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ICD-10 Coding for OB/GYN

Diagnostic Coding Overview
Diagnostic Coding Background

• Main purposes of disease coding
  – To assist in record retrieval
  – To produce statistics
  – Utilized for morbidity & mortality coding
    • Morbidity – codes are assigned from sources of information that relate to contacts for health services (e.g., medical records)
    • Mortality – codes are assigned from registrations of deaths
  – ICD is the global standard to report & categorize diseases, health-related conditions & external causes of disease & injury

Uses Of ICD-9 Codes

• Tracking of disease processes
• Classification of causes of mortality
• Medical research
• Evaluation of hospital service utilization
• On insurance claim forms
• In the hospital inpatient setting for indexing purposes
• Calculation of Medicare hospital insurance payments (Prospective Payment Systems)
Why Do We Need A New Coding System?

• ICD-9-CM is 30+ years old and out of date
• Lacks sufficient specificity and detail
• Running out of capacity and limited structural design
• Obsolete
• Hampers the ability to compare costs and outcomes of different medical technologies
• Cannot support the US transition to an interoperable health data exchange
• ICD-9-CM limits the healthcare industry’s ability to improve its ability to provide patient care

Benefits Of Adopting ICD-10

• Greater coding accuracy and specificity
• Higher quality information for measuring healthcare service quality, safety, and efficiency
• Greater achievement of the benefits of an electronic health record
• Recognition of advances in medicine and technology
• Space to accommodate future expansion
• Increased ability to prevent and detect healthcare fraud and abuse
• Pay-for-performance programs
• Improved efficiencies and lower costs
• Reduced need for extra documentation describing patient’s condition, for reimbursement purposes
Impact Of ICD-10 Implementation

- Increase in number of codes available
- Changes in software and information technology
- Greater specificity
  - Quality measurement and medical error reduction
  - May lead to changes in reimbursement patterns
- Complicated mapping
  - Depends on:
    - Providers – more specific clinical information will require increased quality of medical record documentation
    - Coders – having a greater foundational knowledge of anatomy and physiology than needed to code in ICD-9-CM

ICD-10 Characteristics
Overview Of ICD-10

• ICD-10-CM replaces ICD-9-CM Volume 1 and 2

• ICD-10-CM
  – Is built on the current ICD-9-CM coding system, with a few modified conventions and the incorporation of a new code format and nomenclature, or naming system.
  – Is an arrangement of similar diseases, and other conditions based on approved criteria.
  – Groups diseases in a variety of ways: etiology, anatomy, site, type of disease and morphology.
    • The most frequently used axis for most categories is anatomy.

Comparison Between ICD-9-CM & ICD-10-CM

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consists of three to five characters</td>
<td>Consists of three to seven characters</td>
</tr>
<tr>
<td>Approximately 13,000 codes</td>
<td>Approximately 68,000 codes</td>
</tr>
<tr>
<td>First character is numeric or alpha (E or V) or numeric, characters 2-5 are numeric</td>
<td>First character is alpha; characters 2 &amp; 3 are numeric; characters 4-7 are alpha or numeric (alpha digits are not case sensitive)</td>
</tr>
<tr>
<td>Always at least three characters</td>
<td>Flexible for adding new codes; Very specific</td>
</tr>
<tr>
<td>Decimal placed after the first three characters</td>
<td>Decimal placed after the first three characters</td>
</tr>
<tr>
<td>No laterality</td>
<td>Has laterality</td>
</tr>
</tbody>
</table>
ICD-10 Example

O36.0122 – Maternal care for anti-D[Rh] antibodies, second trimester, fetus 2

Source: Centers for Medicare and Medicaid Services, www.roadto10.org

Some Changes to Be Made in Preparation for ICD-10 Coding

- **Laterality**
  - ICD-10 introduces laterality (right vs. left) to diagnosis coding.

- **Combination codes**
  - ICD-10 greatly expands the use of combination codes, where a single code is used to classify two diagnoses or a diagnosis with an associated secondary process or complication.

- **Episode of Care**
  - ICD-10 relies more heavily on categorizing the episode of care for injuries and illnesses.

- **Greater Specificity**
  - ICD-10 is much more specific in identifying diseases and conditions and the documentation will need to reflect the exact diagnosis to take advantage of the improved granularity.
Laterality

• Example: Patient presents with lump in right breast is diagnosed with a solitary cyst of right breast:
  – In ICD-9-CM, we would have reported this with 610.0, Solitary cyst of the breast
  – In ICD-10-CM, we would need to know which side is affected:
    = N60.01, Solitary cyst of right breast

Combination Codes

• Combination codes
  – ICD-10 greatly expands the use of combination codes, where a single code is used to classify two diagnoses or a diagnosis with an associated secondary process or complication
  – This relationship cannot be assumed or inferred; the documentation must clearly state the relationship
  – Common example: Spondylosis with radiculopathy

  M47.2 Other spondylosis with radiculopathy
    M47.20 Other spondylosis with radiculopathy, site unspecified
    M47.21 Other spondylosis with radiculopathy, occipito-atlanto-axial region
    M47.22 Other spondylosis with radiculopathy, cervical region
    M47.23 Other spondylosis with radiculopathy, cervicothoracic region
    M47.24 Other spondylosis with radiculopathy, thoracic region
    M47.25 Other spondylosis with radiculopathy, thoracolumbar region
    M47.26 Other spondylosis with radiculopathy, lumbar region
    M47.27 Other spondylosis with radiculopathy, lumbosacral region
    M47.28 Other spondylosis with radiculopathy, sacral and sacrococcygeal region
**Episode of Care**

- **Episode of Care**
  - ICD-10-CM relies more heavily on categorizing the episode of care for injuries and illnesses.
  - ICD-10-CM features an expanded category for injuries.
    - A 7th-character extension identifies the encounter type:
      - "A" for the initial encounter,
      - "D" for the subsequent encounter,
      - "S" for sequela.

**Superficial injury of knee and lower leg**

Excludes: superficial injury of ankle and foot (890-).

