Learning Objectives

• By the end of this webinar participants will be able to:
  ▪ Identify reportable pregnancy diagnosis codes by developing a process for inclusion coding of complications, trimester, specificity, and any associated diagnoses/conditions and complications
  ▪ Identify reportable procedure codes using current coding guidance for deliveries, repairs and ancillary procedures
  ▪ Identify correct root operations and coding for OB/GYN procedures including cesarean section, laceration repairs, hysterectomies, and sterilization
  ▪ Review a case study for all reportable diagnoses and procedures
  ▪ Recognize new related codes for October 2016
ICD-10-CM
Selection of Principal Diagnosis:  
Case Study: Laceration With Assisted Vaginal Delivery

• Manually assisted vaginal delivery of a normal infant with a second degree perineal laceration, which was repaired, code:
  ▪ O70.1, Second degree perineal laceration during delivery, as the principal diagnosis
  ▪ Z3A.38, 38 weeks gestation of pregnancy
  ▪ Z37.0, Single live birth, should be assigned to describe weeks of gestation and the outcome of the delivery.

• For the procedures:
  ▪ 0KQM0ZZ, Repair perineum muscle, open approach
  ▪ 10E0XZZ, Delivery of products of conception, external approach

AHA Coding Clinic states that when there is an assisted delivery, it should be reported as well as any repairs.  
If the delivery is assisted with instrumentation, such as a vacuum or forceps, report the code describing forceps or vacuum delivery, instead of the manually assisted delivery code 10E0XZZ.
In this case, the patient was admitted without any complications of the pregnancy; however, the patient suffers a tear during the delivery. The main circumstance or complication of the delivery in this case is the periurethral tear.
Selection of Principal Diagnosis for Vaginal Delivery: Case Study: Condition and Laceration

- A patient is admitted to the hospital for delivery following premature rupture of the membranes
- A laceration (first, second or third degree) occurs during the delivery and is repaired.
  - The principal diagnosis is the pregnancy complicated by premature rupture of the membranes. Code also a diagnosis code for:
    - The laceration
    - Weeks of gestation
    - Outcome of delivery
  - Code also a procedure code for the repair

The condition that prompted the admission should be reported as the principal diagnosis
Selection of Principal Diagnosis for Vaginal Delivery: Case Study: Condition and Laceration

- A patient is admitted for induction by intravenous oxytocin into a peripheral vein secondary to polyhydramnios
- During delivery the patient suffers a second degree tear, which is repaired
  - The principal diagnosis is the pregnancy complicated by polyhydramnios. Code also a diagnosis code for:
    - The laceration
    - Weeks of gestation
    - Outcome of delivery
  - Code also the repair and induction:
    - 0KQM0ZZ, Repair perineum muscle, open approach
    - 3E033VJ, Introduction of other hormone into peripheral vein, percutaneous approach
Selection of Principal Diagnosis for Vaginal Delivery: Case Study: Two Conditions

- A patient is admitted in labor
- On admission, the physician documents that she has gallstones and anemia
- The physician did not document that these secondary conditions did NOT affect the pregnancy
- She delivers vaginally but develops atony with hemorrhage after delivery.
  - The principal diagnosis *can be either* a code for pregnancy complicated by either gallstones or anemia. *Neither condition appears to be the specific reason for admission.* Code both and code also:
    - Uterine atony with hemorrhage
    - Weeks of gestation
    - Outcome of delivery

Codes from Chapter 15 always take precedence
It is the provider’s responsibility to state that the condition being treated is not affecting the pregnancy.
Selection of Principal Diagnosis for Vaginal Delivery: Case Study: Several Conditions

- 41-week pregnant patient was admitted in labor
- Pregnancy is complicated by gestational diabetes mellitus and post-term status
- Suffers a second degree perineal laceration, which is repaired
  - The principal diagnosis can be either a code for delivery complicated by gestational diabetes mellitus or post-term pregnancy. Code both and code also:
    - The laceration
    - Weeks of gestation
    - Outcome of delivery
  - Code also a procedure code for the repair

When a patient is admitted for delivery, the condition that prompted the admission should be reported as the principal diagnosis.
Selection of Principal Diagnosis for Vaginal Delivery: Case Study: Several Conditions

