ICD-10 Documentation for OB/Gyn
Objectives

At the completion of this lesson the learner will be able to:

• Identify frequently utilized OB/Gyn diagnoses and procedures
• Identify the ICD-10 changes associated with frequently utilized OB/Gyn diagnoses and procedures
• Define documentation recommendations for each diagnosis and procedure
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Section 1: ICD-10 Diagnostic Documentation Recommendations

ICD-10 Diagnostic Documentation Recommendations

ICD-10 Procedure Documentation Recommendations
Overview of ICD-10 Impact to OB/Gyn Documentation

• ICD-10 will now contain inclusion of trimesters in obstetric codes and physician must document the number of weeks of gestation.
• ICD-10 will eliminate episodes of care for obstetric codes
• There have been changes in timeframes:
  – Abortion vs. Fetal death (20 weeks)
  – Early vs. Late pregnancy (20 weeks)
• Extensions have been added in the form of qualifying character to denote specific fetus
• Additional Documentation requirements include:
  – With or without delivery
  – Preterm or term delivery
  – Trimester of both labor and delivery
  – Identify the fetus with certain complications (malpresentation)
Documenting for General Pregnancy, Childbirth and the Puerperium

- Document trimesters or weeks of gestation when a disease or condition occurs
  - First trimester = less than 14 weeks 0 days
  - Second trimester = 14 weeks 0 days to less than 28 weeks 0 days
  - Third trimester = 28 weeks 0 days until delivery
- Document any pre-existing conditions, infections, or disorders e.g. HIV, smoking, anemia, maternal congenital anomalies, etc.
- Specify any conditions/complications developed during or as a result of pregnancy, document the trimester or weeks of gestation in which the condition(s) occurred.
- Clarify when the condition being treated is NOT affecting the pregnancy e.g. allergic rash, broken toe, etc.
- Document the severity of preeclampsia as mild, moderate, or severe
- Specify any past infertility or poor reproductive history e.g. miscarriage, abortion, pre-term labor, etc.
Documenting for General Pregnancy, Childbirth and the Puerperium

• Multiple gestations:
  – For twins, document:
    • Monochorionic/monoamniotic
    • Monochorionic/diamniotic
    • Dichorionic/diamniotic, or
    • Unable to determine number of placenta and number of amniotic sacs
  – For triplets, quadruplets and others, document:
    • With two or more monochorionic fetuses
    • With two or more monoamniotic fetuses, or
    • Unable to determine number of placenta and number of amniotic sacs
Documenting for General Pregnancy, Childbirth and the Puerperium

• Document first pregnancies and history of Cesarean sections.
• Indicate any reason for high-risk pregnancy e.g. substance abuse, assisted reproduction, social issues, etc.
• Document social factors that influence pregnancy—(Tobacco use, dependence, past history, or exposure (second hand, occupational, etc.)), BMI, non-compliance with treatment regimen including over/under-dosing, and any corresponding diagnosis
Documentation for Breast Disorders Associated with Pregnancy

• Document the timing of the occurrence of the condition e.g. the trimester of pregnancy, weeks of gestation, puerperium period, with lactation, etc.

• Specify the type of disorder e.g. abscess, non-purulent mastitis, infection of the nipple, retracted or cracked nipple, suppressed lactation, galactorrhea, etc.
Documentation for Gestational Diabetes

• Specify if the diabetes is pre-existing or pregnancy induced.

• For pre-existing diabetes, document:
  – Type 1 or Type 2
  – LINK diabetes to any manifestations e.g. nephropathy due to diabetes, or diabetic nephropathy.

• For gestational diabetes, document:
  – The trimester or weeks of gestation in which the diabetes occurred
  – Document if it is diet-controlled or insulin-controlled
  – Be specific if the patient has only an abnormal glucose tolerance but no diagnosis of diabetes.
Documentation for Gestational Diabetes

Below is an illustration in how gestational diabetes will be coded from ICD-9 to ICD-10. Note the changes from encounter to trimester and how the use of Insulin has become a qualifier of the original code and is not an additional code.

