ICD-10-CM Chapter 15 – Pregnancy, Childbirth, & Puerperium

Live Webinar

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Pregnancy, Childbirth, and the Puerperium
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Disclaimer

- This material is designed and provided to communicate information about clinical documentation, coding, and compliance in an educational format and manner.
- The authors are not providing or offering legal advice but, rather, practical and useful information and tools to achieve compliant results in the area of clinical documentation, data quality, and coding.
- Every reasonable effort has been taken to ensure that the educational information provided is accurate and useful.
- Applying best practice solutions and achieving results will vary in each hospital/facility and clinical situation.
- All participants are encouraged to carefully reviewing the ICD-10 coding guidelines.

ICD-10-CM Codebook

- Please have your codebook or coding software (encoder) handy for this webinar.
Agenda

- Introduction to Chapter 15
- ICD-10-CM Chapter 15, What's new??
- Chapter Differences between ICD-9-CM to ICD-10-CM
- What in new in ICD-10-CM Chapter 15 Coding Guidelines
- ICD-10-PCS Obstetric Guidelines 2015
- OB Procedure Root Operations
- Coding Case Scenarios

Objectives

- Understand Chapter 15 ICD-10-CM code set guidelines
- Review differences between ICD-9 and ICD-10 pregnancy diagnosis codes
- Learn ICD-10-PCS Obstetric Guidelines
- Discover OB Procedure Root Operations
- Practice coding case scenarios
- Provide opportunity for questions and answers
ICD-10-CM Chapters

- Chapter I: Certain Infectious and Parasitic Diseases (A00-B99).
- Chapter II: Neoplasms (C00-D49).
- Chapter III: Diseases of the Blood and Blood-Forming Organs and Certain Disorders Involving the Immune Mechanism (D50-D89).
- Chapter IV: Endocrine, Nutritional, and Metabolic Diseases (E00-E89).
- Chapter V: Mental, Behavioral and Neurodevelopmental Disorders (F01-F99).
- Chapter VI: Diseases of the Nervous System (G00-G99).
- Chapter VII: Diseases of the Eye and Adnexa (H00-H59).
- Chapter VIII: Diseases of the Ear and Mastoid Process (H60-H95).
- Chapter IX: Diseases of the Circulatory System (I00-I99).
- Chapter X: Diseases of the Respiratory System (J00-J99).
- Chapter XI: Diseases of the Digestive System (K00-K95).
- Chapter XII: Diseases of the Skin and Subcutaneous Tissue (L00-L99).
- Chapter XIII: Diseases of the Musculoskeletal System and Connective Tissue (M00-M99).
- Chapter XIV: Diseases of the Genitourinary System (N00-N99)
- Chapter XV: Pregnancy, Childbirth, and the Puerperium (O00-O9A).
- Chapter XVI: Certain Conditions Originating in the Perinatal Period (P00-P96).
- Chapter XVII: Congenital Malformations, Deformations, and Chromosomal abnormalities (Q00-Q99).
- Chapter XVIII: Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00-R99).
- Chapter XIX: Injury, Poisoning, and Certain Other Consequences of External Causes (S00-T88).
- Chapter XX: External Causes of Morbidity (V00-Y99).
- Chapter XXI: Factors Influencing Health Status and Contact with Health Services (Z00-Z99).
Introduction to Chapter 15 ICD-10-CM
Pregnancy, Childbirth and the Puerperium

- O00–O08, Pregnancy with abortive outcome
- O09, Supervision of high-risk pregnancy
- O10–O16, Edema, proteinuria, and hypertensive disorders in pregnancy, childbirth, and the puerperium
- O20–O29, Other maternal disorders predominantly related to pregnancy
- O30–O48, Maternal care related to the fetus and amniotic cavity and possible delivery problems
- O60–O77, Complications of labor and delivery
- O80, O82, Encounter for delivery
- O85–O92, Complications predominantly related to the puerperium
- O94–O9A, Other obstetric conditions, not elsewhere classified

ICD-10-CM Code Set Format

- CATEGORY
- ETIOLOGY, ANATOMIC SITE, SEVERITY
- EXTENSION
Code Title Changes

Code titles have been revised in a number of locations in Chapter 15.