- The patient is admitted for induction of labor due to gestational hypertension
- Experiences a third degree laceration, which is repaired
- Has a nuchal cord entanglement during delivery.
  - The principal diagnosis is delivery complicated by gestational hypertension. Code also:
    - The third degree laceration
    - Nuchal cord entanglement
    - Weeks of gestation
    - Outcome of delivery
  - Code also a procedure code for the repair and whatever induction was done
Selection of Principal Diagnosis for Vaginal Delivery: Case Study: Multiple Conditions

- The patient is admitted with **SROM greater than 24 hours**
- **Failure to progress in labor with arrested dilation. Pitocin augmentation was administered.** She progressed to complete dilation.
- The patient also suffered a **first degree vaginal laceration**, which was **repaired.**
- A **liveborn female** delivered with **loose nuchal cord x1**
  - The principal diagnosis is pregnancy complicated by premature rupture of membrane, with onset of labor after 24 hours. Code also:
    - The first degree vaginal laceration
    - Nuchal cord
    - Weeks of gestation
    - Outcome of delivery
  - Code also a procedure code for the repair. Augmentation is not reported.
What to Look For? What to Code?

- Reason for admission (determine condition or reason for cesarean)
- Other conditions:
  - Nuchal cord
  - Diabetes
  - Failure to progress
  - Includes:
    - Pre Term Labor: onset (spontaneous) of labor before 37 completed weeks of gestation
    - Post Term Pregnancy: over 40 completed weeks to 42 completed weeks gestation
    - Prolonged Pregnancy: Pregnancy which has advanced beyond 42 completed weeks gestation
  - More than one baby or fetus, diagnosis and outcome
  - Look at the age: Supervision of elderly primigravida and multigravida, pregnancy for a female 35 years and older at expected date of delivery OR Supervision of young primigravida and multigravida
  - Supervision of pregnancy for a female less than 16 years old at expected date of delivery
  - Outcome of delivery
  - Weeks of gestation
What to Look For? What to Code?

- If laceration and repair don’t forget to code both
- If induction of labor, code the procedure and the condition
- Code also any manually assisted delivery, if instrumentation, code that instead
- Monitors
- Don’t forget the cesarean or other procedures done at the same time
Preexisting Pulmonary Hypertension Complicating Pregnancy

O99.41- Diseases of the circulatory system complicating pregnancy, and

I27.2, Other secondary hypertension, for preexisting pulmonary hypertension complicating pregnancy.

Pulmonary hypertension defaults to secondary hypertension. The assignment of the 6th character depends on the trimester at the time of the encounter.
7th Character Assignment: Preterm Labor in Multiple Gestation Pregnancy

• O60.14X1, Preterm labor third trimester with preterm delivery third trimester, fetus 1
• O60.14X2, Preterm labor third trimester with preterm delivery third trimester, fetus 2,
  ▪ **Use both codes** since both babies were delivered preterm. The instructional note under category O60.1-, Preterm labor with preterm delivery states: “7th characters 1 through 9 are for cases of multiple gestations to identify the fetus for which the code applies.”
7th Character Assignment: Preterm Labor in Multiple Gestation Pregnancy

• Although instructions state that the 7th character of “0” may be applied for multiple gestations when the documentation in the record is insufficient to determine the fetus affected and it is not possible to obtain clarification, or when it is not possible to clinically determine which fetus is affected.

• It is unlikely this would be appropriate to do so.
Gestational Diabetes That Is Controlled With Oral Medication (This Year)

- ICD-10-CM does not currently (this year) provide a unique code for gestational diabetes controlled with oral medication
  - Assign codes O24.419, Gestational diabetes mellitus in pregnancy, unspecified control, and
  - Z79.899, Other long-term (current) drug therapy
Gestational Diabetes That Is Controlled With Oral Medication (Next Year 3 New Codes)

- O24.415, Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
- O24.425, Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
- O24.435, Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs

Puerperium, the period of about six weeks after childbirth during which the mother's reproductive organs return to their original non-pregnant condition
Inpatient  Rh Incompatibility Status

• When an Rh negative mother delivers at term without complication, and she is administered Rhogam prophylactically (as a preventative) during the admission, assign code:
  - O26.893, Other specified pregnancy related conditions, third trimester
• If Rh incompatibility is diagnosed during pregnancy, an Rh immune globulin injection is typically given in the seventh month of pregnancy and again within 72 hours of delivery.
• **Code Z31.82, Encounter for Rh incompatibility status, is NOT appropriate,** as according to the ICD-10-CM Official Guidelines for Coding and Reporting, this code may only be reported as the principal or first-listed diagnosis.
Outpatient Encounter Due to Previous RH Incompatibility Status

• A 28-week, Rh D-negative pregnant patient with a history of previously delivering an Rh D positive baby, receives a prophylactic injection of anti-D immune globulin during her prenatal visit.

