Wellpoint
District of Columbia

# *Coding spotlight — pregnancy*
# A provider's guide to diagnosis coding for pregnancy

Wellpoint District of Columbia, Inc. | Medicaid

Early and regular prenatal care is vital to the health of the baby and the mother.

## Pregnancy facts:

- In 2016, 7.2% of women who gave birth smoked cigarettes during pregnancy. Prevalence of smoking during pregnancy was highest for women aged 20 to 24 (10.7%), followed by women aged 15 to 19 (8.5%) and 25 to 29 (8.2%).[1]
- Hypertensive disorders affect up to 10% of pregnancies in the United States.[2]
- Ectopic pregnancy affects 1% to 2% of all pregnancies and is responsible for 9% of pregnancy-related deaths in the United States.[3]

## High-risk pregnancy risk factors:

- **Existing health conditions:** Pregnant women with high blood pressure, diabetes, or who are HIV-positive may experience a complicated pregnancy.[4]
- **Overweight and obesity:** According to the American College of Obstetricians and Gynecologists (ACOG), more than 50% of pregnant women in the United States are overweight or obese.[5] Being obese during pregnancy raises the risk for cardiac problems, sleep apnea, pre-eclampsia, gestational diabetes, and venous thromboembolism (VTE).[5]
- **Multiple births:** Women with more than one fetus face a higher risk of complications. Typical issues include pre-eclampsia, premature labor, and preterm birth.[4]
- **Young or old maternal age:** The age of the mother is one of the common risk factors. Those who are in their teens or age 35 or over have a higher risk for pre-eclampsia and gestational high blood pressure.[4]
- **Previous fetal loss:** Previous fetal death poses a risk for subsequent pregnancy.[4]
- **History of complications with previous pregnancies:** Complications experienced during a previous pregnancy are more likely to recur.[4]

## HEDIS quality measures for prenatal and postpartum care

Prenatal and Postpartum Care is a HEDIS® measure that focuses on women who delivered a live birth between October 8 of the year prior to the measurement year and October 7 of the measurement year.[6]

**Timeliness of prenatal care:** the percentage of deliveries that received a prenatal care visit as an enrollee in the first trimester or within 42 days of enrollment as an enrollee.[6]

Documentation of when prenatal care was initiated, or the date of the enrollee's first prenatal visit, should be reflected in the medical record documentation. Evidence of at least one of the following needs to be documented:[6]

- A basic physical obstetrical exam (auscultation for fetal heart tone, pelvic exam with obstetric observations, measurement of fundus height)
- Prenatal care visits with screening test/obstetric panel, TORCH antibody panel alone, a rubella antibody test/titer with an Rh incompatibility blood typing, ultrasound/echography of a pregnant uterus
- Last menstrual period or estimated due date with either prenatal risk assessment and counseling/education or complete obstetrical history[6]

**Postpartum care:** a percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.[6]

**Documentation must indicate visit date and evidence one of the following:**

- Pelvic exam
- Evaluation of weight, blood pressure, breasts, and abdomen (notation of breastfeeding is acceptable for the evaluation of breasts component)
- Notation of postpartum care (for example, *six-week check, postpartum care, PP care, PP check*)[6]

## Tips for providers:

- ACOG recommends a minimum of 14 prenatal visits for a 40-week pregnancy. To ensure regular care, enrollees need to get reminders to schedule all required visits, including:
  - One visit every four weeks until 28 weeks' gestation (at least six visits).
  - One visit every two weeks until 36 weeks' gestation (at least four visits).
  - One visit every week after 36 weeks until delivery (at least four visits).[6]
- If the enrollee comes in one or two weeks after delivery for an incision check, the enrollee needs to be educated on the importance of coming back for a postpartum assessment 7-84 days after delivery. The visit needs to be scheduled, and the purpose should be explained.
- A follow-up cesarean section incision check 1-2 weeks after delivery **does not** count as a postpartum visit.[6]
- Enrollees should get phone calls about scheduling the postpartum visit and should also get reminders about the date and time of the appointment.
- Appointments that were missed need to be rescheduled.
- All services should be documented using the ACOG forms.[6]

## ICD-10-CM: general coding and documentation:

- Conditions that affect the management of pregnancy, childbirth, and the puerperium are classified in categories O00 through O9A in Chapter 15 of the ICD-10-CM.
- If the pregnancy is incidental to an encounter for a different reason, code Z33.1 (pregnant state, incidental) is assigned in place of any Chapter 15 codes.
- When treating the pregnant enrollee, the codes in Chapter 15 of the ICD-10-CM codes set are applied before codes from other chapters. However, codes from other chapters may be used to report additional conditions when needed to provide more specificity.
- Codes from Chapter 15 refer to the mother only and are assigned only on the mother's record. They are never assigned on the newborn's record.[7]