For instance, ICD-9-CM's terminology states the indication for care such as inlet contraction of pelvis (653.2).

ICD-10-CM terminology is much more descriptive of what the code represents, that is, maternal care for disproportion due to inlet contractions of pelvis (O33.2).

Additional Title Changes

ICD-9-CM 654, Abnormality of organs and soft tissues of pelvis
ICD-10-CM O34, Maternal care for abnormality of pelvic organs

ICD-9-CM 664, Trauma to perineum and vulva during delivery
ICD-10-CM O70, Perineal laceration during delivery
What’s New for Chapter 15

ICD-10 provides additional clarity that benefits obstetrics and gynecology coding. Some of the obstetrical coding enhancements include:

1. Elimination of episodes of care for obstetric codes
2. Changes in time frames:
   a. Abortion vs. Fetal Death (20 weeks)
   b. Early vs. Late Pregnancy (20 weeks)
3. Code extensions to denote the specific fetus in multiple gestation pregnancies
4. ICD-10-CM allows the trimester of pregnancy to be designated.

Trimester Axis

1\(^{st}\) Less than 13 weeks

2\(^{nd}\) 14 weeks to 27 weeks

3\(^{rd}\) 28 weeks 0 days until delivery
Trimester Axis

The majority of codes in Chapter 15 have a final character indicating the trimester of pregnancy.

Example

O09.523 Supervision of elderly multigravida, third trimester

If trimester is not a component of a code, it is because the condition is inherent to a specific trimester, or the concept of trimester of pregnancy is not applicable.

Example:

O20.8 Other hemorrhage in early pregnancy

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.

Example:

015.00, Eclampsia in pregnancy, unspecified trimester
015.02, Eclampsia in pregnancy, second trimester
015.03, Eclampsia in pregnancy, third trimester

In Childbirth or In Puerperium

Some categories in chapter 15 also classify the obstetrical condition as “in childbirth” or “in puerperium.”

O25, Malnutrition in pregnancy, childbirth and the puerperium:

O25.1, Malnutrition in pregnancy
O25.10, Malnutrition in pregnancy, unspecified trimester
O25.11, Malnutrition in pregnancy, first trimester
O25.12, Malnutrition in pregnancy, second trimester
O25.13, Malnutrition in pregnancy, third trimester
O25.2, Malnutrition in childbirth
O25.3, Malnutrition in the puerperium
Chapter 15: Excludes Notes

- Excludes 1: Supervision of normal pregnancy (Z34.-)
- Excludes 2:
  - Mental and behavioral disorders associated with the puerperium (F53)
  - Obstetrical tetanus (A34)
  - Postpartum necrosis of pituitary gland (E23.0)
  - Puerperal osteomalacia (M83.0)

*An additional code is required in ICD-10-CM with Category Z3A to identify the specific week of the pregnancy.

Multiple Gestations

Similar to ICD-9-CM, multiple gestations are classified in ICD-10-CM:

- O30.0, Twin pregnancy
- O30.1, Triplet pregnancy
- O30.2, Quadruplet pregnancy
- O30.8, Other multiple gestation
- O30.9, Multiple gestation, unspecified

Codes from this category also contain a fifth or sixth character specifying the trimester.

Example: Code O30.001 Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester

Twin pregnancy, is further classified by whether the twin pregnancy is monoamniotic/monochorionic, conjoined twins, other twin pregnancy, or unspecified twin pregnancy.
Differences between ICD-9 and ICD-10

Prenatal Visit coding

In ICD-9-CM, you would report V22.0 (supervision of normal first pregnancy).

