AGENDA

Goal: Participants will be able to understand the principles of ICD-10-CM coding related to obstetrics

- From ICD-9 to ICD-10: Major Changes
- Sequencing and Guidelines
- Practice: Finding the Key Term
- Chapter 1: Infectious Diseases
- Chapter 4: Endocrine, Nutritional, and Metabolic Diseases
- Chapter 5: Mental and Behavioral Disorders
- Chapter 9: Diseases of the Circulatory System

ORGANIZATION & STRUCTURE OF ICD-10-CM

Alphabetic Index
- Index to Diseases and Injuries
  - Neoplasm Table
  - Table of Drugs and Chemicals
  - Index to External Causes
  - Hypertension tables have been eliminated

Manifestation Codes
- Example: Disease, Alzheimer’s G30.9 [F02.80]

Tabular List
- Reorganization, addition, and expansion of chapters
BASIC STEPS TO CODING DISEASES

1. Locate main term in Index to Diseases
2. Follow directional terms
   - e.g., see, see also, see category
3. Review diagnostic statement to locate essential modifiers (sub-terms) in Index to Diseases
4. Select and verify code in Tabular List of Diseases

BASIC CODING TIPS

- Start looking up the codes from the top down
- Looking up codes from the middle of the page will lead you the WRONG way!
- Use colored tabs to mark the alphabet and the sections

ICD-10-CM CODING CONVENTIONS
CODING IN ICD-10-CM

- Always at least 3 characters but can be up to seven
- 1st Character is always a letter. All letters used except U
- 2nd Character is always a number.
- 3rd through 7th characters can be numbers or letters.
- First 3 characters = category. Decimal goes after category (XXX.XXX)
- Not case-sensitive. First character is often capitalized.

CODING AND THE 7TH CHARACTER EXTENSIONS

- Category
- Etiology, anatomic site, severity
- Obstetrics, injuries, and external causes

ICD-10 CM CODE STRUCTURE

ICD-9-CM

\[ \text{729.5} \]

ICD-10-CM

\[ \text{M79.621} \]
HOW MANY MORE CODES?

<table>
<thead>
<tr>
<th>Code Type</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis</td>
<td>14,315 codes</td>
<td>69,101 codes</td>
</tr>
</tbody>
</table>

MAJOR MODIFICATIONS IN ICD-10 CM

- Placeholders
- 7th Character
- Extensions
- Abbreviations
  - NEC
  - NOS
- Punctuation
- Instructional Notes
- Excludes Notes
- Relational Terms
- V/E Codes?
- Chapter Layout
- Default Code

PLACEHOLDER

ICD-10-CM utilizes a Placeholder Character – “X” for codes that may require a 6th or 7th character, but may not have a 5th or 6th character.

Example:
- O69.81x0, Labor and delivery complicated by cord around neck, without compression, fetus 0
- W27.2xxA, Contact with scissors as cause of injury, initial encounter for treatment
SEVENTH CHARACTERS

• Some categories require a **seventh character** to provide further specificity about the condition being coded.
• May be a number or a letter
• Must **always** be in the **seventh position**

Examples:

O64.3xx2 Obstructed labor due to brow presentation, fetus 2

O32.1xx0, Maternal care for breech presentation, single/unknown fetus

---

EPISODE OF CARE DEFINITIONS

• A patient may see new and/or different providers over the course of treatment for an injury

• Assignment of the 7th character is based on whether the patient is undergoing **active treatment**, not whether the provider is seeing the patient for the first time.
Case #1: Pt treated for head laceration in ER. She follows-up with her PCP when it is time to get the stitches removed
- Code as SUBSEQUENT: routine care during healing phase

Case #2: Pt with head laceration goes to ER. They put on a butterfly bandage. The next day, it opens up, so she goes to her PCP, who stitches it up.
- Code as INITIAL: PCP is providing the definitive treatment
**PUNCTUATION**

