CMQCC
California Maternal
Quality Care Collaborative

Welcome to today's webinar:
Documentation and Coding Guidance for Labor, Induction & Transfusions
with Dr. Elliott Main

All lines are muted on entry

Questions will be answered through Q&A box

This meeting is being recorded and will be available within 48 hours at www.cmqcc.org

Have you downloaded our toolkits?

✓ *A Toolkit to Support Vaginal Birth and Reduce Primary Cesareans*
✓ *Improving Health Care Response to OB Hemorrhage 2.0*
✓ *Improving Health Care Response to Preeclampsia*

www.cmqcc.org/resources-tool-kits/toolkits

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Improving Maternity Coding: A Collaboartion between Clinicans and HIM Professionals

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Clinical Professor,
Stanford University

Today's Agenda

- CMQCC and the Maternal Data Center
- Why we (and you) should be interested in improving coding…
- Great Resoures for OB ICD10 Coding
- Labor Induction vs Augmentation
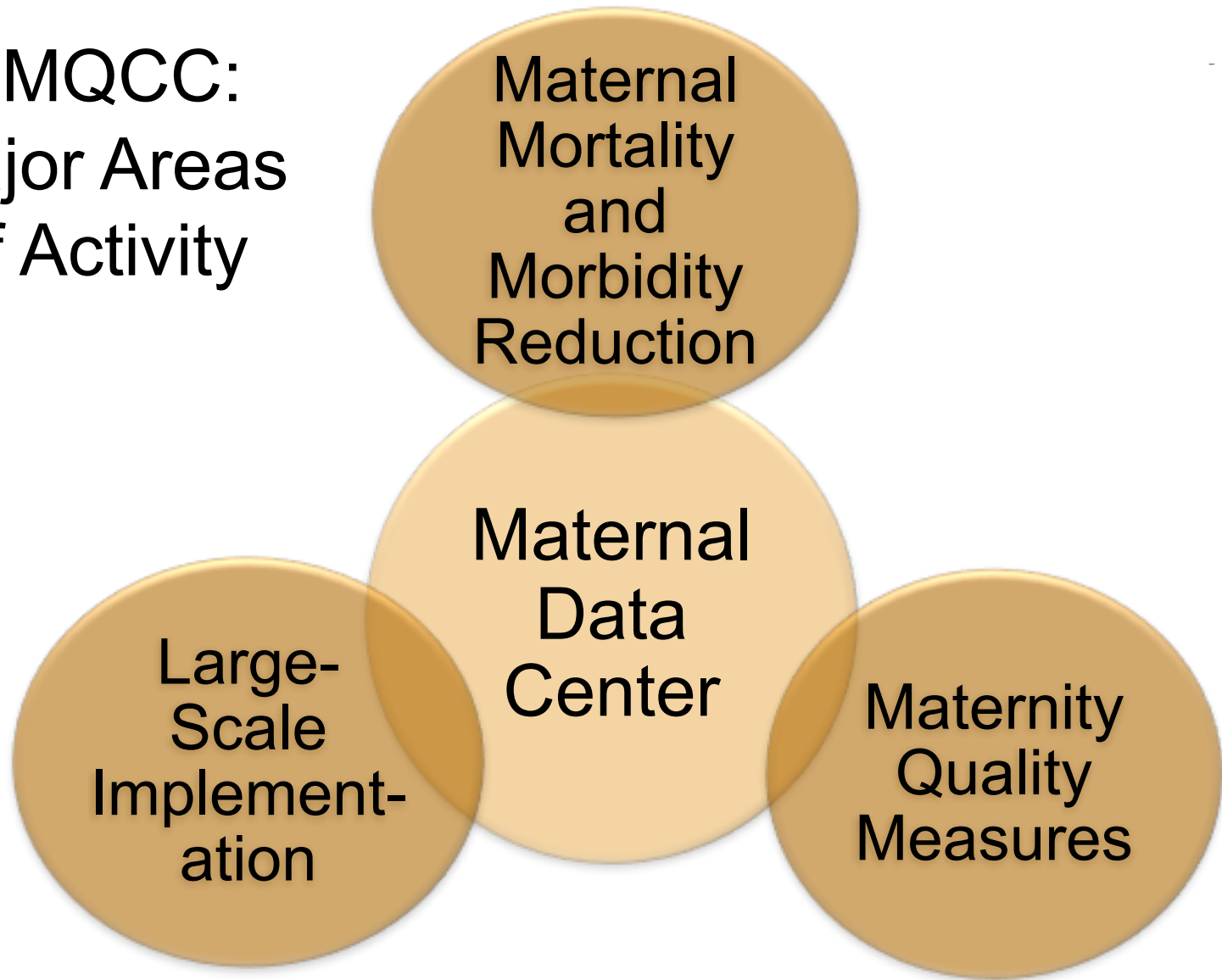- Transfusions

CPQCC and CMQCC

California Perinatal Quality Care Collaborative (CPQCC)

