



Banner Health®

ICD-10-CM

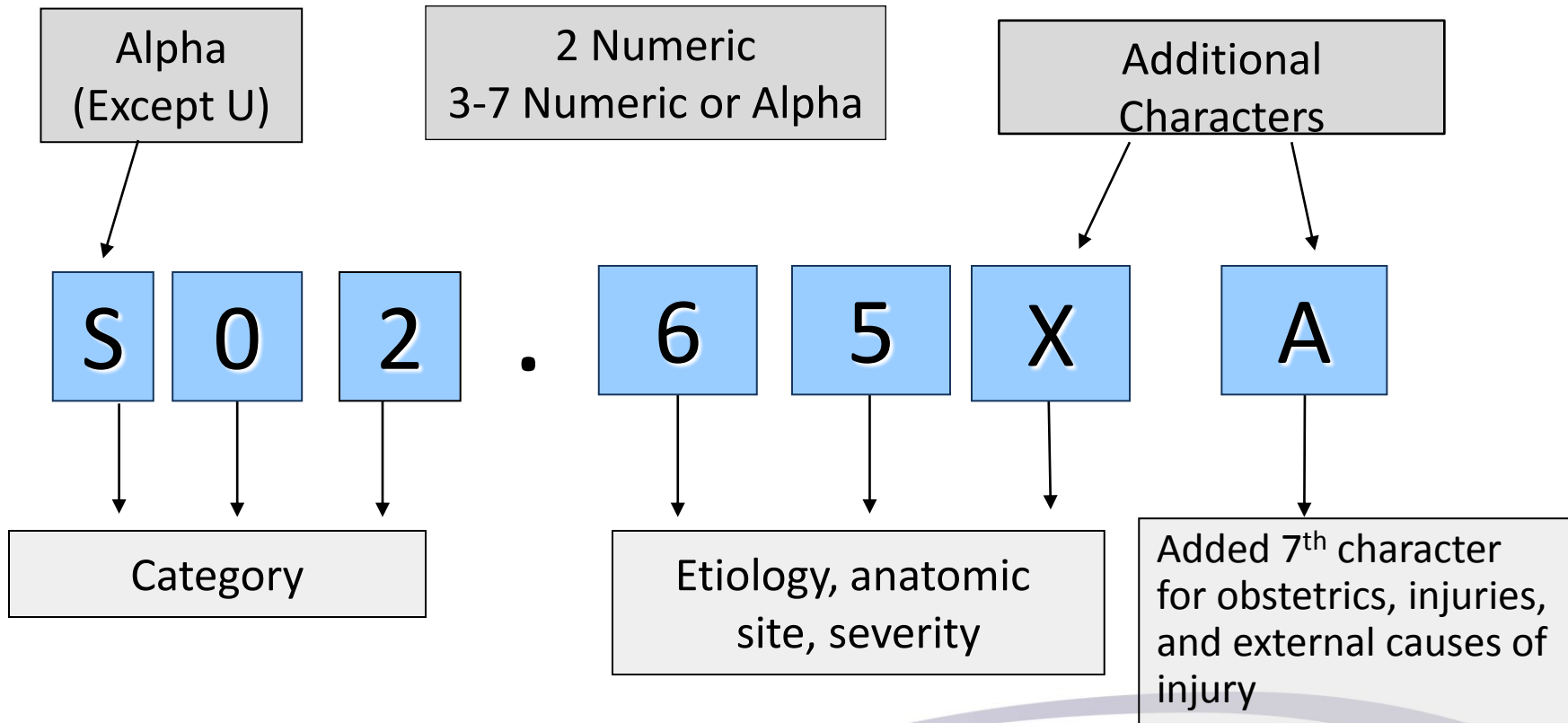
CODING FOR OB-GYN



ICD-9-CM & ICD-10-CM COMPARISON

ICD-9-CM	ICD-10-CM
Three to five characters	Three to seven characters
First digit is numeric but can be alpha (E or V)	First character is always alpha, (except U is not used)
2-5 are numeric	Character 2 is always numeric: 3-7 can be alpha or numeric
Always at least three digits	Always at least three digits
Decimal Placed after the first three characters (With E codes, placed after the first four characters)	Decimal placed after the first three characters
Alpha Characters – not case sensitive	Alpha characters are not case sensitive

