Coding Deliveries in ICD-10-PCS

While there are some differences in the Obstetrics section when compared to the Medical and Surgical section, the seven characters in the Obstetrics section are the same as in the Medical and Surgical section. The seven characters identify the section, body system, root operation, body part, approach, device, and qualifier.

There are only three body part values in this section: products of conception; products of conception, ectopic; and products of conception, retained. One of the most important guidelines to remember is that codes from the Obstetrics section in ICD-10-PCS are only reported when the procedures are performed on the products of conception. The products of conception include the:

- Fetus
- Placenta
- Amniotic sac
- Amniotic fluid
- Umbilical cord

If the pregnant patient has a procedure performed that does not involve the products of conception, report the procedure in the Medical and Surgical section. This includes repair of perineal lacerations, 0WQNXXZ or an episiotomy, 0W8NXZZ.

Report an artificial rupture of membranes via natural or artificial opening with the root operation Drainage, 10907ZC.

Also, report amniocentesis with the root operation Drainage. For example, use code 10903ZU for a percutaneous diagnostic amniocentesis.

A cesarean section is coded with the root operation Extraction with the seventh character indicating whether it was a classical, low cervical, or extraperitoneal approach.
A classical cesarean section delivers the infant through a vertical midline incision in the upper segment of the uterus. A low cervical cesarean section, the most common approach, delivers the infant through a transverse incision in the supracervical part of the lower uterine segment. An extraperitoneal cesarean section delivers an infant through an incision in the lower uterine segment through the paravesical space, without entering the peritoneal cavity. This approach may be used to help prevent a uterine infection from spreading into the peritoneal cavity. Only one code is reported if the patient delivers a twin pregnancy via a cesarean section.

- **10D00Z0** Classical cesarean section
- **10D00Z1** Low cervical cesarean section
- **10D00Z2** Extraperitoneal cesarean section

Also use the root operation Extraction for a manually assisted vaginal delivery with instruments. The seventh character indicates whether the instrument was low, mid, or high forceps, vacuum, internal version, or other assistance.

- **10D07Z3** Manually assisted vaginal delivery with low forceps
- **10D07Z4** Manually assisted vaginal delivery with mid forceps
- **10D07Z5** Manually assisted vaginal delivery with high forceps
- **10D07Z6** Manually assisted vaginal delivery with vacuum assistance
- **10D07Z7** Manually assisted vaginal delivery with internal version
- **10D07Z8** Manually assisted vaginal delivery with other assistance

If multiple infants were delivered using different delivery procedures, assign a procedure code for each type of delivery.

A post-delivery D&C on retained products of conception would also be reported with the root operation Extraction from the Obstetrics section.

There are two root operations that are unique to the Obstetrics section. Abortion, which refers to artificially terminating a pregnancy, and Delivery, which is assisting the passage of the products of conception from the genital canal and is only used with a manually assisted delivery. A manually assisted vaginal delivery without instrumentation is reported with the root operation Delivery, **10E0XZZ**. A manually assisted spontaneous abortion is also reported with code **10E0XZZ**. The root operation Abortion would be inappropriate in this situation, since the abortion was not induced or the pregnancy artificially terminated.
Pitocin, which is the synthetic form of the hormone oxytocin, is used to induce or augment labor. An induction of labor using Pitocin, given through a peripheral vein would be reported with code **3E033VJ** in the Administration section, with the root operation **Introduction**.

Cervidil, which is the brand name for dinoprostone, is inserted vaginally and is also used to induce labor by ripening and softening the cervix. Report an induction of labor using Cervidil with code **3E0P7GC**.

The root operation **Reposition** is reported when a fetal rotation is performed due to breech presentation. Report a fetal rotation via natural or artificial opening with code **10S07ZZ**.

Since there are only twelve root operations and three body parts for Obstetrics, coding directly from the Obstetrics table without referring to the alphabetic index can save time once you become familiar with the Obstetrics section.

Understanding the definitions and guidelines of the root operations for the Obstetrics section is vital in ICD-10-PCS. Take the quiz to test your knowledge of this important chapter.

(quiz begins on following page)
Coding Deliveries in ICD-10-PCS QUIZ

Test your knowledge! Answer the following true or false questions:

1. Report two codes when a patient delivers a twin pregnancy via a low transverse cesarean section.

2. There are only three body part values within the obstetrics section.

3. Code the root operation Delivery when a delivery occurs, regardless of the method or instrumentation used to assist in the delivery.

4. Report a post-delivery D&C with the root operation Extraction from the Medical and Surgical section.

5. Code all surgical procedures performed on the pregnant patient from the Obstetrics section.

6. Coding directly from the Obstetric tables, without using the alphabetic index, can save time and can be an effective method for reporting obstetric procedures.

7. An amniocentesis is only performed for diagnostic reasons.

8. The seven general character definitions for a PCS code in the Medical and Surgical section are the same in the Obstetrics section.


10. There are two root operations in the Obstetrics section that are unique and are not located in any other sections.