## Final character for trimester:

- The majority of codes in Chapter 15 of ICD-10-CM have a final character indicating the trimester of pregnancy. It is the provider's responsibility to document the number of weeks of gestation and/or trimester in the medical record. The time frames for the trimesters are indicated at the beginning of Chapter 15 and are defined by ICD-10-CM as follows:

| Trimester | Length in weeks |
|---|---|
| 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 |

- Assignment of the final character for trimester is based on the provider's documentation for the current encounter (number of weeks or trimester). Not every single code in Chapter 15 has a trimester component. If trimester is not a component of a code, it is because the condition always occurs in a specific trimester or the concept of trimester of pregnancy is not applicable.[8]

## Seventh character

Many codes in Chapter 15 of ICD-10-CM require a seventh character. If the pregnancy is a single gestation, the seventh character 0 is reported. However, when there is more than one fetus, the documentation needs to indicate which specific fetus is having a problem. For example:

- O41.03x4 — Oligohydramnios, third trimester, fetus 4[8]

## Normal pregnancy

When coding routine visits for the pregnant enrollee who has no complications, Z codes are assigned from Chapter 21 of ICD-10-CM. These codes are only chosen when a healthy, pregnant woman has neither a current illness nor a current injury. For example:

- Z34.01 — encounter for supervision of normal first pregnancy, first trimester
- Z34.82 — encounter for supervision of other normal pregnancy, second trimester[8]

## Supervision of high-risk pregnancy

Codes from category O09 (supervision of high-risk pregnancy) are intended for use only during the prenatal period.[8]

For routine prenatal outpatient visits for enrollees with high-risk pregnancies, a code from category O09 (supervision of high-risk pregnancy) should be reported as the first listed diagnosis on the claim.

ICD-10-CM provides codes for the supervision of the following types of high-risk pregnancies:

| ICD-10-CM code categories | Code descriptions |
|---|---|
| O09.00-O09.03 | Pregnancy with history of infertility |
| O09.10-O09.13 | Pregnancy with history of ectopic pregnancy |
| O09.A0-O09.A3 | Pregnancy with history of molar pregnancy |
| O09.211-O09.299 | Pregnancy with other poor reproductive or obstetric history |
| O09.30-O09.33 | Pregnancy with insufficient antenatal care |
| O09.40-O09.43 | Pregnancy with grand multiparity |
| O09.511-O09.529 | Elderly primigravida and multigravida |
| O09.611-O09.629 | Young primigravida and multigravida |
| O09.70-O09.73 | High-risk pregnancy due to social problems |
| O09.811-O09.899 | Other high-risk pregnancies (includes pregnancy resulting from assisted reproductive technology O09.81- and pregnancy with history of in utero procedure during previous pregnancy O09.82-) |

## Fetal conditions affecting management of pregnancy

Codes from categories O35 (maternal care for known or suspected fetal abnormality and damage) and O36 (maternal care for other fetal problems) are assigned only when the fetal condition is actually responsible for modifying the mother's care. These codes are used when the listed condition in the fetus is the reason for hospitalization or other obstetric care to the mother or for termination of pregnancy.[8]

## Other conditions complicating pregnancy, childbirth, or the puerperium

Certain categories in Chapter 15 of the ICD-10-CM distinguish between conditions of the mother that existed prior to pregnancy and those that are a direct result of pregnancy:

- Conditions such as edema; proteinuria; and hypertensive disorders in pregnancy, childbirth, and the puerperium are classified in categories O10-O16.
- Other maternal disorders such as hemorrhage, hyperemesis gravidarum, venous complications, genitourinary infections, diabetes mellitus, malnutrition, and liver disorders are classified in categories O20-O29.
- Certain infectious diseases such as HIV disease, viral hepatitis, viral diseases (Zika infection), tuberculosis, and venereal disease are classified in category O98.[8]

## Hypertension

Pre-existing hypertension is classified in category O10 as follows:

| ICD-10-CM codes | Conditions |
|---|---|
| O10.01-O10.03 | Essential hypertension |
| O10.111-O10.13 | Hypertensive heart disease |
| O10.211-O10.23 | Hypertensive chronic kidney disease |
| O10.311-O10.33 | Hypertensive heart and chronic kidney disease |
| O10.411-O10.43 | Secondary hypertension |
| O10.911-O10.93 | Unspecified |

When assigning one of the O10 codes that includes 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 hypertensive heart disease (category I11), heart failure (category I50), chronic kidney disease (category I12), or hypertensive heart and chronic kidney disease (category I13).[7]

Gestational or pregnancy-induced hypertension is coded to category O13 (gestational pregnancy-induced hypertension without significant proteinuria).

