Nancy Enos, FACMPE, CPMA, CEMC, CPC-I, CPC is an independent consultant and coding instructor with 35 years of operations experience in the practice management field. She joined Ingenix (formerly LighthouseMD) in 1995 and served as the Director of Physician Services until 2008.

As an approved PMCC instructor of the American Academy of Professional Coders, Nancy provides coding certification courses, outsourced coding, chart auditing, consultative services and seminars in CPT and ICD-9 coding, evaluation and management coding and documentation and compliance planning. Nancy frequently speaks on coding, compliance and reimbursement issues to the provider community.

Nancy is a Fellow of the American College of Medical Practice Executives. She is on the Section Steering Committee of MGMA and is a Past President of MA/RI MGMA. She is the founding President of the Rhode Island Chapter, AAPC.
Mike Enos, CPC, CPMA, CEMC has over 10 years of experience in medical coding, billing compliance and revenue cycle management and has developed a suite of online training courses on Evaluation and Management, ICD-10 and CPC preparation.

After earning a B.A. from Rhode Island College, Mike pursued three professional medical coding certifications, including Certified Professional Coder (CPC), Certified Professional Medical Auditor (CPMA) and Certified Evaluation and Management Coder (CEMC).

Mike has contributed articles to MGMA Connection Magazine, as well as presented at MGMA conferences, AAPC chapter meetings and the New England Quality Care Alliance (NEQCA) Fall Forum. He has served as a billing compliance specialist with Medsafe, and currently works as a compliance consultant with Enos Medical Coding.
OB-GYN ICD-10 Training

Mike Enos, CPC, CPMA, CEMC
Nancy Enos, FACMPE, CPC-I, CPMA, CEMC
Today’s agenda

• Brief introduction to ICD-10
• Important conventions in the ICD-10 code set
• Chapter-specific guidelines for OB-GYNs
• Clinical examples
Introduction

• CMS: “On October 1, 2015, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets.”
  – One implementation for all covered by HIPAA (not applicable to automobile insurance, workers’ compensation, some liability insurance)
  – CMS has confirmed – no extensions
  – On April 14, Congress passed The Medicare Access and CHIP Reauthorization Act, which repealed the flawed SGR formula, clearing the final hurdle for ICD-10 implementation
Why change from ICD-9?

• ICD-9 has several problems
  – After more than 35 years, it is no longer useful for tracking diseases
  – It is out of room: Because the classification is organized scientifically, each three-digit category can have only 10 subcategories
    • Medical science keeps making new discoveries, but there are no numbers to assign these diagnoses

• ICD-10 expands to seven digits
  – Computer science, combined with new, more detailed codes of ICD-10, will allow for better analysis of disease patterns and treatment outcomes that can advance medical care
  – These same details will streamline claims submissions by making the initial claim much easier for payers to understand
Why change from ICD-9?

- Under the sponsorship of the World Health Organization, a select group of physicians created the basic ICD-10 structure.
- Each physician specialty within the U.S. offered input on each subset of diagnosis codes required.
  - In most cases, the specialties advocated capturing additional detail based on information that physicians intuitively use in delivering patient care.
- Greater detail will encourage accurate analysis of health data, which will help improve the quality and efficiency of patient care, particularly with increased electronic sharing and exchange of health data.
Comparing ICD-9 to ICD-10
# Comparison of code sets

<table>
<thead>
<tr>
<th></th>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3-5 characters</td>
<td>3-7 characters</td>
</tr>
<tr>
<td></td>
<td>More than 17,000 codes</td>
<td>More than 155,000 codes (68,000 are for ICD-10-CM)</td>
</tr>
<tr>
<td>First digit may be</td>
<td>First character is alpha;</td>
<td>Flexible, new format allows for expansion</td>
</tr>
<tr>
<td>alpha (E or V only)</td>
<td>digits 2-3 are numeric;</td>
<td></td>
</tr>
<tr>
<td>or numeric; digits 2-5 are always numeric</td>
<td>4-7 are alpha or numeric</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Limited space for adding new codes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lacks detail</td>
<td>Very specific</td>
</tr>
<tr>
<td></td>
<td>Lacks laterality (right vs. left)</td>
<td>Includes a specific field to identify laterality, which accounts for one-third of the new codes</td>
</tr>
</tbody>
</table>
Reimbursement and quality problems with ICD-9