- Multi-stakeholder organization established in 1996 (providers, state agencies, public groups like MOD)
- Established Perinatal Data Center in 1996, works with VON
- Data submission for VON "Plus" data system with 131 out of 136 NICUs with >17,000 annual admissions;
- Over 10 quality toolkits and related collaboratives
- Model of working with state agencies to provide data of value

California Maternal Quality Care Collaborative (CMQCC)

- Expertise in maternal data analysis, MMR (2006)
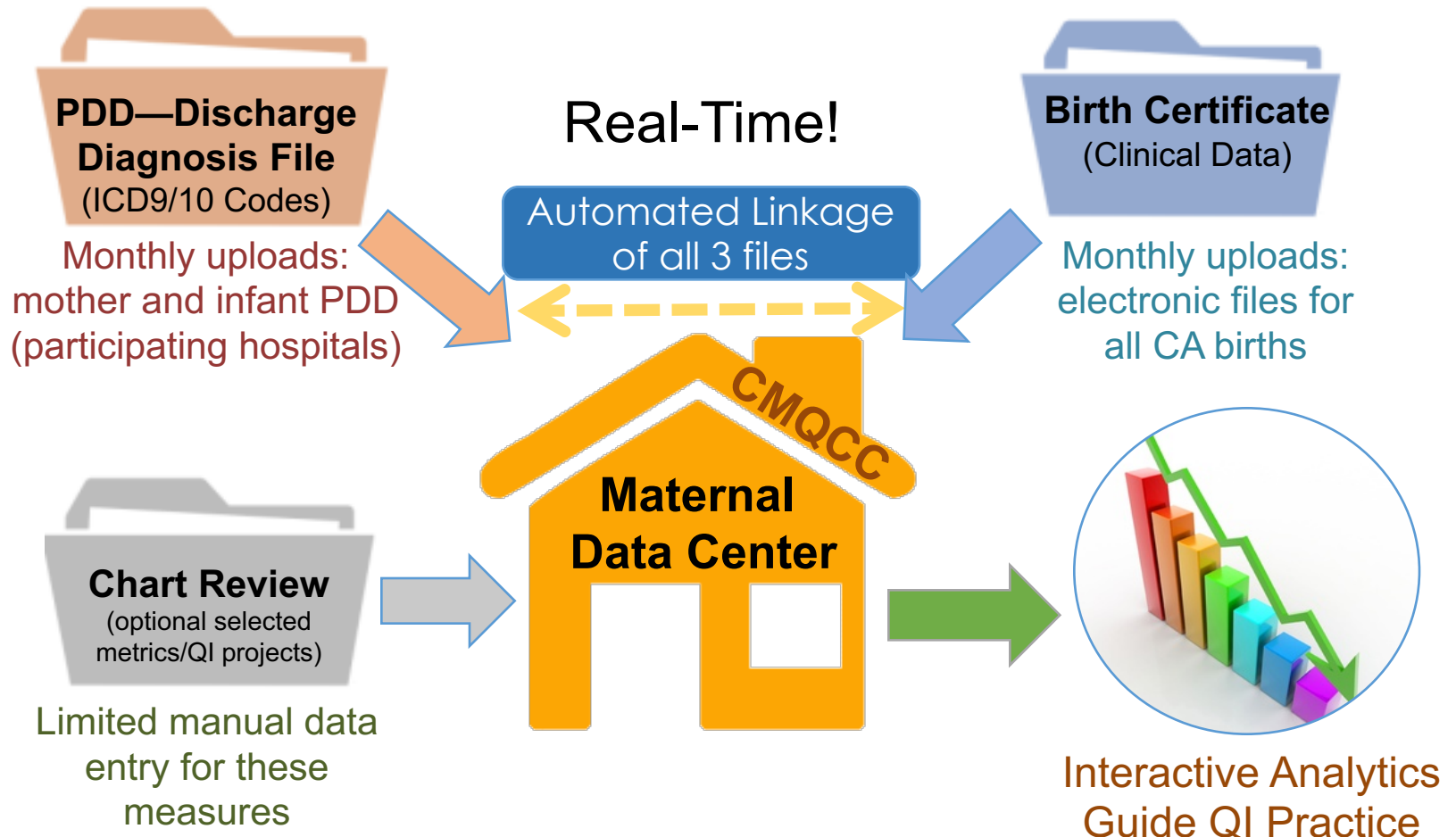- Developer of QI toolkits: Early Elective Delivery, OB Hemorrhage, Preeclampsia, CVD in Pregnancy, and First Cesarean Prevention
- Host of collaborative learning sessions
- Established Maternal Data Center in 2011

CMQCC: Major Areas of Activity

Maternal Mortality and Morbidity Reduction

Maternal Data Center

Large-Scale Implement-ation

Maternity Quality Measures

CMQCC

Maternal Data Center

Low-Burden, High-value

PDD—Discharge Diagnosis File
(ICD9/10 Codes)

Monthly uploads: mother and infant PDD (participating hospitals)

Real-Time!

