

The Only Constant is Change: New ICD-10 Codes in Neonatology

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The philosopher Heraclitus stated, “the only constant in life is change.” With nearly 30 years of experience as a neonatologist and 45 years within the hospital setting, Heraclitus’ adage holds true when considering healthcare. Advances in knowledge surrounding technology, genetics, diagnostic evaluations, and therapeutic interventions remain at the forefront in the practice of most clinicians. Strategies employed to “keep current” include reviewing recent literature, attending conferences, workshops, CME events, MOC activities, etc. However, physicians often ignore the changing facets of the business of neonatology.

Both Current Procedural Terminology (CPT®) and International Classification of Disease (ICD-10-CM) codes are updated on a regular timetable. The CPT® Editorial Panel maintains the CPT® code set, supported by the CPT® Advisory Committee. CPT® codes are updated annually, with their use begins on January 1 each year. (1) ICD-10 codes are also updated annually by the Centers for Medicare & Medicaid Services (CMS). Announcements and updates for the 2022 ICD-10-CM, effective October 1, 2021, can be found on the CMS website (2), as well as guidelines for coding and reporting for the current year. (3)

October 1 finds the expansion of two ICD-10-CM code sets of significance to neonatologists. (4)

The first is the addition of the **P09** code set, which adds Abnormal Findings on Neonatal Screening. Included in this set are:

- P09.1 Abnormal findings on neonatal screening for inborn errors of metabolism
- P09.2 Abnormal findings on neonatal screening for congenital endocrine disease
- P09.3 Abnormal findings on neonatal screening for congenital hematologic disorders
- P09.4 Abnormal findings on neonatal screening for cystic fibrosis
- P09.5 Abnormal findings on neonatal screening for critical congenital heart disease

- P09.6 Abnormal findings on neonatal screening for neonatal hearing loss
- P09.8 Other abnormal findings on neonatal screening
- P09.9 Abnormal findings on neonatal screening, unspecified

The second expansion is of the P00.8 code set to include P00.82, Newborns affected by (positive) maternal group B streptococcus (GBS) colonization. A type 2 exclusion exists for P00.2 Newborn affected by maternal infectious and parasitic disease. If a different infectious and/or parasitic disease affects the newborn, both P00.82 and P00.2 may be reported.

Q: An infant is born via vaginal delivery to a GBS-positive mother following rupture of membranes for 26 hours. The maternal temperature peaked at 101° F, and the mother received two doses of Penicillin greater than 4 hours prior to delivery. The infant is well appearing. Using the Neonatal Early-Onset Sepsis Calculator, the neonatologist orders vital signs every 4 hours for 24 hours. The correct ICD-10-CM code is:

- A. P00.2
- B. P02.7
- C. P00.82
- D. Z05.1



The correct answer is B. The evaluation was undertaken due to the maternal history of GBS colonization associated with the maternal and neonatal clinical presentation. P00.2 is incorrect as there are no other maternal infectious complications recorded. P02.7 is a Newborn affected by chorioamnionitis. This diagnosis would be applicable should the obstetrician determine that the mother had chorioamnionitis. Z05.1 Observation and evaluation of newborn for suspected infectious condition ruled out would be used once the evaluation was determined to be negative.