ICD-10-CM gives you these four choices:

- Z34.00, Encounter for supervision of normal first pregnancy, unspecified trimester
- Z34.01, Encounter for supervision of normal first pregnancy, first trimester
- Z34.02, Encounter for supervision of normal first pregnancy, second trimester
- Z34.03, Encounter for supervision of normal first pregnancy, third trimester

Differences when Coding for Pregnancy Complications with Twin Pregnancies

The ICD-9-CM the code appears as:
651.03, Twin pregnancy, antepartum condition or complication
+ Use additional code to specify placenta status (V91.00–V91.99)
V91.00, Twin gestation, monochorionic/monoamniotic

ICD-10-CM choices are:

- O30.011, Twin pregnancy, monochorionic/monoamniotic, first trimester
- O30.012, Twin pregnancy, monochorionic/monoamniotic, second trimester
- O30.013, Twin pregnancy, monochorionic/monoamniotic, third trimester
- O30.019, Twin pregnancy, monochorionic/monoamniotic, unspecified trimester
Chapter 15 OB Coding Category Z3A

The code choices in the Z3A code category begin with:

Z3A.01, Less than 8 weeks gestation of pregnancy
Z3A.08, 8 weeks gestation of pregnancy
Z3A.09, 9 weeks gestation of pregnancy

The codes increase one week at a time from there, all the way to:

Z3A.42, 42 weeks gestation of pregnancy
Z3A.49, Greater than 42 weeks gestation of pregnancy

Preparation is the key to reduce Physician Queries

Physicians may not routinely document this very specific detail in their encounter notes; therefore you need to begin educating them now. Begin looking for the ICD-10 details in current documentation to establish if additional provider documentation is necessary.

Does the documentation contain?
- number of weeks of gestation (Z3A,)
- fetus identification (O31, O32, O33.3 - O33.6, O35, O36, O40, O41, O60.1, O60.2, O64, and O69) to identify the fetus for which the complication code applies.

If you begin the process today, no query maybe necessary in the future
Unspecified Trimester

Each category that includes codes for trimester has a code for “unspecified trimester.”

The “unspecified trimester” code should rarely be used, such as when the documentation in the record is insufficient to determine the trimester and it is not possible to obtain clarification.

Introduction to Code Categories

Pregnancy with Abortive Outcome—O00-O08

This block includes:

- Ectopic pregnancy
- Hydatidiform mole
- Other abnormal products of conception
- Spontaneous abortion
- Complications following (induced) termination of pregnancy
- Failed attempted termination of pregnancy
- Complications following ectopic and molar pregnancy
Supervision of High-Risk Pregnancy

**O09**

The codes for supervision of high-risk pregnancies specify the conditions that indicate why the pregnancy is high risk.

Code descriptions must contain detail and must be read carefully.

Requires a 4th digit for some conditions and a 5th digit for other conditions within this category.

Example:

O09.01  Supervision of pregnancy with history of infertility, first trimester

Maternal Care Related to Fetus and Amniotic Cavity and Possible Delivery Problems O30-O48

This block of codes reports maternal care for:

- Multiple gestation and complications
- Malpresentation of fetus
- Disproportion and abnormality of pelvic organs, vagina, vulva, perineum
- Known or suspected fetal abnormality and damage, and fetal growth
- Isoimmunization
This block of codes also reports:

- Premature rupture and separation of membranes
- Placental disorders
- Placenta previa
- Abruptio placentae
- Antepartum hemorrhage
- False labor
- Late pregnancy

Encounters for Delivery
O80 and O82

- O80 reports encounter for full-term uncomplicated delivery
- O82 reports encounter for cesarean delivery without indication
- The notes that follow each code description need to be referenced prior to code assignment.
Other Obstetric Conditions, NEC  O94 – O9A

This block excludes disorders that are classified elsewhere but are complicating pregnancy, childbirth, and the puerperium.

Codes are differentiated according to the system in which the disease is present.
Guidelines have been approved by the four organizations that make up the cooperating parties for the ICD-10-CM: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), Centers for Medicare & Medicaid Services (CMS), and NCHS (National Center Health Statistics).

- The instructions and conventions of the classification take precedence over guidelines.
- Guidelines are based on the coding and sequencing instructions in the Tabular List and Alphabetic Index of ICD-10-CM, and provide additional instruction.
ICD-10-CM Official Coding Guidelines (cont.)

