

Under coding in Obstetrics: Insights from Adoption of a Novel ICD-10 Code for Cervical Ripening

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Introduction

- Cervical ripening and dilation are critical components of labor induction when the cervix is unfavorable, and both pharmacologic and mechanical methods (including balloon catheter-based devices) are recognized approaches to prepare the cervix for induction of labor
- Evidence suggests that mechanical methods may offer effectiveness comparable to pharmacologic cervical ripening approaches while reducing the risk of uterine tachysystole and maintaining a favorable maternal and neonatal safety profile
- In April 2025, ICD-10-PCS code 0U7C7DJ was introduced to provide greater specificity for temporary mechanical cervical ripening in the induction of labor

Objective

To examine national trends of coding and accurate representation of incidence for mechanical cervical ripening, as well as the impact of coding changes

Methods and Materials

Study Design:

A retrospective observational database study

Data Source:

Aggregated healthcare utilization data was obtained from the Definitive Healthcare (DHC) platform

The DHC database includes data from:

- Hospitals
- Health systems
- Ambulatory Surgical Centers
- Physician Organizations
- Other U.S. Healthcare facilities

Study Period:

January 2018-December 2025

Female Patients undergoing mechanical cervical ripening from 2018-2025 were identified using CPT codes:

0U7C7DZ (Historical code)
0U7C7DJ (New code- active April-December 2025)

Data Collection:

Procedure volumes were extracted and grouped by:

- Coding designation
- Site of care
- Geographic Region
- Month and year of procedure

Data Analysis and

Primary Outcomes:

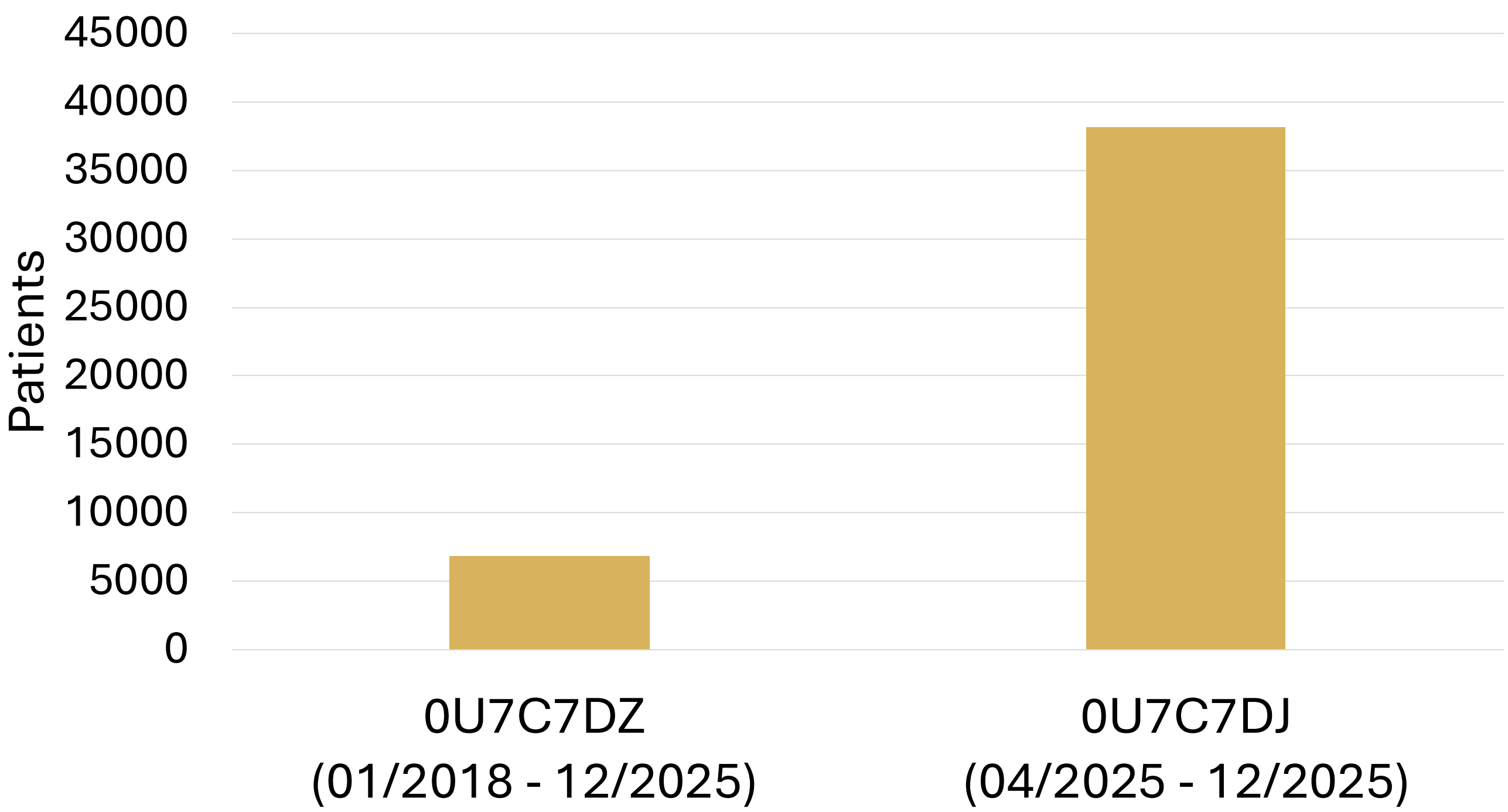
Descriptive analyses were performed to compare utilization captured by the historical and newly introduced ICD-10-PCS codes