ICD-10-CM CODE STRUCTURE



Place holder X

- Where a placeholder exists, the X must be used in order for the code to be considered a valid code.
- Certain ICD-10-CM categories have applicable 7th characters. The applicable 7th character is required for all codes within the category.
- The 7th character must always be the 7th character in the data field.
- Codes that require a 7th character but no 6th, a placeholder X must be used to fill in the empty 6th place character.
 - Fall down Escalator, initial encounter
 - W100XXA

NEC and NOS

- NEC “Not elsewhere classifiable”
 - Used when no specific code is available to represent the condition
- NOS “Not otherwise specified”
 - Used when there isn’t enough documentation to assign a more specific code

Excludes Notes

The ICD-10-CM has two types of excludes notes:

Excludes1

- “NOT CODED HERE” - indicates that the code excluded should **never** be used at the same time as the code above the Excludes1 note.
- Indicates that two conditions **cannot** occur together, such as a congenital form vs an acquired form of the same condition.

Excludes2

- “NOT INCLUDED HERE” – Indicates that a patient may have both conditions at the same time. Indicates it is **acceptable** to **report both** the codes together, when appropriate.

Inclusion Notes

Inclusion notes contain terms that are the condition for which that code number is to be used.

The terms may be:

- Synonyms of the code title, or
- in the case of “other specified” codes, the terms are a list of various conditions assigned to that code.
- The inclusion terms are **not** necessarily exhaustive.

Code Also, Code First, Use Additional Code

- A “code also” note instructs that:
 - two codes may be required to fully describe a condition
 - this note does not provide sequencing direction.
- The “code first” and “use additional code” notes provide sequencing order of the codes.

ICD-10-CM OB/GYN GENERAL RULES

- Obstetric codes have priority over all other codes
- If pregnancy is **incidental** to the encounter, select Z33.1, in place of all obstetrical codes
 - Provider is **responsible to state** that the condition being treated is **not** affecting the pregnancy
- Obstetrical codes can only be used on the maternal record

ICD-10-CM OB/GYN GENERAL RULES₂

- Correct assignment of trimester
 - Documentation must reflect trimester for **both** pre-existing and newly developed conditions
 - For inpatients, **pre-existing** conditions are coded to the trimester at the **time of admission**, conditions that **develop during** the admission are coded to the patient's **trimester** at the **time** the condition **developed**
- Each visit **must** have a code from **category Z3A** indicating the number of **weeks of gestation**

ICD-10-CM OB/GYN GENERAL RULES³

- Routine Outpatient Prenatal Visits
 - When **no complications**, use a code from category **Z34**, encounter for supervision of normal pregnancy. Do not use these codes in conjunction with any obstetric codes
- Prenatal Visits for High-Risk Patients
 - Routine visits for high-risk pregnancies should be coded with a code from **category 009**, supervision of high-risk pregnancy, followed by any applicable obstetrical code

7th CHARACTERS IN OB/GYN

Certain codes require 7th character to identify **multiple** gestation affected by condition:

- 0: Not applicable (single gestations) or unspecified
- 1-5: Fetus number
- 9: Other fetus

Must assign code from O30 (Multiple Gestation)

