2014 CPT Code Update and ICD-10
Changes for OB/GYN sponsored by CHMB
January 29th, 2014
CHMB Corporate Overview

- Founded in 1995
  - Privately Held, Profitable and P.E. Funded for Rapid Growth
  - Inc. 5000 Fastest Growing Private Companies 2008-2012
  - Dell Partner since 2003
  - Fully Integrated 4 Acquisitions 2008-2011

- Partners w/ Allscripts since 2007
  - Early Adopter - Star Reference Site for EHR/PM/Implementation
  - Deeply Connected Across Multiple Disciplines
    1) Enterprise EHR/PM
    2) Hosting and Software Implementation/Training
    3) RCM Services

- 4,000 + Providers
  - 300+ staff in 24/7 work-cycle
  - Locations – San Diego, Irvine, Oakdale and Chicago
  - Customers Located Across 4 U.S. Time Zones
  - Remote Workforce – 15 Different States

- Largest Install of Allscripts PM – End User Expertise
  - 450 + PM Databases Built, Deployed and Supported
  - 7,500 + End-Users
  - 1,000 + physicians supported on EHR

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Service

Customer Focused Completing “the last mile”

Technology

Leading Technology Value Add Business Intelligence

Results

End-to-End Solution Physician Hospital Alignment
CHMB Nationwide Presence

National Footprint

[Map of the United States with locations marked by red pins, showing CHMB's presence across the country]
CHMB Core Service Offerings

- HIT
  - PM/EHR Implementation
  - Software Sales
  - Hardware
  - Application Support
  - ASP/Hosting
  - Software Development

- RCM
  - Billing Services
  - Practice Management
  - Reporting
  - Credentialing
  - Compliance & Auditing
  - Coding
  - Business Analytics
  - Decision Support

- Consulting
  - Practice Formation
  - Recruitment
  - Practice Assessment
  - Practice Valuations
  - Payor Contracting
  - PM Build, Implementation & Training
  - Workflow
  - Optimization
Putting Valuable Information Into The Hands That Matter
CHMB OB/GYN Profile

• 150 OB/GYN physicians trust CHMB for their revenue cycle management
• 21 OB/GYN clients
• $80 million Annual Charges For OB/GYN
• 39 Average days In AR
• 98% Client Retention Rate
• 99.1% Average Net Collection Percentage
• 17% Percentage of AR over 90
About Our Speaker

• 33 years of operations experience in the practice management field
• An approved Professional Medical Coding Curriculum (PMCC) instructor by the American Academy of Professional Coders (AAPC),
• Education in current procedural terminology (CPT) and Ninth Revision, International Classification of Diseases (ICD-9) coding
• Evaluation and Management Coding and documentation; and compliance planning
• Specializes in chart auditing and is credentialed as a CPMA (Certified Professional Medical Auditor) and CEMC (Certified Evaluation and Management Coder)
• AAPC Approved ICD-10 Instructor and fellow in ACMPE
• Serves on the Section Council Steering Committee of MGMA
2014 CPT Changes

• There were minimal changes to the GU surgery section, and no E/M changes that will affect the OB Gyn specialty

• 2 code deletions with instruction to use an alternate code
Deleted

• 50021 Drainage of perirenal or renal abscess; percutaneous
  – To report, see code(s) To report, see ~49405 for percutaneous image-guided drainage of perirenal/renal abscess via catheter

• 58823 Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)
  – To report, see code(s) To report, see ~49407 for transrectal image-guided drainage of pelvic abscess via catheter
ICD-10
Introduction

• CMS: “On **October 1, 2014**, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets.”
  – One implementation for all covered by HIPAA (not applicable to Automobile Insurance, Worker’s compensation, some Liability Insurance)
  – CMS is firm – No extensions
Comparison of ICD-9 to ICD-10
Reimbursement and Quality Problems with ICD-9

• Example – lump in right breast
  Physician bills for a biopsy of the breast

• A month later, lump in left breast
  – ICD-9-CM does not identify left versus right –
    • requires additional documentation
  – ICD-10-CM describes
    • Left versus right
    • Initial encounter, subsequent encounter
    • Routine healing, delayed healing, nonunion, or malunion
# Comparison of Code Sets

