# Diagnosis Typing for the Delivery Episode of Care

You've heard it before: obstetric patients are unique from other acute care inpatients because they aren't sick. Pregnancy is not a disease, it's a condition that may be associated with specific complications (unique to the pregnant state); alternatively, a pregnant patient may have other non-obstetric co-existing conditions that complicate the pregnancy. This means that code assignment and application of diagnosis types (specifically, the criteria for significance) for the obstetric population are somewhat different than for the general population.

Therefore, this Tip for Coders provides some guidance and consistent direction on application of diagnosis types for the delivery episode of care.

## Sixth digit and diagnosis type for the delivery episode of care

Typically, diagnosis type (1) is applied to the O-code (obstetrical condition) that denotes a significant diagnosis that occurs prior to or during delivery of the infant for the delivery episode of care, and diagnosis type (2) is applied to the O-code that denotes a significant diagnosis that occurs following delivery of the infant.

The sixth digit applied for the delivery episode of care is either

- 1 — delivered, with or without mention of antepartum or intrapartum complication during the current episode of care; or

- 2 — delivered with mention of postpartum or puerperal complication during the current episode of care.

As a general rule, the sixth digit aligns with the diagnosis type applied to the O-code. That is, when the sixth digit is 1, diagnosis type (1) is applied to the O-code, and when the sixth digit is 2, diagnosis type (2) is applied to the O-code.

However, there are exceptions:

1. When the condition meets the definition of most responsible diagnosis (MRDx), diagnosis type (M) is applied.

2. When the condition is not significant, diagnosis type (3) is applied.

3. When the condition is not a pregnancy-related condition, general diagnosis typing rules apply (i.e., when a pregnant patient has a condition that can occur in a non-pregnant patient).

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# Applying diagnosis typing for the delivery episode of care

**Case 1**   A patient with gestational diabetes is admitted for induction of labor. She has a spontaneous vaginal delivery; the cord is around the infant's neck but is easily lifted off. There is a second-degree perineal laceration, which is repaired. She has a post-partum hemorrhage due to retained placenta.

| Diagnosis | Diagnosis type | Rationale |
|---|---|---|
| **O24.801 Diabetes mellitus arising in pregnancy (gestational), delivered, with or without mention of antepartum condition** | M | This is a significant obstetric condition that occurs prior to or during delivery of the fetus and is the reason for inducing labor.<br><br>Exception 1 applies because this condition is the MRDx; therefore, the sixth digit and the diagnosis type are different. |
| **O70.101 Second degree perineal laceration during delivery, delivered, with or without mention of antepartum condition** | 1 | This is a significant obstetric condition that occurs prior to or during delivery of the infant.<br><br>The sixth digit and the diagnosis type align. |
| **O72.202 Delayed and secondary postpartum haemorrhage, delivered, with mention of postpartum complication** | 2 | This is a significant obstetric condition that occurs following delivery of the infant.<br><br>The sixth digit and the diagnosis type align. |
| **O69.801 Labour and delivery complicated by other cord complications, delivered, with or without mention of antepartum condition** | 3 | This is not a significant obstetric condition.<br><br>Exception 2 applies because this condition is not significant; therefore, the sixth digit and the diagnosis type are different. |
| **Z37.000 Single live birth, pregnancy resulting from both spontaneous ovulation and conception** | 3 | It is mandatory to assign Z37.– for all deliveries. When any O-code is assigned (i.e., when Z37.– is not the MRDx), diagnosis type (3) is applied to Z37.–. |

**Case 2** The patient is admitted with severe preeclampsia. On day 2, she suffers an acute anterior myocardial infarction. The ECG shows ST-segment elevation myocardial infarction (STEMI). On day 4, the baby is delivered via emergency Caesarean section.

| Diagnosis | Diagnosis type | Rationale |
|---|---|---|
| **O14.101 Severe pre-eclampsia, delivered, with or without mention of antepartum condition** | M | This is a significant obstetric condition that occurs prior to or during delivery of the infant.<br><br>Exception 1 applies because this condition is the MRDx; therefore, the sixth digit and the diagnosis type are different. |
| **O99.401 Diseases of the circulatory system complicating pregnancy, childbirth and the puerperium, delivered, with or without mention of antepartum condition** | 2 | This is a significant non-obstetric diagnosis that occurs prior to or during delivery of the infant but that arises post-admission. In this case, O99.401 is the appropriate code to denote the myocardial infarction within the acute phase.<br><br>Exception 3 applies because a myocardial infarction is not a pregnancy-related condition (i.e., it can occur in a non-pregnant patient); therefore, general diagnosis typing rules apply. To denote that this occurred post-admit, the sixth digit and the diagnosis type are different. |
| **I21.0 Acute transmural myocardial infarction of anterior wall** | 3 | This is assigned per the instructional note at category O99 "use additional code to identify specific condition." |
| **R94.30 Electrocardiogram suggestive of ST segment elevation myocardial infarction [STEMI]** | 3 | This is assigned per the instructional note at category I21 "use additional code from subcategory (R94.3–) to identify abnormal results of cardiovascular function studies." |
| **Z37.000 Single live birth, pregnancy resulting from both spontaneous ovulation and conception** | 3 | It is mandatory to assign Z37.– for all deliveries. When any O-code is assigned (i.e., when Z37.– is not the MRDx), diagnosis type (3) is applied to Z37.–. |

See also the coding standards *Diagnosis Typing Definitions for DAD*, *Selection of the Sixth Digit in Obstetrical Coding*, *Sequencing Obstetrical Diagnosis Codes*, *Delivery in a Completely Normal Case* and *Complicated Pregnancy Versus Uncomplicated Pregnancy*.