



Now Is The Time To Ensure Proper ICD-10 Coding: Coding for Obstetrics and Related Conditions

As we count-down to October 1, 2015 and the implementation deadline grows closer, we all need to ensure proper coding in all aspects. This article will take the complexity of coding for Chapter 15: Pregnancy, Childbirth, and the Puerperium

Several changes have been made to this chapter for the implementation of ICD-10. The first change is the need for trimesters and a 7th character digit to be appended to your coding category. The physician will now have to document in the medical record trimesters by days of gestation.

Trimesters are counted from the first day of the last menstrual period and are defined as follows:

1st Trimester: less than 14 weeks 0 days

2nd Trimester: 14 weeks 0 days to less than 28 weeks 0 days

3rd Trimester: 28 weeks 0 days until delivery

If the trimester is not listed on the medical record, the coder is instructed to code trimester on "weeks of estimated gestational age" and should not code from the last menstrual period.

Trimesters should always be coded for the "current" admission or encounter on the mother's record. An example:

Patient developed gestational diabetes in the 2nd trimester and is now experiencing complications in the 3rd trimester.

The trimester would be coded as 7th character (3) for the third trimester.

Another major change to Chapter 15 in ICD-10-CM is the, "use additional code from category Z3A, Weeks of gestation, to identify specific week of pregnancy." This will mean that not only will the coder have to locate the trimesters of the pregnant female, but also now the coder will have to code an additional code for "specific week" during the pregnancy.

Also, there have been the addition of "Excludes 1" notes that specify, "Supervision of pregnancy" is not coded here. The coder will reference (Z34.-) for this coding scenario. It is important to remember when coding in ICD-10-CM that codes from Chapter 15 are for use only on the "Maternal Record" or mother's record and should never be reported on the newborns record.

Coding guidelines have not changed for reporting pre-existing, and gestational complications to the mother during pregnancy. Let's take a look at some examples of coding in this chapter with the trimester (7th character) addition: Pre-existing essential hypertension complicating pregnancy, third trimester. In this coding scenario, the code would be O10.013 (note the addition of the 7th digit for third trimester).

Another complexity of coding in Chapter 15 is listing Diabetes Mellitus in pregnancy. When reporting and coding for gestational diabetes mellitus, the codes will differentiate between pre-existing and pregnancy related diabetes. Pre-existing Diabetes Mellitus in pregnancy will be coded to Category O24.x and will greater distinguish first, second, and third trimesters in the coding sequence. Gestational diabetes mellitus will code to category O24.4x and also will need an additional code for the "week gestation" from the Z category.

Example: Patient in 2nd trimester is experiencing frequency of urination, and excessive thirst. The physician performs a GTT (glucose tolerance test) and confirms "gestational diabetes mellitus of the 2nd trimester, insulin controlled." The appropriate codes for this would be: O24.414 along with Z79.4 to identify the long-term use of insulin.

Example: A patient in their 3rd trimester was diagnosed with juvenile diabetes mellitus when she was 12-years-old and is now 46-years-old and presents with no complications in her first pregnancy, and use of long-term insulin. The appropriate codes for this would be: O24.013, "Pre-existing diabetes mellitus, type I, in pregnancy, third trimester" followed by Z79.4, "long-term use of insulin" and O09.523, "Supervision of elderly multigravida, third trimester."

When coding for pre-existing or gestational diabetes, remember the coding guidelines to use an additional code from E10 to identify any manifestations of the diabetes mellitus, such as kidney complications, ophthalmic complications, circulatory

complications, or other specified complications.

An additional aspect of revision for ICD-10 is the Category O99.33, "Smoking complicating pregnancy, childbirth, and the puerperium." We will now identify smoking status of the patient within the Chapter 15 category. A secondary code from F17, or Z72.0 should also be used to specify the type of nicotine dependence.

In conclusion, as we continue toward that October 1, 2015 deadline, it is imperative that we continue to educate ourselves on the necessity of knowing, utilizing, and adhering to the coding conventions, section guidelines, and official reporting guidelines within the ICD-10-CM manual.

Amy C. Pritchett, BSHA, CPC, CANPC, CASCC, CEDC, CCS, CMDP, CMPM, CMRS, C-AHI, ICDCT, ICDCT-CCC is a 2015 President, Mobile Alabama AAPC Chapter. You can contact her via email at vpofaapc@gmail.com.