



## ICD 10 DOCUMENTATION TIPS FOR OB/GYN

Diagnosis	Documentation Requirements		
Blood Loss Anemia	<b>Document, when appropriate:</b> Anemia due to blood loss or Anemia due to chronic blood loss	<b>If acute blood loss anemia is due to blood loss during surgery:</b> Documentation of postoperative anemia is not enough. Document postoperative anemia due to acute blood loss instead	<b>No diagnosis of acute blood loss anemia if surgery resulted in expected amount of blood loss</b>
Complications of Surgery	<b>Document timeframe of complication:</b> Intraoperatively or postoperatively		
Depression	<b>Document type:</b> Major depression, Adjustment disorder, anxiety, bipolar, etc.		
Diabetes	<b>Document:</b> Type 1, type 2, or gestational. For gestational, indicate control: Diet vs insulin	<b>Document associated complications:</b> Diabetic peripheral neuropathy, diabetic autonomic neuropathy, diabetic foot ulcer, etc.	<b>Indicate insulin control status:</b> Inadequately controlled, out of control, poorly controlled, etc.
Excessive and frequent Menstruation	<b>Document:</b> Regular cycle or irregular cycle	<b>Document when occurring:</b> Puberty, perimenopausal, postmenopausal period	
Gestational Hypertension vs Gestational Edema and Proteinuria with Hypertension	<b>Indicate if gestational edema and proteinuria present</b>		
Incidental Pregnant state vs complication of Pregnancy	<b>Indicate if injury or condition being treated is not affecting or complicating pregnancy</b>		
Infections of the Genitourinary Tract	<b>Document specific site of UTI</b>	<b>Document causative organism, if known</b>	
Malnutrition	<b>Document type, example:</b> Protein calorie or Protein energy	<b>Document severity:</b> Mild, moderate, or severe	
Multiple gestation	<b>For twins, document:</b> Monochorionic/monoamniotic, monochorionic diamniotic, Dichorionic diamniotic OR unable to determine number of placenta and number of amniotic sacs.	<b>For triplets, document:</b> With two or more monochorionic or monoamniotic fetuses, OR unable to determine number of placenta and number of amniotic sacs.	
Neoplasms	<b>Document site and laterality</b>	<b>Differentiate between primary and secondary (metastatic) site</b>	<b>If Secondary:</b> Document primary site and if still present
Obesity	<b>Document etiology if known</b>	<b>If morbidly obese:</b> Indicate with alveolar hypoventilation	



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<b>Obstructed Labor</b>	<b>Document malposition or malpresentation:</b> Incomplete rotation of head, breech, face, brow, shoulder, or compound presentation, or other, please specify	<b>Document maternal pelvic abnormality:</b> Deformed, Contraction, congenital malformation, etc.	
<b>Pre-eclampsia</b>	<b>Document Severity:</b> Mild, moderate, or severe		
<b>Pre-existing vs Pregnancy Induced Conditions</b>	<b>Document whether a condition is preexisting or pregnancy induced:</b> Hypertension, diabetes, etc.		
<b>Tobacco</b>	<b>Differentiate:</b> Tobacco use/abuse or dependence	<b>Document type of tobacco</b>	<b>Current or past smoker</b>
<b>Drug Underdosing</b>	<b>Document:</b> Intentional vs unintentional	<b>Document reason for underdosing</b>	
<b>Urinary Tract Infection</b>	<b>Document specific site of UTI</b>	<b>Document if UTI is related to a device i.e., UTI due to Foley catheter</b>	<b>Document causative organism, if known</b>
<b>Urosepsis</b>	<b>Urosepsis codes to UTI</b>	<b>Specify UTI or Sepsis in your documentation</b>	
<b>Procedure</b>			
<b>Perineal Laceration Repair</b>	<b>Document type:</b> 3rd degree tear of anal sphincter, 2nd degree tear of vagina, etc.		