- The appropriate 7th character is to be added to each code from category S80.
  - A - initial encounter
  - D - subsequent encounter
  - S - sequela

S80.0    Contusion of knee

  - S80.00 Contusion of unspecified knee
  - S80.01 Contusion of right knee
  - S80.02 Contusion of left knee

---

**Greater Specificity**

- **Greater Specificity**
  - ICD-10 is much more specific in identifying diseases and conditions.
  - The documentation will need to reflect the exact diagnosis to take advantage of the improved granularity.
  - Specific in terms of anatomy or anatomical location of the disease or condition.
  - For example:

O26.84    Uterine size-date discrepancy complicating pregnancy

  Excludes: 1: encounter for suspected problem with fetal growth ruled out (Z03.74)

O26.841   Uterine size-date discrepancy, first trimester
O26.842   Uterine size-date discrepancy, second trimester
O26.843   Uterine size-date discrepancy, third trimester
O26.849   Uterine size-date discrepancy, unspecified trimester
Implementation Planning Overview

- Determine who will be responsible for leading the team through the transition
- Implementation can be a smooth transition if you take a systematic approach
- Many elements need to be addressed, but preparing your practice in a step-by-step fashion can keep the transition from becoming overwhelming
- The Centers for Medicare and Medicaid Services (CMS) recommends grouping the tasks into 6 phases:
  - Phase 1  Planning
  - Phase 2  Communication and Awareness
  - Phase 3  Assessment
  - Phase 4  Implementation
  - Phase 5  Testing
  - Phase 6  Transition

Implementation Timeline

- Each organization’s exact implementation process is unique
- Identify tasks based on your organization’s specific business processes, systems, and policies
- Identify critical needs
- Identify resources and task owners
- Estimate start dates and end dates
- Continue to update the plan throughout ICD-10 implementation and afterwards
ICD-10 Implementation Schedule

- Planning
  - Identify Resources
  - Create Project Team
  - Create Project Plan
  - Assess Effects
  - Secure Budget

- Testing
  - High Level Training for Test Team
  - Level 1: Internal
  - Level 2: External

- Communication
  - Inform Staff
  - Contact Vendors/Payers
  - Monitor Vendors/Payers

- Comprehensive Training
  - Documentation
  - Coding

Target Implementation Deadline
On or After October 1, 2015

ICD-10 Will Bring Some Significant Challenges

- ICD-10 requires changes at the core of healthcare business, especially how patient care is documented
- Inadequate allocation of training and education resources
- Greater reimbursement losses due to ineffective clinical documentation
- Lack of compliance due to less than appropriate clinical documentation
- Poor clinical documentation can pose a higher risk due to more aggressive pursuit of fraud and abuse
Changes to Superbills

• To illustrate the added complexity that providers may face when using ICD-10:
  – BCBS converted the model “superbill” created by the American Academy of Family Practitioner’s practice management journal from ICD-9 to ICD-10
    • The superbill increases from 2 pages to 9 pages
    • This is a mockup and is not intended to be considered as a final superbill – it illustrates what providers may need to use to code accurately under ICD-10.

See the final page of your manual for excerpts from the ICD-10 version.

General Equivalence Mappings (GEMS)

• Created by CMS to provide a “reference mapping” and maintain consistency in national data
• Assist in converting or “mapping” ICD-9-CM databases to ICD-10-CM and ICD-10-PCS
• Not a substitute for learning the ICD-10-CM coding system
• GEMS are updated annually, and can be found at: http://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html
## A Few Translations Between “9” & “10” with GEMS

<table>
<thead>
<tr>
<th>I-10 Description</th>
<th>Correlation</th>
<th>I-9 Description</th>
<th>Unequal Axis of Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>A02.21 - Salmonella meningitis</td>
<td>=</td>
<td>003.21 - Salmonella meningitis</td>
<td>None</td>
</tr>
<tr>
<td>C92.01 – Acute myeloid leukemia, in remission</td>
<td>=</td>
<td>205.01 – Myeloid leukemia, acute, in remission</td>
<td>None</td>
</tr>
<tr>
<td>O268.851 – Spotting complicating pregnancy, first trimester</td>
<td>Not =</td>
<td>649.50 – Spotting complicating pregnancy, unspec. Episode of care</td>
<td>Stage of pregnancy (I-10) vs Episode of care (I-9)</td>
</tr>
<tr>
<td>O268.852 – Spotting complicating pregnancy, second trimester</td>
<td>Not =</td>
<td>649.51 – Spotting complicating pregnancy, delivered</td>
<td></td>
</tr>
<tr>
<td>O268.853 – Spotting complicating pregnancy, third trimester</td>
<td>Not =</td>
<td>649.53 - Spotting complicating pregnancy, antepartum</td>
<td></td>
</tr>
</tbody>
</table>

## GEM Flags

- “Flags” are used in the mapping system to give additional information or attributes of the entries in the map
  - 1st three digits – “flags”
  - Characterized the degree of correspondence between codes
  - “1” – yes, the flag applies
  - “0” - no, the flag does not apply
  - There is a column flag for:
    - “approximate”
    - “no map”
    - “combination entry”
Documentation Musts

• One major underlying issue with the dawn of ICD-10 is that many documenters do not think about or understand the relationship between their documentation and the billing process.

• Increased specificity of the codes will require changes in documentation practices.

• ICD-10 requires more details in clinical documentation for problems, assessments, procedures and treatments, as it relates to determining medical necessity, appropriateness of care, referrals, utilization, authorization and certification.

Documentation Musts

• Providers will need to document diagnoses with information about acuity, type, origin and manifestations to support severity and use of services for treatment of patient’s specific disease process.

• Queries based on documentation requirements are expected to increase 10 to 50 percent.
  – Providers are expected to experience a workload increase of 3-4 percent.

• Productivity losses among clinicians are expected to range from $50 million to $250 million before ICD-10 proficiency is achieved.
  – Prompt education on clinical documentation improvement may greatly reduce this estimate.
Documentation Is Under Scrutiny By Various Entities

- Peer Review Organizations (PROs)
- Medicare Administrative Contractors (MACs)
- Zone Program Integrity Contractors (ZPICs)
- Comprehensive Error Rate Testing Program (CERT)
- Medicaid Integrity Contractors (MICs)
- Recovery Audit Contractors (RACs)
  - FY 2010 RACs collected $92.3 million.
  - FY 2011 RACs corrected $934.9 million.
    - Collected in overpayments $797.4 million
    - Identified underpayments $141.9 million returned to providers
    - Returned to the Medicare Trust Fund $488.2 million

ICD-10 Documentation Issues By Condition – Hotspots

- ICD-10 will magnify this necessity of precise clinical documentation, especially in the following categories:
  - Diabetes mellitus
  - Injuries – Fractures
  - Drug underdosing
  - Cerebral infarctions
  - AMI
  - Neoplasms
  - Musculoskeletal conditions
  - Pregnancy
Documentation Musts

• Perform a Gap Analysis on Documentation
  – Gap analysis is a tool that helps offices compare actual documentation performance with potential documentation performance.
    • It addresses two questions:
      – "Where are we?"
      – "Where do we want to be?"
  – Focus on coding and clinical documentation practices.
  – Analyze ICD-9 frequency data.
    • Determine the 50 most frequently billed ICD-9 codes.
    • Facilitate educational efforts on most frequently coded conditions.

