# ICD-10 | Clinical Concepts for OB/GYN

## ICD-10 Clinical Concepts Series

- Common Codes
- Clinical Documentation Tips
- Clinical Scenarios

ICD-10 Clinical Concepts for OB/GYN is a feature of Road to 10, a CMS online tool built with physician input.

## With Road to 10, you can:

- Build an ICD-10 action plan customized for your practice
- Use interactive case studies to see how your coding selections compare with your peers' coding
- Access quick references from CMS and medical and trade associations
- View in-depth webcasts for and by medical professionals

**To get on the Road to 10 and find out more about ICD-10, visit:**

cms.gov/ICD10
roadto10.org

ICD-10 Compliance Date: **October 1, 2015**

CMS ICD-10
Official CMS Industry Resources for the ICD-10 Transition
*www.cms.gov/ICD10*

# Table Of Contents

## Common Codes



## Primer for Clinical Documentation



## Clinical Scenarios

# Common Codes

## ICD-10 Compliance Date: **October 1, 2015**

### Abnormal Female Genital Cytology (Excluding Neoplasia and Malignancy Codes) (ICD-9-CM 622.10, 622.11, 622.12, 792.9, 795.01 to 795.19 range, 795.4)

| | |
|---|---|
| R87.610 | Atypical squamous cells of undetermined significance on cytologic smear of cervix (ASC-US) |
| R87.611 | Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear of cervix (ASC-H) |
| R87.612 | Low grade squamous intraepithelial lesion on cytologic smear of cervix (LGSIL) |
| R87.613 | High grade squamous intraepithelial lesion on cytologic smear of cervix (HGSIL) |
| R87.615 | Unsatisfactory cytologic smear of cervix |
| R87.616 | Satisfactory cervical smear but lacking transformation zone |
| R87.618 | Other abnormal cytological findings on specimens from cervix uteri |
| R87.619* | Unspecified abnormal cytological findings in specimens from cervix uteri |
| R87.620 | Atypical squamous cells of undetermined significance on cytologic smear of vagina (ASC-US) |
| R87.621 | Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear of vagina (ASC-H) |
| R87.622 | Low grade squamous intraepithelial lesion on cytologic smear of vagina (LGSIL) |
| R87.623 | High grade squamous intraepithelial lesion on cytologic smear of vagina (HGSIL) |
| R87.625 | Unsatisfactory cytologic smear of vagina |
| R87.628 | Other abnormal cytological findings on specimens from vagina |
| R87.629* | Unspecified abnormal cytological findings in specimens from vagina |
| R87.69 | Abnormal cytological findings in specimens from other female genital organs |
| N87.0 | Mild cervical dysplasia |
| N87.1 | Moderate cervical dysplasia |
| N87.9* | Dysplasia of cervix uteri, unspecified |
| R87.810 | Cervical high risk human papillomavirus (HPV) DNA test positive |
| R87.811 | Vaginal high risk human papillomavirus (HPV) DNA test positive |
| R87.820 | Cervical low risk human papillomavirus (HPV) DNA test positive |
| R87.821 | Vaginal low risk human papillomavirus (HPV) DNA test positive |

*Codes with a greater degree of specificity should be considered first.

## Excessive, Frequent and Irregular Menstruation (ICD-9-CM 626.2 To 626.6 Range, 627.0)

| | |
|---|---|
| N92.0 | Excessive and frequent menstruation with regular cycle |
| N92.1 | Excessive and frequent menstruation with irregular cycle |
| N92.2 | Excessive menstruation at puberty |
| N92.3 | Ovulation bleeding |
| N92.4 | Excessive bleeding in the premenopausal period |
| N92.5 | Other specified irregular menstruation |
| N92.6* | Irregular menstruation, unspecified |

*Codes with a greater degree of specificity should be considered first.