Primary Outcomes:

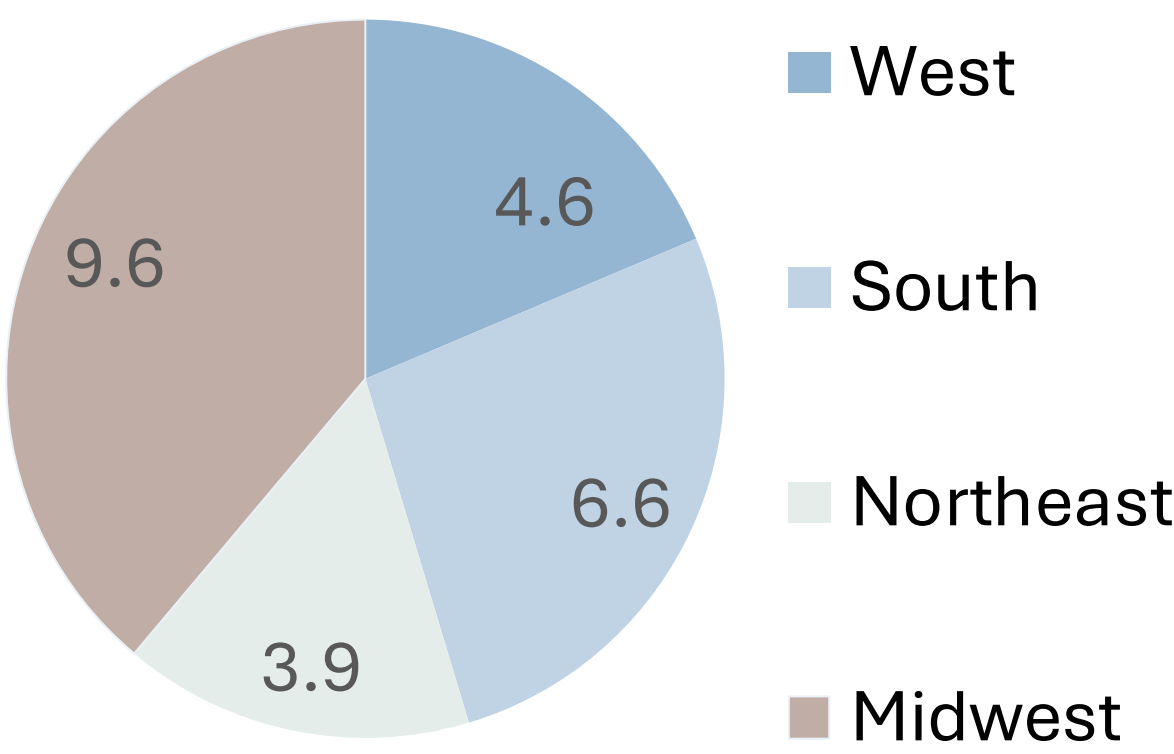
Mechanical cervical ripening utilization after ICD-10 code 0U7C7DJ implementation compared with 0U7C7DZ, evaluated by procedure volume, provider uptake, birth proportion, and geographic variation.