<table>
<thead>
<tr>
<th></th>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5 characters</td>
<td>3-7 characters</td>
<td></td>
</tr>
<tr>
<td>More than 17,000 codes</td>
<td>More than 155,000 codes</td>
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<tr>
<td></td>
<td></td>
<td>68,000 are for ICD 10- CM</td>
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<tr>
<td>First digit may be alpha or numeric (E or V only), digits are 2-5 are always numeric</td>
<td>First character is alpha; 2 &amp; 3 are numeric; 4-7 are alpha or numeric</td>
<td></td>
</tr>
<tr>
<td>Limited space for adding new codes</td>
<td>Flexible, new format allows for expansion</td>
<td></td>
</tr>
<tr>
<td>Lacks detail</td>
<td>Very specific</td>
<td></td>
</tr>
<tr>
<td>Lacks laterality</td>
<td>Includes a specific field to identify laterality (right vs. left)</td>
<td></td>
</tr>
</tbody>
</table>
ICD-10 Changes Everything

Detailed Clinical Information

Episode of care
Laterality
Severity

Detailed Clinical Information
ICD-10 Differences

- Combination Codes
- Laterality
- Episode of Care
- Exact Anatomic Location
- Clinical Details
- Cause/etiology
Combination Code

- Represents a single code used to classify two diagnoses
  - A diagnosis with an associated sign or symptom
  - Diagnosis with an associated complication
  - Simplifies the number of codes needed to clinically spell out a condition
  - *Documentation will need to support all elements*
Combination Code

• Represents a single code used to classify two diagnoses
  – A diagnosis with an associated sign or symptom
    K71.51 Toxic liver disease with chronic active hepatitis with ascites

• What additional documentation will be needed?
  ☑ Chronic, acute, subacute, persistent
  ☑ Active, Lobular, fibrosis, cirrhosis, necrosis
  ☑ With or without coma
Combination Code

• Represents a single code used to classify two diagnoses
  – A diagnosis with an associated sign or symptom
  – Diagnosis with an associated complication

N73.0 Acute parametritis and pelvic cellulitis

What additional documentation will be needed?
- Acute, □ Chronic, □ Acute Pelvic peritonitis □ Chronic Pelvic peritonitis □ with adhesions, □ postinfective
Laterality

- Code descriptions include designations for left, right and in many cases bilateral
- Documentation should always include laterality
- **What additional documentation will be needed?**
  - Right
  - Left
  - Bilateral
Laterality- Left versus Right

- C50.111 Malignant neoplasm of central portion of right female breast
- C50.112 Malignant neoplasm of central portion of left female breast
- C50.119 Malignant neoplasm of central portion of unspecified female breast

- Some ICD-10-CM codes indicate laterality, specifying whether the condition occurs on the left, right or is bilateral. If no bilateral code is provided and the condition is bilateral, assign separate codes for both the left and right side. If the side is not identified in the medical record, assign the code for the unspecified side.

- What additional documentation will be needed?
  - Right
  - Left
  - Bilateral
ICD-10 Structure

• The expanded number of characters of the ICD-10 diagnosis codes provides greater specificity to identify disease etiology, anatomic site, and severity
• Characters 1-3 - Category (“Block”)
• Characters 4-6 - Etiology, anatomic site, severity, or other clinical detail
• Character 7 – Extension (example- episode of care or other clinical detail)
Fifth/Sixth Characters

• Identifies the most precise level of specificity

• Example:
  – N81 Female genital prolapse
    – N81.1 Cystocele
      – N81.12 Cystocele, lateral
Detailed Example

• N83 Noninflammatory disorders of ovary, fallopian tube and broad ligament
  – N83.5 Torsion of ovary, ovarian pedicle and fallopian tube
    • N83.51 Tortion of ovary and ovarian pedicle
    • N83.52 Torsion of fallopian tube
    • N83.53 Torsion of ovary, ovarian pedical and fallopian tube
• What additional documentation will be needed?
  □ Exact Anatomical Location
A Place for everything, everything in its place - Benjamin Franklin

• The fact that the codes are up to seven characters in length is a major difference that brings two new considerations: **seventh character extenders** and **dummy placeholders**.

• The seventh character extenders are usually a letter, and are used to identify the encounter type. The most common seventh character extenders used in OB section of ICD-10-CM are:
  – 0 not applicable or unspecified
  – 1 fetus 1
  – 2 fetus 2
  – 3 fetus 3
  – 4 fetus 4
  – 5 fetus 6
  – 9 other fetus
7th Character Extender Designations

• 7th characters are to be assigned to each code under the stated category. Character 0 is for single gestations and multiple gestations where the fetus is unspecified.