Automated Linkage of all 3 files

Birth Certificate
(Clinical Data)

Monthly uploads: electronic files for all CA births

Chart Review
(optional selected metrics/QI projects)

Limited manual data entry for these measures

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Maternal Data Center

Interactive Analytics Guide QI Practice

Links over 1,000,000 mother/baby records each year!

What is the MDC?
(And how can data help my hospital??)

A one-stop shop to support hospitals' obstetric quality improvement initiatives and service line management

➢ Rapid-cycle hospital performance measures—reports within 45 days with minimal data collection burden

➢ Drill-down to the patient level and case review worksheets to identify quality improvement opportunities—for both clinical quality and data quality

➢ Provider-level statistics—to assess variation within a hospital

➢ Benchmarking statistics--to compare your hospital to regional, state, and like-hospital peers

➢ Facilitating reporting to Leapfrog, Patient Safety First and Cal-HEN

MDC Home Page:
- Up to 33 Hospital Clinical Quality Measures
- Progress on Patient Safety Bundles for Pre-eclampsia and OB-Hemorrhage

Home	NICU LOS Collaborative

Measures — Period: Q1 2016

See your Leapfrog Results in Leapfrog Survey Format

Favorite Measures

Cesarean Birth: Low Risk-NTSV (PC-02)	28.0%
Cesarean Birth: Low Risk-NTSV Age Adjusted	22.1%
Cesarean Birth: Overall	33.6% *

View all 8 Favorite Measures

Data Release Approvals

Approve Q1 2016 CMS Data Release

Approve Q1 2016 PSF Data Release

Hospital Clinical Performance Measures

Early Elective Delivery (PC-01) (HEN)	2.2% *
Cesarean Birth: Low Risk-NTSV (PC-02)	28.0%
Vaginal Birth After Cesarean (VBAC) Rate, Uncomplicated (AHRQ IQI 22)	10.1% *
Cesarean Birth: Overall	33.6% *
Cesarean Birth: Primary	22.7%
Failed Induction	20.9% *

View all 33 by name, organization, or topic

CS Collaborative Measures

Cesarean Birth: Low Risk-NTSV (PC-02)	28.0%
Structure Measures / To-Do List	0.0% *
NTSV Spontaneous Labor Arrest / CPD: Consistency with Guidelines	N/A
NTSV Induced Labor Management: Consistency with Guidelines	N/A

View all 11 CS Collaborative Measures

Hospital Data Quality Measures

Missing / Inconsistent Delivery Method	0.6%
Missing / Inconsistent V27/Z37 (Outcome of Delivery)	0.4%
Data Submission Trends	
Correction Reports	

View all 16 Hospital Data Quality Measures

CPMS/PSF Hemorrhage Safety Initiatives

Massive transfusions (≥ 4 RBC units) per 1000 mothers	1.4 *
Total RBC/FFP blood products transfused per 1000 mothers	19.1 *
Severe Maternal Morbidity with Obstetric Hemorrhage	14.1%
Hemorrhage Case Debriefs	5 *
Hemorrhage Safety Bundle	100.0% *

View all 7 CPMS/PSF Hemorrhage Safety Initiatives

Provider Performance Measures

by Individual	by Practice Group
Cesarean Births	Cesarean Births
Elective Deliveries	Elective Deliveries
Vaginal Births	Vaginal Births

CPMS Preeclampsia Safety Initiatives

Severe Maternal Morbidity with Preeclampsia	7.7%
Preeclampsia Timely Treatment	100.0% *
Preeclampsia Case Debriefs	0 *
Preeclampsia Safety Bundle	76.9% *

Drill Down Information

- Drill down to case-level information within own MC account
  - Hover boxes show definitions for ICD-9 codes

Elective Delivery (PC-01)   Encrypted MRN ▼   Provider: Full Name ▼

Discharge Dates: 01/01/2014-03/31/2014   ◄ Previous: 10/01/2013 to 12/31/2013

Fallout Cases (2)   Denominator Cases (56)

See cases that required chart review for the measure: January, February, March.   Print   Download CSV
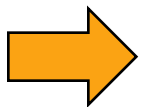
Displaying **all 2** fallout cases

Case Number	Delivery Date	Gest. Age	Diagnoses	CS or Induction	Provider ID	Opportunities for Improvement				Comments	Edit
86bc202032	01/29/2014	38	654.21, 342.90, 907.0, 579.0, 648.91, 663.31, V02.51, E92.90, E84.95, V27.0	CS	A10026	**D**	C	P	OK	Diabetes not documented	✎
9f59cf3c99	03/04/2014	38	659.61, 283.9, V27.0, 654.21, 648.21, V15.82, 663.31, V13.01	Induction, CS	A10034	D	C	P	**OK**	Click to comment	✎
					Totals	1	1	0	2		

Why the Focus on Perinatal Coding?