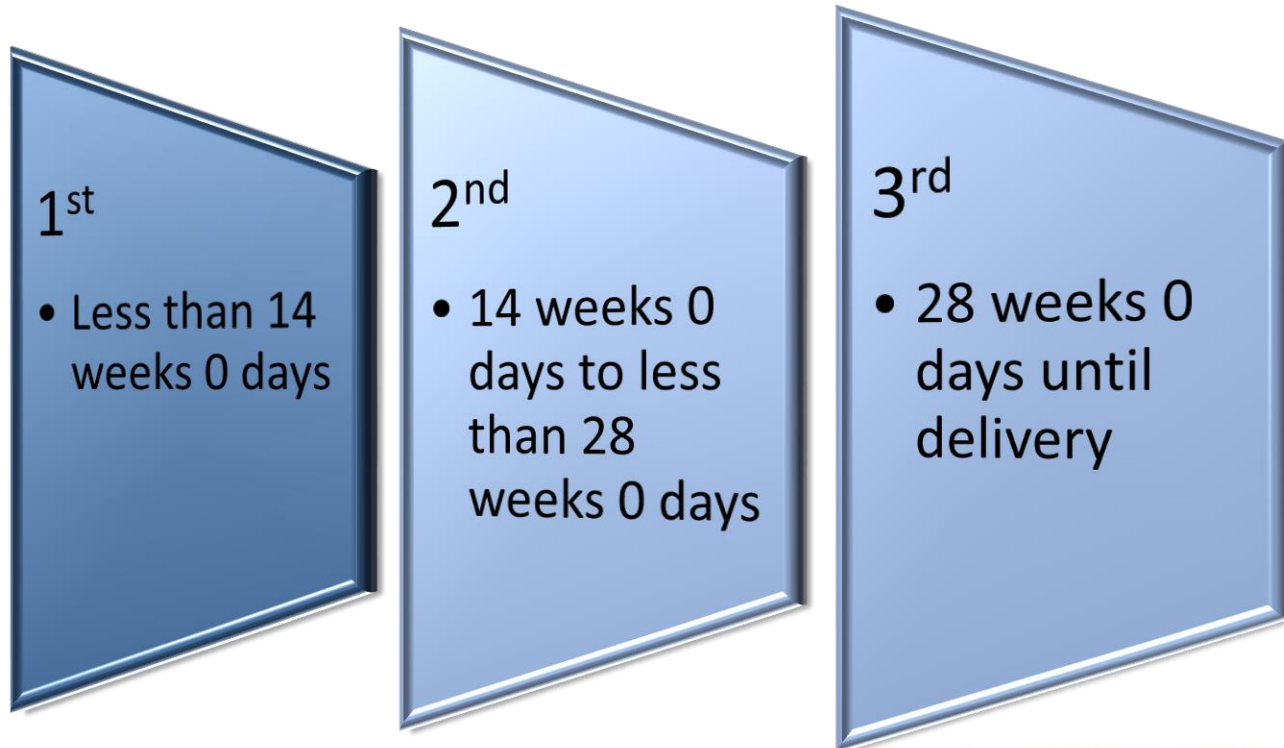
Example:

ICD-10: O40.3**xx1** Polyhydramnios, third trimester, **fetus 1**

– xx placeholders

ICD-10: O30.043 Twin pregnancy dichorionic/diamniotic

The 3 Trimesters Of Pregnancy



Trimester Tips:

- Not every code in chapter 15 has a trimester component. If trimester is **not a component of a code**, it's because the condition always occurs in a **specific** trimester **or** the concept of trimester is **not applicable**.
- Assignment of the **final** character for trimester should be based on the **provider's documentation** of the trimester or number of weeks

Diseases of the Genitourinary System (N00-N99)

ICD-10

3 subcategories related to bleeding disorders (other than menopausal)

- N91: Absent, scanty and rare menstruation
 - (6 subcategories) N91.0-N91.5
- N92: Excessive, frequent and irregular menstruation
 - (7 subcategories) N92.0-N92.6
- N93: Other abnormal uterine and vaginal bleeding
 - (3 subcategories) N93.0; .8; .9

ICD-9

1 category

Disorders of menstruation and other abnormal bleeding from female genital tract

- 626

General Terminology

N92.0 - Excessive and frequent menstruation with regular cycle

- Heavy periods NOS
- Menorrhagia NOS
- Polymenorrhea NOS
- Several code titles have been revised
 - **ICD 9:** Abnormality of organs and soft tissue of pelvis
 - **ICD-10:** Maternal care for abnormality of pelvic organs

Example:

- **ICD-10:** O10.012 Pre-existing essential hypertension complicating pregnancy, second trimester
- **ICD-9:** 642.03 Antepartum benign essential hypertension

ICD-10-CM

Breast conditions documentation...

Specify/identify:

- Specific condition (e.g. non-purulent mastitis, etc.)
- Trimester or puerperium period or lactating (when applicable)

ICD-10-CM Specificity

N60.0 Solitary cyst of breast

- N60.01 Solitary cyst of **right** breast
- N60.02 Solitary cyst of **left** breast
- N60.09 Solitary cyst of **unspecified** breast

N60.1 Diffuse cystic mastopathy (cystic breast, fibrocystic breast)- same pattern as above

N63 Unspecified lump in breast

ICD-10-CM PRE-EXISTING CONDITIONS

Documentation assists in identifying and supporting:

- Greater specificity in code selection
- Care provided
- Medical necessity

Example: Bicornuate Uterus, Diabetes Type 1, 16 weeks gestation

O34.592 – Maternal care for other abnormalities of gravid uterus, second trimester

