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CLINICAL DOCUMENTATION

Pregnancy: Diabetes

Diabetes can be a pre-existing condition or brought on by the pregnancy itself (gestational) and can increase the potential for adverse health conditions in the mother and the neonate. This condition is classified based on the type of diabetes (e.g., Type 1, Type 2) or by the timing of the onset (e.g., during a pregnancy, pre-existing).

ICD-10 CODES

O24.01- Pre-existing type 1 diabetes mellitus, in pregnancy

O24.02 Pre-existing type 1 diabetes mellitus, in childbirth

O24.03 Pre-existing type 1 diabetes mellitus, in the puerperium

O24.11- Pre-existing type 2 diabetes mellitus, in pregnancy

O24.12 Pre-existing type 2 diabetes mellitus, in childbirth

O24.13 Pre-existing type 2 diabetes mellitus, in the puerperium

O24.31- Unspecified pre-existing diabetes mellitus in pregnancy

O24.32 Unspecified pre-existing diabetes mellitus in childbirth

O24.33 Unspecified pre-existing diabetes mellitus in the puerperium

O24.410 Gestational diabetes mellitus in pregnancy, diet controlled

O24.414 Gestational diabetes mellitus in pregnancy, insulin controlled

O24.415 Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs

O24.419 Gestational diabetes mellitus in pregnancy, unspecified control

O24.42- Gestational diabetes mellitus in childbirth

O24.43- Gestational diabetes mellitus in the puerperium

O24.81- Other pre-existing diabetes mellitus in pregnancy

O24.82 Other pre-existing diabetes mellitus in childbirth

O24.83 Other pre-existing diabetes mellitus in the puerperium

O24.91- Unspecified diabetes mellitus in pregnancy

O24.92 Unspecified diabetes mellitus in childbirth

O24.93 Unspecified diabetes mellitus in the puerperium

The final digit for codes above represents the trimester of the pregnancy	
1: First Trimester	3: Third Trimester
2: Second Trimester	

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

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

Diagnosis: Pregnancy

Evidence: 33 y.o F presents for 12 week, 2 days gestation based on LMP, abnormal GTT and started logging fbs readings since last week

Evaluation: Gestational diabetes mellitus, diet controlled

Plan: Return for follow up in 2 weeks, monitor for increased in blood sugar

Final Assessment Details

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

Diagnosis:
- **Pregnancy**
  - Weeks gestation
  - LMP, EDD

Status:
- **Diabetes**
  - Pre-existing
    - Type
  - Gestational
    - Control method

Plan:
- Diabetes treatment
- Symptom management
- Pregnancy monitoring

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CLINICAL DOCUMENTATION

- **Specificity is key**! Always indicate the weeks gestation, estimated delivery date, any diabetic related conditions, and use verbiage to solidify the severity of the pregnancy complications.

- Diabetic related disease in pregnancy should **always be documented** with the etiology clarified as either pre-existing or gestational.

- Documentation should **always include DEEP elements** for diabetes to show clinical evidence of the severity and type. 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 and any 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

- 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