ICD-10-CM

- New effective date
- Detailed documentation ensures accurate code assignment
- Success will be measured by provider documentation, which drives the code selection
CHAPTER 15 PREGNANCY, CHILDBIRTH & PUERPERIUM

• All codes begin with the letter ‘O’, not the number zero
• Contains 9 blocks (previously referred to as chapters) of codes
• Codes up to seven characters long
• Elimination of episode of care for code assignment
• Change in timeframe for abortion fetal death & early pregnancy (from 22 weeks to 20 weeks)
• Principle diagnosis in a patient with C-Section is condition responsible for patient’s admission (not indication for the surgery)
• Codes categorized by trimester as indicated by ICD-10-CM definitions:
  – 1<sup>st</sup> trimester
    • <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

In case of multiple gestation, fetus needs to be identified & code assigned by number (#1, #2, #3 etc.)
CHAPTER 15 PREGNANCY, CHILDBIRTH & Puerperium

- New Term being introduced
  - Peripartum
    - last month of pregnancy to five postpartum months
O00-O08 PREGNANCY WITH ABORTIVE OUTCOME

. Specify any & all associated complications
. Spontaneous abortion specify
   Complete or
   Incomplete
. Termination of pregnancy specify whether
   Induced or
   Failed attempt (no longer legal or illegal)
O09 SUPERVISION OF HIGH RISK PREGNANCY

• Specify historical information *with trimester* in which complication occurred
O10-O16 EDEMA PROTEINURIA & HYPERTENSIVE DISORDERS IN PREGNANCY, CHILDBIRTH & THE PUERPERIUM

• Specify if hypertension is pre-existing & complicating pregnancy and/or childbirth
• Consistent documentation of complication being pregnancy induced/gestational
• Specify if patient has secondary hypertension
• Specify if patient has HELLP (has its own specific code no longer categorized with severe pre-eclampsia)
O20-O29 OTHER MATERNAL DISORDERS PREDOMINANTLY RELATED TO PREGNANCY

• Specify thrombophlebitis in pregnancy or puerperium
• Specify diabetes
  – Specify gestational diabetes in pregnancy or childbirth or puerperium; Diet or insulin controlled
    Examples:
    • Gestational diabetes in pregnancy diet controlled=O24.410
    • Gestational diabetes in childbirth diet controlled=O24.420
    • Gestational diabetes in puerperium diet controlled=O24.430
  – Pre-existing or gestational; Type I or II
    Examples:
    • Pre-existing type I first trimester= O24.011
    • Pre-existing diabetes type II first trimester=O24.111
    • Gestational diabetes in pregnancy, diet controlled=O24..410
    • Gestational diabetes in pregnancy, insulin controlled=O24.414
O20-O29 OTHER MATERNAL DISORDERS
PREDOMINANTLY RELATED TO PREGNANCY
CON’T

• Specify anesthetic complication(s) as during pregnancy or childbirth or puerperium (individual codes based on body system)

• Specify type of anesthesia- spinal, epidural, local

• Document failed or difficult intubation or anesthesia
O30-O48 MATERNAL CARE RELATED TO THE FETUS & AMNIOTIC CAVITY & POSSIBLE DELIVERY PROBLEMS

• Specify fetuses in multiple gestation by number; especially when a complication is being documented
• Specify by number which fetus is affected by the complication
• Specify multiple gestation with specific number of placenta & amniotic sacs (monochorionic, monoamniotic, dichorionic, diamniotic)
• Specify if conjoined twins
• Specify complications directly related to multiple gestation ie continuing pregnancy after other fetal loss (papyraceous fetus, spontaneous abortion, intrauterine death, elective fetal reduction,)
O30-O48 MATERNAL CARE RELATED TO THE FETUS & AMNIOTIC CAVITY & POSSIBLE DELIVERY PROBLEMS (CON’T)

- Specify cause of disproportion (deformity of pelvic bones, pelvic inlet or outlet contraction)
- Specify hospitalizations due to (documented) fetal problems (poor fetal growth, decreased fetal movement etc)
- Document placental transfusion syndrome as fetomaternal or fetus- to-fetus (never able to specifically capture in ICD-9)
- Specify antepartum hemorrhage with coagulation defects (afibrinogenemia or disseminated intravascular coagulation)
- Document any & all SUSPECTED fetal abnormality and/or damage
O60-O77 COMPLICATIONS OF LABOR & DELIVERY

• Specify fetal in which the complication /disorder applies
• Document fetal stress due to drug administration
• Specify puerperal complications (infections, venous complication, phlebothrombosis, cerebral thrombosis, varicose, veins, hemorrhoids etc)
• Specifically document the reason behind the obstructed labor due to malposition/malpresentation of fetus (incomplete rotation of fetal head, compound presentation, shoulder dystocia, multiple fetus, large fetus etc)
O80-O82 ENCOUNTER FOR DELIVERY

• Specify if delivery is uncomplicated
  – Such as requiring minimal/no assistance and no instrumentation
O85-O92 COMPLICATIONS PREDOMINANTLY RELATED TO THE PUERPERIUM

• Specify puerperal genital tract infection that occurs following delivery
• Specify puerperal anesthetic complication(s)
• Specify all puerperal breast complication(s)
O94-O9A OTHER OBSTETRIC CONDITIONS, NOT ELSEWHERE CLASSIFIED

- Specify those complications or sequelae that occur during pregnancy, childbirth OR the puerperium
WHAT SHOULD WE DO NOW TO PREPARE???

- Add the following concepts to your DAILY documentation in the medical record beginning TODAY

- **PLEASE DOCUMENT:**
  - Gestational age, in trimester and weeks
  - Specificity in moms with diabetes AND hypertension (pre-existing, gestational/pregnancy induced, diet controlled, insulin controlled, or secondary respectively)
  - Reference to multiple gestation infants as #1, #2, #3 etc. - **DO NOT USE LETTERS** (INFANT A BOY, INFANT B), regardless of how nursing documents multiple infants