( ) Parentheses - Nonessential Modifiers
- Supplementary words that may be present or absent in the disease or procedure which do not affect the code assignment

Examples: Alphabetic Index
- Pregnancy, complicated by (care of) (management affected by)
- Puerperal, albuminuric (acute) (subacute)

Examples: Tabular List
- O26.72, Subluxation of symphysis (pubis) in childbirth
- O88.21-, Obstetric (pulmonary) embolism NOS

[ ] Brackets
Alphabetic Index: Identify Manifestation Codes
- Disease, Alzheimer's G30.9 [F02.80]
- Nephrosis, in amyloidosis E85.4 [N08]

Tabular List: Encloses synonyms
- O45.-, premature separation of placenta [abrupto placentae]
- O13.-, gestational [pregnancy-induced] hypertension

: Colons
- Used in Tabular List after an incomplete term which needs at least one of the modifiers following the code to make it assignable
- Used with instructional notes

Example
**F41 Other anxiety disorders**
Exclude 2: Anxiety in: acute stress reaction transient adjustment reaction neurasthenia psychophysiological disorders
INSTRUCTIONAL NOTES

"Code First" & "Use Additional Code"

- Used for Sequencing Priority - Found in Tabular
- When a particular disease or condition has many manifestations that go along with it, always code the underlying disease first, followed by the manifestation.

Example:
E66, Overweight and Obesity
- Code first: obesity complicating pregnancy, childbirth and puerperium, if applicable
- Use additional code to identify body mass index, if known

INSTRUCTIONAL NOTES

Inclusion Notes

- Inclusion Notes are used to clarify the conditions included within a particular chapter, section, category, subcategory or code
- Not Exhaustive

Example:
O47 False labor
Includes: Braxton Hicks contractions
threatened labor

EXCLUDES NOTES

Excludes1: CANNOT BE CODED HERE

- The code excluded should never be used with the code above the Excludes1 note
- Used when two codes cannot occur together

046 Antepartum hemorrhage NEC
Excludes1 hemorrhage in early pregnancy (O20.-)
intrapartum hemorrhage NEC (O67.-)
placenta previa (O44.1-)
abrupto placenta (O45.-)
EXCLUDES NOTES

Excludes2: means condition not INCLUDED with this code.
- Indicates that the Excludes2 condition is not part of the above code, but it is acceptable to use both codes if the patient has both conditions and there is appropriate supporting documentation for both conditions.

O9A.1 Malignant neoplasm complicating pregnancy
Excludes2 maternal care for benign tumor of corpus uteri
maternal care for benign tumor of cervix

EXCLUDES NOTES

Excludes1 & Excludes2 Tip:

Excludes1:
- There can be only 1

Excludes2:
- There can be possibly 2

RELATIONAL TERMS

"AND" should be interpreted to mean either "and" or "or"
- O26.81-, Pregnancy related exhaustion and fatigue
  - Pregnancy related exhaustion
  - Pregnancy related fatigue
  - Pregnancy related exhaustion and fatigue

"With," "associated with," "in," "due to" are used as synonyms
Example: O22.0-, Varicose veins in pregnancy
- Varicose veins due to pregnancy
- Varicose veins with pregnancy
- Varicose veins associated with pregnancy
V/E CODES: WHERE ARE THEY NOW?

E codes = Chapter 20: External Causes of Morbidity

Examples:
- W01.99A, Fall (on)(from) steps and stairs, initial encounter
- Y82.232, Hospital corridor as the place of occurrence of the external cause

V codes = Chapter 21: Factors Influencing Health Status and Contact With Health Services

Examples:
- Z71.6, Tobacco abuse counseling
- Z32.01, Encounter for pregnancy test, result positive

DEFAULT CODE

The default code is the code listed next to the main term in the Alphabetic Index:

