ICD-9-CM Coding for Obstetrics

Audio Seminar/ Webinar
August 16, 2007

Practical Tools for Seminar Learning
The American Health Information Management Association makes no representation or guarantee with respect to the contents herein and specifically disclaims any implied guarantee of suitability for any specific purpose. AHIMA has no liability or responsibility to any person or entity with respect to any loss or damage caused by the use of this audio seminar, including but not limited to any loss of revenue, interruption of service, loss of business, or indirect damages resulting from the use of this program. AHIMA makes no guarantee that the use of this program will prevent differences of opinion or disputes with Medicare or other third party payers as to the amount that will be paid to providers of service.

CPT® five digit codes, nomenclature, and other data are copyright 2006 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in CPT. The AMA assumes no liability for the data contained herein.

As a provider of continuing education, the American Health Information Management Association (AHIMA) must assure balance, independence, objectivity and scientific rigor in all of its endeavors. AHIMA is solely responsible for control of program objectives and content and the selection of presenters. All speakers and planning committee members are expected to disclose to the audience: (1) any significant financial interest or other relationships with the manufacturer(s) or provider(s) of any commercial product(s) or services(s) discussed in an educational presentation; (2) any significant financial interest or other relationship with any companies providing commercial support for the activity; and (3) if the presentation will include discussion of investigational or unlabeled uses of a product. The intent of this requirement is not to prevent a speaker with commercial affiliations from presenting, but rather to provide the participants with information from which they may make their own judgments.
Barry K. Jarnagin, MD

Dr. Barry K. Jarnagin is Medical Director of the Pelvic Medicine and Surgery clinic of Vanderbilt Cool Springs and Associate Professor of Obstetrics and Gynecology at Vanderbilt University School of Medicine in Nashville, TN. Prior to these positions, he was Medical Director of the Vanderbilt Midwifery Program and Clinical Instructor at the Vanderbilt University School of Medicine.

Dr. Jarnagin received his medical degree from the University Of Tennessee Center for Health Sciences in Memphis, TN. He completed an internship on Categorical Obstetrics and Gynecology at the Naval Hospital in San Diego, CA and residency in Obstetrics and Gynecology at the National Naval Center in Bethesda, MD. He served as General Medical Officer at the Naval Hospital in San Diego, CA, was instructor in Obstetrics and Gynecology at the Uniformed Services University of the Health Sciences in Bethesda and Director of Outpatient Obstetrics and Gynecology at the National Naval Medical Center.

Dr. Jarnagin is a member of the American College of Obstetrics and Gynecologists and the American Urogynecology Society and several other professional medical organizations. His interests lie in minimally invasive surgery and pelvic reconstruction.

Dr. Jarnagin is dedicated to the treatment of women with pelvic floor disorders such as incontinence and prolapse. He specializes in laparoscopic and vaginal repair of prolapse, laparoscopic and vaginal graft augmentation, mid-urethral sling placement and urethral bulking for urinary incontinence.

Judith Richardson, RN, MSA, CCS-P

Judy Richardson, RN, MSA, CCS-P, a senior consultant with Hill & Associates, is an experienced professional with more than 20 years of medical background in both the insurance industry and as a Registered Nurse. She has consulted with both academic and private practices on coding, reimbursement, and compliance issues and has extensive experience in medical record reviews. Her clinical background allows her to more accurately and completely interpret medical documentation and provide meaningful interpretations to physicians.

Ms. Richardson began her career as an RN in Critical Care and has since served as a head nurse in community and teaching hospitals. Her move from clinical practice to the insurance industry began with her development of a regional Utilization Review Department for a major third-party payor. Since that time, she has served as clinical coordinator and manager of medical underwriting for major organizations. Prior to joining Hill & Associates, she supervised all medical management review analysts’ activities for all Blue Cross and Blue Shield of North Carolina product lines.