- HISTORICALLY: Coded data used by researchers and public health professionals to track trends and practices

- NOW: A new focus on evaluating and improving the quality of maternity services
  - Joint Commission (TJC) Perinatal Care Measure Set
  - Statewide QI Collaboratives
  - Partnership for Patient/Hospital Engagement Networks (HENs)
  - CMS Inpatient Quality Reporting Program
  - State Medicaid Agencies

- Nationally-endorsed measures maximize use of *existing* data source ⟹ Coded Data
  - Coded data provides a standard
  - Given high volume of deliveries, use of existing source minimizes data collection burden for hospitals

Coding Quality Impacts Hospital Scores

- Performance measurement designed to compare hospitals—need to level the playing field

- Measure specifications provide standard set of criteria to:
  1. Identify cases to be *included* in the measure
     - Term deliveries
  2. Identify cases to be *removed* from the measure
     - Pre-eclampsia is valid reason for an early elective delivery
     - Breech is a valid reason for a C-section

- Criteria often based on ICD-10 codes

  ⟹ Important to code the diagnoses and procedures correctly!

Example

- 3 patients with breech pregnancies had C-Sections (appropriately!)
- BUT the 3 patients lacked code for breech

NTSV CS Measure	Description	Incorrectly-Coded Data	Correctly-Coded Data
Denominator	Number of deliveries that were term, singleton and vertex	35	32
Numerator	Number of above patients with c-section	5	2
Rate	CS Rate (Numerator / Denominator)	**14.3%**	**6.3%**

ICD-10 Coding Resources
on the CMQCC Website

California Health Information Association

Oh Baby! OB Coding for ICD-10-PCS
June 9, 2015

Kristi Pollard, RHIT, CCS, CPC, CIRCC
Senior Coding Consultant
AHIMA-Approved ICD-10-CM/PCS Trainer
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**ICD-10 Coding:
The Impact on Perinatal Metrics**

Presented by:
Brad Hart, MBA, MS, CMPE, CPC, CPMA, COBGC
Reproductive Medicine Administrative Consulting

Anne Castles, MA, MPH
CMQCC Maternal Data Center

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.
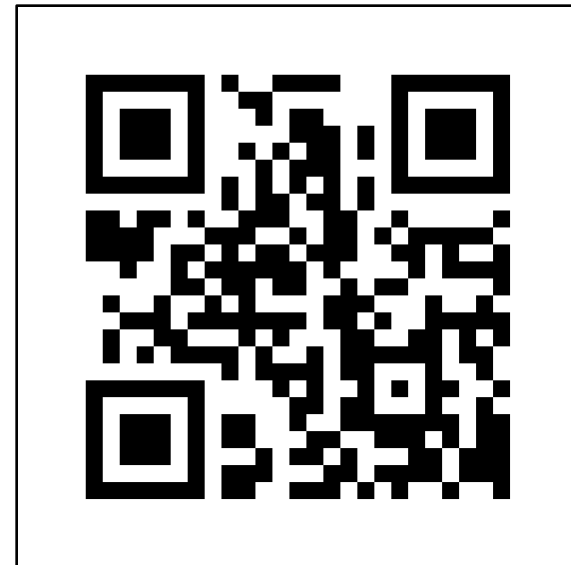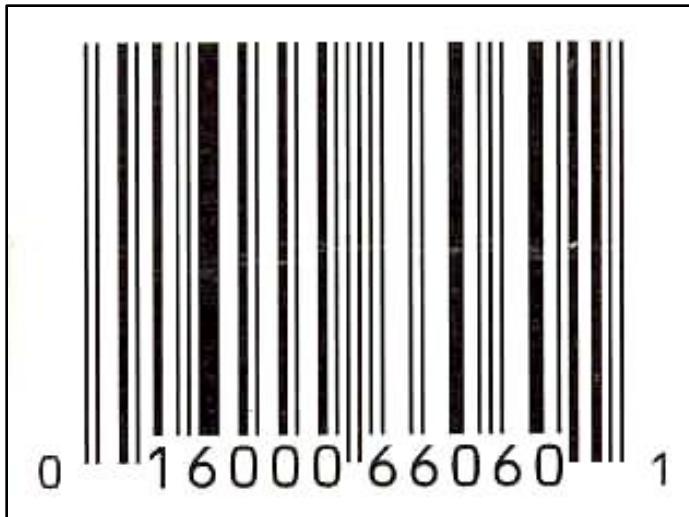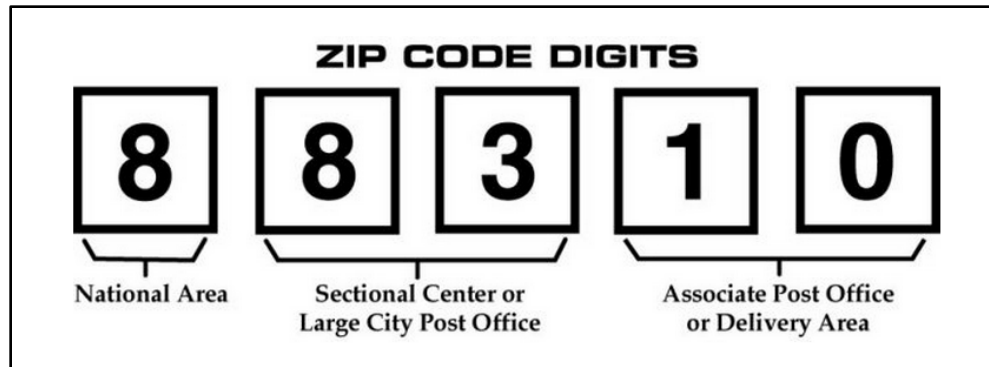
- General introduction to ICD10 for OB by a senior Coding Consultant for CHIA (slides)

