

V18.1 Special Report: Induction Coding Analysis

INTRODUCTION

ICD-10 Induction Coding and Reporting Update

The calculation of all induction rates displayed in NPIC reports has been suspended since the transition to ICD-10, due to the inability to determine an accurate number of inductions. In July 2016, the Alliance for Innovation on Maternal Health (AIM) identified labor induction as an important area for quality improvement in obstetrics and created the *ICD-10-PCS Coding Guidelines for Labor Inductions* in an effort to promote more accurate ICD-10 coding (Appendix A). To help determine the feasibility of resuming the calculation of induction rates, NPIC has created this Special Report: Induction Coding Analysis which reviews induction coding in the NPIC database and adherence to the AIM guidelines two years after their creation.

One of the major problems with ICD-10 induction coding is the fact that the code for artificial rupture of membranes (AROM) does not distinguish its use to induce or augment labor. The AIM Coding Guidelines recognizes this problem but has determined that AROM alone is *rarely* used to induce labor and would be seen as augmentation following the onset of spontaneous labor. AROM *with* any induction code is likely a procedure accompanying labor induction.

The table in this Special Report looks at the three different coding combinations: AROM alone, AROM with an induction code, or an induction code alone. We found that 13.6% of deliveries in the NPIC database **ONLY** had an AROM code and 22.6% were coded as inductions with or without an AROM code. Interestingly, the 22.6% rate is similar to the 23.8% induction rate displayed in the V15.3 NPIC Quarterly Report for Q1-3, 2015, the last three quarters before the introduction of ICD-10 codes.

DESCRIPTION OF TABLE

The table in this Special Report displays an analysis of ICD-10 coded data from all delivery discharges submitted by NPIC member hospitals for the period 4/1/17 - 3/31/18.

All averages are calculated using the unweighted average- all hospital averages are summed and the unweighted average is derived by dividing the total by the number of hospitals. The distribution of codes by category is calculated similarly.

Section A Overview displays the average number of deliveries for the period, and the average number of deliveries with at least one induction and/or Artificial Rupture of Membranes (AROM) code. The overall induction/augmentation rate as well as the range of rates is also displayed.

Section B Deliveries coded with AROM ONLY shows the rate of deliveries coded with AROM and no other induction codes.

Section C AROM Dx code combinations displays the rate of deliveries coded with both AROM and dilation of cervix, oxytocin/pitocin or cervical ripening.

Section D Deliveries NOT coded with AROM shows the rate of deliveries not coded with AROM and having a single induction code for either dilation of cervix, oxytocin/pitocin or cervical ripening. The estimated rate of induction excluding AROM as well as the range of rates is also displayed.

Questions regarding this Special Report should be directed to mservices@npic.org.

REFERENCES

Council on Patient Safety in Women's Health Care. (2016). *Labor Induction ICD-10 Coding Guidelines*. Retrieved from:

<https://safehealthcareforeverywoman.org/aim-data/>

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Date range of discharge data: 4/1/2017 - 3/31/2018 Source: V18.1 NPIC Member Database	NPIC Database Average
A. Overview Average Deliveries in Database Average Deliveries with an Induction code and/or Artificial rupture of membranes (AROM) code Induction/Augmentation Rate Range of rates	 3,810 1,417 36.0% 9.3% - 58.0%
B. Deliveries coded with AROM ONLY: 10907ZC: Drainage of Amniotic Fluid, Therapeutic from Product of Conception, Via Natural or Artificial Opening	13.6%
C. AROM Dx code combinations - deliveries coded with BOTH 10907ZC AND one or more of the following: C1. 0U7C7ZZ: Dilation of Cervix, Via Natural or Artificial Opening (Cervical Dilators) C2. 0U7C7DZ: Dilation of Cervix with Intraluminal Device, Via Natural or Artificial Opening (Cervical Dilators) C3. 3E033VJ: Introduction of Other Hormone into Peripheral Vein, Percutaneous Approach (Oxytocin/Pitocin - Labor Induction) C4. 3E0P7GC/3E0P7VZ**: Introduction of Other Therapeutic Substance/Hormone into Female Reproductive Via Natural or Artificial Opening (Cervical Ripening/Labor Induction)	1.6% 0.0% 6.9% 3.4%
D. Deliveries NOT coded with AROM but coded with only one of the following: D1. 0U7C7ZZ: Dilation of Cervix, Via Natural or Artificial Opening (Cervical Dilators) ONLY D2. 0U7C7DZ: Dilation of Cervix with Intraluminal Device, Via Natural or Artificial Opening (Cervical Dilators) ONLY D3. 3E033VJ: Introduction of Other Hormone into Peripheral Vein, Percutaneous Approach (Oxytocin/Pitocin - Labor Induction) ONLY D4. 3E0P7GC/3E0P7VZ**: Introduction of Other Therapeutic Substance/Hormone into Female Reproductive Via Natural or Artificial Opening (Cervical Ripening/Labor Induction) ONLY	0.7% 0.0% 5.8% 4.2%
Estimated Induction Rate excluding deliveries coded with AROM ONLY Range of rates	22.6% 2.1% - 38.2%