## Diabetes

Category O24 distinguishes between pre-existing diabetes mellitus (type 1, type 2, other, unspecified), gestational diabetes and unspecified diabetes as follows:

| ICD-10-CM codes | Conditions |
|---|---|
| O24.011-O24.03 | Pre-existing type 1 diabetes mellitus |
| O24.111-O24.13 | Pre-existing type 2 diabetes mellitus |
| O24.311-O24.319 | Unspecified pre-existing diabetes mellitus |
| O24.410-O24.439 | Gestational diabetes mellitus |
| O24.811-O24.83 | Other pre-existing diabetes mellitus |
| O24.911-O24.93 | Unspecified diabetes mellitus |

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 the code from O24.4.[7]

Code Z79.4 (long-term current use of insulin) should be assigned if the pre-existing or unspecified diabetes mellitus is being treated with insulin. Code Z79.84 (long-term current use of oral hypoglycemic drugs) should be assigned if the pre-existing or unspecified diabetes mellitus is being treated with oral hypoglycemic drugs. However, neither code Z79.4 nor code Z79.84 should be assigned with codes from subcategory O24.4 (gestational diabetes).[8]

## HIV infection

During pregnancy, childbirth, or the puerperium, an enrollee with HIV-related illness should receive a principal diagnosis from subcategory O98.7- (human immunodeficiency HIV disease complicating

pregnancy, childbirth, and the puerperium) followed by the code(s) for the HIV-related illness(es). Enrollees with asymptomatic HIV infection status should receive codes O98.7- and Z21 (asymptomatic human immunodeficiency virus HIV infection status). For example:

- O98.711 + B20 + Z3A.00 — first trimester pregnant female with AIDS
- O98.713 + Z21 + Z3A.30 — 30-weeks-pregnant female with complicating asymptomatic HIV status[8]

## Alcohol and tobacco use

When the mother uses alcohol during the pregnancy or postpartum, codes from subcategory O99.31 (alcohol use complicating pregnancy, childbirth, and the puerperium) should be assigned. A secondary code from category F10 (alcohol related disorders) should also be assigned to identify manifestations of the alcohol use.

Codes from subcategory O99.33 (tobacco use disorder complicating pregnancy, childbirth, and the puerperium) should be assigned for a pregnancy case where a mother uses any type of tobacco product during the pregnancy or postpartum. A secondary code from category F17 (nicotine dependence) should also be assigned to identify the type of nicotine dependence.[8]

## Other maternal diseases

ICD-10-CM provides category O99 to describe other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth, and the puerperium:

| ICD-10-CM codes | Conditions |
|---|---|
| O99.0- | Anemia |
| O99.1- | Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism |
| O99.2- | Endocrine, nutritional and metabolic diseases |
| O99.3- | Mental disorders and diseases of the nervous system |
| O99.4- | Diseases of the circulatory system |
| O99.5- | Diseases of the respiratory system |
| O99.6- | Diseases of the digestive system |
| O99.7- | Diseases of the skin and subcutaneous tissue |
| O99.8- | Other specified diseases and conditions |

Malignant neoplasms complicating pregnancy, childbirth, and the puerperium are classified to subcategory O9A.1, with additional code(s) to identify the specific neoplasm.

## Normal delivery

Code O80 (encounter for full-term uncomplicated delivery) is used when the delivery is entirely normal with a single liveborn outcome; the completed weeks of gestation code is also assigned. There can be no postpartum complications. Code O80 cannot be used if any other code from Chapter 15 is needed to describe a current complication.[8]

## Complications of labor and delivery

Complications of labor and delivery are classified to categories O60-O77:

