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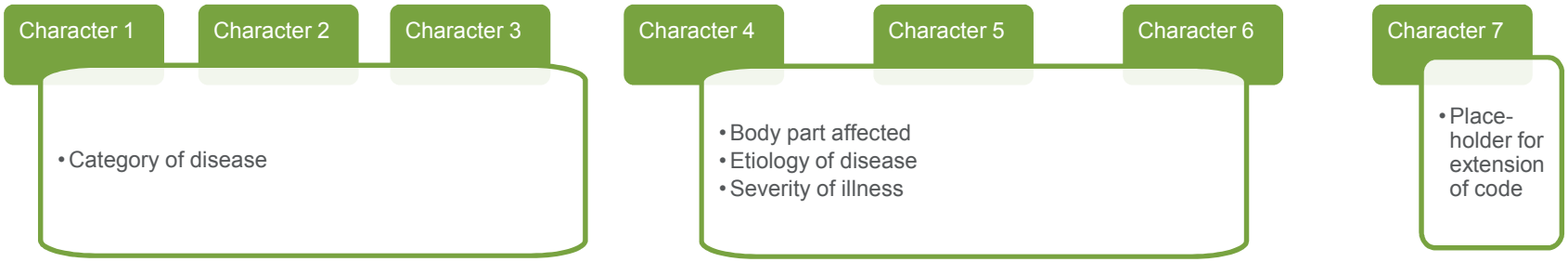
OB – Women's Health

ICD-10 CM

- Diagnosis classification system developed by the Centers for Disease Control and Prevention for use in all U.S. health care treatment settings
- ICD 10 CM codes can have 3, 4, 5, 6 or 7 characters (alphanumeric)



Gestational Diabetes	O24.429	O24 – DM in pregnancy, childbirth and puerperium	4 – Gestational DM	2 – In childbirth	9 – Unspecified control

A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures.

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ICD-10 Made Simple For Those That Have Coders- DOCUMENT!

Acuity- acute, chronic, intermittent

Severity- mild, moderate, severe

Etiology- trauma, diabetes, renal failure, exercise or infection induced

Location- where is it- be specific about which joint, chest, femur, posterior thorax

Laterality- which side is it? Left, right, both?

Detail: Present on admission status, associated symptoms (hypoxia, loss of consciousness), additional medical diagnoses, initial versus subsequent encounter

If you like mnemonics

Any: Acuity
Small: Severity
Error: Etiology
Loses: Location
Large: Laterality
Dollars: Detail- Present on admission status, associated symptoms, additional medical diagnoses, initial versus subsequent encounter

Case Study – Perineal Laceration and Repair

Carla is 26-year-old patient who was admitted in her 39th week in labor, with a mild upper respiratory infection. She proceeded to have a vaginal delivery with epidural anesthesia. She has herpes simplex virus but no active disease during delivery. The fetus was in vertex position. The placenta was delivered spontaneously. The labor progressed and at five hours she delivered. During the delivery, no episiotomy was performed and a second degree perineal laceration (to perineum and perineal muscle) occurred and was repaired. A single live female infant was delivered. Patient's postpartum temperature was101.5 F.

Example - Perineal Laceration and Repair

ACUITY	acute
SEVERITY	mild; 2nd degree
ETIOLOGY	vaginal delivery
LOCATION	perineum
LATERALITY	N/A
DETAILS	Upper respiratory infection, with temperature, herpes infection with no active disease
ALL PUT TOGETHER	1. Normal vaginal delivery 2. Acute, second degree laceration after vaginal delivery 3. Acute upper respiratory infection with fever 4. History of herpes infection but with no active disease

Case Study – Associated Placenta Infections

Lori is 31-year-old gravida 2, para 0, who was at 33-1/2 weeks gestation. She was admitted with a temperature of 103F. She was in labor and progressed and delivered a viable male infant, weighing 2315 grams or 5.2 pounds. Serum WBCs, 22.5 K/mcL. Pathology report of placenta determined acute chorioamnionitis. The patient sustained a third-degree laceration which was repaired. Patient's post delivery course was uncomplicated and will been seen by her OB/GYN in 6 weeks