- Adherence to these guidelines when assigning ICD-10-CM diagnosis codes is required under the Health Insurance Portability and Accountability Act (HIPAA). The diagnosis codes (Tabular List and Alphabetic Index) have been adopted under HIPAA for all healthcare settings.

- **The importance of consistent, complete documentation in the medical record cannot be overemphasized.** Without such documentation accurate coding cannot be achieved. The entire record should be reviewed to determine the specific reason for the encounter and the conditions treated.

Chapter Specific Guidelines

- In addition to general coding guidelines, there are guidelines for specific diagnoses and/or conditions in the classification.

- Unless otherwise indicated, these guidelines apply to all health care settings.
Official Guidelines for Coding and Reporting

- The guidelines address:
  - General rules for obstetric coding
  - Selection of OB principal or first-listed diagnosis
  - Preexisting conditions versus conditions due to the pregnancy
  - Preexisting hypertension in pregnancy
  - Fetal conditions affecting the management of the mother

Official Guidelines for Coding and Reporting

- HIV infection in pregnancy, childbirth, and the puerperium
- Diabetes mellitus in pregnancy
- Long-term use of insulin
- Gestational (pregnancy-induced) diabetes
- Sepsis and septic shock complicating abortion, pregnancy, childbirth, and the puerperium
**Official Guidelines for Coding and Reporting**

**General Rules for Obstetric Cases**

1) **Codes from chapter 15 and sequencing priority**
   Obstetric cases require codes from chapter 15, in the range O00-O9A, Pregnancy, Childbirth and the Puerperium. Chapter 15 codes have sequencing priority over codes from other chapters. Additional codes from other chapters may be used in conjunction with chapter 15 codes to further specify conditions. Should the provider document that the pregnancy is incidental to the encounter, then code Z33.1, Pregnant state, incidental, should be used in place of any chapter 15 codes. It is the provider’s responsibility to state that the condition being treated is not affecting the pregnancy.

2) **Chapter 15 codes used only on the maternal record**
   Chapter 15 codes are to be used only on the maternal record, never on the record of the newborn.

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**Guidelines (cont.)**

3) **Final character for trimester**
   The majority of codes in Chapter 15 have a final character indicating the trimester of pregnancy. The timeframes for the trimesters are indicated at the beginning of the chapter. 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.

   Assignment of the final character for trimester should be based on the provider’s documentation of the trimester (or number of weeks) for the current admission/encounter. This applies to the assignment of trimester for pre-existing conditions as well as those that develop during or are due to the pregnancy. The provider’s documentation of the number of weeks may be used to assign the appropriate code identifying the trimester.
Guidelines (cont.)

When delivery occurs during the current admission, and there is an “in childbirth” option for the obstetric complication being coded, the “in childbirth” code should be assigned.

4) Selection of trimester for inpatient admissions that encompass more than one trimesters
In instances when a patient is admitted to a hospital for complications of pregnancy during one trimester and remains in the hospital into a subsequent trimester, the trimester character for the antepartum complication code should be assigned on the basis of the trimester when the complication developed, not the trimester of the discharge. If the condition developed prior to the current admission/encounter or represents a pre-existing condition, the trimester character for the trimester at the time of the admission/encounter should be assigned.

Guidelines (cont.)

5) Unspecified trimester
Each category that includes codes for trimester has a code for “unspecified trimester.” The “unspecified trimester” code should rarely be used, such as when the documentation in the record is insufficient to determine the trimester and it is not possible to obtain clarification.

7th character for Fetus Identification
Where applicable a 7th character is to be assigned for certain categories (031, 032, 033.3, - 033.6, 035, 036, 040, 041, 060.1, 060.2, 064, and 069) to identify the fetus for which the complication code applies.

Assign 7th character “0”:
- For single gestations
- When the documentation in the record is insufficient to determine the fetus affected and it is not possible to obtain clarification.
- When it is not possible to clinically determine which fetus is affected.
Chapter 15 ICD-10-CM requires 7th Character for Fetus Identification for complications in codes O31, O32, O33.3-O33.7, O35, O36, O40, O41, O60, O64, O69

7th Character
- 0 not applicable or unspecified
- 1 – fetus 1
- 2 – fetus 2
- 3 – fetus 3
- 4 – fetus 4
- 5 – fetus 5
- 9 – other fetus

Guidelines (cont.)

