High Risk Pregnancy: Isn’t Normal Pregnancy Scary Enough?
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Objectives

• Define and describe high risk pregnancy condition
• Describe medical aspects of high risk pregnancy
• Discuss codes useful in reporting high risk pregnancies
• Join together the medical and coding aspects of high risk pregnancies
• Definitions, Acronyms and Abbreviations in OB and High Risk OB

Define 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
Maternal Factors

- **Age** (younger than 15, older than 35)
- **Weight** (under 100 lbs or obesity)
- **History of complications during previous pregnancies** (stillbirth, fetal loss, preterm labor and/or delivery, IUGR, preclampsia)
- **More than 5** previous pregnancies
- **Bleeding**
- **Hypertension**

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Maternal Factors

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

• Prenatal tests indicate that the baby has a serious health problem
• What is the difference between a screening test and diagnostic test?
  – Example
• Fetal problems prompting early delivery or surgical delivery
• Multiples

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
ICD-9-CM Official Guidelines for Coding and Reporting

- Chapter 11 codes used only on the maternal record
- Categories 640-648, 651-676 have required fifth digits
- Prenatal outpatient visits for high-risk patients

ICD-9-CM Official Guidelines for Coding and Reporting – cont’d

- Episodes when no delivery occurs, the principal diagnosis should correspond to the principal complication of the pregnancy that necessitated the encounter
- When a delivery occurs – the principal diagnosis should correspond to the main circumstances or complication of the delivery
- Outcome of delivery – V27.0-V27.9
ICD-9-CM Guidelines

- **HIV** – During pregnancy, childbirth or the puerperium, a patient admitted because of an HIV-related illness should receive a principal diagnosis of 647.6X
  - This is followed by 042 and the code(s) for the HIV-related illness(es)
- **Diabetes mellitus in pregnancy** – assign code 648.0x, Diabetes mellitus complicating pregnancy, and a secondary code from category 250, Diabetes mellitus, or category 249, Secondary diabetes to identify the type of diabetes
- Code V58.67, Long-term (current) use of **insulin** also

First Listed Diagnosis

- When no complications are present, V22.0 *Supervision of normal first pregnancy* or V22.1 *Supervision of other normal pregnancy* should be used as the first-listed diagnosis
- Do not use these codes with Chapter 11 codes (provider cannot supervise a normal pregnancy and a complicated pregnancy at the same encounter)
First Listed Diagnosis

• V23 – A code from category V23 **Supervision of high-risk pregnancy** should be used as the first-listed diagnosis for prenatal outpatient visits for high-risk patients

• Secondary chapter 11 codes may be used with these codes if conditions are unrelated to the V23 code reported

ICD-9-CM Category V23

• V23 Supervision of high-risk pregnancy
  Used to report **potential problems** in the current pregnancy
  Example: V23.41 Pregnancy with history of preterm labor. Insurers?

• Problems in the **current pregnancy** identified by a diagnosis code in the **640-679 series**
  Examples?
What is routine Antepartum care?

• CPT®’s definition of routine antepartum care is based on a patient who enrolls early in the 1st trimester and gives birth at term
  – Typically this is 13 antepartum visits
• First visit – prenatal form, history and physical, pap smear, other lab tests
• Subsequent visits – every 4 weeks; at 28 weeks every 2 weeks; at 36 weeks every week

13 visits – why 13? Lucky, or?

• What about additional visits?
• Diagnoses in the 640-679 series establish the medical necessity for additional antepartum visits beyond the usual 13 included in the global OB package
• High risk patient seen for more than the usual 13 visits, but no complications develop – report only global service
More than 13 OB visits

• Patient seen for more than 13 visits because of complications, how is it reported?
• E/M codes, when can they be reported?
• Procedures and non-routine diagnostic tests?