Example - Associated Placenta Infections

ACUITY	acute
SEVERITY	severe
ETIOLOGY	N/A
LOCATION	placenta choriomnionitis
LATERALITY	N/A
DETAILS	33-1/2 weeks gestation, with temperature and elevated WBCs
ALL PUT TOGETHER	1. Acute, severe choriomnionitis 2. Acute, 3rd degree perineal laceration 3. Uncomplicated 33-1/2 week delivery

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Case Study – Associated Complications

Selena is a 22-year-old gravida 1, para 0, at 39-2/7 week gestation, who did not initiate prenatal care until 17 weeks gestation. Group B Streptococcal positive at 39-1/7 weeks gestation with one dose of penicillin prior to delivery. Patient has fever of 101.7 F. Patient was complete and pushed for over one hour and delivered fetus with a molded head. Pathology report of placenta determined acute chorioamnionitis.

Example - Associated Complications

ACUITY	acute
SEVERITY	moderate
ETIOLOGY	N/A
LOCATION	secondary uterine inertia
LATERALITY	N/A
DETAILS	moderate fetalpelvic disproportion with choriomnionitis at 33-1/2 weeks gestation
ALL PUT TOGETHER	1. Acute, moderate secondary uterine inertia 2. Fetalpelvic disproportion 3. Accompanied by choriomnionitis at 33-1/2 weeks gestation

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Case Study – Retained Placenta

Patient is 30-year-old patient admitted in her 40th week, proceeded to vaginal delivery of a single live male infant with epidural delivery. The placenta was not delivered spontaneously, despite following existing protocol. There were no indications of hemorrhage.

Patient underwent general anesthesia for removal of placenta and uterine curettage.

Example – Retained Placenta

ACUITY	acute
SEVERITY	intractable retained placenta
ETIOLOGY	N/A
LOCATION	N/A
LATERALITY	N/A
DETAILS	placenta was not delivered spontaneously, despite following existing protocol, no indications of hemorrhage
ALL PUT TOGETHER	1. Acute, intractable retained placenta 2. No indication of hemorrhage

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Case Study – Ectopic Pregnancy

Patient is 25-year-old who presents to the ER with a abdominal pain and spotting. She reveals on interview that she has been attempting to get pregnant, confirms she had a positive at home pregnancy test 3 days ago and estimates she is 7 to 8 weeks pregnant. She has pelvic pain with movement of the cervix and rebound tenderness. β-hCG level is 6,600 mIU per mL and abdominal ultrasound reveals absence of an intrauterine gestational sac. Vital signs are unremarkable. Patient was scheduled for laparotomy and a left salpingectomy, and release of mental adhesions.

Example – Ectopic Pregnancy

ACUITY	acute
SEVERITY	severe
ETIOLOGY	ectopic pregnancy
LOCATION	fallopian tube
LATERALITY	N/A
DETAILS	Pelvic pain with movement of the cervix, rebound tenderness, β-hCG level is 6,600 mIU per mL, and abdominal ultrasound reveals absence of an intrauterine gestational sac
ALL PUT TOGETHER	1. Acute, severe ectopic pregnancy 2. Pelvic pain with movement of the cervix rebound tenderness, β-hCG level is 6,600 mIU per mL 3. Abdominal ultrasound reveals absence of an intrauterine gestational sac

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Case Study – Diabetes

The patient is 34-year-old gravida 1, who presented with uterine pregnancy at 38 4/7 weeks, in active labor. The patient had a planned C-section scheduled for January 15, 2015, due to fetal macrosomia. This pregnancy has been complicated by gestational diabetes (not controlled), chronic pre-existing hypertension, pre-existing morbid obesity, and fetal macrosomia. Therefore, a decision was made to proceed with low transverse cesarean section.

