ICD-10 CODING ROUNDTABLE
Obstetrics & Gynecology
Kay Piper, RHIA, CDIP, CCS
April 22, 2016
MoHiMA Annual Meeting, Blue Springs, MO

ICD-10-CM Chapter 15
000-008 - Pregnancy with abortive outcome
009-009 - Supervision of high risk pregnancy
010-016 - Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium
020-029 - Other maternal disorders predominantly related to pregnancy
030-048 - Maternal care related to the fetus and amniotic cavity and possible delivery problems
060-077 - Complications of labor and delivery
080-082 - Encounter for delivery
085-092 - Complications predominantly related to the puerperium
094-09A - Other obstetric conditions, not elsewhere classified

CHALLENGE: Remember the first character in ICD-10 is always a letter. In the pregnancy chapter the letter is “O” which looks a lot like a zero.
Chapter 15 Highlights

- Sequencing priority over codes from other chapters
  - Only used on Mom’s record, never on newborn record
- Majority of codes have 7th character
  - Indicates pregnancy trimester
  - See beginning of Chapter 15 for trimester timeframes
  - Use provider’s documentation to assign trimester character
- Use “in childbirth” option, if available, when a delivery occurs during the current admission
- Incidental pregnancy state is Z33.1
  - Provider must state that the condition being treated is NOT affecting pregnancy

Peripartum & Postpartum

Peripartum and postpartum periods:
- Postpartum = immediately after delivery through six weeks following delivery
- Peripartum = last month of pregnancy to five months postpartum

Peripartum and postpartum complications:
- Any complication occurring within the six week period
Trimesters

Trimesters are counted from the first day of the last menstrual period (LMP):

1st trimester - less than 14 weeks 0 days
2nd trimester - 14 weeks 0 days to less than 28 weeks 0 days
3rd trimester - 28 weeks 0 days until delivery

**Use additional code from category Z3A Weeks of gestation** to identify the specific week of the pregnancy.

Trimesters

**Conditions treated in more than one trimester:**
Admitted during one trimester and hospitalized into next trimester

- Assign trimester **when the complication developed**
- **Do not assign** trimester at discharge

Seventh character Trimester examples

- O09.621 Supervision of young multigravida, *first* trimester
- O09.622 Supervision of young multigravida, *second* trimester
- O09.623 Supervision of young multigravida, *third* trimester
- O09.629 Supervision of young multigravida, *unspecified* trimester
Routine Prenatal Visits

For *routine* prenatal visits with no complications
- Category **Z34, Encounter for supervision of normal pregnancy**
- First-listed diagnosis
- Not used with chapter 15 codes

Uncomplicated Delivery

- Encounter for full term uncomplicated delivery is **O80**
  - Full term normal delivery
  - Delivers single healthy infant without any complications
- Outcome of delivery **Z37.0** Single live birth is the only outcome of delivery code appropriate for use with O80
Notable Changes in ICD-10

- **Episode of care** (delivered, antepartum or postpartum) doesn’t exist
- **003 - Spontaneous abortion**
  - Complete or incomplete or complicated
- **009 - Supervision of high risk pregnancy**
  - Trimester in which the treatment occurred
- **Category O30 - Multiple gestations**
  - More specific complications
- **Category O42 - Premature rupture of membranes identifies**
  - Length of the time between rupture and onset of delivery,
  - Weeks of gestation at time membranes ruptured
  - Trimester

Diabetes in Pregnancy

Fifth character identifies in pregnancy, in childbirth, or in puerperium

- **024.02 Pre-existing diabetes mellitus in childbirth**
  - Use additional code for type of diabetes (E08-E13)

- **024.4424 Gestational diabetes mellitus in childbirth, insulin controlled**
  - Sixth character specifies diet controlled, insulin controlled or unspecified control
  - How to code oral medication control?
Gestational Diabetes on Oral Medication
Coding Clinic 4th Quarter 2015, Page 34

Alphabetic Index

- Codes for Diet and Insulin control
- No unique code for control by oral meds
  - Assign O24.419 Gestational DM in pregnancy, UNSPECIFIED CONTROL
  - Assign Z79.899 Other Long-Term Drug Therapy

PCS Guidelines for Obstetrics

C. Obstetrics Section

Products of conception
C1
Procedures performed on the products of conception are coded to the Obstetrics section. Procedures performed on the pregnant female other than the products of conception are coded to the appropriate root operation in the Medical and Surgical section.

Example: Amnioinfusion is coded to the products of conception body part in the Obstetrics section. Repair of obstetric urethral laceration is coded to the urology body part in the Medical and Surgical section.