Ms. Richardson brings to Hill & Associates an understanding of the insurance industry including CHAMPUS and managed care processes. Her knowledge of the insurance industry and clinical practice makes her an effective and valuable resource in working with medical groups. She has worked extensively with academic practices to ensure compliance with coding and documentation guidelines. Ms. Richardson has taught coding seminars for specialty groups and organizations including regional and district meetings of the American Diabetes Association and the American College of Obstetricians and Gynecologists. She has made formal presentations to physicians detailing results of Medicare compliance audits and participated in both group and one-on-one training sessions regarding these issues.
Ms. Richardson has also worked with 3M’s DRG Assurance program on the inpatient facility side. This program audits inpatient records and trains hospital staff to assist facilities in capturing all ICD-9CM codes for billing purposes. The program also assists physicians in providing accurate documentation for inpatient services.

Ms. Richardson received her Master of Science in Administration from Central Michigan University and a Bachelor of Science in Psychology from Old Dominion University. She received her Nursing Degree from Pensacola Junior College.
# Table of Contents

Disclaimer .................................................................................................................... i  
Faculty ....................................................................................................................... ii  
Objectives ................................................................................................................... 1  
Recent ICD-9-CM Obstetric Changes  
  New Category 649................................................................. 2  
  Genetic Counseling and Testing.............................................. 4  
  Changes for October 2007  
Diagnostic Coding for Obstetric Services  
  Polling Question #1............................................................10  
  Coding for Specificity........................................................10  
  Polling Question #2............................................................15  
  Selecting the Most Accurate Code.....................................15  
  Code to the Highest Degree of Certainty  
  Solution 1.................................................................17  
  Solution 2.................................................................18  
  Solution 3.................................................................19  
  Sequencing Diagnoses......................................................20  
  Melissa.........................................................20  
  Bernice..............................................................22  
  Complications  
  Postpartum Hemorrhage...........................................24  
  Early or Threatened Labor...........................................25  
  Molar Pregnancy.....................................................25  
  Interruption of Pregnancy..........................................26  
  Other Current Conditions..............................................29  
  Condition or Status of Mother....................................29  
  Physician Query....................................................30  
Case Study  
  Norma (Clinical Notes)..............................................30  
  Coding.............................................................35  
References and Resources.................................................................38  
Audience Questions  
Appendix ..................................................................................................................42  
CE Certificate Instructions
Objectives

- Review clinical knowledge about pregnancy, childbirth, and the puerperium
- Learn coding guidelines for reporting obstetrical conditions and complications
- Use of V-codes
- Review obstetric procedural coding guidelines

Recent ICD-9-CM Obstetric Code Changes
Current Conditions Complicating Pregnancy

- A new category 649 was created to include current conditions complicating pregnancy. All of these codes can be reported during the antepartum, delivery or postpartum episodes of care.
- Many codes require that additional codes be reported to identify related conditions.

Current Conditions Complicating Pregnancy

- 649 Other conditions or status of the mother complicating pregnancy, childbirth, or the puerperium
- 649.0 Tobacco use disorder complicating pregnancy, childbirth, or the puerperium
- 649.1 Obesity complicating pregnancy, childbirth, or the puerperium
Current Conditions
Complicating Pregnancy

- **649.2** Bariatric surgery status complicating pregnancy, childbirth, or the puerperium
- **649.3** Coagulation defects complicating pregnancy, childbirth, or the puerperium
- **649.4** Epilepsy complicating pregnancy, childbirth, or the puerperium

Current Conditions
Complicating Pregnancy

- **649.5** Spotting complicating pregnancy, childbirth, or the puerperium
- **649.6** Uterine size date discrepancy
  - Previously 646.8 (other specified complications of pregnancy)
Genetic Counseling and Testing

- Genetic counseling and testing subcategory V26.3 revised to reflect evaluation of the male vs. the female for procreation
- Gender specific codes should be used on the record of the patient being evaluated

Genetic Counseling and Testing

- V26.3 Genetic counseling and testing
  - V26.31 Testing of female for genetic disease carrier status
  - V26.32 Other genetic testing of female
  - V26.33 Genetic counseling
Genetic Counseling and Testing

- V26.34 Testing of male for genetic disease carrier status
- V26.35 Encounter for testing of male partner of habitual aborter
- V26.39 Other genetic testing of male

Genetic Counseling and Testing

- Effective October 2007:
  - V82 Special screening for other conditions
    - V82.7 Genetic screening
      - V82.71 Screening for genetic disease status
      - V82.79 Other genetic screening
Changes for October, 2007