Example – Diabetes

ACUITY	chronic
SEVERITY	severe (uncontrolled) gestational diabetes
ETIOLOGY	pregnancy
LOCATION	N/A
LATERALITY	N/A
DETAILS	fetal macrosomia, complicated by pre-existing hypertension and obesity
ALL PUT TOGETHER	1. Chronic, severe gestational diabetes, uncontrolled 2. Contributing to fetal macrosomia 3. Complicated by pre-existing hypertension and obesity

Case Study – Preeclampsia

Patient is 39-year-old patient at 41 weeks gestation, borderline oligohdyramnios, and has pregnancy induced hypertension. B/P 150/90, P 110. Patient has proteinuria. Cervix is fully dilated, decision was made to provide vacuum assisted delivery

Example – Preeclampsia

ACUITY	acute
SEVERITY	unspecified
ETIOLOGY	preeclampsia in pregnancy
LOCATION	N/A
LATERALITY	N/A
DETAILS	borderline oligohdyramnios
ALL PUT TOGETHER	1. Acute, unspecified preeclampsia 2. Accompanied by proteinuria and borderline oligohdyramnios

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Case Study – Cesarean Section

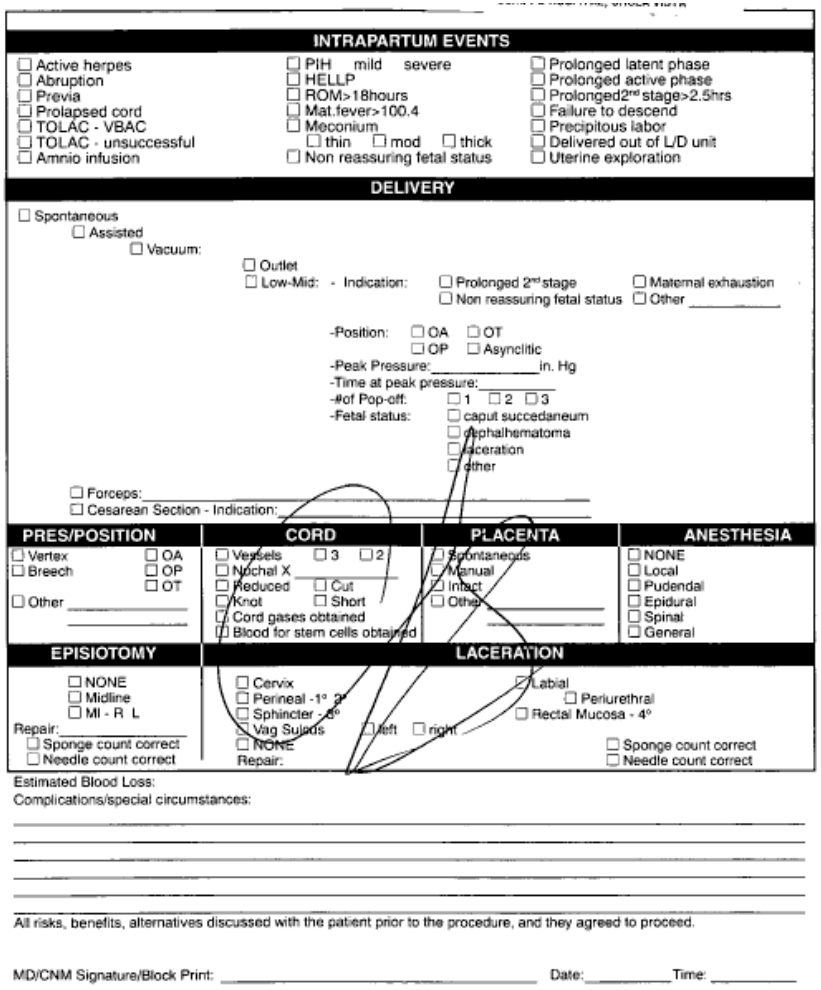
Patient is 32-year-old gravida 1 who presented with uterine pregnancy at 40 weeks, in active labor. Within 3.5 hours of admission patient demonstrated a failure to progress and fetal heart tracing showed severe decelerations. It was determined that a cesarean section was needed.