Procedures following delivery or abortion
C2
Procedures performed following a delivery or abortion for curettage of the endometrium or evacuation of retained products of conception are all coded in the Obstetrics section, to the root operation Extraction and the body part Products of Conception, Retained. Diagnostic or therapeutic dilation and curettage performed during times other than the postpartum or post-abortion period are all coded in the Medical and Surgical section, to the root operation Extraction and the body part Endometrium.
ICD-10-PCS: Obstetrics

<table>
<thead>
<tr>
<th>1st Character = Section</th>
<th>2nd Character = Body System</th>
<th>3rd Character = Root Operation</th>
<th>4th Character = Body Part</th>
<th>5th Character = Approach</th>
<th>6th Character = Device</th>
<th>7th Character = Qualifier</th>
</tr>
</thead>
</table>

- **PCS Guidelines - Procedure performed on...**
  - Products of Conception (POC) = Obstetrics section
  - Pregnant female other than POC = Medical and Surgical section
- **Examples**
  - Endometrial curettage following delivery or abortion or evacuation of retained products of conception
    - Obstetrics section
    - Root operation = Extraction
    - Body part = Products of conception, retained
  - Diagnostic or therapeutic D&C not post-partum or post-abortion
    - Medical and Surgical section
    - Root operation = Extraction
    - Body part = Endometrium

**Character 1 – Obstetric Section**

- The first character value for obstetric procedure codes is 1
Character 2 – Pregnancy Body System

- The second character value for the body system is **pregnancy**, with a value of 0

### PCS Table

<table>
<thead>
<tr>
<th>Section</th>
<th>1 Obstetrics</th>
<th>0 Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body System</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Character 3 – Root Operation

**12 root operations**  **Obstetrics Section** — *Third character values:*

- **A** = Abortion - artificially terminating a pregnancy
- **2** = Change - taking out or offer device from the body part and putting back and identical or similar device without cutting or puncturing the skin.
- **E** = Delivery - assisting the passage of the products of conception from the birth canal
- **9** = Drainage - taking her letting out fluids and/or gases from a body part
- **D** = Extraction - pulling or stripping out or off of all or a portion of the body part by use of force
- **H** = Insertion - putting in a non-biological appliance that monitors, assist, performs, or prevents a physiological function, but does not take the place of a body part
- **J** = Inspection - visually and/or manually exploring a body part
- **P** = Removal - outer taking out or off a device from a body part
- **Q** = Repair - restoring a body part to its normal anatomic structure and function to the extent possible
- **S** = Reposition - moving to its normal location or other suitable location all or a portion of a body part
- **T** = Resection - cutting out or off without replacement all of the body part
- **Y** = Transplantation - transplant of a body part from another individual or animal to take the place of or function as a similar body part
Character 4 – Body Part

- The fourth character values in the obstetrics section are **0, 1, and 2 for the body parts**
  - 0 = products of conception
  - 1 = products of conception, *retained*
  - 2 = products of conception, *ectopic*

- Products of conception = fetus, embryo, amnion, umbilical cord, and placenta
- No differentiation based on gestational age

Character 5

- The fifth character represents the approach and there are **six different approach values**
  - 0 = open
  - 3 = percutaneous
  - 4 = percutaneous *endoscopic*
  - 7 = via natural or artificial opening
  - 8 = via natural or artificial opening *endoscopic*
  - X = external

**Note: these are the same approach definition as in the medical and surgical section**
Character 6 – Device

• The six character represents the **device**, with **three possible values**
  3 = monitoring electrode
  Y = other device
  Z = no device

Character 7 - Qualifier

• The seventh character represents **qualifiers**
• Examples:
  1 = Low Cervical
  6 = Vacuum
  3 = Low Forceps
  W = Laminaria
  Z = No Qualifier
Putting it all together...

**Low Transverse Cesarean Section 10D00Z1**

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Products of Conception</td>
<td>0 Open</td>
<td>Z No Device</td>
<td></td>
</tr>
<tr>
<td>1 Products of Conception, Retained</td>
<td>7 Via Natural or Artificial Opening</td>
<td>Z No Device</td>
<td></td>
</tr>
<tr>
<td>2 Products of Conception, Ectopic</td>
<td>8 Via Natural or Artificial Opening Endoscopic</td>
<td>Z No Device</td>
<td>Z Qualifier</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Body System</th>
<th>Operation</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Oftetrics</td>
<td>0</td>
<td>Pregnancy</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td></td>
<td>B</td>
<td>Extraction: Pulling out or after all or a portion of a body part by the use of force</td>
<td></td>
</tr>
</tbody>
</table>

Courtesy of the Center for Medicare and Medicaid Services, www.cms.hhs.gov
Obstetrical periurethral laceration
Coding Clinic, Fourth Quarter ICD-10 2014 Pages 18-19

Question:
• PCS guideline B4.1: “Peri” + Body Part = code to the body part named
• What’s the correct body part for periurethral laceration repair? Is it urethra?

