Coding Challenges—OBSTETRICS

Content to Cover
- Terminology Update
- Pregnancy related conditions vs. Pre-existing conditions complicating Pregnancy
- Obstetrical Lacerations
- Coding Clinic Highlights 2016

Trimesters and Childbirth
- O00-O08  Pregnancy with abortive outcome
- O09  Supervision of high-risk pregnancy
- O10-O16 Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium
- O20 –O29  Other maternal disorders predominantly related to pregnancy
- O30-O48  Maternal care related to the fetus, amniotic cavity and possible delivery problems
049-059

- None
- Don’t exist yet.
- Complications of L/D start at O60

Trimesters and Childbirth, cont.

- O60-O77 Complications of Labor and Delivery
- O80, O82 Encounter for Delivery—Have any?
- O85-O92 Complications predominantly related to the puerperium
- O94-O9A Other obstetric conditions, NEC
- 7th character required to identify the fetus to which certain complication codes apply: 0 if N/A or unspecified: Issues from the real world?
- 1-9 when there is a multiple gestation: O64.1xx2, obstructed labor due to breech, twins

Coding Guidelines

- Chapter 15 codes are used ONLY on maternal records, never on NB records
- First trimester less than 14 weeks, 0 days
- Second trimester 14 0 days to less than 28 weeks, 0 days
- Third trimester 28 weeks 0 days until delivery
- Postpartum: After the third stage of delivery is complete and 6 weeks (42 days)
- WHICH trimester did the issue start?
- Use weeks code also—Z3A category
Changes in Definitions with I-10
- Change from 22 to 20 weeks to differentiate abortion and fetal death codes (O36.4)
- Early and late vomiting changes from 22 to 20 weeks (See category O21)
- Preterm labor is defined as before 37 completed weeks of gestation (see category O60)
- These changes align us internationally with the rest of the world
- OB consistency? 36 weeks, 5th or 6th day? What is the call?

Key Guidelines to Review
- Sequencing priority—Chapter 15 codes FIRST!
- Codes only on Mom’s record
- Pregnant state incidental Z33.1
- Admitted one trimester and stays til the next? Which one?
- Unspecified trimester—Query!
- Normal outpatient prenatal visits vs. High risk
- NO delivery? The complication that brought the pt in!!
- Why the C-section delivery code comes first if C-section is performed

Other Important Guidelines
- Fetal Conditions Affecting the Management of the mother. Use code from O35 or O36.
- Pre-existing HTN O10 and add the specific HTN code
- Using codes from O35 and O36—Maternal care for fetal abnormalities or other fetal problems—ONLY when the fetal condition is responsible for modifying the management of the mother—mom needs special dx studies, special care, termination, etc
- Admission because of HIV related illness—complicated OB code first! O98.7 and HIV second
Diabetes, Sepsis and more in Pregnancy

- O24 code first (DM in pregnancy) and E08-E13 second
- Add Z79.4 for Long Term Use of Insulin
- Gestational DM—2nd or 3rd trimesters, O24.4
- Sepsis—Use appropriate O category code and add R65.2 if Severe Puerperal Sepsis present  O85 and the appropriate B code—Strep, staph, MRSA, etc
- Alcohol and Tobacco Use—Lead with O code and add 2nd code
- Peripartum period: last month of pregnancy and to 5 months postpartum. Postpartum: 6 weeks post

A few more Guidelines—yes there are a lot!

- Pregnancy related complications after 6 weeks? Keep using
- Admitted after delivery? Z39.0 if routine
- Spontaneous Abortions O03 category
- Abuse in a pregnant patient: O9A.3 if physical abuse, other codes for sexual abuse or psychological abuse
- Pregnancy Associated Cardiomyopathy O90.3 Dxed in 3rd trimester and hangs on after delivery Only used if NO Pre-existing Heart Disease
- Review the lengthy OB Section Guidelines regularly for guidance

Only a few PCS Guidelines

- Procedures done on the Products of Conception (baby) are coded to the Obstetrics section
- Procedures done on the Mom are coded to the Root Operation in the Med/Surg Section
- Example: Amniocentesis is in OB—done to baby, aka Products of Conception.
- Example: Repair of Urethral Laceration codes to the Urethra body part in Med Surg
- Curettage of the endometrium or evacuation of retained products of conception code to the OB section, Extraction
- D and C all other times codes to Med/Surg
Be clear on Terminology

- Missed Abortion
- Threatened Abortion
- Elderly Primigravida
- Insufficient Antenatal Care
- Prolonged Pregnancy
- Recurrent pregnancy loss
- Young pregnant female
- Products of conception—Fetus, Embryo, amnion, umbilical cord, placenta

