

ICD 10 Coding Alert

Pediatric ICD-10 Update: Add These New Neonatal Withdrawal, Transitory Disorders Codes on Oct. 1

Coding newborn exposure to therapeutic, addictive drugs to get more specific.

The transition from ICD-9 to ICD-10 created plenty of crosswalk headaches for coders of all specialties, including those in the field of pediatrics. The change affected the neonatal withdrawal from maternal therapeutic or addictive drug codes particularly, according to **Melanie Witt, RN, CPC, MA**, an independent coding expert based in Guadalupita, New Mexico.

The latest round of revisions to ICD-10 attempts to address the problems created by the transition by extensively revising the P04 (Newborn affected by noxious substances transmitted via placenta or breast milk) category. Now, peds coders will be able to code neonatal withdrawal, as well as electrolyte and metabolic disturbances in newborns, with far greater specificity than ever before. Read on and find out how your coding could change when Oct. 1 rolls around.

Crosswalk Created Confusion

The American Academy of Pediatrics and the West Virginia Perinatal Partnership highlighted the maternal medication crosswalk issue in the proposal they submitted to the ICD-10 Coordination and Maintenance Committee in September 2017, Witt points out.

In it, the two agencies note that while ICD-9 "included codes to indicate intrauterine exposure to a variety of substances," such as narcotics, the crosswalk from a code such as 760.72 (Noxious influences affecting fetus or newborn via placenta or breast milk, narcotics) to P04.49 (Newborn affected by maternal use of other drugs of addiction) did not allow coders to "specify opiates/opioids and may include maternal use of a variety of drugs in the prenatal period" (Source: www.cdc.gov/nchs/data/icd/Topic_Packet_Sept_2017.pdf).

New Codes for Newborns Affected by Maternal Prescription Drug Use ...

Persuaded by the argument, the ICD-10 Coordination and Maintenance Committee adopted the proposal and greatly expanded the P04.1- (Newborn affected by other maternal medication) subset, with the following codes now added to ICD-10 effective Oct.1:

- P04.11 - Newborn affected by maternal antineoplastic chemotherapy
- P04.12 - ... maternal cytotoxic drugs
- P04.13 - ... maternal use of anticonvulsants
- P04.14 - ... maternal use of opiates
- P04.15 - ... maternal use of antidepressants
- P04.16 - ... maternal use of amphetamines
- P04.17 - ... maternal use of sedative-hypnotics
- P04.1A - ... maternal use of anxiolytics
- P04.18 - ... other maternal medication
- P04.19 - ... maternal use of unspecified medication.

Coders should note that now chemotherapy and cytotoxic drugs have their own dedicated codes, they have been deleted from the current P04.1- notes section. Also deleted is the Excludes1 note that states you cannot report maternal use of drugs of addiction (P04.4-) with the P04.1 codes. Instead, the P04.4- codes have now become Excludes2 codes for P04.1- along with the maternal anesthesia and analgesia in pregnancy, labor, and delivery (P04.0) codes.

Peds coders should also be aware that there is a new Code First instruction for the P04.1- codes that states you should "code first withdrawal symptoms from maternal use of drugs of addiction, if applicable (P96.1)."

... and Addictive Drug Use, Too

Four new codes have also been added to the P04.4 (Newborn affected by maternal use of drugs of addiction) code set:

- P04.40 - Newborn affected by maternal use of unspecified drugs of addiction
- P04.42 - ... maternal use of hallucinogens
- P04.81 - ... maternal use of cannabis
- P04.89 - ... other maternal noxious substances.

Not surprisingly, the codes are also accompanied by a new reciprocal Excludes2 note to the P04.1- note that reminds coders that codes from either group can be coded together.

How Will Changes Affect Your Coding?

If, like most communities across the country, your community has been affected by the opioid epidemic, you will most likely be reaching for one of these codes after Oct. 1. "I think this is the main reason they have added these codes," says **Donelle Holle, RN**, President of Peds Coding Inc., and a healthcare, coding, and reimbursement consultant in Fort Wayne, Indiana.

As for when you'll use them, they will come into play "when a pediatrician sees a baby that will have spent time in the neonatal intensive care unit [NICU] because of Mom's issue with some specific addictive drugs," Holle suggests. The addition of the codes, Holle continues, will aid in justifying your claims for higher levels of care. "These changes will help the providers code those higher levels if there have been side effects from the medication used," Holle believes. "Dependent on how severe the effects are, the condition could result in an infant having significant chronic issues, which will, in turn, probably mean more frequent higher-level visits," Holle concludes.

ICD-10 Adds Transitory Neonatal Electrolyte, Metabolic Disturbance Codes

The last big change to the P00-P96 perinatal codes that may well affect peds coding is the addition of nine new codes to add greater specificity to the transitory endocrine and metabolic disorders specific to newborn (P70-P74) codes. ICD-10 now recognizes the following electrolyte and metabolic disturbances with their own codes:

- P74.21 - Hypernatremia of newborn
- P74.22 - Hyponatremia of newborn
- P74.31 - Hyperkalemia of newborn
- P74.32 - Hypokalemia of newborn
- P74.41 - Alkalosis of newborn
- P74.42 - Disturbances of chlorine balance of newborn
- P74.421 - Hyperchloremia of newborn
- P74.422 - Hypochloremia of newborn
- P74.49 - Other transitory electrolyte disturbance of newborn.

To add further granularity, hyperbicarbonatemia can now be coded under P74.41, while P74.421 will now accommodate diagnoses of hyperchloremic metabolic acidosis.