- Anal Sphincter Tear
- 664 Trauma to perineum and vulva during delivery
  - 664.2 Third-degree perineal laceration
    - Excludes: anal sphincter tear during delivery not associated with third degree perineal laceration (664.6)
Changes for October, 2007

- 664.3 Fourth-degree perineal laceration
- 664.6 Anal sphincter tear complicating delivery
- 661 Abnormality of forces of labor
  - 661.2 Other and unspecified uterine inertia
    - Atony of uterus w/ o hemorrhage

Changes for October, 2007

- 666 Postpartum hemorrhage
  - 666.1 Other immediate postpartum hemorrhage
  - Postpartum atony of uterus w/ hemorrhage
**Changes for October, 2007**

- **V25** Encounter for contraceptive management
  - **V25.0** General counseling and advice
    - **V25.04** Counseling and instruction in natural family planning to avoid pregnancy

- **V26** Procreative management
  - **V26.4** General counseling & advice
    - **V26.41** Procreative counseling and advice using natural family planning
    - **V26.49** Other procreative management, counseling and advice
Changes for October, 2007

- **V26  Procreative management**
  - **V26.8  Other specified procreative management**
    - **V26.81  Encounter for assisted reproductive fertility procedure cycle Patient undergoing IVF**
  - Use additional code to identify the type of infertility

---

**Diagnostic Coding for Obstetric Services**
Polling Question #1

Basic guidelines for ICD-9-CM coding include:

*1 Read all notes and instructions
*2 Report only relevant diagnoses
*3 Select most specific code for each service
*4 1 and 3
*5 All of the above

Coding for Specificity

• Three-Digit Codes:
  • 630  Hydatidiform Mole
  • 631  Other abnormal product of conception
  • 632  Missed abortion
  • 650  Normal delivery
  • 677  Late effect of complication of pregnancy, childbirth, and the puerperium
Coding for Specificity

- **Four-Digit Codes:**
  - 638.X  Failed attempted abortion
  - 639.X  Complications following abortion and ectopic and molar pregnancies
Molar Pregnancy

Partial Mole

Monospermic Complete Mole

Dispermic Complete Mole

Coding for Specificity

- Codes 634-637 “Other pregnancy with abortive outcomes”
  - Most have 4th and 5th digits
  - 4th digits are included in code descriptors
    - Indicate type of complication
Coding for Specificity

- Codes 634-637 require an added 5th digit
  - List of 5th digits follows each heading
    - Unspecified (0)
    - Incomplete (1)
    - Complete (2)

Coding for Specificity

- Codes 640-649 (Complications Mainly Related to Pregnancy)
  - Most have 4th and 5th digits
  - 4th digit in code description
Coding for Specificity

• Codes 640-649 (Complications Mainly Related to Pregnancy)
  • 5th digit from list for each heading indicating episode of care
    • Unspecified as to episode (0)
    • Delivered, w/ or w/o antepartum condition (1)
    • Delivered, w/ postpartum condition (2)
    • Antepartum condition or compl. (3)
    • Postpartum condition or compl. (4)

Dr. Bernheart documents an incomplete spontaneous abortion, complicated by shock, for her patient, Sarah. She reports: 634.51
  • 4th digit 5 (shock)
  • 5th digit 1 (incomplete)
Coding for Specificity

- Dr. Barrymore documents that her patient, Ethel, delivered triplets. Ethel’s antepartum period had been complicated by gestational diabetes but there were no postpartum complications. She reports: 651.11
  - 5th digit of 1 (delivered with or without antepartum complication)
  - 5th digit of 3 would be used in the antepartum period (antepartum condition or complication)

Polling Question #2

Selecting the most specific code for a service means:

*1 Identifying most accurate code for circumstances

*2 Selecting maximum # if digits available in the category

*3 Identifying appropriate ICD-9-CM for each CPT code

*4 All of the above
Selecting the Most Accurate Code

- **Alphabetic index vs. tabular list**
  - Abnormal cervix in pregnancy (Volume 2) directs coder to:
    - 654.6X “Other congenital or acquired abnormality” (Volume 1)
  - Option in Volume 1
    - 654.5X “Cervical incompetence”

