



AAPC

HEALTHCON

Gambling with High Risk Pregnancy Coding

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I am currently the Revenue Integrity Auditor for Oklahoma Sports and Orthopedic Institute in Norman, Oklahoma. I am a member of the Oklahoma City AAPC local chapter and have served as chapter officer for the Pro-Tulsa chapter.

I was previously employed by AAPC, a member of the ICD-10 Training and Education team, and formerly Director of Audit Services. With more than 30 years of experience in the healthcare industry I have seen many changes. I started as a medical assistant, then expanded to billing and coding, and progressed to clinic manager in a teaching facility. My experience extends to specialties including OB-Gyn, Maternal Fetal Medicine, General Practice, General Surgery, Neurology, and currently Orthopedics.

Obstetrics

- CPT and AMA do not specifically address the issue of high-risk pregnancy
- CPT defines global care of any uncomplicated pregnancy

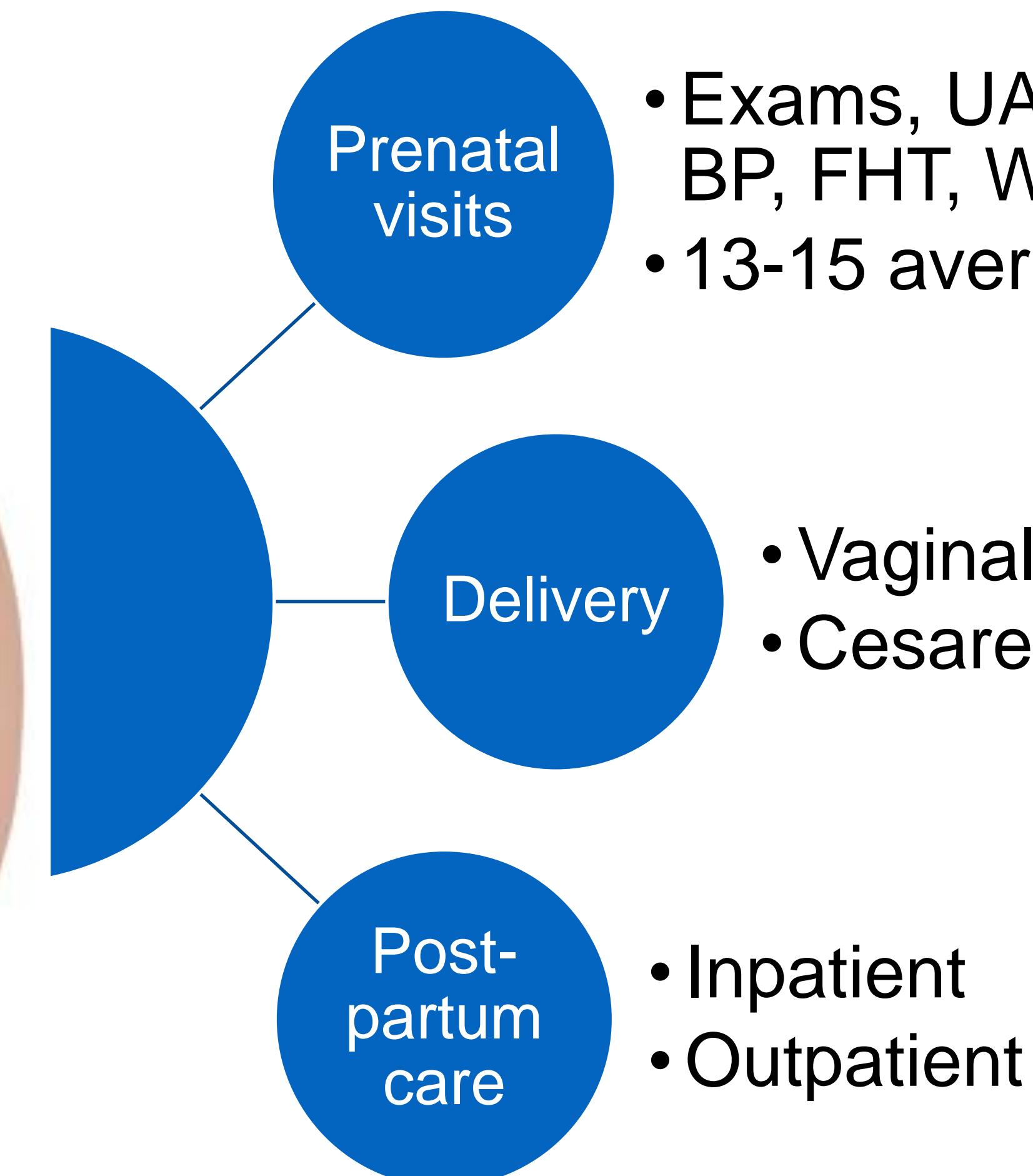
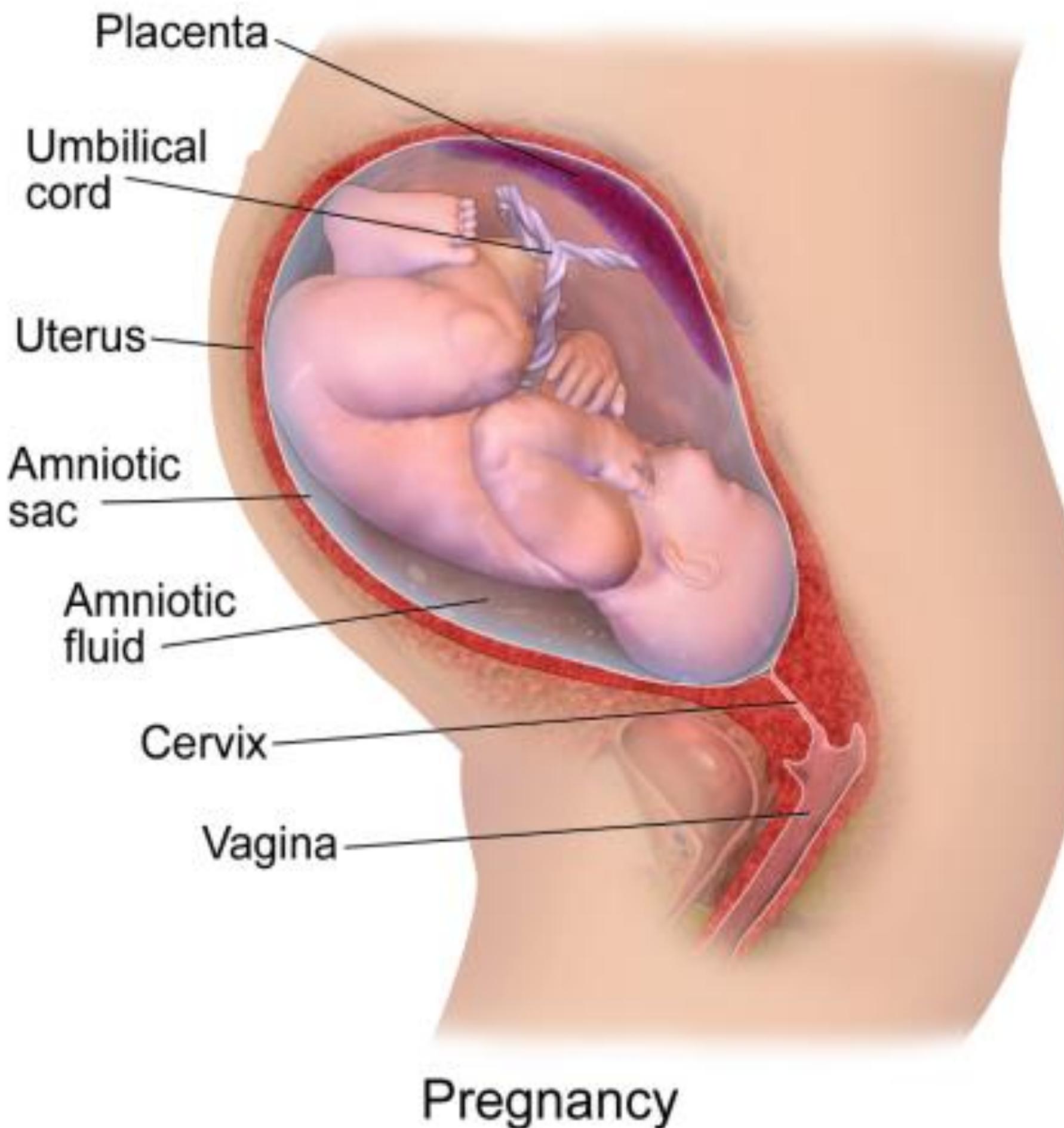
Challenges