• Documentation Analysis
  – The most effective way to ensure that documentation will meet the requirements of ICD-10
  – Offer appropriate education to providers so when ICD-10 is implemented, they will already be documenting to ICD-10 standards, making the transition seamless
  – Random samples should be evaluated and various types of medical records reviewed
  – Audits should be conducted by experienced auditors
  – Use a clinical documentation assessment tool to be sure current documentation adequately supports ICD-10:
    • Continue to focus on coding and clinical documentation practices.
    • Identify medical record documentation improvement opportunities.
    • Develop a priority list of diagnoses requiring more detail.
    • Identify providers who will benefit from focused training using ICD-10
Key Points to Remember Concerning Documentation for ICD-10

- Documentation is critical in the appropriate selection of E&M services and in the ultimate reimbursement for all services rendered to patients.

- If providers are not documenting concisely for reimbursement, they are putting themselves at unnecessary risk for not supporting medical necessity.
  - Medical necessity of a service is the principal criterion for payment in addition to the individual requirements of a CPT® code.
  - The volume of documentation should not be the primary influence upon which a specific level of service is billed.
  - Documentation should support the intensity of patient evaluation and treatment level of service.

Key Points to Remember Concerning Documentation for ICD-10

- Issues related to inconsistent, missing, conflicting, or unclear documentation must be resolved by the provider—both under ICD-9, as well as in ICD-10.

- For successful implementation of ICD-10, it is important for providers to understand what steps need to be taken.

- Successful implementation involves engaging providers as successful partners in making the transition to ICD-10.

- **Remember:** Clinicians must provide greater medical record documentation to support more detailed codes.
Bottom Line

The greater specificity in ICD-10 codes will require a more discerning coder and thorough clinical documentation from the provider, which will ultimately improve patient care.

Contents of ICD-10-CM Manual
Organization of the ICD-10 Manual

- ICD-10-CM consists of 21 chapters
- Sense organs have been separated from nervous system
- “V” & “E” codes are no longer supplemental classifications
- Former “V” codes are now “Z” codes in Chapter 21 – “Factors Influencing Health Status and Contact with Health Services”
- Injuries are grouped by anatomical site rather than the injury category

Organization of the ICD-10 Manual

- Has Index and Tabular List similar to “9”
- Index is much longer
- Indented format used for both Index and Tabular
- Categories, subcategories, and codes are contained in the Tabular list.
- Proper coding relies on the guidelines which contain General and Chapter-specific guidelines
Organization of the ICD-10 Manual

• Coding guidelines also in index
• Two parts of “10” are:
  – Index to diseases and injury
  – Index to external causes of injury
• Table of drugs and chemicals and the neoplasm table are in the Index to diseases and injury

Organization of the ICD-10 Manual

• Volume 1
  – Tabular lists containing cause-of-death titles and codes
  – Inclusion and exclusion terms for cause-of-death titles
• Volume 2
  – Description
  – Guidelines
  – Coding rules
• Volume 3
  – Alphabetical index to diseases and nature of injury
  – External causes of injury
  – Table of drugs and chemicals
Alphabetic Index

• Alphabetic Index – Volume II
  – Divided into two parts:
    • The Index to Disease and Injury
    • The Index to External Causes of Injury
  – Within the Index of Diseases and Injury, there is:
    • Neoplasm Table
    • Table of Drugs and Chemicals

Alphabetic Index – Dash

• A dash (-) at end of an Index entry indicates that additional characters are required – must refer to the Tabular List for a complete code.
  – Indicates more characters are needed
  – Even if a dash is not included, it is necessary to go to the Tabular List to verify instructions at the “parent” code or the three character “category”, and to see if a 7th character extension is required.
VOLUME II – ALPHABETIC INDEX

ICD-10-CM INDEX TO DISEASES and INJURIES

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

A

Aarskog's syndrome Q87.1
Abandonment — see Malnutrition
Abasia (— ataxia) (hysterical) F44.4
Abderhalden-Kaufmann-Lignac syndrome (cystinosis) E72.04
Abdomen, abdominal — see also condition
  - acute R10.9
  - angina K25.1
  - muscle deficiency syndrome Q79.4
Abdominalgia — see Pain, abdominal
Abduction contracture, hip or other joint — see Contracture, joint
Aberrant (congenital) — see also Malposition, congenital
  - adrenal gland Q89.1
  - artery (peripheral) Q27.8
  - basal NEC Q26.1
  - cerebral Q28.3
  - coronary Q24.5
  - digestive system Q37.8
  - eye Q15.8
  - lower limb Q37.8
  - pectoral Q28.1
  - pulmonary Q25.79
  - renal Q27.2
  - retina Q14.1
  - specified site NEC Q27.8
  - subclavian Q27.8
  - upper limb Q27.8
  - vertebral Q28.1
  - breast Q83.8
  - endocrine gland NEC Q89.2
  - hepatic duct Q44.5
  - pancreas Q45.3

Tabular List

• Tabular List – Volume I
  – Divided into 21 chapters
  – Located in most manuals toward the middle of the book
  – Organized alphanumerically by category, according to condition or body system
  – Indented format
    • Chapters
    • Blocks
    • Categories – 3 characters
    • Sub-categories – 4 or 5 characters
    • Codes – 4, 5, 6 or 7 characters
Tabular List

– Classifications previously considered supplemental to ICD-9-CM (e.g. V codes and E codes) are incorporated into the Tabular Listing of ICD-10-CM as individual chapters:
  • Chapter 20 – External Causes of Morbidity and
  • Chapter 21 – Factors Influencing Health Status and Contact with Health Services

