



Western Australian Coding Rule

0122/01 Fetal heart rate evaluation in iron infusion episode

Q.
In planned same-day iron infusion episodes for pregnant patients, fetal heart rate is routinely evaluated by a midwife.

Which criteria in ACS 1521 *Conditions and injuries in pregnancy* is met for fetal heart rate evaluation by a midwife:

- *Fetal evaluation and/or monitoring criterion*

OR

- *Fetal evaluation and/or monitoring;*
AND
- *Patient supervised/evaluated by midwife*
(which equates to **two** or more criteria, resulting in an 'O' code being assigned)?

A.
ACS 1521 *Conditions and injuries in pregnancy* instructs:
“*In the absence of specific documentation, a nonobstetric condition is classified as complicating pregnancy as indicated by **two** or more of the following criteria....*”

Clinical advice was sought from health services to ascertain whether obstetric supervision/evaluation **over and above** fetal heart rate evaluation is routinely performed during iron infusion episodes. The advice confirmed that it may not always be routinely required or performed and is dependent on comorbidities and/or complications of pregnancy.

Therefore, fetal heart rate evaluation by a midwife meets only **one** criterion in ACS 1521: *Fetal evaluation and/or monitoring is performed.*

Obstetric observation(s) or other documented evidence of obstetric supervision or evaluation is required to meet the criterion: *Patient is supervised/evaluated by an obstetrician/gynaecologist (or other medical clinician responsible for obstetric care), midwife and/or neonatologist.*

Examples of obstetric observations include: fetal movement, uterine activity, PV loss, fundal tone.

See also ACS 1521/Example 8.

DECISION

In booked iron infusion episodes for pregnant patients, fetal heart rate evaluation by a midwife meets only one criterion in ACS 1521: *Fetal evaluation and/or monitoring performed.*

[Effective 1 January 2022, ICD-10-AM/ACHI/ACS 11th Ed.]