Example – Cesarean Section

ACUITY	acute
SEVERITY	severe uterine inertia
ETIOLOGY	N/A
LOCATION	uterine
LATERALITY	N/A
DETAILS	accompanied by non-reassuring fetal heart tracing with severe decelerations
ALL PUT TOGETHER	1. C-section due to acute, severe, uterine inertia or fetal distress

Labor and Delivery Record

Existing CV template



INTRAPARTUM EVENTS

- ☐ Active herpes
- ☐ Abruption
- ☐ Previa
- ☐ Prolapsed cord
- ☐ TOLAC - VBAC
- ☐ TOLAC - unsuccessful
- ☐ Amnio infusion
- ☐ PIH mild severe
- ☐ HELLP
- ☐ ROM>18hours
- ☐ Mat.fever>100.4
- ☐ Meconium
  - ☐ thin ☐ mod ☐ thick
- ☐ Non reassuring fetal status
- ☐ Prolonged latent phase
- ☐ Prolonged active phase
- ☐ Prolonged2nd stage>2.5hrs
- ☐ Failure to descend
- ☐ Precipitous labor
- ☐ Delivered out of L/D unit
- ☐ Uterine exploration

DELIVERY

- ☐ Spontaneous
- ☐ Assisted
- ☐ Vacuum:
  - ☐ Outlet
  - ☐ Low-Mid: - Indication: ☐ Prolonged 2nd stage ☐ Maternal exhaustion ☐ Non reassuring fetal status ☐ Other _____
  - -Position: ☐ OA ☐ OT ☐ OP ☐ Asynclitic
  - -Peak Pressure:_____in. Hg
  - -Time at peak pressure:_____
  - -#of Pop-off: ☐ 1 ☐ 2 ☐ 3
  - -Fetal status: ☐ caput succedaneum ☐ cephalhematoma ☐ laceration ☐ other
- ☐ Forceps:_____
- ☐ Cesarean Section - Indication:_____

PRES/POSITION

- ☐ Vertex ☐ OA
- ☐ Breech ☐ OP ☐ OT
- ☐ Other _____

CORD

- ☐ Vessels ☐ 3 ☐ 2
- ☐ Nuchal X _____
- ☐ Reduced ☐ Cut
- ☐ Knot ☐ Short
- ☐ Cord gases obtained
- ☐ Blood for stem cells obtained

PLACENTA

- ☐ Spontaneous
- ☐ Manual
- ☐ Intact
- ☐ Other _____

ANESTHESIA

- ☐ NONE
- ☐ Local
- ☐ Pudendal
- ☐ Epidural
- ☐ Spinal
- ☐ General

EPISIOTOMY

- ☐ NONE
- ☐ Midline
- ☐ MI - R L

Repair:_____

- ☐ Sponge count correct
- ☐ Needle count correct

LACERATION

- ☐ Cervix
- ☐ Perineal - 1° 2°
- ☐ Sphincter - 3°
- ☐ Vag Sulcus ☐ left ☐ right
- ☐ NONE

Repair:

- ☐ Labial ☐ Periurethral
- ☐ Rectal Mucosa - 4°
- ☐ Sponge count correct
- ☐ Needle count correct

Estimated Blood Loss:

Complications/special circumstances:

All risks, benefits, alternatives discussed with the patient prior to the procedure, and they agreed to proceed.

MD/CNM Signature/Block Print: _____ Date:_____Time: _____

Scope of further details for ICD 10 PCS

Delivery

Forceps Delivery

- ❑ Low Forceps
- ❑ Mid Forceps
- ❑ High Forceps

Internal Version

Cesarean Section

- ❑ Classic
- ❑ Low Cervical
- ❑ Extraperitoneal

Others

The existing format already covers lot of details, however there is some scope of addition basis ICD 10 PCS.

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Procedure Details – ICD-10 PCS

Perineal Laceration Repair	
❑ Vaginal mucosa ❑ Perineum Muscle ❑ Female Perineum ❑ Anal Sphincter ❑ Anus Mucosa ❑ Rectum Mucosa	❑ Open ❑ Percutaneous ❑ Percutaneous Endoscopic ❑ Via Natural Artificial Opening ❑ Via Natural Artificial Opening Endoscopic ❑ External

Salpingectomy		
❑Excision ❑Resection	❑Fallopian tube Right ❑Fallopian tube Left ❑Fallopian tube Bilateral	❑Open ❑Percutaneous ❑Percutaneous Endoscopic ❑Via Natural Artificial Opening ❑Via Natural Artificial Opening Endoscopic

