# ICD-10 Clinical Concepts for OB/GYN

# **ICD-10 Clinical Concepts Series**



Common Codes



Clinical Documentation Tips



Clinical Scenarios

ICD-10 Clinical Concepts for OB/GYN is a feature of Road to 10, a CMS online tool built with physician input.

# With Road to 10, you can:

- Build an <u>ICD-10 action plan</u> customized for your practice
- Use interactive case studies to see how your coding selections compare with your peers' coding
- Access guick references from CMS and medical and trade associations
- View in-depth webcasts for and by medical professionals

To get on the Road to 10 and find out more about ICD-10, visit:

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# Clinical Documentation Tips

# ICD-10 Compliance Date: October 1, 2015

Specifying anatomical location and laterality required by ICD-10 is easier than you think. This detail reflects how physicians and clinicians communicate and to what they pay attention - it is a matter of ensuring the information is captured in your documentation.

In ICD-10-CM, there are three main categories of changes:

- Definition Changes
- Definition Change
- Increased Specificity

Over 1/3 of the expansion of ICD-10 codes is due to the addition of laterality (left, right, bilateral). Physicians and other clinicians likely already note the side when evaluating the clinically pertinent anatomical site(s).

#### TRIMESTER

Definition Change

Documentation of trimester is required. Determination is calculated from first day of last menstrual period, and is documented in weeks.

The definitions of trimesters are:

1. First Trimester Less than 14 weeks, 0 days

2. Second Trimester 14 weeks, 0 days through 27 weeks and 6 days

3. Third Trimester 28 weeks through delivery

## ICD-10 Code Examples

O26.851	Spotting complicating pregnancy, first trimester
O26.852	Spotting complicating pregnancy, second trimester
O26.853	Spotting complicating pregnancy, third trimester
O26.859	Spotting complicating pregnancy, unspecified trimeste

#### **VOMITING**

#### **Definition Change**

The time frame for differentiating early and late vomiting in pregnancy has been changed from 22 to 20 weeks.

# ICD-10 Code Examples

O21.0 Mild hyperemesis gravidum

O21.2 Late vomiting of pregnancy

#### **ABORTION**

#### Definiton Change

The timeframe for a missed abortion (vs. fetal death) has changed from 22 to 20 weeks. In ICD-10-CM, an elective abortion is now described as an elective termination of pregnancy.

There are four spontaneous abortion definitions in ICD-10; use the appropriate definition in your documentation:

1.Missed Abortion No bleeding, os closed

2. Threatened Abortion Bleeding, os closed

3. Incomplete Abortion Bleeding, os open, products of conception (POC) are extruding

4. Complete Abortion Possible bleeding or spotting, os closed, all POC expelled

# ICD-10 Code Examples

O02.1 Missed abortion

O36.4XX1 Maternal care for intrauterine death, fetus 1

Z33.2 Encounter for elective termination of pregnancy

#### CHILDBIRTH AND PUERPERIUM DISTINCT FROM TRIMESTER

Terminology Difference

ICD-10 allows for the description of "pregnancy", "childbirth" and "puerperium" as distinct concepts from "trimester."

# ICD-10 Code Examples

O99.351 Diseases of the nervous system complicating pregnancy, first trimester

O99.352 Diseases of the nervous system complicating the pregnancy, second trimester

#### INTENT OF ENCOUNTER

Increased Specificity

When documenting intent of encounter, include the following:

1.Type of Encounter e.g. OB or GYN, contraception management, postpartum care

2. Complications Note any abnormal findings with examination

# ICD-10 Code Examples

Z30.011 Encounter for initial prescription of contraceptive pills

Z31.82 Encounter for Rh incompatibility status

Z39.1 Encounter for care and examination of lactating mother

#### COMPLICATIONS OF PREGNANCY

Increased Specificity

Documentation of conditions/complications of pregnancy will need to distinguish between pre-existing conditions, or pregnancy-related conditions.

When documenting well child exams and screen, include the following:

1. Condition Detail Was the condition pre-existing (i.e. present before pregnancy)

2. Trimester When did the pregnancy-related condition develop?

3. Casual Relationship Establish the relationship between the pregnancy and the complication (i.e.

preeclampsia)

### ICD-10 Code Examples

O99.011 Anemia complicating pregnancy, first trimester

O13.2 Gestational [pregnancy-induced] hypertension without significant

proteinuria, second trimester

O24.012 Pre-existing diabetes mellitus, type 1, in pregnancy, second trimester

#### ALCOHOL USE, SUSTANCE ABUSE, AND TOBACCO DEPENDENCE

Increased Specificity

Documentation should capture the mother's use (or non-use) of tobacco, alcohol and substance abuse along with the associated risk to the child.

A secondary code from category F17, nicotine dependence or Z72.0, tobacco use should also be assigned when codes associated with category O99.33, smoking (tobacco) complicating pregnancy are used. In a similar manner, a secondary code from category F10, alcohol related disorders, should also be assigned when codes under category O99.31, Alcohol use complicating pregnancy, are used.

## ICD-10 Code Examples

O99.311 Alcohol use complicating pregnancy, first trimester

O99.331 Smoking (tobacco) complicating pregnancy, first trimester

O35.4XX1 Maternal care for (suspected) damage to fetus from alcohol, fetus<sup>1</sup>