

ICD-10-CM Specialty Code Set Training Obstetrics and Gynecology

2014

Module 1



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Clinical Examples Used in this Book

AAPC believes it is important in training and testing to reflect as accurate a coding setting as possible to students and examinees. All examples and case studies used in our study guides and exams are *actual, redacted* office visit and procedure notes donated by AAPC members.

To preserve the *real world* quality of these notes for educational purposes, we have not re-written or edited the notes to the stringent grammatical or stylistic standards found in the text of our products. Some minor changes have been made for clarity or to correct spelling errors originally in the notes, but essentially they are as one would find them in a coding setting.

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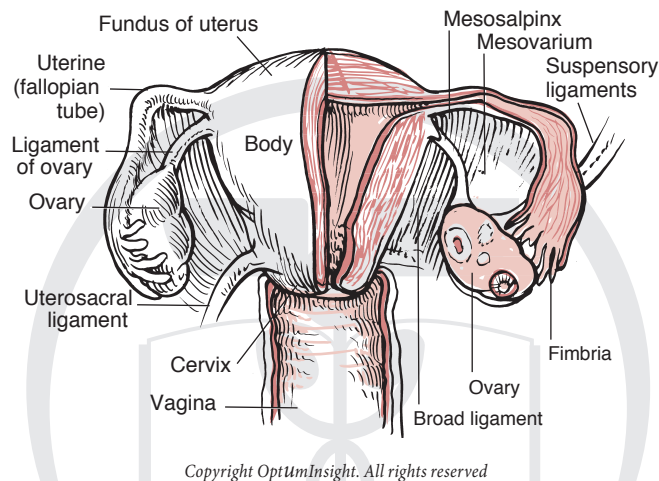
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Gynecological Conditions

Obstetricians and Gynecologists treat female patients with a wide variety of conditions and diseases. We will review the most commonly coded conditions, diseases and signs and symptoms for the female reproductive and urinary systems. Proper ICD-10-CM code selection for pregnancy and delivery will be addressed in a later section of this manual.



Routine GYN Exam

A large part of every OB/GYN practice is performing preventive medicine services. These services include yearly gynecological exams, screening pap smears and contraceptive maintenance.

When the patient presents for her yearly gynecological exam, there are two code options for the first listed diagnosis:

Z01.411 Encounter for gynecological examination (general) (routine) with abnormal findings

There is an instructional note following code Z01.411 to use additional code to identify the abnormal finding.

Z01.419 Encounter for gynecological examination (general) (routine) without abnormal findings

There are also instructional notes in this category to report screening vaginal pap smear, screening for HPV and to identify acquired absence of the uterus.

When a screening pap smear is performed at the time of the routine gynecological exam, an additional code is not needed. If a screening pap smear is performed independently (not part of the GYN exam), the correct code is Z12.4.

EXAMPLE

During the patient's annual gynecologic exam, the provider notices a breast lump. The provider performs a cervical pap smear and orders a diagnostic mammogram.

Z01.411 *Encounter for gynecological examination (general) (routine) with abnormal findings*

N63 *Unspecified lump in breast*

Abnormal Pap Smear

Abnormal Pap smear results can indicate various clinical conditions. In ICD-10-CM, abnormal pap smears of the cervix and vagina are located in subcategory R87.6.

The documentation must include the location (cervix, vagina). The codes are further broken down by the cytology findings which include:

- Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear
- Atypical squamous cells of undetermined significance on cytologic smear
- Low grade squamous intraepithelial lesion (LGSIL) on cytologic smear
- High grade squamous intraepithelial lesion (HGSIL) on cytologic smear
- Cytologic evidence of malignancy on smear
- Inadequate smear
- Thin Preparation
- Unsatisfactory smear
- Satisfactory cervical smear but lacking transformation zone
- Other abnormal cytological findings on specimens

Cytology findings of an abnormal pap smear that are reported with other categories include:

- Human Papillomavirus (HPV) DNA Test results are reported with a code from category R87.8. The HPV virus causes warts. HPV in the female genital area can cause cervical cancer. The codes for a positive HPV DNA test are broken down by anatomic site (cervix or vagina) and risk (low or high).
- Cervical Dysplasia (Histologically Confirmed) is abnormal changes of cells on the surface of the cervix. Dysplasia is categorized as mild, moderate, and severe. The cytology findings will include Cervical Intraepithelial Neoplasm (CIN) I, II and III which are also reported with dysplasia codes.
 - N87.0 Mild cervical dysplasia (CIN I)
 - N87.1 Moderate cervical dysplasia (CIN II)
 - N87.9 Dysplasia of cervix uteri, unspecified