Results

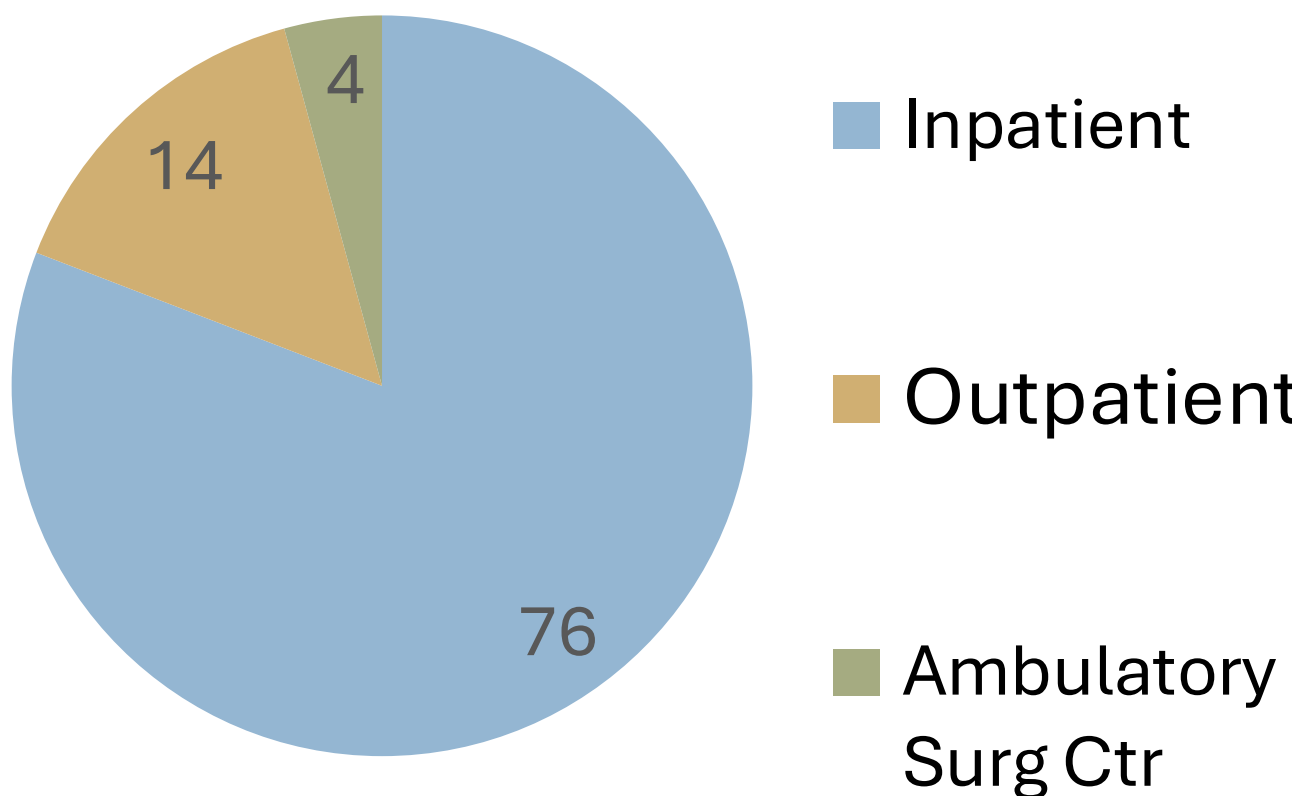
Patients Identified receiving mechanical cervical using ICD-10 PCS codes 0U7C7DZ and 0U7C7DJ