- Complicated patients
- Patients require more time, more clinical resources
- Requires communication about additional charges

Obstetrical Global Package

- CPT describes all services that are provided to a full-term *non-complicated* case; including the antepartum care, delivery, and routine postpartum care.
- Carriers may not follow CPT or ACOG guidelines

What is included in OB package?



Antepartum Care

- Initial and/or subsequent history and physical exams
- Blood pressure, weight, fetal heart tones, routine urine dips
- Monthly visits up to 28 weeks (5-6)
- Bi-weekly visits from 28-36 weeks (5)
- Weekly visits from 36 weeks to delivery (4)

Average of 13-15
prenatal visits

Delivery

59400

- TOB vaginal
- RVU 60.28

59510

- TOB cesarean
- RVU 66.91

59610

- TOB VBAC
- RVU 63.45

59618

- TOB cesarean after VBAC
- RVU 67.81

Twin delivery

Routine OB with vaginal delivery of both

- 59400
- 59409-51

Routine OB care with cesarean delivery of both

- 59510-22

Routine OB care with vaginal delivery of one, cesarean of one

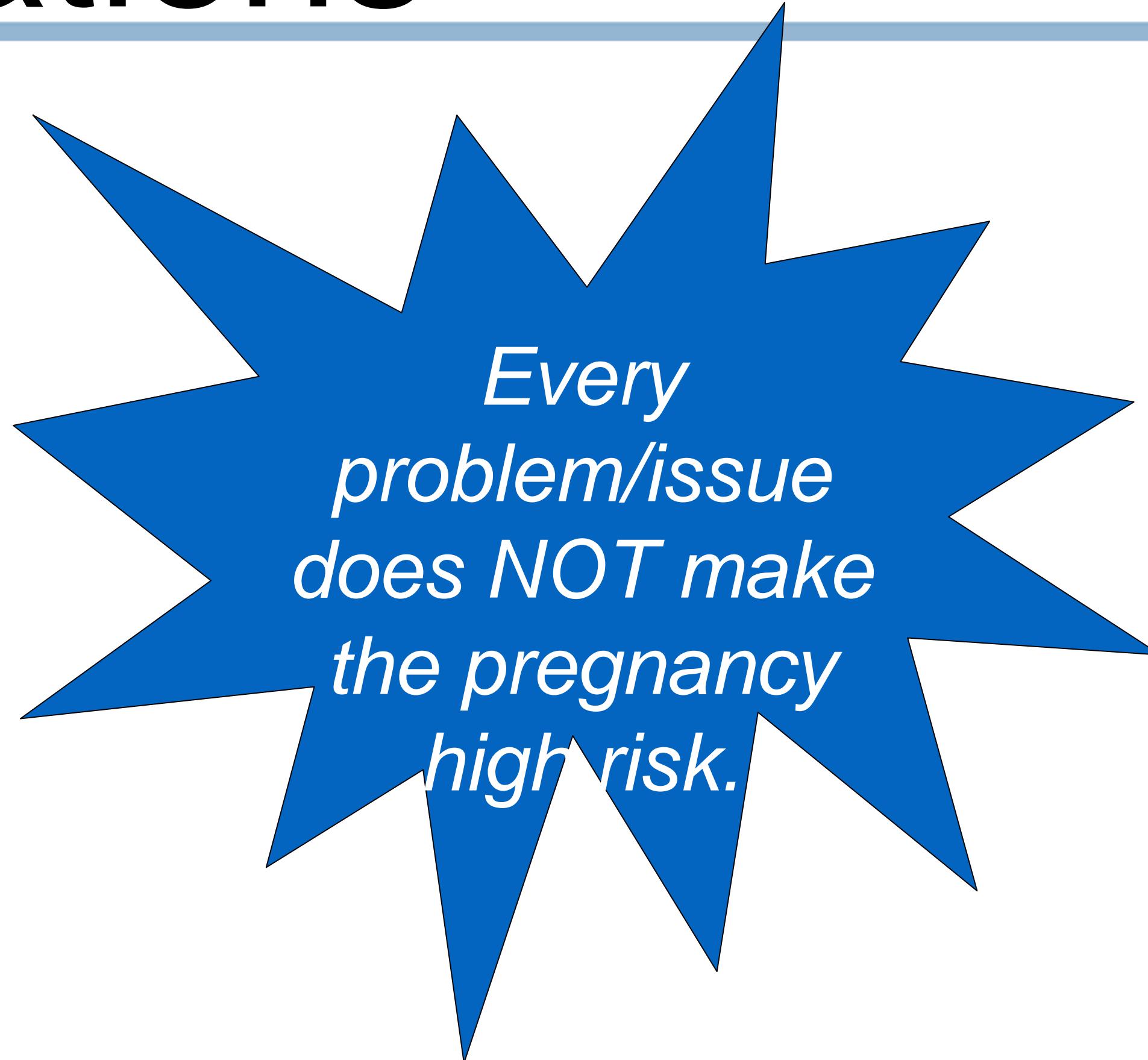
- 59510
- 59409-51



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High-risk Indications

- Presence of medical conditions in the mother
- Presence of risk factors or potential risk
- Abnormality of the fetus
- Hospitalizations that occur outside admission for delivery
- Need for consultation or intervention by physicians with additional training