Severe dysplasia (CIN III) is reported with a code from category D06 based on the specific site of the cervix (endocervix, exocervix, other part, unspecified)

- Vaginal Dysplasia (Histologically Confirmed) is abnormal changes of cells in the vagina. Dysplasia is categorized as mild, moderate, and severe. The cytology findings will include Vaginal Intraepithelial Neoplasm (VIAN) I, II, III which are also reported with dysplasia codes.
 - N89.0 Mild vaginal dysplasia (VIAN I)
 - N89.1 Moderate vaginal dysplasia (VIAN II)
 - N89.3 Dysplasia of vagina
 - D07.2 Severe dysplasia of vagina (VIAN III)

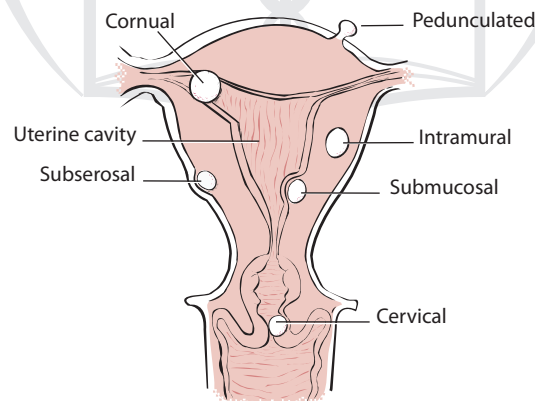
EXAMPLE

The patient returns to the office to review the abnormal cervical pap smear results. The results show she has LGSIL.

R87.612 *Low grade squamous intraepithelial lesion on cytologic smear of cervix (LGSIL)*

Fibroids

Uterine Fibroids are noncancerous growths in the uterus. Uterine fibroids are also referred to as leiomyoma or myomas. Fibroids range in size and can result in multiple fibroids. The larger the fibroids grow, the more symptomatic the patient will usually become. Signs and symptoms include heavy menstrual bleeding, prolonged menstrual cycles, pressure, pelvic pain, back pain, constipation, and frequent urination.



Types of Uterine Fibroids

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In ICD-10-CM, the codes are categorized by:

- Anatomic site
 - Ovary
 - Oviduct
 - Cervix
 - Uterus

- Type
 - Intramural-located within the wall of the uterus
 - Subserosal-located under the peritoneal (mucosal) surface of the uterus
 - Submucous-located in the muscle under the endometrium of the uterus

EXAMPLE

Operative findings from an exploratory laparotomy and supracervical hysterectomy include a 12 week fibroid uterus with the largest measuring approximately 8 cm in the left fundal region. She had normal appearing tubes and ovaries.

D25.9 *Leiomyoma of uterus, unspecified*

Vaginitis

Vaginitis is the inflammation of the vagina which is caused by an infection or imbalance of the vaginal bacteria. Symptoms include discharge, pain, itching, and light vaginal bleeding.

In ICD-10-CM, the codes are selected based on timing (acute, chronic), type (atrophic) or infectious agent (bacterial, candidiasis, trichomonas). When the infectious agent is documented, refer to the agent under the subterms for vaginitis in the Index to Disease and Injuries. Depending on the agent, two codes may be required. For example, bacterial vaginitis is reported with N76.0 *Acute vaginitis*. There is an instructional note to use an additional code (B95-B97) to identify the infectious agent. Other types of vaginitis will only require one code. For example, candidal vaginitis is reported with B37.3 *Candidiasis of vulva and vagina*.

EXAMPLE

A patient presents with pelvic pain and abnormal discharge. The provider diagnoses the patient with bacterial vaginitis.

N76.0 *Acute vaginitis*

B96.89 *Other specified bacterial agents as the cause of diseases classified elsewhere*

Lichen

Lichen is condition of the skin characterized by patchy, white thinning skin. In females, it occurs most often on the vulva.

In ICD-10-CM, the codes are categorized by type (albus, atrophicus, sclerosus) and location (penis, vulva). If the type of lichen is documented without indicating the anatomic site, report L90.0 *Lichen sclerosus et atrophicus*. All types of lichen occurring on the vulva are reported with N90.4 *Leukoplakia of vulva*.