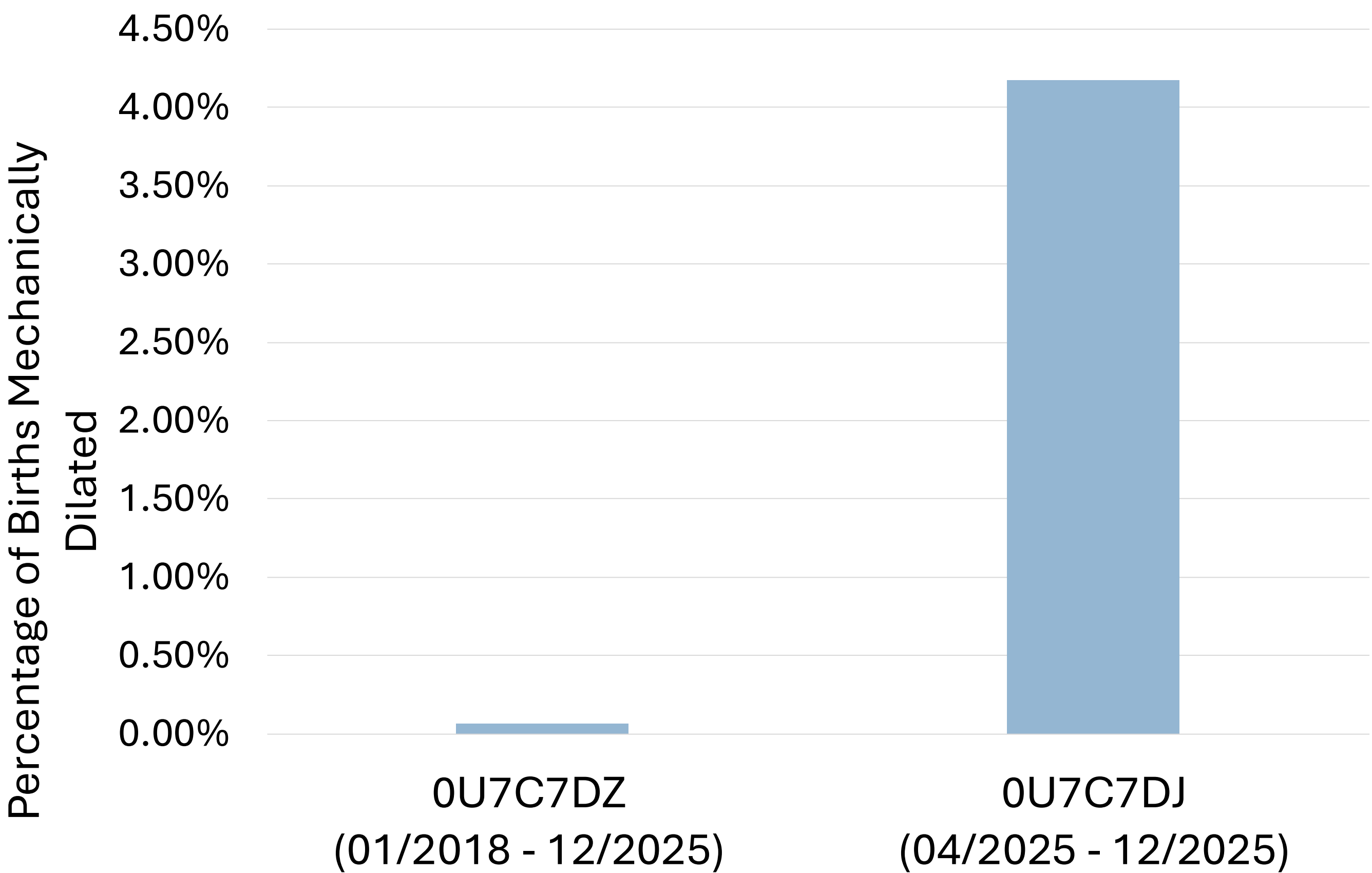
0U7C7DZ to 0U7C7DJ Temporal Fold Change by Region



0U7C7DZ to 0U7C7DJ Temporal Fold Change by Place of Service



Percentage of all births receiving mechanical cervical dilation, using ICD-10-PCS codes 0U7C7DZ and 0U7C7DJ



Results

Historic Code: 0U7C7DZ

Over 8 years- the data captured 6,840 cases across 3,367 providers (71.25 cases/month)

New Code: 0U7C7DJ

In just 8 months, 38,141 cases were captured, with 12,911 providers (4,237.89 cases/month)

Representing a 59.47-fold higher monthly utilization

0.06% of all births were coded 0U7C7DZ over the study period, compared to 4.18% with the new code 0U7C7DJ in its initial eight months

Conclusions

- Current coding likely under captures the true utilization of mechanical cervical ripening
- Adoption increased rapidly after code introduction but has since plateaued, suggesting limited broader uptake
- Regional variation highlights potential differences in coding infrastructure, preparedness and provider awareness
- Results emphasize the importance of timely institutional readiness for upcoming 2027 coding updates

Implications

These findings highlight the importance of procedure-specific coding policies to ensure accurate measurement of mechanical cervical ripening utilization, enabling more informed clinical, reimbursement, quality improvement, and maternal health policy decisions

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