• Example: A patient presents with a lump in the right breast
  – Physician bills for a biopsy of the breast
  – A month later, a lump is discovered in the left breast
  – ICD-9 does not identify left vs. right
  – Requires additional documentation

• ICD-10 describes:
  – Left vs. right
  – Initial encounter, subsequent encounter
  – Routine healing, delayed healing, nonunion or malunion
ICD-10 changes everything

Detailed clinical information
ICD-10 differences

- Combination codes
- Laterality
- Episode of care
- Exact anatomic location
- Clinical details
- Cause/etiology
Combination codes

- Single code used to classify two diagnoses
  - A diagnosis with an associated sign or symptom
  - Diagnosis with an associated complication

- Simplifies the number of codes needed to clinically spell out a condition
  - Documentation will need to support all elements
Combination codes

**ICD-10-CM**

- **E11.41** Type 2 diabetes with diabetic mononeuropathy

**ICD-9-CM**

- **250.60** Diabetes with neurological manifestations, type 2 or unspecified, not stated as uncontrolled
- **355.9** mononeuritis of unspecified site
Laterality

• Code descriptions include designations for left, right and, in many cases, bilateral

• Documentation should always include laterality when possible

• What additional documentation will be needed?
  - Right
  - Left
  - Bilateral
Laterality

C50.111 Malignant neoplasm of central portion of right female breast
C50.112 Malignant neoplasm of central portion of left female breast
C50.119 Malignant neoplasm of central portion of unspecified female breast

• Some ICD-10-CM codes indicate laterality, specifying whether the condition occurs on the left, right or is bilateral
• If no bilateral code is provided and the condition is bilateral, assign separate codes for both the left and right side
• If the side is not identified in the medical record, assign the code for the unspecified side
Laterality

N60.0 Solitary cyst of breast
N60.01 Solitary cyst of right breast
N60.02 Solitary cyst of left breast

Pretty simple, right? What if I told you this simple distinction between left and right accounts for about 25,000 of the 69,000 codes in ICD-10?

That's right: 25,000 codes in ICD-10 are different only in that they distinguish between left and right.
Location

- Sometimes the last digit indicates the specific site:
  - **N80** Endometriosis
    - **N80.1** Endometriosis of ovary
    - **N80.2** Endometriosis of Fallopian tube
    - **N80.3** Endometriosis of pelvic peritoneum
    - **N80.4** Endometriosis of rectovaginal septum and vagina
    - **N80.5** Endometriosis of intestine
    - **N80.6** Endometriosis of cutaneous scar
    - **N80.8** Endometriosis other
    - **N80.9** Endometriosis unspecified

- What additional documentation will be needed?
  - The specific site of the endometriosis
Clinical details

• **N73.0** Acute parametritis and pelvic cellulitis
• **N73.1** Chronic parametritis and pelvic cellulitis

• **N73.3** Female acute pelvic peritonitis
• **N73.4** Female chronic pelvis peritonitis

• **N75.0** Cyst of Bartholin’s gland
• **N75.1** Abscess of Bartholin’s gland
ICD-10 structure

• The expanded number of characters of the ICD-10 diagnosis codes provides greater specificity to identify disease etiology, anatomic site and severity
  • Characters 1-3: Category ("block")
  • Characters 4-6: Etiology, anatomic site, severity or other clinical detail
  • Character 7: Extension, for example: episode of care or other clinical detail
Structural change

ALHPA (NOT U) | NUMERIC | CHARACTERS 3 - 7 CAN BE ANY COMBINATION OF ALPHA OR NUMERIC

1st DIGIT | 2nd DIGIT | 3rd DIGIT | 4th DIGIT | 5th DIGIT | 6th DIGIT | 7th DIGIT

CATEGORY | ETIOLOGY, ANATOMICAL SITE, SEVERITY | EXTENSION

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Fifth characters

Identifies the most precise level of specificity

Example:

O23.12 Infections of bladder in pregnancy, second trimester

3 – O23 is a category for infections of genitourinary tract in pregnancy
4 – O23.1 specifies the infection is of the bladder
5 – O23.12 indicates the pregnancy is in the second trimester
Sixth characters