Insomnia (organic) S47.00
- adjustment F51.02
- adjustment disorder F51.02
- behavioral, of childhood Z73.819
- chronic type Z73.812
- limit setting type Z73.811
- deep-sleep association type Z73.810
- childhood Z73.819
- chronic F51.04
- somatized tension F51.04
- conditioned F51.04
- due to

ICD-10 CM CHAPTER LAYOUT

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Chapter Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Certain Infectious and Parasitic Diseases (A00-B99)</td>
</tr>
<tr>
<td>2</td>
<td>Neoplasms (C00-D48)</td>
</tr>
<tr>
<td>3</td>
<td>Diseases of the Blood and Blood-forming Organs and Certain Diseases Involving the Immune Mechanism (D50-D89)</td>
</tr>
<tr>
<td>4</td>
<td>Endocrine, Nutritional, and Metabolic Diseases (E00-E89)</td>
</tr>
<tr>
<td>5</td>
<td>Mental and Behavioral Disorders (F01-F99)</td>
</tr>
<tr>
<td>6</td>
<td>Diseases of Nervous System and Sense Organs (G00-G99)</td>
</tr>
<tr>
<td>7</td>
<td>Diseases of Eye and Adnexa (H00-H59)</td>
</tr>
<tr>
<td>8</td>
<td>Diseases of Ear and Mastoid Process (H60-H95)</td>
</tr>
<tr>
<td>9</td>
<td>Diseases of Circulatory System (I00-I99)</td>
</tr>
<tr>
<td>10</td>
<td>Diseases of Respiratory System (J00-J99)</td>
</tr>
<tr>
<td>11</td>
<td>Diseases of Digestive System (K00-K94)</td>
</tr>
</tbody>
</table>
ICD-10 CM CHAPTER LAYOUT

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Chapter Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Diseases of Skin and Subcutaneous Tissue (L00-L99)</td>
</tr>
<tr>
<td>13</td>
<td>Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)</td>
</tr>
<tr>
<td>14</td>
<td>Diseases of Genitourinary System (N00-N99)</td>
</tr>
<tr>
<td>15</td>
<td>Pregnancy, Childbirth, and the Puerperium (O00-O9A)</td>
</tr>
<tr>
<td>16</td>
<td>Certain Conditions Originating in the Perinatal Period (P00-P96)</td>
</tr>
<tr>
<td>17</td>
<td>Congenital Anomalies, Deformations, and Chromosomal Abnormalities (Q00-Q99)</td>
</tr>
<tr>
<td>18</td>
<td>Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00-R99)</td>
</tr>
<tr>
<td>19</td>
<td>Injury, Poisoning, and Certain Other Consequences of External Causes (S00-T88)</td>
</tr>
<tr>
<td>20</td>
<td>External Causes of Morbidity (V01-Y99)</td>
</tr>
<tr>
<td>21</td>
<td>Factors Influencing Health Status and Contact with Health Services (Z00-Z99)</td>
</tr>
</tbody>
</table>

CODING GUIDELINES

MAJOR MODIFICATIONS IN ICD-10 CM GUIDELINES

- Level of Detail
- Integral Parts of Disease
- Combination Code
- Sequela (Late Effects)
- Chapter-Specific Coding Guidelines
LEVEL OF DETAIL
When reporting a diagnosis code, report the code to the highest number of characters available.
The 4th, 5th, 6th and 7th characters provide greater detail.
A code is not valid if it has not been coded to the full number of characters required for that code, including the 7th character.

O23 Infections of genitourinary tract in pregnancy
  O23.1 Infections of bladder in pregnancy
    O23.12 Infections of bladder in pregnancy, 2nd trimester

INTEGRAL PARTS OF DISEASE
• Signs and symptoms that are associated routinely with a disease process should not be assigned as additional codes, unless instructed to do so.
• Signs and symptoms that may not be associated routinely with a disease process should be coded when present.