• 7th Character 1 through 9 are for cases of multiple gestations to identify the fetus for which the code applies.

• The appropriate code from the stated category must also be assigned when assigning a code from the stated category that has a 7th character 1 through 9.
A unique twist - the “Placeholder”

- Some codes are 7 characters, but no 4th, 5th or 6th place is necessary, so “x” is a placeholder
- T68.xxxA  - Hypothermia

- The appropriate 7th character is to be added to code T68
  - A – initial encounter
  - D – Subsequent encounter
  - S – sequela
“Unspecified” Codes

• The Doctor has not given enough information in the documentation

• Differs from “Other specified” which means there is no exact code description for the documentation

• *Payers will not pay a claim with an unspecified code!*
ICD-10 CM 21 Chapters

1. Infectious and Parasitic Diseases
2. Neoplasm’s
3. Diseases of the Blood and Blood-Forming Organs
4. Endocrine, Nutritional and Metabolic Diseases
5. Mental and Behavioral Disorders
6. Disease of the Nervous System
7. Diseases of the Eye and Adnexa
8. Diseases of the Ear and Mastoid Process
9. Diseases of the Circulatory System
10. Diseases of the Respiratory System
11. Diseases of the Digestive System
12. Diseases of the Skin and Subcutaneous Tissue
13. Diseases of the Musculoskeletal System and Connective Tissue
14. Diseases of the Genitourinary System
15. Pregnancy, Childbirth and the Puerperium
16. Newborn (Perinatal)
17. Congenital Malformations, Deformations and Chromosomal Abnormalities
18. Symptoms, Signs and Abnormal Clinical and Laboratory Findings
19. Injury, Poisoning and Certain Other Consequences of External Causes
20. External Causes of Morbidity
21. Factors Influencing Health Status and Contact with Health Services
ICD-10 Major Modifications

• Obstetrics- Added trimesters to obstetrical codes (5th digits from ICD-9-CM will not be used)

• Endocrinology-Revised diabetes mellitus codes (5th digits from ICD-9-CM will not be used)

• Expanded cause codes (e.g., injury, diabetes)
Chapter 14: Diseases of the GU System

- N60-N65 Disorders of the Breast
- N70-N77 Inflammatory diseases of the pelvic organs
- N80-N98 Noninflammatory disorders of the female genital tract

- Gynecology practices will refer to chapter 14 for pelvic inflammatory diseases, female infertility, menopausal and perimenopausal disorders. Disorders of the breast, not associated with childbirth, are also listed here.
Disorders of the Breast (N60-N65)

- Codes in the range of N60-N65 do not include Neoplasms which can be coded in Chapter 2
- Benign mammary dysplasia identifies solitary or diffuse cysts of the right and left breast
  - N61 includes abscesses, mastitis and hypertrophy of the breast.
- Other symptoms such as fissure, fistula and nipple symptoms are included in N64.
Inflammatory Disease of the female pelvic organs (N70-N77)

- Disorders of the female pelvic organs include acute and chronic inflammatory disease of the tubes (salpingitis) and ovaries (oophoritis), uterus, cervix, vagina and vulva.
Noninflammatory disorders (N80-N98)

• Include Endometriosis, female genital prolapse, fistulae of the female genital tract, cysts of the ovary and fallopian tube, polyp of the uterus, cervix, vagina and vulva. Dysplasia and hypertrophy are included in this section.

• Disorders of menstruation are coded in N91-N95. Recurrent pregnancy loss (N96) Female infertility (N97) and complications associated with artificial fertilization (N98) complete the Female GU code section.
Example from Female GU

• Rose presents today for the results of her ultrasound. She was complaining of painful menstrual cycles that had her bedridden, along with pelvic pain at various intervals.

• The results of her ultrasound indicate that Rose has endometriosis of the ovaries. The decision is made to try continuous birth control pills and pain medication.
  – N80.1 Endometriosis of ovary
4th Character (same as ICD-9)

- N80 Endometriosis
  - N80.1 Endometriosis of ovary
  - N80.2 Endometriosis of Fallopian tube
  - N80.3 Endometriosis of pelvic peritoneum
  - N80.4 Endometriosis of rectovaginal septum and vagina
  - N80.5 Endometriosis of intestine
  - N80.6 Endometriosis of cutaneous scar
  - N80.8 Endometriosis other
  - N80.9 Endometriosis unspecified
Chapter 15: Pregnancy, Childbirth and the Puerperium

- Chapter contains blocks: This chapter contains the following blocks:

- **Note:** Be careful when using this section, the first character is the Letter “O” and not the number zero.