## General Medical and Gynecological Examinations (ICD-9-CM V70.0, V72.31, V72.32) (Excluding Contraceptive and Procreative Codes)

| | |
|---|---|
| Z00.00 | Encounter for general adult medical exam without abnormal findings |
| Z00.01 | Encounter for general adult medical exam with abnormal findings |
| Z01.411 | Encounter for gynecological examination (general) (routine) with abnormal findings |
| Z01.419 | Encounter for gynecological examination (general) (routine) without abnormal findings |
| Z01.42 | Encounter for cervical smear to confirm findings of recent normal smear fol lowing initial abnormal smear |

*Codes with a greater degree of specificity should be considered first.

## Hypertension (ICD-9-CM 401.9)

| | |
|---|---|
| I10 | Essential (primary) hypertension |

*Codes with a greater degree of specificity should be considered first.

## Inflammation of Vagina and Vulva (ICD-9-CM 616.10, 616.4, 616.50, 616.81, 616.89)

| | |
|---|---|
| N76.0 | Acute vaginitis |
| N76.1 | Subacute and chronic vaginitis |
| N76.2 | Acute vulvitis |
| N76.3 | Subacute and chronic vulvitis |
| N76.4 | Abscess of vulva |
| N76.5 | Ulceration of vagina |
| N76.6 | Ulceration of vulva |
| N76.81 | Mucositis (ulcerative) of vagina and vulva |
| N76.89 | Other specified inflammation of vagina and vulva |

*Codes with a greater degree of specificity should be considered first.

## Lump in Breast and Other Disorders of the Breast (ICD-9-CM 611.2, 611.3, 611.4, 611.5, 611.6, 611.71 to 611.79 range, 611.81 To 611.89 range, 611.9)

| | |
|---|---|
| N63* | Unspecified lump in breast |
| N64.0 | Fissure and fistula of nipple |
| N64.1 | Fat necrosis of breast |
| N64.2 | Atrophy of breast |
| N64.3 | Galactorrhea not associated with childbirth |
| N64.4 | Mastodynia |
| N64.51 | Induration of breast |
| N64.52 | Nipple discharge |
| N64.53 | Retraction of nipple |
| N64.59 | Other signs and symptoms in breast |
| N64.81 | Ptosis of breast |
| N64.82 | Hypoplasia of breast |
| N64.89 | Other specified disorders of breast |
| N64.9* | Disorder of breast, unspecified |

*Codes with a greater degree of specificity should be considered first.

## Selected Menopausal and Other Perimenopausal Disorders (ICD-9-CM 627.0 to 627.9 range) (Excluding Post-menopausal Osteoporosis and Urethritis Codes)

| | |
|---|---|
| N92.4 | Excessive bleeding in the premenopausal period |
| N95.0 | Postmenopausal bleeding |
| N95.1 | Menopausal and female climacteric states |
| N95.2 | Postmenopausal atrophic vaginitis |
| N95.8 | Other specified menopausal and perimenopausal disorders |
| N95.9* | Unspecified menopausal and perimenopausal disorder |

*Codes with a greater degree of specificity should be considered first.

## Noninflammatory Disorders of Ovary, Fallopian Tubes, and Broad-ligament (ICD-9-CM 620.0 to 620.9 range)

| | |
|---|---|
| N83.0 | Follicular cyst of ovary |
| N83.1 | Corpus luteum cyst |
| N83.20* | Unspecified ovarian cysts |
| N83.29 | Other ovarian cysts |
| N83.31 | Acquired atrophy of ovary |
| N83.32 | Acquired atrophy of fallopian tube |
| N83.33 | Acquired atrophy of ovary and fallopian tube |
| N83.4 | Prolapse and hernia of ovary and fallopian tube |
| N83.51 | Torsion of ovary and ovarian pedicle |
| N83.52 | Torsion of fallopian tube |
| N83.53 | Torsion of ovary, ovarian pedicle and fallopian tube |
| N83.6 | Hematosalpinx |
| N83.7 | Hematoma of broad ligament |
| N83.8 | Other noninflammatory disorders of ovary, fallopian tube & broad ligament |
| N83.9* | Noninflammatory disorder of ovary, fallopian tube and broad ligament, unspecified |

*Codes with a greater degree of specificity should be considered first.