EXAMPLE

During a genital exam, the provider notices a bed of lichen sclerosis on the vulva.

N90.4 *Leukoplakia of vulva*

Menorrhagia

Menorrhagia is excessive or prolonged bleeding occurring at regular intervals of the menstrual cycle. Symptoms include heavy bleeding (soaking through a sanitary pad or tampon every hour), bleeding for a week or longer, passing large blood clots, and anemia due to excessive blood loss.

In ICD-10-CM, codes are selected by the type of menorrhagia which includes:

- Primary
- Climacteric
- Menopausal
- Postclimacteric
- Postmenopausal
- Preclimacteric or Premenopausal
- Pubertal (menses retained)

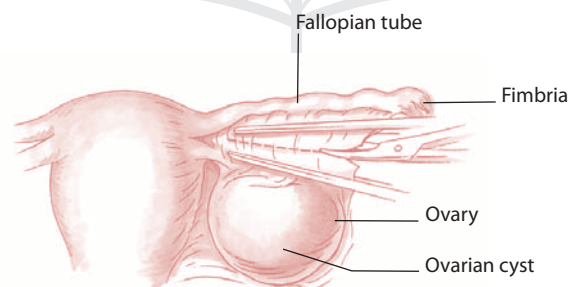
EXAMPLE

The OB/GYN performs a hysteroscopy and D&C for a patient diagnosed with menorrhagia.

N92.0 *Excessive and frequent menstruation with regular cycle*

Ovarian Cysts

An ovarian cyst is a sac filled with liquid or semifluid material that arises in or around an ovary. Symptoms of ovarian cysts include irregular menses, pelvic pain, pain during bowel movements, nausea, vomiting, breast tenderness, fullness in the abdomen, and pressure on the rectum or bladder.



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In ICD-10-CM, codes are categorized by type:

- Adherent
- Chocolate
- Corpus Luteum (hemorrhagic)
- Endometrial
- Developmental
- Dermoid
- Follicular (graafian)

- Multilocular
- Pseudomucinous
- Retention
- Serous
- Tuberculous
- Oviduct
- Unspecified
- Cause or contributing factor

If the cause of the ovarian cyst is due to failure of involution, report N83.20.

EXAMPLE

The findings for a diagnostic laparoscopy with right ovarian cystectomy include a large amount of blood and clot within the pelvis (hemoperitoneum) and right side of the abdomen, approximately 800 cc. Right ovarian cyst filled with clot and found to be bleeding at the time of surgery. Tubes bilaterally were normal in appearance. Uterus and left ovary were normal in appearance.

N83.29 *Other ovarian cyst*

K66.1 *Hemoperitoneum*

Menopausal Disorders

Category N95 includes codes for menopausal and perimenopausal disorders due to naturally occurring menopause and perimenopause. Menopause is the end of menstruation and fertility. It usually occurs in the females 40s or 50s. Perimenopause is the stage prior to menopause where the ovaries begin to produce less estrogen. Common menopausal disorders include postmenopausal bleeding, menopausal climacteric states and postmenopausal atrophic vaginitis.

Postmenopausal Bleeding

Postmenopausal bleeding is vaginal bleeding that occurs one year after menopause. This is a symptom of numerous conditions including polyps (noncancerous growths), endometrial atrophy (thinning of the inner lining of the uterus), endometrial hyperplasia (inner lining thickening, can indicate cancer), and endometrial cancer. Any amount of vaginal bleeding after menopause is not normal. Diagnostic tests will be performed if the OB/GYN cannot determine the reason for the bleeding after performing a history and physical exam. Until a definitive diagnosis is determined, report N95.0 *Postmenopausal bleeding* to support the medical necessity for the office visit(s) and diagnostic test(s).

Menopausal Climacteric States

The climacteric states are the symptoms associated with menopause. These symptoms include flushing, night sweats, hot flashes, headaches, irritability, lack of concentration, and sleeplessness. The provider must document the symptoms are associated with menopause to report code N95.1 *Menopausal and female climacteric state*. Do not make an assumption based on the patient's

gender and age that the symptoms are associated with menopause. There is an instructional note to use additional code for associated symptoms. Asymptomatic menopause is reported with Z78.0.

EXAMPLE

A patient presents complaining of headaches and night sweats. The OB/GYN attributes her symptoms to menopause.