• In this situation, assign code:
  - Z34.83, Encounter for supervision of other normal pregnancy, third trimester, to indicate this is a normal pregnancy.
  - Z31.82, Encounter for Rh incompatibility status
  - Z3A.28, 28 weeks of gestation of pregnancy

Since the anti-D immune globulin was given as a prophylactic measure and the patient does not have isoimmunization, a code from subcategory O36.01, Maternal care for anti-D [Rh] antibodies, is not appropriate.
42 Weeks Gestation

- Any number of days in week 42 up to 43 weeks is coded as Z3A.42.
- For 43 weeks or more of pregnancy assign code Z3A.49, Greater than 42 weeks of gestation of pregnancy.
- The date of the admission should be used to determine weeks of gestation for inpatient admissions that encompass more than one gestational week.
Obstetrical Perineal Laceration Repair

- Obstetric perineal lacerations occur within the supportive layer of tissue between the vaginal introitus and the rectum commonly called the perineum. For coding, obstetric perineal lacerations or tears are classified as follows:
  - First degree: Involving the perineal skin and its extension into the vagina as vaginal mucosa
  - Second degree: Involving the perineal body and deeper tissues
  - Third degree: Extending into the capsule and muscle of the anal sphincter
  - Fourth degree: Extending through the sphincter and into the anal/rectal mucosa
Obstetrical Perineal Laceration Repair

- The appropriate repair code is assigned depending on the degree of the tear and tissue repaired with the body part specifying the deepest layer repaired.

- **For example**, repair of a second-degree laceration requires repair of:
  - Perineal muscle
  - Vaginal mucosa, and
  - Skin

- Therefore, it is coded to the body part perineum, muscle
Obstetrical Perineal Laceration Repair

As stated in Coding Clinic, Fourth Quarter 2014, page 43:

“"A second degree perineal laceration equates to laceration of the perineal muscle, so documentation of a second degree laceration is sufficient to code repair of perineal muscle."

It is not required that the physician document "perineum muscle."
Obstetrical Perineal Laceration Repair: Simplified

- **First-degree tears**, assign code **0HQ9XZZ**, Repair perineum skin, external approach, for repair of a first degree perineal laceration.

- **Second-degree**, assign code **0KQM0ZZ**, Repair perineum muscle, open approach, for repair of a second degree perineal laceration.

- **Third-degree**, assign code **0DQR0ZZ**, Repair anal sphincter, open approach, for repair of a third degree perineal laceration.

- **Fourth-degree**, assign code **0DQP0ZZ**, Repair rectum, open approach, for the repair of the fourth-degree tear.
Third Degree Laceration: Subdivided for FY 2017

• O70.2  Delete Third degree perineal laceration during delivery
• O70.20  Add Third degree perineal laceration during delivery, unspecified
• O70.21  Add Third degree perineal laceration during delivery, IIIa
• O70.22  Add Third degree perineal laceration during delivery, IIIb
• O70.23  Add Third degree perineal laceration during delivery, IIIc

• Third-degree tears may be further subdivided into three subcategories:
  - 3a: partial tear of the external anal sphincter involving less than 50% thickness
  - 3b: greater than 50% tear of the external anal sphincter
  - 3c: internal sphincter is torn
Vaginal Assisted Delivery: Case Study: Vacuum and Forceps

• First a vacuum was placed and assistance was given over the course of four contractions with downward progress of the head
• Low forceps were then applied to deliver the infant
• The vacuum was used to assist in the labor to bring the baby down to a lower station
• Only forceps were used in the actual extraction procedure to deliver the baby
  ▪ Use code 10D07Z3, Extraction of products of conception, low forceps, via natural or artificial opening

Since the same root operation was performed on the same body part, it does not meet the definition of multiple procedures.
Cesarean Delivery Assisted by Vacuum Extraction

- A patient underwent a repeat low transverse cesarean section
- During the cesarean delivery, vacuum extraction was used to assist with the delivery or the infant
  - Vacuum assistance used with cesarean delivery is not separately coded. Code only the cesarean delivery.
  - Caesarean section see Extraction, Products of Conception 10D0
Intrauterine Pressure Monitoring During Labor