O24 Diabetes mellitus in pregnancy, childbirth and the puerperium

O24.0 Pre-existing DM, type 1, in pregnancy, childbirth and the puerperium

O24.01 Pre-existing DM, type 1, in pregnancy

O24.013 Pre-existing DM, type 1, in pregnancy, third trimester

Report Z3A – to indicate weeks of gestation
Seventh character extenders

- The fact that the codes are up to seven characters in length is a major difference that brings two new considerations: **seventh character extenders** and **dummy placeholders**

- Seventh character extenders are usually a letter and are used to identify specific information about the clinical episode

- Most of the seventh character extenders related to obstetrics identify the fetus in cases of multiple gestations:
  - 0 – Not applicable or unspecified
  - 1 – fetus 1
  - 2 – fetus 2
  - 3 – fetus 3
  - 4 – fetus 4
  - 5 – fetus 5
  - 9 – fetus 9
A unique twist: the placeholder

• Some codes are seven characters, but no fourth, fifth or sixth place is necessary, so “x” is a placeholder:
  
  **O40.3xx0** — Polyhydramnios, single gestation
  
  **O41.01X1** — Oligohydramnios, first trimester, fetus 1 of multiple gestation

• The appropriate seventh character is to be added to identify the fetus to which the code applies
Example

Patient with monochorionic twin gestations presents with ultrasound indicating polyhydramnios of Twin A (fetus 1). She is 30 weeks gestation.

- **O40.3XX1** — Polyhydramnios, third trimester, fetus 1
- **Z3A.30** — 30 weeks gestation of pregnancy
Unspecified codes

• The doctor has not given enough information in the documentation

• Differs from “other specified” which means there is no exact code description for the documentation

• Be careful when using unspecified codes; some payers may deny claims if an unspecified code is used (pain in unspecified knee)
It’s all about the documentation

• The level of evaluation and management (E/M) service is based on:
  - Medical necessity
  - Documentation of history, exam and MDM
  - Time

• The detail in ICD-10 depends on the information in the note

• Coders and billers are trained not to use unspecified codes and are always directed to query the provider for more detailed information
Changes by ICD-10-CM chapters

1. Infectious and Parasitic Diseases
2. Neoplasms
3. Diseases of the Blood and Blood-Forming Organs
4. Endocrine, Nutritional and Metabolic Diseases
5. Mental and Behavioral Disorders
6. Disease of the Nervous System
7. Diseases of the Eye and Adnexa
8. Diseases of the Ear and Mastoid Process
9. Diseases of the Circulatory System
10. Diseases of the Respiratory System
11. Diseases of the Digestive System
12. Diseases of the Skin and Subcutaneous Tissue
13. Diseases of the Musculoskeletal System and Connective Tissue
14. Diseases of the Genitourinary System
15. Pregnancy, Childbirth and the Puerperium
16. Newborn (Perinatal)
17. Congenital Malformations, Deformations and Chromosomal Abnormalities
18. Symptoms, Signs and Abnormal Clinical and Laboratory Findings
19. Injury, Poisoning and Certain Other Consequences of External Causes
20. External Causes of Morbidity
21. Factors Influencing Health Status and Contact with Health Services
Chapter 14: Diseases of the Genitourinary System

• Chapter 14 includes sublistings for:
  – Disorders of the breast (N60-N65)
  – Inflammatory diseases of female pelvic organs (N70-N77)
  – Noninflammatory disorders of female genital tract (N80-N98)
Disorders of the breast

- **N60** – Benign mammary dysplasia
- **N61** – Inflammatory disorders of the breast
- **N62** – Hypertrophy of breast
- **N63** – Unspecified lump in breast
- **N64** – Other disorders of breast
- **N65** – Deformity and disproportion of reconstructed breast
Inflammatory diseases of female pelvic organs

- **N70** – Salpingitis and oophoritis
- **N71** – Inflammatory disease of uterus, except cervix
- **N72** – Inflammatory disease of cervix uteri
- **N73** – Other female pelvic inflammatory diseases
- **N74** – Female pelvic inflammatory disorders in diseases classified elsewhere
- **N75** – Diseases of Bartholin’s gland
- **N76** – Other inflammation of vagina and vulva
- **N77** – Vulvovaginal ulceration and inflammation in diseases classified elsewhere

