

ICD-10-CM documentation and coding for GYN procedures

↘ With the new coding set in our sights, here's a line-up of key changes that will affect final reimbursements

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In 2014, I informed you about the more general changes that are to come in the format and ideas for preparation.¹ But now it is time to get down to the nitty-gritty (or granularity, if you prefer) of this coding format to ensure correct coding every time for your gynecology services. A separate article will appear in the September 2015 issue of *OBG MANAGEMENT* to describe diagnostic coding for obstetric care.

No wheel reinvention necessary

Many of the guidelines for ICD-9-CM will transfer over to ICD-10-CM, so it will not be necessary to reinvent the wheel—but there are important changes that will affect both your documentation and payers' requirements for the highest level of specificity. There also will be some instructions in the tabular section of ICD-10-CM that will let you know whether a combination of codes can or cannot be reported together (called "excludes" notes). In the beginning, this process may require additional communication between practice staff and clinicians.

However, if your practice has prepared a teaching document that outlines currently used codes and compares them with ICD-10-CM code choices and provides comments in regard to issues such as code combinations, conversion to the new system should be almost seamless.

Remember, the **documentation of the clinician drives the selection of the code**. The less information provided, the less specificity—and the result may be increased

In 2 months, the new coding set will become the only accepted format for diagnostic coding on medical claims. By now, most clinicians and their staffs should have begun the training process, including the examination of current documentation patterns, to ensure that the more specific *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD-10-CM) codes can be reported.

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denials due to medical necessity for procedures and treatments.

Most reported codes will begin with “N”

Although the format of the codes will change under ICD-10-CM, diagnostic reporting will remain the same for most of the gynecologic conditions reported, and clinicians should be aware that the codes they will be reporting mainly will come from those that begin with “N.” One advantage: None of these codes require a 7th character or utilize the “x” placeholder code. In fact, the majority of codes from this chapter will have a one-to-one counterpart in the ICD-9-CM codes. A few exceptions are outlined below.

In addition to the core of “N” codes, a handful of codes will come from other chapters to capture reasons for a gynecologic encounter or surgery. For instance, “Z” codes will be reported for encounters for reasons other than illness and include codes for contraceptive and procreative management, general counseling, history of diseases, preventive gynecologic examinations, and screening scenarios, to name just a few. “R” codes will be used most often for general signs and symptoms, such as abdominal pain or nausea and vomiting.

Your documentation will need to change in some important areas

When you see a patient for an injury to the urinary or pelvic organs that is not a complication of a procedure, or for a complication of a genitourinary prosthetic device, implant, or graft, you will need to document whether this is an **initial or subsequent encounter or a sequela**. This information is added as a 7th alpha character (a = initial, d = subsequent, s = sequela).

ICD-10-CM defines an initial encounter as the time period in which the patient is actively being treated. A subsequent encounter would be reported after the patient’s active treatment, while she is receiving

routine care during the healing or recovery phase. For instance, you would report the encounter as subsequent when the patient is seen after her surgery for an injury to the ovary due to an automobile accident, but you would report an initial encounter for all visits through the surgical date of service when a patient presents with symptoms of mesh erosion requiring surgery. Sequela refers to a condition that developed as a result of another condition. For instance, if the patient’s intrauterine device (IUD) becomes embedded in the ostium due to an undetected uterine fibroid, that is a sequela.

The requirement to **indicate laterality** also will affect documentation, but this concept is limited to a few codes that might be reported by ObGyns. A designation of the right versus left organ will be required for reported cases of primary, secondary, borderline, or benign tumors of the breast, ovary, fallopian tube, broad ligament, and round ligament, as well as cancer in situ of the breast. However, the terms “bilateral” and “unilateral” are applied only to codes that describe hernias, acquired absence of the ovaries, and injuries to the ovaries and fallopian tubes that are not due to a surgical complication.

Unspecified codes still play a role

Unspecified ICD-10-CM codes still come into play when the clinician does not have enough information to assign a more specific code—that is, when, by the end of an encounter, no further information is available to assign a more specific diagnosis. For example, if a patient has signs of a fibroid upon examination, only the unspecified code can be reported until the clinician can discover whether it is intramural, submucosal, or subserosal. However, it would be equally incorrect to assign an unspecified code to an encounter once the nature of the fibroid has been determined.

Take note of these differences in coding

Here is a list of important new gynecologic coding requirements, which are presented in alphabetical order.



“Z” codes will be reported for encounters for reasons other than illness such as contraceptive management, screening, and preventive gynecologic examinations

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Amenorrhea, oligomenorrhea (N91.0–N91.5) and dysmenorrhea (N94.4–N94.5) will require documentation to indicate whether the condition is primary or secondary. Although an unspecified code is available, once treatment is begun the cause should be known and documented.

Artificial insemination problems will have a section:

- **N98.0** Infection associated with artificial insemination
- **N98.1** Hyperstimulation of ovaries
- **N98.2** Complications of attempted introduction of fertilized ovum following in vitro fertilization
- **N98.3** Complications of attempted introduction of embryo in embryo transfer
- **N98.8** Other complications associated with artificial fertilization
- **N98.9** Complication associated with artificial fertilization, unspecified.

