

Pregnancy: Fetal Health

Pregnancy complications related to fetal health includes confirmed or suspected damage to the fetus that alter the management and care of the mother. Malpositions, abnormal growth or heart rhythms, congenital conditions, malformations or abnormalities, and other problems in the fetus are some of the conditions that may warrant the additional care.

ICD-10 CODES

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	

Maternal care for:

O32.0XX-	fetal unstable lie	O35.4XX-	damage to fetus from alcohol
O32.1XX-	fetal breech presentation	O35.5XX-	damage to fetus by drugs
O32.2XX-	fetal transverse and oblique lie	O35.6XX-	damage to fetus by radiation
O32.3XX-	fetal face, brow and chin presentation	O35.7XX-	damage to fetus by other medical procedures
O32.4XX-	fetal high head at term	O35.8XX-	other fetal abnormality and damage
O32.6XX-	fetal compound presentation	O36.011-	anti-D [Rh] antibodies, first trimester
O32.8XX-	fetal other malpresentation of fetus	O36.012-	anti-D [Rh] antibodies, second trimester
O32.9XX-	malpresentation of fetus, unspecified	O36.013-	anti-D [Rh] antibodies, third trimester
O33.5XX-	disproportion due to unusually large fetus	O36.091-	other rhesus isoimmunization, first trimester
O33.6XX-	disproportion due to hydrocephalic fetus	O36.092-	other rhesus isoimmunization, second trimester
O33.7XX-	disproportion due to other fetal deformities	O36.093-	other rhesus isoimmunization, third trimester
O35.00X-	CNS malformation or damage in fetus, unspecified	O36.111-	Anti-A sensitization, first trimester
O35.01X-	fetal agenesis of the corpus callosum	O36.112-	Anti-A sensitization, second trimester
O35.02X-	fetal anencephaly	O36.113-	Anti-A sensitization, third trimester
O35.03X-	fetal choroid plexus cysts	O36.191-	other isoimmunization, first trimester
O35.04X-	fetal encephalocele	O36.192-	other isoimmunization, second trimester
O35.05X-	fetal holoprosencephaly	O36.193-	other isoimmunization, third trimester
O35.06X-	fetal hydrocephaly	O36.21X-	hydrops fetalis, first trimester
O35.07X-	fetal microcephaly	O36.22X-	hydrops fetalis, second trimester
O35.08X0-	fetal spina bifida	O36.23X-	hydrops fetalis, third trimester
O35.09X-	other CNS malformation or damage in fetus	O36.4XX-	intrauterine death
O35.10X-	chromosomal abnormality in fetus, unspecified	O36.511-	placental insufficiency, first trimester
O35.11X-	fetal Trisomy 13	O36.512-	placental insufficiency, second trimester
O35.12X-	fetal Trisomy 18	O36.513-	placental insufficiency, third trimester
O35.13X-	fetal Trisomy 21	O36.591-	poor fetal growth, first trimester
O35.14X-	fetal Turner Syndrome	O36.592-	poor fetal growth, second trimester
O35.15X-	fetal sex chromosome abnormality	O36.593-	poor fetal growth, third trimester
O35.19X-	other fetal chromosomal abnormality	O36.61X-	excessive fetal growth, first trimester
O35.AXX-	fetal facial anomalies	O36.62X-	excessive fetal growth, second trimester
O35.BXX-	fetal cardiac anomalies	O36.63X-	excessive fetal growth, third trimester
O35.CXX-	fetal pulmonary anomalies	O36.71X-	viable fetus in abdominal pregnancy, first trimester
O35.DXX-	fetal gastrointestinal anomalies	O36.72X-	viable fetus in abdominal pregnancy, second trimester
O35.EXX-	fetal genitourinary anomalies	O36.73X-	viable fetus in abdominal pregnancy, third trimester
O35.FXX-	fetal musculoskeletal anomalies of trunk	O36.80X-	Pregnancy with inconclusive fetal viability
O35.GXX-	fetal upper extremities anomalies	O36.812-	Decreased fetal movements, second trimester
O35.HXX-	fetal lower extremities anomalies	O36.813-	Decreased fetal movements, third trimester
O35.2XX-	hereditary disease in fetus	O36.821-	Fetal anemia and thrombocytopenia, first trimester
O35.3XX-	damage to fetus from viral disease in mother	O36.822-	Fetal anemia and thrombocytopenia, second trimester
		O36.823-	Fetal anemia and thrombocytopenia, third trimester
		O36.831-	fetal heart rate abnormalities, first trimester
		O36.832-	fetal heart rate abnormalities, second trimester
		O36.833-	fetal heart rate abnormalities, third trimester
		O36.891-	other specified fetal problems, first trimester
		O36.892-	other specified fetal problems, second trimester
		O36.893-	other specified fetal problems, third trimester

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

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

Diagnosis: Pregnancy

Evidence: 33 y.o F presents for 37 week, 5 days gestation based on LMP, US today shows single gestation in breech position, noted possible fetal syntactyly on rt toes

Evaluation: Pregnancy, third trimester, with single breech gestation, noted fetal syndactyly rt foot

Plan: Return in 1 week to monitor fetal positioning, to discuss options for delivery if still breech

Final Assessment Details

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

Diagnosis:

Pregnancy

- Weeks gestation
- LMP, EDD

Status:

Fetal Complications

- Specific complication

Plan:

- Complication management
- Symptom management
- Pregnancy monitoring

****Many fetal complications in pregnancy are considered suspected based on limited information during pregnancy. On the maternal record these should be treated as present and active, and coded and documented as such because they are necessitating additional care of the pregnancy and cannot be confirmed with certainty until delivery.**

BEST PRACTICES & TIPS

- **Specificity is key!** Always indicate the weeks gestation, estimated delivery date, any complications, and use verbiage to represent the expected outcome of the pregnancy.
- Fetal complications in pregnancy should **always include DEEP elements** to show **clinical evidence** of the conditions that warrant additional maternal care. 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.
- 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



For more resources go to:

HIOSCAR.COM/PROVIDERS/RESOURCES