* Table 11.05: Medical Induction of Labor, Specifications Manual for Joint Commission National Quality Measures v2017B2, Discharges 01-01-18 (1Q18) through 06-30-18 (2Q18).

** ICD-10-PCS 3E0P7VZ became effective on October 1, 2017.



ICD-10-PCS Coding Guidelines for Labor Inductions v7-15-2016

The Safe Reduction of Primary C/S | Supporting Vaginal Births patient safety bundle focuses on several key labor subsets that can drive cesarean rates. In some hospitals, labor induction appears to be an important contributor. ACOG has released guidelines that standardize when to diagnose a failed induction and move on to a cesarean delivery. To assess your hospital's inductions, it is important for all providers to distinguish between induction and augmentation and to be able to document them accurately and in turn support accurate ICD-10 coding.

The transition to ICD-10 has led to changes in a number of coding practices. One important new principle is that ICD-10-PCS procedure codes should be as generic as possible and not tied to a particular diagnosis. As a result, the simple ICD-9 procedure code for labor induction, 73.4 ("Medical Induction of Labor"), has been replaced with the rather generic and opaque ICD-10-PCS procedure code: 3E033VJ ("Introduction of other hormone into peripheral vein, percutaneous approach"). This is a non-obvious code and has confused a number of hospital coders. In addition, there are long-standing uncertainties about the clinical definitions and distinctions among labor induction, labor augmentation and cervical ripening which in turn affects the clinical documentation that the coders use to identify the correct code.

In this discussion we will first review the latest American College of Obstetricians and Gynecologists (ACOG) consensus documents to provide clinical definitions for these terms. This will be important to share with the OB/GYN Department to update their documentation practices. We will then discuss recent AHA Coding Clinics examples to provide direction as to how to properly apply ICD-10 codes for these situations. We hope that wider application of these documents will lead to more accurate ICD-10 coding as this is an important area for quality improvement in obstetrics.

1. ACOG Standardized Labor Definitions (2014)

In 2014, the American College of Obstetricians and Gynecologists (ACOG) sponsored a multi-disciplinary multi-organization consensus conference to standardize a number of key terms that are widely used in obstetric quality measures and vital records.

Reference

Menard MK, Main EK, Currigan SM. Executive Summary of the reVITALize Initiative: Standardizing Obstetric Data Definitions. *Obstet Gynecol* 2014 July; 124:150-3.

Link to the full set of definitions

http://download.lww.com/wolterskluwer_vitalstream_com/PermaLink/AOG/A/AOG_124_1_2014_05_28_MENARD_14-107_SDC3.pdf

These have been adopted for use in all ACOG documents. The revised ACOG definitions for labor and labor induction/augmentation are shown in Table 1 on the following page.

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APPENDIX A

There are several key areas to highlight with the Medical and Coding Staff

Table 1: ACOG STANDARD LABOR DEFINITIONS (2014)

LABOR	Uterine contractions resulting in cervical change (dilation and/or effacement)Phases: <ul style="list-style-type: none">• Latent phase – from the onset of labor to the onset of the active phase• Active phase – accelerated cervical dilation typically beginning at 6cm
AUGMENTATION OF LABOR	The stimulation of uterine contractions using pharmacologic methods or artificial rupture of membranes to increase their frequency and/or <u>strength following the onset of spontaneous labor or contractions following spontaneous rupture of membranes.</u> If labor has been started using any method of induction described below (including cervical ripening agents), then the term, Augmentation of Labor, should not be used.
INDUCTION OF LABOR	The use of pharmacological and/or mechanical methods to initiate labor (<i>Examples of methods include but are not limited to: artificial rupture of membranes, balloons, oxytocin, prostaglandin, Laminaria, or other cervical ripening agents</i>) Still applies even if any of the following are performed: <ul style="list-style-type: none">• Unsuccessful attempts at initiating labor• Initiation of labor following <u>spontaneous ruptured membranes without contractions</u>