Complications Mainly Related to Pregnancy (640-649)

• **640** Hemorrhage in early pregnancy
  Threatened abortion
  What is the difference between abortion and miscarriage?
• **641** Antepartum hemorrhage, abruption placenta, and placenta previa
• What is placenta previa?
Placenta Previa 641.0x, 641.1x

Placental abruption, abruptio placenta 641.2x

- 641.2x Premature separation of placenta
  Ablatio placentae
  Abruptio placentae
  Accidental antepartum hemorrhage
  Couvelaire uterus
  Detachment of placenta (premature)
  Premature separation of normally implanted placenta
ICD-9-CM Pregnancy Complications

- 643.1x Antepartum hemorrhage associated with coagulation defects
  Antepartum or intrapartum hemorrhage associated with:
  - afibrinogenemia
  - hyperfibrinolyis
  - hypofibrinogenemia
642 Hypertension complicating pregnancy, childbirth, and the puerperium

- 642.0 Benign essential hypertension complicating pregnancy childbirth and the puerperium
- 642.1 Hypertension secondary to renal disease, complicating pregnancy, childbirth, and the puerperium
- 642.2 Other pre-existing hypertension complicating pregnancy, childbirth
- 642.3 Transient hypertension of pregnancy

ICD-9-CM Pregnancy Complications

- 642.4x Mild or unspecified pre-eclampsia pre-eclampsia, toxemia (pre-eclamptic)
- 642.5x Severe pre-eclampsia
- 642.6x Eclampsia
  Toxemia: eclamptic with convulsions
- 642.7x Pre-eclampsia or eclampsia superimposed on pre-existing hypertension
ICD-9-CM Pregnancy Complications

- 643 Excessive vomiting in pregnancy
  Hyperemesis arising during pregnancy
  Hyperemesis gravidarum
  Vomiting:
  persistent arising during pregnancy
  vicious arising during pregnancy
- 643.0 – 643.9 Mild, metabolic disturbance, late vomiting of pregnancy

ICD-9-CM Pregnancy Complications

- 644 Early or threatened labor
- 644.00 threatened premature labor after 22 weeks, but before 37 completed weeks of gestation without delivery
- 644.2 Early onset of delivery
  Onset (spontaneous) of delivery before 37 completed weeks of gestation
  Premature labor with onset of delivery before 37 completed weeks of gestation
ICD-9-CM Official Guidelines
Chapter 11

• K. Abortions
  4) Abortion with Liveborn Fetus
When an attempted termination of pregnancy results in a liveborn fetus assign code 644.21, Early onset of delivery, with an appropriate code from category V27, Outcome of Delivery. The procedure code for the attempted termination of pregnancy should also be assigned.

ICD-9-CM Pregnancy Complications

• 645 Late pregnancy
• 645.1x Post term pregnancy over 40 completed weeks to 42 completed weeks
• 645.2x Prolonged pregnancy beyond 42 completed weeks of gestation
• 646.0x Papyraceous fetus
ICD-9-CM Pregnancy Problems

- **646.7** Liver disorders in pregnancy
  - Acute yellow atrophy of liver of pregnancy
  - Icterus gravis of pregnancy
  - Necrosis of liver of pregnancy
- **647** Infectious and parasitic conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium

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**648** Other current conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium

- **648.0x** Diabetes mellitus
  - Conditions classifiable to 249, 250
  - *Excludes* gestational diabetes (648.8)
  - ICD-9-CM Official Guidelines (Chapter 11)
  - *Pregnant women who are diabetic should be assigned code 648.0x, Diabetes mellitus complicating pregnancy, and a secondary code from category 250, Diabetes mellitus, or category 249, Secondary diabetes to identify the type of diabetes.*
  - *Code V58.67, Long-term (current) use of insulin, should also be assigned if the diabetes mellitus is being treated with insulin.*
ICD-9-CM Pregnancy Problems

- 648.1 Thyroid dysfunction
  Conditions classifiable to 240-246
- 648.2 Anemia
  Conditions classifiable to 280-285
- Drug dependence
  Conditions classifiable to 304
- 648.4 Mental disorders
  Conditions classifiable to 290-303, 305.0, 305.2-305.9, 306-316, 317-319

649 Other conditions or status of the mother complicating pregnancy, childbirth, or the puerperium

- 649.0x Tobacco use disorder complicating pregnancy, childbirth, or the puerperium
- 649.1x Obesity complicating pregnancy, childbirth, or the puerperium
- 649.2 Bariatric surgery status complicating pregnancy, childbirth, or the puerperium
- 649.3 Coagulation defects complicating pregnancy, childbirth, or the puerperium
649 Other conditions or status of the mother complicating pregnancy, childbirth, or the puerperium

- **649.4x Epilepsy** complicating pregnancy, childbirth, or the puerperium
  Use additional code to identify type of epilepsy
- **649.7 Cervical shortening**