Answer:
• Periurethral describes an anatomic region
  – Urethra is not being repaired
  – Vulva is being repaired
• Assign 0UQMXZZ Repair vulva, external approach
• B4.1b Guideline applies when PCS doesn’t have that specific body part value
  – PCS does has a value for Vulva – assign Vulva
  – If PCS didn’t have Vulva value then follow “peri” guideline
    • i.e., “peri-urethral” would be coded to the body part “urethral”

Second degree obstetric perineal laceration
Coding Clinic, Fourth Quarter ICD-10 2014 Page 43

Question:
• Second degree perineal laceration = perineal muscle tear
• Is it ok to equate “second degree perineal laceration repair” to perineal muscle?
  – OKQM0ZZ Repair perineum muscle, open approach
  – Does the doctor need to state “perineal muscle”?

Answer:
• Second degree perineal laceration equates to perineal muscle laceration
• Documentation of “second degree laceration” is sufficient to code perineal muscle repair
• Physician doesn’t need to document “perineum muscle”
Question: What is the correct PCS code for a second degree obstetrical (perineum) laceration that involved muscle?

Answer: OKQM0ZZ Repair perineum muscle, open approach
- “Open” approach = cutting through skin or mucous membrane and any other body layers necessary to expose procedure site
- Laceration naturally cuts through body layers exposing muscle
- Even though it happened spontaneously, it’s the mechanism for exposing the procedure site
- Advice applies laceration repairs caused by other means—Ex., Knife wound that lacerates the liver

LET’S PRACTICE!
Coding Scenario #1

A fifteen year old female with her first pregnancy developed placenta previa in her 35th week. Bed rest was ordered until delivery. Told to go to the ER if any signs of vaginal bleeding.

Coding Scenario #2

The patient is a 28 year old female with a positive pregnancy test 2 weeks prior. It was determined that she is 15 weeks pregnant. The patient came into the ER with abdominal pain lower right quadrant. Patient has an abdominal Ultrasound and it is determined that there is no intrauterine pregnancy only an ectopic pregnancy in the right fallopian tube. The patient undergoes surgery Laparoscopy for removal of the ectopic pregnancy under a General anesthetic.
Coding Scenario #3

A twenty-five year old female delivers liveborn twins at 39 weeks. Delivery was manually-assisted, vaginal with episiotomy.

Coding Scenario #4

A 30 year old female delivers liveborn twins (dichorionic/diamniotic) by cesarean section (low cervical) when it was determined that Twin A was in breech presentation. Pregnancy at 38.5 weeks has been complicated by gestational diabetes which is insulin controlled.
Coding Scenario #5

A twenty-seven year old female in 42-5/7th week of pregnancy came to birthing center in labor, and had a prolonged first stage of labor. She delivered the next evening (42-6/7 weeks) after 22 hours of labor. Mid-wife assisted with vaginal delivery over intact perineum of single large-for-gestational age live-born female.

Coding Scenario #6

A 42 year old female who is 36 weeks with her first pregnancy is admitted to your facility with premature rupture of membranes. 30 hours after admission, she goes into labor and vaginally delivers a single-liveborn infant with the assistance of low forceps.
Coding Scenario #7

A 37 year old female is pregnant and history of premature contractions and cervical cerclage. She has a history of 3 prior pregnancies. The patient had a cervical cerclage at 14 weeks. The patient is now 32 weeks pregnant and is having premature contractions. She is admitted to labor and delivery for observation of her preterm labor. The patient’s blood pressure is high and it is determined that she needs to have an emergent Cesarean section. The cerclage is removed in Labor and Delivery. A low transverse Cesarean section is performed and baby is a single liveborn and taken to the NICU. The patient is taken to recovery and her gestational hypertension is continued to be managed. The patient develops postpartum hemorrhage where she is taken back to the OR for evacuation of retained placenta. Patient is stable and recovering.

Coding Scenario #8

The patient is a 28 year old female with Labial swelling and a Labial lesion. The physician tests the patient for genital herpes. The test comes back positive for genital herpes.
Coding Scenario #9

A 28 year old female is admitted for a drainage of Bartholin Abscess for outpatient surgery. A small incision is made on the vaginal lips over the abscess. A catheter is placed to aid with drainage and to promote healing.

Coding Scenario #10

A 55 year old female is having postmenopausal bleeding and due to the blood loss she has anemia. Patient has a Total Abdominal Hysterectomy with diagnosis of postmenopausal bleeding and anemia due to blood loss. The patient has hypertension, history of ductal carcinoma of right breast, diabetes Type 1.