- Previous CMQCC Webinar with detailed discussion of OB codes that impact quality measures. Good companion to today. (slides + recording)

- Labor Induction definitions and coding advice. (3p handout)

ICD-10-PCS: Procedure Codes

- The ICD-10 Procedure Codes are organized into:
  - ☐ 7 Alphanumeric Characters: Each represents a specific category
  - ☐ No decimal points
  - ☐ *Example*: **0W8NXZZ** represents an Episiotomy

Character	Category	Code	Character Meaning
1st place	Section	**0**	Medical/Surgical
2nd place	Body System	**W**	Anatomic Regions, General
3rd place	Operation	**8**	Cutting into a body part without draining fluids and/or gases from the body part in order to separate or transect a body part
4th place	Body Part	**N**	Perineum, Female
5th place	Approach	**X**	External
6th place	Device	**Z**	Device
7th place	Qualifier	**Z**	No Qualifier

Coding returns to "Codes"

ICD-10-CM: Diagnosis Codes

■ Code Organization

☐ 3-7 Alphanumeric Characters

☐ Decimal point optional after third character

☐ *Example*: O32.1XX represents Breech presentation

Character	Category	Code	Character Meaning
1st place	Chapter	O	Obstetrics
2nd place	Category	3	Maternal care for malpresentation of fetus
3rd place		2	
4th place	Subcategory (etiology, severity, description)	1	Breech presentation
5th place		X	Placeholder
6th place		X	Placeholder
7th place	Extension	-	Fetus(es) affected

IDENTIFYING AND REPORTING DELIVERIES

Measures require identification of deliveries

ICD-10 Codes (not Birth Logs) are the primary source for identifying the cases included in national maternity performance measures

Joint Commission Codes to Identify Deliveries:

- Delivery Procedure Codes

10D00Z0	**Extraction of Products of Conception, Classical, Open Approach**
10D00Z1	Extraction of Products of Conception, Low Cervical, Open Approach
10D00Z2	Extraction of Products of Conception, Extraperitoneal, Open Approach
10D07Z3	Extraction of Products of Conception, Low Forceps, Via Natural or Artificial Opening
10D07Z4	Extraction of Products of Conception, Mid Forceps, Via Natural or Artificial Opening
10D07Z5	Extraction of Products of Conception, High Forceps, Via Natural or Artificial Opening
10D07Z6	Extraction of Products of Conception, Vacuum, Via Natural or Artificial Opening
10D07Z7	Extraction of Products of Conception, Internal Version, Via Natural or Artificial Opening
10D07Z8	Extraction of Products of Conception, Other, Via Natural or Artificial Opening
10E0XZZ	Delivery of Products of Conception, External Approach

CMQCC Codes to Identify Deliveries:

- TJC Codes above PLUS:
- Z37 Dx codes for delivery outcome
- O Codes for encounters

Z37.0	Single live birth
Z37.1	Single stillbirth
Z37.2	Twins, both liveborn
Z37.3	Twins, one liveborn and one stillborn
Z37.4	Twins, both stillborn
Z37.50-Z37.59	Other multiple birth, all liveborn
Z37.60-Z37.69	Other multiple birth, some liveborn
Z37.7	Other multiple birth, all stillborn
Z37.9	Outcome of delivery, unspecified

O80	Encounter for full-term uncomplicated delivery
O82	Encounter for cesarean delivery without indication

1

ICD-10-PCS Delivery Code Options

■ Every maternal delivery record **MUST** include one of the 10 delivery procedure codes

☐ 7 Vaginal Delivery Procedure Code Options

Section/Body System/ Operation	Body Part	Approach	Device	Qualifier	Code
10E (Delivery)	0 Products of Conception	X External	Z No Device	Z No Qualifier	10E0XZZ
				3 Low forceps	10D07Z3
				4 Mid forceps	10D07Z4
10D (Extraction)	0 Products of Conception	7 Via natural or artificial opening	Z No Device	5 High forceps	10D07Z5
				6 Vacuum	10D07Z6
				7 Internal version	10D07Z7
				8 Other	10D07Z8

ICD-10-PCS Delivery Code Options

- **Every maternal delivery record MUST include one of the 10 delivery procedure codes**
  - ☐ 3 Cesarean Delivery Procedure Code Options
  - ☐ Coders will need to know the approach (the qualifier)