Q51.3 – Bicornate uterus

O24.012 – Pre-existing diabetes mellitus, Type 1, in pregnancy, 2nd trimester

E10.9 – Type 1 DM without complications

Z3A.16 – 16 weeks gestation of pregnancy

Z794 – Long term(current)use of insulin

ICD-10-CM ASSOCIATED CONDITIONS

Documentation assists in identifying and supporting:

- Greater specificity in code selection
- Care provided
- Medical necessity

Example: 24 weeks gestation; placenta previa with breech presentation

- **O44.03** - Placenta Previa specified as without hemorrhage, third trimester
- **O32.1XX0** - Maternal care for breech presentation, not applicable or unspecified
- **Z3A.24** - 24 weeks gestation of pregnancy

ICD-10-CM UNDERLYING CAUSE

Documentation assists in identifying and supporting:

- True severity
- Treatment outcomes
- Medical necessity

Example: Obstructed labor due to fetopelvic disproportion, large fetus, 40 weeks gestation

- **O66.2-** Obstructed labor due to unusually large fetus
- **Z3S.40** – 40 weeks gestation
- **Z37.0** - Single live birth

ICD-10-CM

Abortive outcomes documentation...

Specify/identify:

- Type/outcome
- Incomplete abortion
- Abortive agent/method
- Associated complications

Reminder: If delivery occurs, specify the outcome

ICD-10-CM

Pre-existing and pregnancy induced conditions...

Specify/identify:

- Pre-pregnancy condition(s) impacting care
- Pregnancy-induced conditions
 - Gestational diabetes (diet or insulin controlled)
 - Hypertension (pre-eclampsia = mild, moderate, severe, HELLP)

Note: Eclampsia is classified as occurring in pregnancy, labor or puerperium

PREGNANCY, CHILDBIRTH AND PUERPERIUM

ICD-10-CM DOCUMENTATION

Pregnancy & childbirth

- Gestation
- Induction
- C-section
- Delivery method
- Multiple gestations
- Laceration or trauma
- Outcome of delivery
- High risk
- Congenital anomalies
- Insufficient antenatal care
- Infertility problems with reproduction
- Any complications

Puerperium period

- Retained placenta or membranes: with or without hemorrhage
- Site/origin of infection (list infectious agent and specify severe sepsis as applicable)
- Conditions that require medical care and surveillance

ICD-10-CM Affected Fetus in Multiples

Documentation assists in following conditions that develop in an **individual** fetus

- Multiple gestating fetuses must be designated
- Specify the number of placentas and amniotic sacs

Example: Triplet pregnancy, 30 weeks, baby #3 breech; 3 amniotic sacs and 2 placenta

- O32.1xx3 – Maternal care for breech presentation, fetus 3
- O31.8xx33 – Other complication specific to multiple gestation, 3rd trimester, fetus 3
- O30.113 – Triplet pregnancy with 2 or more monochorionic fetuses, 3rd trimester
- O30.123 – Triplet pregnancy with 2 or more monoamniotic fetuses, 3rd trimester
- Z3A.30 – 30 weeks gestation

Outcome of Delivery Tips:

- Chapter 15 codes **do not** indicate the outcome of delivery, a code from **category Z37** is assigned as an additional code to provide this information whenever the patient delivers in the hospital.
- Fourth characters indicate **both** whether the outcome was single or multiple and whether liveborn or stillborn.
- Only used on the **mother's record**, **not** the record of the **newborn**, only assigned for the episode of care during which delivery occurred. **Don't use Z37** when delivery occurs **outside** the hospital.

Example:

Documentation Example: 40 week term pregnancy, spontaneous delivery, vertex presentation; liveborn male infant

ICD-10 Diagnosis Codes:

- O80 Encounter for full-term uncomplicated delivery
- Z37.0 Single live birth
- Z3A.40 40 **weeks gestation** of pregnancy

ICD-9 Diagnosis Codes:

- 650 Normal delivery
- V27.0 Single liveborn

Case Study 1

- ❖ Code the following:
- ❖ 16 week pregnancy with mild hyperemesis and urinary tract infection which grew out E coli.