Example

- **I-9 Gestational Diabetes Prenatal Encounter (18 weeks) for Gestational Diabetes and UTI, Pt. on Insulin**
  - 648.83 Gestational Diabetes, Antepartum (episode of care)
  - 648.63; 599.0 UTI in Pregnancy, Antepartum
  - V58.67 Insulin

- **I-10 Gestational Diabetes Prenatal Encounter (18 weeks) for Gestational Diabetes, Pt. on Insulin**
  - 024.414 Gestational Diabetes in Pregnancy, Insulin Control (*)
  - 023.42 UTI in Pregnancy, 2nd Trimester
Documentation for Hypertension in Pregnancy

- Document if hypertension is pre-existing or pregnancy induced
- Document the severity of pre-eclampsia as mild, moderate, or severe
- Document gestational edema and proteinurea either with or without gestational HTN
Documenting for Genitourinary Tract Infection

- Document the site e.g. bladder, kidney
- Document the organism, when known e.g. bladder infection due to E. coli
Documentation for Obstructed Labor

• Document malposition or malpresentation, such as:
  – Incomplete rotation of head
  – Breech, face, brow, shoulder, or compound presentation
  – Other, such as footling or incomplete breech presentation

• Document maternal pelvic abnormality, such as:
  – Deformed
  – Contraction - generally contracted, pelvic inlet, pelvic outlet, mid-cavity
  – Abnormality of pelvic organ, e.g., congenital malformation of uterus or cervical incompetence

• Document other cause, such as:
  – Shoulder dystocia or unusually large fetus
Underdosing

• Underdosing → New concept for ICD-10
• Codes for underdosing allow documentation of:
  – Causes of underdosing
  – Outcomes of underdosing
• Ability to capture and report the detail around these complications can have a big impact.
• The components of underdosing codes include:
  – Medical condition is sequenced first.
  – Under-dosing code is listed as a secondary diagnosis.
  – Reason code explains why the patient is not taking the medication
Underdosing

If a patient presents with a condition that is related to underdosing, it is important to document the condition and a LINK to the medication:

**Medical Condition**
- Infection
- Hyperglycemia
- Hypertension
- Seizure
- Mania

**Identification of Underdosing as Cause**
- Antibiotic
- Antidiabetic
- Hormonal agents
- Anti-epileptic
- Antihypertensive

**Cause of Underdosing**
- Intentional
- Unintentional
- Financial Hardship
- Age-related dementia
Section 2: ICD-10 Procedure Documentation Recommendations

ICD-10 Diagnostic Documentation Recommendations

ICD-10 Procedure Documentation Recommendations
Review of ICD-10 Procedure Code Structure

ICD-10 Procedure documentation: More granular and precise

Focus for Providers: Understand concepts related to coding capture rather than memorize every detail

• Procedure documentation can be thought of on multiple axes
• Each axis captures an increased amount of provider documentation in respect to the service or procedure performed
The majority of procedures that treat reproductive system diseases come under the Medical and Surgical section of ICD-10-PCS in the female reproductive system.

Obstetrics is identified as its own section but the characters hold the same definitions as Med-Surg.
The following root operations of the Medical and Surgical section can be used to report female reproductive system procedures:

<table>
<thead>
<tr>
<th>Root Operation</th>
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<tbody>
<tr>
<td>Bypass</td>
<td>Occlusion</td>
</tr>
<tr>
<td>Change</td>
<td>Reattachment</td>
</tr>
<tr>
<td>Destruction</td>
<td>Release</td>
</tr>
<tr>
<td>Dilation</td>
<td>Removal</td>
</tr>
<tr>
<td>Division</td>
<td>Repair</td>
</tr>
<tr>
<td>Drainage</td>
<td>Reposition</td>
</tr>
<tr>
<td>Excision</td>
<td>Resection</td>
</tr>
<tr>
<td>Extirpation</td>
<td>Supplement</td>
</tr>
<tr>
<td>Extraction</td>
<td>Restriction</td>
</tr>
<tr>
<td>Fragmentation</td>
<td>Revision</td>
</tr>
<tr>
<td>Insertion</td>
<td>Transplantation</td>
</tr>
<tr>
<td>Inspection</td>
<td></td>
</tr>
</tbody>
</table>
OB Root Operations

The following root operations are specific to the Obstetric Section:

<table>
<thead>
<tr>
<th>Root Operation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion (A)</td>
<td>Artificially terminating a pregnancy</td>
</tr>
<tr>
<td>Change (2)</td>
<td>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 without cutting or puncturing the skin or a mucous membrane</td>
</tr>
<tr>
<td>Delivery (E)</td>
<td>Assisting the passage of the products of conception from the genital canal</td>
</tr>
<tr>
<td>Drainage (9)</td>
<td>Taking or letting out fluids and/or gases from a body part</td>
</tr>
<tr>
<td>Extraction (D)</td>
<td>Pulling or stripping out or off all or a portion of a body part by the use of force</td>
</tr>
<tr>
<td>Insertion (H)</td>
<td>Putting in a non-biological appliance that monitors, assists, performs or prevents a physiological function but does not physically take the place of a body part</td>
</tr>
<tr>
<td>Inspection (J)</td>
<td>Visually and/or manually exploring a body part</td>
</tr>
<tr>
<td>Removal (P)</td>
<td>Taking out or off a device from a body part, region or orifice</td>
</tr>
<tr>
<td>Repair (Q)</td>
<td>Restoring, to the extent possible, a body part to its normal anatomic structure and function</td>
</tr>
<tr>
<td>Reposition (S)</td>
<td>Moving to its normal location, or other suitable location, all or a portion of a body part</td>
</tr>
<tr>
<td>Resection (T)</td>
<td>Cutting out or off, without replacement, all of a body part</td>
</tr>
<tr>
<td>Transplantation (Y)</td>
<td>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</td>
</tr>
</tbody>
</table>
The only body parts that are unique to the obstetric section include:

- Products of Conception (0)
- Products of Conception, Retained (1)
- Products of Conception, Ectopic (2).
# Approach

Below is the list of approaches for the female reproductive system that are recognized under the ICD-10 system

<table>
<thead>
<tr>
<th>Approach</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>External</td>
<td>Definition: Procedures performed directly on the skin or mucous membrane and procedures performed indirectly by the application of external force through the skin or mucous membrane.</td>
</tr>
<tr>
<td>Open</td>
<td>Definition: Cutting through the skin or mucous membrane and any other body layers necessary to expose the site of the procedure.</td>
</tr>
<tr>
<td>Percutaneous</td>
<td>Definition: Entry, by puncture or minor incision, of instrumentation through the skin or mucous membrane and any other body layers necessary to reach the site of the procedure.</td>
</tr>
<tr>
<td>Percutaneous Endoscopic</td>
<td>Definition: Entry, by puncture or minor incision, of instrumentation through the skin or mucous membrane and any other body layers necessary to reach and visualize the site of the procedure.</td>
</tr>
<tr>
<td>Via Natural or Artificial Opening</td>
<td>Definition: Entry of instrumentation through a natural or artificial external opening to reach the site of the procedure.</td>
</tr>
<tr>
<td>Via Natural or Artificial Opening Endoscopic</td>
<td>Definition: Entry of instrumentation through a natural or artificial external opening to reach and visualize the site of the procedure.</td>
</tr>
<tr>
<td>Via Natural or Artificial Opening With</td>
<td>Definition: Entry of instrumentation through a natural or artificial external opening and entry, by puncture or minor incision, of instrumentation through the skin or mucous membrane and any other body layers necessary to aid in the performance of the procedure.</td>
</tr>
<tr>
<td>Percutaneous Endoscopic Assistance</td>
<td></td>
</tr>
</tbody>
</table>
Recall that the seventh character of ICD-10 is the opportunity to capture greater specificity and capture a truer picture of the patient and care delivered. Some 7\textsuperscript{th} character extensions include:

- **Multiple Gestations:** 0 (unspecified) to 9 (other fetus)
- **Specifically identifies Fetus Affected or Causing Condition** (i.e. IUGR)
- **Episode of Care no longer exists and has been replaced with trimester**
Documentation for Amniocentesis & Perineal Laceration Repair

• **Documentation for Amniocentesis**
  – Document whether diagnostic or therapeutic amniocentesis, the substance drained (e.g. amniotic fluid)
  – Document the approach (e.g. Percutaneous)

• **Documentation for Perineal Laceration Repair**
  – Document the type of tear e.g. 1\textsuperscript{st} degree, 2\textsuperscript{nd} degree, etc.
  – Document the anatomical site where the tear is repaired e.g. perineum skin, vulva, vagina, anal sphincter, fourchette, rectovaginal septum, pelvic floor, etc.
  – Document the repair approach
Documentation for Hysterectomy

• **Total Abdominal Hysterectomy (TAH)** - Document the body parts involved (e.g. uterus, cervix, etc.), and the approach, (e.g. Open).

• **Vaginal Hysterectomy** - Document the body parts involved (e.g. uterus, cervix, etc.), and the approach (e.g. Via Natural or artificial opening).

• **Laparoscopic-Assisted Vaginal Hysterectomy (LAVH)** - Document the body parts involved (e.g. uterus, cervix, etc.), and the approach (e.g. Via Natural or artificial opening, Via Natural or artificial opening with percutaneous endoscopic assistance).

• **Laparoscopic-Assisted Supracervical Hysterectomy (LASH)** - Document the body parts involved (e.g. uterus), and the approach (e.g. percutaneous endoscopic).