ICD-10-CM Chapters and Three-Digit Categories

21 CHAPTERS

• CHAPTER 1: (A00-B99) Certain Infectious And Parasitic Diseases
• CHAPTER 2: (C00-D49) Neoplasms
• CHAPTER 3: (D50-D89) Diseases Of Blood/Blood-Forming Organs & Certain Disorders Involving Immune Mechanism
• CHAPTER 4: (E00-E89) Endocrine, Nutritional, And Metabolic Diseases
• CHAPTER 5: (F01-F99) Mental And Behavioral Disorders
• CHAPTER 6: (G00-G99) Diseases Of The Nervous System
• CHAPTER 7: (H00-H59) Diseases Of The Eye And Adnexa (New Chapter)
• CHAPTER 8: (H60-H95) Diseases Of The Ear And Mastoid Process (New)
• CHAPTER 9: (I00-I99) Diseases Of The Circulatory System
• CHAPTER 10: (J00-J99) Diseases Of The Respiratory System
• CHAPTER 11: (K00-K95) Diseases Of The Digestive System
• CHAPTER 12: (L00-L99) Diseases Of Skin And Subcutaneous Tissue
ICD-10-CM Chapters and Three-Digit Categories

- CHAPTER 13: (M00-M99) Diseases Of Musculoskeletal System/Connective System
- CHAPTER 14: (N00-N99) Diseases Of The Genitourinary System
- CHAPTER 15: (O00-O9A) Pregnancy, Childbirth, And The Puerperium
- CHAPTER 16: (P04-P96) Certain Conditions Originating In The Perinatal Period
- CHAPTER 17: (Q00-Q99) Congenital Malformations, Deformations, And Chromosomal Abnormalities
- CHAPTER 18: (R00-R99) Symptoms, Signs, Abnormal Clinical/Laboratory Findings, NEC
- CHAPTER 19: (S00-T88) Injury, Poisoning Certain Other Consequences Of External Causes
- CHAPTER 20: (V00-Y99) External Causes Of Morbidity
- CHAPTER 21: (Z00-Z99) Factors Influencing Health Status/Contact w/Health Services

Format and Structure of the Tabular List

Volume 1 – The Tabular List

- Chapters – Chapter 15 Pregnancy, childbirth and the puerperium (O00-O9A)
- Blocks – Complications of labor and delivery (O60-077)
- Three-Character Categories – Pre-term labor (O60)
- Four-Character Sub-Categories Preterm labor without delivery (O60.9)
ICD-10-CM: Locating a Code

• Must correspond to diagnosis or reason for visit indicated in the patient’s chart.
• First, locate the term in the Index (usually looking for condition); find a possible code.
• Second, verify the code in the Tabular List
  – Read, read, read
  – Instructional notations appear in both the Index and the Tabular List

Conventions & Notes (Used to Clarify Correct Coding)

• Has same as used in “9”:
  – Abbreviations (NOS) (NEC)
  – Cross references
  – Punctuation marks
  – Relational terms
• Instructional notes are the same as in “9”:
  – Code first
  – Use additional code
  – Code also
Conventions: Overview

• **Note:** (Important information follows)
  - **Additional characters required indicator** (Must code to greatest expansion of code)
  - **Placeholder Character** (To fill in for missing slots when 7th character is required and code is not 6 characters in length)
  - **7th Character Required Notes at Parent Code** (Indicated under Parent Code Range)
  - **Instructions in Tabular/Alphabetic Index** (Includes, Excludes, Use Additional Code; Code First)

*Source: ICD-10-CM Draft Official Guidelines for Coding and Reporting 2014 (The Rules of Coding)*

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Conventions: Overview

– **Color Coding Indications** (Medicare code edits)
– **Manifestation Code** (Can never be primary or first-listed Dx code)
– **Age and Sex Edit Symbols** (Additional edits in claim processing)
– **Other Specified Code** (Not specific information in code – will be found in documentation)
– **Unspecified Code** (Warning – if physician could provide a more specific code, might receive reimbursement timely)
– **PDx/SDx** (Some code indicators to show those that can only be used as a primary Dx code and/or secondary Dx code)
Punctuation & Abbreviations

• Punctuation
  – Parentheses ( )
    • To enclose additional or supplementary words
    • To enclose the code to which an exclusion term refers
    • To enclose the three-character codes of categories included in a chapter or block
  – Square brackets [ ]
    • For enclosing synonyms, alternative words or explanatory phrases
    • For identifying manifestation codes in the Alphabetic Index
  – Colon :
    • Incomplete terms

• Abbreviations
  – NEC
  – NOS

“Includes Notes”

• Chapter 19: Injury, Poisoning and Certain Other Consequences of External Causes (S00-T88)
  Injuries to the head (S00-S09)

  INCLUDES
  Injuries of ear
  Injuries of eye
  Injuries of face {any part}
  Injuries of gum
  Injuries of jaw
  Injuries of oral cavity
  Injuries of palate
  Injuries of periocular area
  Injuries of scalp
  Injuries of temporomandibular joint area
  Injuries of tongue
  Injuries of tooth
  Code also for any associated infection
“Excludes Notes”

• Added definitions for the two types of Excludes notes:
  – Excludes 1 – “not coded here” – never used with the code – (Same as the “Excludes” note in “9”)
    • Example: O01 Hydatidiform mole
      – Use additional code from category O08 to identify any associated complications
      – Excludes1: chorioadenoma (destruens) (D39.2)
        malignant hydatidiform mole (D39.2)

“Excludes Notes”

– Excludes 2 – “not included here” – not part of the condition; it is acceptable to use both codes together if patient has both conditions
  • Example: Other maternal disorders predominantly related to pregnancy (O20-O29)
    – Excludes2: maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48)
      maternal diseases classifiable elsewhere but complicateing pregnancy, labor and delivery, and the puerperium (O98-O99)
Combination Codes

• **Single code used to classify two diagnoses:**
  – A diagnosis with an associated sign or symptom
  – A diagnosis with an associated complication
  – Example:
    • N73.0 *Acute parametritis and pelvic cellulitis*
      – Additional documentation required?
        • Acute
        • Chronic
        • Acute Pelvic peritonitis
        • Chronic Pelvic peritonitis
        • With adhesions
        • Postinfective

Placeholder Characters

• Placeholder “X” characters are used in certain codes to:
  • Fill out empty characters when a code contains fewer than 6 characters and a 7th character is required
  • Allow for future expansion
  • When placeholder character applies, it must be used for the code to be considered valid
• Example: **O64.4xx0**: Obstructed labor due to shoulder presentation, single gestation
7th Character Extensions

- New to ICD-10-CM
- Mostly found in two chapters, Chapter 15 – Pregnancy, Childbirth and the Puerperium, and Chapter 19 – Injury, Poisoning and Certain Other Consequences of External Causes, to designate the following:
  - **Episode of care** Episode of care can be assigned as initial, subsequent or a sequela for injuries, poisonings, and certain other conditions, and in some instances provides additional information about the injury, such as type of fracture and healing status.