Section/Body System/Operation	Body Part	Approach	Device	Qualifier	Code
				0 Classical	10D00Z0
10D (Extraction)	0 Products of Conception	0 Open	Z No Device	1 Low cervical	10D00Z1
				2 Extraperitoneal	10D00Z2

MDC: What We're Seeing

Joint Commission Codes to Identify Deliveries:

■ Delivery Procedure Codes

Code	Description
10D00Z0	**Extraction of Products of Conception, Classical, Open Approach**
10D00Z1	Extraction of Products of Conception, Low Cervical, Open Approach
10D00Z2	Extraction of Products of Conception, Extraperitoneal, Open Approach
10D07Z3	Extraction of Products of Conception, Low Forceps, Via Natural or Artificial Opening
10D07Z4	Extraction of Products of Conception, Mid Forceps, Via Natural or Artificial Opening
10D07Z5	Extraction of Products of Conception, High Forceps, Via Natural or Artificial Opening
10D07Z6	Extraction of Products of Conception, Vacuum, Via Natural or Artificial Opening
10D07Z7	Extraction of Products of Conception, Internal Version, Via Natural or Artificial Opening
10D07Z8	Extraction of Products of Conception, Other, Via Natural or Artificial Opening
10E0XZZ	Delivery of Products of Conception, External Approach

- Some hospitals <u>not</u> coding ICD-10 Vaginal Delivery Procedure Code

- Implication: Cases may be missing from your hospital's delivery population for measurement

  ➢ Can have a *significant* impact on your TJC PC Metrics, particularly PC-02

  ➢ Artificially reduces the size of the denominator, making the hospital's rate look higher

Standardized Labor Definitions: ACOG—2014 "ReVITALize"

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.

Menard MK, Main EK, Currigan 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

Labor

- Uterine contractions resulting in cervical change (dilation and/or effacement)

Phases:

- Latent phase – from the onset of labor to the onset of the active phase

- Active phase – accelerated cervical dilation typically beginning at 6cm

AUGMENTATION OF LABOR

- 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>

- 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.

INDUCTION OF LABOR

- The use of pharmacological and/or mechanical methods to initiate labor

- Examples of methods include but are not limited to: artificial rupture of membranes, balloons, oxytocin, prostaglandin, laminaria, or other cervical ripening agents

- Still applies even if any of the following are performed:

  Unsuccessful attempts at initiating labor

  Initiation of labor following spontaneous ruptured membranes *without contractions*

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Key areas to highlight with the Medical and Coding Staff:

Induction of labor includes <u>all cases</u> with <u>any</u> 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 <u>before the onset of labor</u>

- Oxytocin/Pitocin® <u>before the onset of labor</u>. 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.

Key areas to highlight with the Medical and Coding Staff (2):

Augmentation of labor occurs ONLY:

- After the onset of <u>spontaneous labor, defined as contractions</u> <u>with cervical change</u>, or

- After <u>spontaneous rupture of membranes with contractions (with or without cervical change)</u>. Note, if there is spontaneous rupture of membranes and <u>no contractions</u> then administration of oxytocin is considered an induction of labor.

ICD9 Labor Induction Codes

73.01 Induction of labor by artificial rupture of membranes
  Surgical induction NOS
  Excludes:
      artificial rupture of membranes after onset of labor (73.09)

73.1 Other surgical induction of labor
  Induction by cervical dilation

73.4 Medical induction of labor
  Excludes:
      medication to augment active labor -- omit code

ICD-10 Induction Procedure Codes

- These are the recommended ICD-10 codes for induction vs. augmentation
- TJC using codes below to flag "possible" inductions
- Recommendation: Reserve use of the first three codes for inductions

Code	Description	Recommend Applying To:
3E033VJ	Administration of other hormone into peripheral vein, percutaneous approach	Pitocin/Oxytocin Administration for Inductions *Coding Clinic Q2 2014: Do not use for augmentation*
3E0P7GC	Introduction of other therapeutic substance into female reproductive, via natural or artificial opening.	Misoprostol, Cervidil®, Prepidil® *Coding Clinic Q2 2014: Do not use for PPH treatment*
0U7C7ZZ	Dilation of cervix, via natural or artificial opening	Laminaria and Intraluminal Balloons for cervical ripening or inductions

Problematic ICD-10 Induction Procedure Codes

- ICD-10 codes may *not* clearly distinguish induction vs. augmentation
- TJC uses codes below to flag "possible" inductions BUT not recommended by Coding Clinics

Code	Description	Comments
0U7C7DZ	Dilation of cervix with intraluminal device, via natural or artificial opening	TJC will accept for Balloon inductions, but Coding Clinics does not recommend as the "device" is supposed to be "left in" on discharge
10900ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Open Approach	• Used for AROM or Amniocentesis • AROM may be for augmentation or induction • May result in "false positives" for inductions • Some hospitals may be using indicate a process step when Cesarean procedure occurs; this is NOT correct.
10903ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Percutaneous Approach	
10904ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Percutaneous Endoscopic Approach	
10907ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Via Natural or Artificial Opening	
10908ZC	Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Via Natural or Artificial Opening Endoscopic	