## Supervision of Normal Pregnancy (ICD-9-CM V22.0, V22.1, V22.2)

| | |
|---|---|
| Z34.00* | Encounter for supervision of normal first pregnancy, unspecified trimester |
| Z34.01 | Encounter for supervision of normal first pregnancy, first trimester |
| Z34.02 | Encounter for supervision of normal first pregnancy, second trimester |
| Z34.03 | Encounter for supervision of normal first pregnancy, third trimester |
| Z34.80* | Encounter for supervision of other normal pregnancy, unspecified trimester |
| Z34.81 | Encounter for supervision of other normal pregnancy, first trimester |
| Z34.82 | Encounter for supervision of other normal pregnancy, second trimester |
| Z34.83 | Encounter for supervision of other normal pregnancy, third trimester |
| Z34.90* | Encounter for supervision of normal pregnancy, unspecified, unspecified trimester |
| Z34.91* | Encounter for supervision of normal pregnancy, unspecified, first trimester |
| Z34.92* | Encounter for supervision of normal pregnancy, unspecified, second trimester |
| Z34.93* | Encounter for supervision of normal pregnancy, unspecified, third trimester |

*Codes with a greater degree of specificity should be considered first.

## Urinary Tract Infection, Cystitis (ICD-9-CM 599.0, 595.0, 595.1, 595.2, 595.3, 595.4, 595.5, 595.81, 595.82, 595.89)

| | |
|---|---|
| N30.00 | Acute cystitis without hematuria |
| N30.01 | Acute cystitis with hematuria |
| N30.10 | Interstitial cystitis (chronic) without hematuria |
| N30.11 | Interstitial cystitis (chronic) with hematuria |
| N30.20 | Other chronic cystitis without hematuria |
| N30.21 | Other chronic cystitis with hematuria |
| N30.30 | Trigonitis without hematuria |
| N30.31 | Trigonitis with hematuria |
| N30.40 | Irradiation cystitis without hematuria |
| N30.41 | Irradiation cystitis with hematuria |
| N30.80 | Other cystitis without hematuria |
| N30.81 | Other cystitis with hematuria |
| N30.90 | Cystitis, unspecified without hematuria |
| N30.91 | Cystitis, unspecified with hematuria |
| N39.0* | Urinary tract infection, site not specified |

*Codes with a greater degree of specificity should be considered first.

# Clinical Documentation Tips

## ICD-10 Compliance Date: **October 1, 2015**

Specifying anatomical location and laterality required by ICD-10 is easier than you think. This detail reflects how physicians and clinicians communicate and to what they pay attention - it is a matter of ensuring the information is captured in your documentation.

In ICD-10-CM, there are three main categories of changes:

- **Definition Changes**
- **Definition Change**
- **Increased Specificity**

Over 1/3 of the expansion of ICD-10 codes is due to the addition of laterality (left, right, bilateral). Physicians and other clinicians likely already note the side when evaluating the clinically pertinent anatomical site(s).

### TRIMESTER

Definition Change

Documentation of trimester is required. Determination is calculated from first day of last menstrual period, and is documented in weeks.

The definitions of trimesters are:

| | |
|---|---|
| **1. First Trimester** | Less than 14 weeks, 0 days |
| **2. Second Trimester** | 14 weeks, 0 days through 27 weeks and 6 days |
| **3. Third Trimester** | 28 weeks through delivery |

### ICD-10 Code Examples

| | |
|---|---|
| O26.851 | Spotting complicating pregnancy, first trimester |
| O26.852 | Spotting complicating pregnancy, second trimester |
| O26.853 | Spotting complicating pregnancy, third trimester |
| O26.859 | Spotting complicating pregnancy, unspecified trimester |

## VOMITING

### Definition Change

The time frame for differentiating early and late vomiting in pregnancy has been changed from 22 to 20 weeks.