Concurrent Care /Co-Management

- General OB seeing the patient for regular visits, documented on the prenatal flow sheet; documentation should indicate who is co-managing the patient and for what condition
- Specialist sees the patient periodically for monitoring, ultrasound, lab, etc. separately documented services
- Services are outside global package

Consults - E/M visits

Consult

- Must meet requirements (request from provider, render your opinion, report your findings)
- Can establish course of treatment

Coding Tips:

- Can be billed by time (> 50% counseling)
- Counseling, education, answering questions, etc. are a billable service
- Modifier not required if done with US

E/M visits

- New
- Established

Ultrasounds

Do not include pre and post op elements

Do not include discussion of results with patient

Multiple scans do not require Modifier 51

Documentation requirements - ACOG, SMFM, AIUM

Ultrasounds

76801, +76802

- Trans-abdominal approach
- Less than 14 weeks gestation
- Determine number of sacs
- Survey fetal structures, amniotic fluid, maternal structures including adnexa and uterus

76813, +76814

- First trimester screening
- Focus on the fetal neck
- Non-invasive means of looking for chromosomal abnormalities/heart defects
- Calculate fetal length / depth of tissue
- Blood testing at the same session

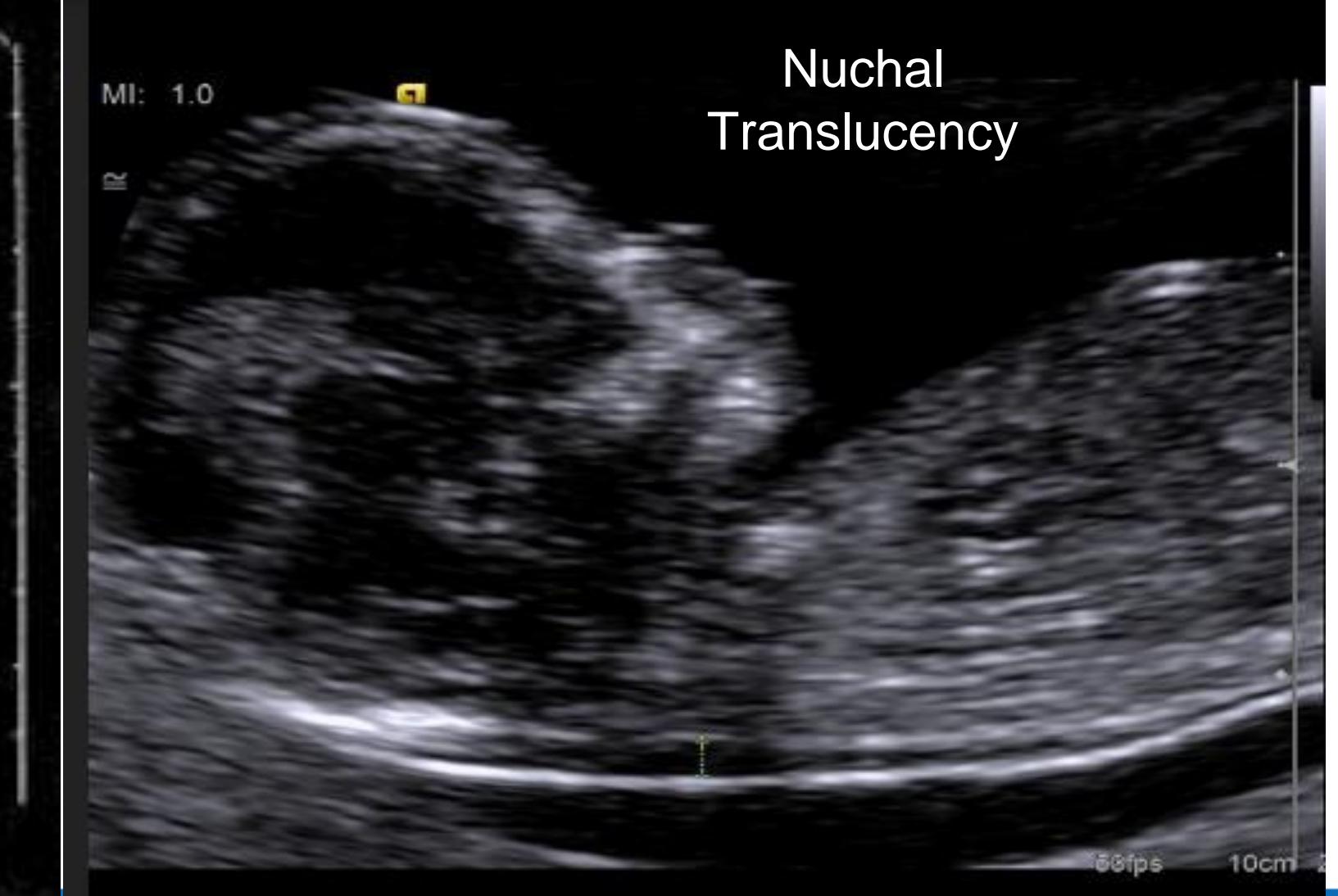
Ultrasounds

76805, +76810

- Greater than or equal to 14 weeks gestation
- Number of fetuses and amniotic/chorionic sacs
- Survey of intracranial/spinal/abdominal anatomy, 4 chambered heart, umbilical cord insertion site, placental location, and amniotic fluid assessment, examination maternal adnexa; if visible

76811, +76812

- 76805 plus
- Detailed fetal anatomy including Brain/ ventricles, face, heart/ outflow tracts, chest anatomy, abdominal organs, limbs (number, length, structure), umbilical cord and placenta evaluation, other fetal anatomy as indicated



Ultrasounds

76815

- Represents a “quick look”
- Evaluates one or more elements: position, size, activity, placental location, AFI
- Reported only once per exam**
- Not used with other US codes

76816

- Limited follow-up
- Re-evaluate or reassess a confirmed or suspected abnormality on initial ultrasound
- Use code once for each fetus examined with Modifier 59 for the additional fetus

Ultrasounds

76817

- Transvaginal ultrasound of a pregnant uterus
- Evaluation of fetus and placenta
- Evaluation of maternal adnexa and uterus
- Evaluation of characteristics of cervix; including length and structure
- Can be billed with US performed by abdominal approach

Biophysical Profile

Physiologic test

76818 with NST

76819 w/o NST

- Measures well-being of the fetus

- fetal breathing movements

- fetal movements

- fetal tone

- quantification of amniotic fluid volume

Indications

- Maternal HTN, Diabetes, Coagulations defects, multiple gestations
- Fetal – Small/Large for dates, congenital abnormalities, multiple gestations