Obstetrical Lacerations

- Repair of Urethra 0TQBXXZ if external
- Repair of Rectum 0DQP3ZZ if percutaneous
- Physician documentation of the extent of the tear
  - First degree perineal laceration—labia, skin, vagina
  - Second degree—perineal body and deeper tissues
  - Third degree—anal sphincter
  - Fourth degree—through sphincter and into anal/rectal mucosa
- Episiotomy—performed on the woman’s perineum, so not in obstetrics

Examples

- Amniocentesis? OB or Med Surg?
- Repair of Obstetric Urethral laceration? OB or Med Surg?
- Curettage of the endometrium following delivery or abortion? OB or Med Surg?
- Evacuation of retained products of conception? OB or Med Surg?
- Diagnostic D and C performed 6 months after delivery? OB or Med Surg?
- Root operation for above? Extraction or Excision?
Repair—Perineal Lacerations

- First Degree — Perineal skin and vaginal mucosa
- Second Degree — Vaginal wall and perineal muscle
- Third Degree — Perineal skin, and vaginal muscles and anal sphincter
- Fourth Degree — Perineal skin, subq tissue and muscles, and anal sphincter and rectal mucosa

Medicare Edits—Not a valid PDX

- Review the 236 page document — Definitions of Medicare, I-10 version, October 2015
- Reasons for edits
  - Age conflict OB 12-55!!!!
  - Sex conflict
  - Manifestation Code
  - Non specific Dx
  - Questionable Admission
  - Unacceptable PDX
  - Non Covered Procedure

Total Abdominal Hysterectomy

AHIMA Slide
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<th>Code</th>
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<td>0UT90ZZ</td>
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<td>0UT20ZZ</td>
<td>Resection, Ovary, Bilateral, (0UT2)</td>
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<td>0UT70ZV</td>
<td>Resection, Fallopian Tubes, Bilateral (0UT7)</td>
</tr>
<tr>
<td>0FB20ZX</td>
<td>Excision, Liver, Left Lobe (0FB2)</td>
</tr>
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</table>

**Tips for Coding Fallopian Tube Ligation**

- **Destruction**
  - Cauterized
  - Tied and cut
  - Banded

- **Occlusion**

**Destruction vs. Occlusion**

- Destruction Fallopian Tubes, Bilateral 0UT74ZZ
- Occlusion Fallopian Tubes, Bilateral 0UL74ZZ
Questions and Answers (Like a Test)

Eclampsia can occur in the first trimester?

In pregnancy coding, the coder must know if a condition was pre-existing or developed during pregnancy in order to assign the correct code?

A 20 day old baby with a condition—due to birth process or community acquired and there is no documentation to support either one? Which is it?

ICD-10-CM Changes OB

1900 changes effective 10/1/16

Many changes O00 Ectopic Pregnancy

ACOG requested new codes for ectopics that include laterality

Also, Pre-existing Hypertension, Pre-eclampsia, etc; Gestational Diabetes; Previous C Section (show type done before, low transverse, vertical, unspecified)

Coding Clinic Questions

Previous C-section: O34.21 is typically principal, add any other complications, Z code

If C-section done without medical indication, O82 Using?

Code O74.82 is a planned C-delivery when onset of labor occurs after 37, but before 39, completed weeks of gestation—second code following O34.21 if reason is previous c-section

Rhogam administered during the admission, use O26.893 and add Blood Type
Coding Clinic 1Q and 2Q 2016

- Pre-existing pulmonary HTN complicating pregnancy O99.41- and I27.2, default is to secondary HTN, 6th character is trimester
- PDx in Vaginal Deliveries—1. Condition that prompted adm and 2. Any complication is then addtl.
- Examples: Adm following premature ROM
- Also suffers 2nd degree laceration. Which is first?
- Pt has gallstones and anemia on adm in labor. MD does not document that these did NOT affect preg. Pt develops atony with hemorrhage after delivery?

More Coding Clinic

- 41 weeks, in labor adm. Has gestational DM also
- 2nd degree perineal laceration
- PDx? Any additional?
- Feels like an O80, but has a peri urethral laceration during delivery?
- Lacerations—assign each body part separately, or go to deepest layer?
- 39 year old, adm for induction, secondary to polyhydramnios, 2nd degree tear. PDx?

More Coding Clinic

- Induction due to gestational HTN, has 3rd degree laceration, nuchal cord entanglement. PDx?
- 39 weeks, maternal exhaustion, vacuum assistance, then low forceps? Which procedures are coded?
- SROM, over 24 hours, Nuchal Cord, 3rd degree laceration? What is the PDx?
References

CODEWRITE article August 2016 AHIMA by Kathy DeVault
Coding Clinic, First and Second Q, 2016