### ICD-10 Code Examples

| | |
|---|---|
| O21.0 | Mild hyperemesis gravidum |
| O21.2 | Late vomiting of pregnancy |

## ABORTION

### Definiton Change

The timeframe for a missed abortion (vs. fetal death) has changed from 22 to 20 weeks. In ICD-10-CM, an elective abortion is now described as an elective termination of pregnancy.

There are four spontaneous abortion definitions in ICD-10; use the appropriate definition in your documentation:

| | |
|---|---|
| **1.Missed Abortion** | No bleeding, os closed |
| **2. Threatened Abortion** | Bleeding, os closed |
| **3. Incomplete Abortion** | Bleeding, os open, products of conception (POC) are extruding |
| **4. Complete Abortion** | Possible bleeding or spotting, os closed, all POC expelled |

### ICD-10 Code Examples

| | |
|---|---|
| O02.1 | Missed abortion |
| O36.4XX1 | Maternal care for intrauterine death, fetus 1 |
| Z33.2 | Encounter for elective termination of pregnancy |

## CHILDBIRTH AND PUERPERIUM DISTINCT FROM TRIMESTER

### Terminology Difference

ICD-10 allows for the description of “pregnancy”, “childbirth” and “puerperium” as distinct concepts from “trimester.”

### ICD-10 Code Examples

| | |
|---|---|
| O99.351 | Diseases of the nervous system complicating pregnancy, first trimester |
| O99.352 | Diseases of the nervous system complicating the pregnancy, second trimester |

## INTENT OF ENCOUNTER

### Increased Specificity

When documenting intent of encounter, include the following:

| | |
|---|---|
| **1.Type of Encounter** | e.g. OB or GYN, contraception management, postpartum care |
| **2. Complications** | Note any abnormal findings with examination |

### ICD-10 Code Examples

| | |
|---|---|
| Z30.011 | Encounter for initial prescription of contraceptive pills |
| Z31.82 | Encounter for Rh incompatibility status |
| Z39.1 | Encounter for care and examination of lactating mother |

## COMPLICATIONS OF PREGNANCY

### Increased Specificity

Documentation of conditions/complications of pregnancy will need to distinguish between pre-existing conditions, or pregnancy-related conditions.

When documenting well child exams and screen, include the following:

| | |
|---|---|
| **1. Condition Detail** | Was the condition pre-existing (i.e. present before pregnancy) |
| **2. Trimester** | When did the pregnancy-related condition develop? |
| **3. Casual Relationship** | Establish the relationship between the pregnancy and the complication (i.e. preeclampsia) |

### ICD-10 Code Examples

| | |
|---|---|
| O99.011 | Anemia complicating pregnancy, first trimester |
| O13.2 | Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester |
| O24.012 | Pre-existing diabetes mellitus, type 1, in pregnancy, second trimester |

## ALCOHOL USE, SUSTANCE ABUSE, AND TOBACCO DEPENDENCE

### Increased Specificity

Documentation should capture the mother's use (or non-use) of tobacco, alcohol and substance abuse along with the associated risk to the child.

A secondary code from category F17, nicotine dependence or Z72.0, tobacco use should also be assigned when codes associated with category O99.33, smoking (tobacco) complicating pregnancy are used. In a similar manner, a secondary code from category F10, alcohol related disorders, should also be assigned when codes under category O99.31, Alcohol use complicating pregnancy, are used.

### ICD-10 Code Examples

| | |
|---|---|
| O99.311 | Alcohol use complicating pregnancy, first trimester |
| O99.331 | Smoking (tobacco) complicating pregnancy, first trimester |
| O35.4XX1 | Maternal care for (suspected) damage to fetus from alcohol, fetus[1] |

# OB/GYN Practice Clinical Scenarios

## ICD-10 Compliance Date: **October 1, 2015**

Quality clinical documentation is essential for communicating the intent of an encounter, confirming medical necessity, and providing detail to support ICD-10 code selection. In support of this objective, we have provided outpatient focused scenarios to illustrate specific ICD-10 documentation and coding nuances related to your specialty.