Amniocentesis

59000

- Diagnostic
- Genetic
- FLM (fetal lung maturity)
- Add 76946 US guidance

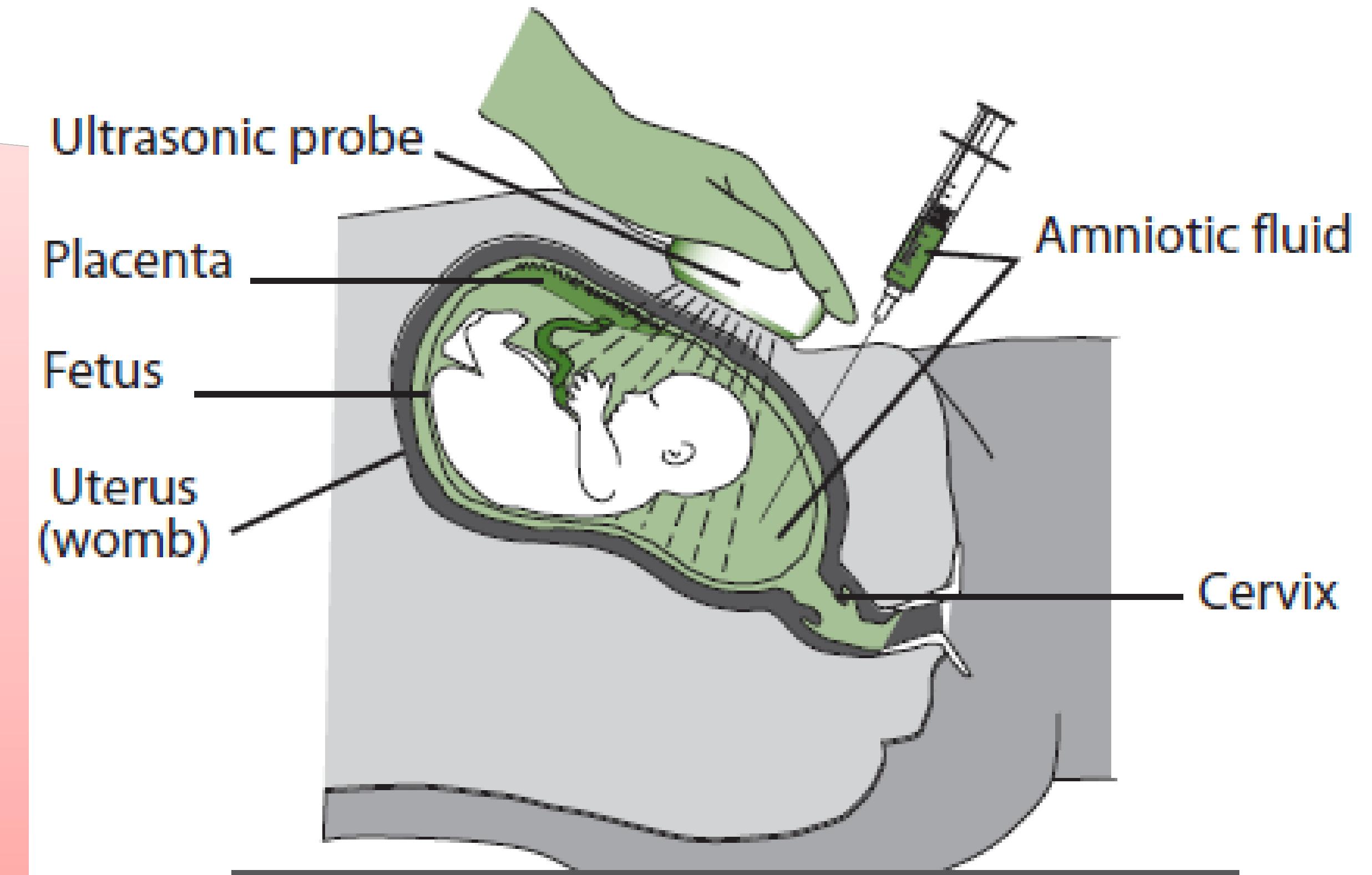


Figure 411 Amniocentesis



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Therapeutic Amniocentesis

59001

- Amnio reduction
- Polyhydramnios
- Indications: HTN, maternal DM, fetal anomalies like cleft palate, hydrocephalus, pyloric stenosis, multiples

Ultrasound guidance is included in these procedures

59070

- Amnio Infusion
- Allows for visualization of fetal anatomy
- Oligohydramnios
- Indications: HTN, fetal anomalies (fetal urinary obstruction or absence of kidneys), poor placental function, leakage of fluid, multiples

Therapeutic Amniocentesis

- 59074
 - Fetal fluid drainage
 - Bladder tap, pleural effusion
- 59076
 - Fetal shunt placement
 - Fetal urethral blockage, pleural effusions

Ultrasound guidance is included in these procedures

Fetal Invasive Procedures

59012

- Percutaneous umbilical blood sampling
- Report also 76941 for guidance
- Cordocentesis is a diagnostic procedure

36460

- Fetal blood transfusion
- Report also 76941 for guidance
- Causes: Rh incompatibility, Parvo virus in mother affecting fetus

Coding Tips

- Transvaginal US can be billed with transabdominal US
- Professional component can be billed for services at the hospital
- Use Modifier 59 for BPP on multiple gestations
- Use Modifier 59 for NST on multiple gestations

(US with add-on code is do not require Modifier 51, 59)

ICD-10-CM Coding

- Chapter 15 codes take priority over codes from other chapters
- It is the physicians responsibility to state that the condition being reported is NOT complicating the pregnancy.
- Codes from other chapters can be used in conjunction to specify a condition
- Read ALL of the ICD-10-CM instructional notes, Excludes1 and Excludes2

High Risk Supervision

- Category O09 first listed
- Other Chapter 15 codes secondary

Trimesters

- Trimester identified as follows:
 - 1st Trimester - less than 14 weeks, 0 days
 - 2nd Trimester – 14 weeks 0 days to less than 28 weeks 0 days
 - 3rd Trimester – 28 weeks, 0 days to delivery
- Trimester will not be a component in conditions that occur in specific trimesters.
- Patient admitted for a complication with an extended stay that crosses trimesters, report the trimester in which the complication developed.

7th Character Fetal Extension

| | |
|----------|-------------------------------|
| 0 | Unspecified, singleton |
| 1 | Fetus 1 |
| 2 | Fetus 2 |
| 3 | Fetus 3 |
| 4 | Fetus 4 |
| 5 | Fetus 5 |
| 9 | Other fetus |

For use with Category O31, O33.3 – O33.7, O35, O36, O40, O41, O60.1 – O60.2, O64, and O69

Weeks of Gestation

| Z3A.00 | Weeks of gestation not specified | Z3A.36 | 36 weeks gestation |
|--------|----------------------------------|--------|---------------------------|
| Z3A.01 | Less than 8 weeks gestation | Z3A.37 | 37 weeks gestation |
| Z3A.08 | 8 weeks gestation | Z3A.38 | 38 weeks gestation |
| Z3A.09 | 9 weeks gestation | Z3A.39 | 39 weeks gestation |
| Z3A.10 | 10 weeks gestation | Z3A.40 | 40 weeks gestation |
| Z3A.11 | 11 weeks gestation | Z3A.41 | 41 weeks gestation |
| Z3A.12 | 12 weeks gestation | Z3A.42 | 42 weeks gestation |
| Z3A.13 | 13 weeks gestation | Z3A.49 | > Than 42 weeks gestation |