7th Character Describing Episode of Care (Encounter)

- **Initial encounter:** As long as patient is receiving active treatment for the condition. Examples of active treatment are: surgical treatment, emergency department encounter and evaluation and treatment by a new physician.
- **Subsequent encounter:** After patient has received active treatment of the condition and is receiving routine care for the condition during the healing or recovery phase.
  - Examples of subsequent treatment are: cast change or removal, removal of external or internal fixations device, medication adjustment, other aftercare and follow up visits following treatment of the injury or condition.
- **Sequela:** Complications or conditions that arise as a direct result of a condition (e.g., scar, formation after a burn).
- **Note:** For aftercare of injury, assign acute injury code with 7th character for subsequent encounter.
**7th Character for Additional Injury Information: Fractures**

- 7th Character identifies if the fx is open or closed for an initial encounter or if a subsequent encounter is for routine healing, delayed healing, nonunion, malunion, or sequelae. The extensions are:
  - A  Initial encounter for closed fx
  - B  Initial encounter for open fx
  - D  Subsequent encounter for fx with routine healing
  - G  Subsequent encounter for fx with delayed healing
  - K  Subsequent encounter for fx with nonunion
  - P  Subsequent encounter for fx with malunion
  - S  Sequelae
- Example: S42.321A Displaced transverse fx of shaft of humerus, right arm, initial encounter for closed fx

---

**7th Character For Fetus Identification**

- Where applicable, a 7th character is to be assigned for certain categories to identify the fetus for which the complication code applies:
  - Categories: O31, O32, O33.3-O33.6, O35, O36, O40, O41, O60.1, O60.2, O64 and O69
  - Assign 7th character “0”:
    - For single gestation
    - 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.
7th Character Extensions

- Review instructions in each category. For codes that are less than 6 characters, use the appropriate number of placeholder characters.
  - Ex: Our previous example of **O64.4xx0**: Obstructed labor due to shoulder presentation, single gestation

Hypertension

- No Hypertension Table in “10”
- **I10 Essential (primary) hypertension** replaces:
  - 401.0 Malignant essential hypertension
  - 401.1 Benign essential hypertension
  - 401.9 Unspecified essential hypertension
- For elevated blood pressure reading without hypertension:
  - R03.0 Elevated blood-pressure reading, without diagnosis of hypertension (Replaces 769.2 Elevated blood pressure without diagnosis of hypertension)
  - R03.1 Nonspecific low-blood pressure reading (Replaces 796.3 Nonspecific low blood pressure reading)
Hypertension

• Category O10, Pre-existing hypertension complicating pregnancy, childbirth and the puerperium, includes codes for hypertensive heart and hypertensive chronic kidney disease.

• When assigning one of the O10 codes that includes hypertensive heart disease or hypertensive chronic kidney disease, it is necessary to add a secondary code from the appropriate hypertension category to specify the type of heart failure or chronic kidney disease.

Example:

O10.1 Pre-existing hypertensive heart disease complicating pregnancy, childbirth and the puerperium
Any condition in I11 specified as a reason for obstetric care during pregnancy, childbirth or the puerperium
Use additional code from I11 to identify the type of hypertensive heart disease

O10.11 Pre-existing hypertensive heart disease complicating pregnancy
O10.111 Pre-existing hypertensive heart disease complicating pregnancy, first trimester
O10.112 Pre-existing hypertensive heart disease complicating pregnancy, second trimester
O10.113 Pre-existing hypertensive heart disease complicating pregnancy, third trimester
O10.119 Pre-existing hypertensive heart disease complicating pregnancy, unspecified trimester

I11 Hypertensive heart disease
Includes: any condition in I51.4-I51.9 due to hypertension

I11.0 Hypertensive heart disease with heart failure
Hypertensive heart failure
Use additional code to identify type of heart failure (I50.-)

I11.9 Hypertensive heart disease without heart failure
Hypertensive heart disease NOS
Neoplasm Guidelines

- **Malignant neoplasm in a pregnant patient:**
  - Code from subcategory O9A.1 - Malignant neoplasm complicating pregnancy, childbirth, or the puerperium, should be sequenced first; followed by
  - An appropriate code from Chapter 2 to indicate the type of neoplasm.

- To properly code a neoplasm, it is necessary to determine from the record if the neoplasm is benign, in-situ, malignant, or of uncertain histologic behavior.

- If malignant, any secondary (metastatic) sites should also be determined.
Neoplasm Guidelines

• Primary malignant neoplasm overlapping site boundaries:
  – One that overlaps two or more contiguous sites should be classified to
    the subcategory code (.8) (overlapping lesion), unless the combination
    is specifically indexed elsewhere. For multiple neoplasms of the same
    site that are not contiguous, such as tumors in different quadrants of
    the same breast, codes for each site should be assigned.

• If a patient is presenting solely for the administration of
  chemotherapy, immunotherapy, or radiation therapy:
  – Code the appropriate Z51.- code as the 1st listed Dx code; and
  – The Dx code for the problem for which the service is being performed
    as the 2nd Dx code.