The following scenarios were natively coded in ICD-10-CM and ICD-9-CM. As patient history and circumstances will vary, these brief scenarios are illustrative in nature and should not be strictly interpreted or used as documentation and coding guidelines. Each scenario is selectively coded to highlight specific topics; therefore, only a subset of the relevant codes are presented.

## Scenario 1: Abdominal Pain & Ovarian Cyst

### Scenario Details

**Chief Complaint**

- Abdominal pain that will not go away and irregular menses.

**History**

- 21 year old female G2P1001 with RLQ abdominal pain[1] for the last 6 months. Pain is a dull ache.
- Reports 2 periods in the last year. Historically cycles have been regular lasting 28 – 30 days each. LMP was 4 months ago.
- No family history of ovarian or cervical cancer.
- Patient had a benign ovarian cyst successfully removed at age 17[2].

**Exam**

- Abdomen is soft. RLQ is tender to palpation. No rebound tenderness[3] or guarding of abdomen. Bowel sounds normal in all 4 quadrants.
- Pelvic shows cervical motion tenderness and adnexal tenderness on the right.
- Mild right ovarian tenderness. No palpable ovarian or uterine enlargement.
- Urine pregnancy test is negative.

## Scenario 1: Abdominal Pain & Ovarian Cyst (continued)

**Assessment and Plan**

- Given patient history and clinical findings right ovarian cyst is suspected.
- Order transvaginal ultrasound to rule out ovarian cyst.
- Patient counseled on pain relief exercises. Pain Rx also given.
- Scheduled a follow-up visit in 1 week.

### Summary of ICD-10-CM Impacts

**Clinical Documentation**

1. There are separate ICD-10-CM codes for each quadrant of the abdomen when describing pain. This information needs to be captured in the note. Providing a detailed description of the pain characteristics is important as well. The documentation and context of the pain presentation will determine if additional codes are assigned, that is, if the pain is considered part of the disease process, an additional code for pain will not be listed. To address this point in the coding section we have presented both combinations (N94.89 Other specified conditions associated with female genital organs and menstrual cycle OR N92.5 Other specified irregular menstruation AND R10.31 Pain localized to other parts of lower abdomen, right lower quadrant pain).

2. It is important to include the patient history, as this can justify additional diagnostic testing.

3. In ICD-10-CM abdominal tenderness is differentiated to address the rebound characteristic with different codes.

| ICD-9-CM Diagnosis Codes | | ICD-10-CM Diagnosis Codes | |
|---|---|---|---|
| 629.89 OR | Other specified disorders of female genital organs | N94.89 OR | Other specified conditions associated with female genital organs and menstrual cycle |
| 626.4 | Irregular menstrual cycle | N92.5 | Other irregular menstruation |
| 789.03 | Abdominal pain, right lower quadrant | R10.31 | Pain localized to other parts of lower abdomen, right lower quadrant pain |
| 789.63 | Abdominal tenderness, right lower quadrant | R10.813 | Right lower quadrant abdominal tenderness |
| V13.29 | Personal history of other genital system and obstetric disorders | Z87.42 | Personal history of other diseases of the female genital tract |

**Other Impacts**

- Identifying the specific area of abdominal pain is important, as some payers may deny claims with “unspecified” codes.
- Providing the patient history can justify additional diagnostic tests (such as the ultrasound here).

# Scenario 2: Breast Lump/Annual Well Woman Exam

## Scenario Details

**Chief Complaint**

- "I've found a lump on my left breast and I need my annual GYN exam[1]."

**History**

- 47 year old perimenopausal female. G3P3003. LMP December 20, 2013. Last Pap was normal.
- No history of STD. No family history of ovarian or cervical cancer. No significant changes over the last year.
- **Positive family history for breast cancer – mother and all three sisters. Sisters are BRCA.**
- Reports finding a small lump in **left breast[4].**

**Exam**

- Pelvic exam is normal. Pap smear performed.[2]
- **Left breast examined normal except for 1.5cm mass on left lower/outer quadrant[5].** Mass is tender, easily moveable, firm to touch. Axilla normal, without palpable nodes.
- Right breast normal.

