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
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cms.gov/ICD10
roadto10.org

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 timeframe 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

Definition 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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O99.351</td>
<td>Diseases of the nervous system complicating pregnancy, first trimester</td>
</tr>
<tr>
<td>O99.352</td>
<td>Diseases of the nervous system complicating the pregnancy, second trimester</td>
</tr>
</tbody>
</table>

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

<table>
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<tbody>
<tr>
<td>Z30.011</td>
<td>Encounter for initial prescription of contraceptive pills</td>
</tr>
<tr>
<td>Z31.82</td>
<td>Encounter for Rh incompatibility status</td>
</tr>
<tr>
<td>Z39.1</td>
<td>Encounter for care and examination of lactating mother</td>
</tr>
</tbody>
</table>
COMPICATIONS 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**

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<tr>
<td>O99.011</td>
<td>Anemia complicating pregnancy, first trimester</td>
</tr>
<tr>
<td>O13.2</td>
<td>Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester</td>
</tr>
<tr>
<td>O24.012</td>
<td>Pre-existing diabetes mellitus, type 1, in pregnancy, second trimester</td>
</tr>
</tbody>
</table>

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**

<table>
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<tr>
<td>O99.311</td>
<td>Alcohol use complicating pregnancy, first trimester</td>
</tr>
<tr>
<td>O99.331</td>
<td>Smoking (tobacco) complicating pregnancy, first trimester</td>
</tr>
<tr>
<td>O35.4XX1</td>
<td>Maternal care for (suspected) damage to fetus from alcohol, fetus¹</td>
</tr>
</tbody>
</table>