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Noninflammatory disorders of female genital tract

- **N80** – Endometriosis
- **N81** – Female genital prolapse
- **N82** – Fistulae involving female genital tract
- **N83** – Noninflammatory disorders of ovary, fallopian tube and broad ligament
- **N84** – Polyp of female genital tract
- **N85** – Other noninflammatory disorders of uterus, except cervix
- **N86** – Erosion and ectropion of cervix uteri
- **N87** – Dysplasia of cervix uteri
- **N88** – Other noninflammatory disorders of cervix uteri
- **N89** – Other noninflammatory disorders of vagina
Noninflammatory disorders of female genital tract

- **N90** – Other noninflammatory disorders of vulva and perineum
- **N91** – Absent, scanty and rare menstruation
- **N92** – Excessive, frequent and irregular menstruation
- **N93** – Other abnormal uterine and vaginal bleeding
- **N94** – Pain and other conditions associated with female genital organs and menstrual cycle
- **N95** – Menopausal and other perimenopausal disorders
- **N96** – Recurrent pregnancy loss
- **N97** – Female infertility
- **N98** – Complications associated with artificial fertilization
Chapter 15: Pregnancy, Childbirth, Puerperium

• Codes from this chapter are for use only on maternal records, never on newborn records

• The majority of codes in Chapter 15 have a final character indicating the trimester of pregnancy
  – Trimesters
    • First – up to 13 weeks, 6 days
    • Second – 14 weeks to 27 weeks, 6 days
    • Third – 28 weeks to delivery

• All Chapter 15 codes require weeks of gestation reported with Z3A.--
Chapter 15: Pregnancy, Childbirth, Puerperium

• A patient is experiencing spotting at 16 weeks, 4 days of pregnancy.

• O26.85 – Spotting complicating pregnancy
  o O26.851 – Spotting complicating pregnancy, first trimester
  o O26.852 – Spotting complicating pregnancy, second trimester
  o O26.853 – Spotting complicating pregnancy, third trimester
  o O26.859 – Spotting complicating pregnancy, unspecified trimester

• Z3A.16 – 16 weeks gestation of pregnancy
Chapter 15: Pregnancy, Childbirth, Puerperium

• Chapter 15 codes have sequencing priority over codes from other chapters
• Additional codes from other chapters may be used in conjunction with chapter 15 codes to further specify conditions
• It is the provider’s responsibility to state that the condition being treated is not affecting the pregnancy
  – 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
Complications of pregnancy

- Documentation of conditions/complications of pregnancy will need to distinguish between pre-existing conditions, or pregnancy-related conditions.

- When documenting complications of pregnancy, include the following:
  - **Condition detail** Was the condition pre-existing (i.e. present before pregnancy)
  - **Trimester** When did the pregnancy-related condition develop?
  - **Causal relationship** Establish the relationship between the pregnancy and the complication (i.e. preeclampsia)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O99.011</td>
<td>Anemia complicating pregnancy, first trimester</td>
</tr>
<tr>
<td>O13.2</td>
<td>Gestational hypertension without significant proteinuria, second trimester</td>
</tr>
<tr>
<td>O24.012</td>
<td>Pre-existing diabetes mellitus, type 1, in pregnancy, second trimester</td>
</tr>
</tbody>
</table>
Chapter 15: Pregnancy, Childbirth, Puerperium

Routine outpatient prenatal visits

- When no complications are present, a code from category **Z34, Encounter for supervision of normal pregnancy**, should be used as the first-listed diagnosis
  - Should not be used in conjunction with chapter 15 codes

Prenatal outpatient visits for high-risk patients

- For patients with high-risk pregnancies, a code from category **O09, Supervision of high-risk pregnancy**, should be used as the first-listed diagnosis
- Secondary chapter 15 codes may be used in conjunction with these codes if appropriate
Chapter 15: Pregnancy, Childbirth, Puerperium

Episodes when no delivery occurs
• Principal diagnosis should correspond to the principal complication of the pregnancy which necessitated the encounter