---

Selecting the Most Accurate Code

- **Multiple Coding Options**
  - V28 Encounter for antenatal screening
  - V28.0 Screening for chromosomal anomalies by amniocentesis
  - V28.3 Screening for malformations using ultrasonics
  - V28.4 Screening for fetal growth retardation using ultrasonics
  - V28.8 Other specified screening
Code to the Highest Degree of Certainty

- Code only what you know to be fact
- Never code for condition being “ruled out”
**Solution 1**  
**Code the Signs/ Symptoms**

- Use categories 780-799 as provisional diagnoses  
  - Urinary hesitancy: 788.64
- Look for provisional diagnoses in specific disease chapters  
  - Spotting complicating pregnancy: 649.5X

**Solution 2**  
**Wait for Test Results**

- If test results available, code for the definitive diagnosis
- If findings non-specific, use codes from 790-799 categories
- Findings, abnormal, without diagnosis  
  - Antenatal screening: 796.5
- Findings, abnormal, w/ o dx structure, body  
  - Placenta: 793.99
Solution 3
Code “V” Code And Symptoms

- May identify reasons for antenatal studies
  - Testing of female for genetic disease carrier status: V26.31
  - Other genetic testing of female: V26.32
    - Use additional code for habitual aborter
  - Genetic counseling: V26.33
Solution 3

Code “V” Code And Symptoms

• “V” codes may provide valuable additional information
  • Pregnancy with history of pre-term labor: V23.41
  • Family history of congenital abnormalities: V19.5

Sequencing Diagnoses

• Often more than 1 diagnosis applies
• Primary diagnosis is one chiefly responsible for the service(s)
• Up to 4 diagnoses can be submitted per insurance claim form
• Linkage is important
Melissa, a 30-year-old, G2P1 has a history of preterm labor with the birth of her first child. She also has epilepsy with grand mal seizures and is on medication (Tegretol).

Dr. Primm sees Melissa for additional prenatal visits to closely assess her neurologic status, review her medication usage, and monitor her Tegretol levels.

Melissa is seen for 16 antepartum visits and delivers a healthy infant.

**Melissa**

- Melissa, a 30-year-old, G2P1 has a history of preterm labor with the birth of her first child. She also has epilepsy with grand mal seizures and is on medication (Tegretol).
- Dr. Primm sees Melissa for additional prenatal visits to closely assess her neurologic status, review her medication usage, and monitor her Tegretol levels.
- Melissa is seen for 16 antepartum visits and delivers a healthy infant.

**Dr. Primm**

Note: The primary reason for the additional visits is listed first. ICD-9 contains a notation following code 649.4 to report type of epilepsy. Therefore, code 345.3 is reported as a secondary diagnosis. The V code for history of pre-term labor is listed last.

---

**ICD-9-CM Coding for Obstetrics**

AHIMA 2007 Audio Seminar Series

CPT® Codes Copyright 2006 by AMA. All Rights Reserved
**Linkage and Medical Necessity**

- ICD-9-CM codes “justify” the services provided
- Important to “link” the ICD-9-CM code to the CPT code on the claim form
- Failure to appropriately link services “outside” the package results in denials!

**Bernice**

- Bernice, a 24-year-old G₁P₀ is 34 weeks pregnant by dates, and has Type I diabetes mellitus. Her original ultrasound exam was performed at 16 weeks and was normal. Uterine fundus today on exam is 40 cm.
**Bernice**

- An ultrasound is performed and polyhydramnios is diagnosed.

- Because of her diabetes and polyhydramnios, a BPP is also performed.
## Complications

- **Specific codes for complications of pregnancy, labor, and delivery (630-677)**
- **Other complications are result of medical or surgical care**
- **Important when reporting services outside the global package**
- **Most require 5th digit**
Postpartum Hemorrhage

- **666.0X** Third-stage hemorrhage
- **666.1X** Other immediate postpartum hemorrhage
- **666.2X** Delayed and secondary postpartum hemorrhage
- **666.3X** Postpartum coagulation defects

Early or Threatened Labor

- **644.0X** Threatened premature labor (after 22 weeks but before 37 weeks gestation without delivery)
- **644.1X** Other threatened labor (false labor NOS after 37 weeks gestation without delivery)
- **644.2X** Early onset of delivery (before 37 weeks gestation)
Interruption of Pregnancy

