PREPARING FOR ICD-10-CM

OB/GYN SPECIALTY TRAINING

PART 1

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THE GOAL FOR THIS SESSION

The transition of our diagnosis coding system from ICD-9-CM (International Classification of Disease-Clinical Modification, 9th Revision) to ICD-10-CM (10th Revision) continues to approach, with an effective date that influences services that occur on or after October 1, 2015. Assuming that a basic knowledge of anatomy and pathophysiology exists, we provided an Introduction to ICD-10-CM training course, which supplied an introduction and broad overview of the code set.

Following completion of the Introduction to ICD-10, now is the time to begin focusing on the codes and issues associated with the sections of ICD-10-CM that will be used most frequently within your specialty. In this particular phase of the training (Part 1), our goals are:

- To equip you with detailed knowledge about Chapters 14 and 18 in ICD-10-CM, that you can apply on a practical basis.
- To provide you with opportunities to practice code selection through the post-video quiz.
- To help make the transition to ICD-10-CM as smooth as possible.

CHAPTER 18—SYMPTOMS, SIGNS AND ABNORMAL FINDINGS (R00-R99)

Introduction/Overview

In the practice of medicine, it is not always possible to assign a definitive diagnosis—particularly in the early stages of an illness or in the initial encounters between a provider and patient. For that reason, Chapter 18 is provided in ICD-10-CM to accommodate those situations in which the patient complains of symptoms, the provider can identify definitive signs of abnormality, and/or laboratory/imaging/diagnostic tests produce an abnormal result, yet a definitive diagnosis cannot yet be determined at the time of the encounter. Although the clinician may be thinking in terms of “ruling out” certain possible conditions, coding does not work this way. Instead, diagnosis coding requires the clinicians to report the signs, symptoms, and/or abnormal findings until such time that a definitive diagnosis is possible.

The code for every sign and symptom will not be found in this chapter. If the sign or symptom is found only in connection with a specific organ system, the sign or symptom code will typically be found in the disease chapter for that organ system. Therefore, the codes found in Chapter 18 will tend to be more generic in nature.
When a code from Chapter 18 is used, it generally means that additional study(ies) will be necessary to arrive at a diagnosis. This happens most frequently when the condition is ill-defined, is of an unknown origin, or is transient in nature. These codes will be used in cases when:

- No more specific diagnosis can be found, even after you’ve done all the possible workup
- Signs or symptoms are existing at the time of the initial encounter, but it was transient or cause couldn’t be determined
- Provisional diagnosis are assigned for a patient who didn’t return for further care
- Cases are sent elsewhere for investigation or treatment before the diagnosis was made
- A more precise diagnosis was not available for any other reason
- Certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right are present

Use of Chapter 18 Codes

<table>
<thead>
<tr>
<th>Symptoms/ Signs</th>
<th>Symptoms/ Signs w/ Definitive Diagnosis</th>
<th>Combination Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptable when definitive diagnosis has not been established or clinically confirmed by the provider.</td>
<td>Used when a definitive diagnosis exists, but the patient has a sign/symptom not typically associated with the diagnosis. <em>Not necessary when it is normally associated with the diagnosis.</em></td>
<td>Not used when the symptom is typically part of the condition—it is usually redundant.</td>
</tr>
</tbody>
</table>

The use of the Alphabetic Index is particularly important when using the signs/symptoms codes because if Chapter 18 alone is used, better signs/symptoms diagnoses unique to the disease system may be missed. In addition, as much specificity as possible should be used. As in ICD-9-CM, there are “other specified” and “unspecified” codes in ICD-10-CM. These look as follows in both code sets:

<table>
<thead>
<tr>
<th>Other Specified</th>
<th>Unspecified</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXX.8</td>
<td>XXX.9</td>
</tr>
</tbody>
</table>

“Other specified” means that the definitive disease or condition is known—there simply is not a specific diagnosis code that reports that condition. “Unspecified” means that the diagnosis is not clearly known or understood at the time of the encounter.
In ICD-9-CM, these codes are found in Chapter 16 (780-799). Instead of appearing in blocks, they are separated into 20 separate categories, as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>780</td>
<td>General symptoms</td>
<td>790</td>
<td>Non-specific findings on examination of blood</td>
</tr>
<tr>
<td>781</td>
<td>Symptoms involving nervous and musculoskeletal systems</td>
<td>791</td>
<td>Non-specific findings on examination of urine</td>
</tr>
<tr>
<td>782</td>
<td>Symptoms involving skin and other integumentary tissue</td>
<td>792</td>
<td>Non-specific findings on examination of other body substances</td>
</tr>
<tr>
<td>783</td>
<td>Symptoms concerning nutrition, metabolism, and development</td>
<td>793</td>
<td>Non-specific findings on radiological and other examination of body structure</td>
</tr>
<tr>
<td>784</td>
<td>Symptoms involving head and neck</td>
<td>794</td>
<td>Nonspecific abnormal results of function studies</td>
</tr>
<tr>
<td>785</td>
<td>Symptoms involving cardiovascular system</td>
<td>795</td>
<td>Other and nonspecific abnormal cytological, histological, immunological, and DNA test findings</td>
</tr>
<tr>
<td>786</td>
<td>Symptoms involving respiratory and other chest symptoms</td>
<td>796</td>
<td>Other nonspecific abnormal findings</td>
</tr>
<tr>
<td>787</td>
<td>Symptoms involving digestive system</td>
<td>797</td>
<td><em>Senility, without mention of psychosis</em></td>
</tr>
<tr>
<td>788</td>
<td>Symptoms involving urinary system</td>
<td>798</td>
<td>Sudden death, cause unknown</td>
</tr>
<tr>
<td>789</td>
<td>Other symptoms involving the abdomen and pelvis</td>
<td>799</td>
<td><em>Other ill-defined and unknown causes of morbidity and mortality</em></td>
</tr>
</tbody>
</table>

This model is not particularly intuitive and certainly not conducive to clear understanding of the code organization.
Meanwhile, in ICD-10-CM there are dozens of 3 character categories, but they are grouped into 14 “blocks, which are intuitive in nature.

<table>
<thead>
<tr>
<th>Code Block</th>
<th>Description</th>
<th>Code Block</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R00-R09</td>
<td>Symptoms and signs involving the circulatory and respiratory systems</td>
<td>R50-R69</td>
<td>General symptoms and signs</td>
</tr>
<tr>
<td>R10-R19</td>
<td>Symptoms and signs involving the digestive system and abdomen</td>
<td>R70-R79</td>
<td>Abnormal findings on examination of blood, without diagnosis</td>
</tr>
<tr>
<td>R20-R23</td>
<td>Symptoms and signs involving the skin and subcutaneous tissue</td>
<td>R80-R82</td>
<td>Abnormal findings on examination of urine, without diagnosis</td>
</tr>
<tr>
<td>R25-R29</td>
<td>Symptoms and signs involving the nervous and musculoskeletal systems</td>
<td>R83-R89</td>
<td>Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis</td>
</tr>
<tr>
<td>R30-R39</td>
<td>Symptoms and signs involving the urinary system</td>
<td>R90-R94</td>
<td>Abnormal findings on diagnostic imaging and in function studies, without diagnosis</td>
</tr>
<tr>
<td>R40-R46</td>
<td>Symptoms and signs involving cognition, perception, emotional state and behavior</td>
<td>R97</td>
<td>Abnormal tumor markers</td>
</tr>
<tr>
<td>R47-R49</td>
<td>Symptoms and signs involving speech and voice</td>
<td>R99</td>
<td>Ill-defined and unknown cause of mortality</td>
</tr>
</tbody>
</table>

Of course, obstetricians and gynecologists can and will use codes from every block over time. The blocks found in **bold** print above will be those used most frequently.