- Intrauterine pressure monitoring refers to a pressure gauge, not a monitoring electrode
- During labor, an intrauterine pressure catheter (small flexible tube) is inserted into the uterus to evaluate contractions
- It provides exact measurements of contractions, unlike external monitors
  - 10H07YZ, Insertion, products of conception, via natural or artificial opening, other device
Induction of Labor

• The administration of Pitocin to augment active labor is not coded separately.
• When Pitocin is given to induce labor, it should be coded:
  • 3E033VJ, Introduction of other hormone into peripheral vein, percutaneous approach
Anteversion Of Retroverted Incarcerated Uterus

• There is no specific approach value for transvaginal reposition of the uterus.
• The external approach is the closest available equivalent. Assign the code for the bimanual retroversion of the incarcerated uterus:
  ▪ 0US9XZZ Reposition uterus, external approach

Although the patient is pregnant, the uterus was repositioned, not the fetus. Therefore, an ICD-10-PCS code from the obstetrics chapter is not assigned.
Removal of Cervical Cerclage

• A cerclage is a suture not a device
• For transvaginal removal of cervical cerclage assign:
  ▪ 0UCC7ZZ, Extirpation of matter from cervix, via natural or artificial opening
• If endoscopic removal:
  ▪ 0UCC8ZZ, Extirpation of matter from cervix, via natural or artificial opening endoscopic
Tubal Ligation

- There are several distinct procedures performed on the fallopian tubes for sterilization, including ligation alone, fulguration, and ligation followed by excision.
- These are coded to the root operations "Occlusion, Destruction, and Excision" respectively.
- For example, the abdomen was entered through infraumbilical incision. A segment of the right fallopian tube was ligated and excised. A segment of the left fallopian tube was suture ligated and excised.
  - 0UB70ZZ, Excision of bilateral fallopian tubes, open approach
- In this case the definitive procedure is Excision, it takes place after the ligation.
Laparoscopic Partial Left Salpingectomy

• A patient had laparoscopic partial left salpingectomy to treat left tubal pregnancy
• A portion of the left fallopian tube, its ectopic pregnancy, and the mesosalpinx were coagulated and cut.
• The ectopic pregnancy and fallopian tube were removed.
• Assign codes:
  - 10T24ZZ, Resection of ectopic products of conception, percutaneous endoscopic approach
  - 0UB64ZZ, Excision of left fallopian tube, percutaneous endoscopic approach
Removal of Remaining Ovary

- A prior partial removal of the right ovary was performed years ago
- The remaining portion of the ovary is now being completely removed
- This is a **Resection** since the physician completely removed what was left of the ovary
  - 0UT00ZZ, Resection of right ovary, open approach
- An excision is coded when only part of the organ is removed and there is a portion left behind
Total Hysterectomy

• A partial hysterectomy removes just the uterus, leaving the cervix intact
• A total hysterectomy includes the removal of the uterus and cervix. Coding both the resection of uterus and cervix is supported by the ICD-10-PCS Official Guidelines for Coding and Reporting: During the same operative episode, multiple procedures are coded if:
  ▪ The same root operation is performed on different body parts as defined by distinct values of the body part character.
• Total hysterectomy performed via an open approach. Assign:
  ▪ 0UT90ZZ, Resection of uterus, open approach
  ▪ 0UTC0ZZ, Resection of cervix, open approach
Total Abdominal Hysterectomy

- A total abdominal hysterectomy includes the following:
  - Removal of the uterus
  - Removal of the cervix
- Sometimes a hysterectomy includes removal of one or both ovaries and fallopian tubes, a procedure called a total hysterectomy with salpingo-oophorectomy.
  - Removal of the ovaries
  - Removal of the fallopian tubes
- The root operation is Resection for all of the body parts included in a total abdominal hysterectomy. To report a total abdominal hysterectomy, the open (0) approach is used as the 5th character. The 6th and 7th characters are always Z because there is no device and no qualifier.
Hysterectomy: Robotic

- In addition to the open and laparoscopic approaches, some hysterectomy procedures are performed with robotic assistance.
- These procedures must have an additional code assigned from the Other Procedures section.
  - Code 8E0W0CZ is added to describe the robotic assistance for a hysterectomy using an open approach.
New Codes
New OB ICD-10-CM Codes

New: 67
Delete: 8
Revised: 29
## No PCS Code Changes

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Categories Expanded (Shown Without Decimal Points)

