



OBSTETRICS & GYNECOLOGY

Payers and Providers Partnering for Success

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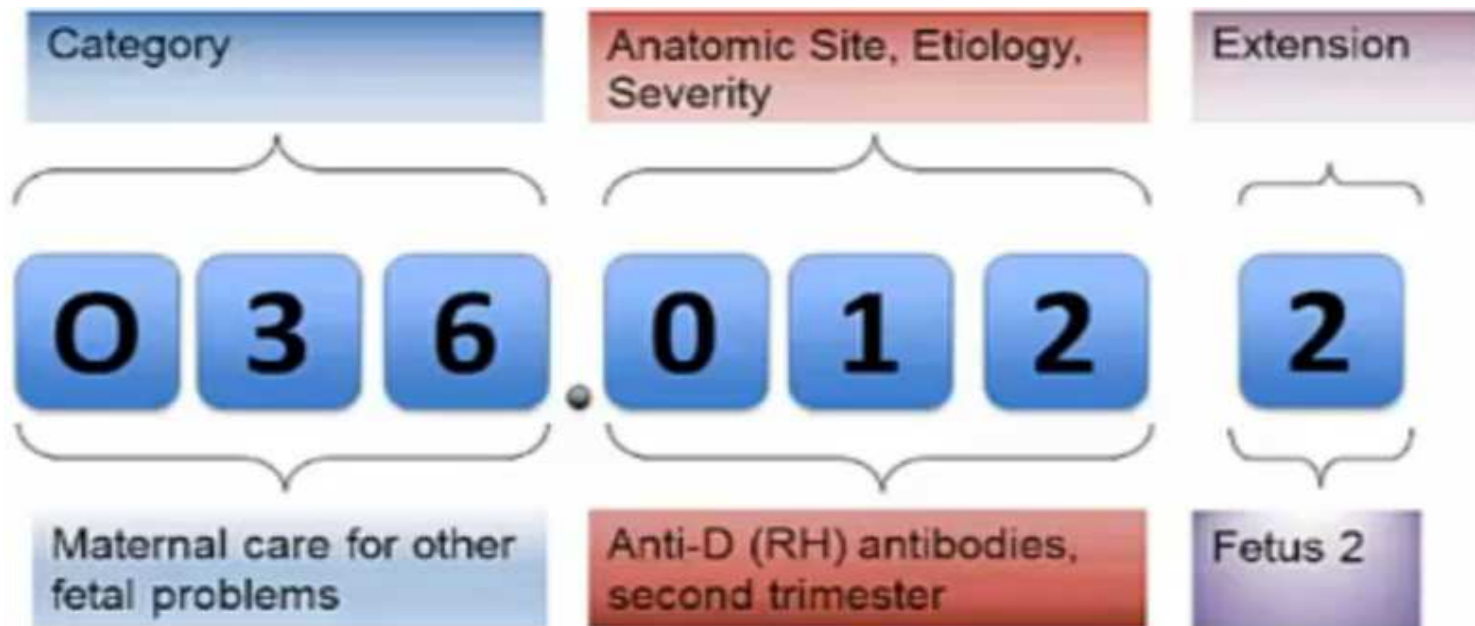
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VARYING CHANGES BY CLINICAL AREAS

Clinical Area	ICD-9 Code	ICD-10 Codes
Fracture's	747	17099
Poisoning and Toxic effects	244	4662
Pregnancy related conditions	1104	2155
Brain Injury	292	574
Diabetes	69	239
Migraine	40	44
Bleeding disorders	26	29
Mood related disorders	78	71
Hypertensive Disease	33	14
End stage renal disease	11	5
Chronic respiratory failure	7	4

