

OBSTETRICS DOC POCKET TOOL

1 of 2

Common Obstetrical MS-DRGs

MS-DRG	RW	LOS
Cesarean section w/ CC or MCC (765)	0.9943	4.1
Cesarean section w/o CC or MCC (766)	0.7664	3.0
Vaginal delivery w/sterilization &/or D&C (767)	0.7246	2.5
Vaginal delivery w/ OR except sterilization &/or D&C (768)	1.7348	4.7
Postpartum & post abortion diagnoses w/ OR (769)	1.9114	3.2
Abortion w/ D&C, aspiration, curettage, or hysterotomy (770)	0.7336	1.6
Vaginal delivery w/ complicating dx (774)	0.5914	2.6
Vaginal delivery w/o complicating dx (775)	0.4461	2.1
Postpartum & post abortion diagnoses (776)	0.6460	2.6
Ectopic pregnancy (777)	0.7087	1.8
Threatened abortion (778)	0.3744	2.0
Abortion w/o D&C (779)	0.6013	1.7
False Labor (780)	0.2845	1.3
Other antepartum diagnosis w/ medical complications (781)	0.5689	2.7
Other antepartum diagnosis w/o medical Complications (782)	0.4297	1.7

Secondary Conditions

Please document the following secondary conditions, if present, for all types of patients. Conditions shall only be documented if they meet one of the following criteria. The condition was:



1. Clinically evaluated during the stay; or
2. Diagnostically tested during the stay; or
3. Therapeutically treated during the stay; or
4. Increased LOS or nursing care/monitoring



OBSTETRICS DOC POCKET TOOL

Obstetric Coding Guidelines

- A “normal delivery” code is assigned only in cases when a woman is admitted for a full-term normal delivery and delivers a single healthy infant without any complications postpartum. All antepartum complications must be resolved before delivery.
- A postpartum complication is any complication occurring within the six week period that begins immediately after delivery.
- Obstetric codes take precedence over codes from other chapters. Additional codes from other chapters may be used to further specify conditions such as anemia, infections, etc.
- Physician must document that the pregnancy is incidental to the reason for the current episode of care.
 - ◇ Example-a patient who is admitted for gallbladder surgery and is noted to be pregnant.
 - ◇ Versus-A pregnant patient admitted with an extreme case of nausea and vomiting which is noted as due to a combination of the pregnancy and gallbladder disease.

OB MCCs

- Abortion complicated y renal failure/shock/embolism
- Eclampsia
- Generalized infection during labor
- Infection of amniotic cavity
- Maternal diabetes mellitus w/ delivery
- Obstetrical embolism (amniotic fluid, blood clot, pulmonary)
- Obstetric shock
- Placenta previa w/ hemorrhage
- Severe pre-eclampsia

OBSTETRICS DOC POCKET TOOL

2 of 2

OB CCs

- Abortion complicated by genital infection, pelvic infections, metabolic disorder, embolism, damage to pelvic organs
- Acute post hemorrhagic anemia
- Benign essential hypertension w/ delivery
- Chronic kidney disease (stage IV-V/GFR<15)
- Ectopic pregnancy (abdominal, tubal, ovarian)
- Genitourinary tract infection
- Maternal drug dependence
- Mild pre-eclampsia
- Multiple gestation, delivered
- 3rd or 4th degree perineal laceration, delivered

Symptoms

For patients admitted with symptoms, please document conditions that you are "ruling out". It is helpful to document "differential diagnoses". Conditions documented as possible, probable, rule out or questionable are coded in the inpatient setting only.

Specify differential diagnosis for symptoms such as:

- Eclampsia/ pre-eclampsia
- Edema
- Pelvic pain
- Vaginal bleeding
- Vaginal discharge
- Vomiting/hyperemesis

OBSTETRICS DOC POCKET TOOL

Tests

Whenever you order a test, document the “reason” for the test in the progress notes or your orders . Include BOTH the symptom and the condition that you are attempting to rule out.

Whenever tests are abnormal, document the condition that the abnormal result represents.

Specificity and MS-DRGS

- Acute vs. chronic
- Etiology of condition
- Causative organism in infection
- Degree of severity of diseases
- Proper staging of chronic conditions (i.e.– chronic kidney disease)
- Accompanying conditions (i.e.-hemorrhage, coma, heart failure, chronic kidney disease)
- Benign vs. malignant hypertension when specifying organ disease due to hypertension
- Congestive heart failure—specifying organ disease due to hypertension
- Specify severity of malnutrition
- If patient is receiving tube feedings or TPN, document the nutrition diagnosis
- Document the total time the patient is on ventilation if it is prolonged
- Every diagnostic test and medication ordered should have a documented diagnosis
- Clinically significant diagnoses from diagnostic reports should be documented in the progress notes
- Arrows, plus signs, and many abbreviations are not sufficient documentation (i.e.-document hypokalemia not ↓ K)