Primary Diagnosis for Delivery

- Complication is first listed
- If complication during antepartum period resolves, the delivery is reported as uncomplicated
- Indications: malposition, cord issues, delayed delivery, fetal complication, maternal condition

Delivery Diagnosis

Example: Patient delivers a full-term, single, liveborn male at 39.5 weeks



HIV in pregnancy

- **O98.7** HIV related conditions
- Follow Chapter 2 guidelines
- Medication management
- Viral load used to determine delivery method
- Monitoring to determine fetal exposure
- Testing of newborn mandated in some states

Diabetes in pregnancy

- **O24** Type I, Type 2, gestational
- Follow Chapter 4 guidelines
- Potential for maternal kidney disease, fetal cardiac problems, increased fetal size, more prone to pre-eclampsia, eclampsia
- Frequent lab work
- Monitoring during pregnancy for uncontrolled sugars, insulin adjustments
- Frequent fetal monitoring to watch for fetal size, fetal well-being and congenital abnormalities

Hypertension in pregnancy

- May result in additional prenatal visits to monitor maternal BP
- May require
 - anti-hypertensive's or a change in medications
 - antenatal testing to verify well-being of the fetus (NST,BPP,fetal echo)
- Monitoring for decreased fetal movement, oligohydramnios, pre-eclampsia
- Elevated BP in mother puts additional stress on placenta

Pre-eclampsia

- Albuminuria and unresponsive edema between 20 weeks gestation and first week post partum
- Excess weight gain of 2+ pounds in one week
- Excessive swelling of hands, feet, and face
- BP of greater than 140/90
- Albuminuria and elevated creatinine on 24 hour urine
- Timing of delivery is critical

- **Eclampsia** – Similar to pre-eclampsia/toxemia but can be accompanied by convulsions, coma, and edema
- **HELLP** – severe pre-eclampsia with severe hypertension, elevated liver function tests, low platelet count.

The treatment is delivery.

Hypertensive Disorder

O10 Pre-existing HTN

O11 Pre-existing HTN with pre-eclampsia

O12 Gestational edema, proteinuria, edema with proteinuria

O13 Gestational HTN w/o significant proteinuria

O14 Pre-eclampsia

- O14.0 Mild to moderate
- O14.1 Severe
- O14.2 HELLP

O15 Eclampsia

Maternal Conditions Related to Pregnancy

- Hemorrhage
- Hyperemesis
- Venous complications
- Infections
- Recurrent loss
- Weight disorders
- Herpes
- Cervical shortening
- Liver disorders

Other Maternal Conditions

099

- Anemia
- Alcohol use
- Drug use

•

Coagulation Defects

099.1

- Abnormal coagulation in mother with risk to both fetus and mother
- Risks of fetal growth restriction, fetal death, spina bifida, genetic risks, complications for mother include miscarriage, hemorrhage, DVT, other vascular episodes, post partum hemorrhage
- Requires antenatal testing and close monitoring
- May require daily aspirin or heparin therapy
- Use additional code to identify specific defect

Obesity in Pregnancy

O99.21

- Risk for cesarean, GDM, HTN, PET,
- Fetal complications, shoulder dystocia, childhood obesity
- Use additional code for type of diabetes
-

Alcohol Use in Pregnancy

O99.31

- Risks for premature birth, birth defects and fetal alcohol spectrum disorders.
- Alcohol passes through placenta, can affect brain and other vital fetal organs
- Use additional code

Tobacco Use in Pregnancy

099.33

- At greater risk for miscarriage, preterm birth, low-birth weight babies, placental abruption
- Fetus at risk for SIDS, upper respiratory and ear infections
- Use additional code for nicotine dependence

Epilepsy in Pregnancy

O99.35

- Conditions classifiable to G00-G99
- Use additional code to identify specific type of epilepsy G40
- Drugs are major factor
- Increased risk for fetal problems

Multiple Gestations

- Very time consuming pregnancies
- Require multiple ultrasounds, fetal monitoring
- Possible bed rest for mother after specified gestational age
- Usually require additional prenatal visits, but often deliver early in gestation
- Remember the outcome code (Z37)
- Malposition is first listed (O36)