- **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 and amniotic cavity and possible delivery problems
- **O60-O77:** Complications of labor and delivery
- **O80, O82:** Encounter for delivery
- **O85-O92:** Complications predominantly related to the puerperium
- **O94-O9A:** Other obstetric conditions, not elsewhere classified
Chapter 15: Pregnancy, Childbirth and the Puerperium

- Obstetric cases require codes from Chapter 15, Pregnancy, Childbirth and the Puerperium (O00-O9A)
- These 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
- Should the provider document that the pregnancy is incidental to the encounter, report Z33.1, Pregnant state, incidental
- Chapter 15 codes are used on the maternal record, not the newborn record
Trimester Designation

- The majority of codes from Chapter 15 have a final character indicating the trimester of pregnancy
  - From the first day of the last menstrual period
    - 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

- Additionally, a code from category Z3A, weeks of gestation, should also be reported to identify the specific week of the pregnancy

- Note: Z3A is always followed by 4th and 5th characters to identify weeks of gestation
Chapter 15 Pregnancy

• Example:
  – Patient is a type 1 diabetic. She is 16 weeks pregnant
    • O24.012 Pre-existing diabetes mellitus, type 1, in pregnancy, second trimester
    • Z3A.16 to report 16 weeks gestation of pregnancy
Selection of Trimester for Extended Inpatient Admissions

• In instances when a patient is admitted to a hospital for complications of pregnancy and remains in the hospital for an extended period of time, it is possible for complications to develop during different trimesters.

• The antepartum complication code should be assigned on the basis of the trimester when the complication developed.
Example

• Patient with monochorionic twin gestations presents with ultrasound indicating polyhydramnios of Twin A (fetus 1). She is 30 weeks gestation.

• O40.3XX1 Polyhydramnios, third trimester, fetus 1

• Z3A.30 30 weeks gestation of pregnancy
Prenatal Outpatient Visits for High-Risk Patients

• For routine prenatal outpatient visits for patients with high-risk pregnancies, a code from category O09, Supervision of high-risk pregnancy, should be used as the first-listed diagnosis.

• Secondary chapter 15 codes may be used in conjunction with these codes if appropriate.
Episodes When No Delivery Occurs

- In episodes when no delivery occurs, the principal 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.
When a Delivery Occurs

• When a delivery occurs, the principal diagnosis should correspond to the main circumstances or complication of the delivery.

• In cases of cesarean delivery, the selection of the principal diagnosis should correspond to the reason the cesarean delivery was performed unless the reason for admission/encounter was unrelated to the condition resulting in the cesarean delivery.
Outcome of Delivery

• Code O80 should be reported with a code from category Z37, Outcome of delivery, on every maternal record when a delivery has occurred

• These codes are not to be used on subsequent records or on the newborn record
Pre-existing Conditions versus Conditions Due to the Pregnancy

• Certain categories in chapter 15 distinguish between conditions of the mother that existed prior to pregnancy (pre-existing) and those that are a direct result of pregnancy.
• When assigning codes from chapter 15, it is important to assess if a condition was pre-existing prior to pregnancy or developed during or due to the pregnancy in order to assign the correct code.
• Categories that do not distinguish between pre-existing and pregnancy-related conditions may be used for either.
• It is acceptable to use codes specifically for the puerperium with codes complicating pregnancy and childbirth if a condition arises postpartum during the delivery encounter.
Pre-existing Hypertension in Pregnancy

- 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 include 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
- See Section 1.C.9. Hypertension
Fetal Conditions Affecting the Management of the Mother

- O35 Maternal care for known or suspected fetal abnormality and damage
- O36 Maternal care for other fetal problems
  - are assigned only when the fetal condition is actually responsible for modifying the management of the mother, eg, by requiring diagnostic studies, additional observation, special care, or termination of pregnancy
- The fetal condition exists does not justify assigning a code from this series to the mother’s record.
In Utero Surgery