Answer: Case 1

ICD-10 Diagnosis Code

- O21.0 Pregnancy (single) (uterine), complicated by (care of) (management affected by), hyperemesis (gravidarum) (mild) – see also Hyperemesis, gravidarum (mild)
- O23.42 Pregnancy (single) (uterine), complicated by (care of) (management affected by), infection(s), urinary (tract). Review the Tabular for complete code assignment.
- B96.20 Infection, infected, infective (opportunistic), bacterial NOS, as cause of disease classified elsewhere, Escherichia coli [E. coli]
- Z3A.16 Pregnancy (single) (uterine), weeks of gestation, 16 weeks

ICD-9 Diagnosis Code

- 643.03 Mild hyperemesis gravidarum, antepartum
- 646.63 Infections of genitourinary tract in pregnancy, antepartum
- 599.0 Urinary tract infection, site not specified
- 041.49 Other and unspecified Escherichia coli (E. coli)

Answer: Case 1₂

Rationale: The **hyperemesis gravidarum** code for this case is specific to weeks of gestation – “starting before the end of the 20th week of gestation.” Note that there are **different options for finding this code in the Index**. The UTI code does not require a secondary code for the **UTI** (as previously seen in ICD-9-CM) because **specificity is found in the code**, but there is a “**use additional code**” note to **identify the organism**.

Case Study 2

- ❖ This 24 year old woman is 3 weeks postpartum and seen today for breast pain. Final diagnosis documented as nonpurulent postpartum mastitis.
- ❖ What is the correct code?

Answer: Case 2

ICD-10 Code

O91.22 Mastitis (acute)
(diffuse)non-puerperal
(subacute), obstetric
(interstitial)(nonpurulent),
associated with,
puerperium.

ICD-9 Code

675.14 Abscess of breast in
pregnancy, postpartum

Rationale: In this case, the **mastitis is not classified in a pregnancy or delivery complication**; however, further indentation in the Index provides the specificity of a postpartum complication.

Case Study 3

- ❖ The patient, G1P0, was admitted in active labor at 38 completed weeks of gestation. The patient was dilated to 6 cm approximately 7 hours following admission. Pitocin augmentation was started and she progressed to complete dilation. A second degree perineal laceration occurred during delivery and was repaired. A female infant was delivered with Apgar scores of 9 and 9.
- ❖ Code the diagnosis codes only.

Answer: Case 3

ICD-10 Code

O70.1 Delivery (childbirth) (labor), complicated, by, laceration (perineal), perineum, perineal second degree

Z3A.38 Pregnancy (single) (uterine), weeks of gestation, 38 weeks

Z37.0 Outcome of delivery, single, liveborn

ICD-9 Code

664.11 Second-degree perineal laceration, delivered

V27.0 Mother with single liveborn

Rationale: The patient experienced a **second degree perineal laceration** (O70.1) during delivery. The outcome of **delivery was a single liveborn** (Z37.0). The **Pitocin augmentation is not coded, only failed medical induction of labor.**

Case Study 4

- ❖ A 43-year-old female is admitted to the hospital with recurrent enometrorrhagia, pelvic pain, and dysmenorrhea. The patient had a tubal ligation in 1982. The physician diagnoses post-tubal ligation syndrome.
- ❖ What is the appropriate code(s) for post-tubal ligation syndrome?

Answer: Case 4

ICD-10 Code

ICD-9 Code

N92.1 Excessive and frequent menstruation with irregular cycle

626.2 Excessive/frequent menstruation

N94.4 Primary dysmenorrhea

625.3 Dysmenorrhea

R10.2 Pelvic and perineal pain

625.9 Unspecified symptom associated with female genital organs

Z98.51 Tubal Ligation Status

Note: Z98.51 Other postprocedural states; these codes can be used when the [history](#) is the [reason for admission](#) or encounter. They can be used as additional codes for [any](#) patient [regardless of the reason for the encounter](#), but they are [ordinarily assigned only](#) when the history, status, or problem has some significance for the episode of care. Prospective controlled studies show that these problems are no more common in women who have undergone sterilization than those who have not.

ICD-10-CM

In **summary**, ICD-10-CM obstetrics coding requires specificity at a higher level than ICD-9-CM

Documentation must include:

- Trimester
- Pre-existing conditions
- Associated conditions
- Underlying cause
- Identification of affected fetus
- Fetal conditions

ICD-10-CM

Additional Changes with ICD-10:

- One code for screening mammograms
- Greater specificity to report type of contraceptive
 - Z30.013 Encounter for initial prescription of injectable contraceptive
- Greater specificity to report procreative management
 - Z31.81 Encounter for male factor infertility in female patient



Email questions to BHICD-10@bannerhealth.com