Examples:
Vaginitis, genital itching, dysuria: Code for vaginitis
Vaginitis, genital itching, coughing: Code for vaginitis and cough

COMBINATION CODE
A combination code is used for:
• Two diagnoses
• A diagnosis with an associated manifestation
• A diagnosis with an associated complication or symptom

Examples:
013.38 Urinary tract infection following miscarriage
021.1 Hyperemesis gravidarum with dehydration
069.1 Labor and delivery complicated by cord around neck, with compression
SEQUELA (LATE EFFECTS)

A sequela is the condition produced, or the late effect, after the acute phase of an illness or injury has terminated. There is no time limit.

Two codes required:
- First code – The Sequela
- Second code – Originating Condition of the Sequela

Example: Scar after burn
- First Code: Scar (Sequela)
- Second Code: Burn (Originating Condition)

CHAPTER-SPECIFIC CODING GUIDELINES

TRIMESTERS

Trimester is the axis of classification rather than episode of care
- Not all conditions include codes for trimester identification
- Counted from first day of last menstrual period

<table>
<thead>
<tr>
<th>TRIMESTERS</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Fewer than 14 weeks 0 days</td>
</tr>
<tr>
<td>2nd</td>
<td>14 weeks 0 days to 27 weeks 6 days</td>
</tr>
<tr>
<td>3rd</td>
<td>28 weeks 0 days until delivery</td>
</tr>
</tbody>
</table>

AHIMA
DEFINITIONS

Abortion vs. fetal death: 20 weeks instead of 22

Early vs. late vomiting: 20 weeks instead of 22

Preterm labor: before 37 completed weeks of gestation

Elderly primi/multigravida: mother will be 35 or older expected date of delivery

Young primi/multigravida: mother will be under 16 at expected date of delivery

LOOKING UP GUIDELINES

• Beginning of Codebook
• Section I. Conventions, general coding guidelines and chapter specific guidelines
• C. Chapter-Specific Coding Guidelines
• Number after the C tells you which chapter you are in
• Other characters indicate categories, subcategories, etc.

GENERAL RULES FOR OBSTETRIC CASES

1. C.15.a.1 and 2
• Codes from Chapter 15 have sequencing priority
• Additional codes from other chapters may be used to further specify conditions
• Codes from Chapter 15 are only for use on maternal records, never on newborns
• Should the provider document that the pregnancy is incidental to the encounter, then code Z33.1 (Pregnant state, incidental) should be used in place of any chapter 15 codes
7th Character for Fetus Identification

I.C.15.a.6

- Where applicable, a 7th character is to be assigned for certain categories to identify the fetus for which the complication code applies.
- Assign 7th character “0”
  - For single gestations
  - When the documentation is insufficient to determine the fetus affected and it is not possible to obtain clarification
  - When it is not possible to clinically determine which fetus is affected

Outpatient Prenatal Visits

I.C.15.b.1 and 2: Outpatient prenatal visits

- For routine outpatient visits when no complications are present, a code from category Z34 should be used as the first-listed diagnosis. These codes should not be used in conjunction with chapter 15 codes.
- For routine prenatal outpatient visits for patients with high-risk pregnancies, a code from category O09 should be used as the first-listed diagnosis. Secondary chapter 15 codes may be used in conjunction with these codes if appropriate.

Delivery Episodes

I.C.15.b.4 and 5

- When a delivery occurs, the principal diagnosis should correspond to the main circumstances or complication of the delivery.
- If the patient was admitted with a condition that resulted in the performance of a C-section, that condition should be selected as the principal diagnosis.
- If the reason for the encounter was unrelated to the condition resulting in the cesarean delivery, the condition related to the reason for the encounter should be selected as the principal diagnosis.
- A code from category Z27 is to be used on the maternal record when a delivery has occurred. This code is not used on subsequent records or on the newborn record.
PRE-EXISTING CONDITIONS

I.C.15.c

- Certain categories distinguish between conditions of the mother that existed before pregnancy, and those that are a direct result of pregnancy.
- Check documentation carefully in order to assign the correct codes.
- Categories that do not distinguish between pre-existing and pregnancy-related conditions may be used for either.