When a delivery occurs
• Principal diagnosis should correspond to the main circumstances or complication of the delivery
• In cases of cesarean delivery, the selection of the principal diagnosis should be the condition established after study that was responsible for the patient’s admission
  – If the reason for the initial encounter was unrelated to the condition resulting in cesarean delivery, report that condition as the principal diagnosis

Outcome of delivery
• A code from category Z37, Outcome of delivery, should be included on every maternal record when a delivery has occurred
  – Not to be used on subsequent records or on the newborn record
Diabetes mellitus in pregnancy

- Significant complicating factor in pregnancy
- Pregnant women who are diabetic should be assigned a code from category **O24, Diabetes mellitus in pregnancy, childbirth, and the puerperium**, first, followed by the appropriate diabetes code(s) (E08 - E13) from Chapter 4

Long term use of insulin

- Code **Z79.4, Long-term (current) use of insulin**, should also be assigned if the diabetes mellitus is being treated with insulin
Chapter 15: Pregnancy, Childbirth, Puerperium

Gestational (pregnancy induced) diabetes

• Can occur during the second and third trimester of pregnancy in women who were not diabetic prior to pregnancy
• Can cause complications in the pregnancy similar to those of pre-existing diabetes mellitus
• Puts the woman at greater risk of developing diabetes after the pregnancy
• Codes for gestational diabetes are in subcategory O24.4, Gestational diabetes mellitus
  – Codes under subcategory O24.4 include diet controlled and insulin controlled
  – If a patient with gestational diabetes is treated with both diet and insulin, only the code for insulin-controlled is required
• Code Z79.4, Long-term (current) use of insulin, should not be assigned with codes from subcategory O24.4
• An abnormal glucose tolerance in pregnancy is assigned a code from subcategory O99.81, Abnormal glucose complicating pregnancy, childbirth, and the puerperium
Chapter 15: Pregnancy, Childbirth, Puerperium

Encounter for full-term uncomplicated delivery

• Code **O80**, *Encounter for full-term uncomplicated delivery*, should be assigned when a woman is admitted for a full-term normal delivery and delivers a single, healthy infant without any complications antepartum, during the delivery or postpartum during the delivery episode
  – Code O80 is always a principal diagnosis

Uncomplicated delivery with resolved antepartum complication

• Code O80 may be used if the patient had a complication at some point during the pregnancy, but the complication is not present at the time of the admission for delivery

Outcome of delivery for O80

• **Z37.0**, *Single live birth*, is the only outcome of delivery code appropriate for use with O80
Chapter 15: Pregnancy, Childbirth, Puerperium

Peripartum and postpartum periods

- The postpartum period begins immediately after delivery and continues for six weeks following delivery.
- The peripartum period is defined as the last month of pregnancy to five months postpartum.

Peripartum and postpartum complication

- A postpartum complication is any complication occurring within the six-week period.
Abuse in a pregnant patient

• For suspected or confirmed cases of abuse of a pregnant patient, a code(s) from the following subcategories should be sequenced first:
  – **O9A.3**: Physical abuse complicating pregnancy, childbirth, and the puerperium
  – **O9A.4**: Sexual abuse complicating pregnancy, childbirth, and the puerperium
  – **O9A.5**: Psychological abuse complicating pregnancy, childbirth, and the puerperium

• This should be followed by appropriate codes (if applicable) to identify any associated current injury due to physical abuse or sexual abuse, and the perpetrator of abuse
Chapter 15: Pregnancy, Childbirth, Puerperium

Alcohol use, substance use and tobacco dependence

- Documentation should capture the mother’s use (or non-use) of tobacco, alcohol and substances along with the associated risk to the child.
- When codes associated with category O99.33, smoking (tobacco) complicating pregnancy, are used, a secondary code from the following categories should also be assigned:
  - F17, nicotine dependence
  - Z72.0, tobacco use
- In a similar manner, when codes under category O99.31, alcohol use complicating pregnancy, are used, a secondary code from category F10, alcohol-related disorders, should also be assigned.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O99.311</td>
<td>Alcohol use complicating pregnancy, first trimester</td>
</tr>
<tr>
<td>O99.331</td>
<td>Smoking (tobacco) complicating pregnancy, first trimester</td>
</tr>
<tr>
<td>O35.4XX1</td>
<td>Maternal care for (suspected) damage to fetus from alcohol, fetus 1</td>
</tr>
</tbody>
</table>
Chapter 15: Pregnancy, Childbirth, Puerperium