- **O000** Delete **Abdominal pregnancy**
- **O0000** Add Abdominal pregnancy **without** intrauterine pregnancy
- **O0001** Add Abdominal pregnancy **with** intrauterine pregnancy
- **O001** Delete **Tubal pregnancy**
- **O0010** Add Tubal pregnancy without intrauterine pregnancy
- **O0011** Add Tubal pregnancy with intrauterine pregnancy
- **O002** Delete **Ovarian pregnancy**
- **O0020** Add Ovarian pregnancy without intrauterine pregnancy
- **O0021** Add Ovarian pregnancy with intrauterine pregnancy
- **O008** Delete **Other ectopic pregnancy**
- **O0080** Add Other ectopic pregnancy without intrauterine pregnancy
- **O0081** Add Other ectopic pregnancy with intrauterine pregnancy
- **O009** Delete **Ectopic pregnancy, unspecified**
- **O0090** Add Unspecified ectopic pregnancy without intrauterine pregnancy
- **O0091** Add Unspecified ectopic pregnancy with intrauterine pregnancy
Remove Term Molar Example

- O0910  Revise from Supervision of pregnancy with history of ectopic or molar pregnancy, unspecified trimester
- O0910  Revise to Supervision of pregnancy with history of ectopic pregnancy, unspecified trimester

- O09A0  Add Supervision of pregnancy with history of molar pregnancy, unspecified trimester
- O09A1  Add Supervision of pregnancy with history of molar pregnancy, first trimester
- O09A2  Add Supervision of pregnancy with history of molar pregnancy, second trimester
- O09A3  Add Supervision of pregnancy with history of molar pregnancy, third trimester
Added Subcategory for Childbirth and the Puerperium

- O114 Add Pre-existing hypertension with pre-eclampsia, complicating childbirth
- O115 Add Pre-existing hypertension with pre-eclampsia, complicating the puerperium
- O1204 Add Gestational edema, complicating childbirth
- O1205 Add Gestational edema, complicating the puerperium
- O1214 Add Gestational proteinuria, complicating childbirth
- O1215 Add Gestational proteinuria, complicating the puerperium
- O1224 Add Gestational edema with proteinuria, complicating childbirth
- O1225 Add Gestational edema with proteinuria, complicating the puerperium
- O134 Add Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth
- O135 Add Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating the puerperium
Subcategory for Childbirth and the Puerperium
Example (Complicating Birth and After)

- O11.1
- Pre-existing hypertension with pre-eclampsia, first trimester
- O11.2
- Pre-existing hypertension with pre-eclampsia, second trimester
- O11.3
- Pre-existing hypertension with pre-eclampsia, third trimester
- **O11.4 Add Pre-existing hypertension with pre-eclampsia, complicating childbirth**
- **O11.5 Add Pre-existing hypertension with pre-eclampsia, complicating the puerperium**
- O11.9
- Pre-existing hypertension with pre-eclampsia, unspecified trimester
Revised to add Complicating to Pregnancy

- O1500 Revise *from* Eclampsia in pregnancy, unspecified trimester
- O1500 Revise *to* Eclampsia complicating pregnancy, unspecified trimester
Revision, Moved Terms

- O24011 *Revise from* Pre-existing diabetes mellitus, *type 1*, in pregnancy, first trimester
- O24011 *Revise to* Pre-existing *type 1* diabetes mellitus, in pregnancy, first trimester
**Added Specific Fetus, Expand Category**

- O337 **Delete** Maternal care for disproportion due to other fetal deformities
- O337XX0 Add Maternal care for disproportion due to other fetal deformities, not applicable or unspecified
- O337XX1 Add Maternal care for disproportion due to other fetal deformities, *fetus 1*
- O337XX2 Add Maternal care for disproportion due to other fetal deformities, *fetus 2*
- O337XX3 Add Maternal care for disproportion due to other fetal deformities, *fetus 3*
- O337XX4 Add Maternal care for disproportion due to other fetal deformities, *fetus 4*
- O337XX5 Add Maternal care for disproportion due to other fetal deformities, *fetus 5*
- O337XX9 Add Maternal care for disproportion due to other fetal deformities, *other fetus*
Create New Subcategory Previous CS Specific Scar

- O3421  **Delete** Maternal care for scar from previous cesarean delivery
- O34211  **Add** Maternal care for low transverse scar from previous cesarean delivery
- O34212  **Add** Maternal care for vertical scar from previous cesarean delivery
- O34219  **Add** Maternal care for unspecified type scar from previous cesarean delivery
Complete Placenta Previa