ICD-10 STRUCTURE & CONTENT

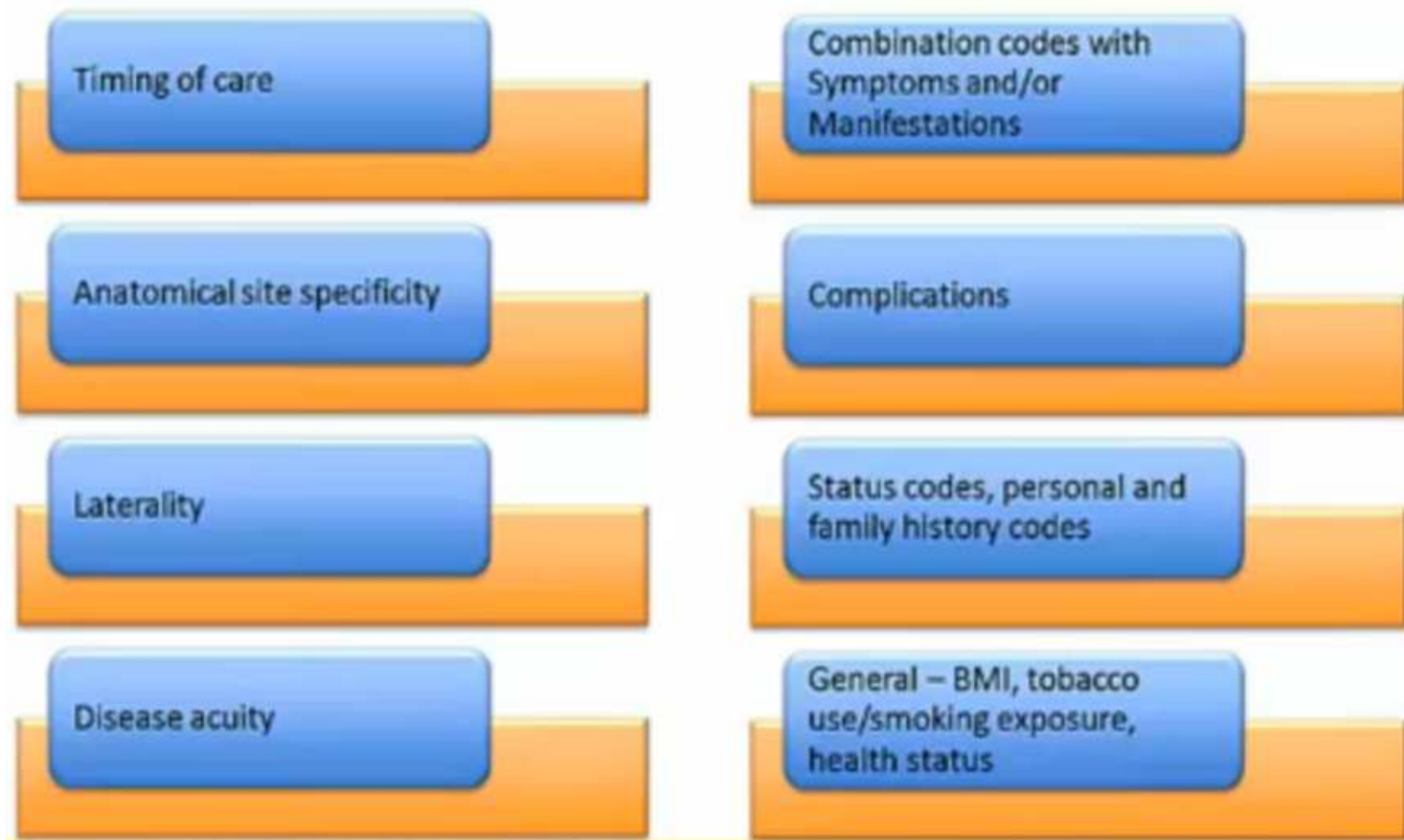


O36.0122 - Maternal care for anti-D [Rh] antibodies, second trimester, fetus 2

CLINICAL IMPACTS



ICD-10 CLINICAL DOCUMENTATION IMPACTS



WITH ICD-10, APPROPRIATE CLINICAL DOCUMENTATION CAN

- Enhance communication and collaboration among providers and between physician and patient by filling in the gaps in treatment and care.
- Provide an accurate representation of the severity and complexity of a patients illness.
- Improve the quality of patient care, the patient care experience and strengthen the doctor-patient relationship.
- Connect the pieces of the medical record together for problems, assessments, procedures and treatments.
- Support and supplement provider documentation.
- Help substantiate the level of specificity required within ICD-10.
- Ensure we are paid for the services we provide.

ICD-10-CM EXAMPLES OF DOCUMENTATION SPECIFICITY

- New codes identifying abnormal findings separating routine preventative exams from exams that were clinically necessary for further investigation and assessment:

Z00.01 - Encounter for general adult medical examination with abnormal findings
Z00.121 - Encounter for routine child health examination with abnormal findings

- Document specific abnormal findings in a routine examination.
- Chronic conditions (i.e. asthma, bronchitis, COPD, etc.) requires that any related tobacco use, abuse, dependence, past history or smoke exposure (e.g., second hand) be reported.
- More specific documentation regarding laterality and anatomical location is required to identify site for medicated dressings, splints, etc.

