



# Western Australian Coding Rule

## 0318/75 Sequencing Z38 *Liveborn infant* as principal diagnosis

### Q.

In what situations is it correct to sequence Z38.- *Liveborn infant* as principal diagnosis when there are additional diagnosis code(s) present?

### A.

ACS 1607 *Newborn/neonate* states: “A code from category Z38 should be sequenced as principal diagnosis **only** when the newborn is completely well (including those babies who have had a circumcision performed)”.

Therefore, if there are any medical issues in the birth episode, these take precedence and Z38 cannot be sequenced as principal diagnosis. For example:

- Diseases or symptoms e.g. Q codes, P codes, R codes
- Injuries e.g. injured falling out of cot during admission
- Observation, for example:
  - Post-caesarean observation: Z76.2 *Health supervision and care of other healthy infant and child* (Note that this code should only be assigned if it meets the criteria in ACS 0002 *Additional diagnoses*, as in ACS 1609 Example 3).
  - GBS observations: Z03.71 *Observation of newborn for suspected infectious condition* (see also Coding Matters 2007 volume 14 number 2 *Sequencing of Z38 Liveborn infants according to place of birth*).

In some situations it may be correct to sequence Z38 as principal diagnosis. For example, completely well newborn with additional diagnoses such as:

- Z41.2 *Routine and ritual circumcision*
- Z29.1 *Prophylactic Immunotherapy* for newborns receiving Anti-D or Hepatitis B Immunoglobulin (HBIG)
- Administrative Z codes, for example:
  - Z76.21 *Health supervision and care of infant and child awaiting adoption or foster placement* (healthy newborn awaiting adoption)
- Social Z codes, for example:
  - Z63.8 *Other specified problems related to primary support group*

### DECISION

**Z38 *Liveborn infant* should only be assigned as the principal diagnosis when the newborn is completely well. There are some codes that may be assigned as an additional diagnosis when Z38 is principal diagnosis, listed above.**

This Rule has been modified to correspond with an update in ICD-10-AM/ACHI/ACS Tenth Edition. This change was inadvertently missed in the 2018 review of the WA Coding Rules.

[Effective 1 July 2017, ICD-10-AM/ACHI/ACS 10<sup>th</sup> Ed.]



## 1013/06 Sequencing Z38 *Liveborn infant* as principal diagnosis

### Q.

In what situations is it correct to sequence Z38.- *Liveborn infant* as principal diagnosis when there are additional diagnosis code(s) present?

### A.

ACS 1607 *Newborn/neonate* states: "A code from category Z38 should be sequenced as principal diagnosis **only** when the newborn is completely well (including those babies who have had a circumcision performed)".

Therefore, if there are any medical issues in the birth episode, these take precedence and Z38 cannot be sequenced as principal diagnosis. For example:

- Diseases or symptoms e.g. Q codes, P codes, R codes
- Injuries e.g. injured falling out of cot during admission
- Observation, for example:
  - Post-caesarean observation: Z76.2 *Health supervision and care of other healthy infant and child* (Note that this code should only be assigned if it meets the criteria in ACS 0002 *Additional diagnoses*, as in ACS 1609 Example 3).
  - GBS observations: Z03.71 *Observation of newborn for suspected infectious condition* (see also Coding Matters 2007 volume 14 number 2 *Sequencing of Z38 Liveborn infants according to place of birth*).

In some situations it may be correct to sequence Z38 as principal diagnosis. For example, completely well newborn with additional diagnoses such as:

- Z41.2 *Routine and ritual circumcision*
- Z29.1 *Prophylactic Immunotherapy* for newborns receiving Anti-D or Hepatitis B Immunoglobulin (HBIG)
- Administrative Z codes, for example:
  - Z02.8 *Other examinations for administrative purposes* (healthy newborn awaiting adoption)
- Social Z codes, for example:
  - Z63.8 *Other specified problems related to primary support group*

### DECISION

**Z38 *Liveborn infant* should only be assigned as the principal diagnosis when the newborn is completely well. There are some codes that may be assigned as an additional diagnosis when Z38 is principal diagnosis, listed above.**

[Effective 18 Oct 2013, ICD-10-AM/ACHI/ACS 8<sup>th</sup> Ed.]