- O4400 *Revise from* Placenta previa specified as without hemorrhage, unspecified trimester
- O4400 *Revise to* Complete placenta previa NOS or without hemorrhage, unspecified trimester
Added Subcategory for Specific Partial Placenta Previa

- O44.10, Placenta previa with hemorrhage, unspecified trimester
- O44.11, Placenta previa with hemorrhage, first trimester
- O44.12, Placenta previa with hemorrhage, second trimester
- O44.13, Placenta previa with hemorrhage, third trimester
- O44.20 Add Partial placenta previa NOS or without hemorrhage, unspecified trimester
- O44.21 Add Partial placenta previa NOS or without hemorrhage, first trimester
- O44.22 Add Partial placenta previa NOS or without hemorrhage, second trimester
- O44.23 Add Partial placenta previa NOS or without hemorrhage, third trimester
Third Degree Laceration (Seen on a Previous Slide)

- O702  **Delete** Third degree perineal laceration during delivery
- O7020  Add Third degree perineal laceration during delivery, unspecified
- O7021  Add Third degree perineal laceration during delivery, IIIa
- O7022  Add Third degree perineal laceration during delivery, IIIb
- O7023  Add Third degree perineal laceration during delivery, IIIc

- Third-degree tears may be further subdivided into three subcategories:
  - 3a: partial tear of the external anal sphincter involving less than 50% thickness
  - 3b: greater than 50% tear of the external anal sphincter
  - 3c: internal sphincter is torn
References

- American Hospital Association Coding Clinic for ICD-10-CM and ICD-10-PCS 2Q 2016
- American Hospital Association Coding Clinic for ICD-10-CM and ICD-10-PCS 1Q 2016
- American Hospital Association Coding Clinic for ICD-10-CM and ICD-10-PCS 4Q 2015
- American Hospital Association Coding Clinic for ICD-10-CM and ICD-10-PCS 3Q 2014
- American Hospital Association Coding Clinic for ICD-10-CM and ICD-10-PCS 4Q 2013
- American Hospital Association Coding Clinic for ICD-10-CM and ICD-10-PCS 2Q 2013
- ICD-10-PCS Reference Manual
- Centers for Disease Control and Prevention, National Center for Health Statistics: www.cdc.gov/nchs/icd/icd10cm_maintenance.htm (ICD-10-CM Codes)
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Some Lessons Specific to OB/GYN

- Introductory Lessons for Inpatient and Outpatient
- Outpatient Specialty Lessons
- An Overview
- Normal Delivery and Other Indications for Care
- Abortions
- Complications of the Puerperium
- Complications of Labor and Delivery
- Complications of Pregnancy
- Ectopic and Molar Pregnancies
- Maternal Care for Fetal Problems
- Obstetrical Procedures
- Female Genital Diseases and Disorders: Reproductive Organs
- Female Genital Disorders: Breast Disease and Disorders
- Female Reproductive Procedures
OB/GYN Lesson Content

- Coding lessons include information about:
  - Anatomy and Physiology
  - Treatment
    - Medical and Surgical with descriptions of the procedure
  - Specific examples with rationale and the coding process
  - Official coding guidelines and the American Hospital Association Coding Clinic updates
  - Short coding practices with rationales
  - Knowledge checks to reinforce the information shared
  - Reimbursement, documentation and quality implications
  - Scored post tests
**Coding Example: Total Abdominal Hysterectomy**

A total abdominal hysterectomy includes the following:

- Removal of the uterus
- Removal of the cervix
- Removal of the ovaries
- Removal of the fallopian tubes

Click the tabs to view the four codes that complete coding of a total abdominal hysterectomy.

**Coding Example: Laparoscopically Assisted Supracervical Hysterectomy (LASH)**

In a laparoscopically assisted supracervical hysterectomy (LASH) procedure, the uterus is removed, but the cervix is left in place. The ovaries and tubes may or may not be removed as part of the procedure.

If only the uterus is removed, the 4th character body part value is 9 for the uterus. Because this procedure uses percutaneous laparoscopic assistance, the F value is used for the approach 5th character. No device or qualifier values are available, thus the last two characters are Z and Z. The complete code for a LASH removing only the uterus is **0U9FZZ**.

Click here to see the code table.
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