ICD-10 Radiology Guidance: *PREGNANCY*

ICD-10 ESSENTIALS for PREGNANCY

The following elements are essential for the proper ICD-10-CM coding of **Pregnancy, Childbirth and Puerperium**:

NUMBER OF WEEKS/TRIMESTERS
- **Number of Weeks** from LMP or **Trimester** should be documented
- Default is *Unspecified*

MULTIPLE GESTATIONS
- With multiple gestations, the **Affected Fetus** should be documented
- Default is *Unspecified*

MULTIPLE PLACENTAS and **AMNIOTIC SACS**
- Whether each fetus has its own placenta and amniotic sac should be documented
- Default is *Unspecified*

HYPERTENSION
- **Onset** (pre-existing vs. gestational)
- **Type** (essential, secondary)
- **Co-existing** conditions

DIABETES MELLITUS
- **Onset** (pre-existing vs. gestational)
- **Body Systems** affected
- **Method of Control**
- **Complications/Manifestations**

SUSPECTED CONDITIONS
- **Reason** for the suspected condition should be documented
- Suspected conditions should rarely be used in radiology

Number of Weeks/Trimesters

A significant change in ICD-10 is the need to assign a code by the trimester for the condition instead of the episode of care.

Trimesters are counted from the first day of the last menstrual period (LMP) and should be documented:
- 1st trimester/less than 14 weeks
- 2nd trimester/14 weeks to less than 28 weeks
- 3rd trimester/28 weeks until delivery

Documentation should include the trimester or number of weeks. <u>There is an unspecified option if the number of weeks or trimester is not documented.</u>

Multiple Gestations - Affected Fetus

For multiple gestations, the affected fetus should be documented as code selection will be dependent on this information.

- Fetus 1
- Fetus 2
- Fetus 3
- Fetus 4
- Fetus 5
- Other fetus
- Not applicable or unspecified

The "not applicable or unspecified" option is used with:

- Single gestations
- When it is not clinically possible to determine which fetus is affected
- <u>For multiple gestations when the fetus is unspecified</u>

Multiple Gestations - Placentas and Amniotic Sacs

Multiple gestations are classified whether each fetus has its own placenta and amniotic sac:

- **Monochorionic/Monoamniotic:** The fetuses share a single placenta (monochorionic) and a single amniotic sac (monoamniotic).
- **Monochorionic/Diamniotic:** The fetuses share a single placenta (monochorionic), but each fetus has its own amniotic sac (diamniotic).
- **Dichorionic/Diamniotic:** Each fetus has its own placenta (dichorionic) and its own amniotic sac (diamniotic).
- Many pregnancy codes require <u>multiple coding</u> in which more than one code is necessary to report the entire diagnosis.

Documentation should include whether each fetus has its own placenta and amniotic sac.

<u>There is an unspecified option if the number of placentas and amniotic sacs are not documented.</u>

Pre-existing Conditions vs. Gestational Conditions

Certain conditions affecting pregnancy are distinguished between those that existed prior to pregnancy and those that are a direct result of the pregnancy. Two such examples are hypertension and diabetes mellitus. The documentation should state whether the condition was pre-existing or developed as a result of the pregnancy.

Hypertension

Hypertension in pregnancy is further defined by pre-existing vs. gestational, type of hypertension, and co-existing conditions.

Onset	Type	Co-existing Condition
Pre-existing	Essential	Heart Disease
Gestational	Secondary	Chronic Kidney Disease
Unspecified	Unspecified	Heart and kidney Disease
		Edema
		Proteinuria

Unspecified Example:

Indication: **pregnant with hypertension**

Coded as: *unspecified maternal hypertension, unspecified trimester*

Specified Example:

Indication: **17 weeks pregnant with prior onset essential hypertension**

Coded as: *pre-existing essential hypertension complicating pregnancy, second trimester*

Diabetes Mellitus

ICD-10 codes for diabetes mellitus utilizes combination codes that incorporate:

- Onset of diabetes mellitus
- Body system affected
- Method of control
- Complications and/or manifestations

The **onset** of diabetes mellitus should be documented:

- Pre-existing:
    - Type 1
    - Type 2
    - Unspecified
- Gestational:
    - Affecting the pregnancy
    - Childbirth
    - Puerperium

    Unspecified option is available if not documented.

The **body system** affected by the diabetes mellitus should be documented.

The **method of control** should be documented:

- Diet controlled
- Insulin controlled
- Long-term use of insulin

Complications and/or Manifestations of diabetes mellitus should be documented. As much clinical history detail as possible should be documented to avoid assignment of unspecified diabetes mellitus in pregnancy.

Unspecified Example:

Indication: **pregnant with diabetes**

Coded as: *unspecified* diabetes mellitus in, pregnancy, *unspecified* trimester

Specified Example:

Indication: **22 weeks pregnant with new onset insulin controlled diabetes mellitus**

Coded as: *gestational diabetes mellitus in pregnancy, insulin controlled*

Suspected Conditions

A suspected condition may be coded in ICD-10 when a person without a diagnosis is suspected of having an abnormal condition, without signs or symptoms, which requires a study, but after examination and observation, is ruled out.

Suspected Conditions requirements:

- Patient has no signs or symptoms
- The referring physician suspects a specific condition
- Condition is ruled out by the imaging study

The referring physician should document the reason for the suspected condition to satisfy the medical necessity.

Radiologists should rarely use codes from the "Suspected Conditions" section.

Sources:

ICD-10-CM Draft Official Guidelines for Coding and Reporting 2014; Cooperating Parties for the ICD-10-CM: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), Centers for Medicare and Medicaid Services (CMS), National Center for Health Statistics (NCHS), 2013.

Optum Learning: Detailed Instruction for Appropriate ICD-10-CM Coding, Optum 2013.

"ICD-10-CM Pregnancy," Coding Strategies Inc., August 2013.

Best Practices for ICD-10-CM Documentation and Compliance, AMA 2012.