

# **ICD-10-PCS Coding Advice for Labor Inductions**

Elliott Main, MD  
CMQCC Medical Director  
AIM Implementation Director  
July 2016

The transition to ICD-10 has led to changes in a number of coding practices. One important new principle is that ICD-10-PCS procedure codes should not be tied to a particular diagnosis. As a result the simple ICD-9-CM procedure code for labor induction, 73.4 (“Medical Induction of Labor”) has been replaced with the rather generic and opaque ICD-10-PCS procedure code: 3E033VJ (“Introduction of other hormone into peripheral vein, percutaneous approach”). This is a non-obvious code and has confused a number of hospital coders. In addition there are long-standing uncertainties about the clinical definitions and distinctions among labor induction, labor augmentation and cervical ripening which in turn affects the clinical documentation that the coders use to identify the correct code.

In this discussion we will first review the latest American College of Obstetricians and Gynecologists (ACOG) consensus documents to provide clinical definitions for these terms. This will be important to share with the OB/YN Department to update their documentation practices. We will then discuss recent AHA Coding Clinics examples to provide direction as to how to properly apply ICD-10 codes for these situations. We hope that wider application of these documents will lead to more accurate ICD-10 coding as this is an important area for quality improvement in obstetrics.

## **1. Standardized Labor Definitions: ACOG --2014**

In 2014, the American College of Obstetricians and Gynecologists (ACOG) sponsored a multi-disciplinary multi-organization consensus conference to standardize a number of key terms that are widely used in obstetric quality measures and vital records. These were published:

Menard MK, Main EK, Currihan SM. Executive Summary of the reVITALize Initiative: Standardizing Obstetric Data Definitions. *Obstet Gynecol* 2014 July; 124:150-3.

The full set of definitions is available on line at:

[AOG\\_124\\_1\\_2014\\_05\\_28\\_MENARD\\_14-107\\_SDC3.pdf](#)

These have been adopted for use in all ACOG documents. The revised ACOG definitions for labor, and labor induction/augmentation are shown in Table 1 on the following page.

<b>Table 1: ACOG STANDARD LABOR DEFINITIONS (2014)</b>	
LABOR	<p>Uterine contractions resulting in cervical change (dilation and/or effacement)</p> <p>Phases:</p> <p>Latent phase – from the onset of labor to the onset of the active phase</p> <p>Active phase – accelerated cervical dilation typically beginning at 6cm</p>
AUGMENTATION OF LABOR	<p>The stimulation of uterine contractions using pharmacologic methods or artificial rupture of membranes to increase their frequency and/or strength <u>following the onset of spontaneous labor or contractions following spontaneous rupture of membranes.</u></p> <p>If labor has been started using any method of induction described below (including cervical ripening agents), then the term, Augmentation of Labor, should not be used.</p>
INDUCTION OF LABOR	<p>The use of pharmacological and/or mechanical methods to initiate labor</p> <p>Examples of methods include but are not limited to: artificial rupture of membranes, balloons, oxytocin, prostaglandin, laminaria, or other cervical ripening agents</p> <p>Still applies even if any of the following are performed:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Unsuccessful attempts at initiating labor</li> <li><input checked="" type="checkbox"/> Initiation of labor following <u>spontaneous ruptured membranes without contractions</u></li> </ul>

There are several key areas to highlight with the Medical and Coding Staff:

A. **Induction of labor** includes all cases with any of the following:

- Cervical ripening using medications (e.g. prostaglandins including misoprostol)
- Cervical ripening using mechanical methods (e.g. balloons or other cervical dilators)
- Artificial rupture of membranes before the onset of labor
- Oxytocin/Pitocin® before the onset of labor. Note, if oxytocin is used in the setting of irregular contractions with intact membranes without cervical change, then it would be considered an Induction of Labor.

B. **Augmentation of labor** occurs ONLY:

- After the onset of spontaneous labor, defined as contractions with cervical change, or
- After spontaneous rupture of membranes with contractions (with or without cervical change). Note, if there is spontaneous rupture of membranes and no contractions then administration of oxytocin is considered an induction of labor.

## 2. ICD-10-PCS Coding Guidelines for Labor Induction

Below represents a summary of Coding Clinic advice for Labor Induction with citations:

- A. **Oxytocin/Pitocin®** when used for Labor Induction should be coded as: **3E033VJ--Introduction of other hormone into peripheral vein, percutaneous approach** (Coding Clinic 4Q 2014). Note: this code should NOT be used for labor augmentation with Pitocin (oxytocin), but when oxytocin is used for Labor Induction it should ALWAYS be used (Coding Clinic 2Q 2014, p9). There is no code for oxytocin use for Labor Augmentation. Nor is this code used for oxytocin for the prevention or treatment of postpartum hemorrhage (communication with the Editor of the Coding Clinics).
  
- B. **Cervical Ripening** (Labor Induction) using cervical inserts or tablets with prostaglandins (e.g. Cervidil®, Prepidil®, misoprostol or similar) should be coded as: **3EOP7GC--Introduction of other therapeutic substance into female reproductive, via natural or artificial opening**. (Coding Clinic, 2Q 2014: Page 8). This code is NOT used for misoprostol for the prevention or treatment of postpartum hemorrhage (communication with the Editor of the Coding Clinics). Recall that cervical ripening is considered an induction even if oxytocin is *not* used.
  
- C. **Cervical Dilators** (Labor Induction) using mechanical methods such as a balloon, digital exam or similar approach should be coded as: **0U7C7ZZ--Dilation of Cervix, Via Natural or Artificial Opening**. Recall that cervical dilation is considered an induction even if oxytocin is *not* used. The Joint Commission also accepts **0U7C7DZ--Dilation of Cervix with Intraluminal Device, Via Natural or Artificial Opening**, which appears to be an appropriate code but ICD-10-PCS guidelines recommend that Device codes (6<sup>th</sup> character="D") should only be used when the device is purposely left in on discharge (communication with the Editor of the Coding Clinics).

Note that Artificial Rupture of Membranes (AROM) (using a hook thru the cervix, not an amniocentesis) is coded as: **10907ZC--Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Via Natural or Artificial opening**. This code makes no distinction between AROM for labor induction or AROM for labor augmentation (Coding Clinic 2Q 2014, p9). Currently, there is no way to identify a labor induction that was limited to AROM (with no oxytocin) but this is rare. Well over 95% of AROM are done to augment labor. Accordingly, the presence of this code without any of the codes above would be very weak evidence for Induction of Labor and should be confirmed.

The non-specificity of current group of codes (e.g. Introduction of other hormone into peripheral vein, percutaneous approach) is somewhat unsatisfactory as we are left to guess the intention of the procedure code. Generally procedure codes are paired with a diagnosis code that indicates the reason that the procedure was utilized. Discussions are underway to possibly create diagnosis codes that would describe the type of labor but such a change would be 1-2 years before endorsement and application. In the meantime, please use the codes as outlined above.