• **Pelvic evisceration** - Document the body parts involved (e.g. uterus, cervix, ovaries, etc.) and the approach (e.g. Open).
Documentation for Curettage, Lysis of adhesions, & Suprapubic sling operation

• **Documentation for Curettage**
  – Document if performed following delivery, abortion or during times other than the postpartum or post abortion period
  – Document the approach (e.g. Via Natural or artificial opening, Via Natural or artificial opening endoscopic)

• **Documentation for Lysis of adhesions**
  – Document the body parts involved (e.g. uterus, cervix, uterine, Ovary, etc.), document if the adhesions are in a different anatomic site from the main procedure(s) or multiple sites
  – Document the approach (e.g. Open, Percutaneous endoscopic, etc.)

• **Documentation for Suprapubic sling operation**
  – Document if a biological or synthetic material have been used to reinforce the functioning the body par
  – Document the approach (e.g. Open, Percutaneous endoscopic, , Via Natural or artificial opening endoscopic, etc.)
Documentation for Biopsy & Oophorectomy

• **Documentation for Biopsy**
  – Document the root of the operation (e.g. excision biopsy)
  – Document the body parts involved (e.g. bladder, kidney, ureter, etc.)
  – Document the approach (e.g. Open, Percutaneous endoscopic, Via Natural or artificial opening endoscopic, etc.)

• **Documentation for Oophorectomy**
  – Document laterality and if the fallopian tubes were removed with the ovaries
  – Document the approach (e.g. Open, Percutaneous endoscopic, Via Natural or artificial opening endoscopic, etc.)
Documentation for Prolapse, Sterilization, & Mastectomy

• **Documentation for Prolapse**
  – Document the specific repair
  – Document the approach (e.g. Open, Percutaneous endoscopic, Via Natural or artificial opening endoscopic, etc.)
  – Specify if any device used
  – Document the insertion site
  – Specify if graft or prosthesis were used and the type

• **Documentation for Sterilization**
  – Document the method used (e.g. ligation)
  – Document the laterality.

• **Documentation for Mastectomy**
  – Document if the removal was (complete, partial, etc.)
  – Document the laterality
  – Document the specific about the lymph nodes, and the laterality of the Pectorals muscle, when involved
Documentation for Vaginal Suspension & Blood Transfusion

• **Documentation for Vaginal suspension**
  – Document if graft or prosthesis were used and the type
  – Document the approach (e.g. Open, Percutaneous endoscopic, Via Natural or artificial opening endoscopic, etc.)
  – Specify if Robotic assistance was used (e.g. Da Vinci).

• **Important Documentation for Blood Transfusion**
  – Document the type of cell transfused e.g. RBC, Frozen RBC, etc.
  – Document location or infusion site e.g. peripheral, central venous catheter, etc.
  – Document the route of administration
  – **Important** - the receipt of transfusions has to be acknowledged by the provider.
Documenting Complications of Pregnancy

Another example of ICD-10 Impact is with pregnancy complications. Previously, Code 646.83 (Other specified complications of pregnancy; antepartum condition or complication) could be used to identify multiple conditions complicating her pregnancy. With the implementation of ICD-10 many of these conditions now have unique codes to capture a truer picture of the patient condition:

- **O26.11** (Low weight gain in pregnancy, first trimester) or
  - O26.12 (... second trimester)
  - O26.13 (... third trimester)

- **O26.41** (Herpes gestationis, first trimester) or
  - O26.42 (... second trimester)
  - O26.43 (... third trimester)

- **O26.811** (Pregnancy related exhaustion and fatigue, first trimester) or
  - O26.812 (... second trimester)
  - O26.813 (... third trimester)

- **O26.891** (Other specified pregnancy related conditions, first trimester) or
  - O26.892 (... second trimester)
  - O26.893 (... third trimester)
Procedure Coding Examples

Procedures performed on the products of conception are included in the obstetrics section. Procedures performed on the pregnant female other than the products of conception are coded to a root operation in the medical and surgical section of ICD-10-PCS.

– Products of conception:
  • Manually assisted delivery (10E0XZZ)
  • Delivery with mid forceps (10D07Z4)
  • Low cervical cesarean section (10D00Z1).

– Procedures performed on the pregnant female:
  • Repair of vaginal laceration (0UQGXZZ)
  • Episiotomy (0W8NXZZ)
  • Episiorrhaphy (0WQNXZZ)
Conclusion

There are several substantial changes in the way that gynecological and obstetric care is coded including:

- Capture of trimester
- Changes in weeks for abortion vs. fetal death and for early/late phases of pregnancy
- Increase in specificity of complications

Physician Documentation must reflect these changes