N95.1 *Menopausal and female climacteric state*

R61 *Generalized hyperhidrosis*

R51 *Headache*

Postmenopausal Atrophic Vaginitis

Atrophic vaginitis is a drying, thinning, and inflammation of the vaginal walls as a result of less estrogen after menopause. The symptoms associated include vaginal dryness, burning, discharge, itching, discomfort with intercourse, light bleeding after intercourse and urinary incontinence. The correct code is *N95.2 Postmenopausal atrophic vaginitis*. Do not report separate codes for the signs and symptoms associated with atrophic vaginitis.

EXAMPLE

During a pelvic exam, the provider documents the patient has vaginal dryness and thin mucosa with diffuse erythema. The patient is diagnosed with atrophic vaginitis. The provider prescribes topical hormone replacement therapy.

N95.2 *Postmenopausal atrophic vaginitis*

Pelvic Pain

One of the most common symptoms patients present with is pelvic pain. This symptom is associated with multiple diseases and conditions. Until a definitive diagnosis is identified, a code for pelvic pain must be reported to support the office visit(s) and diagnostic test(s) ordered and performed. Common diagnostic tests include urinalysis, Pap smear, ultrasounds, lab tests, tests for sexually transmitted diseases, etc. Once a definite diagnosis is determined, you no longer report the code for pelvic pain.

In ICD-10-CM, there is only one code option for pelvic pain which is *R10.2 Pelvic and perineal pain*.

If the patient presents with abdominal pain, there are more code options. For abdominal pain the provider must document:

- Type
 - Colic
 - Rebound
 - Severe
 - Tenderness
- Site
 - Right upper quadrant

- Left upper quadrant
- Right lower quadrant
- Left lower quadrant
- Epigastric
- Periumbilic
- Pelvic
- Generalized

EXAMPLE

Patient presents to her OB/GYN complaining of pelvic pain lasting three days. She said the pain started right after her period. She is not experiencing any pain on urination or during sexual activity. The provider performs a Pap smear and orders a urinalysis and pelvic ultrasound.

R10.2 *Pelvic and perineal pain*

Prolapse

A frequent problem occurring as women age, and a particular problem for women who have had multiple children, is prolapse of the uterus and vagina. Symptoms of prolapse include discomfort and pain; protrusion of organs from the introitus (opening of the vagina); pressure; constipation if the vagina begins to fold in on the rectum (rectocele); and urinary incontinence if the vagina disrupts the anatomic position of the bladder (cystocele), urethra (urethrocele), or both (cystourethrocele). There are several possible treatment options for these conditions depending on the severity of the prolapse, age, lifestyle of the patient, and other issues. The options range from a pessary (flexible ring shaped support) to surgery.

In ICD-10-CM, codes for female genital prolapse are found in category N81. The provider must document the anatomic site of the prolapse. For prolapse involving the vagina and uterus, the provider must document if it is complete or incomplete, or the degree.

- First degree prolapse: The uterus drops to the upper portion of the vagina. This is also referred to as incomplete prolapse.
- Second degree prolapse: The uterus drops to the lower portion of the vagina. This is also referred to as incomplete prolapse.
- Third degree prolapse: The uterus drops to the point the cervix is located at the vaginal opening and may also protrude outside of the body. This is also known as procidentia (complete prolapse).

The codes for female genital prolapse include:

N81.10 *Cystocele, unspecified*

N81.11 *Cystocele, midline*

N81.12 *Cystocele, lateral*

N81.2 *Incomplete uterovaginal prolapse*

N81.3 *Complete uterovaginal prolapse*

- N81.4 *Uterovaginal prolapse, unspecified*
- N81.5 *Vaginal enterocele*
- N81.6 *Rectocele*
- N81.81 *Perineocele*
- N81.82 *Incompetence or weakening of pubocervical tissue*
- N81.83 *Incompetence or weakening of rectovaginal tissue*
- N81.84 *Pelvic muscle wasting*
- N81.85 *Cervical stump prolapse*
- N81.89 *Other female prolapse*
- N81.9 *Female genital prolapse, unspecified*

When coding for rectocele, there is an instructional note to use an additional code for any associated fecal incontinence, if applicable. It is common for a female to have more than one type of prolapse documented. Pay close attention to the excludes notes for proper code selection. If a patient is diagnosed with uterine prolapse and cystocele, enterocele or rectocele, only select a code for the uterine prolapse according to the excludes notes following N81.10-N81.12, N81.5, and N81.6.