Current Malignancy Vs. Personal History of Malignancy

• When a primary malignancy has been excised but
  further treatment, such as an additional surgery,
  radiation therapy or chemotherapy is directed to
  that site:
  – Code the primary malignancy code until treatment
    is completed.
  – When there is no further mention of treatment to
    that site, code from category Z85 – Personal history
    of malignant neoplasm should be used to indicate
    the former site.
## Table of Drugs and Chemicals

### ICD-10-CM TABLE of DRUGS and CHEMICALS

<table>
<thead>
<tr>
<th>Substance</th>
<th>Poisoning, Accidental (unintentional)</th>
<th>Poisoning, Intentional self-harm</th>
<th>Poisoning, Assault</th>
<th>Poisoning, Undetermined</th>
<th>Adverse effect</th>
<th>Underdosing</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
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<td>T51.2K3</td>
<td>T51.2K4</td>
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<td>T65.6K4</td>
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<td>T60.1K3</td>
<td>T60.1K4</td>
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<td>T40.2K1</td>
<td>T40.2K2</td>
<td>T40.2K3</td>
<td>T40.2K4</td>
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<td>T37.5K1</td>
<td>T37.5K2</td>
<td>T37.5K3</td>
<td>T37.5K4</td>
<td>T37.5K5</td>
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<td>--</td>
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<td>T62.2K3</td>
<td>T62.2K4</td>
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</table>

## External Cause – Separate Index

### ICD-10-CM External Cause of Injuries Index

<table>
<thead>
<tr>
<th>A</th>
<th>Abandonment (causing exposure to weather conditions with intent to injure or kill) NEC X56</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Abuse (adult) (child) (mental) (physical) (sexual) X56</td>
</tr>
<tr>
<td>A</td>
<td>Accident (to X55)</td>
</tr>
<tr>
<td>A</td>
<td>Aircraft (in transit) (powered) — see also Accident, transport, aircraft</td>
</tr>
<tr>
<td>A</td>
<td>-- due to, caused by cataclysm — see Forces of nature, by type</td>
</tr>
<tr>
<td>A</td>
<td>-- animal-rider — see Accident, transport, animal-rider</td>
</tr>
<tr>
<td>A</td>
<td>-- animal-drain vehicle — see Accident, transport, animal-drain vehicle occupant</td>
</tr>
<tr>
<td>A</td>
<td>-- automobile — see Accident, transport, car occupant</td>
</tr>
<tr>
<td>A</td>
<td>-- barefoot water skier V84.4</td>
</tr>
<tr>
<td>A</td>
<td>-- boat, boating — see also Accident, watercraft</td>
</tr>
<tr>
<td>A</td>
<td>-- diving swimmer</td>
</tr>
<tr>
<td>A</td>
<td>-- powered V84.11</td>
</tr>
<tr>
<td>A</td>
<td>-- unpowered V84.12</td>
</tr>
<tr>
<td>A</td>
<td>-- bus — see Accident, transport, bus occupant</td>
</tr>
<tr>
<td>A</td>
<td>-- cable car, not on rails V89.0</td>
</tr>
<tr>
<td>A</td>
<td>-- on rails — see Accident, transport, streetcar occupant</td>
</tr>
</tbody>
</table>
Complications Following A Procedure

- ICD-10 provides **50 different codes** for “complications of foreign body accidently left in body following a procedure” **compared to one code in “9” such as**:  

  T81.535  Perforation due to foreign body accidently left in body following heart catheterization
  T81.530  Perforation due to foreign body accidently left in body following a surgical operation
  T81.524  Obstruction due to foreign body accidently left in body following endoscopic examination
  T81.516  Adhesions due to foreign body accidently left in body following aspiration, puncture or other catheterization

Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00-R99)

- **Use of symptom codes:**
  - Are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider.
  - While some are found in Ch. 14, Genitourinary system, Ch.18 in ICD-10-CM also lists codes.
  - Ex: R10.2 Pelvic and peritoneal pain

- **Use of a symptom code with a definitive diagnosis code:**
  - Codes for signs and symptoms may be reported **in addition to** a related definitive diagnosis when:
    - The sign and symptom is not routinely associated with that diagnosis, such as various signs and symptoms associated with complex syndromes.
    - **The definitive diagnosis should be sequenced first.**
    - Signs or symptoms that are associated routinely with a disease process should **not** be assigned as additional diagnosis codes, unless otherwise instructed by the classification.
Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00-R99)

• Combination codes that include symptoms:
  – ICD-10-CM contains a number of combination codes that identify both the definitive diagnosis and common symptoms of that diagnosis.
  • When using one of these combination codes, an additional code should not be assigned for the symptom.

Diseases of Genitourinary System Guidelines (N00-N99)

• Includes conditions of the urinary system and of the male and female genital tracts, except for certain genitourinary transmissible infections, neoplasms, and conditions associated with pregnancy, childbirth and the puerperium (Ch.15 in ICD-10-CM).

• In ICD-9-CM this system was located in Chapter 10, along with several signs and symptoms related to the Genitourinary System found in Chapter 16, Signs, Symptoms, and Ill-Defined Conditions of ICD-9.

• In ICD-10-CM, these symptoms have been moved with the other related codes of this system to Chapter 14, facilitating code assignment.
Diseases of Genitourinary System Guidelines (N00-N99)

• Increased specificity
  – N76 (Other inflammation of vagina and vulva)
    • N76.0 Acute vaginitis
    • N76.1 Subacute and chronic vaginitis
    • N76.2 Acute vulvitis
    • N76.3 Subacute and chronic vulvitis
    • N76.4 Abscess of vulva….

Coding Chronic Kidney Disease

– ICD-10-CM classifies Chronic Kidney Disease (CKD) based on severity, designated by Stages 1-5:
  – Stage 1 – Code N18.1 equates to CKD stage 1
  – Stage 2 – Code N18.2 equates to mild CKD;
  – Stage 3 – Code N18.3 equates to moderate CKD;
  – Stage 4 – Code N18.4 equates to severe CKD;
  – Stage 5 – Code N18.5 equates to CKD stage 5
– Code N18.6 – End stage renal disease (ESRD) is assigned when the provider has documented end-stage-renal disease (ESRD)/CKD requiring chronic dialysis.
  » If both a stage of CKD and ESRD are documented, assign code N18.6 only.
  » Use an additional code to identify dialysis status (Z99.2)
Pregnancy, Childbirth and The Puerperium Guidelines (O00-O9A)

• General Rules for Obstetric Cases:
  – 1. Codes from this chapter in the ICD-10 manual (Chapter 15) and sequencing priority:
    • Obstetric cases require codes from chapter 15 – codes 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.
      – Example: O75.3 Other infection during labor
        Sepsis during labor
        Use additional code (B95-B97), to identify infectious agent

Pregnancy, Childbirth, and the Puerperium Guidelines (O00-O9A)

