ICD-10-CM
Specialty Code Set Training
Obstetrics and Gynecology
2014
Module 2
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Clinical Examples Used in this Book
AAPC believes it is important in training and testing to reflect as accurate a coding setting as possible to students and examinees. All examples and case studies used in our study guides and exams are actual, redacted office visit and procedure notes donated by AAPC members.

To preserve the real world quality of these notes for educational purposes, we have not re-written or edited the notes to the stringent grammatical or stylistic standards found in the text of our products. Some minor changes have been made for clarity or to correct spelling errors originally in the notes, but essentially they are as one would find them in a coding setting.
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One of the biggest hurdles in the transition to ICD-10-CM is ensuring that the documentation of providers is supportive of the new coding criteria that will need to be met. You may consider that it is not only the codes that are transitioning, but also the documentation to meet it. Just as in ICD-9-CM, ICD-10-CM contains unspecified codes. With the greatly expanded granularity in ICD-10-CM, the unspecified codes will come under greater scrutiny.

New coding concepts for OB/GYN include more specific codes to identify the trimester for complications of pregnancy, reporting a code from category Z3A to report the weeks of gestation, and use of seventh character extenders to identify the fetus affected by a condition requiring maternal care in categories O31, O32, O33.3-O33.7, O35, O36, O40, O41, O60.1-O60.2, O64, O69.

**Ectopic Pregnancy**

An ectopic pregnancy occurs when an embryo implants outside of the uterine cavity. Signs and symptoms include abdominal pain, pelvic pain, and light vaginal bleeding. The most common site for an ectopic pregnancy is the fallopian tube which is also referred to as a tubal pregnancy. As the embryo grows inside the fallopian tube, there is only so much room. This can cause the fallopian tube to rupture which will cause heavy bleeding.

In ICD-10-CM, the codes are categorized by anatomic site (cervical, abdominal, ovarian, tubal) and associated complications (eg, afibrinogenemia, cardiac arrest, chemical damage to pelvic organs, infection, hemorrhage, endometritis, embolism, salpingitis or salpingo-oophoritis).

The site of the ectopic pregnancy is usually confirmed with an ultrasound. The site must be documented for correct coding.

**EXAMPLE**

An ultrasound confirms a patient 8 weeks pregnant has a tubal ectopic pregnancy.

- O00.1 Tubal pregnancy
- Z3A.08 8 weeks gestation of pregnancy

**Missed Abortion**

A missed abortion is coded when there is early fetal death prior to 20 weeks gestation and the dead fetus is retained. The code reported is O02.1 Missed abortion. If the missed abortion is due to a blighted ovum, hydatidiform mole, or nonhydatidiform mole, select a more specific code listed in the Excludes 1 list following code O02.1. Fetal demise occurring after 20 weeks is reported as maternal care for intrauterine death from category O36.4. An additional code from category Z3A is reported for the weeks of gestation. The weeks of gestation is documented by the provider on the OB flow sheet in most OB/GYN practices.

Do not confuse a missed abortion with a spontaneous abortion. ICD-10-CM codes for spontaneous abortions are found in category O03. The documentation for spontaneous abortions should include whether it was complete or incomplete and any complications associated with the abortion.
complete spontaneous abortion is coded when the patient passes the products of conception. When the products of conception are retained, select the code for incomplete spontaneous abortion. For example, if the patient develops a urinary tract infection following an incomplete spontaneous abortion, report O03.38 Urinary tract infection following incomplete spontaneous abortion.

**Pregnancy**

In ICD-10-CM, the codes for pregnancy, childbirth, and puerperium are reported with codes from chapter 15 (O00-O9A). New coding concepts for pregnancy include code selection based on trimester depending on the category, use of seventh character extenders to identify the fetus affected by a condition requiring maternal care depending on the category, and an additional code from category Z3A to report the weeks of gestation.

The trimesters are 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

The majority of the codes have a final character indicating the trimester of pregnancy. The trimester will not be a component of the code if the condition occurs in a specific trimester. Codes for unspecified trimester should not be reported unless it is impossible to determine the trimester. It is very rare that the OB documentation would not include the weeks of gestation because it is a common field completed for each OB visit. If the patient is admitted and the length of stay crosses two trimesters, report the trimester in which the complication developed.

Codes from chapter 15 take sequencing priority over all other chapters and are only reported on the maternal record. If the patient is seen for a condition that the provider documents is not affecting pregnancy, the first listed code is the condition followed by Z33.1 Pregnant state, incidental.

**EXAMPLE**

A pregnant patient sprained her right ankle when she missed a step walking to her front door. The provider wraps the ankle with an ace bandage and instructs her to stay off her ankle. The physician documents the condition is not effecting the pregnancy.

S93.401A Sprain of unspecified ligament of the right ankle, initial encounter
Z33.1 Pregnant state, incidental

Common complications affecting pregnancy include diabetes, drug dependence, fatigue, herpes, insufficient weight gain, preeclampsia, twins, and chromosomal abnormality. Certain categories will distinguish whether the complication is pre-existing or developed as a result of the pregnancy.

**Diabetes Mellitus in Pregnancy**

Codes for pregnant patients with diabetes mellitus are found in category O24 Diabetes mellitus in pregnancy, childbirth, and the puerperium. The documentation must include the type of diabetes (Type I, Type II, gestational). When the patient has preexisting Type I or Type II diabetes, an additional code from E10 or E11 will be required to identify any manifestations. If a patient with Type II diabetes is treated with insulin, use additional code Z79.4 Long term (current) use of
The last character for gestational diabetes codes identify how the gestational diabetes is controlled (diet, insulin, unspecified). Do not report Z79.4 Long term (current) use of insulin for patients with gestational diabetes because the method of control is included in the code description.