Vomiting

• The time frame for differentiating early and late vomiting in pregnancy has been changed from 22 to 20 weeks

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O21.0</td>
<td>Mild hyperemesis gravidum</td>
<td>Hyperemesis gravidarum, mild or unspecified, starting before the end of the 20th week of gestation</td>
</tr>
<tr>
<td>O21.1</td>
<td>Hyperemesis gravidarum with metabolic disturbance</td>
<td>Hyperemesis gravidarum, starting before the end of the 20th week of gestation, with metabolic disturbance</td>
</tr>
<tr>
<td>O21.2</td>
<td>Late vomiting of pregnancy</td>
<td>Excessive vomiting starting after 20 completed weeks of gestation</td>
</tr>
</tbody>
</table>
Abortion

• The timeframe for a missed abortion (vs. fetal death) has changed from 22 to 20 weeks
• In ICD-10-CM, an elective abortion is now described as an elective termination of pregnancy
• There are four spontaneous abortion definitions in ICD-10; use the appropriate definition in your documentation:
  – Missed abortion: No bleeding, os closed
  – Threatened abortion: Bleeding, os closed
  – Incomplete abortion: Bleeding, os open, products of conception (POC) are extruding
  – Complete abortion: Possible bleeding or spotting, os closed, all POC expelled
Chapter 21: Factors Influencing Health Status and Contact with Health Services

Intent of encounter
When documenting intent of encounter, include the following:

- **Type of encounter**: e.g., OB or GYN, contraception management, postpartum care
- **Complications**: Note any abnormal findings with examination

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z30.011</td>
<td>Encounter for initial prescription of contraceptive pills</td>
</tr>
<tr>
<td>Z31.82</td>
<td>Encounter for Rh incompatibility status</td>
</tr>
<tr>
<td>Z39.1</td>
<td>Encounter for care and examination of lactating mother</td>
</tr>
<tr>
<td>Z34.01</td>
<td>Encounter for supervision of normal first pregnancy, first trimester</td>
</tr>
<tr>
<td>Z32.01</td>
<td>Encounter for pregnancy test, result positive</td>
</tr>
<tr>
<td>Z33.2</td>
<td>Encounter for elective termination of pregnancy</td>
</tr>
</tbody>
</table>
Obstetrics Example No. 1

Hemorrhoids during pregnancy, 16 weeks

<table>
<thead>
<tr>
<th>Code for problem in pregnancy</th>
<th>O22.42 Hemorrhoids in pregnancy, second trimester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code for weeks of gestation</td>
<td>Z3A.16 16 weeks gestation of pregnancy</td>
</tr>
</tbody>
</table>
# Obstetrics Example No. 2

## Bacterial vaginosis case

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N76.0</td>
<td>Acute vaginitis</td>
</tr>
<tr>
<td>L29.2</td>
<td>Vulvar, pruritis</td>
</tr>
<tr>
<td>Z23</td>
<td>Encounter for immunization</td>
</tr>
</tbody>
</table>
## Diabetes complicating pregnancy

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O24.112</td>
<td>Pre-existing diabetes mellitus, type 2, in pregnancy, second trimester</td>
</tr>
<tr>
<td>E11.9</td>
<td>Type 2 diabetes mellitus without complications</td>
</tr>
<tr>
<td>Z3A.16</td>
<td>16 weeks gestation of pregnancy</td>
</tr>
</tbody>
</table>
Questions?
Preparing for ICD-10 with Greenway Health

Christina Golden,
Product Marketing
1,158
OB/GYN customer sites

7,256
providers
Clinical templates enable faster, more streamlined documentation
What is clinically driven RCM?
ICD-10 Training

• Tier 1 – ICD-10 videos, FAQ’s and overview documents
• Tier 2 – Virtual Interactive Academy Training, ICD-10 videos, FAQ’s and overview documents
• Tier 3 – One to one workflow training (remote and onsite), VIA Training, ICD-10 videos, FAQ’s and overview documents