• Avoid incorrect coding of "O" and "0" characters
• Codes in this chapter (Chapter 15 in ICD-10-CM coding manual) are used only on the maternal record, never on the record of the newborn.
• Should the provider document that pregnancy is incidental to the encounter – Code Z33.1 – Pregnant state, incidental.
  – This code 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.
Trimesters

- **Final character for trimester:**
  - The majority of codes in Chapter 15 have a final character indicating the trimester of the pregnancy, rather than episodes of care:
    - Timeframes for trimester are indicated at the beginning of the chapter as follows:
      - 1<sup>st</sup> trimester: less than 14 weeks, 0 days
      - 2<sup>nd</sup> trimester: 14 weeks, 0 days to less than 28 weeks, 0 days
      - 3<sup>rd</sup> trimester: 28 weeks, 0 days until delivery
    - Use additional code from category Z3A, Weeks of gestation, to identify the specific week of the pregnancy.
      - Excludes1: Supervision of normal pregnancy (Z34-)
      - Excludes2: Mental and behavioral disorders associated with the puerperium (F53)
        - Obstetrical tetanus (A34)
        - Postpartum necrosis of pituitary gland (E23.0)
        - Puerperal osteomalacia (M83.0)
  - Example: Patient, 10 weeks pregnant, has pre-existing diabetes mellitus, type 2.
    - O24.1111 Pre-existing diabetes mellitus, type 2, in pregnancy, first trimester
    - Z3A.10 10 weeks gestation of pregnancy

- If the trimester is not a component of a code –
  - It is because the condition always occurs in a specific trimester; or
  - 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:
  - 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.
  - Whenever 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.
Selection of OB Principal or First-Listed Diagnosis

- Routine outpatient prenatal visits:
  - For routine outpatient prenatal visits when no complications are present:
    - Assign a code from category Z34 – Encounter for supervision of normal pregnancy.
    - Codes in category Z3A – Weeks of gestation, may be assigned to provide additional information about the pregnancy.
    - These codes should not be used in conjunction with chapter 15 codes.
    - Z codes for family planning (contraceptive) or procreative management and counseling should be included on an obstetric record either during the pregnancy or the postpartum stage, if applicable.

- Prenatal outpatient visits for high-risk patients:
  - Assign a code from category O09 – Supervision of high-risk pregnancy.
  - Secondary chapter 15 codes may be used in conjunction with these codes if appropriate.
Supervision of High Risk Pregnancy

- O09.-
  - History of infertility (O09.0-)
  - History of ectopic or molar pregnancy (O09.1)
  - Poor reproductive or obstetric history (O09.2-)
  - Supervision of pregnancy with insufficient antenatal care (O09.3-)
  - Supervision of pregnancy with grand multiparity (O09.4-)

Supervision Of High Risk Pregnancy

- Supervision of elderly primigravida (35 years and older at expected time of delivery) and multigravida (O09.5-)
- Supervision of young primigravida (less than 16 years at expected date of delivery) and multigravida (O09.6-)
- Supervision of high risk pregnancy due to social problems (O09.7-)
- Supervision of other high risk pregnancies (O09.8-)
- Supervision of other high risk pregnancy, unspecified (O09.9-)
Gestational (Pregnancy Induced) Diabetes Coding

- Gestational (pregnancy induced) diabetes can occur during the 2nd and 3rd trimesters of pregnancy in women who were not diabetic prior to the pregnancy.
  - Gestational diabetes can cause complications in the pregnancy similar to those of pre-existing DM.
  - It also puts the woman at greater risk of developing diabetes after the pregnancy.

- Code:
  - In the category O24.4 – Gestational DM
  - No other code from O24, Diabetes mellitus in PCP, should be used with a code from O24.4.
    » The codes in O24.4 include diet controlled and insulin controlled.
    » If the patient with gestational diabetes is being treated with both diet and insulin, on the code for the insulin-controlled is required.
  - Code Z79.4 – Long-term (current) use of insulin, should not be assigned with codes from subcategory O24.4.
  - An abnormal glucose tolerance in pregnancy is assigned a code from subcategory O99.81 – Abnormal glucose complicating pregnancy, childbirth, and the puerperium.
## Maternal Care For Known or Suspected Fetal Abnormality and Damage

- **Category O35.-** Maternal care for known or suspected fetal abnormality and damage
  - **Includes:** the listed conditions in the fetus as a reason for hospitalization or other obstetric care to the mother, or for termination of pregnancy
  - **Code also** any associated maternal condition
  - **Excludes 1:** encounter for suspected maternal and fetal conditions ruled out (Z03.7-)

One of the following 7th characters is to be assigned to each code under category O35.-: 7th character 0 is for single gestations and multiple gestations where the fetus is unspecified. 7th characters 1 through 9 are for cases of multiple gestations to identify the fetus for which the code applies.

- The appropriate code from **category O30.-**, Multiple gestation, must also be assigned when assigning a code from category O35 that has a 7th character of 1 through 9

## Termination of Pregnancy and Spontaneous Abortions

- **Abortion with Liveborn Fetus**
  - When an attempted termination of pregnancy results in a liveborn fetus, assign:
    - Z33.2, Encounter for elective termination of pregnancy
    - And a code from category Z37, Outcome of Delivery.
Termination of Pregnancy and Spontaneous Abortions

• Retained Products of Conception following an abortion
  – Subsequent encounters for retained products of conception following a spontaneous abortion or elective termination of pregnancy are assigned:
    • The appropriate code from category O03, Spontaneous abortion, or codes O07.4, Failed attempted termination of pregnancy without complication
    • And Z33.2, Encounter for elective termination of pregnancy.
  – This guideline is appropriate even when the patient was discharged previously with a discharge diagnosis of complete abortion.

• Complications leading to abortion
  – Codes from Chapter 15 may be used as additional codes to identify any documented complications of the pregnancy in conjunction with codes in categories in O07 and O08.
Normal Delivery

• Encounter for full-term, uncomplicated delivery:
  – Code O80 – when a woman is admitted for a full-term normal delivery and delivers a single, healthy infant without any complications antepartum, during the delivery or postpartum during the delivery episode.
    • Code O80 is always the principal diagnosis.
    • It is not to be used if any other code from chapter 15 is needed to describe a current complication of the antenatal, delivery, or perinatal period.
  – Additional codes from other chapters may be used with O80 – if they are not related to or are in any way complicating the pregnancy.