**Assessment and Plan**

- Normal pelvic exam. Will confirm Pap results with the patient.
- Scheduled fine needle aspiration of left breast mass at the end of this week – with Dr. Smith.
- Scheduled a follow-up visit in 1 week to discuss aspiration results and next steps.

## Summary of ICD-10-CM Impacts

**Clinical Documentation**

1. Note whether the encounter is for a specific issue or an annual or "general" exam. There are different diagnosis codes for each. The use of the best code may vary by payor according to what services were rendered and the insurance plan's reimbursement of a well women annual visit versus reimbursement of pelvic and/or clinical breast examinations. As per American Congress of Obstetricians and Gynecologists' guidelines, a well women exam includes both a pelvic exam as well as a clinical breast examination. The rationale for abnormal findings in this encounter is based on the presence of the breast lump.

2. Using ICD-9 codes, Pap smear coding may vary by payor. In some cases payors reimburse for the retrieval of the Pap smear by the physician, and the screening Pap smear at a specific frequency (e.g., every 2 years). With the new terminology associated with ICD-10-CM codes this point will need to be assessed and confirmed so correct code assignment can occur.

3. Like ICD-9, family history can be captured in ICD-10-CM. Capture that information as appropriate in your note. As there is a positive family history for breast cancer denoted with the three sisters identified as BRCA positive, the documentation supports the patient's susceptibility to a malignancy of the breast.

4. ICD-10-CM can now capture the side of the body. There are separate codes for left and right breast diagnoses. As the clinical status for this patient is not known, it does not have right versus left, e.g. solitary cyst of left breast.

5. It is important to describe the mass in as much detail as possible. Even though it is not possible to definitively diagnose the mass at this visit, the provider can code for symptoms and justify referral & subsequent treatment.

# Scenario 2: Breast Lump/Annual Well Woman Exam (continued)

**Coding**

| ICD-9-CM Diagnosis Codes | | ICD-10-CM Diagnosis Codes | |
|---|---|---|---|
| 611.72 | Lump or mass in breast | N63 | Unspecified lump in breast, which includes: nodule(s) NOS in breast |
| V72.31 | Routine gynecologic exam, with or without pap test | Z01.411 | Encounter for gynecological examination (general) (routine) with abnormal findings |
| V76.2 | Routine screening pap test, intact cervix | | |
| V84.01 | Genetic susceptibility, malignant neoplasm breast | Z15.01 | Genetic susceptibility to malignant neoplasm of breast |

**Other Impacts**

- Providing the patient history can justify additional diagnostic tests based on the patient's risk (such as the fine needle aspiration).
- Capturing the appropriate side of the body is important, as some payers may deny claims without this information.

# Scenario 3: Preeclampsia

## Scenario Details

**Chief Complaint**

- Headache, nausea and vomiting x 2 over last 48 hours.

**History**

- 32 year nulliparous female well known to me presents today at 36 2/72 weeks gestational age for a scheduled prenatal visit. Long time history migraine headaches. In this pregnancy her BPs are ranging from 125/85 to 135/90 at previous prenatal visits. Over the past 2 days she has not been able to perform usual activities due to her symptoms.
- Reports continued fetal movement, no contractions, and no vaginal bleeding. Having her typical migraine now. Denies dizziness, LOC, tremors, seizures, epigastric or abdominal pain, muscle weakness/pain, malaise, drowsiness, pelvic cramping, dysuria, hematuria.
- Medical history and review of systems – migraines with many triggers including hormonal changes, stress, and specific foods, otherwise no changes since last prenatal visit.
- LMP: August 2013.
- Diet and exercise: Vegan. On iron supplementation. Moderate activity 3-5 days per week.
- Allergies: sulfa drugs, penicillin (anaphylaxis noted).
- Denies tobacco, alcohol, or drug use.
- Pertinent Labs: U/A 2+ proteinuria +2 glucose.
- Family history: Mother and father living. Five siblings, four living. Family history positive for
- hypertension, migraines.