ICD-9-CM Problem Pregnancy

- **651 Multiple gestation V codes are important:**
  Multiple Gestation Placenta Status (V91)
  *(There is a note of explanation regarding these codes)*
  - V91.00x Twin gestation, unspecified number of placenta, unspecified number of amniotic sacs
  - **V91.01x Twin gest. monochorionic/monoamniotic**
    *(one placenta, one amniotic sac)*
    - V91.02x Twin gestation, monochorionic/diamniotic (one placenta, two amniotic sacs)
    - V91.03x Twin gestation, dichorionic/diamniotic
    - *(Two placentae, two amniotic sacs)*
ICD-9-CM Problem Pregnancy

- V91.1 Triplet gestation placenta status
- V91.2 Quadruplet gestation placenta status
- V91.9 Other specified multiple gestation placenta status

(placenta status for multiple gestations greater than quadruplets)

ICD-9-CM Problem Pregnancy

- 652 Malposition and malpresentation of fetus
- 652.0x Unstable lie
- 652.1x Breech or other malpresentation successfully converted to cephalic presentation
- 652.2x Breech presentation without mention of version
- 652.3 Transverse or oblique presentation
- 652.4 Face or brow presentation
ICD-9-CM Problem Pregnancy

- 652.6x Multiple gestation with malpresentation of one fetus or more
- 652.7x Prolapsed arm
- 653 Disproportion (it doesn’t fit)
- 653.4x Fetopelvic disproportion
- 653.5x Unusually large fetus causing disproportion
- 653.6x hydrocephalic fetus causing disproportion

ICD-9-CM Problem Pregnancy

- 654 Abnormality of organs and soft tissues of pelvis
- 654.0x congenital abnormalities of uterus
- 654.1x Tumors of body of uterus
- 654.2x Previous cesarean delivery
- 654.5x Cervical incompetence
- 655 Known or suspected fetal abnormality affecting management of mother
Cervical Cerclage

ICD-9-CM Problem Pregnancy

- 656 Other fetal and placental problems affecting management of mother
- 657 Polyhydramnios
- 659.4x Grand multiparity
- 659.5x Elderly primigravida
- 659.6x Elderly multigravida
ICD-9-CM Problem Pregnancy

- Complications Occurring Mainly in the Course of Labor and Delivery (660-669)
  - 665.0x Rupture of uterus before onset of labor
  - 665.1x Rupture of uterus during labor
  - 665.2x Inversion of uterus

Global Package

- Antepartum
  Initial and subsequent H&P
  Monitoring BP, Weight, FHR, Chemical U/A
  Monthly Visits 1-28 weeks
  Bi-monthly visits 28-36 weeks
  Weekly visits 36 weeks until delivery
Global OB Package

• Is there a minimum number of visits to “qualify” for the Global package?
• Answer – no, there is no minimum number of antepartum visits required to report the global obstetric package codes
  – There are times when a provider will perform all of the components of the global OB package in a short time – example is late registration
  – Check with providers on this

Global OB Package
Not included? (excluded)

• Tests related to pregnancy
  NST, CST, BPP
  Amniocentesis, CVS, Ultrasound
• Extra services such as extra visits because of high risk pregnancy (E/M)
• Check contracts and agreements
Amniocentesis

Syringe and needle

Ultrasound probe

Fetus

Amniotic fluid

Placenta

Amniocentesis

Syringe

Amniotic fluid

Placenta
Global OB Package
Not Included? (excluded)

- L&D visits billed as E/M 99212-99215
  (pregnancy complications, observation)
- Complications of pregnancy treated in the office
- Observation care – different episode of care from admission for delivery
- Check contracts and agreements

Non-Global Services

- Echography (76801-76828)
- Amniocentesis
  Diagnostic – 59000
  Therapeutic – 59001
- Chordocentesis (Intrauterine)
  Code 59012
- Chorionic Villus Sampling
  Code 59015
Non-Global Services

- NST (non-stress test)
  Code 59025

- CST (contraction stress test or “stress test”)
  Code 59020

- BPP (biophysical profile)

Biophysical Profile BPP

- Fetal breathing movements
- Fetal body movements
- Fetal tone (tightening or contractibility of muscles)
- Reactive fetal heart rate (increase in heart rate when baby moves)
- NST*Amount of amniotic fluid
CST - Contraction Stress Test

Non-Global Services

• BPP (biophysical profile)
• 76818 Fetal biophysical profile; with non-stress testing
• 76819 without non-stress testing
(Fetal biophysical profile assessments for the second and any additional fetuses, should be reported separately by code 76818 or 76819 with the modifier 59 appended)
What About an Insurance Deadline?

