“Got GYN?”
Updates for 2012: OB/GYN

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Objectives

• Review ICD-9-CM code updates and new codes (majority)
• Review CPT® code updates and new codes
• Endometrial Ablation
• Hysterectomy terminology and figures

New ICD-9-CM Codes

• Effective October 1, 2011
• Should be loaded in your PMS and EMR
New ICD-9-CM Codes

Inflammatory disease of cervix, vagina, and vulva
- Vulva
- Vagina
- Cervix

Quiz

The Cervix is:
a. Inside the uterus
b. The lower portion and opening of the uterus
c. Part of the external genitalia
d. Above the thoracic vertebrae
ICD-9-CM Codes
(Revised 10-1-2011)

616 Inflammatory disease of cervix, vagina, and vulva
• 616.1x Vaginitis and vulvovaginitis
  Vaginitis (vaginitides)
  Vulvovaginitis
616 Inflammatory disease of cervix, vagina, and vulva;

616.10 Vaginitis and vulvovaginitis, unspecified

**Delete:** Use additional code to identify organism, such as Escherichia coli [E. coli] (041.4), Staphylococcus (041.1), or Streptococcus (041.0)

**Add:** Use additional code to identify organism, such as:

- Escherichia coli [E. coli] ► (041.41-041.49) ◄
- Staphylococcus ► (041.10-041.19) ◄
- Streptococcus ► (041.00-041.09) ◄

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**Quiz**

Terms describing prolapse include all except:

a. Procidentia
b. Ptosis
c. Sinking
d. Prostate
New ICD-9-CM Codes

Prolapse of Vaginal Walls without mention of uterine prolapse
- Prolapse
- Procidentia
- Ptosis

Prolapse of Vaginal Walls without mention of uterine prolapse
618 Genital prolapse
  618.0 Prolapse of vaginal walls without mention of uterine prolapse
  618.04 Rectocele

**Revise** Use additional code for ►any◄ associated fecal incontinence (787.60-787.63)
New ICD-9-CM Codes

Other Disorders of Female Genital Tract
629 Other disorders of female genital organs
• New subcategory

Mesh for Prolapse
(618 series)

Mesh procedure for treatment of pelvic prolapse
• Uterine prolapse
• Cystocele
• Rectocele
• Vaginal vault prolapse
Potential problems with mesh graft devices used in repairs of vaginal and bladder prolapse include:

a. Erosion through to the surface of the skin
b. Discoloration of skin in lower extremities
c. Increased seizure activity
d. Double the cost of repairs not performed with mesh

Other disorders of female genital tract

629 Other disorders of female genital organs

FDA

• Statement in 2008
• Updated safety communication July 13, 2011

Surgeries

• Pelvic Organ Prolapse (POP)
• Stress Urinary Incontinence (SUI)
Complications with Mesh

Complications
• Pain
• Infection
• Erosion

Other Disorders of Female Genital Tract
629 Other disorders of female genital organs

• Previous coding advice – **996.76** (Other complications due to genitourinary device, implant, and graft) for the erosion and/or code **996.65**, (Infection and inflammatory reaction due to other genitourinary device, implant and graft)
Other Disorders of Female Genital Tract
629 Other disorders of female genital organs

New subcategory
- 629.3 Complication of implanted vaginal mesh and other prosthetic materials

New code
- 629.31 Erosion of implanted vaginal mesh and other prosthetic materials to surrounding organ or tissue
  Erosion of implanted vaginal mesh & other prosthetic materials into pelvic floor muscles

Other Disorders of Female Genital Tract
629 Other disorders of female genital organs

New code
- 629.32 Exposure of implanted vaginal mesh and other prosthetic materials into vagina
  Exposure of vaginal mesh and other prosthetic materials through vaginal wall
New ICD-9-CM Codes

Other Abnormal Product of Conception 631
- Products of Conception (POC)
- Abortion
  - Spontaneous abortion
  - Miscarriage
  - Therapeutic abortion (TAB)

Quiz

In a chemical pregnancy, all the following are true, except:

a. Pregnancy test is positive
b. Another name is TAB
c. Usually no bleeding before diagnosis
d. Often diagnosed with ultrasound when fetal heart is not heard
Quiz

Medical terms for abortion include all of the below, except:
a. Spontaneous abortion
b. Miscarriage
c. Paronychia
d. TAB

New ICD-9-CM Codes

Other Abnormal Product of Conception
631 Other abnormal product of conception
Delete  Blighted ovum
Delete  Mole:
Delete  NOS
Delete  carneous
Delete  fleshy
Delete  stone
Other Abnormal Product of Conception
631 Other abnormal product of conception

**New code**

- 631.0 Inappropriate change in quantitative human chorionic gonadotropin (hCG) in early preg.
  - Biochemical pregnancy
  - Chemical pregnancy
  - Inappropriate level of quantitative hCG for gestational age in early pregnancy
  - Excludes: blighted ovum (631.8); molar pregnancy (631.8)

