

CLINICAL DOCUMENTATION

Pregnancy: Ectopic & Molar

EMERGENT CONDITION SERIES

An ectopic pregnancy occurs when a fertilized egg implants and grows outside of the uterus, typically in one of the fallopian tubes, but can also occur in other locations such as the ovary, abdomen, or cervix. A molar pregnancy, also known as gestational trophoblastic disease, is a rare abnormality of pregnancy where abnormal tissue grows in the uterus instead of a normal fetus. The two types of molar pregnancies are complete or incomplete/partial.

ICD-10 CODES

000.00 Abdominal pregnancy without intrauterine pregnancy	001.9 Hydatidiform mole, unspecified
000.01 Abdominal pregnancy with intrauterine pregnancy	002.0 Blighted ovum and nonhydatidiform mole (Molar pregnancy NEC)
000.101 Right tubal pregnancy without intrauterine pregnancy	008.0 Genital tract and pelvic infection following ectopic and molar pregnancy
000.102 Left tubal pregnancy without intrauterine pregnancy	008.1 Delayed or excessive hemorrhage following ectopic and molar pregnancy
000.109 Unspecified tubal pregnancy without intrauterine pregnancy	008.5 Metabolic disorders following an ectopic and molar pregnancy
000.111 Right tubal pregnancy with intrauterine pregnancy	008.6 Damage to pelvic organs and tissues following an ectopic and molar pregnancy
000.112 Left tubal pregnancy with intrauterine pregnancy	008.7 Other venous complications following an ectopic and molar pregnancy
000.119 Unspecified tubal pregnancy with intrauterine pregnancy	008.81 Cardiac arrest following an ectopic and molar pregnancy
000.201 Right ovarian pregnancy without intrauterine pregnancy	008.82 Sepsis following ectopic and molar pregnancy
000.202 Left ovarian pregnancy without intrauterine pregnancy	008.83 Urinary tract infection following an ectopic and molar pregnancy
000.209 Unspecified ovarian pregnancy without intrauterine pregnancy	008.89 Other complications following an ectopic and molar pregnancy
000.211 Right ovarian pregnancy with intrauterine pregnancy	008.9 Unspecified complication following an ectopic and molar pregnancy
000.212 Left ovarian pregnancy with intrauterine pregnancy	
000.219 Unspecified ovarian pregnancy with intrauterine pregnancy	
000.80 Other ectopic pregnancy without intrauterine pregnancy	
000.81 Other ectopic pregnancy with intrauterine pregnancy	
000.90 Unspecified ectopic pregnancy without intrauterine pregnancy	
000.91 Unspecified ectopic pregnancy with intrauterine pregnancy	
001.0 Classical hydatidiform mole (Complete)	
001.1 Incomplete and partial hydatidiform mole	

****All conditions in this category are considered emergent.**

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support a pregnancy and complications.

Diagnosis: Pregnancy, 7 weeks, 1 day by LMP

Evidence: US shows embryo in left Fallopian tube, CRL of 3.3cm; mild pain LLQ

Evaluation: Left tubal pregnancy without rupture and without intrauterine pregnancy

Plan: Start methotrexate, repeat US scheduled in 1 week, ER if symptoms worsen

Final Assessment Details

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

Diagnosis:

Pregnancy

- Weeks gestation
- LMP, EDD

Status:

Current location (still present)

- With complications
- Without complications

Plan:

- Pharmacologic intervention
- Surgical intervention
- Watchful waiting
- Complication treatment
- Symptom management

BEST PRACTICES & TIPS

- **Specificity is key!** Always indicate the weeks gestation, estimated delivery date, the viability if in early pregnancy, and use verbiage to solidify any complications of the pregnancy.
- When documenting pregnancy termination and its etiology, 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 and any pregnancy events.
- Avoid using **uncertain terms** for present and active pregnancy which include: probable, suspected, likely, questionable, possible, still to be ruled out, compatible with, or consistent with.
- Documentation should **always include DEEP elements** to show clinical evidence of a pregnancy as well as any contributing conditions. Incorporate tests, imaging, signs and symptoms and document any and all associated treatments with each corresponding final diagnosis.
- If a pregnancy and termination was **resolved** it is important to document this as a personal history as it may impact future care.
- 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 **location of the pregnancy** and any resulting complications.



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