- ACOG’s Committee on Coding and Nomenclature has defined these terms:
- 1st trimester = First day of last menstrual period (day 0) up to and including 13 weeks 6 days

Interruption of Pregnancy

- 2nd trimester = 14 weeks 0 days up to and including 27 weeks 6 days
- 3rd trimester = 28 weeks or more
- Missed abortion: empty gestational sac, blighted ovum, or a fetus or fetal pole w/o heartbeat prior to completion of 20 weeks 0 days gestation
Interruption of Pregnancy

- **NOTE**: ICD-9-CM defines missed abortion as any fetal death prior to completion of 22 weeks gestation
- Incomplete abortion: the expulsion of some products of conception with the remainder evacuated surgically

Interruption of Pregnancy

- **632** Missed abortion or early fetal death prior to 22 weeks 0 days
- **OR**
- **656.41** Intrauterine fetal demise—after 22 weeks 0 days
- **Also report add’l code from 639 series for complication following abortion or ectopic pregnancy if appropriate**
**Interruption of Pregnancy**

- **634.X2** Spontaneous abortion any trimester
- **634.X1** Spontaneous abortion any trimester
- **635.XX** Legally induced abortion any trimester
- Also report add’l code for complication if appropriate (eg. Code from 642, 648, 651, 655, 656, or 659 series)

**Early Pregnancy**

[Image of embryo and placenta]
Other Current Conditions

- 648.0X Diabetes mellitus
- 648.1X Thyroid dysfunction
- 648.2X Anemia
- 648.5X Congenital cardiovascular disorders
- 648.6X Other cardiovascular diseases

Other Conditions or Status of Mother

- 649.0X Tobacco use disorder
- 649.1X Obesity
- 649.2X Bariatric surgery
- 649.5X Spotting
- 649.6X Uterine size date discrepancy
Query

- Patient admitted at 28 weeks gestation with gallbladder disease
- You might want to query the physician as to whether or not this is a complication of the current pregnancy

Norma

- Norma, a 28-year-old G₁P₀ established patient, comes into see Dr. Wade because her period is a week late. She has been using oral contraceptives for birth control. The office pregnancy test is positive.
- Dr. Wade sees her briefly to discuss the results of the pregnancy test, give her a prescription for prenatal vitamins, and schedule her first prenatal visit in one month.
Norma

- At 6 weeks gestation, she is seen as a walk-in because of a complaint of vomiting for the last 3 days.

Norma

- At 8 weeks, she is seen for her first prenatal visit. She indicates that she still has nausea but the vomiting is less frequent. She has a history of perineal condyloma that has been treated medically in the past. She indicates today that she has noticed recurring lesions and has mild vaginal itching. The remainder of her history is negative.
Norma

- A comprehensive examination is performed. Several thickened areas of epithelium are noted on the vulva and perianal area. A Pap smear is obtained. Dr. Wade discusses with Norma the issues and risks associated with condyloma in pregnancy. She is scheduled to return in two weeks for a colposcopy, vaginoscopy, and treatment of the lesions.
Norma

- **At 10 weeks** she returns for the vaginoscopy and cryosurgery for the external lesions.
- **At 12 weeks** she is seen again for her routine prenatal visit.
- **At her 16 week** prenatal visit, she complains of urinary urgency and frequency and is diagnosed with a UTI.

Norma

- Norma is then seen monthly until 28 weeks gestation.
- **At 29 weeks** she presents with nausea and vomiting. Her husband and 4-year-old son have similar symptoms. Dr. Wade diagnosed a viral illness and prescribed conservative treatment.
Norma

- **At week 30** she returns for her routine prenatal visit much improved. She is then seen biweekly until 34 weeks gestation.
- **At 34 weeks** she develops mild hypertension and is seen weekly through 39 weeks gestation.