The subcategories for the complications with the body systems affected by diabetes mellitus are as follows:

- Ketoacidosis
- Kidney complications
- Ophthalmic complications
- Neurological complications
- Circulatory complications (overweight children are at a higher risk)
- Other specified complications
  - Diabetic arthropathy
  - Skin complications
  - Oral complications
  - Hypoglycemia
  - Hyperglycemia

**EXAMPLE**

A 24 week pregnant patient with Type I diabetes develops a diabetic foot ulcer on her left heel involving breakdown of the skin.

- O24.012 Pre-existing diabetes mellitus, type 1, in pregnancy, second trimester
- E10.621 Type 1 diabetes mellitus with foot ulcer
- L97.421 Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin
- Z3A.24 24 weeks gestation of pregnancy

**Alcohol and Drug Dependence**

Alcohol and drug use during pregnancy can lead to developmental delays, birth defects and behavioral changes. Select a code from category O99.31 for pregnant patients who use alcohol during pregnancy followed by a code from category F10 to identify manifestations of alcohol use. Select a code from category O99.32 for pregnant patients who use drugs during pregnancy followed by a code from categories F11–F16 and F18–F19 to identify manifestations of drug use.

**EXAMPLE**

A patient 35 weeks pregnant has been using cocaine throughout her pregnancy. She has been counseled on the dangers but is unable to stop.

- O99.323 Drug use complicating pregnancy, third trimester
- F14.20 Cocaine dependence, uncomplicated
- Z3A.35 35 weeks gestation of pregnancy
Preeclampsia

Preeclampsia is an abnormal condition in pregnancy that involves high blood pressure and a high level of protein in the urine. The condition will usually appear during the third trimester but can also appear earlier. Symptoms include:

- Swelling in the feet, legs, and hands
- Rapid weight gain
- Severe headaches
- Abdominal pain
- Reduced urine output
- Vomiting and nausea

Preeclampsia can cause serious complications for the mom and the baby. Patients with preeclampsia are closely monitored.

In ICD-10-CM, codes for preeclampsia are found in category O14. The severity of the preeclampsia must be documented for accurate code selection.

The subcategories for preeclampsia include:

- O14.0 Mild to moderate preeclampsia
- O14.1 Severe preeclampsia
- O14.2 Hemolysis, elevated liver enzymes and low platelet count (HELLP) syndrome
- O14.9 Unspecified preeclampsia

**EXAMPLE**

A patient 29 weeks pregnant complains of excessive swelling in her feet. Her blood pressure is high and her urine shows high levels of protein. The patient is diagnosed with mild preeclampsia.

- O14.03 Mild to moderate preeclampsia, third trimester
- Z3A.29 29 weeks gestation of pregnancy

**Twins**

Multiple gestations are becoming more common. The documentation must include the number of gestations (single, twins, triplets, quadruplets, sextuplets, other). For multiple gestations, the documentation must also include the number of amniotic sacs and the number of placentae. Monochorionic means the fetuses share the same placenta. Monoamniotic means the fetus share the same amniotic sac. Dichorionic means each fetus has its own chorionic and amniotic sac.

In ICD-10-CM, codes for multiple gestations are found in category O30 and codes specific to complications of multiple gestations are found in category O31. A seventh character is required for codes in category O31 to identify the fetus for which the code applies. Seventh character 0 is reported for a single gestation or multiple gestations where the fetus is unspecified.
A patient 16 weeks pregnant with triplets comes to the office for her routine OB appointment.

O30.102 Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester

Z3A.16 16 weeks gestation of pregnancy

**Threatened Preterm Labor**

Threaten preterm labor is the presence of uterine contractions of sufficient frequency and intensity to effect progressive effacement and dilation of the cervix prior to term gestation (between 20 and 37 weeks). In ICD-10-CM, the documentation must include the trimester of the pregnancy to select the most specific code. An additional code from category Z3A is reported to identify the number of weeks of gestation.

**Delivery**

When a delivery occurs, select the principal code based on the circumstances of the delivery. In ICD-10-CM, the codes are categorized by type (cesarean, breech, normal) and complications (eg, arrested inertia, malposition, preeclampsia, diabetes, hemorrhage, failed induction, laceration).
When a delivery involves multiple complications, select a code for each complication. In some categories, you will need to know the trimester of the pregnancy.

An additional code from Z3A is reported to indicate the weeks of gestation. A code from category Z37 Outcome of delivery should be reported on the maternal chart only.

The options under the category for outcome of delivery include:

- Single Live Birth
- Single Stillbirth
- Twins, both liveborn
- Twins, one liveborn and one stillborn
- Twins, both stillborn
- Other Multiple Births, all liveborn
  - Triplets
  - Quadruplets
  - Sextuplets
  - Other multiple births
- Other Multiple Births, some liveborn
  - Triplets
  - Quadruplets
  - Sextuplets
  - Other multiple births
- Other multiple birth, all stillborn

When a delivery involves multiple complications, select a code for each complication. When an episode of care does not result in a delivery, report the complication causing the patient to be seen. Normal deliveries are reported with O80 Encounter for full-term uncomplicated delivery.
EXAMPLE
A pregnant patient delivers twins at 30 weeks gestation. Fetus 1 is delivered vaginally. During the delivery, fetus 2 turned into the transverse position during labor. The decision is made to perform a cesarean to deliver the second baby.

O32.2XX2 Maternal care for transverse and oblique lie, fetus 2
O60.14X0 Preterm labor third trimester with preterm delivery third trimester, not applicable or unspecified
O30.003 Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
Z3A.30 30 weeks of gestation of pregnancy
Z37.2 Twins, both liveborn