• In cases when surgery is performed on the fetus, a diagnosis code from category O35, Maternal care for known or suspected fetal abnormality and damage should be assigned identifying the fetal condition

• Assign the appropriate procedure code for the procedure performed

• Note: No code from chapter 16, the perinatal codes, should be used on the mother’s record to identify fetal conditions. Surgery performed in utero on a fetus is still to be coded as an obstetric encounter
HIV Infection in Pregnancy, Childbirth and the Puerperium

- During pregnancy, childbirth or the Puerperium, a patient admitted because of an HIV-related illness should receive a principal diagnosis from subcategory O98.7-, Human immunodeficiency virus [HIV] disease complicating pregnancy, childbirth and the puerperium – followed by the code(s) for the HIV-related illness(es).
Gestational (Pregnancy Induced) Diabetes

- Gestational (pregnancy induced) diabetes can occur during the second and third trimester of pregnancy in women who were not diabetic prior to pregnancy.
- Gestational diabetes can cause complications in the pregnancy similar to those of pre-existing diabetes mellitus. It also puts the woman at greater risk of developing diabetes after the pregnancy.
- Codes for gestational diabetes are in subcategory O24.4, Gestational diabetes mellitus.
  - No other code from category O24, Diabetes mellitus in pregnancy, childbirth, and the puerperium, should be used with a code from O24.4.
Gestational Diabetes Example

- A patient with gestational diabetes is seen by the OB/GYN for her routine visit at 29 weeks 6/7 days. The patient is doing well and her gestational diabetes is well controlled with diet.
  - O24.410 Gestational diabetes mellitus in pregnancy, diet-controlled
  - Z3A.29 29 week’s gestation of pregnancy
Long-Term Use of Insulin

• Code Z79.4 Long-term (current) use of insulin should also be assigned if the diabetes mellitus is being treated with insulin

• The exception to this rule is category O24.4. Official ICD-10-CM guidelines state that code Z79.4 should not be added to codes in category O24.4
  – An abnormal glucose tolerance in pregnancy is assigned a code from subcategory O99.81 Abnormal glucose complicating pregnancy, childbirth, and the puerperium.
Sepsis and Septic Shock Complicating Abortion, Pregnancy, Childbirth, and the Puerperium

• When assigning a chapter 15 code for sepsis complicating abortion, pregnancy, childbirth, and the puerperium, a code for the specific type of infection should be assigned as an additional diagnosis.
  - If severe sepsis is present, a code from subcategory R65.2, Severe sepsis, and codes for associated organ dysfunction(s) should also be assigned as additional diagnoses.
Alcohol 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.
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, or code Z72.0 Tobacco use should also be assigned to identify the type of nicotine dependence.
Poisoning, Toxic Effects, Adverse Effects, and Underdosing in a Pregnant Patient

• A code from subcategory 09A.2-, Injury, poisoning and certain other consequences of external causes complicating pregnancy, childbirth, and the puerperium, should be sequenced first, followed by the appropriate 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.

• See Section 1.C.19. Adverse effects, poisoning, underdosing, and toxic effects.
Normal Delivery, Code O80-Encounter for Full Term Uncomplicated Delivery

- Code 080 should be assigned when a woman is admitted for a full-term normal delivery and delivers a single, healthy infant without any antepartum, during the delivery, or postpartum during the delivery episode.
- Code O80 is always 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 code O80 if they are not related to or are in any way complicating the pregnancy.
Outcome of Delivery for O80

• Z37.0 Single live birth is the only outcome of delivery code appropriate for use with O80.
• 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.
Peripartum and Postpartum Periods

• The postpartum period begins immediately after delivery and continues for six weeks following delivery. The peripartum period is defined as the last month of pregnancy to five months postpartum.

• A postpartum complication is any complication occurring within the six-week period.
Pregnancy-Related Complications After 6-week Period

• **Note:** 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 should be assigned as the principal diagnosis.
Pregnancy Associated Cardiomyopathy

• Peripartum cardiomyopathy, code O90.3, is unique in that it may be diagnosed in the third trimester of pregnancy but may continue to progress months after delivery.

• For this reason, it is referred to as peripartum cardiomyopathy.