I. Alcohol and tobacco use during pregnancy, childbirth, and the puerperium
1) Alcohol use during pregnancy, childbirth and the puerperium
   Codes under subcategory 099.31, Alcohol use complicating pregnancy, childbirth, and the puerperium, should be assigned for any pregnancy case when a mother uses alcohol during the pregnancy or postpartum. A secondary code from category F10, Alcohol related disorders, should also be assigned to identify manifestations of the alcohol use.

2) Tobacco use during pregnancy, childbirth and the puerperium
   Codes under subcategory 099.33, Smoking (tobacco) complicating pregnancy, childbirth, and the puerperium, should be assigned for any pregnancy case when a mother uses any type of tobacco product during the pregnancy or postpartum. A secondary code from category F17, Nicotine dependence, should also be assigned to identify the type of nicotine dependence.
m. Poisoning, toxic effects, adverse effects and underdosing in a pregnant patient

A code from subcategory 09A.2, Injury, poisoning and certain other consequences of external causes complicating pregnancy, childbirth, and the puerperium, should be sequenced first, followed by the appropriate injury, poisoning, toxic effect, adverse effect or underdosing code, and then the additional code(s) that specifies the condition caused by the poisoning, toxic effect, adverse effect or underdosing.

See Section I.X.19. Adverse effects, poisoning, underdosing and toxic effects.

Guidelines (cont.)

o. The Peripartum and Postpartum Periods

5) Pregnancy cardiomyopathy associated

Pregnancy associated cardiomyopathy, code 090.3, is unique in that it may be diagnosed in the third trimester of pregnancy but may continue to progress months after delivery. For this reason, it is referred to as peripartum cardiomyopathy. Code 090.3 is only for use when the cardiomyopathy develops as a result of pregnancy in a woman who did not have pre-existing heart disease.
Guidelines (cont.)

p. Code O94, Sequelae of complication of pregnancy, childbirth, and the puerperium

1) Code O94
   Code O94, Sequelae of complication of pregnancy, childbirth, and the puerperium, is for in those cases when an initial complication of a pregnancy develops a sequelae requiring care or treatment at a future date.

2) After the initial postpartum period
   The code may be used at any time after the initial postpartum period.

3) Sequencing of Code O94
   The code, like all sequela codes, is to be sequenced following the code describing the sequela of the complications.

   Note: Code first condition resulting from (sequelae) of complication of pregnancy, childbirth, and the puerperium.

Guidelines (cont.)

r. Abuse in a pregnant patient

For suspected or confirmed cases of abuse of a pregnant patient, a code(s) from subcategories 09A.3, Physical abuse complicating pregnancy, childbirth, and the puerperium, 09A.4, Sexual abuse complicating pregnancy, childbirth, and the puerperium, and 09A.5, Psychological abuse complicating pregnancy, childbirth, and the puerperium, should be sequenced first, followed by the appropriate codes (if applicable) to identify any associated current injury due to physical abuse, sexual abuse, and the perpetrator of abuse.

   See Section I.C.10. Adult and child abuse, neglect and other maltreatment.
Guidelines (cont.)

(g) HIV Infection in Pregnancy, Childbirth and the Puerperium

During pregnancy, childbirth or the puerperium, a patient admitted (or presenting for a health care encounter) because of an HIV-related illness should receive a principal diagnosis code of O98.7-, Human immunodeficiency [HIV] disease complicating pregnancy, childbirth and the puerperium, followed by B20 and the code(s) for the HIV-related illness(es). Codes from Chapter 15 always take sequencing priority.

Patients with asymptomatic HIV infection status admitted (or presenting for a health care encounter) during pregnancy, childbirth, or the puerperium should receive codes of O98.7- and Z21.
**Coding Scenario 1**

Coding Note: The note at the beginning of chapter 15 specifies the use of an additional code from category Z3A, Weeks of gestation to identify specific week of pregnancy.