A. **Induction of labor** includes all cases with any of the following:

- Cervical ripening using medications (e.g. prostaglandins including misoprostol)
- Cervical ripening using mechanical methods (e.g. balloons or other cervical dilators)
- Artificial rupture of membranes before the onset of labor
- Oxytocin/Pitocin® before the onset of labor. Note, if oxytocin is used in the setting of irregular contractions with intact membranes without cervical change, then it would be considered an Induction of Labor.

B. **Augmentation of labor** occurs ONLY:

- After the onset of spontaneous labor, defined as contractions with cervical change, or
- After spontaneous rupture of membranes with contractions (with or without cervical change). Note, if there is spontaneous rupture of membranes and no contractions then administration of oxytocin is considered an induction of labor.

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APPENDIX A

2. ICD-10-PCS Coding Guidelines for Labor Induction

Below represents a summary of Coding Clinic guidelines for Labor Induction with citations:

- A. **Oxytocin/Pitocin®** when used for Labor Induction should be coded as: **3E033VJ-- Introduction of other hormone into peripheral vein, percutaneous approach** (Coding Clinic 4Q 2014). Note: this code should NOT be used for labor augmentation with Pitocin (oxytocin), but when oxytocin is used for Labor Induction it should ALWAYS be used (Coding Clinic 2Q 2014, p9). There is no code for oxytocin use for Labor Augmentation. Nor is this code used for oxytocin for the prevention or treatment of postpartum hemorrhage (communication with the Editor of the Coding Clinics).
- B. **Cervical Ripening** (Labor Induction) using cervical inserts or tablets with prostaglandins (e.g. Cervidil®, Prepidil®, misoprostol or similar) should be coded as: **3E0P7GC--Introduction of other therapeutic substance into female reproductive, via natural or artificial opening**. (Coding Clinic, 2Q 2014: Page 8). This code is NOT used for misoprostol for the prevention or treatment of postpartum hemorrhage (communication with the Editor of the Coding Clinics). Recall that cervical ripening is considered an induction even if oxytocin is *not* used.
- C. **Cervical Dilators** (Labor Induction) using mechanical methods such as a balloon, digital exam or similar approach should be coded as: **0U7C7ZZ--Dilation of Cervix, Via Natural or Artificial Opening**. Recall that cervical dilation is considered an induction even if oxytocin is *not* used. The Joint Commission also accepts **0U7C7DZ--Dilation of Cervix with Intraluminal Device, Via Natural or Artificial Opening**, which appears to be an appropriate code but ICD-10-PCS guidelines recommend that Device codes (6th digit=" D") should only be used when the device is purposely left in on discharge (communication with the Editor of the Coding Clinics). This might be appropriate for outpatient placement of a cervical dilator (e.g. a balloon).

Note that Artificial Rupture of Membranes (AROM) (using a hook thru the cervix, not an amniocentesis) is coded as: **10907ZC--Drainage of Amniotic Fluid, Therapeutic from Products of Conception, Via Natural or Artificial opening**. This code makes no distinction between AROM for labor induction or AROM for labor augmentation (Coding Clinic 2Q 2014, p9). Currently, there is no way to identify a labor induction that was limited to AROM (with no oxytocin) but this is rare. Well over 95% of AROM are done to augment labor. Accordingly, the presence of this code without any of the codes above would be very weak evidence for Induction of Labor and should be confirmed.

The non-specificity of current group of codes (e.g. Introduction of other hormone into peripheral vein, percutaneous approach) is somewhat unsatisfactory as we are left to guess the intention of the procedure code. Generally, procedure codes are paired with a diagnosis code that indicates the reason that the procedure was utilized. Discussions are underway to possibly create diagnosis codes that would describe the type of labor but such a change would be 1-2 years before endorsement and application. In the meantime, please use the codes as outlined above.