- Category O60 (preterm labor) is defined in ICD-10-CM as the onset (spontaneous) of labor before 37 completed weeks of gestation. This category includes codes for cases with delivery as well as without delivery.
- Failed induction of labor is classified to category O61.
- Abnormalities of forces of labor are classified to category O62.
- For enrollees with long labor, ICD-10-CM provides category O63 codes.
- ICD-10-CM provides categories O64, O65, and O66 for obstructed labor due to different etiologies (due to malposition and malpresentation of fetus, due to maternal pelvic abnormality).
- ICD-10-CM also provides the following categories for labor and delivery caused by different conditions:
  - O67.0-O67.9 — intrapartum hemorrhage
  - O68 — abnormality of fetal acid-base balance
  - O69.0-O69.9 — umbilical cord complications[8]

## Fetal stress

ICD-10-CM provides different codes related to fetal problems complicating labor and delivery, such as the following:

- O68 (labor and delivery complicated by abnormality of fetal acid-base balance) — used to describe fetal acidemia, fetal alkalosis, or fetal metabolic acidosis when these conditions complicate labor and delivery
- O76 (abnormality in fetal heart rate and rhythm complicating labor and delivery) — includes fetal problems such as bradycardia, heart rate decelerations, heart rate irregularity, and tachycardia
- Category O77 (other fetal stress complicating labor and delivery)[8]

## Routine postpartum care

Routine postpartum care, just like routine prenatal care, is reported with Z codes from Chapter 21 of ICD-10-CM. For example:

- Z39 — encounter for maternal postpartum care and examination
- Z39.0 — encounter for care and examination of mother immediately after delivery
- Z39.1 — encounter for care and examination of lactating mother
- Z39.2 — encounter for routine postpartum follow-up[7]

## Sequelae of complication of pregnancy, childbirth, or the puerperium

Code O94 (sequelae of complication of pregnancy, childbirth, and the puerperium) is assigned when an initial complication of the obstetric experience develops a sequela that requires care or treatment of a later date. For example:

- An enrollee presents with fatigue and cold intolerance. Her history indicates that she had a severe hemorrhage during delivery of a normal liveborn seven months earlier. She was diagnosed with Sheehan's syndrome and treated with replacement hormones. Code E23.0 (hypopituitarism) is assigned for Sheehan's syndrome, followed by code O94 (sequelae of complication of pregnancy, childbirth, and the puerperium).[8]

## Abortive outcomes

Abortive outcome is classified by type in ICD-10-CM as follows:

- O03 — spontaneous abortion
- O04 — complications following (induced) termination of pregnancy
- O07 — failed attempted termination of pregnancy

Category Z3A codes (weeks of gestation) should not be assigned for pregnancies with abortive outcomes (O00-O08).[8]

## Ectopic and molar pregnancies

Ectopic and molar pregnancies and other abnormal products of conception are classified to the following categories with an additional code from category O08 when any complication occurs:

- O00 — ectopic pregnancy
- O01 — hydatidiform mole
- O02 — other abnormal product of conception[8]

Enrollees with a history of an ectopic or molar pregnancy have an increased risk of having another tubal pregnancy. Assign code O09.1- for an encounter involving supervision of an obstetric enrollee with a previous history of ectopic pregnancy. Codes from subcategory O09.A are assigned during the prenatal period for pregnant women who are high risk because of a previous history of molar pregnancy.[8]

## Resources:

1 Cigarette Smoking During Pregnancy: United States, 2016. Retrieved from **cdc.gov/nchs/products/databriefs/db305.htm.**

2 Hypertension in pregnancy: Diagnosis and treatment. Retrieved from **https://mayoclinic.pure.elsevier.com/en/publications/hypertension-in-pregnancy-diagnosis-and-treatment.**

3 Barash J.H., Buchanan E.M., Hillson C. Diagnosis and Management of Ectopic Pregnancy. Retrieved from **aafp.org/afp/2014/0701/p34.html.**
4 High-risk pregnancy – ICD-10 Coding Changes in 2017. *Medical Coding News* (April 27, 2017). Retrieved from **outsourcestrategies.com/resources/high-risk-pregnancy-icd-10-coding-changes-2017.html.**
5 OB-GYNs Continue to Fight Obesity Epidemic, Promote Exercise during Pregnancy and the Postpartum Period. Retrieved from **https://www.acog.org/news/news-releases/2015/11/obgyns-continue-to-fight-obesity-epidemic-promote-exercise-during-pregnancy-and-the-postpartum-period**
6 Prenatal and Postpartum Care (PPC). National Committee for Quality Assurance. **ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc.**
7 *ICD-10-CM Expert for Physicians: the complete official code set.* (2017). Optum 360, LLC.
8 Leon-Chisen N. (2017). *ICD-10-CM and ICD-10-PCS Coding Handbook 2018.* Chicago, IL: American Hospital Association.