Norma

- **Five days after her last visit** she delivers vaginally a healthy 8 pound female infant. The postpartum course is uneventful.
### NORMAL PREGNANCY

<table>
<thead>
<tr>
<th>Visit #</th>
<th>Week</th>
<th>Visit #</th>
<th>Week</th>
<th>Diagnosis (es)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Initial visit to diagnose pregnancy (not included in global package)</td>
</tr>
<tr>
<td>1</td>
<td>8 weeks</td>
<td>1</td>
<td>6 weeks</td>
<td><strong>643.03</strong> (mild hyperemesis)</td>
</tr>
<tr>
<td>2</td>
<td>12 weeks</td>
<td>2</td>
<td>8 weeks</td>
<td><strong>V22.0</strong></td>
</tr>
<tr>
<td>3</td>
<td>16 weeks</td>
<td>3</td>
<td>10 weeks</td>
<td><strong>078.11</strong> (condyloma)</td>
</tr>
<tr>
<td>4</td>
<td>20 weeks</td>
<td>4</td>
<td>12 weeks</td>
<td><strong>V22.0</strong></td>
</tr>
<tr>
<td>5</td>
<td>24 weeks</td>
<td>5</td>
<td>16 weeks</td>
<td><strong>V22.0</strong></td>
</tr>
<tr>
<td>6</td>
<td>28 weeks</td>
<td>6</td>
<td>20 weeks</td>
<td><strong>V22.0</strong></td>
</tr>
<tr>
<td>7</td>
<td>30 weeks</td>
<td>7</td>
<td>24 weeks</td>
<td><strong>V22.0</strong></td>
</tr>
<tr>
<td>8</td>
<td>32 weeks</td>
<td>8</td>
<td>28 weeks</td>
<td><strong>V22.0</strong></td>
</tr>
<tr>
<td>9</td>
<td>34 weeks</td>
<td>9</td>
<td>29 weeks</td>
<td><strong>008.8</strong> (viral gastroenteritis)</td>
</tr>
<tr>
<td>10</td>
<td>36 weeks</td>
<td>10</td>
<td>30 weeks</td>
<td><strong>V22.0</strong></td>
</tr>
<tr>
<td>11</td>
<td>37 weeks</td>
<td>11</td>
<td>32 weeks</td>
<td><strong>V22.0</strong></td>
</tr>
<tr>
<td>12</td>
<td>38 weeks</td>
<td>12</td>
<td>34 weeks</td>
<td><strong>642.X3</strong> (HTN)</td>
</tr>
<tr>
<td>13</td>
<td>39 weeks</td>
<td>13</td>
<td>35 weeks</td>
<td><strong>642.X3</strong></td>
</tr>
<tr>
<td>14</td>
<td>36 weeks</td>
<td>14</td>
<td>642.X3</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>37 weeks</td>
<td>15</td>
<td>642.X3</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>38 weeks</td>
<td>16</td>
<td>642.X3</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>39 weeks</td>
<td>17</td>
<td>642.X3</td>
<td></td>
</tr>
</tbody>
</table>

**40 weeks Delivery**

Total visits = **13**

**First Visit**

**Dr. Wade**

**Norma**

<table>
<thead>
<tr>
<th>21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by line)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. V72.42 Pregnancy exam or test, pregnancy, positive result</td>
</tr>
</tbody>
</table>

**First Visit**

**Dr. Wade**

**Norma**

<table>
<thead>
<tr>
<th>22. MEDICAID RESUBMISSION CODE ORIGINIAL REF. NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. PRIOR AUTHORIZATIONS</td>
</tr>
</tbody>
</table>

**First Visit**

**Dr. Wade**

**Norma**

<table>
<thead>
<tr>
<th>24. A.</th>
<th>DATE(S) OF SERVICE</th>
<th>B.</th>
<th>D.</th>
<th>E.</th>
<th>F.</th>
<th>G.</th>
<th>I.</th>
<th>J.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM YY</td>
<td>From DD YY MM DD</td>
<td>POS</td>
<td>PROCEDURES, SERVICES/ SUPPLIES</td>
<td>DX</td>
<td>MODI FIER</td>
<td>CHARGES</td>
<td>DAYS</td>
<td>ID</td>
</tr>
<tr>
<td>11</td>
<td>9921X</td>
<td>1</td>
<td><strong>642.X3</strong> (HTN)</td>
<td>1</td>
<td>1</td>
<td>NP</td>
<td>I</td>
<td></td>
</tr>
</tbody>
</table>

**First Visit**

**Dr. Wade**

**Norma**

Reported at the time of service since the visit to diagnose pregnancy is not part of the global maternity package
### 10 Weeks