**Exam**

- Vital Signs: BP 150/90, T 99.6°F, P 100, R 30. Wt: 157 lb., up 2 lb. from 2 weeks ago.
- Well nourished, well-groomed, A&Ox3, mood and affect calm.
- HEENT & Neck: Normal to exam.
- Respiratory: Lungs clear to auscultation. Chest examination unremarkable.
- Cardiac: S1/S2, no S3/S4, no murmurs. Rhythm is regular.
- Abdomen: Fundal height consistent with 36 weeks, single fetus, vertex and engaged; fetal weight ~ 3,000g, FHR 142 bpm.
- Musculoskeletal: Adequate muscle tone + full AROM x4. Deep tendon reflexes were 4+/4+ with sustained knee and ankle clonus.
- Extremities: Generalized edema present, 2+ bilateral edema LE. No cyanosis.
- Vaginal exam: Cervix fingertip dilated and 75% effaced. The vertex was presenting at 0 station. Membranes intact.

**Assessment and Plan**

- Preeclampsia.
- Direct admit patient to Labor and Delivery unit to monitor for worsening preeclampsia or preeclampsia complications.
- Admission orders: called and faxed to L&D unit nurse.
- Explained treatment plan and purpose for admission to patient and husband. EMS unit requested and will transport to hospital.

## Summary of ICD-10-CM Impacts

**Clinical Documentation**

1. Similarly to ICD-9, ICD-10 describes preeclampsia as a complication of pregnancy which is characterized by hypertension; proteinuria and edema may also be present. ICD-10 differentiates from ICD-9 in clinical terminology to describe preeclampsia as mild to moderate, severe, or unspecified. Eclampsia is when seizures are associated with the preeclampsia condition. The HELLP syndrome is characterized as severe preeclampsia with hemolysis, elevated liver enzymes, and low platelet count.

2. ICD-10 increases the alternatives for hypertensive disorders in pregnancy (with or without the presence of proteinuria and/or edema); refer to an official ICD-10 guide for example alternatives.

3. ICD-10 provides distinct coding options for the life-threatening HELLP syndrome to be coded as both a variant or complication of preeclampsia or eclampsia. Coding options also are sensitive to timing of these conditions, reflecting that preeclampsia, eclampsia, and HELLP usually occur during the second or third trimesters of pregnancy, or sometimes after childbirth.

4. The American College of Obstetricians and Gynecologists (ACOG) published a practice guideline for pregnancy induced hypertension in 2013 which includes a revision of the criteria for preeclampsia. In this scenario, we applied the ACOG guideline and are not coding the patient's symptoms as they are considered integral to the disease process and her underlying medical condition. Also note that per ACOG guidelines, preeclampsia is no longer identified as mild, moderate, or severe, rather it is preeclampsia or preeclampsia with severe features. The new ACOG guidelines are not currently reflected in ICD-10 and therefore the previous criteria of mild, moderate and severe remains. ICD-10 codes to support ACOG guidelines will not be changed within the code set until after national implementation. In the absence of severe features, the options for codes are mild to moderate or unspecified. The ACOG guidelines document can be accessed at: www.acog.org/Resources_And_Publications/Task_Force_and_Work_Group_Reports/Hypertension_in_Pregnancy

**Coding**

| ICD-9-CM Diagnosis Codes | | ICD-10-CM Diagnosis Codes | |
|---|---|---|---|
| 642.43 | Mild or unspecified preeclampsia, antepartum condition or complication | O14.Ø3 | Mild to moderate preeclampsia, third trimester |
| 648.93 | Pregnancy complicated by conditions classified elsewhere, antepartum | O99.89 | Pregnancy, complicated by disorder of specified body system |
| 346.90 | Migraine, w/o mention of intractable or status migrainosus | G43.9Ø9 | Migraine, unspecified, not intractable w/o status migrainosus |
| | | Z3A.36 | 36 weeks gestation |

**Other Impacts**

No specific impact noted.