**Symptoms and Signs Involving the Digestive System and Abdomen (R10-R19)**

The first block that will be used regularly by OB/GYN providers is **R10-R19—Symptoms and signs involving the digestive system and abdomen**. It is organized into the following categories:
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R10</td>
<td>Abdominal and pelvic pain</td>
<td>R15</td>
<td>Fecal incontinence</td>
</tr>
<tr>
<td>R11</td>
<td>Nausea and vomiting</td>
<td>R16</td>
<td>Hepatomegaly and splenomegaly, NEC</td>
</tr>
<tr>
<td>R12</td>
<td>Heartburn*</td>
<td>R17</td>
<td>Unspecified jaundice*</td>
</tr>
<tr>
<td>R13</td>
<td>Aphagia and dysphagia</td>
<td>R18</td>
<td>Ascites</td>
</tr>
<tr>
<td>R14</td>
<td>Flatulence and related conditions</td>
<td>R19</td>
<td>Other symptoms and signs involving the digestive system and abdomen</td>
</tr>
</tbody>
</table>

*Codes in italics in this (and all similar tables) are single code categories—there are no additional digits required to report the code.

In this particular block, R10 will be the block used most frequently by OB/GYN providers. The chart below illustrates how the codes are assigned:
In ICD-10-CM, codes are available for commonly described terminology. An “acute abdomen,” which indicates a painful and rigid abdomen, has its own code—R10.0. For the first time, pelvic pain has its own code—R10.2. (In ICD-9-CM, the code for pelvic pain (625.9) really was “unspecified symptom associated with female genital organs.”)

The key point in this category is that “unspecified abdominal pain” (789.00 in ICD-9-CM) is not truly a viable option. Code R10.9 (unspecified abdominal pain) is present, but given the alternatives available to report, it should never be used. Codes are grouped as follows:

- R10.0  Acute abdomen
- R10.1-  Pain localized to upper abdomen
- R10.2  Pelvic and perineal pain
- R10.3-  Pain localized to other parts of lower abdomen
- R10.81- Abdominal tenderness
- R10.82- Rebound abdominal tenderness
- R10.83  Colic
- R10.84  Generalized abdominal pain

For those codes that require additional digits, the digit defines the location. The options are:

- Right upper (1)
- Left upper (2)
- Epigastric (3 or 6)
- Right lower (1 or 3)
- Left lower (2 or 4)
- Periumbilical (3 or 5)
- Generalized (4 or 7)

The clinician is obviously going to be able to clinically describe the type of pain and the location. The primary challenge is ensuring that the billing/coding department has access to that information in order to report it to the payer.

There are unspecified codes in this category, but even these are specific in their description and location designation (last digit of 0 or 9).

The same pattern holds true for abdominal and pelvic swelling, mass or lumps. The chart below shows how the codes are distributed.
Call for Documentation Specificity

- Location is absolutely essential when reporting abdominal and pelvic pain codes. It is no longer necessary to report the pain code once a definitive diagnosis has been determined and pain is typically associated with that condition.
- The “acute abdomen” code (R10.0) has several Excludes1 codes
  - Abdominal rigidity without pain is reported with R19.3-
  - Generalized abdominal pain is reported with R10.84
  - Localized abdominal pain is reported with R10.1- and/or R10.3-
- Epigastric pain (R10.13) has an Excludes1 code when the condition is functional dyspepsia (indigestion) (K30)
- When pelvic and perineal pain exists because of vulvodynia (N94.81), R10.2 should not be used.
Symptoms and Signs Involving the Genitourinary System (R30-R39)
The next block used frequently by OB/GYN providers is R30-R39—Symptoms and signs involving the genitourinary system. It is organized as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R30</td>
<td>Pain associated with micturition</td>
<td>R35</td>
<td>Polyuria</td>
</tr>
<tr>
<td>R31</td>
<td>Hematuria</td>
<td>R36</td>
<td>Urethral discharge</td>
</tr>
<tr>
<td>R32</td>
<td>Unspecified urinary incontinence</td>
<td>R37</td>
<td>Sexual dysfunction, unspecified</td>
</tr>
<tr>
<td>R33</td>
<td>Retention of urine</td>
<td>R39</td>
<td>Other and unspecified symptoms and signs involving the genitoreurinary system</td>
</tr>
<tr>
<td>R34</td>
<td>Anuria and oliguria</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In order to effectively use codes in this block, there are some key definitions that must be understood. They are:

- **Urination**—discharge of urine (regardless of method)
- **Micturition**—the act of urinating
- **Gross hematuria**—visible blood in the urine
- **Benign essential microscopic hematuria**—presence of blood in the urine, noted only via microscope and not attributable to a particular condition

If the patient is experiencing pain in connection with urination, the diagnosis used most frequently will be R30.0—Dysuria. R30.9 (Painful micturition, unspecified) is also available to report, but it is unclear as to the need for the use of this code, given that R30.0 is more commonly reported and more descriptive.

Hematuria (blood in the urine) is a component part of many urinary system codes (e.g. cystitis—N30.-). Any code from R31.- is not used when a cystitis diagnosis is assigned or if hematuria resulting from kidney disease (N02.-). The available codes related to hematuria are as follows:
- R31.0—Gross hematuria
- R31.1—Benign essential microscopic hematuria
- R31.2—Other microscopic hematuria
- R31.9—Hematuria, unspecified
R31.9 should be avoided, because the clinician should know if the hematuria is gross, benign microscopic, or “other” microscopic.

The category for R35 provides the opportunity to report situations in which the patient is urinating more frequently than normal than desirable. The codes are:

- R35.0—Frequency of micturition
- R35.1—Nocturia
- R35.8—Other polyuria

The only time that R35.8 would be used if the patient complains of symptoms that are not adequately described by either “frequency” or nocturia (excessive urination at night). The coding guidelines do state that if the provider is aware of the condition that is causing the frequency or nocturia, then it should be reported first. The example given in the ICD-10-CM book is N40.1, for an enlarged prostate. In the field of OB/GYN, typical codes would be related to pelvic abnormalities, such as the various forms of genital prolapse (N81.-) or chronic infections.

The other codes related to difficulties with micturition (R39.1-) are as follows:

- R39.11—Hesitancy of micturition
- R39.12—Poor urinary stream
- R39.13—Splitting of urinary stream
- R39.14—Feeling of incomplete bladder emptying
- R39.15—Urgency of micturition
- R39.16—Straining to void
- R39.19—Other difficulties with micturition

There is a code first note for this category, again instructing that if the cause of this problem is known, it should be reported first.

**Call for Documentation Specificity**

- When describing the findings related to the urinary system, be as specific as possible in order to select the correct code.
- When the cause of the urinary issue is known, it should be reported as the primary diagnosis.
- Hematuria has Excludes1 codes, meaning that R31.- codes are not used when the codes below are reported:
  - Acute cystitis with hematuria (N30.01)
  - Recurrent and persistent hematuria in glomerular disease (N02.-)
- Functional urinary incontinence (caused by a physical or cognitive disability) is reported with R39.81, as opposed to stress incontinence (N39.3) or general urinary incontinence (R32).
General Symptoms and Signs (R50-R69)
The third block that will be used with frequency by OB/GYN clinicians is General symptoms and signs (R50-R69). These are certainly not directly related to the genitourinary system, but are conditions that will often be addressed by providers in the course of their practice.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R50</td>
<td>Fever of other and unknown origin</td>
<td>R59</td>
<td>Enlarged lymph nodes</td>
</tr>
<tr>
<td>R51</td>
<td>Headache</td>
<td>R60</td>
<td>Edema, not elsewhere classified</td>
</tr>
<tr>
<td>R52</td>
<td>Pain, unspecified</td>
<td>R61</td>
<td>Generalized hyperhidrosis</td>
</tr>
<tr>
<td>R53</td>
<td>Malaise and fatigue</td>
<td>R62</td>
<td>Lack of expected normal physiological development in childhood and adults</td>
</tr>
<tr>
<td>R54</td>
<td>Age-related physical debility</td>
<td>R63</td>
<td>Symptoms and signs concerning food and fluid intake</td>
</tr>
<tr>
<td>R55</td>
<td>Syncope and collapse</td>
<td>R64</td>
<td>Cachexia</td>
</tr>
<tr>
<td>R56</td>
<td>Convulsions, not elsewhere classified</td>
<td>R65</td>
<td>Symptoms and signs specifically associated with systemic inflammation and infection</td>
</tr>
<tr>
<td>R57</td>
<td>Shock, not elsewhere classified</td>
<td>R68</td>
<td>Other general signs and symptoms</td>
</tr>
<tr>
<td>R58</td>
<td>Hemorrhage, not elsewhere classified</td>
<td>R69</td>
<td>Illness, unspecified</td>
</tr>
</tbody>
</table>

Nearly half (8 of 18) of the categories in this block are three character codes, primarily because the codes are so general that is not possible to further subdivide the category.

One of the more common codes that may be seen is R50.9—Fever of other and unknown origin. While a broad category, it is the most appropriate to use if the exact cause of the fever is not known. All other codes in the R50 category are used when the fever is attributable to a specific event. The other codes include:
- R50.2—Drug induced fever
- R50.81—Fever caused by other conditions
• R50.82—Postprocedural fever
• R50.83—Postvaccination fever
• R50.84—Posttransfusion fever

R51—Headache is a stand-alone three character code, which has a direct crosswalk to ICD-9-CM code 784.0. In most cases, this code will be used either when it is an independent event or a presentation that pre-dates a definitive diagnosis. There are several Excludes1 codes associated with R51—each of them a particular/specific type of headache.

R52—Pain, unspecified, is highly non-specific, with inclusion terms such as:
  • Acute pain NOS
  • Chronic pain NOS
  • Generalized pain NOS
  • Pain NOS

There are 18 categories of exclusions for this code, each one specific to a particular type of pain or location for pain. This code should be avoided at virtually any cost.

There are three codes in ICD-10-CM to report edema, up from one code in ICD-9-CM (782.3). The three codes are:
  • R60.0—Localized edema
  • R60.1—Generalized edema
  • R60.9—Edema, unspecified

There is no valid reason to use R60.9, because a physical exam can produce the correct code. If the edema is limited to one location on the body, it is localized edema (R60.0). If it is found in more than one location, it is generalized edema (R60.1). It should be noted, however, that there are 15 categories of exclusions. These should be used when the edema is specific to a particular organ system and these codes are found in the organ system chapters.

Codes in the R63 category are used to report symptoms and signs concerning food and fluid intake. The codes most likely to be used are:
  • R63.4—Abnormal weight loss
  • R63.5—Abnormal weight gain
  • R63.6—Underweight

Abnormal weight gain will not be used in the context of pregnancy, nor will it be used if the patient is obese. The definition of “abnormal” weight gain is determined by the clinician. The ICD-10-CM manual is clear that if R63.6 is used, an additional code (Z68.-) to report the patient’s BMI should be used—just as is the case if the patient is overweight obese.

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Administrative Consulting
The final code in this block is R69-Illness, unspecified. This is, perhaps, the most useless code in the ICD-10-CM book. Even if the patient’s condition is not known, at least the symptoms of which the patient is complaining would be a better alternative than R69.

**Call for Documentation Specificity**
- Is the specific cause of the fever known? If so, what is it?
- Do we know more about the headache (more descriptive)?
- Is it possible to be more precise about the location of the pain?
- What is the nature of the edema?

### Abnormal Findings on Examination of Blood, without Diagnosis (R70-R79)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R70</td>
<td>Elevated erythrocyte sedimentation rate and abnormality of plasma viscosity</td>
<td>R76</td>
<td>Other abnormal immunological findings in serum</td>
</tr>
<tr>
<td>R71</td>
<td>Abnormality of red blood cells</td>
<td>R77</td>
<td>Other abnormalities of plasma proteins</td>
</tr>
<tr>
<td>R73</td>
<td>Elevated blood glucose level</td>
<td>R78</td>
<td>Findings of drugs and other substances, not normally found in blood</td>
</tr>
<tr>
<td>R74</td>
<td>Abnormal serum enzyme levels</td>
<td>R79</td>
<td>Other abnormal findings of blood chemistry</td>
</tr>
<tr>
<td><strong>R75</strong></td>
<td><em>Inconclusive laboratory evidence of human immunodeficiency virus [HIV]</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OB/GYN clinicians will likely not use this category to a great degree—it will be most likely used by hematologists in early encounters when they see patients with ill-defined blood-related issues. The most common single diagnosis that will be used in OB/GYN is the patient with “inconclusive HIV serology” (R75). This occurs when an HIV test returns a result that is not negative, but also is not definitively positive. In most cases, this code will be used to support the additional testing that is being performed.

If the patient has any definitive diagnosis or manifestations, this code should not be used. Similarly, if the patient ever is assigned a diagnosis of HIV infection (B20), they will never be assigned the diagnosis of R75 or Z21 (asymptomatic HIV).
Abnormal Findings on Examination of Urine, without Diagnosis (R80-R82)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R80</td>
<td>Proteinuria</td>
</tr>
<tr>
<td>R81</td>
<td>Glycosuria</td>
</tr>
<tr>
<td>R82</td>
<td>Other and unspecified abnormal findings in urine</td>
</tr>
</tbody>
</table>

Codes in this block will be used rarely by OB/GYN providers because proteinuria (R80) associated with pregnancy is found in the obstetrics chapter, while glycosuria (glucose in the urine) is usually reported in connection with kidney disease or diabetes. R81 would be used only if the glycosuria is found prior to the diagnosis of its cause. Similarly, the codes in the R82 are used prior to the determination of the cause of any urine abnormality.

Abnormal Findings on Examination of Other Body Fluids, Substances, and Tissues, without Diagnosis (R83-R89)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R83</td>
<td>Cerebrospinal fluid</td>
<td>R87</td>
<td>Female genital organs</td>
</tr>
<tr>
<td>R84</td>
<td>Respiratory organs and thorax</td>
<td>R88</td>
<td>Other body fluids and substances</td>
</tr>
<tr>
<td>R85</td>
<td>Digestive organs and abdominal cavity</td>
<td>R89</td>
<td>Specimens from other organs, systems, and tissues</td>
</tr>
<tr>
<td>R86</td>
<td>Male genital organs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Codes in this block will be used by providers in every specialty, but their focus will generally be limited to a single category unique to their specialty. For OB/GYN providers, certain portions of **R87-Female genital organs** will be used very frequently as they are codes used to report the results of abnormal pap smears and other findings typically identified in relationship to pap smears.

The subcategories that will be used most frequently are:

- R87.61- Abnormal cytological findings in specimens from cervix
- R87.62- Abnormal cytological findings in specimens from vagina
- R87.81- High risk HPV
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R87.0</td>
<td>Abnormal levels of enzymes</td>
<td>R87.61-</td>
<td>Abnormal cytological findings in specimens from cervix</td>
</tr>
<tr>
<td>R87.1</td>
<td>Abnormal levels of hormones</td>
<td>R87.62-</td>
<td>Abnormal cytological findings in specimens from vagina</td>
</tr>
<tr>
<td>R87.2</td>
<td>Abnormal levels of other drugs, medicaments, and biological substances</td>
<td>R87.7</td>
<td>Abnormal histological findings</td>
</tr>
<tr>
<td>R87.3</td>
<td>Abnormal levels of substances chiefly nonmedicinal as to source</td>
<td>R87.81-</td>
<td>High risk HPV</td>
</tr>
<tr>
<td>R87.4</td>
<td>Abnormal immunological findings</td>
<td>R87.82-</td>
<td>Low risk HPV</td>
</tr>
<tr>
<td>R87.5</td>
<td>Abnormal microbiological findings</td>
<td>R87.9</td>
<td>Unspecified abnormal finding in specimens</td>
</tr>
</tbody>
</table>

The organization of these codes parallels the organization of the similar codes in ICD-9-CM.

<table>
<thead>
<tr>
<th>ICD-9 Abnormal Cervical Pap</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>795.01 ASC-US</td>
<td>R87.610 ASC-US</td>
</tr>
<tr>
<td>795.02 ASC-H</td>
<td>R87.611 ASC-H</td>
</tr>
<tr>
<td>795.03 LGSIL</td>
<td>R87.612 LGSIL</td>
</tr>
<tr>
<td>795.04 HGSIL</td>
<td>R87.613 HGSIL</td>
</tr>
<tr>
<td>795.06 Cytologic evidence of malignancy</td>
<td>R87.614 Cytologic evidence of malignancy</td>
</tr>
<tr>
<td>795.08 Unsatisfactory smear of cervix</td>
<td>R87.615 Unsatisfactory smear of cervix</td>
</tr>
<tr>
<td>795.07 Satisfactory smear but lacking transformation zone</td>
<td>R87.616 Satisfactory smear but lacking transformation zone</td>
</tr>
<tr>
<td>795.4 Other non-specific abnormal histological findings</td>
<td>R87.618 Other abnormal findings</td>
</tr>
<tr>
<td><strong>795.00 Abnormal glandular Papanicolaou smear of cervix OR 795.4 Other non-specific abnormal histological findings</strong></td>
<td>R87.619 Unspecified abnormal findings (includes atypical glandular cells, atypical endometrial, and atypical endocervical cells)</td>
</tr>
</tbody>
</table>
The most significant difference is the fact that there is no independent code for abnormal glandular pap smear of cervix (795.00 in ICD-9-CM). In ICD-10-CM, this is reported using code R87.619, which is a more generic “unspecified” code.

With regard to the reporting of HPV, ICD-10-CM does provide the opportunity to report low risk HPV (R87.820), even though most consider it not clinically significant. The far more commonly used code will be R87.810 for the high risk HPV condition.

There is an Excludes2 note for the R87.61 subcategory, meaning that if a patient has an abnormal pap smear and high risk HPV, both codes are reported. It is not adequate to report only the abnormal pap because the abnormal pap code does not reflect the HPV status in any way.

### Abnormal Findings on Diagnostic Imaging and in Function Studies, without Diagnosis (R90-R94)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R90</td>
<td>Diagnostic imaging of central nervous system</td>
<td>R93</td>
<td>Diagnostic imaging of other body structures</td>
</tr>
<tr>
<td>R91</td>
<td>Diagnostic imaging of lung</td>
<td>R94</td>
<td>Function studies</td>
</tr>
<tr>
<td><strong>R92</strong></td>
<td>Abnormal and inclusive findings on diagnostic imaging of breast</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The two categories most relevant to OB/GYN providers will be R92 (abnormal and inconclusive findings on diagnostic imaging of breast) and R93 (diagnostic imaging of other body structures). Specifically, for R92, the codes are:

- R92.0—Mammographic microcalcification found on diagnostic imaging of breast
- R92.1—Mammographic calcification found on diagnostic imaging of breast
- R92.2—Inconclusive mammogram (including dense breasts)
- R92.8—Other abnormal and inconclusive findings on diagnostic imaging of breast
These diagnosis may be found on reports that return from radiologists, along with a recommendation for additional investigation and/or testing.

Whereas R90, R91, and R92 are unique to specific organs, R93 encompasses all other body systems.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R93.0</td>
<td>Skull and head</td>
<td>R93.5</td>
<td>Abdominal regions, including retroperitoneum</td>
</tr>
<tr>
<td>R93.1</td>
<td>Heart and coronary circulation</td>
<td>R93.6</td>
<td>Limbs</td>
</tr>
<tr>
<td>R93.2</td>
<td>Liver and biliary tract</td>
<td>R93.7</td>
<td>Other parts of musculoskeletal system</td>
</tr>
<tr>
<td>R93.3</td>
<td>Other parts of digestive tract</td>
<td>R93.8</td>
<td>Other specified body structures</td>
</tr>
<tr>
<td>R93.4</td>
<td>Urinary organs</td>
<td>R93.9</td>
<td>Diagnostic imaging inconclusive due to excess body fat of patient</td>
</tr>
</tbody>
</table>

The codes in the above table are complete codes—that is, there is no further subdivision within each subcategory. Remember, these are fairly generic codes that only indicate that there was an abnormality in imaging related to this organ system. There likely will be other, more specific, findings that are used more commonly.

For OB/GYN providers, R93.8 will be used for virtually any abnormal pelvic ultrasound, prior to the assignment of a diagnosis. For example, if a uterine abnormality (such as a thickened endometrial lining) is identified R93.8 would be used to report it. Another example could involve an ovarian anomaly that could be either a cyst or a mass. R93.8 is the appropriate code until a definitive determination is made. However, this code would only be used if the abnormality is identified via ultrasound or other imaging methodologies and not via physical exam.

R93.9 would be used to provide explanation for additional studies or additional views (transvaginal and transabdominal) that are due to the patient’s body habitus.
CHAPTER 14—DISEASES OF THE GENITOURINARY SYSTEM (N00-N99)

Introduction/Overview

The purpose of Chapter 14 is to provide the opportunity to report conditions related either to the urinary system, the genital/reproductive system, and any signs and symptoms that are specific to those particular organ systems. Therefore, it is important to understand that just because a code exists in Chapter 14, it does not mean that it is a definitive diagnosis code. Because signs and symptoms codes can be found either in the disease-specific chapter or in Chapter 18, understanding how to use the alphabetic index is particularly important when trying to find the correct diagnosis to report the sign(s) or symptom(s).

There is an extensive Excludes2 list at the beginning of Chapter 14, which means that if the patient has a condition described in Chapter and a condition found in the list, both conditions should be reported. The list includes:

- Certain conditions originating in the perinatal period (P04-P96)
- Certain infectious and parasitic diseases (A00-B99)
- Complications of pregnancy, childbirth and the puerperium (O00-O9A)
- Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
- Endocrine, nutritional and metabolic diseases (E00-E88)
- Injury, poisoning and certain other consequences of external causes (S00-T88)
- Neoplasms (C00-D49)
- Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R94)

This would, of course, not apply if there is an Excludes1 list associated with a particular code. For example, ICD-10-CM code N80.0 has an Excludes1 note that includes stromal endometriosis (D39.0). In cases such as this, code-specific guidance overrides the general guidance that exists at the beginning of the chapter.

The chapter-specific instructions that are provided for Chapter 14 are limited only to the selection of codes for Chronic Kidney Disease. The primary points of those instructions are:

- Defining the various stages (what codes to use and when)
- Clarifying that when a patient receives a kidney transplant, it does not automatically remove the CKD diagnosis. When the patient has had a transplant, ICD-10-CM code Z94.0 should be used to indicate their transplant status.
- When CKD is present with other conditions, the user is instructed to code in the order of the Tabular List conventions. The focus of the treatment and the most
significant issue addressed during the encounter will govern what the primary diagnosis will be.

As mentioned previously, the use of the Alphabetic Index is essential because the codes that might logically be found in Chapter 18 are actually found in this chapter. Examples include:

- N95.0—Postmenopausal bleeding
- N63—Unspecified lump in breast

As indicated in the discussion of Chapter 18, ICD-10-CM continues to have “other specified” and “unspecified codes. This is also true in Chapter 18. “Other specified” codes are used when the precise diagnosis or symptom is known, but there is no code available to report it. “Unspecified” codes are used when the exact nature of the issue is not known. Examples of those codes, from this chapter, include:

- N95.8—Other specified menopausal and perimenopausal disorders
- N93.9—Abnormal uterine and vaginal bleeding, unspecified

The codes in Chapter 14 of ICD-10-CM generally match up with the codes in Chapter 10 of ICD-9-CM. In ICD-9-CM, this chapter has six broad categories:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>580-589</td>
<td>Nephritis, nephrotic syndrome, and nephrosis</td>
<td>610-612</td>
<td>Disorders of breast</td>
</tr>
<tr>
<td>590-599</td>
<td>Other diseases of urinary system</td>
<td>614-616</td>
<td>Inflammatory disease of female pelvic organs</td>
</tr>
<tr>
<td>600-608</td>
<td>Diseases of male genital organs</td>
<td>617-629</td>
<td>Other disorders of female genital tract</td>
</tr>
</tbody>
</table>

In ICD-10-CM, these are further subdivided into 5 additional categories (a total of 11).

<table>
<thead>
<tr>
<th>Code Block</th>
<th>Description</th>
<th>Code Block</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N00-N08</td>
<td>Glomerular diseases</td>
<td>N40-N51</td>
<td>Diseases of male genital organs</td>
</tr>
<tr>
<td>N10-N16</td>
<td>Renal tubulo-interstitial diseases</td>
<td>N60-N65</td>
<td>Disorders of breast</td>
</tr>
<tr>
<td>N17-N19</td>
<td>Acute kidney failure and chronic kidney disease</td>
<td>N70-N77</td>
<td>Inflammatory diseases of female pelvic organs</td>
</tr>
<tr>
<td>Code Block</td>
<td>Description</td>
<td>Code Block</td>
<td>Description</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>N20-N23</td>
<td>Urolithiasis</td>
<td>N80-N98</td>
<td>Noninflammatory disorders of female genital tract</td>
</tr>
<tr>
<td>N25-N29</td>
<td>Other disorders of kidney and ureter</td>
<td>N99</td>
<td>Intraoperative and postprocedural complications and disorders of genitourinary system, not elsewhere classified</td>
</tr>
<tr>
<td>N30-N39</td>
<td>Other diseases of the urinary system</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Different specialists will focus on different sections of this chapter.

<table>
<thead>
<tr>
<th>Code Block</th>
<th>Description</th>
<th>Specialty(ies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N00-N08</td>
<td>Glomerular diseases</td>
<td>Nephrology, Urology</td>
</tr>
<tr>
<td>N10-N16</td>
<td>Renal tubulo-interstitial diseases</td>
<td>Nephrology, Internal Medicine</td>
</tr>
<tr>
<td>N17-N19</td>
<td>Acute kidney failure and chronic kidney disease</td>
<td>Nephrology, Internal Medicine</td>
</tr>
<tr>
<td>N20-N23</td>
<td>Urolithiasis</td>
<td>Urology</td>
</tr>
<tr>
<td>N25-N29</td>
<td>Other disorders of kidney and ureter</td>
<td>Urology</td>
</tr>
<tr>
<td>N30-N39</td>
<td>Other diseases of the urinary system</td>
<td>Urology, Gynecology, Urogynecology</td>
</tr>
<tr>
<td>N40-N51</td>
<td>Diseases of male genital organs</td>
<td>Urology</td>
</tr>
<tr>
<td>N60-N65</td>
<td>Disorders of breast</td>
<td>Gynecology, General Surgery</td>
</tr>
<tr>
<td>N70-N77</td>
<td>Inflammatory diseases of female pelvic organs</td>
<td>Gynecology</td>
</tr>
<tr>
<td>N80-N98</td>
<td>Noninflammatory disorders of female genital tract</td>
<td>Gynecology</td>
</tr>
</tbody>
</table>

In this portion of the training, we will focus on code blocks specific to gynecology. The code block for complications (N99) will be addressed in the next section of the training.
**Other Diseases of the Urinary System (N30-N39)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N30</td>
<td>Cystitis</td>
<td>N35</td>
<td>Urethral stricture</td>
</tr>
<tr>
<td>N31</td>
<td>Neuromuscular dysfunction of bladder, not elsewhere classified</td>
<td>N36</td>
<td>Other disorders of the urethra</td>
</tr>
<tr>
<td>N32</td>
<td>Other disorders of bladder</td>
<td>N37</td>
<td>Urethral disorders in diseases classified elsewhere</td>
</tr>
<tr>
<td>N33</td>
<td>Bladder disorders in diseases classified elsewhere</td>
<td>N39</td>
<td>Other disorders of the urinary system</td>
</tr>
<tr>
<td>N34</td>
<td>Urethritis and urethral syndrome</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This particular code block addresses issues of the urinary system that are **not** related to the kidneys or ureters. Those issues are found in the preceding block of codes. In addition, this code block is never used in relationship to pregnancy or pregnancy-related conditions. Common urinary system related issues in pregnancy are found in Chapter 15 (O23.-).

However, there are very specific documentation-related issues, which need to be noted to facilitate appropriate code selection. When the urinary system issue is caused by or related to an infectious agent, that diagnosis also needs to be noted.

The first code block (**N30**) is used to report **cystitis**, which is inflammation (usually caused by an infection) of the bladder. Every code in this block requires the clinician to define whether the cystitis is with or without hematuria (blood in the urine). The codes are organized in the following fashion:

- N30.-0 = without hematuria
- N30.-1 = with hematuria

Even the “unspecified” cystitis code requires the distinction between with hematuria and without hematuria. If the documentation does not specify the status of the hematuria, the default code to be selected is “without.” This may or may not be correct and may not reflect the actual condition of the patient.
It is not required that a laboratory test demonstrate the hematuria before the provider can use the “with” hematuria code. Ultimately, it is the clinician’s determination as to how the condition should be classified.

The specific codes in N30 are as follows:
- N30.0-Acute cystitis
- N30.1-Interstitial cystitis (chronic)
- N30.2-Other chronic cystitis
- N30.3-Trigonitis
- N30.4-Irradiation cystitis
- N30.8-Other cystitis
  - Abscess of bladder
- N30.9-Cystitis, unspecified

As mentioned previously, Chapter 18 contains codes describing hematuria (R31.-). If a code from N30 is used, the Chapter 18 hematuria codes are not used.

Finally, the N30 codes have an instructional note that states, “use additional code to identify infectious agent” (B95-B97). This is used as a secondary diagnosis when the infectious agent is known. If it is not known, then simply report the N30 code (eg when you do not yet have culture results back).

**Call for Documentation Specificity**
- What type of cystitis does the patient have?
- Is there blood in the urine?
  - If so, what kind (gross, benign microscopic, other microscopic)?
- If you know the infectious agent, what is it?
  - Streptococcus
  - Staphylococcus
  - E. coli
  - H. influenza
  - H. pylori
  - Etc.

The other code category in this code block used frequently by OB/GYN providers is N39-Other disorders of the urinary system. The codes in this section are:
- N39.0 Urinary tract infection (UTI), site not specified
- N39.3 Stress incontinence (female) (male)
- N39.4- Other specified urinary incontinence
  - N39.41 Urge incontinence
  - N39.42 Incontinence without sensory awareness
  - N39.43 Post-void dribbling
  - N39.44 Nocturnal eneuresis
  - N39.45 Continuous leakage
N39.0 is a “code of last resort,” to be used only when a more specific site is not known. If the exact site of the infection (kidney, bladder, urethritis, etc.) is known, the appropriate code for that location should be used. There is an Excludes2 note for N39.0 that indicates that hematuria (R31.-) should be reported, if present, as long as the infection is not related to the bladder.

The codes provided in this category do cover most kinds of urinary incontinence. If there is some other type of urinary system issue not described here or in the other categories of this code block, then the appropriate code would be N39.8. N39.9 should be avoided, if at all possible, because it is so generic and there are better options.

Call for Documentation Specificity

- Where is the site of the infection?
- What is the infectious agent (when known)?
- What is the nature of the incontinence?

Disorders of Breast (N60-N65)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N60</td>
<td>Benign mammary dysplasia</td>
</tr>
<tr>
<td>N61</td>
<td>Inflammatory disorders of breast</td>
</tr>
<tr>
<td>N62</td>
<td>Hypertrophy of breast</td>
</tr>
<tr>
<td>N63</td>
<td>Unspecified lump in breast</td>
</tr>
<tr>
<td>N64</td>
<td>Other disorders of breast</td>
</tr>
<tr>
<td>N65</td>
<td>Deformity and disproportion of reconstructed breast</td>
</tr>
</tbody>
</table>

There are six categories in the Disorders of Breast code block. Of those six, three are single code (3 character) categories. Both N61 and N62 have substantial numbers of Inclusion notes to help guide the user in the use of these categories.
Category N60 has laterality included as part of each code. The conditions listed under N60 are:

- N60.0- Solitary cyst of breast
- N60.1- Diffuse cystic mastopathy
- N60.2- Fibroadenosis of breast
- N60.3- Fibrosclerosis of breast
- N60.4- Mammary duct ectasia
- N60.8- Other benign mammary dysplasias
- N60.9- Unspecified benign mammary dysplasia

The final character of each code is determined based on which side the condition is found.

If the condition is found on both sides, then both codes are reported. Clearly, reporting a condition of the “unspecified” breast is an undesirable situation.

Oddly enough, N63-Unspecified lump in breast, has no laterality whatsoever. Typically, this diagnosis is used only after the patient or provider initially finds the lump. Once a more definitive diagnosis is achieved, that diagnosis should be used instead of N63.

The remaining codes in categories N64 and N65 do not have any laterality associated with them. Those codes are as follows:

- N64.0—Fissure and fistula of breast
- N64.1—Fat necrosis of breast
- N64.2—Atrophy of breast
- N64.3—Galactorrhea not associated with childbirth
- N64.4—Mastodynia
- N64.5—Other signs and symptoms in breast
  - N64.51—Induration of breast
  - N64.52—Nipple discharge
  - N64.53—Retraction of nipple
- N64.8—Other specified disorders of breast
  - N64.81—Ptosis of breast
  - N64.82—Hypoplasia of breast
  - N64.89—Other specified disorders of breast
- N64.9—Disorder of breast, unspecified

Since the majority of all breast-related disorders can be captured in N60.-- through N64.82, the use of N64.89 and N64.9 should be limited to very unusual circumstances.

N65 is only used in connection with reconstructed breasts. The codes are:
- N65—Deformity and disproportion of reconstructed breast
  - N65.0—Deformity of reconstructed breast
  - N65.1—Disproportion of reconstructed breast

There is no laterality available to report the specific side for codes in N65.

**Call for Documentation Specificity**
- Ensure maximum clarity about laterality, where appropriate (N60.--)
- Understand that N63 is not a long-term diagnosis
  - Shift to N60.- or other appropriate code, as soon as possible
- Codes to avoid...
  - N60.9—Unspecified benign mammary dysplasia
  - N64.9—Disorder of breast, unspecified

**Inflammatory Diseases of Female Pelvic Organs (N70 -N77)**

The inflammatory diseases of the female pelvis are reported using ICD-9-CM codes 614-616. There are three broad categories:
- 614—Inflammatory disease of ovary, fallopian tube, pelvic cellular tissue, and peritoneum
- 615—Inflammatory diseases of uterus, except cervix
- 616—Inflammatory disease of cervix, vagina, and vulva

In ICD-10-CM, there are eight more specific categories, which allow a much easier, yet more detailed, documentation of the patient’s condition. They are as follows:
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N70</td>
<td>Salpingitis and oophoritis</td>
<td>N74</td>
<td>Female pelvic inflammatory disorders in diseases classified elsewhere</td>
</tr>
<tr>
<td>N71</td>
<td>Inflammatory disease of uterus, except cervix</td>
<td>N75</td>
<td>Diseases of Bartholin’s gland</td>
</tr>
<tr>
<td>N72</td>
<td>Inflammatory disease of cervix uteri</td>
<td>N76</td>
<td>Other inflammation of vagina and vulva</td>
</tr>
<tr>
<td>N73</td>
<td>Other female pelvic inflammatory diseases</td>
<td>N77</td>
<td>Vulvovaginal ulceration and inflammation in diseases classified elsewhere</td>
</tr>
</tbody>
</table>

In category **N70—Salpingitis and oophoritis**, the codes can be identified in the following table:

<table>
<thead>
<tr>
<th></th>
<th>Salpingitis</th>
<th>Oophoritis</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute</strong></td>
<td>N70.01</td>
<td>N70.02</td>
<td>N70.03</td>
</tr>
<tr>
<td><strong>Chronic</strong></td>
<td>N70.11</td>
<td>N70.12</td>
<td>N70.13</td>
</tr>
<tr>
<td><strong>Unspecified</strong></td>
<td>N70.91</td>
<td>N70.92</td>
<td>N70.93</td>
</tr>
</tbody>
</table>

The definition of “acute” and “chronic” is at the discretion of the provider. Typically, “acute” means that the illness is of abrupt onset, an illness of short duration, rapidly progressive, and in need of urgent care. “Chronic” would be anything that doesn’t meet that definition. It is possible (if not common) for a patient to have a chronic condition that has an acute exacerbation. When that occurs, both codes are reported, with the acute code being first.

There is no legitimate reason to use the “unspecified” diagnosis, because the provider can arrive at a more specific diagnosis simply by asking questions regarding the patient’s history of present illness (HPI). It is a best practice for the provider to explicitly state that the condition is acute or chronic, but it may be possible to extract the diagnosis from the documentation simply by reading the HPI.

Category **N71—Inflammatory disease of uterus, except cervix**, there are only three possible code selection options:

- N71.0  Acute inflammatory disease of uterus
- N71.1  Chronic inflammatory disease of uterus
- N71.9  Inflammatory disease of uterus, unspecified
This code includes endometritis, myometritis, and uterine abscesses, as long as they are not associated with pregnancy. There is a “use additional code” note that instructs the provider to report the infectious agent, if it is known.

Category **N72-Inflammatory disease of the cervix uteri** is a single, 3 character code. It is used to report cervicitis, endocervicitis, or exocervicitis, each with or without ectropion. The infectious agent (if known) is to be reported (B95-B97).

However, this category is not used if the patient has erosion or ectropion of the cervix without cervicitis (N86).

Category **N73-Other female pelvic inflammatory diseases** is used to report circumstances in which the patient has parametritis, cellulitis, or peritonitis. These codes can be classified as follows:

<table>
<thead>
<tr>
<th>Parametritis and pelvic cellulitis</th>
<th>Peritonitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td>N73.0</td>
</tr>
<tr>
<td>Chronic</td>
<td>N73.1</td>
</tr>
<tr>
<td>Unspecified</td>
<td>N73.2</td>
</tr>
</tbody>
</table>

As in previous cases, there is no reason for “unspecified” to be used on a regular basis because the taking of an appropriate history will allow the provider to be more precise in their code selection. The other three codes in this category are:

- N73.6 Female pelvic peritoneal adhesions (postinfected)
- N73.8 Other specified female pelvic inflammatory diseases
- **N73.9** Female pelvic inflammatory disease, unspecified

Again, the “other specified” and “unspecified” codes should be used only if one of the more specific codes is not defined in the medical record. There is an Excludes2 note for N73.6 that says that if the patient has had peritoneal adhesions and adhesions that could be attributable to a previous procedure, complication code N99.4 can/should also be reported.

**N74—Female pelvic inflammatory disorders in diseases classified elsewhere** is another single 3 character category, which can only be used as a secondary diagnosis. It is used when the cause of the PID is known. An extensive Excludes1 list is associated with this code. If the patient has a condition in that list, only the code in that list (all of which are found in ICD-10-CM Chapter 1) is reported.

Following the pattern of many other areas in ICD-10-CM, the final three categories in this block are used to report genital inflammatory diseases on the exterior of the body, while the first five categories are for the interior of the body.

Category N75-Diseases of the Bartholin’s gland has only 4 codes. They are:
- **N75.0** Bartholin’s gland cyst
- **N75.1** Bartholin’s gland abscess
- **N75.8** Other diseases of the Bartholin’s gland (such as bartholinitis)
- **N75.9** Disease of the Bartholin’s gland, unspecified

The categorization of vaginal and vulvar inflammation is much more specific in ICD-10-CM. In ICD-9-CM, the primary code is 616.10-vaginitis and vulvovaginitis, unspecified.
In ICD-10, category **N76-Other inflammation of the vagina and vulva** is divided as follows:

<table>
<thead>
<tr>
<th>Vaginitis</th>
<th>Vulvitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td>N76.0</td>
</tr>
<tr>
<td>Chronic/ Subacute</td>
<td>N76.1</td>
</tr>
<tr>
<td></td>
<td>N76.2</td>
</tr>
<tr>
<td></td>
<td>N76.3</td>
</tr>
</tbody>
</table>

The remaining codes in this category are:

- N76.4 Abscess of vulva
- N76.5 Ulceration of vagina
- N76.6 Ulceration of vulva
- N76.8 Other specified inflammation of vagina and vulva
  - N76.81 Mucositis (ulcerative) of vagina and vulva
  - N76.89 Other specified inflammation of vagina and vulva

Finally, **N77-Vulvovaginal ulceration and inflammation in diseases classified elsewhere** has two codes (N77.0 and N77.1), both of which can only be reported as a secondary code. The primary code will always be the underlying disease or condition that is causing the ulceration and/or inflammation. There are a significant number of Excludes1 codes listed with each of these two N77 codes.

**Call for Documentation Specificity**

- Acute vs. Chronic
  - Salpingitis/oophoritis
  - Uterus
  - PID
  - Vaginitis/vulvitis
- Documentation of the infectious agent (B95-B97)
  - Report, as known and as appropriate
- Take care because there are many Excludes1 notes when particular infectious agents are identified

**Noninflammatory Disorders of Female Pelvic Organs (N80-N98)**

There is a grouping of codes in ICD-9-CM that is comparable to this particular block in ICD-10-CM. There is a significantly greater degree of specificity in ICD-10-CM, relative to ICD-9-CM and, in addition, codes are grouped differently—in a manner that is more consistent with current medical knowledge and terminology.

The block has 19 separate categories. They are:
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N80</td>
<td>Endometriosis</td>
<td>N90</td>
<td>Other noninflammatory disorders of vulva and perineum</td>
</tr>
<tr>
<td>N81</td>
<td>Female genital prolapse</td>
<td>N91</td>
<td>Absent, scanty, and rare menstruation</td>
</tr>
<tr>
<td>N82</td>
<td>Fistulae involving female genital tract</td>
<td>N92</td>
<td>Excessive, frequent and irregular menstruation</td>
</tr>
<tr>
<td>N83</td>
<td>Noninflammatory disorders of ovary, fallopian tube and broad ligament</td>
<td>N93</td>
<td>Other abnormal uterine and vaginal bleeding</td>
</tr>
<tr>
<td>N84</td>
<td>Polyp of female genital tract</td>
<td>N94</td>
<td>Pain and other conditions associated with female genital organs and menstrual cycle</td>
</tr>
<tr>
<td>N85</td>
<td>Other noninflammatory disorders of uterus, except cervix</td>
<td>N95</td>
<td>Menopausal and other perimenopausal disorders</td>
</tr>
<tr>
<td>N86</td>
<td><em>Erosion and ectropion of cervix uteri</em></td>
<td>N96</td>
<td>Recurrent pregnancy loss</td>
</tr>
<tr>
<td>N87</td>
<td>Dysplasia of cervix uteri</td>
<td>N97</td>
<td>Female infertility</td>
</tr>
<tr>
<td>N88</td>
<td>Other noninflammatory disorders of cervix uteri</td>
<td>N98</td>
<td>Complications associated with artificial fertilization</td>
</tr>
<tr>
<td>N89</td>
<td>Other noninflammatory disorders of vagina</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The first grouping are internal, organ-specific conditions:
- N83  Ovaries, fallopian tubes, and broad ligaments
- N84  Polyps
- N85  Uterus
- N86-N88 Cervix

The external, organ-specific conditions are reported using categories N89—noninflammatory vaginal disorders and N90—noninflammatory vulvar disorders.
Other general categories that aren’t necessarily associated with a particular organ are:

- Endometriosis (N80)
- Genital prolapse (N81)
- Fistulae (N82)

One significant difference between ICD-9-CM and ICD-10-CM is the logical organization of other categories by condition. Those include:

1. Bleeding
   - N91.- Lack of bleeding
   - N92.- Excessive/irregular bleeding
2. Pain (N94)
3. Menopause and menopausal symptoms (N95)
4. Reproduction
   - Recurrent pregnancy loss—N96
   - Female infertility—N97
   - Complications associated with artificial fertilization—N98

An understanding of the relationship of these codes as organized in ICD-10-CM can be visually compared to ICD-9-CM.
The **N80-Endometriosis** category exactly matches the corresponding category in ICD-9-CM. The fourth character defines the precise location of the endometriosis. If the physician identifies endometriosis in a location that is not one of the options provided, then the appropriate code is N80.8-Other endometriosis.

A common condition that occurs as women age is reported in category **N81-Female genital prolapse**. This category is sorted based on the organ(s) that is/are prolapsed and the severity of that prolapse.
N81.0 Urethrocele

Cystocele (Prolapsed bladder)

Rectocele N81.6
(Prolapsed rectum)

N81.1-

N81.2
The use of codes in this category requires extra attention because there are Excludes lists associated with many of the codes, as well as a number of Includes notes that gives guidance to the user as to what codes are included within the context of that particular code. To a large degree, this category does correspond to the ICD-9-CM category for genital prolapse (618), except that prolapse of the vaginal vault after hysterectomy has been removed and placed into the “genitourinary complications” section of ICD-10-CM.
Fistulae are abnormal connections between organs, which can occur in the genital tract, typically as the result of an injury or prior surgery. The category N82-Fistulae involving female genital tract, is more detailed than the corresponding category in ICD-9-CM, by offering more reporting options. This will reduce the necessity of using the “other specified” code.

Category **N83-Noninflammatory disorders of ovary, fallopian tube, and broad ligament** encompasses codes that are unique to each of the three organs described in this category. This category will be used most frequently for ovarian cysts, but will also be used in the following categories:

- Ovarian cysts
  - N83.0—Follicular cyst of ovary
  - N83.1—Corpus luteum cyst
  - N83.20—Unspecified ovarian cysts
  - N83.29—Other ovarian cysts
- Atrophy, prolapse, and torsion (N83.3-, N83.4, N83.5-)
- Hematosalpinx and hematoma of broad ligament (N83.6, N83.7)
- Other (N83.8) and unspecified (N83.9)

In ICD-9-CM, polyps were included in the category for each individual organ. In ICD-10-CM, all polyps of the genital organs have been grouped into a single category (N84), with subcategories for each specific location.

