Gynecology and Obstetrics Codes			
DIAGNOSES	ICD-10 Code Root	Sub Codes	Hierarchical Condition Category (HCC)
Thrombocytopenia	D69.X	D69.o-D69.49, D69.6-D69.9	Coagulation Defects and Other Specified Hematological
Lupus Anticoagulant Syndrome	D68.62	-	Disorders
Mood (Affective) Disorder	F <sub>3</sub> X.X	F30, F31, F32.0-F32.8, F33, F34.9, F39	Major Depressive, Bipolar, and Paranoid Disorders
Morbid Obesity	E66.X	E66.2, E66.01 & Z68.4145	Morbid Obesity
Diabetes with Complications	Type 1: E10.X	E10.21-E10.638, E10.649-E10.8	Diabetes with Chronic Complications
(Type 1 or 2)	Type 2: E11.X	E11.21-E11.638, E11.649-E11.8	
Diabetes without complications	Type 1: E10.9	-	Diabetes without Complication
(Type 1 or 2)	Type 2: E11.9	-	
Essential Hypertension	l10	-	Non-Specific Symptom Codes and Non-HCC Codes
Osteopenia	M85.8X	M85.811-M85.89	
Colon Cancer Screening*	ZX	Z12.11, Z86.0, Z86.010	
Leiomyoma of Uterus	D25.X	D25.0-D25.2, D25.9	
Ovarian Dysfunction	E28.X	E28.0-E28.9	
Ovarian Cysts	N83.X	N83.0-N83.29	
Genital Prolapse	N81.X	N81.0-N81.9	
Inflammation of Vagina and Vulva	N76.X	N76.o-N76.89	
Breast Disorders	N64.X	N64.o-N64.9	
Excessive, Frequent and Irregular Menstruation	N92.X	N92.0-N92.6	
Vaginitis	N76.X	N.76.0-N76.1	
Vulvitis	N <sub>7</sub> 6.X	N76.2-N76.3	
Menopause	N95.X	N95.0-N95.2, N95.8-N95.9	
Cystitis	N30.X	N30.00-N30.91	
UTI	N39.X	N39.0	
Pelvic and Perineal Pain	R10.2	-	

<sup>\*</sup>HCPCS Codes for Colonoscopy: HCPCS Code Descriptor

G0105 Colorectal cancer screening; colonoscopy on individual at high risk

G0121 Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk

Please remember, the diagnoses chosen must meet MEAT criteria, one of the following has to be supported: M-Monitored, E-Evaluated, A-Assessed, T-Treated

Documentation must be complete and accurate before selecting the specific diagnosis code, and always choose the most specific/or combination ICD-10 CM code(s) to fully describe the patient condition(s).

MaineHealth

Accountable Care Organization

Special thanks to Specialty Solutions and Coastal Women's Healthcare for their participation in this project. For more information visit: <a href="http://mainehealthaco.org/cdi">http://mainehealthaco.org/cdi</a>

### Monitored

Disease progression/ regression, ordering labs/rads/diagnostic tests

Review of logs (blood sugar, BP)

# Evaluated

Reviewing labs/ test results
Relevant physical examination
Medication/ treatment effectiveness

M.E.A.T.

#### Assessed

Stable, improving, worsening, etc
Exacerbation of condition
Discussion/ counseling
Relevant record review

#### Treated

Referral to specialist
Adjusting, refilling, prescribing
medication

- •1 element required per DX code; more is better
- •These factors help providers to establish the presence of a diagnosis during an encounter ("if it wasn't documented, it doesn't exist")
- •Review problem list, document as 'current' or 'active'
- •Do not use 'history of' for chronic conditions unless is fully resolved. Instead use 'stable

### Limbs

Hemiplegia, Amputation, Paralysis status

### Organs

Dialysis status, Transplant status, respiratory failure

L.O.S.T.

## Secondary Dx

diabetic nephropathy+chronic kidney disease stage IV, tie conditions togeter (because of/ related to/ secondary to)

## Tubes/Tummy

any "ostomy", morbid obesity

\*other commonly lost conditions: substance abuse. HIV. mental health severity

- Document anything that impacts your medical decision making to reflect the complexity and level of care provided.
- Documentation improves care, coverage, costs and compliance.
- •other commonly lost conditions: substance/alcohol abuse, AIDS or HIV, mental health severity and status

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