• Code O90.3 is only for use when the cardiomyopathy develops as a result of pregnancy in a woman who did not have pre-existing heart disease.
Sequelae of Complication of Pregnancy, Childbirth, and the Puerperium

- Code O94 Sequelae of complication of pregnancy, childbirth, and the puerperium is for use in those cases when an initial complication of a pregnancy develops sequelae requiring care or treatment at a future date.
- This code may be used at any time after the initial postpartum period.
- Like all late effect codes, O94 is to be sequenced following the code describing the sequelae of the complication.
Abortions

• **Abortion with Liveborn Fetus**

• When an attempted termination of pregnancy results in a liveborn fetus, assign a code from subcategory O60.1, Preterm labor with preterm delivery, and category Z37, Outcome of delivery

• The procedure code for the attempted termination of pregnancy should also be assigned.
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 codeZ33.2 Encounter for elective termination of pregnancy.

• This advice is appropriate even when the patient was discharged previously with a discharge diagnosis of complete abortion.
Abuse in a Pregnant Patient

• For suspected or confirmed cases of abuse of a pregnant patient, a code(s) from subcategories
  – O9A.3, Physical abuse complicating pregnancy, childbirth, and the puerperium,
  – O9A.4, Sexual abuse complicating pregnancy, childbirth, and the puerperium, and
  – O9A.5, Psychological abuse complicating pregnancy, childbirth, and the puerperium,
• sequenced first, followed by the appropriate codes (if applicable) to identify any associated current injury due to physical abuse, sexual abuse, and the perpetrator of abuse.
Abuse in a Pregnant Patient

• Example: Patient is beaten by her husband and arrives at the emergency department with contusions and lacerations. The neighbor witnessed the assault and called the police.

• T74.11 Adult physical abuse, confirmed
• O9A.3-, Physical abuse complicating pregnancy, childbirth, and the puerperium
• O09.7- Supervision of high risk pregnancy due to social problems (5th character indicates trimester)
• Y07.01- Husband, Perpetrator of maltreatment and neglect
Chapter 21: Factors Influencing Health Status

• Status codes (known as V codes in ICD-9) are listed in Chapter 21

• Z01.4 Encounter for gynecological examination
  – Z01.411 Encounter for gynecological examination (general) (routine) with abnormal findings
  – Z01.419 Encounter for gynecological examination (general) (routine) without abnormal findings
HIV example

• A patient who is HIV positive is at 16 weeks 3/7 days in her pregnancy. Her pregnancy is progressing well without complications.
  – O98.712 Human immunodeficiency [HIV] disease complicating pregnancy, second trimester
  – Z21 HIV positive NOS
  – Z3A.16 16 week’s gestation of pregnancy
Z codes/categories for obstetrical and reproductive services:

- Z30 Encounter for contraceptive management
- Z31 Encounter for procreative management
- Z32.2 Encounter for childbirth instruction
- Z32.3 Encounter for childcare instruction
- Z33 Pregnant state
- Z34 Encounter for supervision of normal pregnancy
- Z36 Encounter for antenatal screening of mother
- Z3A weeks of gestation of pregnancy
- Z37 Outcome of delivery
- Z39 Encounter for maternal postpartum care and examination
- Z76.81 Expectant parent(s) prebirth pediatrician visit
Screen Z codes

• A patient with a family history of ovarian cancer undergoes her annual pap and pelvic examination along with routine blood work which came back negative
  – Z12.73 Screening for malignant neoplasm ovary
Encounters for Obstetrical and Reproductive Services

• Guidelines
  – See Section I.C.15. Pregnancy, Childbirth, and the Puerperium, for further instruction on the use of these codes

• Z codes for pregnancy are for use in those circumstances when none of the problems or complications included in the codes from the Obstetrics chapter exist
  – Routine prenatal visit or postpartum care

• Codes in Z34, Encounter for supervision of normal pregnancy, are always first-listed

• Never used with any other code from the OB chapter

• Codes in chapter Z3A, Weeks of gestation, may be assigned to provide additional information about the pregnancy.
Outcome of delivery

• The outcome of delivery, category Z37, should be included on all maternal delivery records
• It is always a secondary code
• Report on the maternal record
• Codes in category Z37 should not be used on the newborn record.
Encounter for Contraceptive Management

• Z30 codes for family planning (contraceptive) or procreative management and counseling
  – Z30.011 Encounter for initial prescription of contraceptive pills
  – Z30.012 Encounter for initial prescription of Emergency contraception
  – Z30.013 Encounter for initial prescription of injectable contraceptive
  – Z30.014 Encounter for initial prescription of intrauterine contraceptive
Encounter for Contraceptive Management

