

“SPOTLIGHT ON: ICD-10-CM BLOOD TYPE CODES”

Blood type is a clinical concept that did not exist in ICD-9-CM. As a result, before last year, there were no ICD-10-CM codes for blood type. However, with ICD-10-CM implementation, on October 1, 2015, Factors *influencing health status and contact with health services (Z00-Z99) ICD-10-CM Chapter 21*, was updated to add a new code section containing codes for blood type.

Categories of Z Codes

Following are the 16 categories of Z codes:

Contact/Exposure; Inoculations and vaccines; Status; History (of); Screening; Observation; Aftercare; Follow-up; Donor; Counseling; Encounters of obstetrical and reproductive services; Newborns and Infants; Routine administrative examinations; Miscellaneous; Non-specific Z codes; and Z codes that may only be principal/first listed diagnosis

Per ICD-10-CM guidelines, code section Z67 (Blood type) is considered a status code. Status codes are informative, because the status may affect the course of treatment and its outcome.

Following are the status codes used to report blood type:

Z67.10 (Type A blood, Rh positive)

Z67.11 (Type A blood, Rh negative)

Z67.20 (Type B blood, Rh positive)

Z67.21 (Type B blood, Rh negative)

Z67.30 (Type AB blood, Rh positive)

Z67.31 (Type AB blood, Rh negative)

Z67.40 (Type O blood, Rh positive)

Z67.41 (Type O blood, Rh negative)

Z67.90 (Unspecified blood type, Rh positive)

Z67.91 (Unspecified blood type, Rh negative)

It's been nearly a year since ICD-10 implementation, and as we continue to delve ever deeper into the complexities of ICD-10-CM coding, ACOG is asking for our Fellows' help to identify areas in the code set that are:

- Clinically inaccurate
- Not specific enough
- Reference new technology
- Did not carry over from ICD-9-CM or are
- New requirements for tracking/quality measures

If you identify areas in ICD-10-CM that may need additional codes or a refinement of existing ICD-10-CM codes, please contact us at: HealthEconomics@acog.org

The ICD-CM code set in the United States is maintained by the ICD Coordination and Maintenance Committee. This committee includes representatives from the National Center for Health Statistics (NCHS) and the Centers for Medicare and Medicaid Services (CMS). This committee reviews all requests for changes or additions to the code set.

ACOG's Committee on Health Economics and Coding meets regularly with members of the ICD Committee to discuss requests (from ACOG, other groups, vendors, or from individuals) for changes in current ob/gyn-related diagnosis codes or for the creation of new codes. ACOG's Committee also answers questions from the ICD Committee concerning appropriate terminology and definitions for ob/gyn diagnoses.

ACOG's Coding Department is publishing new resources that contain the new ob/gyn diagnosis code changes for 2017. You can purchase these resources by clicking here: <http://sales.acog.org/Coding-Resources-C56.aspx>