OBSTETRIC CODING AND T CODES

The majority of codes in Chapter 15 *Pregnancy, Childbirth and the Puerperium* relating to complications do not require an additional external cause code as the concept is bundled within the disease code (ACS 1904 *Procedural Complications* example 25). If the Y code in combination with an O code can tell you what happened, the T codes should not be used. There of course may be scenarios where you have to override the exclusion and use a T code to translate the whole medical statement.

Scenario 1:

**Foreign body left in the body during a caesarean section**

- O75.4 Other complications of obstetric surgery and procedures
- Y61.0 Foreign object accidentally left in body during surgical operation
- Y92.22 Place of occurrence – health service area
- U73.8 Other specified activity

Scenario 2:

**A patient after delivery of live newborn via caesarean section suffers a haemorrhage which is treated with Misoprostal.**

A haemorrhage in a caesarean section should be treated as a post partum haemorrhage (PPH) if so stated. O90.2 *Haematoma of obstetric wound* should only be coded if specified as ‘wound’ and this would be after the caesarean, not during it. If it is not classifiable to a PPH and the haemorrhage is confirmed as due to trauma, code only the trauma (specific obstetric injury).

If none of the aforementioned is documented and there is substantial blood loss, e.g. greater than 750mls, then PPH should be queried with the clinician. The absolute last resort would be haemorrhage complicating delivery unspecified, O67.9 *Intrapartum haemorrhage, unspecified.*
Scenario 3:

Patient delivers a live newborn via caesarean section and upon returning to the ward suffers a haemorrhage. The patient is returned to theatre where the haemorrhage is stated as being due to a bleeding point which is subsequently sutured. There is no documentation in the notes to support a conclusion of an accidental puncture.

If ‘haemorrhage due to bleeding point’ is documented, then PPH would be coded as there is no documentation to support the diagnosis of trauma. It can be a wound complication if so stated, but PPH O72.x is still classifiable, if the loss is significant and the documentation supports the diagnosis of PPH. **Delayed or secondary** haemorrhage must be so stated before the PPH can be coded to O72.2 **Delayed and secondary postpartum haemorrhage**.

Scenario 4:

**During caesarean section, the initial incision cut the bowel resulting in a laceration that required repair.**

- O71.5 Other obstetric injury to pelvic organs
- S36.50 Injury of colon, part unspecified
- Y60.0 Unintentional cut, puncture, perforation or haemorrhage, during surgical operation
- Y92.22 Place of occurrence, health service area
- U73.8 Other specified activity

Scenario 5:

Patient is diagnosed with maternal exhaustion due to long labour and progresses to vacuum delivery.

**O75.8 Other specified complications of labour and delivery** is indexed exhaustion, maternal complicating delivery (exhaustion in labour).
It is a non-specific code and there is no reason to preclude coders from using ACS 0027 *Multiple Coding* to complete the statement and code also, R53 *Malaise and fatigue*. Exhaustion in pregnancy is indexed to O26.88 *Other specified pregnancy related conditions* and R53 *Malaise and fatigue*, is added as the code O26.88 does not complete the diagnostic statement.