

Pregnancy: High Risk Supervision

A high-risk pregnancy is loosely defined as one with the potential to give rise to complications or that increases the mortality risk to the mother or baby.

ICD-10 CODES

- O09.0-** Supervision of pregnancy with history of infertility
- O09.1-** Supervision of pregnancy with history of ectopic pregnancy
- O09.A-** Supervision of pregnancy with history of molar pregnancy
- O09.21-** Supervision of pregnancy with history of pre-term labor
- O09.29-** Supervision of pregnancy with other poor reproductive or obstetric history
- O09.3-** Supervision of pregnancy with insufficient antenatal care
- O09.4-** Supervision of pregnancy with grand multiparity (defined as more than 4 live births)
- O09.51-** Supervision of elderly primigravida (age >35)
- O09.52-** Supervision of elderly multigravida (age >35)
- O09.61-** Supervision of young primigravida (age <16)

- O09.62-** Supervision of young multigravida (age <16)
- O09.7-** Supervision of high risk pregnancy due to social problems
- O09.81-** Supervision of pregnancy resulting from assisted reproductive technology
- O09.82-** Supervision of pregnancy with history of in utero procedure during previous pregnancy
- O09.89-** Supervision of other high risk pregnancies
- O09.9-** Supervision of high risk pregnancy, unspecified

Final digit for code represents the trimester of the pregnancy

| | |
|---------------------|--------------------|
| 1: First Trimester | 3: Third Trimester |
| 2: Second Trimester | |

*Supervision codes are only applied when details are explicitly documented.

DOCUMENTATION ACRONYM

DEEP Diagnosis Elements

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

Diagnosis: Pregnancy

Evidence: 36 y.o F presents for 12 week, 2 days gestation based on LMP, history of multiple miscarriages

Evaluation: supervision of high risk pregnancy, elderly multigravida with poor obstetric history

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

Final Assessment Details

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

Diagnosis:

Pregnancy

- Weeks gestation
- LMP

Status:

Supervision of high risk pregnancy

- Current risk factors
- Historical risk factors

Plan:

- Complication treatment
- Symptom management
- Pregnancy monitoring

- **Specificity is key!** Always indicate the weeks gestation, any risk factors, and use verbiage to solidify the stage of the pregnancy.
- 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 and pregnancy events and risks.
- 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** for pregnancy to show clinical evidence as well as any contributing factors and conditions. Incorporate history, tests, imaging, signs and symptoms and document any and all associated treatments.
- Avoid documenting active pregnancy as a "history of" as this suggests a **resolved status** and causes conflict within the documentation.
- Supervision of high risk pregnancy must be **explicitly documented** with the history or specific risk factor details to ensure proper care for the patients.
- High risk pregnancy is **not appropriate** to document for a delivery encounter or postpartum, as the risks did not manifest into a complication.
- Confirmation should be found within the documentation representing the **complications of the pregnancy** and any resulting outcomes.



For more resources go to:
HIOSCAR.COM/PROVIDERS/RESOURCES