• Report the claim for the E/M service(s) at the time of the visit
• It is very likely the claim will be denied by the payer and you need to resubmit the claim
• At the time of delivery, resubmit the claim to receive reimbursement
• Talk to the payer – verify their policy before reporting

Attempted Cephalic Version

• Cephalic version – converting a breech presentation to vertex
• Report with 59412 external cephalic version, with or without tocolysis
• No modifier is necessary, even if unsuccessful
• Diagnosis code 652.2x breech presentation without mention of version for the unsuccessful version
Version continued

• 5th digit (0, 1, or 3) to indicate the episode of care
• Is your provider talking to you?

Version with Ultrasound

• What about ultrasound guidance of version?
• ACOG recommends code 59412 external cephalic version, with or without tocolysis in addition to 76815 limited obstetric ultrasound for the ultrasound guidance
Double Your Pleasure - Twins

- This is sometimes more confusing than it is difficult to code
- Not all payers recognize twin deliveries as high risk – or even as a complication of pregnancy

Twice as Much Fun

- Both vaginal deliveries
  Report code **59400 routine global obstetric care, vaginal delivery** for twin A and **59409-59 vaginal delivery only** for twin B
  If the patient had a previous cesarean delivery, use **59610 routine global obstetric care, vaginal delivery after previous cesarean delivery** and **59612-59 vaginal delivery only, after previous cesarean delivery**
One Vaginal, One Cesarean

- Report **59510 routine global obstetric care, cesarean delivery** for twin B and **59409-59 vaginal delivery only** for twin A
- If the patient had a previous cesarean delivery, report **59618 routine global obstetric care, cesarean delivery after previous cesarean delivery** and **59612-59 vaginal delivery only, after previous cesarean delivery**

Cesarean Delivery
Both Cesarean Deliveries

• Report 59510 routine global obstetric care, cesarean delivery or 59618 routine global obstetric care, cesarean delivery after previous cesarean delivery
• Only one code is reported because only one cesarean incision was made
• Append modifier 22 to the global code if significantly more work
  – need to document and submit a letter

G4P2112 – What Does It Mean?

GaPbcde
• a. Total number of times pregnant
• b. Number of full term deliveries
• c. Number of deliveries less than term
• d. Number of abortions or miscarriages
• e. Number of living children
What Does It Mean?

Example G4P2112:
• 4 pregnancies
• 2 full term deliveries
• 1 premature delivery
• 1 miscarriage
• 2 living children

Pregnancy Definitions

• Multipara - a woman who has given birth at least two times to an infant, alive or dead
• Multiparity - condition of being a multipara
• Multiparous - relating to a multipara
Pregnancy Definitions

• Primigravida - a woman who is pregnant for the first time

• Primipara - a woman who has given birth for the first time to an infant of 20+ weeks

Pregnancy Definitions

• Antepartum - before labor or childbirth
• Intrapartum - during labor and delivery
• Postpartum - after childbirth
• Antenatal - syn. Prenatal
• Prenatal - preceding birth, relating to birth
• Neonatal - immediately following birth through the first 28 days of life
• Postnatal - occurring after childbirth
Pregnancy Definitions

- Abruptio placenta – premature separation of the placenta from the uterus (placental abruption)
- Afterbirth – placenta and membranes expelled after baby is delivered
- Amniocentesis – process by which amniotic fluid is removed from the amniotic sac for testing; lung maturity, infection, or genetic defects
- Amniotic fluid – fluid surrounding the baby inside the amniotic sac
- Anencephaly – defective development of the brain combined with the absence of the bones normally surrounding the brain
- Apgar scores – measurement of baby’s response to birth and life on its own, taken 1 min. and 5 min. after birth
- Atonic uterus – uterus that is flaccid, lacking tone
- Augmented labor – medication (oxytocin) given to improve labor
- Bilirubin – breakdown product of hemoglobin, RBCs
- Biophysical profile – method of evaluating baby’s well-being before birth (BPP)
- Bishop score – method of cervical scoring to predict the success of induction of labor
Pregnancy Definitions

