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CLINICAL DOCUMENTATION

Pregnancy: Multiple Gestation

Multiple gestation is two or more fetuses in one pregnant patient. The possibility of developing complications that can affect both the mother and the babies increases with a multiple gestation.

ICD-10 CODES

Final digit for codes below represents the trimester of the pregnancy
1: First Trimester 2: Second Trimester 3: Third Trimester

Final digit for codes below represents the fetus number
0: Single gestation only 4: Fetus 4 1: Fetus 1   5: Fetus 5 2: Fetus 2   9: Other Fetus 3: Fetus 3

Code	Description
O30.00-	Twin pregnancy, unspecified placenta and amniotic sacs
O30.01-	Twin pregnancy, monochorionic/monoamniotic
O30.02-	Conjoined twin pregnancy
O30.03-	Twin pregnancy, monochorionic/diamniotic
O30.04-	Twin pregnancy, dichorionic/diamniotic
O30.09-	Twin pregnancy, unable to determine chorion/amnion
O30.10-	Triplet pregnancy, unspecified placenta and amniotic sacs
O30.11-	Triplet pregnancy with two or more monochorionic fetuses
O30.12-	Triplet pregnancy with two or more monoamniotic fetuses
O30.13-	Triplet pregnancy, trichorionic/triamniotic
O30.19-	Triplet pregnancy, unable to determine chorion/amnion
O30.20-	Quadruplet pregnancy, unspecified chorion/amnion
O30.21-	Quadruplet pregnancy with two or more monochorionic fetuses
O30.22-	Quadruplet pregnancy with two or more monoamniotic fetuses
O30.23-	Quadruplet pregnancy, quadrachorionic/quadra-amniotic
O30.29-	Quadruplet pregnancy, unable to determine chorion/amnion
O30.80-	Other specified multiple gestation, unspecified chorion/amnion
O30.81-	Other specified multiple gestation with two or more monochorionic fetuses
O30.82-	Other specified multiple gestation with two or more monoamniotic fetuses
O30.83-	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses
O30.89-	Other specified multiple gestation, unable to determine chorion/amnion
O30.9-	Multiple gestation, unspecified

Code	Description
O31.01X-	Papyraceous fetus, first trimester
O31.02X-	Papyraceous fetus, second trimester
O31.03X-	Papyraceous fetus, third trimester
O31.11X-	Continuing pregnancy after spontaneous abortion of one fetus or more, first trimester
O31.12X-	Continuing pregnancy after spontaneous abortion of one fetus or more, second trimester
O31.13X-	Continuing pregnancy after spontaneous abortion of one fetus or more, third trimester
O31.21X-	Continuing pregnancy after intrauterine death of one fetus or more, first trimester
O31.22X-	Continuing pregnancy after intrauterine death of one fetus or more, second trimester
O31.23X-	Continuing pregnancy after intrauterine death of one fetus or more, third trimester
O31.31X-	Continuing pregnancy after elective fetal reduction of one fetus or more, first trimester
O31.32X-	Continuing pregnancy after elective fetal reduction of one fetus or more, second trimester
O31.33X-	Continuing pregnancy after elective fetal reduction of one fetus or more, third trimester
O31.8X1-	Other complications specific to multiple gestation, first trimester
O31.8X2-	Other complications specific to multiple gestation, second trimester
O31.8X3-	Other complications specific to multiple gestation, third trimester

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support a pregnancy with a multiple gestation.

Diagnosis: Pregnancy

Evidence: 33 y.o F presents for 12 week, 2 days gestation based on LMP, noted on 8 wk US tri/tri gestation

Evaluation: Triplet pregnancy, trichorionic/triamniotic

Plan: Return for follow up in 4 weeks, monitor for concerning symptoms, repeat US

Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care.

Diagnosis:
 Pregnancy
- Weeks gestation
- LMP/EDD

Status:
 Multiple Pregnancy
- Number of amniotic sacs
- Number of placentas
- Number of fetuses

Plan:
- Complication monitoring
- Symptom management
- Pregnancy monitoring

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CLINICAL DOCUMENTATION

- **Specificity is key**! Always indicate the weeks gestation, estimated delivery date, any related conditions, and use verbiage to indicate a multiple gestation and the count of amnion and chorion.

- Complications in pregnancy should **always be documented** with the etiology clarified as either preexisting or gestational.

- Documentation should **always include DEEP elements** for a multiple gestation to show clinical evidence of the presence. Incorporate history, tests, imaging, signs and symptoms and document any and all associated treatments.

- When documenting a pregnancy be sure to **document all factors** to get a complete picture of the patients' health status.

- DSP should be applied for pregnancy **as well as** for the resulting outcome. Status should be apparent by identifying the weeks gestation, the number of current gestations and any pregnancy events and risks.

- Avoid using **uncertain terms** for a present and active gestation which include: probable, suspected, likely, questionable, possible, still to be ruled out, compatible with, or consistent with

- Avoid documenting active pregnancy as a "history of" as this suggests a **resolved status** and causes conflict within the documentation.

- Confirmation should be found within the documentation representing the **complications of the pregnancy, severity of illness** and any resulting outcomes.

For more resources go to:

HIOSCAR.COM/PROVIDERS/RESOURCES