A 36-year-old G2P1 woman is 26 weeks pregnant and being seen for gestational hypertension. At this time, she is not having any other problems.

What is the correct diagnosis code(s) for her office visit?

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**Answer Scenario 1 With Rationale**

O13.2 Hypertension, complicating, pregnancy, gestational (pregnancy induced) (transient) (without proteinuria), second trimester

O09.522 Supervision elderly multigravida, second trimester.

Z3A.26 Pregnancy (single) (uterine), weeks of gestation, 26 weeks

**Rationale:** For both of these codes, the range of codes is further subdivided by the trimester for the current encounter. The note at the beginning of Chapter 15 defines the second trimester as 14 weeks 0 days to less than 28 weeks 0 days. The Index does not provide complete codes; therefore, it is necessary to review the Tabular for complete code assignment. The Z code identifying the weeks of gestation should also be assigned per the “use additional code” note at the beginning of Chapter 15.
Coding Scenario 2

A patient who is 16-weeks pregnant with mild hyperemesis and urinary tract infection, positive for E.Coli which was documented by the physician.

What are the correct diagnosis code(s)?

Answer Scenario 2 With Rationale

O21.0  Pregnancy (single) (uterine), complicated by (care of) (management affect by), hyperemesis (gravidurum) (Mild) – see also Hyperemesis, gravidurum (mild).

O23.42  Pregnancy (single) (uterine), complicated by (care of) (management affected), infections(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.

_Rationale:_ The hyperemesis gravidurum code for this cases 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.
Coding Scenario 3

A 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(s)?

Answer Scenario 3 With Rationale

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

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.
Coding Note: ICD-10-CM provides a combination code for obstructed labor incorporating the obstructed labor with the reason for the obstruction into one code.

Coding Scenario 4

This 34-year-old woman, who is G4, P3, 28 weeks, is seen today for continued follow-up of her gestational diabetes. Her diabetes has been well controlled on oral medications.

What are the correct code(s)?
Answers to Case 4 With Rationale

O24.419 Pregnancy (single) (uterine), complicated by (care of) (management affected by), diabetes (mellitus), gestational (pregnancy induced) see Diabetes, gestational (in pregnancy)

Z3A.28 Pregnancy (single) (uterine), weeks of gestation, 28 weeks

**Rationale:** This sixth character indicates the type of control (namely, diet or insulin) for the gestational diabetes. ICD-10-CM does not provide a specific sixth character for control with oral medication; therefore, the unspecified control code is used.
Obstetric Section Guidelines 2015

- *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*: Amniocentesis is coded to the products of conception body part in the Obstetrics section. Repair of obstetric urethral laceration is coded to the urethra body part in the Medical and Surgical section.
Obstetric Section Guidelines 2015

- **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.

Products of Conception

- The term “products of conception” refers to all physical components of a pregnancy, fetus, amnion, umbilical cord and placenta.
- There is no differentiation of the products of conception based on gestational age so the procedure is not changed by the diagnosis of an embryo, fetus, or the trimester of the pregnancy.
OB Procedure Root Operations

- There are 12 root operations in the obstetrics section:
- Change (2): taking out or off a device from a body part and putting back an identical or similar device in or on the same body part without cutting or puncturing the skin or a mucous membrane
- Drainage (9): taking or letting out fluids or gases from a body part
- Abortion (A): artificially terminating a pregnancy
- Extraction (D): pulling or stripping out or off all or a portion of a body part by the use of force
- Delivery (E): assisting the passage of the products on conception from the genital canal
- Insertion (H): putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function, but does not physically take the place of a body part

OB Procedure Root Operations con’t

- There are 12 root operations in the obstetrics section:
- Inspection (J): visually or manually exploring a body part
- Removal (P): taking out or off a device from a body part, region or orifice
- Repair (Q): restoring, to the extent possible, a body part to its normal anatomic structure and function
- Reposition (S): moving to its normal location or other suitable location all or a portion of a body part
- Resection (T): cutting out or off, without replacement, all of a body part
- Transplantation (Y): putting in or on all or a portion of a living body part taken from another individual or animal to physically take the place or function of all or a portion of a similar body part
Root Operations for “Abortion”

- The Root Operation Abortion applies only to artificially terminated pregnancies.
- Manually assisted spontaneous abortion is reported with the Root Operation Delivery.
- Root Operation “Abortion” is not used for missed or incomplete abortion requiring suction and/or curettage of products of conception.
- Root Operation Extraction (D) is used for Suction/curettage of nonviable products of conception.

