

Pregnancy: Abortive Outcome

A pregnancy with abortive outcome is one in which the fetus does not survive beyond 20 weeks gestation due to natural or spontaneous causes, or elective termination. A missed abortion is a fetal death occurring before 20 weeks gestation with the retention of the fetus.

ICD-10 CODES

- O02.1** Missed abortion
- O02.81** Inappropriate change in quantitative hCG in early pregnancy
- O02.89** Other abnormal products of conception
- O02.9** Abnormal product of conception, unspecified
- O03.0** Genital tract and pelvic infection following incomplete spontaneous abortion
- O03.1** Delayed or excessive hemorrhage following incomplete spontaneous abortion
- O03.2** Embolism following incomplete spontaneous abortion
- O03.3-** Complication following incomplete spontaneous abortion
- O03.4** Incomplete spontaneous abortion without complication
- O03.5** Genital tract and pelvic infection following incomplete spontaneous abortion
- O03.6** Delayed or excessive hemorrhage following complete or unspecified spontaneous abortion
- O03.7** Embolism following complete or unspecified spontaneous abortion
- O03.8-** Complication following complete or unspecified spontaneous abortion
- O03.9** Complete or unspecified spontaneous abortion without complication

- O04.5** Genital tract and pelvic infection following (induced) termination of pregnancy
- O04.6** Delayed or excessive hemorrhage following (induced) termination of pregnancy
- O04.7** Embolism following (induced) termination of pregnancy
- O04.8-** (Induced) termination of pregnancy with complications
- O07.0** Genital tract and pelvic infection following failed attempted termination of pregnancy
- O07.1** Delayed or excessive hemorrhage following failed attempted termination of pregnancy
- O07.2** Embolism following failed attempted termination of pregnancy
- O07.3-** Failed attempted termination of pregnancy complications
- O07.4** Failed attempted termination of pregnancy without complication

The final digit for codes above represents a complication following the abortion

- | | |
|-------------------------------|----------------------------------|
| 1: Shock | 6: Cardiac arrest |
| 2: Renal failure | 7: Sepsis |
| 3: Metabolic disorder | 8: UTI |
| 4: Pelvic organ damage | 9: Other specified complications |
| 5: Other venous complications | |

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support an abortion and complications.

Diagnosis: Miscarriage

Evidence: Retained POC, HcG <250, urinalysis WBC <22 leukocyte esterase positive

Evaluation: UTI following incomplete miscarriage

Plan: Start misoprostal and antibiotics, continue to monitor HcG with repeat labs, US scheduled to confirm complete miscarriage

Final Assessment Details

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

Diagnosis:

Pregnancy

- Weeks gestation
- LMP, EDD

Status:

Current Abortive outcome (still actively happening)

- With complications
- Without complications

Historical Abortive outcome (recently completed)

- 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, the abortion type, and use verbiage to solidify the stage of the abortion.
- 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 pregnancy events.
- Documentation should **always include DEEP elements** for pregnancy to show clinical evidence as well as any contributing conditions. Incorporate tests, imaging, signs and symptoms of each disease and document any and all associated treatments with each corresponding final diagnosis.
- If a pregnancy and termination is complete, it is **important** to document this as a personal history as it may impact future care.
- **Avoid** documenting active miscarriage 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 **stage of the miscarriage** and any resulting complications.
- The absence of symptoms and/or negative lab results **confirms a concluded pregnancy** and abortion, and should be represented as history.



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