- Bloody show – small amount of vaginal bleeding late in pregnancy, often precedes labor
- Braxton-Hicks contractions – irregular, painless tightening of uterus during pregnancy
- Breech presentation – abnormal birth position of the fetus, buttocks or legs come into the birth canal before the head
- Cesarean section or delivery – delivery of a baby through an abdominal incision
- Chadwick’s sign – dark-blue or purple discoloration of the mucosa of the vagina and cervix during pregnancy

High Risk Pregnancy Definitions

- **Amniocentesis** - removal of amniotic fluid from the amniotic sac
- **Cordocentesis** - removal of blood from the umbilical cord
- **Chorionic Villus Sampling (CVS)** - biopsy of tissue taken from inside the uterus for diagnostic testing during pregnancy
OB Acronyms & Abbreviations

- **Ab**: abortion (or Tab)
- **Abd**: abdomen
- **ABO**: refers to blood groups (blood types)
- **AGA**: appropriate for gestational age
- **AROM**: artificial rupture of membranes
- **ART**: assisted reproductive technology
- **CF**: cystic fibrosis
- **Cm**: centimeter(s) (usually cm)
- **CMV**: cytomegalovirus

OB Acronyms & Abbreviations

- **CNM**: certified nurse midwife
- **CP**: cerebral palsy
- **C/S**: cesarean section
- **D&C**: dilation & curettage
- **DIC**: disseminated intravascular coagulopathy
- **DVT**: deep vein thrombosis
- **EBL**: estimated blood loss
- **Epis.**: episiotomy
- **FAS**: fetal alcohol syndrome
OB Acronyms & Abbreviations

- FB (fb)  fingerbreadths
- FBS  fasting blood sugar
- FHR  fetal heart rate (FHT)
- FTND  full term normal delivery
- F/U  follow-up
- GDM  gestational diabetes mellitis
- HBsAb  hepatitis B surface antibody
- Hbg/Hg  hemoglobin
- Hct  hematocrit (crit)

OB Acronyms & Abbreviations

- HCG  human chorionic gonadotropin
- HPI  history of present illness
- HPV  human papilloma virus
- HIV  human immunodeficiency virus
- HSV  herpes simplex virus
- HTN  hypertension
- I&D  incision and drainage
- Ig  immunoglobulin, gamma
OB Acronyms & Abbreviations

- I&O intake and output
- IUD intrauterine device
- IVF in vitro fertilization
- LEEP loop electrocautery excision procedure
- LGA large for gestational age
- LH luteinizing hormone
- LMP last menstrual period
- Mec meconium

OB Acronyms & Abbreviations

- ml milliliter
- MS morphine sulfate/multiple sclerosis
- NBICU newborn intensive care unit (or NICU)
- NKA no known allergies
- NST non-stress test
- NSVD normal spontaneous vaginal delivery (SVD)
- N&V nausea and vomiting (n/v)
OB Acronyms & Abbreviations

- **OST**: oxytocin stress test (CST)
- **PCA**: patient controlled analgesia
- **PCN**: penicillin
- **PERLA**: pupils equal, react to light and accommodation
- **PG**: prostaglandin
- **PPH**: post partum hemorrhage
- **Primip**: primipara, a woman having her first child
- **PROM**: premature rupture of membranes

OB Acronyms & Abbreviations

- **RDS**: respiratory distress syndrome
- **Rh neg**: Rhesus factor negative
- **R/O**: rule out
- **ROA**: right occiput anterior
- **ROP**: right occiput posterior
- **RSV**: respiratory syncytial virus
- **s**: without
- **s.c.**: subcutaneous
OB Acronyms & Abbreviations

- S-C disease  sickle cell hemoglobin-c disease
- SGA  small for gestational age
- SIDS  sudden infant death syndrome
- SLE  systemic lupus erythematosus
- SOAP  subjective, objective, assessment, plan
- SOB  shortness of breath
- S/P  status post
- SROM  spontaneous rupture of membranes

OB Acronyms & Abbreviations

- Sx  sign/symptom
- t.i.d.  three times daily
- TSH  thyroid stimulating hormone
- TTTS  twin-twin transfusion syndrome
- Tx  treatment
- U/A  urinalysis
- UAC  umbilical artery catheter/catheterization
- U/S  ultrasound
OB Acronyms & Abbreviations

• VBAC vaginal birth after cesarean
• WBC white blood count
• WD well developed
• WN well nourished
• WNL within normal limits
• x except
• YTD year to date

References

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