Root Operation “Drainage”

AROM – Artificial rupture of Labor

0907ZC: Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Via Natural or Artificial Opening, no device, amniotic fluid, therapeutic

Coding Clinic, Second Quarter ICD-10 2014 Page: 9 Effective with discharges: May 26, 2014
Root Operation “Delivery”

- The Root Operation Delivery applies to manually-assisted vaginal delivery of the products of conception
- The products of conception may be a full-term viable or nonviable (fetus) products of the conception using 10E0XZZ Delivery of Products of Conception, External Approach

Root Operation “Extraction”

- The Root Operation Extraction applies to all Cesarean deliveries and to vaginal deliveries requiring the use of forceps, vacuum, or internal version
- Cesarean deliveries are always reported with the Approach value 0 for open approach and require a qualifier to more specifically identify the Approach as Classical (0), Low Cervical (1) or Extraperitoneal (2)
- Vaginal extractions are always reported with the Approach value 7, Via Natural or Artificial Opening, and require a qualifier to specifically identify the type of assisted vaginal delivery as Low Forceps (3), Mid Forceps (4), High Forceps (5), Vacuum (6), Internal Version (7), or Other (8)
**Cesarean Delivery**

The body part values in the obstetrics section are:

- Products of conception
- Products of conception, retained
- Products of conception, ectopic

**Documentation of Obstetrical Tear**

Educate physicians about the importance of documenting each anatomical site that is repaired when a patient suffers a second, third, or fourth-degree laceration/tear during delivery.

Code each *body part* that is repaired, which may include one or more of the following body parts:

- Perineal muscles
- Anal Sphincter
- Rectum lining
- Vaginal muscles
- Labia
- Perineum skin
- Vagina
- Vulva
Obstetrical Tears

- First-degree tears involve only the lining or mucosa of the vagina and are the most common. A first-degree tear may not bleed and often do not require any type of repair.

- Second-degree tears involve the perineal muscle(s). Second-degree lacerations require surgical repair.

- Third-degree tears will extend from the perineal muscle through to the anal sphincter.

- Fourth-degree tears include the perineal muscle, anal sphincter, and may extend into the rectal lining.

Coding Scenario 5

A 30-year-old woman, G1P0 at 39 weeks with twin gestation, monochorionic/diamniotic pregnancy. She underwent medical induction of labor with a vaginal Prostaglandin gel insert. The vaginal delivery was complicated by nuchal cord, without compression, of fetus 2. Both infants were liveborn and healthy.

What are the correct diagnosis and procedure codes?
Answers for Case 5 with Rationale

O69.81X2  Delivery (childbirth) (labor), complicated, by, cord (umbilical), around neck, without compression. Review the Tabular for seventh character.

O30.033  Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester

Z3A.39  Pregnancy (single) (uterine), weeks of gestation, 39 weeks

Z37.2  Outcome of delivery, twins NEC, both liveborn

10E0XZZ  Vaginal delivery (delivery of products of conception)

3E0P7GC  Cervidil gel insert

Rationale: Complete code assignment for the twin pregnancy is found in the Tabular of ICD-10-CM. The umbilical cord complication is a complication of the delivery rather than the pregnancy and is further subdivided by with or without compression. If both fetus 1 and fetus 2 were found to have nuchal cords, code O69.81X would be coded twice with different seventh characters.

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Coding Scenario 6

The patient, G1P0, was admitted in active labor at 38 completed weeks of gestation. She is a type 2 diabetic who has been monitored during this pregnancy with no complications and no use of insulin. 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 the spontaneous vaginal delivery and was repaired. A female infant was delivered with Apgar scores of 9 and 9.