**Dr. Wade**

**Norma**

<table>
<thead>
<tr>
<th>Date(s) of Service</th>
<th>Diagnosis</th>
<th>Procedure, Services/Supplies</th>
<th>Days or Units</th>
<th>Charges</th>
<th>Dx Pointer</th>
<th>Provider ID.</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/05/11</td>
<td>078.11</td>
<td>Condyloma acuminatum</td>
<td>1</td>
<td>1</td>
<td>NP</td>
<td>I</td>
</tr>
<tr>
<td>11/05/11</td>
<td></td>
<td></td>
<td>57421</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/05/11</td>
<td></td>
<td></td>
<td>56501 51</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reported at the time of service since procedures are not part of routine antepartum care

### 29 Weeks

**Dr. Wade**

**Norma**

<table>
<thead>
<tr>
<th>Date(s) of Service</th>
<th>Diagnosis</th>
<th>Procedure, Services/Supplies</th>
<th>Days or Units</th>
<th>Charges</th>
<th>Dx Pointer</th>
<th>Provider ID.</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/00/21</td>
<td>008.8</td>
<td>Viral gastroenteritis, NOS</td>
<td>1</td>
<td>1</td>
<td>NP</td>
<td>I</td>
</tr>
<tr>
<td>11/00/21</td>
<td></td>
<td></td>
<td>9921X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reported at the time of service since condition is unrelated to pregnancy
ICD-9-CM Coding for Obstetrics

**Weeks 6 and 35**

**Dr. Wade**

1. 643.03 Mild hyperemesis
2. 642.X3 Hypertension complicating pregnancy, antepartum condition

**Norma**

Type of hypertension determines 4th digit. Visits at 6 and 35 weeks are billed once the antepartum visits exceed 13 because the services are related to the pregnancy.

**Delivery**

**Dr. Wade**

1. 642.X1 Hypertension complicating pregnancy, delivered
2. V27.0 Single liveborn

**Norma**

CPT Codes  
59400 Global maternity care, including antepartum, vaginal delivery, and postpartum care
Resource/Reference List

- Useful Web Sites:
- American College of Obstetricians & Gynecologists: acog.org

Audience Questions
Audio Seminar Discussion

Following today’s live seminar
Available to AHIMA members at
www.AHIMA.org

Click on Communities of Practice (CoP) - icon on top right
AHIMA Member ID number and password required – for members only

Join the Coding Community from your Personal Page
Under Community Discussions, choose the
Audio Seminar Forum

You will be able to:
• Discuss seminar topics
• Network with other AHIMA members
• Enhance your learning experience

AHIMA Audio Seminars

Visit our Web site
http://campus.AHIMA.org
for information on the
2007 seminar schedule.
While online, you can also register
for seminars or order CDs and
pre-recorded Webcasts of
past seminars.
New Hot Topics

Privacy and Security Report
Faculty: Susan Christensen and Harry Rhodes, MBA, RHIA, CHPS, FAHI MA
• August 28, 2007

Preparing for RAC Audits
Faculty: Stacie L. Buck, RHIA, CCS-P, LHRM, RCC and Susan Von Kirchoff, MBA, RHIA,
• September 11, 2007

Thank you for joining us today!

• Remember – sign on to the AHIMA Audio Seminars Web site to complete your evaluation form and receive your CE Certificate online at:


Each person seeking CE credit must complete the sign-in form and evaluation in order to view and print their CE certificate

Certificates will be awarded for AHIMA and ANCC Continuing Education Credit
Thank you for joining us today!

Remember – sign on to the AHIMA Audio Seminars Web site to complete your evaluation form and receive your CE Certificate online at:


Each person seeking CE credit must complete the sign-in form and evaluation in order to view and print their CE certificate.

Certificates will be awarded for AHIMA and ANCC Continuing Education Credit.
To receive your

**CE Certificate**

Please go to the AHIMA Web site


click on

“Complete Online Evaluation”

You will be automatically linked to the CE certificate for this seminar after completing the evaluation.

*Each participant expecting to receive continuing education credit must complete the online evaluation and sign-in information after the seminar, in order to view and print the CE certificate.*