrhage, not elsewhere classified* for Bakri balloon insertion or packing for arrest or control of haemorrhage following abortion.

Example 22: Patient admitted with acute kidney failure following a complete spontaneous abortion 10 days prior.

10th Edition	11th Edition
O08.4 Kidney failure following abortion and ectopic and molar pregnancy	N17.9 Acute kidney failure, unspecified O08.4 Kidney failure following abortion and ectopic and molar pregnancy A separate code for the type of kidney failure is assigned as per the instructional note at O08.4. Sequence codes as per ACS 0001 & ACS 0002.

Admission for retained products of conception following abortion

Example 23: Patient admitted acutely unwell with fever, abdominal pain and vaginal discharge following a medical abortion performed at another facility. Vaginal swabs positive for *Escherichia coli* and ultrasound revealed retained products of conception. Patient taken to theatre for a suction curettage of uterus under general anaesthesia (GA) and intravenous (IV) antibiotics administered for acute endometritis.

10th Edition		11th Edition	
O04.0	Medical abortion, incomplete, complicated by genital tract and pelvic infection	O04.0	Medical abortion, incomplete, complicated by genital tract and pelvic infection
N71.0	Acute inflammatory disease of uterus	N71.0	Acute inflammatory disease of uterus
B96.2	Escherichia coli [E. coli] as the cause of diseases classified to other chapters	B96.2	Escherichia coli [E. coli] as the cause of diseases classified to other chapters
O09.-	Duration of pregnancy	O09.-	Duration of pregnancy
35640-03 [1265]	Suction curettage of uterus	35640-03 [1265]	Suction curettage of uterus
92514-99 [1910]	General anaesthesia, ASA 99	92514-99 [1910]	General anaesthesia, ASA 99
N71.0 is coded as per ACCD Coding Rule Q2893 *ACS 1544 Complications following abortion and ectopic molar pregnancy* (effective 1 Jan 2015- 30 Jun 2019).		A code for the specific type of infection (endometritis) is assigned as it adds specificity as per ACS 1544.	

Hypoglycaemia in gestational diabetes mellitus

- ITG consultation process for 11th Edition advised that assignment of separate codes to capture both gestational diabetes and hypoglycaemia is consistent with the guidelines in ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia*.
- ACCD Coding Rule *Gestational diabetes with hypoglycaemia* (Q3124) retired on 30 Jun 2019.

Mental Health and pregnancy

- O99.3 is no longer valid at the 3 character level.
- New 4 character codes are O99.31 *Mental disorders in pregnancy, childbirth and the puerperium* and O99.32 *Diseases of the nervous system in pregnancy, childbirth and the puerperium.*

Neonates

ACS deleted:
- 1614 *Respiratory distress syndrome/hyaline membrane disease/surfactant deficiency*
  - An *excludes* note at P22.9 *Respiratory distress of newborn, unspecified* has been added for respiratory distress with identified underlying cause.
- 1618 *Low birth weight and gestational age*

Genitourinary

- ACS 1431 *Examination under anaesthesia (EUA), gynaecology* deleted with content moved to Alphabetic Index as an 'omit code' instruction.
- Amendments to Blocks [1268] Abdominal hysterectomy and [1269] Vaginal hysterectomy.

Hysterectomy

- A review of other international intervention classifications highlighted that hysterectomy may be classified into four main types (based on route of access):
    - Open (abdominal) (default)
    - Laparoscopic
    - Vaginal
    - Laparoscopic assisted vaginal

- Combination codes for hysterectomy with excision of lymph nodes and removal of adnexa are no longer valid.

- New instructional notes at Blocks [1268] *Abdominal hysterectomy* and [1269] *Vaginal hysterectomy* to *Code also when performed:*
    - debulking of uterus (35658-00 [1270])
    - radical excision of pelvic lymph nodes (96245-05 [806])
    - removal of adnexa (fallopian tube, ovarian cyst, ovary (bilateral) (unilateral)) — see Alphabetic Index

Example 24: Patient with uterine sarcoma admitted for laparoscopic radical hysterectomy, bilateral salpingo-oophorectomy (BSO) and pelvic lymph node dissection under general anaesthesia (GA), no ASA documented.

10th Edition		11th Edition	
C55	Malignant neoplasm of uterus, part unspecified	C55	Malignant neoplasm of uterus, part unspecified
M8800/3	Sarcoma	M8800/3	Sarcoma
35667-00 [1268]	Radical abdominal hysterectomy	35667-02 [1268]	Laparoscopic radical abdominal hysterectomy
30390-00 [984]	Laparoscopy	35638-12 [1252]	Laparoscopic salpingo-oophorectomy, bilateral
90282-01 [811]	Regional excision of lymph nodes of other site	96244-05 [806]	Excision of lymphatic structure, pelvic
92514-99 [1910]	General anaesthesia, ASA 99	92514-99 [1910]	General anaesthesia, ASA 99
		Hysterectomy without further specification of route of access is coded to the default: abdominal hysterectomy.	

Acknowledgement

Supporting information

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