- Z30.02 Counseling and instruction in natural family planning to avoid pregnancy
- Z30.096 Encounter for other general counseling and advice on contraception
- Z30.2 Encounter for sterilization
Encounter for surveillance of contraceptives

- Z30.40 Encounter for surveillance of contraceptives, unspecified
- Z30.41 Encounter for surveillance of contraceptive pills (repeat prescription)
- Z30.42 Encounter for surveillance of injectable contraceptive
Encounter for surveillance of intrauterine contraceptive device

- **Z30.430** Encounter for insertion of intrauterine contraceptive device
- **Z30.431** Encounter for routine checking of intrauterine contraceptive device
- **Z30.432** Encounter for removal of intrauterine contraceptive device
- **Z30.433** Encounter for removal and reinsertion of intrauterine contraceptive device (replacement)
Encounter for Abortion

- Z33.2 Encounter for elective termination of pregnancy
  - Excludes
    - Early fetal death with retention of dead fetus (O02.1)
    - Late fetal death (O36.4)
    - Spontaneous abortion O03)
Routine Outpatient Prenatal Visits

• For routine outpatient prenatal visits when no complications are present, a code from category Z34, Encounter for supervision of normal pregnancy, should be used as the first-listed diagnosis
  – Z34.01 Encounter for supervision of normal first pregnancy, first trimester
  – Z34.81 Encounter for supervision of other normal pregnancy, first trimester

• These codes should not be used in conjunction with chapter 15 codes

• Z3A (weeks of gestation) should not be used in conjunction with routine outpatient prenatal visits
Antenatal Screening

• Z36 Encounter for antenatal screening of mother
  – Excludes:
    • abnormal findings on antenatal screening of mother (O28.-)
    • diagnostic examination-code to sign or symptom encounter for suspected maternal and fetal conditions ruled out (Z03.7-)
    • suspected fetal condition affecting management of pregnancy--code to condition in Chapter 15
    • genetic counseling and testing (Z31.43-, Z31.5)
    • routine prenatal care (Z34)
Prenatal Outpatient Visits for High-Risk Patients

• For routine prenatal outpatient visits for patients with high-risk pregnancies, a code from category O09, Supervision of high-risk pregnancy, should be used as the first-listed diagnosis
  – Secondary chapter 15 codes may be used in conjunction with these codes if appropriate
Episodes When No Delivery Occurs

• In episodes when no delivery occurs, the principal 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.
Problems related to lifestyle

- Z72.0 Tobacco Use
- Z73.0 Lack of physical exercise
- Z72.4 Inappropriate diet and eating habits
- Z72.5 High risk sexual behavior
  - Choose 5th character for heterosexual, homosexual or bisexual
- Z77.22 Contact with and (suspected) exposure to environmental tobacco smoke
- F17.- Nicotine dependence
- F17.2- Tobacco dependence
- O99.33- Tobacco use during pregnancy
Problems related to certain psychosocial circumstances

- Z64.0 Problems related to unwanted pregnancy
- Z64.1 Problems related to multiparity
Tobacco Abuse/Addiction

– 20 choices in ICD-10-CM for nicotine dependence
– Documentation must include:
  • Uncomplicated
  • In remission
  • With withdrawal
  • With other nicotine induced disorders
F17.211 Nicotine dependence, cigarettes, in remission
Get Ready!

• Become familiar with the new details ICD-10-CM will require in your notes
• Review crosswalks of your most frequently used ICD-9 codes
• There will be a “One to Many” crosswalk—don’t depend on a simple encounter form
• Many Denials and Delays can be avoided with training and good documentation!
Question & Answer Session
CHMB Resources

Education
• ICD-10 Education Now Available at http://www.chmbinc.com/products-page/
• 3 tracks: Physician, Coder and Office Manager
• Discounted pricing available until March 1, 2014
• Courses are valid for 1 year period

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• ICD-10 Call to Action
• The National Focus on Healthcare Reform

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# CHMB Webinar Lineup

## Upcoming Webinars

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Contact Information

Michelle Souferian
Vice President Sales
760-520-1400 x1428
msouferian@chmbinc.com

Ron Anderson
Director of Business Development
760-520-1400 x1340
randerson@chmbinc.com