ICD-10 Induction Coding Problems

- No current code for Induction by AROM
  - □ But not very common, rare in nullips
- No current code for Induction by <u>oral</u> misoprostol
  - □ If oxytocin is later used (as often), that could be coded to indicate the induction

Next Steps re Inductions

- Interim Step given ambiguity
- Need to review case to train providers and coders…
- Make sure <u>EMR</u> includes correct designation of inductions vs. augmentation
  - Run reports from EMR to facilitate abstraction for inductions for EED measure
  - Run comparisons between coded data and EMR data to identify the codes that HIM department is using to code inductions

Opportunity for Mini-QI Project

- Need to train providers and coders to use the right terms and the right codes
- As we get better this can be retired

MDC: Implications around Induction Codes

Measures *May* Require Additional Review

Hospitals may see a larger numbers of cases flagged for review for:

- Early Elective Delivery

Measures Now Needing Supplemental Data

Some measures, previously auto-calculated, now cannot be reliably calculated using ICD-10 codes alone

- Induction Rate
- Failed Induction Rate

Tools not currently updated

The CS Measure analysis tool only shows data through Sept. 2015

- Induction Rate
- Failed Induction Rate

MDC Induction Chart Review Screen

- Manually check boxes for flagged cases
- Can add cases if they do not appear on the list
- If file submitted with "Induced" field, boxes will pre-populate for cases submitted

	Medical Record Number	Delivery Date	Induction/Augmentation Code		Birth Certificate	Induced? Yes	No	Review Complete?
						Mark remaining as "Yes" when ICD-10 and BC are Consistent		
💬	a10b521269	05/23/2016	Oxytocin (3E033VJ) AROM (10907ZC)	🚩	Augmentation	☑	☐	✔
💬	c226f20042	05/04/2016	Cervical Ripening (3E0P7GC)		Induction	☑	☐	✔
💬	f525d2e514	05/20/2016	Failed Induction (O61.0)		Induction	☑	☐	✔
💬	5e82f46c10	05/22/2016	Cervical Ripening (3E0P7GC)		Induction	☑	☐	✔
💬	85863da3d5	05/18/2016		🚩	Induction	☑	☐	✔

Coding for Transfusions

- A number of maternal morbidity measures depend on coding for transfusions

- ICD-9 was easy:

ICD-9 Codes	
99.03	Other transfusion of whole blood
99.04	Transfusion of packed cells
99.05	Transfusion of platelets
99.07	Transfusion of other serum

ICD-10 Coding for Transfusions

Section – **3** Administration		Operation – **2** Transfusion: Putting in blood or blood products	
		Body System – **0** Circulatory	
Body System/Region	**Approach**	**Substance**	**Qualifier**
3 Peripheral Vein	**0** Open	**G** Bone Marrow	**0** Autologous
4 Central Vein	**3** Percutaneous	**H** Whole Blood	**1** Nonautologous
5 Peripheral Artery		**J** Serum Albumin	
6 Central Artery		**K** Frozen Plasma	
		L Fresh Plasma	
		M Plasma Cryoprecipitate	
		N Red Blood Cells	
		P Frozen Red Cells	
		Q White Cells	
		R Platelets	
		S Globulin	
		T Fibrinogen	
		V Antihemophilic Factors	
		W Factor IX	
		X Stem Cells, Cord Blood	
		Y Stem Cells, Hematopoietic	

512 possible codes for transfusions!

ICD-10 Codes

Code	Description
30233H1	Transfusion of Nonautologous Whole Blood into Peripheral Vein, Percutaneous Approach
30233N1	**Transfusion of Nonautologous Red Blood Cells into Peripheral Vein, Percutaneous Approach**
30233P1	Transfusion of Nonautologous Frozen Red Cells into Peripheral Vein, Percutaneous Approach
30243H1	Transfusion of Nonautologous Whole Blood into Central Vein, Percutaneous Approach
30243N1	**Transfusion of Nonautologous Red Blood Cells into Central Vein, Percutaneous Approach**
30243P1	Transfusion of Nonautologous Frozen Red Cells into Central Vein, Percutaneous Approach
30253H1	Transfusion of Nonautologous Whole Blood into Peripheral Artery, Percutaneous Approach
30253N1	Transfusion of Nonautologous Red Blood Cells into Peripheral Artery, Percutaneous Approach
30253P1	Transfusion of Nonautologous Frozen Red Cells into Peripheral Artery, Percutaneous Approach
30263H1	Transfusion of Nonautologous Whole Blood into Central Artery, Percutaneous Approach
30263N1	Transfusion of Nonautologous Red Blood Cells into Central Artery, Percutaneous Approach
30263P1	Transfusion of Nonautologous Frozen Red Cells into Central Artery, Percutaneous Approach
30233K1	Transfusion of Nonautologous Frozen Plasma into Peripheral Vein, Percutaneous Approach
30233L1	Transfusion of Nonautologous Fresh Plasma into Peripheral Vein, Percutaneous Approach
30243K1	Transfusion of Nonautologous Frozen Plasma into Central Vein, Percutaneous Approach
30243L1	Transfusion of Nonautologous Fresh Plasma into Central Vein, Percutaneous Approach
30253K1	Transfusion of Nonautologous Frozen Plasma into Peripheral Artery, Percutaneous Approach
30253L1	Transfusion of Nonautologous Fresh Plasma into Peripheral Artery, Percutaneous Approach
30263K1	Transfusion of Nonautologous Frozen Plasma into Central Artery, Percutaneous Approach
30263L1	Transfusion of Nonautologous Fresh Plasma into Central Artery, Percutaneous Approach
30233M1	Transfusion of Nonautologous Plasma Cryoprecipitate into Peripheral Vein, Percutaneous Approach
30233R1	Transfusion of Nonautologous Platelets into Peripheral Vein, Percutaneous Approach
30243M1	Transfusion of Nonautologous Plasma Cryoprecipitate into Central Vein, Percutaneous Approach
30243R1	Transfusion of Nonautologous Platelets into Central Vein, Percutaneous Approach
30253M1	Transfusion of Nonautologous Plasma Cryoprecipitate into Peripheral Artery, Percutaneous Approa