What are the correct diagnosis and procedure codes?
Answer Case 6 With Rationale

O70.1 Delivery (childbirth) (labor), complicated by, laceration (perineal), perineum, perineal, second degree
O24.12 Pregnancy (single) (uterine), complicated by, diabetes (mellitus), preexisting, type 2
E11.9 Diabetes, diabetic (mellitus) (sugar), type 2
Z3A.38 Pregnancy (single) (uterine), weeks of gestation, 38 wks
Z37.0 Outcome of delivery, single, liveborn
10E0XZZ Vaginal delivery
0KQM0ZZ Repair 2nd degree perineal laceration

Rationale: The patient experienced a second degree perineal laceration (O70.1) during delivery. The patient’s type 2 diabetes is identified with O24.12. The ‘in childbirth’ option is used due to coding guideline I.C.15.a.3. The outcome of delivery was a single liveborn (Z37.0). The Pitocin augmentation is not coded, only failed medical induction of labor.

Coding 6 ICD-10-PCS Rationale

10E0XZZ Vaginal delivery
0KQM0ZZ Repair 2nd degree perineal laceration

Second – degree vaginal tears involves the vaginal tissue and the perineal muscles that support the uterus, bladder and rectum.

ICD-10-PCS Official Coding Guideline B3.5:
Overlapping body layers: If the root operations Excision, Repair or Inspection are performed on overlapping layers of the musculoskeletal system, the body part specifying the deepest layer is coded

In ICD-10-PCS, an “open approach” is defined as cutting through the skin or mucous membrane and any other body layers necessary to expose the site of the procedure. In this case, “open approach” is assigned because the laceration has cut through the external body layers exposing the muscle.

The administration of Pitocin to augment active labor is not separately coded. When Pitocin is used to “Induce” labor, it should be used as an additional code.
Coding Scenario 7

A 31 year old woman, G1P0 @ 40 weeks of pregnancy underwent a repeat low cervical vacuum assisted cesarean delivery of a healthy liveborn infant.

What are the correct diagnosis and procedure codes?

Case Scenario 7  Answer and Rational

O34.21  Maternal care for previous cesarean delivery

Z3A.40  40 weeks gestation of pregnancy

Z37.0  Single live birth

10D00Z1  Low cervical cesarean delivery, open approach

Rationale:
Vacuum assistance performed with cesarean delivery is not separately coded in ICD-10.
Case Scenario 8

A 38 week Intrauterine pregnancy, delivered a healthy full term infant. A low-forceps delivery with episiotomy was performed. The episiotomy spontaneously extended to a 3rd degree laceration. Next an open approach repair of 3rd degree lacerations involving the perineal muscles and anal sphincter sites was performed.

What are the correct diagnosis and procedure codes?

Case Scenario 8 Answer and Rational

070.2 Third Degree Perineal laceration during delivery
066.5 Forceps delivery
Z3A.38 38 weeks gestation of pregnancy
Z37.0 Single live birth
10D07Z3 Extraction Delivery, Low Forceps, via natural or artificial opening
0WBNXZZ Episiotomy, external approach
0KQM0ZZ Repair of Perineum Muscle, open approach
0DQR0ZZ Repair of Anal Sphincter, open approach

Rationale:
Multiple procedures B3.2
During the same operative episode, multiple procedures are coded if:
a. The same root operation is performed on different body parts as defined by distinct values of the body part character.
Summary

ICD-10-CM requires additional documentation in key areas to meet requirements for code specificity:

- Weeks of Gestation
- Fetus identification
- Placenta Status
- Obstetrical Tears

A full understanding of Chapter specific guidelines related to Obstetrics is required for accurate code assignment.

Questions?
References

ICD-10-CM Draft Codebook 2015
ICD-10-PCS Draft Codebook 2015
ICD-10-CM Coding Guidelines 2015
ICD-10-PCS Coding Guidelines 2015
3M Encoder
AHA Coding Clinic

- https://bravenewworldbaby.files.wordpress.com/2011/08/cartoon.jpg
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