Twins

Di-Di

- 2 placentae
- 2 sacs

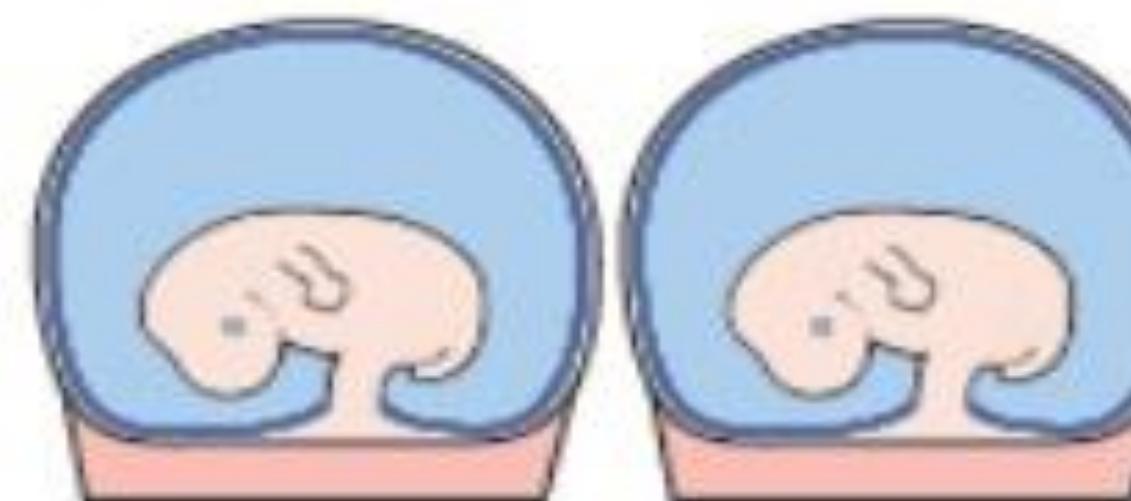
Mono-Di

- Shared placenta
- 2 sacs
- Anomalies, abnormal growth, TTT possible

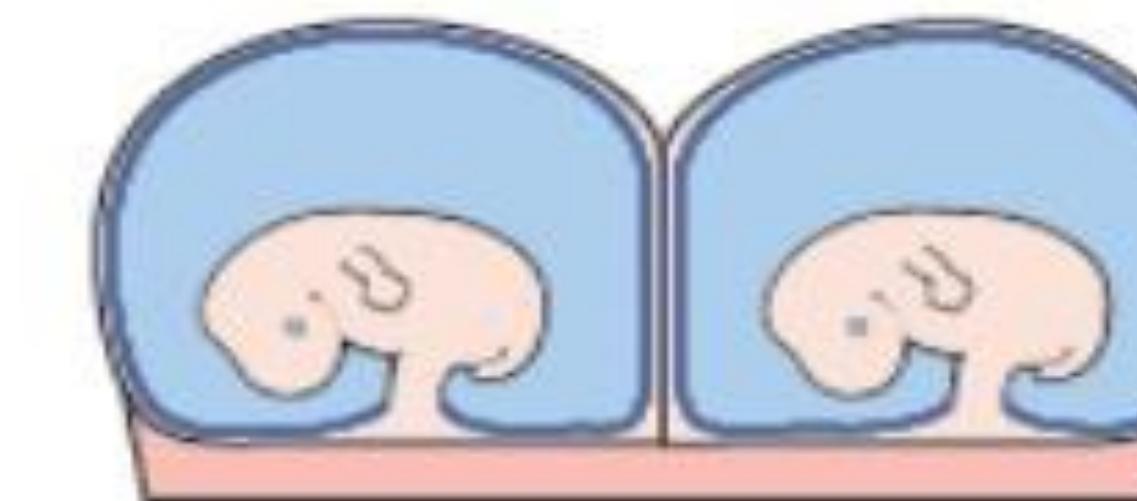
Mono-Mono

- Single placentae
- Single sac
- Risk of cord entanglement
- IP 24 weeks, early delivery

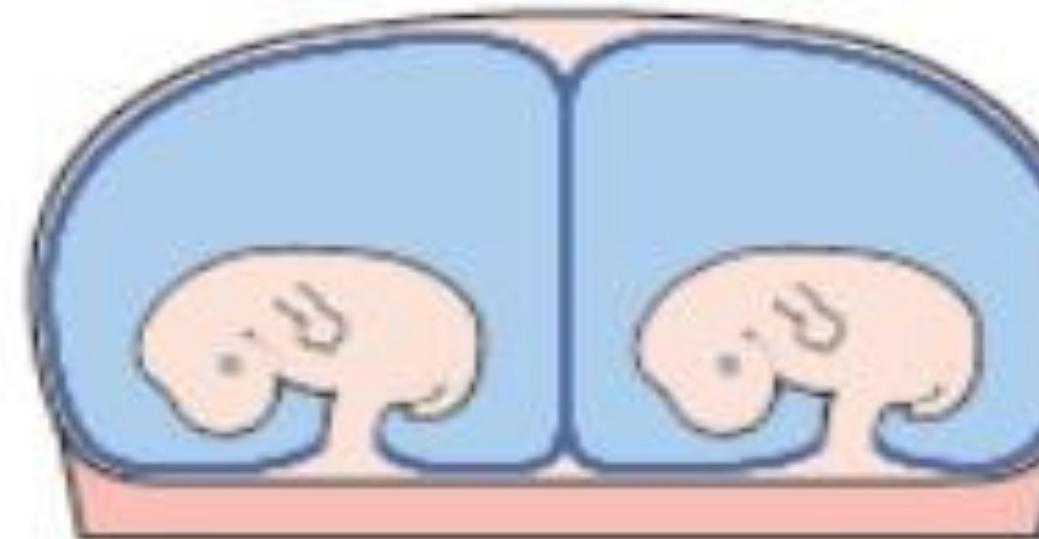
Monochorionic placentas imply monozygotic (identical) twins
Dichorionic placentation may occur with either monozygotic
or dizygotic twins



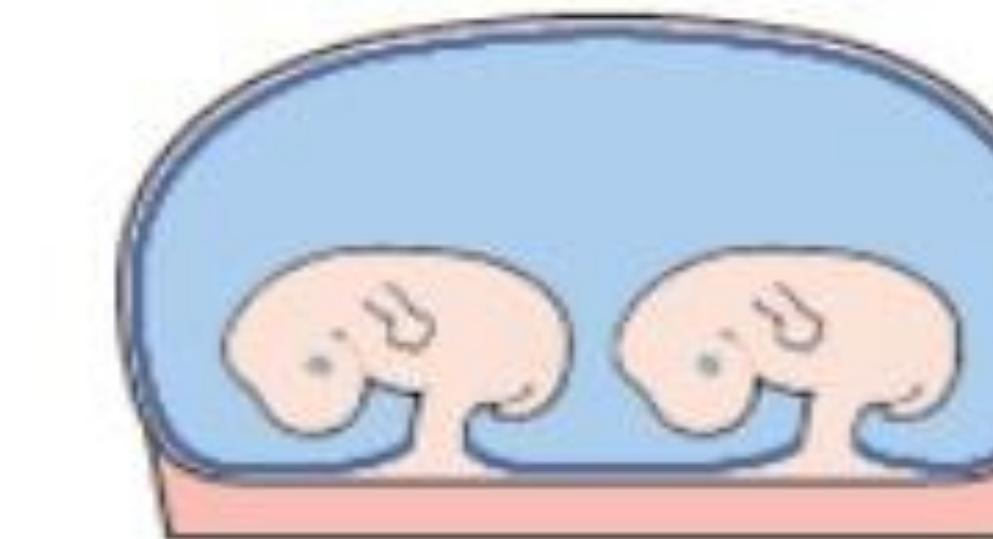
Dichorionic diamnionic



Dichorionic diamnionic (fused)