Normal Delivery

• Uncomplicated delivery with resolved antepartum complication:
  – Code O80 may be used if the patient had a complication at some point during the pregnancy, but the complication is not present at the time of the admission for delivery.

• Outcome of delivery – Code:
  – Z37.0 – Single live birth. This is the only outcome of delivery code appropriate for use with O80.
Complications Related to Delivery

• When delivery occurs:
  – First-listed diagnosis should correspond to the main circumstances or complication of the delivery.
  – In cases of cesarean delivery, the selection of the principal diagnosis should be the condition established after study that was responsible for the patient's admission.
    • If the patient was admitted with a condition that resulted in the performance of a cesarean procedure, that condition should be selected as the principal diagnosis.
    • If the reason for the admission/encounter was unrelated to the condition resulting in the cesarean delivery, the condition related to the reason for the admission/encounter should be selected as the principal diagnosis code.

Complications Related to Delivery

• Episodes when no delivery occurs:
  – The first-listed diagnosis should correspond to the principal complication of the pregnancy which necessitated the encounter.
  – Should more than one complication exist, all of which are treated or monitored, any of the complications codes may be sequenced first.
Pregnancy – Example

24-year-old female patient delivers a normal liveborn, 8 lb. baby girl at 41 weeks gestation. The delivery required minimal assistance, with an episiotomy, without manipulation or instrumentation of the spontaneous, cephalic, vaginal, full term infant.

Answer: O80 – Encounter for full-term uncomplicated delivery

Instruction (Use additional code to indicate outcome of delivery)
Z37.0 – Single live birth

Instructions under Chapter 15 Headings – “Use additional code from category Z3A, Weeks of gestation, to identify the specific week of pregnancy.” Z3A.41 – 41 weeks gestation of pregnancy

Multiple Gestation

- O30.- Multiple gestation
  Code also any complications specific to multiple gestation
- O30.0- Twin pregnancy
  - O30.00 Twin pregnancy, unspecified
    - O30.001 Twin pregnancy, unspecified, first trimester
    - O30.002 Twin pregnancy, unspecified, second trimester...
  - O30.01 Twin pregnancy, monochorionic/monoamniotic
    - O30.011 Twin pregnancy, monochorionic/monoamniotic, first trimester
    - O30.012 Twin pregnancy, monochorionic/monoamniotic, second trimester...
Alcohol and Tobacco Use During Pregnancy, Childbirth and the Puerperium

• Codes under subcategory O99.31, 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.

Alcohol and Tobacco Use During Pregnancy, Childbirth and the Puerperium

• Codes under subcategory O99.33, 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.
Underdosing

- Underdosing is a new concept in ICD-10-CM, and involves taking less of a medication than what was prescribed and/or the manufacturer’s instructions.
- Can be used to determine disabilities or financial reasons for not taking medications
- Underdosing codes are located in T36-T50 (Poisoning by, adverse effect of and underdosing of systemic medications)
- The appropriate 7th character must be used as indicated.
- These codes should never be the first-listed diagnosis.

Underdosing

- Poisoning, toxic effects, adverse effects and underdosing in a pregnant patient:
  - A code from subcategory O9A.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.
The Peripartum and Postpartum Periods

• **Peripartum and postpartum periods:**
  – **Postpartum** – begins immediately after delivery and continues for 6 weeks following delivery.
  – **Peripartum** – defined as the last month of pregnancy to 5 months postpartum.

• **A postpartum complication** – any complication occurring within the 6-week period after delivery.

---

The Peripartum and Postpartum Periods

- **Pregnancy-related complications after 6-week period:**
  – Chapter 15 codes may also be used to describe pregnancy-related complications after the peripartum or postpartum period if:
    - The provider documents that a condition is pregnancy related.

- **Admission for routine postpartum care following delivery outside hospital:**
  – When the mother delivers outside the hospital prior to admission and is admitted for routine postpartum care and no complications are noted:
    - **Code Z39.0** – Encounter for care and examination of mother immediately after delivery as principal diagnosis code.
Certain Conditions Origination in the Perinatal Period (P00-P96)

• For coding and reporting purposes, the perinatal period is defined as before birth through the 28th day following birth.

• General Perinatal Rules:
  – Use of codes in this chapter (Chapter 16 in ICD-10-CM coding manual):
    • Codes in this chapter are never for use on the maternal record.
    • Codes from Chapter 15 – the obstetric chapter – are never permitted on the newborn record.
    • Chapter 16 codes may be used throughout the life of the patient if the condition is still present.

Certain Conditions Origination in the Perinatal Period (P00-P96)

– Principal diagnosis for birth record:
  • When coding the birth episode in a newborn record:
    – Assign a code from category Z38 – Liveborn infants according to place of birth and type of delivery as the principal diagnosis code.
      » A code from Z38 is assigned only once to a newborn at the time of birth.
      » If a newborn is transferred to another institution, a code from category Z38 should not be used at the receiving hospital.
      » A code from category Z38 is used only on the newborn record, not on the mother’s record.
Preparation Is Key

- Failure to prepare will cost you money.
- Assign a team leader.
- Develop a plan of action.
- Create a budget.
- Conserve funds.
- Establish incremental goals/timelines.
- Communicate/coordinate with vendors.
- Perform chart audits.
- Identify your 50 most frequently used ICD-9 codes & create ICD-10 crosswalks.
- Engage in continued education and training.

Will you be ready?

Web Resources

- CMS
  - General ICD-10 Information
    - [http://www.cms.hhs.gov/ICD10](http://www.cms.hhs.gov/ICD10)
  - ICD-10 Notice of Proposed Rulemaking
  - ICD-10-CM Coding System
    - [http://www.cms.hhs.gov/ICD10/03_ICD_10_CM.asp](http://www.cms.hhs.gov/ICD10/03_ICD_10_CM.asp)

- CDC
  - Complete Versions of ICD-10 and general equivalence mappings may be found at:
    - [http://www.cdc.gov/nchs/icd/icd10cm.htm](http://www.cdc.gov/nchs/icd/icd10cm.htm)
  - General ICD-10 Information
    - [http://www.cdc.gov/nchs/icd.htm](http://www.cdc.gov/nchs/icd.htm)

Note: Website addresses subject to change
Questions?

Thank you for attending!!

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E-mail:  rgranja@pmimd.com