- N84.0—Uterus
- N84.1—Cervix
- N84.2—Vagina
- N84.3—Vulva
- N84.8—Other polyp
- N84.9—Unspecified polyp

**N85-Other noninflammatory disorders of uterus** has a number of Excludes1 codes that instruct the user to avoid codes in this category when the more specific code is available, such as:

- Endometriosis (N80.0)
- Uterine polyp (N84.0)
- Uterine prolapse (N81.2, N81.3, N81.4)

Codes describing endometrial hyperplasia are found in this category. However, there are fewer codes to describe this condition in ICD-10-CM than in ICD-9-CM. Fundamentally, the difference is that ICD-10-CM does not distinguish between simple hyperplasia vs. complex hyperplasia. The only question is whether or not the
hyperplasia is with or without atypia. The codes (and the corresponding ICD-9-CM codes) are as follows:

- N85.0—Endometrial hyperplasia, unspecified (621.30)
- N85.1—Benign endometrial hyperplasia (621.31, 621.32, 621.34)
- N85.2—Endometrial intraepithelial hyperplasia (621.33, 621.35)

Categories N86 through N88 are used to report cervical issues. There is a relatively small number of codes that exist in these three categories.

- **N86** Erosion and ectropion of cervix uteri (used only for erosion and ectropion when there is no cervicitis present)
- **N87** Dysplasia of cervix uteri
  - N87.0 Mild cervical dysplasia (CIN I)
  - N87.1 Moderate cervical dysplasia (CIN II)
  - N87.9 Dysplasia of cervix uteri, unspecified
- **N88.-** Other noninflammatory disorders of cervix
  - N88.0 Leukoplakia of cervix
  - N88.1 Old laceration of cervix
  - N88.2 Stricture and stenosis of cervix
  - N88.3 Incompetence of cervix
  - N88.4 Hypertrophic elongation of cervix
  - N88.8 Other specified noninflammatory disorders of cervix
  - N88.9 Noninflammatory disorder of cervix, unspecified

The codes in category **N89-Other noninflammatory disorders of vagina** are almost parallel with the corresponding codes in category 623 in ICD-9-CM. The only difference is that there are separate codes for VAIN I (N89.0) and VAIN II (N89.1). In ICD-9, those two diagnoses are reported with a single code (623.0). However, there are a number of Excludes1 codes that cannot be used with this category, including:

- Vaginal carcinoma or severe dysplasia or VAIN III (D07.2)
- Vaginal inflammation (N76.-)
- Atrophic vaginitis (N95.2)

Category **N90-Other noninflammatory disorders of vulva and perineum** is similar to N89 in the sense that it is nearly identical to its corresponding ICD-9-CM category (624). The primary difference is that ICD-10-CM has a separate code for vulvar cysts (N90.7), which is not present in ICD-9-CM, and the codes for female genital mutilation status are in this category. These codes are found in a more generic category in ICD-9-CM (629).
There is a similarly wide variety of Excludes codes for this category, including vulvar carcinoma, severe dysplasia, or VIN III (D07.1) and vulva inflammation (N76.-).

In ICD-9-CM, there is a single category (626) for bleeding disorders related to the genital tract. In ICD-10-CM, there are three separate categories, each of which requires a greater degree of specificity in the medical record documentation in order to select the appropriate codes. The three categories are absent or abnormally small amounts of menstrual bleeding (N91), excessive and/or irregular menstruation (N92), and other abnormal bleeding (N93).

Amenorrhea and oligomenorrhea (N91) are different in ICD-10-CM, because differentiation between “primary” and “secondary” conditions is required. The unspecified codes should be avoided, if at all possible.

The codes for abnormal bleeding (N92) are more specific as well, differentiating between bleeding regular cycles vs. irregular cycles. The primary difference is that menorrhagia is reported using N92.0 while metrorrhagia and menometrorrhagia is reported by using N92.1. ICD-10-CM code N92.4 is primarily used for abnormal bleeding in the perimenopausal period and N92.5 and N92.6 should be avoided, as possible, because there are so many other specific coding options available.

**Call for Documentation Specificity**

- Clearly define primary or secondary (N91.-)
  - Primary—a condition that has always existed and/or not attributable to a specific condition

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Secondary—a condition that has a new onset and/or is attributable to a known, specific condition

Avoid the unspecified

Elaborate in the documentation on the regularity of cycles (N92.-)

Use N92.4 if associated with the perimenopausal period

N92.5 and N92.6 are suboptimal, but may be the only option

Category **N93-Other abnormal uterine and vaginal bleeding** is used for other less specific types of bleeding. However, in some cases, these may be the most appropriate codes for the circumstance.

Category **N94-Pain and other conditions** is quite similar to the corresponding category 625 in ICD-9-CM. There are three meaningful differences:

- Dysmenorrhea is defined as primary, secondary, or unspecified (N94.4, N94.5, and N94.6). In ICD-9-CM, there is no distinction as to the type of dysmenorrhea. As always, the unspecified code should be avoided whenever possible.
- Stress incontinence, female has a unique code in ICD-9-CM (625.6). In ICD-10-CM, there is a single code for stress incontinence-regardless of the patient’s sex. The code in ICD-10-CM is N39.3.
- In ICD-9-CM, premenstrual tension syndrome (625.4) has an exclusion for menstrual migraines (346.4). In ICD-10-CM, the code for premenstrual tension syndrome (N94.3) has an instruction to code also when the patient has menstrual migraines (G43.82- or G43.83-).

In category **N95-Menopause and other perimenopausal disorders** has fewer codes than in the corresponding category in ICD-9-CM (627). The reason for the reduction in codes is that they have been relocated to other categories.

- Perimenopausal menorrhagia is found in the N92 category (N92.4).
- Symptoms caused by artificial menopause are reported using E89.41, which is a postprocedural condition in the endocrine section.

Interestingly, the code for menopausal and female climacteric states (N95.1) has an instruction to “use additional codes” for specific symptoms. The corresponding code in ICD-9-CM (627.2) does not have this instruction.

Codes related to reproduction have been grouped together in ICD-10-CM in N96-N98. **N96-Recurrent pregnancy loss** is a stand-alone 3 character category to be used when treating a patient who is not currently pregnant. The obstetric chapter has codes to be used when a patient has this type of history and they are pregnant.
Category **N97-Female infertility** is very similar in organization as 628.X in ICD-9-CM, except there is no code for infertility of pituitary-hypothalamic origin or cervical/vaginal origin. There is an Excludes1 note for hypopituitarism (E23.0) and Stein-Leventhal syndrome (E28.2). This category also has an Excludes2 note for incompetence of the cervix of a patient who is not currently pregnant (found at N88.3).

**N98-Complications associated with artificial insemination** is a completely new category in ICD-10-CM. The codes in this category are as follows:

- N98.0—Infection associated with artificial insemination
- N98.1—Hyperstimulation of ovaries
- N98.2—Complications of attempted introduction of fertilized ovum following in vitro fertilization
- N98.3—Complications of attempted introduction of embryo in embryo transfer
- N98.8—Other complications associated with artificial fertilization
- N98.9—Complication associated with artificial fertilization, unspecified

**Coming in Section 2:**

- Coding for complications (N99 and Chapter 19)
- Persons encountering health services for examinations not related to pregnancy (Chapter 21)
- Coding for conditions from other chapters, commonly seen by OB/GYN providers

**Coming in Section 3:**

- Coding for Obstetrics (Chapter 15)
- Persons encountering health services for examinations related to pregnancy (Chapter 21)