ICD-10-CM EXAMPLE OF REVISED CLASSIFICATION

- Hypertension is no longer classified by type- benign, malignant or unspecified.
- ICD-10 classifies hypertension as Essential (primary).
- The following are the available categories for hypertensive conditions in ICD-10-CM. In some cases you may need to note if heart failure is present (e.g., I11) and the type of heart failure.
 - I10, Essential (primary) hypertension
 - I11, Hypertensive heart disease
 - I12, Hypertensive chronic kidney disease
 - I13, Hypertensive heart and chronic kidney disease
 - I15, Secondary hypertension
- I10 is used when hypertension is not further specified/associated with/caused by another disease process such as chronic kidney disease.
- Gestational hypertension is assigned OB chapter codes O13.- or O14.-



DOCUMENTATION
REQUIREMENTS

DOCUMENTING PREGNANCY

For pregnancy, the following documentation should be included:

- In ICD-10-CM, antepartum encounters are classified by the trimester of the pregnancy at the time of the encounter.
- Document weeks of gestation.
- The definition of a complication remains the same as under ICD-9-CM. Examples include asthma, smoking, obesity, gestational diabetes, pre-existing hypertension, etc...
- It is important to note if an obstetric complication is associated with delivery as an “in childbirth” option may exist and should be assigned.

OBSTETRIC COMPLICATIONS- DIABETES

- When diabetes complicates pregnancy it can be further classified as:
 - Pre-existing (type 1 or 2) and by the trimester in which the encounter occurred
 - Gestational in pregnancy, childbirth or puerperium and how it is controlled

O24.011 - Pre-existing diabetes mellitus, type 1, in pregnancy, first trimester

O24.02 - Pre-existing diabetes mellitus, type 1, in childbirth

O24.13 - Pre-existing diabetes mellitus, type 1, in the puerperium

O24.410 - Gestational diabetes mellitus in pregnancy, diet controlled

O24.424 - Gestational diabetes mellitus in childbirth, insulin controlled

O24.439 - Gestational diabetes mellitus in the puerperium, unspecified control

OBSTETRIC COMPLICATIONS NOT PREVIOUSLY SPECIFIED

- Added specification for certain complications in pregnancy, childbirth and the puerperium
 - Document if the following complications are present in pregnancy: low birth weight, retained intrauterine contraceptive device or herpes gestationis.
- Complications associated with anesthesia during pregnancy should be documented and are classified as: pulmonary, cardiac, central nervous system, toxic reaction and spinal and epidural anesthesia induced headache.

OBSTETRIC – ABNORMAL FINDINGS

- Abnormal findings during antenatal screening of the mother should be specified as:
 - Hematological
 - Biochemical
 - Cytological
 - Ultrasonic
 - Radiological
 - Chromosomal and genetic

O28.0 - Abnormal hematological finding on antenatal screening of mother

O28.1 - Abnormal biochemical finding on antenatal screening of mother

O28.2 - Abnormal cytological finding on antenatal screening of mother

O28.3 - Abnormal ultrasonic finding on antenatal screening of mother

O28.4 - Abnormal radiological finding on antenatal screening of mother

O28.5 - Abnormal chromosomal and genetic finding on antenatal screening of mother

OBSTETRIC COMPLICATIONS – ANTEPARTUM HEMORRHAGE

- Identify the specific type of antepartum hemorrhage with coagulation defect as:
 - Afibrinogenemia
 - Hypofibrinogenemia
 - Disseminated intravascular

O46.013 - Antepartum hemorrhage with afibrinogenemia, third trimester

O46.021 - Antepartum hemorrhage with disseminated intravascular coagulation, first trimester

O46.092 - Antepartum hemorrhage with other coagulation defect, second trimester

OBSTETRIC COMPLICATIONS – FALSE LABOR

- Specify if labor prior to or at 37 weeks is false labor

O47.02 - False labor before 37 completed weeks gestation, second trimester

O47.03 - False labor before 37 completed weeks of gestation, third trimester

O47.1 - False labor at or after 37 completed weeks of gestation

7TH CHARACTER FOR FETUS IDENTIFICATION WHEN DOCUMENTING A COMPLICATION

- When documenting a complication, the fetus for which the complication is relevant should be identified if possible
- A seventh character will be assigned if relevant for specific codes
- If it is a single gestation, or when it is not possible to clinically determine which fetus is affected, your coder would assign a seventh character of “0”

O32.1XX0 - Maternal care for breech presentation, not applicable or unspecified

O32.1XX1 - Maternal care for breech presentation, fetus 1

O32.1XX2 - Maternal care for breech presentation, fetus 2

O32.1XX3 - Maternal care for breech presentation, fetus 3

O32.1XX4 - Maternal care for breech presentation, fetus 4

O32.1XX5 - Maternal care for breech presentation, fetus 5

O32.1XX9 - Maternal care for breech presentation, other fetus

DOCUMENTATION FOR GYNECOLOGICAL CONDITIONS

- Documentation for gynecological conditions is relatively unchanged
- Vaginitis is further classified as either vaginitis or vulvitis and includes the specification of acute or subacute and chronic
- Delineation of a high risk screening mammogram is not available



