

# CSI Quick Coach

## Pregnancy Complications

### Introduction/Medical Background:

Complications of pregnancy encompass a spectrum of physical and mental conditions that have an impact on the well-being of both the expectant mother and the developing fetus. These conditions, whether manifesting prior to conception, during gestation, or postpartum, possess the potential to give rise to intricate challenges. Acknowledging the significance of early intervention, maintaining a schedule of routine prenatal consultations is paramount, as timely identification and management of these conditions can help manage the severity and long-term effects of these complications.

### Specific Support:

The code selection will be impacted by when the complication occurs. A few impacting factors to consider are as follows:

- Is it pre-existing?
- What trimester and/or weeks of gestation is the pregnancy at the time of the encounter?

The mother's pregnancy status does not impact code selection. Nulligravida (never pregnant), primigravida (first-time pregnant), multigravida (many pregnancies) often abbreviated as follows:

- **G** for Gravida (a pregnant woman)
- The **1<sup>st</sup>** number refers to the number of times a patient has been pregnant.
- **P** for Para (a woman who has given birth)
- The **2<sup>nd</sup>** number is how many term pregnancies.
- The **3<sup>rd</sup>** number is how many premature babies.
- The **4<sup>th</sup>** number is how many abortions or miscarriages.
- The **5<sup>th</sup>** number is how many living children survive.

Example: **G4P1031** would be on the medical record for a patient that has been pregnant **4 times** (including the current pregnancy) and has had **1 term infant**, **no preterm infants**, **3 abortions or miscarriages**, and has **1 living child**. While it won't change the code, it is support that the patient is pregnant.

### Coding Specifics/Caution:

In the Alphabetic Index you will often start with 'pregnancy', then 'complicated by' and will have a list to select from. Weeks of gestation are captured by full weeks only; the coder cannot round up to a week from 6 days for example. Another common error is not linking a condition to the pregnancy. It is the provider's responsibility to state a condition is not related to a pregnancy. If it is not documented as not related, then it is assumed that the condition is related. Be sure to note if it started before, during, or after the pregnancy.

For example, this is the difference between selecting O24.31- Unspecified pre-existing diabetes mellitus in pregnancy or O24.41- Gestational diabetes mellitus in pregnancy. Code based off the type of diabetes and the stage in the pregnancy:

- Pregnancy, antepartum,
  - 1st trimester, less than 14 weeks, 0 days
  - 2nd trimester, 14 weeks, 0 days - 28 weeks, 0 days
  - 3rd trimester, 28 weeks, 0 days - delivery
- Childbirth, intrapartum
- Puerperium, postpartum, up to 6 weeks after childbirth
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A positive lab result for pregnancy can be support of a pregnancy but as always, a coder cannot interpret a lab result to infer a diagnosis as stated in the guidelines below.

#### ICD-10-CM Official Guidelines for Coding and Reporting Section I.A.19:

##### **19. Code assignment and Clinical Criteria**

The assignment of a diagnosis code is based on the provider's diagnostic statement that the condition exists. The provider's statement that the patient has a particular condition is sufficient. Code assignment is not based on clinical criteria used by the provider to establish the diagnosis. **If there is conflicting medical record documentation, query the provider.**

#### Resources:

Centers for Medicare & Medicaid Services (CMS), and National Center for Health Statistics. "ICD-10-CM Official Guidelines for Coding and Reporting." World Health Organization (WHO), 1 Apr. 2023.

"HCC Coding for Risk Adjustment - HCCCoder.com." Wwww.hcccoder.com, www.hcccoder.com/code.php?set=ICD10CM&c=O24.319. Accessed 23 Aug. 2023.