FETAL CONDITIONS AFFECTING THE MANAGEMENT OF THE MOTHER

I.C.15.e.1

- Codes from categories O35 and O36 are assigned only when the fetal condition is actually responsible for modifying the management of the mother, i.e., by requiring diagnostic studies, additional observation, special care, or termination of pregnancy.
- The fact that the fetal condition exists does not justify assigning a code from this series to the mother’s record.

O80: NORMAL DELIVERY

I.C.15.n.1 and 2

- “Normal” is defined as full-term, single, healthy infant without any complications antepartum, during the delivery, or postpartum during the delivery episode.
- O80 is always a principal diagnosis and not to be used with any other code from chapter 15. The only outcome of delivery code that can be used is Z37.0 (single live birth).
- Additional codes from other chapters may be used with code O80 if they are not related to or complicating the pregnancy.
- O80 may also be used if the patient had a complication at some point in the pregnancy but it is not present at the time of the delivery encounter.
THE PERIPARTUM AND POSTPARTUM PERIODS

I.C. 15.o.1-3

• Peripartum period: last month of pregnancy to five months postpartum
• Postpartum period: immediately after delivery to 6 weeks following
• Chapter 15 codes may be used to describe complications that occur after the peripartum or postpartum periods, if the provider documents that a condition is pregnancy related

P95: STILLBIRTH

I.C. 16.g

• Code P95, Stillbirth, is only for use in institutions that maintain separate records for stillbirths.
• No other code should be used with P95.
• Code P95 should not be used on the mother’s record.

DETERMINE THE MAIN TERM, THEN LOOK UP THE CODE

<table>
<thead>
<tr>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postpartum depression</td>
</tr>
<tr>
<td>Breech presentation</td>
</tr>
<tr>
<td>HIV in pregnancy</td>
</tr>
<tr>
<td>History of gestational diabetes</td>
</tr>
<tr>
<td>Encounter for family planning</td>
</tr>
<tr>
<td>Excessive hemorrhage following miscarriage (complete)</td>
</tr>
</tbody>
</table>
Chapter 1

Certain Infectious and Parasitic Diseases

- Includes: Diseases generally recognized as communicable or transmissible
- Excludes1: certain localized infections
- Excludes2:
  - Carrier or suspected carrier of infectious disease
  - Infections complicating pregnancy
  - Infections in the perinatal period
  - Influenza and other acute respiratory infections
- Use additional code for any associated drug resistance to antimicrobial drugs (Z16-)

Chapter 1

Categories B90-B94 are to be used to indicate conditions in categories A00-B89 as the cause of sequela, which are themselves classified elsewhere.

After the chapter 15 code, code first condition resulting from (sequela) the infectious or parasitic disease.

Example:
- G03.9 Meningitis
- B90.0 Sequel of central nervous system (due to) tuberculosis
Categories B95-B97

- used as supplementary or additional codes to identify the infectious agent(s) in diseases classified elsewhere
- Code first underlying disease
- Infection, bacterial, as cause of disease classified elsewhere

**INFECTIONS IN PREGNANCY**

- Code first from category O23, infections of GU tract in pregnancy, or O98, maternal infectious and parasitic diseases classifiable elsewhere but complicating pregnancy

- Use additional code(s) from chapter 1 to identify specific infectious agent

- It is the responsibility of the provider to state if the infection does not complicate the pregnancy, or is incidental

**HIV IN PREGNANCY**

- Code only confirmed cases; provider's statement is considered confirmation

- Code first from category O98.7-

- Encounter for HIV-related condition
  - B20, HIV
  - Condition that is the reason for the encounter
  - Any other HIV-related condition(s)

- Encounter for unrelated condition
  - Code first condition being treated
  - B20, HIV
  - Any other HIV-related condition(s)
SCENARIO 1

This 28-year-old pregnant female in her second trimester presents with fever, malaise, and left flank pain. She is diagnosed with a bladder infection. A urinalysis and culture showed E. coli as the cause of the infection.