Abortion	
❑ Open ❑ Percutaneous ❑ Percutaneous Endoscopic ❑ Via natural artificial opening ❑ Via natural artificial opening endoscopic	❑ *Vacuum* ❑ *Laminaria* ❑ *Abortifacient* ❑ *No Qualifier*

Placenta Removal
❑ Manual with endoscope ❑ Manual without endoscope

Drainage	
❑ Open ❑ Percutaneous ❑ Percutaneous Endoscopic ❑ Via natural artificial opening ❑ Via natural artificial opening endoscopic	❑ Fetal Blood ❑ Fetal cerebrospinal fluid ❑ Fetal fluid other ❑ Amniotic fluid, therapeutic ❑ Fluid other ❑ Amniotic fluid, diagnostic

Basis the tick mark by the physician the ICD10 PCS code can be derived; however the tick mark format would be complimentary to details of exact procedure.

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Documentation Analysis – Preeclampsia

Preeclampsia	
PIH ❑ Yes ❑ No ❑ Mild (may be defined) ❑ >140 &/or >90 ❑ >160 &/or>110	Chronic HT (on anti-hypertensive medicine ❑ Pre-existing hypertensive heart disease ❑ Pre-existing hypertensive chronic kidney disease ❑ unspecified
Associated Proteinuria ❑ Yes ❑ No	
❑ Preeclampsia ❑ Mild ❑ Severe ❑ Eclampsia ❑ HELLP ❑ Preeclampsia with pre-existing HT	

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Documentation Analysis – Placental Infections

ICD 9 CM	ICD 10 CM
658.4 – Infection of amniotic cavity (includes amnionitis, chorioamnionitis, memberanitis, placentitis)	O41.10 – Infection of amniotic sac and membranes, unspecified O41.101 - Infection of amniotic sac and membranes, unspecified, first trimester O41.102 - Infection of amniotic sac and membranes, unspecified, second trimester O41.103 - Infection of amniotic sac and membranes, unspecified, third trimester
	O41.12 – Chorioamnionitis O41.121 – Chorioamnionitis, first trimester O41.122 – Chorioamnionitis, second trimester O41.123 – Chorioamnionitis, third trimester
	O41.14 – Placentitis O41.141 – Placentitis, first trimester O41.142 – Placentitis, second trimester O41.143 – Placentitis, third trimester

Documentation Analysis

- One of the biggest change is in Perineal laceration repair codes – specificity as per body part/tissue repaired required in the medical records.
- The episode of care (delivered, antepartum, postpartum) is no longer a secondary axis of classification for obstetric codes. Instead, the majority of codes have a final character identifying the trimester of pregnancy in which the condition occurred. The trimester could be extracted from the gestational age mentioned in all the records.
- ICD-10 has a seventh-character extension for multiple gestation in category that designates maternal care for a fetal anomaly, damage, or other problem. This character is to identify the fetus for which the code applies in case of multiple gestation.
- Coding for gestational diabetes is divided into three subcategories: pregnancy, childbirth, and the puerperium, with final subdivision of these codes specifying whether the GD is diet controlled, insulin controlled or unspecified.

Documentation Analysis

- ICD 10 PCS would require clear documentation of ‘complete’ versus ‘partial excision’ of any body part (e.g. fallopian tube) along with laterality, in order to derive the procedure code.
- Morbidly adherent placenta is a new category in ICD 10 with specificity mentioned like accreta, increta, and percreta.
- Use of endoscope (If done) needs to be documented in the procedure notes – will determine the 5th character of PCS code. Also, if the procedure was accomplished through an artificial cut or through natural opening needs to be documented as and when applicable.
- A few physician progress notes and discharge summaries were missing the specificity around preeclampsia – whether it is mild, or severe. ICD-10 CM has 3 separate categories of mild, severe and unspecified versus only 2 (mild/unspecified and severe) in ICD-9 CM.
- A few records had the pathology report mentioning chorioamnionitis, however the diagnosis was not confirmed in the discharge summary or physician notes – hence coded as maternal pyrexia during labor; discharge summary/physician notes need to clearly specify if the increased temperature is because of specific infection of placenta.