Monochorionic diamnionic



Monochorionic monoamnionic

Chorion

Amnion

Placenta

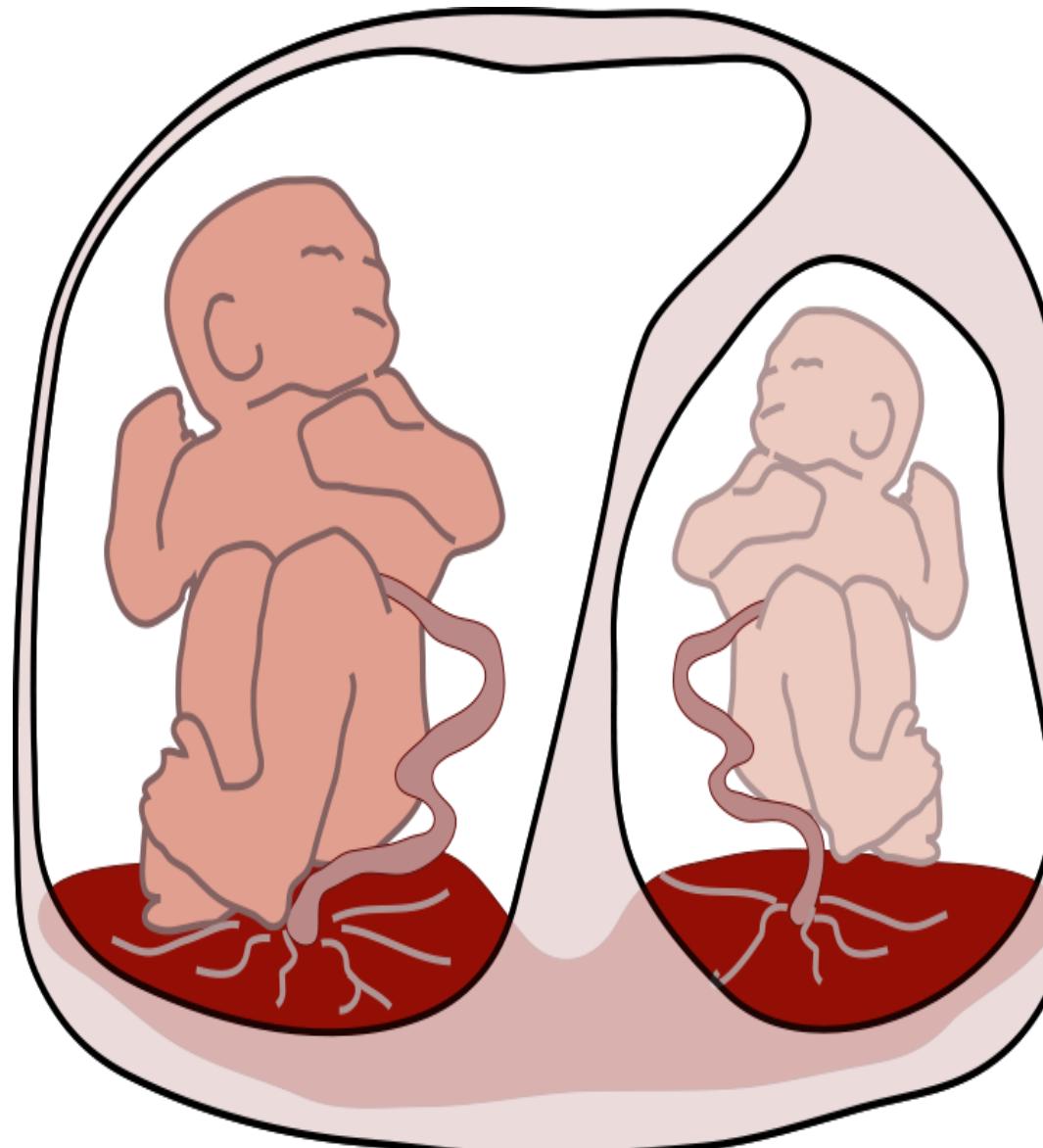
Amniotic fluid

Twin-to-Twin Transfusion

O43.02-

One twin “guzzles” the nutrients

- Donor twin
Exhibits anemia
Decreased growth
Oligohydramnios
- Recipient twin
Increased growth
Cardiac hypertrophy
Polyhydramnios
Polycythemia



- Demise of one threatens the survivor
- Risk of cerebral palsy, mental retardation, premature labor
- Personal or family history of congenital cardiac defects requires close monitoring, especially if defects appear in other offspring
- Codes based on trimester, number of placentae and amniotic sacs

Example

Patient is a 31 yrs. old G5 P4004 female with intra-uterine pregnancy of 15.4 duration here for consultation regarding pregnancy complications of monochorionic diamniotic twin gestation.

Discussed with patient, fetal growth is appropriate and no new anatomic abnormalities noted for either twin at this early gestational age. The membrane is thin and can only be seen on endovaginal scan today. The fluid for twin 1 is low, but the fluid for twin 2 is normal thus far. Urine is not seen in the bladder for twin 1 by the sonographer nor myself today. Umbilical artery Doppler resistance indices are normal for gestational age for both twins. MCA PSV normal for gestational age and not suspicious for fetal anemia either twin. Her cervical length is reassuring.

Example

Triplet IUP at 29.2 weeks

Previous cesarean section

Morbid Obesity

Pre-eclampsia without severe features

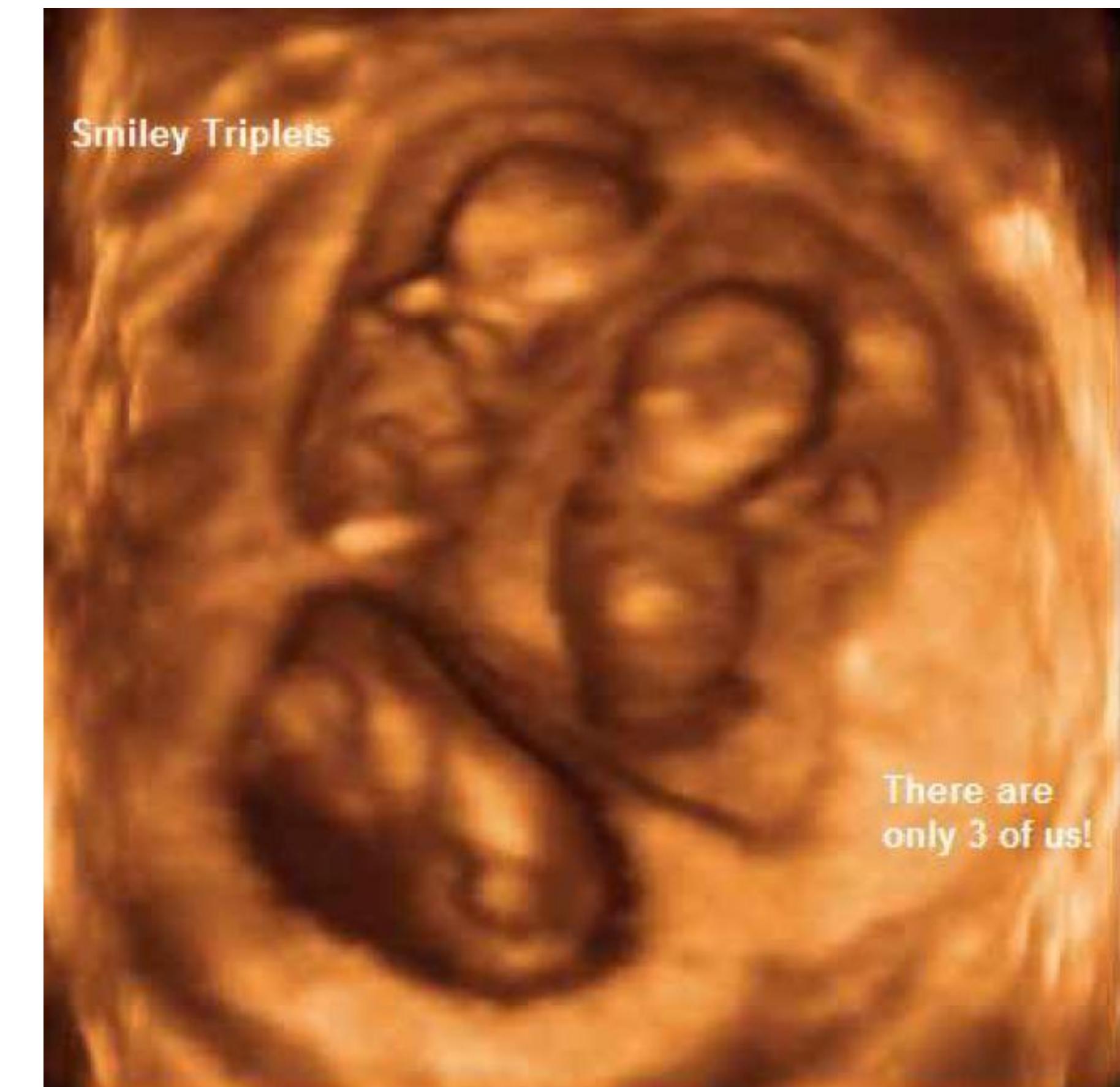
Non-reassuring fetal heart tracing of triplet C

Transverse lie of presenting triplet A

Transverse back up triplet C

Triplets, all liveborn

Weeks of gestation



Procedure: Stat repeat low segment transverse cesarean delivery

Findings: Live newborn in transverse back down presentation (A), Apgars, birth weight and sex not available at time of this dictation. Live newborn cephalic presentation for triplet B; again, Apgars and birth weight, sex not available at time of this dictation, and triplet C was transverse back up presentation, birth weight, sex and Apgars not available at time of this dictation. Normal appearing uterus, tubes and ovaries. Placenta to pathology.