O23.12 Pregnancy, complicated by, infection(s), bladder

B96.20 Infection, bacterial, as cause of disease classified elsewhere, Escherichia coli (E-Coli)

SCENARIO 2

Female patient with viral gastroenteritis. She is pregnant. Unrelated infection, no impact on fetus.

A08.4 Gastroenteritis, viral NEC

Z33.1 Pregnancy, incidental finding

SCENARIO 3

Woman, 26, 19-weeks pregnant with twins. Has been having vaginal itching and a burning on urination. Visual exam finds herpes lesions in vagina.

O98.312 Pregnancy, complicated by, infection, sexually transmitted NEC

O30.002 Pregnancy, complicated by, twin

A60.04 Herpes, anogenital, vagina

Z3A.19 Pregnancy, weeks of gestation, 19 weeks
Combination codes for diabetes

- Type of diabetes
- Body system affected
- Specific complications affecting that body system

No longer classified as controlled or uncontrolled

- Inadequately controlled, out of control or poorly controlled: Coded by type with hyperglycemia

Diabetes in Pregnancy

- O24.0-, Pre-existing type 1
- O24.1-, Pre-existing type 2
- O24.4-, Gestational diabetes
- Use additional codes from categories E10 and E11 to describe any manifestation(s)
- Use code Z79.4 for any type 2 patient on long term insulin. Do NOT code insulin use with gestational diabetes.
- An abnormal glucose tolerance test in a patient who has not been diagnosed with diabetes is assigned a code from O99.81
SCENARIO 4

Patient with type 1 diabetes and diabetes-related nephropathy comes in for a first trimester glucose tolerance test. The diabetes existed prior to pregnancy.

- O09.891 Pregnancy, supervision of, high risk, due to specified NEC
- O24.011 Pregnancy, complicated by, diabetes, pre-existing, type 1
- E10.21 Diabetes, type 1, with, nephropathy

A 35-year-old woman at 22 weeks of pregnancy had a blood test which revealed a vitamin D deficiency.

- O99.282 Pregnancy, complicated by, endocrine disease NEC
- O09.522 Pregnancy, complicated by, elderly, multigravida
- E55.9 Deficiency, vitamin, D
- Z3A.22 Pregnancy, weeks of gestation, 22 weeks

SCENARIO 5

A 35-year-old woman at 22 weeks of pregnancy had a blood test which revealed a vitamin D deficiency.

- O99.282 Pregnancy, complicated by, endocrine disease NEC
- O09.522 Pregnancy, complicated by, elderly, multigravida
- E55.9 Deficiency, vitamin, D
- Z3A.22 Pregnancy, weeks of gestation, 22 weeks

SCENARIO 6

This 33-year-old woman, who is G4, P3, 28 weeks, is seen today for continued follow-up of her gestational diabetes. Her diabetes has been well controlled on insulin.

- O24.414 Diabetes, gestational, insulin (and diet) controlled
- Z3A.28 Pregnancy, weeks of gestation, 28 weeks
SCENARIO 7

A morbidly obese pregnant patient (first trimester) with a BMI of 42 comes in for weight management counseling.

- O99.211 Obesity, complicating, pregnancy
- Z71.3 Counseling, dietary
- E66.01 Obesity, due to, excess calories, morbid
- Z68.41 Body mass index, adult, 40.0 to 44.9

MENTAL AND BEHAVIORAL DISORDERS

• Includes psychological disorders, but excludes signs and symptoms
• Changes due to outdated terminology
• Unique codes for alcohol and drug use, abuse, and dependence
• Category F70-F79 (Intellectual Disabilities): Code first any physical or developmental disorders
When the provider documentation refers to use, abuse, and dependence of the same substance, only one could should be assigned:

- Use + abuse = assign code for abuse
- Abuse + dependence = assign code for dependence
- Use + dependence = assign code for dependence
- Use + abuse + dependence = assign code for dependence

Coding Note: The ICD-10-CM classification system does not provide separate "history" codes for alcohol and drug abuse. These conditions are identified as "in remission" in ICD-10-CM.