What to do?

Hercules slaying the many-headed Hydra

ICD-10 Coding for Transfusions

Section – 3 Administration		Operation – 2 Transfusion: Putting in blood or blood products	
		Body System – 0 Circulatory	
Body System/Region	**Approach**	**Substance**	**Qualifier**
3 Peripheral Vein	**0** Open	**G** Bone Marrow	**0** Autologous
4 Central Vein	**3** Percutaneous	**H** Whole Blood	**1** Nonautologous
5 Peripheral Artery		**J** Serum Albumin	
6 Central Artery		**K** Frozen Plasma	
		L Fresh Plasma	
		M Plasma Cryoprecipitate	
		N Red Blood Cells	
		P Frozen Red Cells	
		Q White Cells	
		R Platelets	
		S Globulin	
		T Fibrinogen	
		V Antihemophilic Factors	
		W Factor IX	
		X Stem Cells, Cord Blood	
		Y Stem Cells, Hematopoietic	

>90% of our transfusions are a single code:
Red cells
32033N1

ICD-10 Coding for Transfusions

Section – 3 Administration	Operation – 2 Transfusion: Putting in blood or blood products		
	Body System – 0 Circulatory		
Body System/Region	**Approach**	**Substance**	**Qualifier**
3 Peripheral Vein	**0** Open	**G** Bone Marrow	**0** Autologous
4 Central Vein	**3** Percutaneous	**H** Whole Blood	**1** Nonautologous
5 Peripheral Artery		**J** Serum Albumin	
6 Central Artery		**K** Frozen Plasma	
		L Fresh Plasma	
		M Plasma Cryoprecipitate	
		N Red Blood Cells	
		P Frozen Red Cells	
		Q White Cells	
		R Platelets	
		S Globulin	
		T Fibrinogen	
		V Antihemophilic Factors	
		W Factor IX	
		X Stem Cells, Cord Blood	
		Y Stem Cells, Hematopoietic	

The remainder of our transfusions are 4 other codes:

FFP 32033K1

Cryo 32033M1

Platelets 32033R1

Fibrinogen 32033T1

Not So Hard!

ICD-10 Reporting Needs for Transfusions

- Heard through the Grapevine: Under ICD-10, some hospitals are choosing <u>not</u> to code transfusion procedures

- The purpose of coding is not limited to billing
  - Billing is, obviously, a vital portion
  - Tracking and documenting quality measures

- In this case, don't be overwhelmed by the large number of codes

Key areas to highlight with the Medical and Coding Staff:

Transfusion Documentation:

- Ideally, your hospital has standardized documentation (forms or EHR) that should include site of administration (nearly always=peripheral vein) and "percutaneous" as well as obviously the type of blood product

- While awaiting the HER changes above, some hospitals have made the policy of standard default coding peripheral and percutaneous as for quality and outcome measures it does not matter.

Today's Agenda

- CMQCC and the Maternal Data Center
- Why we (and you) should be interested in improving coding…
- Great Resoures for OB ICD10 Coding
- Labor Induction vs Augmentation
- Transfusions

ICD-10 Coding Resources
on the CMQCC Website

California Health Information Association

Oh Baby! OB Coding for ICD-10-PCS
June 9, 2015

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ICD-10 Coding:
The Impact on Perinatal Metrics

Presented by:
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Reproductive Medicine Administrative Consulting

Anne Castles, MA, MPH
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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.

- General introduction to ICD10 for OB by a senior Coding Consultant for CHIA (slides)

- Previous CMQCC Webinar with detailed discussion of OB codes that impact quality measures. Good companion to today. (slides + recording)

- Labor Induction definitions and coding advice. (3p handout)

Questions?