



ICD-10 Documentation Tips OB/GYN Services

The following are important documentation tips and strategies for ICD-10 compliance:

General:

- Document diagnosis that were “present on admission” as POA.
- Include diagnoses monitored, treated, evaluated on discharge summary.
- Laterality should be specified for all body parts and sites.

Condition/Concept	ICD-10 Documentation Tips
Trimester	<p>Definition Change: Documentation of Trimester is required. Determination is calculated from the first day of last menstrual period, and is documented in weeks. The definitions of trimesters are: First Trimester: Less than 14 weeks, 0 days Second Trimester: 14 weeks, 0 days through 27 weeks and 6 days Third Trimester: 28 weeks through delivery Note: In instances when patient is admitted during one trimester and remains in the hospital into a subsequent trimester, the selection of the trimester is based on the trimester when the complication developed, not the trimester of the discharge.</p>

Condition/Concept	ICD-10 Documentation Tips
Vomiting	<p>Definition Change: The time frame for differentiating early and late vomiting in pregnancy has changed from 22 to 20 weeks.</p>
Abortion	<p>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: Missed Abortion: No bleeding, os closed Threatened Abortion: Bleeding, os closed Incomplete Abortion: Bleeding, os open, products of conception (POC) are extruding Complete Abortion: Possible bleeding or spotting, os closed, all POC expelled.</p>
Childbirth and Puerperium distinct from Trimester	<p>Terminology Difference: ICD-10 allows for the description of “pregnancy”, “childbirth” and “puerperium” as distinct concepts from “trimester.”</p>
Intent of Encounter	<p>Increased Specificity: Type of Encounter: OB, GYN, contraception management, or postpartum care, etc. Complications: Note any abnormal findings with examination</p>

Condition/Concept	ICD-10 Documentation Tips
Complications of Pregnancy	<p>Increased Specificity: Documentation of conditions/complications of pregnancy will need to distinguish between pre-existing conditions, or pregnancy-related conditions. When documenting the complications of pregnancy, include the following: Condition Detail: Was the condition pre-existing? Trimester: When did the pregnancy-related condition develop? Causal Relationship: Likely relationship between pregnancy and complication? (i.e., preeclampsia)</p>
Alcohol use, Substance abuse, and Tobacco dependence	<p>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 F10, alcohol related disorders, should also be assigned when codes under category O99.31, Alcohol use complicating pregnancy, are used.</p>

References:

<http://www.roadto10.org/action-plan/phase-2-train/primer-obgyn/>

This ICD-10 Tipsheet is meant to assist providers for the transition from ICD-9-CM to ICD-10-CM. Content provided is informal guidance, and any definitive guidance is issued from CMS.