Procedures Involving Devices

Value	Root Operation	Definition
2	Change	Taking out or off a device from a body part and putting back an identical or similar device in or on the same body part w/o cutting or puncturing a mucous Membrane
9	Drainage	Taking or letting out fluids and/or gases from a body part
A	Abortion	Artificially terminating a pregnancy
D	Extraction	Putting or stripping out or off all or a portion of a body part
E	Delivery	Assisting the passage of products of conception from the genital canal
H	Insertion	Putting a non-biological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part
J	Inspection	Visually and/or manually exploring a body part
P	Removal	Taking out or of a device from a body part, region, or orifice
Q	Repair	Restoring, to the extent possible, a body part to its normal anatomic structure
S	Reposition	Moving to its normal location or other suitable location all or a portion of a body Part
T	Resection	Cutting off our out, without replacement, all of a body part
Y	Transplantation	Putting in or on all or a portion of a living body part taken from another individual or animal to physically take the place and/or function of all or a portion of a similar body part

ICD-10 has 12 root operations for obstetrics section, out of which 2 are specific to Obstetrics section, and others are in Medical and Surgical group. These are abortion and delivery. A cesarean section is not a separate root operation because the underlying objective is Extraction (i.e. pulling out all or a portion of a body part).

ICD-10 Documentation for OB Procedures

Procedure	Root Operation	Body Part	Approach	Device	Qualifier
Perineal Laceration Repair	Repair *(Specify tissue: skin, subcutaneous tissue, muscle, etc.)*	*(Document each anatomical site that is repaired.)* Pelvic floor (each muscle, ligament or other tissue that is torn must be documented) Perineal muscles Vaginal muscles Fourchette Labia Perineum skin Vagina Vulva	Open, Percutaneous, Percutaneous Endoscopic (e.g. Laproscopic), Via Natural Artificial Opening, Via natural or artificial opening endoscopic	No device	No qualifier
Placenta Infections	Type? Step B E coli	Infection of amniotic cavity: Sac and membranes Chorioamnionitits Placentitis		No device	First trimester Second Trimester Third Trimeser
Removal of Placenta	Extraction	Placenta	Open, Percutaneous, Percutaneous Endoscopic (e.g. Laproscopic), Via Natural Artificial Opening, Via natural or artificial opening endoscopic	No device	No qualifier

ICD-10 Documentation for OB Procedures

Procedure	Root Operation	Body Part	Approach	Device	Qualifier
Abortion			Open, Percutaneous, Percutaneous Endoscopic (e.g. Laproscopic), Via Natural Artificial Opening, Via natural or artificial opening endoscopic	Vacuum Laminaria Abortifacient No device	No qualifier
Resection of Ectopic Pregnancy	Excision Resection	Abdominal Tubal Ovarian Other *(With laterality)*	Open, Percutaneous, Percutaneous Endoscopic (e.g. Laproscopic), Via Natural Artificial Opening, Via natural or artificial opening endoscopic	No device	No qualifier
Salpingectomy	Excision Resection	Left or right fallopian tube Bilateral fallopian tube *(With laterality)*	Open, Percutaneous, Percutaneous Endoscopic (e.g. Laproscopic), Via Natural Artificial Opening, Via natural or artificial opening endoscopic	No device	No qualifier

ICD-10 Documentation for OB Procedures

Procedure	Root Operation	Body Part	Approach	Device	Qualifier
Drainage	Drainage	Type of fluid: Fetal blood, CSF, other. Amniotic fluid, therapeutic, amniotic Fluid, other	Open, Percutaneous, Percutaneous Endoscopic (e.g. Laproscopic), Via Natural Artificial Opening, Via natural or artificial opening endoscopic	With or without device	No qualifier
Assisted Delivery	Extraction		Open, Via Natural Artificial Opening,	No device	Forceps Internal Version Vacuum
Cesarean Section	Extraction		Open	No device	Classical Extraperitoneal Low cervical

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For any questions: