



Coding for Long-Term Follow-up From Pregnancy Complications

Diabetes Coding

Because diabetes is a complicating condition in pregnancy, a pregnant woman with diabetes may be seen for additional services. It is important that the *International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10-CM)* code reflects the appropriate condition in order to support these additional services. Pregnant women who are diabetic should be assigned a code from category O24 (Diabetes mellitus in pregnancy, childbirth, and the puerperium).

Subcategories O24.0-, O24.1-, O24.3-, and O24.8- are reported when a pregnant woman has preexisting diabetes. These subcategories distinguish between type 1, type 2, other specified, and unspecified diabetes. Each subcategory contains codes to describe services in childbirth and the puerperium as well as the antenatal period. Services provided in the antenatal period require identification of the trimester. The ICD-10-CM also instructs that a code from category E08–E13 be reported to further identify any manifestations.

Gestational Diabetes

Gestational diabetes occurs in women who develop diabetes in pregnancy but who were not diabetic before pregnancy. Gestational diabetes codes are found in subcategory O24.4-. When a code indicating gestational diabetes is reported, another diabetes code should not be reported.

The 5th character in the O24.4 (gestational diabetes) subcategory specifies whether the encounter occurs

- in pregnancy
- in childbirth
- in the puerperium

The 6th character indicates the method of diabetes control. There are diagnosis codes for diet, oral hypoglycemic, and insulin control. If a patient is controlled by diet and insulin, only the code for insulin-controlled is required.

There are no trimester designations in the subcategory for gestational diabetes because the condition occurs only in the second and third trimesters.

Abnormal glucose tolerance in pregnancy is assigned a code from the subcategory O99.81 (Abnormal glucose complicating pregnancy, childbirth, and the puerperium).

Subcategory O24.9 (Unspecified diabetes) is reported when the medical record does not indicate the type of diabetes.

A code from the Z3A category should be reported whenever a code from Chapter 15 is reported to identify the week of gestation.

To accurately assign ICD-10-CM codes for diabetes complicating pregnancy, the following information is needed:

Preexisting	Pregnancy-Induced
Type of Diabetes (Type 1, Type 2, or Other)	Condition (Abnormal glucose O99.81- or Gestational O24.4-)
Trimester	Maternal episode of care (pregnancy, childbirth, puerperium)
Any manifestations or complications (E08, E09, E10, E11, E13)	Method of control for gestational (diet, oral glycemic, insulin, unspecified)

Hypertension Coding

Categories O10–O11 contain codes for preexisting hypertension and require identification of the trimester. Category O10 also contains codes for hypertensive heart and chronic kidney disease. Most of these codes contain six characters. When assigning a code related to these conditions, it is necessary to add a secondary code to specify the type of heart failure or chronic kidney disease. Category O11 is for preexisting hypertension with preeclampsia and requires an additional code from category O10 to identify the type of hypertension.

In addition to essential hypertension, Category O10 includes the following subcategories:

- O10.1 Pre-existing hypertensive heart disease complicating pregnancy
- O10.2 Pre-existing hypertensive chronic kidney disease complicating pregnancy
- O10.3 Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy
- O10.4 Pre-existing secondary hypertension complicating pregnancy
- O10.9 Unspecified pre-existing hypertension complicating pregnancy, childbirth, and the puerperium

Each subcategory indicates the condition in Chapter 9, Diseases of the Circulatory System, that applies to the specific subcategory. The instructions also state that an additional code from the circulatory chapter should be reported to identify the type of hypertension. It is important to be familiar with the codes that require an additional diagnosis in order to fully describe the patient's condition and circumstances.

Additionally, hypertension has distinct categories, subcategories, and codes to describe preexisting and pregnancy-related conditions.

Gestational Hypertension

Category O12 contains codes for gestational edema, gestational proteinuria, and gestational edema with proteinuria without hypertension. Codes from category O12 (Gestational [pregnancy-induced] edema and proteinuria without hypertension) are reported when patients develop edema and protein in their urine but do not develop hypertension. There are subcategories for edema alone, proteinuria alone, and both conditions together. Documentation for these conditions might be found in the examination or laboratory work, but it is advisable not to report these codes unless the physician clearly documents one of these conditions.

Category O13 is reported for hypertension without significant proteinuria and also can be used for hypertension not otherwise specified.

Preeclampsia

Category O14 is reported for preeclampsia without any preexisting hypertension and has subcategories to describe the severity of the condition, including hemolysis, elevated liver enzymes, and low platelet count (HELLP) syndrome.

Category O15 is reported for eclampsia.

Counseling

Per CPT, codes 99384–99397 include age-appropriate counseling, anticipatory guidance, and risk factor reduction interventions provided at the time of the initial or periodic comprehensive preventive medicine examinations.

If the encounter was for screening for a patient without symptoms, report a preventive medicine code. These codes are selected according to the time spent in face-to-face counseling with the patient. Use codes 99401, 99402, 99403, 99404 for individual counseling, and codes 99411 and 99412 for group counseling as appropriate:

- 99401 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
- 99402 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
- 99403 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes
- 99404 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes
- 99411 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes

- 99412 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes

These codes are not reported when the physician counsels an individual patient with symptoms or an established illness. In this case, a problem-oriented E/M service is reported. For counseling groups of patients with symptoms or established illness, see code 99078.