Breast cancer codes will require documentation of which breast and what part of the breast is affected.

Contraceptive management highlights:

- Injectable contraceptives will have new codes for the initial prescription (**Z30.013**) and subsequent surveillance (**Z30.42**)
- IUD encounter for the prescription will have a new code (**Z30.014**), which is reported when the IUD is *not* being inserted on the same day
- Subdermal contraceptive implant surveillance will no longer have a specific code but will be included in the “other” contraceptive code **Z30.49**.

Conversion of a laparoscopic procedure to an open procedure will not have a code.

Cystocele, unspecified, will have code **N81.10**.

Dysplasia of vagina will be expanded into 3 codes based on mild, moderate, or unspecified: **N89.0–N89.3**.

Female genitourinary cancer codes:

- Documentation of right or left organs and which part of the uterus is affected will be required
- Cancer in situ of cervix will be expanded by site on the cervix: **D06.0–D06.7**
- Cancer in situ of the endometrium will have a specific code: **D07.0**.

Genuine stress urinary incontinence will only be referred to as stress incontinence (male or female). The code is now located in the urinary section of Chapter N: **N39.3**.

Genitourinary complications due to procedures and surgery will be organized in 1 section: **N99**

- Some conditions have more than 1 code based on cause:
 - **N99.2** Stricture of vagina due to surgical complication
 - **N89.5** Stricture of vagina *not* due to surgical complication
 - **N99.4** Pelvic adhesions due to surgical complication
 - **N73.6** Pelvic adhesions *not* due to surgical complication
- Other codes will differentiate between intraoperative or postprocedure complications and whether the surgery is on the genitourinary system or a different surgery:
 - **N99.61** *Intraoperative* hemorrhage and hematoma of a genitourinary system organ or structure complicating a *genitourinary system procedure*
 - **N99.62** *Intraoperative* hemorrhage and hematoma of a genitourinary system organ or structure complicating *other procedure*
 - **N99.820** *Postprocedural* hemorrhage and hematoma of a genitourinary system organ or structure following a *genitourinary system procedure*
 - **N99.821** *Postprocedural* hemorrhage and hematoma of a genitourinary system organ or structure following *other procedure*.

Gynecologic examinations will have to include information on whether or not there were genitourinary abnormal findings on the exam. If so, an additional secondary code will be required to identify the abnormality: **Z01.411** and finding code. (Without abnormal findings: **Z01.419**.) For instance, a diagnosis of bacterial vaginosis is made during the examination. The abnormal findings are not those from other areas such as the breast or thyroid. **Hematuria** documentation must differentiate between gross: **R31.0**, benign essential: **R31.1**, or other forms: **R31.2**.

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High-risk sexual behavior problems must be documented by heterosexual, bisexual, or homosexual behavior: **Z72.51–Z72.53**.

Hormonal contraceptives, long-term use, will have a specific code: **Z79.3**.

Hyperplasia without atypia (simple, complex, or benign) will be rolled into a single code: **N85.01**.

Immunizations, prophylactic, will not have specific codes as to type. An encounter for any type of immunization is **Z23**.

Pelvic pain will have its own symptom code: **R10.2**.

Personal history for cancer has been expanded:

- Personal history of cancer in situ:
 - **Z86.000** of breast
 - **Z86.001** of cervix uteri
 - **Z86.008** of other site
- Personal history of benign neoplasm:
 - **Z86.012** of other benign neoplasm
 - **Z86.03** of uncertain behavior (borderline malignancies).

Procedures not carried out will be expanded in ICD-10 to include 2 new codes:

- **Z53.01** Procedure contraindicated due to patient smoking
- **Z53.21** Procedure not carried out because patient left before seeing physician.

Procreative management changes:

- Artificial insemination will not have a specific code
- New code for male factor infertility: **Z31.81**
- New code for Rh incompatibility: **Z31.82**. This code would be used when the patient presents for prophylactic rho(D) immune globulin in addition to the **Z23** code for immunization. This code also would be reported for the patient being tested for isoimmunization with no test result at the time of the visit.

Uterine prolapse without vaginal wall prolapse (**618.1**) will not have a code replacement.

Vaginal conditions such as vaginal lacerations (old), leukorrhea not specified as infective, and vaginal hematoma will be represented by an “other” code: **N89.8**.

Vulvar cyst will have its own code: **N90.7**.

Vulvovaginitis has been expanded into category codes for acute, subacute/chronic conditions of both the vagina and the vulva, which changes the documentation requirements in order to code correctly: **N76.0–N76.3**. ❗

Reference

1. Witt M. Moving forward with ICD-10: capitalize on this extra time. *OBG Manag.* 2014;26(7):17, 18, 20.



Long-term use of hormonal contraceptives will have code Z79.3

ICD-10 IS COMING SOON!

Read part 2 of this series that highlights OB coding changes from reimbursement and coding expert **Melanie Witt, RN, CPC, COBGC, MA**

>> Watch for the second part of this series in next month's issue!