Category O99.3:
- Drug, alcohol, and tobacco use during pregnancy
- Use additional code from Chapter 5 to identify manifestations, type of drug or tobacco product

O99.34, other mental disorders:
- Conditions classifiable to F01-F09 and F20-F99
- Provider must document if disorder complicates or affects pregnancy
SCENARIO 8

26-year-old Jane is here for a routine prenatal visit. She is alcohol dependent and in her third trimester. She has been drinking alcohol throughout the entire pregnancy despite her family and physician’s advice.

O09.893  Pregnancy, supervision of, high risk, due to specified NEC
O99.313  Pregnancy, complicated by, alcohol use
F10.20   Dependence, alcohol

SCENARIO 9

New mother with postpartum depression.
F53    Depression, postpartum

SCENARIO 10

Patient with anxiety disorder in her 12th week. GAD diagnosed three years prior to pregnancy. She is struggling because it was decided to halve the dose of her medication.

O99.34  Pregnancy, complicated by, mental disorders
F41.1   Disorder, anxiety, generalized
Z3A.11  Pregnancy, weeks of gestation, eleven weeks
• Type of hypertension not used as an axis – only one essential hypertension code: I10
• Combination codes for atherosclerotic heart disease with angina
• Intraoperative/postoperative CVAs now included in this chapter

Comparisons: Diseases of the Heart Valves

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>424.0 Mitral Valve Disorders</td>
<td>I34.0 Mitral valve insufficiency</td>
</tr>
<tr>
<td>424.1 Aortic Valve Disorders</td>
<td>I35.0 Aortic valve stenosis</td>
</tr>
<tr>
<td>424.2 Tricuspid Valve Disorders</td>
<td>I36.0 Tricuspid valve stenosis</td>
</tr>
<tr>
<td>424.3 Pulmonary Valve Disorders</td>
<td>I37.0 Pulmonary valve stenosis</td>
</tr>
</tbody>
</table>
HYPERTENSION AND PREGNANCY

O10.0: Pre-existing hypertension
O11-: Pre-existing hypertension with pre-eclampsia
   - Use with a code from O10 to identify type of hypertension
O13: Gestational hypertension
O14: Pre-eclampsia

VENOUS COMPLICATIONS IN PREGNANCY

• Category O22
• Includes varicose veins, genital varices, phlebitis, DVT, other, and unspecified
• For phlebitis, use additional codes from category I80.0- to specify extremity, and vein if known
• For deep vein thrombosis, use additional code from category I82- to specify extremity, and vein if known
• Use additional code if applicable for any long-term use of anticoagulants (Z79.01)

OTHER CARDIOVASCULAR CODES

• O87: Venous complications in the puerperium
• O90.3: Peripartum cardiomyopathy
• O99.4-: Circulatory conditions complicating pregnancy
• Use additional code from I50 to indicate type of heart failure
Patient was diagnosed with essential hypertension prior to pregnancy. She presents today for a blood pressure check only. She has 12 weeks completed.

**O10.011** Hypertension, complicating, pregnancy, pre-existing, essential

**Z3A.12** Pregnancy, weeks of gestation, 12 weeks

---

36-year-old woman, G2 P1 is 26-weeks pregnant and being monitored for gestational hypertension. At this time, she is not having any other problems.

**O13.2** Hypertension, complicating, pregnancy, gestational

**O09.522** Pregnancy, complicated by, elderly, multigravida

**Z3A.26** Pregnancy, weeks of gestation, 26 weeks

---

THANK YOU FOR ATTENDING!