Other Abnormal Product of Conception
631 Other abnormal product of conception

**New code**

- 631.8 Other abnormal products of conception
  - Blighted ovum
Revised ICD-9-CM Codes

Missed abortion (632)
- Missed miscarriage
- Silent miscarriage
- Early fetal demise

Quiz

In medical terms, a mole:
a. Is without symptoms
b. Is always cancerous
c. Always produces a baby
d. Is an abnormal pregnancy, growth of placenta
632 Missed Abortion

**Revise** Excludes: that with abnormal product of conception (630-631)

**Add** hydatidiform mole (630)
that with other abnormal products of conception (631.8)

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**Quiz**

The biliary tract includes all of the below, except:

- a. Liver
- b. Gallbladder
- c. Bile duct
- d. Stomach
Revised ICD-9-CM Codes

Liver Disorders in Pregnancy
646 Other complications of pregnancy, not elsewhere classified
Revise 646.7 Liver ▶ and biliary tract ◀ disorders in pregnancy

Quiz

Current recommended terminology for surgical delivery of a baby with an incision on the abdomen is:
a. Section
b. C/S
c. Cesarean section
d. Cesarean delivery
New ICD-9-CM Codes

Other Conditions or Status of the Mother Complicating Pregnancy, childbirth, or Puerperium

**Cesarean delivery**
- Elective
- Planned
- Repeat
- Cesarean on demand
- Vaginal Birth After Cesarean (VBAC)
- Trial of Labor After Cesarean (TOLAC)

Other Conditions or Status of the Mother Complicating Pregnancy, childbirth, or Puerperium

**Elective cesarean delivery**

649 Other conditions or status of the mother complicating pregnancy, childbirth, or the puerperium
Other Conditions or Status of the Mother
Complicating Pregnancy, Childbirth, or Puerperium
New Subcategory (requires a 5th digit)

● 649.8 Onset (spontaneous) of labor after 37
completed weeks of gestation but before 39
completed weeks gestation, with delivery by
(planned) cesarean section
Delivery by (planned) cesarean section
occurring after 37 completed weeks of
gestation but before 39 weeks gestation due to
(spontaneous) onset of labor.

Other Conditions or Status of the Mother
Complicating Pregnancy, childbirth, or Puerperium

649.81 Onset (spontaneous) of labor after
completed weeks of gestation but before
39 completed weeks gestation, with
delivery by (planned) cesarean section,
delivered, with or without mention of
antepartum condition.

649.82 (same as listed above) + “with mention of
postpartum condition”

***additional note (next slide)***
Other Conditions or Status of the Mother Complicating Pregnancy, childbirth, or Puerperium

Use additional code to specify reason for planned cesarean section such as:
- cephalopelvic disproportion (normally formed fetus) (653.4)
- previous cesarean delivery (654.2)

New ICD-9-CM Codes

Supplementary Classification:

Revise:

“Supplementary Classification of Factors Influencing Health Status and Contact with Health Services (V01-V91)”
New ICD-9-CM Codes

Personal History of endocrine, metabolic, and immunity disorders

Code V12.2

New ICD-9-CM Codes

V12 Personal history of certain other diseases
  V12.2 Personal history endocrine, metabolic, and immunity disorders
New code  ● V12.21 Gestational diabetes
New code  ● V12.29 Other endocrine, metabolic, and immunity disorders
New ICD-9-CM Codes

Supervision of High Risk Pregnancy

- A pregnancy where specific health issues of the mother or child result in the risk of birth defects or complications is increased
- A pregnancy in which some condition puts the mother, the developing fetus, or both at higher-than-normal risk for complications during or after the pregnancy and birth
- Patient may have a history of a problem or a current problem that is not affecting her pregnancy now, but is a reason physician considers the patient High Risk

High Risk Pregnancy - Mom

- Age (younger than 15, older than 35)
- Weight (under 100 pounds or obesity)
- History of complications during previous pregnancies (stillbirth, fetal loss, preterm labor and/or delivery, IUGR, preeclampsia)
- More than 5 previous pregnancies
- Bleeding
- Hypertension
High Risk Pregnancy - Mom

• Rh incompatibility
• Diabetes (gestational or otherwise)
• Cancer
• Exposure to damaging medications
• Alcohol intake, illicit or abused drugs
• HIV
• Other medical conditions – thyroid, lupus

High Risk Pregnancy - Baby

• Prenatal tests indicate the baby has a serious health problem
• What is the difference between a screening test and diagnostic test?
  – Example – test 100, 20 +, 1 or 2
• Fetal problems prompting early delivery or surgical delivery
• Multiples
High Risk Pregnancy Perinatologist

- Patient either with a history of a problem or a current problem
- OB/GYN physician with additional training specializing in care of high-risk pregnancies
- Patient sent to perinatologist – regular visits during the pregnancy; transfer of care including delivery

New ICD-9-CM Codes
Supervision of High Risk Pregnancy

V23 Supervision of high-risk pregnancy
V23.4 Pregnancy with other poor ob. history
New code ● V23.42 Pregnancy with history of ectopic pregnancy
New ICD-9-CM Codes
Supervision of High Risk Pregnancy

V23.8 Other high-risk pregnancy
New code ● V23.87 Pregnancy with inconclusive fetal viability
Encounter to determine fetal viability of pregnancy

New ICD-9-CM Codes

October 1, 2012 – limited code updates to both ICD-9-CM and ICD-10 code sets
October 1, 2013 – limited updates to ICD-10 code set
October 1, 2014 – regular updates to ICD-10 will begin, ending the freeze
CPT®

E & M code revisions-Initial Observation Care
• 99218 physicians typically spend 30 mins.
• 99219 physicians typically spend 50 mins.
• 99220 physicians typically spend 70 mins.