10,860
(8,464)

19,242
18,313
1,112

39,428

21,280
21,280
9,684

2006 2005
6000

5% 5% 10% 14%

DOCUMENTATION CHANGES & NEW CONCEPTS

NEW PREGNANCY CONCEPTS

- Trimester
- Hypertension with proteinuria
- Weeks of gestation
- HELLP – Pre-eclampsia with hemolysis, elevated liver enzymes and low platelet count
- Retained intrauterine contraceptive device in pregnancy
- Herpes gestationis
- Multiple concepts for pregnancy related complications
- Addition of seventh character for sequence of multiple births
- Placental conditions
 - Malformation
 - Infarction
 - Accreta
 - Increta
 - Percreta

TIMEFRAMES AND RULES FOR OBSTETRIC CASES

- The majority of codes in that are applicable to pregnancy, childbirth and the puerperium have a final character indicating the trimester of pregnancy.
- If trimester is not a component of a code it is because the condition always occurs in a specific trimester, or the concept of trimester of pregnancy is not applicable.
- Certain codes have characters for only certain trimesters because the condition does not occur in all trimesters, but it may occur in more than just one.
- With ICD-10, trimesters are counted from the first day of the last menstrual period. They are defined as follows:
 - First trimester – less than 14 weeks 0 days
 - Second trimester – 14 weeks 0 days to less than 28 weeks 0 days
 - Third trimester – 28 weeks 0 days until delivery
- An additional code from category Z38 should be used to define specific weeks of gestation.

TIMEFRAMES AND RULES FOR OBSTETRIC CASES (cont.)

- Codes are available for each week of gestation from eight weeks to 42 weeks. For example:
 - Z3A.11 - 11 weeks gestation of pregnancy
 - Z3A.22 - 22 weeks gestation of pregnancy
 - Z3A.37 - 37 weeks gestation of pregnancy
- Gestation weeks should only be used on the maternal record and in addition to the maternal condition or complication.

REMOVED CONCEPTS

- Illegitimacy/illegal
- Abortion (now “termination of pregnancy”) other than spontaneous or threatened abortion
- Antepartum
- Postpartum
- Delivered
- Various disorders complicating pregnancy:
 - Thyroid dysfunction of mother antepartum
 - Malaria in the mother
 - Rubella in the mother
 - Congenital cardiovascular disorders of the mother
 - Cerebrovascular disorders in the puerperium
 - Epilepsy complicating pregnancy

UNDERDOSING

- The concept of underdosing has been added to the poisoning and adverse effect classification
 - Includes the ability to report why the underdosing is occurring

T38.3X6A-Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs, initial encounter

T38.3X6D-Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs, subsequent encounter

T38.3X6S-Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs, sequelae

Z91.120-Patient's intentional underdosing of medication regimen due to financial hardship

Z91.128-Patient's intentional underdosing of medication regimen for other reason

Z91.130-Patient's unintentional underdosing of medication regimen due to age-related debility

Z91.138-Patient's unintentional underdosing of medication regimen for other reason

CODING SUPPORTS THE PATIENT STORY

- The primary code is the main reason for the visit
 - Ensure that the primary code is an appropriate primary code as defined in the guidelines.
- Additional codes should be reported where required by coding conventions (“code also”, “use additional code”).
- Avoid “over-coding” – if it isn't relative to the visit, don't code it.

A photograph of two hands holding a smartphone, with a semi-transparent blue overlay across the center. The background shows a blurred green plant.

USE OF “UNSPECIFIED”

CMS GUIDANCE

- Unspecified codes have acceptable, even necessary uses.
- Specific diagnosis codes should be reported when supported by medical record documentation and clinical knowledge of the patients condition.
- When sufficient clinical information about a patients condition is not known, an unspecified code is the appropriate option.

UNSPECIFIED CODES

- When should an unspecified code be used?

O42.00 - Premature rupture of membranes, onset of labor within 24 hours of rupture, unspecified weeks of gestation

O42.019 - Preterm, premature rupture of membranes, onset of labor with 24 hours of rupture, unspecified trimester

O42.92 - Full term premature rupture of membranes, unspecified as to length of time between rupture and onset of labor

O46.001 - Antepartum hemorrhage with coagulation defect, unspecified, first trimester

O61.9 - Failed induction of labor, unspecified



TRAINING SOURCES

This presentation along with the coding scenarios can be seen in its entirety on the CMS Road to 10 website

<http://www.roadto10.org>



MVP CONTACTS

If you have any questions or concerns about the information presented here, please contact Mary Ellen Reardon or Shannon Chase and we will be glad to assist you.

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THANK YOU