EXAMPLE

A patient diagnosed with a third degree uterine prolapse and rectocele undergoes a total vaginal hysterectomy and posterior colporrhaphy repair.

N81.3 Complete uterovaginal prolapse

Urinary Tract Infections

Urinary tract infections (UTI) are usually caused by bacteria; however viruses and fungi can also be the causative agent. The infection can affect any part of the urinary tract. The common signs and symptoms include dysuria (painful burning on urination), frequency of urination, urgency, pressure and cloudy urine. The provider will usually order a urinalysis and sometimes a urine culture to determine the organism causing the UTI.

If the provider documents the specific organ in the urinary system that is infected, refer to the specific condition. In ICD-10-CM Index to Diseases and Injuries, you are referred to see cystitis for a bladder infection, see urethritis for the urethra and infection, kidney for the kidney. When the provider documents a UTI without documenting the specific site, report N39.0 *Urinary tract infection, site not specified*. There is an instructional note to use additional code (B95-97) to identify the infectious agent. There are two combination code options for UTI depending on the infectious agent:

- A18.13 *Tuberculosis of other urinary organs*
- Subcategory B37.4 *Candidiasis of other urogenital sites*-the last character identifies the anatomic site (cystitis and urethritis, balanitis, other)

When using a combination code, only one code is required to accurately describe the condition. If the UTI is caused by any other organism than tuberculosis or candidiasis, select the code for UTI followed by the code for the infectious agent if known.

EXAMPLE

The patient presents with lower abdominal pain and burning with urination. She has suffered from UTIs in the past. The provider performs a urinalysis and urine culture. The culture returns positive for group B Streptococcus.

N39.0 *Urinary tract infection, site not specified*

B95.1 *Streptococcus, group B, as the cause of diseases classified elsewhere*

Urinary Incontinence

Urinary incontinence is the loss of bladder control. It is caused when muscles become too weak or too active to control urination. Symptoms include minimal leakage (especially when coughing or sneezing) to uncontrollable wetting.

In ICD-10-CM, the codes are categorized by:

- Type
 - Stress-occurs during physical activity (coughing, heavy lifting, running, sneezing)
 - Urge-unintentional loss of urine caused by the bladder wall contracting
 - Mixed-combination of stress and urge incontinence
 - Overflow-unintentional loss of urine caused by an overly full bladder
 - Functional-patient is aware she needs to urinate but cannot move fast enough to get to the bathroom. This occurs in patients with neurologic problems (eg, multiple sclerosis) and thinking or communicating problems (eg, Alzheimer's).
 - Nocturnal-involuntary urination while the patient is asleep
- Cause
 - Urethral Hypermobility-excessive movement of the urethra causing it to drop below the pelvic floor muscles
 - Intrinsic Sphincter Deficiency-weakening muscle in the urethra
 - Occult Stress-occurs most often in patients with prolapse
 - Neurological causes
 - » Cortical Lesions
 - » Spinal Cord Lesions
 - » Hemi-cauda equina syndrome
 - » Multiple sclerosis

EXAMPLE

A patient presents with predominant urge incontinence, which was preceded by stress incontinence. This has also resulted in a urinary tract infection about once a month. We will have her obtain a MESA symptom score, voiding diary and a local cystourethroscopy. We will obtain her records from primary care physician for further evaluation and review.

N39.46 *Mixed incontinence*

Cystitis

Cystitis is the inflammation of the bladder. Common signs and symptoms include urinary urgency, burning sensation during urination, urinary frequency, hematuria, cloudy or foul smelling urine, discomfort, pressure and low-grade fever.

In ICD-10-CM, codes for cystitis are located in category N30. The codes are broken down by acute and chronic and location (interstitial, trigonitis) or cause (irradiation). There are two code options in each subcategory, one without hematuria and one with hematuria. If the provider does not document hematuria, select the code without hematuria. There is an instructional note to use additional code to identify the infectious agent (B95–B97).

EXAMPLE

A patient presents with burning and frequency on urination. The OB/GYN orders a urinalysis and UA culture. The culture returns positive for E coli. The provider calls in an antibiotic to treat the patient's acute cystitis.

N30.00 *Acute cystitis without hematuria*

B96.20 *Unspecified Escherichia coli [E. coli] as the cause of diseases classified elsewhere*