CPT®

E & M code revisions
• 99354
• 99355
• 99356
• 99357
• 99358
• 99359
Example:
► (For paracentesis, see 49082, 49083, 49084) ◄
► (Do not report 57283 in conjunction with 58263, 57556, 58270, 58280, 58292, 58294) ◄

Corpus Uteri, Introduction (58300)
► (To report insertion of non-biodegradable drug delivery implant for contraception, use 11981. To report removal of implantable contraceptive capsules with subsequent insertion of non-biodegradable drug delivery implant, use 11976 and 11981) ◄
CPT® - code deletions

- Code 11975 insertion
- Code 11977 removal

Parenthetical notes
- 11971 (11981 for insertion)
- 11976 (removal with subsequent insertion, report 11976 and 11981)

Quiz

Endometrial ablation is destruction of:
- a. Outer muscular layer of the uterus
- b. Lining tissue of the uterus
- c. Peritoneum
- d. Cervix
Endometrial ablation

Techniques
• Hysteroscopic resection
• Thermachoice
• Novasure
• HTA
  (hydrothermoablation)

CPT®

Myometrium – muscle
Endometrium – glandular
Endometrial ablation
Anatomy – front view

CPT®

Endometrial ablation
- 58353 without hysteroscopy
- 58563 with hysteroscopy at same surgical setting
Endometrial Ablation
58563

Indications
- Menorrhagia and menometrorrhagia (626.2)
- Dysmenorrhea (625.3)

Why developed?
O.R. or office procedure?

Quiz

A subtotal hysterectomy is removal of the:
a. Cervix
b. Fundus
c. Vagina
d. Vulva
Quiz

A total hysterectomy is removal of the uterus, plus:

a. Tubes and ovaries
b. Tubes only
c. Ovaries only
d. Nothing

Terminology

Subtotal, partial
Supracervical (LSH)

*Important note – you cannot code the removal of the tubes and/or ovaries separately when the code description says with or without removal of tubes and ovaries.
## Hysterectomy Nomenclature

- **TAH**  
  Total Abdominal Hysterectomy  58150-58152
- **TVH**  
  Total Vaginal Hysterectomy  58260-58270, 58290-58294
- **Porro H.**  
  Cesarean Hysterectomy  +59525
- **LAVH**  
  Laparoscopically Assisted Vaginal Hysterectomy  58550-58554
- **TLH, LH**  
  Total Laparoscopic Hysterectomy  58570-58573
- **LSH**  
  Laparoscopic Supracervical H.  58541-58544
- **Radical H.**  
  58548(Laparoscopic), 58200-58240(Abdominal), » 58275-58285(vaginal)

- **Others:**
  - Subtotal H. - synonym - supracervical hysterectomy
  - Partial H. – synonym – supracervical hysterectomy
  - Complete, incomplete
  - Modified Radical Hysterectomy

## Hysterectomy facts & figures

- Hysterectomy is the **second most common major surgery** among reproductive-aged women, after cesarean delivery.
- According to the National Center for Health Statistics, there were approximately **617,000** hysterectomies performed in 2004.
- Approximately **600,000** hysterectomies are performed annually in the United States.
- Approximately **20 million** U.S. women have had a hysterectomy.
Hysterectomy facts & figures

Most common indications are
• Uterine leiomyomas – 40.7%
• Endometriosis – 17.7%
• Prolapse 14.5%

Hysterectomy facts & figures

U.S. surgical data on Route of procedure
• Abdominal – 66%
• Vaginal – 22%
• Laparoscopic 12%
ACOG procedure of choice?
Hysterectomy facts & figures

- From 1994 through 1999 an estimated 3,525,237 hysterectomies were performed among U.S. women aged ≥ 15 years.
- The overall hysterectomy rate for U.S. female residents was 5.5 per 1,000 women.
- Women aged 40-44 years had a significantly higher hysterectomy rate compared with any other age group. (During the time period above, 52% of all hysterectomies were performed among women aged ≤44 years.)

References

- *Frequently Asked Questions in Obstetric and Gynecologic Coding* Fifth edition published in 2011, includes over 100 often-asked coding questions from ACOG Fellows over the past few years and answers from the ACOG Committee on Coding and Nomenclature
- 2012 ICD-9-CM Volumes 1&2 Professional edition
Thank you!

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