# Scenario 4: Bacterial Vaginosis

## Scenario Details

**Chief Complaint**

- Vaginal discharge with odor x 1 week.

**History**

- 28 year female, established patient, presents complaining of a thin, grayish-white vaginal discharge with a noticeable fishy smell accompanied by vulvar itching. She first noticed symptoms about 1 ½ weeks ago. Patient states she tried to self-treat using an over-the-counter yeast preparation approximately 1 week ago without relief of symptoms. She denies any history of similar symptoms in the past.
- LMP: occurred 2 weeks ago, normal cycle for her. Last PAP exam 8 months ago, normal. No previous mammograms.
- Social history: Physically active. She is in a new monogamous relationship with male partner x 5 weeks, sexually active with protection. Denies history of STIs. Admits to frequent douching and bubble baths.
- Immunizations: not immunized for HPV.
- No tobacco, alcohol, or other drug use.
- Review of systems negative except as noted above.

**Exam**

- Vital Signs: BP 128/64, T 98.7°F, Ht. 63 in. Wt. 108 lbs.
- Well-groomed, A&Ox3.
- Pelvic: External exam-vulvar redness, no vulvar edema and no adherent white clumps present; Speculum exam – vaginal walls pink, cervix intact, closed os, thin gray and foul smelling discharge noted in vaginal canal. Swab specimen obtained for microscopy exam. Bimanual exam – no pelvic tenderness, uterus smooth, uterus and adnexa are normal in size, ovaries not palpable.
- Labs in office: Urine hCG – Negative; wet prep – Positive whiff test, clue cells and leukocytes present; negative for yeast; vaginal pH elevated.

**Assessment & Plan**

- Bacterial vaginosis.
- Prescribed 7-day metronidazole.
- Discussed and administered HPV vaccine in office today.
- Provided vaginal hygiene pamphlet. Instructed patient to avoid douching and use of bubble bath products. Refrain from intercourse for one week after starting metronidazole. Other activities as normal.

## Summary of ICD-10-CM Impacts

**Clinical Documentation**

1. Vaginitis is one of the most common gynecologic conditions encountered in the physician office setting.

2. ICD-10-CM provides four alternative choices that map to the ICD-9 code 616.10 Vaginitis and vulvovagi nitis, unspecified. The four options are N76.0 Acute vaginitis; N76.1 Subacute and chronic vaginitis; N76.2 Acute vulvitis; and N76.3 Subacute and chronic vulvitis. As there is no indication of previous episodes and/or ongoing care, acute vaginitis is selected.

3. Bacterial vaginosis is not usually associated with soreness, itching or irritation, therefore it is coded separately.

4. In the scenario above for this patient with bacterial vaginosis, refraining from intercourse was recommend ed by this physician. To clarify, bacterial vaginosis is not considered an STI and physician recommenda tions for abstaining from sexual activity varies from physician to physician.

5. This note intentionally does not include a discussion of STIs or reproductive planning which would be commonly denoted in the evaluation and counseling of a female of this age.

6. ICD-9-CM includes a variety of vaccination codes while ICD-10-CM offers only one generic immunization code.

**Coding**

| ICD-9-CM Diagnosis Codes | | ICD-10-CM Diagnosis Codes | |
|---|---|---|---|
| 616.10 | Vaginitis and vulvovaginitis, unspecified | N76.Ø | Acute vaginitis |
| 698.1 | Pruritis, vulvar | L29.2 | Vulvar, pruritis |
| V04.89 | Need for prophylactic vaccination and inoculation against other viral diseases | Z23 | Encounter for immunization |

**Other Impacts**

| | |
|---|---|
| Index to Diseases for ICD-9-CM under the word itching states “see also Pruritis”. Under Pruritis, vulvar that codes to 698.1 | Index to Diseases for ICD-10-CM under the word itching states “see also Pruritis”. Under Pruritis, vulvar that codes to L29.2 |
| ICD-9-CM has a variety of vaccination codes | ICD-10-CM Has only one generic immunization code |