Example

Triplet IUP at 29.2 weeks O30.103

Previous cesarean section O34.211

Morbid Obesity O99.214

Pre-eclampsia without severe features O14.04

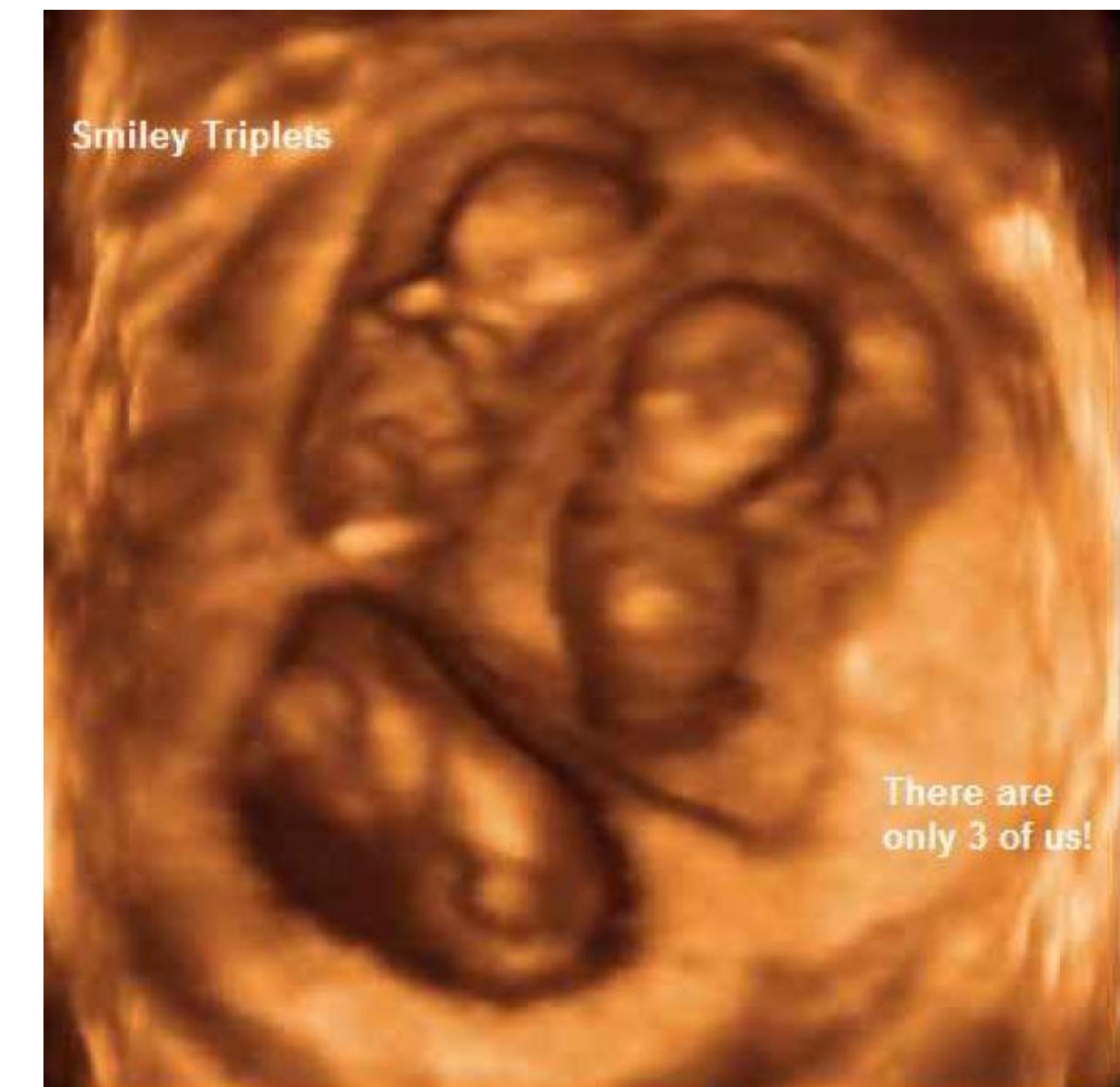
Non-reassuring fetal heart tracing of triplet C O76

Transverse lie of presenting triplet A O32.2XX1

Transverse back up triplet C O32.2XX3

Triplets, all liveborn Z37.51

Weeks of gestation Z3A.29



Procedure: Stat repeat low segment transverse cesarean delivery

Findings: Live newborn in transverse back down presentation (A), Apgars, birth weight and sex not available at time of this dictation. Live newborn cephalic presentation for triplet B; again, Apgars and birth weight, sex not available at time of this dictation, and triplet C was transverse back up presentation, birth weight, sex and Apgars not available at time of this dictation. Normal appearing uterus, tubes and ovaries. Placenta to pathology.

Cord Conditions Complicating Delivery

O69

- Prolapse
- Cord around neck
 - With compression
 - Without compression
- Short cord
- Vasa previa
- Vascular lesion



Maternal Care for Fetal Abnormality or Damage

O35

- Description is “known or suspected”
- Use an additional code for associated maternal condition
- Indications: chromosome, central nervous, alcohol, drugs, IUD
- Requires 7th character
-

Other Fetal Problems

O36

- Confirmed conditions
- Require 7th character
- Require prenatal monitoring for fetal well-being
- Maternal condition: isoimmunization (rH, Anti-A, Anti-B) hydrops
- Fetal condition: Large for dates, small for dates, DFM, fetal anemia

Capturing all the Charges

- Unscheduled visits
- Non-stress tests
- Ultrasounds
- Biophysical profile
- Fetal echocardiography
- Doppler velocimetry
- Cervical length
- Amniocentesis
- Paracentesis
- Amniotic fluid reduction
- Hospital admission for prenatal condition, trauma, condition not directly associated with the pregnancy

Charges Outside Global

- These charges should be billed as they occur.
- The patient needs to be aware of the possibility these are not covered and they are responsible
- Define global, high-risk, medical necessity

Questions ???

