Introduction

The codes within ICD-9-CM fall woefully short of today’s medical reporting needs. In response to ICD-9-CM’s shortcomings, new coding systems were developed and soon will be implemented in the United States. The World Health Organization (WHO) created and adopted ICD-10 in 1994, and it has been used in much of the world since then. This system is the basis for the new U.S. diagnosis coding system, International Classification of Diseases, 10th Revision Clinical Modification (ICD-10-CM).

On January 16, 2009, the Department of Health and Human Services published a final rule adopting modifications to standard medical data code sets for coding diagnoses and inpatient hospital procedures by adopting ICD-10-CM for diagnosis coding, effective October 1, 2013. It also adopted the Official ICD-10-CM Guidelines for Coding and Reporting and ICD-10-PCS for inpatient hospital procedure coding, with the same effective date. In February 2012, HHS announced that it was delaying ICD-10-CM implementation to give health care providers more time to prepare for implementation. The proposed effective date has been set for October 1, 2013.

How to Use the Quick Reference

The Quick Reference helps users determine the most appropriate code for certain conditions commonly seen within particular specialties. Because it is a tool to help speed accurate code assignment, the reference cannot address all of the codes used by each specialty. Instead, this tool focuses on some of the most challenging coding issues, using claims data and clinical expertise to address those issues with both complex guidelines and/or multiple mappings. Because the reference is organized by condition, users can quickly see which categories of ICD-10-CM codes are used to report particular conditions. The reference includes:

- Official coding guidelines to help understand the rules that are specific to certain conditions
- Documentation requirements for the most difficult coding challenges
- Key terms for supporting code assignment
- ICD-9-CM-to-ICD-10-CM mapping for common conditions

The “Terms to Know” section contains terms the user must understand to assign the correct code. This section is followed by the official coding guidelines that affect how a code is assigned. These guidelines are thoroughly explained in a short bulleted format, allowing the user to access necessary information quickly. Terms that support the use of a code are listed under the “Key Terms” section.

The last heading, “ICD-10-CM Mapping,” uses the general equivalence mappings (GEM) to allow the user to see relationships established between the ICD-9-CM and ICD-10-CM code sets and the most likely code linkings. These mappings may have a one-to-one relationship or a one-to-many relationship. To ensure correct code selection, the user should carefully check official guidelines and medical record documentation.

Conventions Used in ICD-10-CM Mappings

To use the mapping section appropriately, the user must understand the format, organization, and symbols used in the Quick Reference.
Hypertension Complicating Pregnancy, Childbirth, and the Puerperium

O10 Pre-existing hypertension complicating pregnancy, childbirth and the puerperium
O11 Pre-existing hypertension with pre-eclampsia
O13 Gestational [pregnancy-induced] hypertension without significant proteinuria
O14 Pre-eclampsia
O15 Eclampsia
O16 Unspecified maternal hypertension

Terms to Know

eclampsia. Tetany and toxemia producing seizure activity or coma in a pregnant patient who most often has presented with prior pre eclampsia (i.e., hypertension, albuminuria, and edema). Eclampsia most commonly occurs during the third trimester or within the first 48 hours following birth.

hypertension. Abnormally increased pressure, usually referring to arterial pressure, exceeding an acceptable range.

preeclampsia. Complication of pregnancy manifesting in the development of borderline hypertension, protein in the urine, and unresponsive swelling between the 20th week of pregnancy and the end of the first week following birth in mild to moderate cases. Severe preeclampsia presents with hypertension, associated with marked swelling, proteinuria, abdominal pain, and/or visual changes.

proteinuria. Abnormal quantities of serum proteins present in urine that may subsequently indicate kidney damage.

Key Terms: Hypertension Complicating Pregnancy, Childbirth, and the Puerperium

Type

Benign Essential
Term “benign” is becoming obsolete; the more common term is “essential”
Elevated systemic arterial pressure with no known cause

Secondary
High blood pressure associated with a primary condition such as kidney, pulmonary, coronary, endocrine, or vascular diseases

Transient
Term used to describe blood pressure that elevates temporarily but later returns to normal

Pre-existing Condition that preceded the pregnancy, was already present

Gestational Relating to or resulting from pregnancy

Manifestations

Hypertensive heart disease
Heart problems that develop due to high blood pressure

Chronic kidney disease
Gradual and frequent permanent loss of kidney function, most often caused by hypertension and diabetes mellitus

Pre-eclampsia
Classified accordingly by level based on blood pressure elevation and the other organs affected in the disease process:
  - mild
  - moderate
  - severe

HELLP syndrome:
Acronym that stands for a group of symptoms occurring in pregnancy that stands for hemolysis, elevated liver enzymes and low platelet count
Symptoms occur simultaneously with preeclampsia or may be present prior to the patient becoming preeclamptic

Guidelines

● Chapter 15 contains codes for conditions that existed prior to pregnancy as well as those that developed as a result of pregnancy; documentation should clearly denote whether the condition being reported was a pre-existing condition or one that happened during or because of pregnancy to ensure correct code assignment.

● Category O10 Pre-existing Hypertension Complicating Pregnancy, Childbirth and the Puerperium, contains codes that include hypertensive heart and hypertensive chronic kidney disease; when one of these codes is reported, a secondary code must be assigned to identify the specific type of heart failure or chronic kidney disease.

● When code categories do not distinguish between pre-existing or pregnancy-related conditions, any category can be used. It is also appropriate to assign codes specifically for the puerperium with codes designated as complicating pregnancy and childbirth if the condition occurs postpartum during the delivery encounter.

● Final characters are reported for the majority of codes within chapter 15 designating the specific trimester of pregnancy; when trimester is not a component of a code, it is because trimester is not applicable or the condition always occurs during a particular trimester. Note that there are a number of conditions that occur only in a certain trimester. The final character for trimester should be based on documentation specifying the trimester or number of weeks of pregnancy at the time of the current encounter.

Hypertension Complicating Pregnancy, Childbirth, and the Puerperium

Trimester

First
Less than 14 weeks and 0 days

Second
14 weeks, 0 days to less than 28 weeks and 0 days

Third
28 weeks and 0 days until delivery
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<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
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<tbody>
<tr>
<td>O10.011</td>
<td>O10.811 Pre-existing essential hypertension, first trimester</td>
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<tr>
<td>O10.012</td>
<td>O10.812 Pre-existing essential hypertension, second trimester</td>
</tr>
<tr>
<td>O10.013</td>
<td>O10.813 Pre-existing essential hypertension, third trimester</td>
</tr>
<tr>
<td>O10.019</td>
<td>O10.819 Unsp pre-existing hypertension complicating childbirth</td>
</tr>
<tr>
<td>O10.111</td>
<td>O10.811 Pre-existing essential hypertension, first trimester</td>
</tr>
<tr>
<td>O10.112</td>
<td>O10.812 Pre-existing essential hypertension, second trimester</td>
</tr>
<tr>
<td>O10.113</td>
<td>O10.813 Pre-existing essential hypertension, third trimester</td>
</tr>
<tr>
<td>O10.119</td>
<td>O10.819 Unsp pre-existing hypertension complicating childbirth</td>
</tr>
<tr>
<td>O10.211</td>
<td>O10.821 Pre-existing hypertension with pre-eclampsia, first trimester</td>
</tr>
<tr>
<td>O10.212</td>
<td>O10.822 Pre-existing hypertension with pre-eclampsia, second trimester</td>
</tr>
<tr>
<td>O10.213</td>
<td>O10.823 Pre-existing hypertension with pre-eclampsia, third trimester</td>
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<td>O10.219</td>
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<td>O10.313</td>
<td>O10.823 Pre-existing hypertension with pre-eclampsia, third trimester</td>
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</tbody>
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**Hypertension Complicating Pregnancy, Childbirth, and the Puerperium**