



**ACOG**

The American College of  
Obstetricians and Gynecologists

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# **CODING FOR INDUCED ABORTION AND PREGNANCY LOSS**

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# OBJECTIVES

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**At the completion of this course, the engaged learner will:**

- Apply knowledge of diagnostic and procedural coding to clinical scenarios involving induced abortion
- Apply knowledge of diagnostic and procedural coding to clinical scenarios involving early pregnancy loss
- Apply knowledge of diagnostic and procedural coding to clinical scenarios involving pregnancy of unknown location
- Appreciate the importance of engagement with coding, billing, and finance colleagues

# DISCLOSURES

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- Lisa Hofler, MD, MPH, MBA has no financial disclosures related to the content of this presentation.

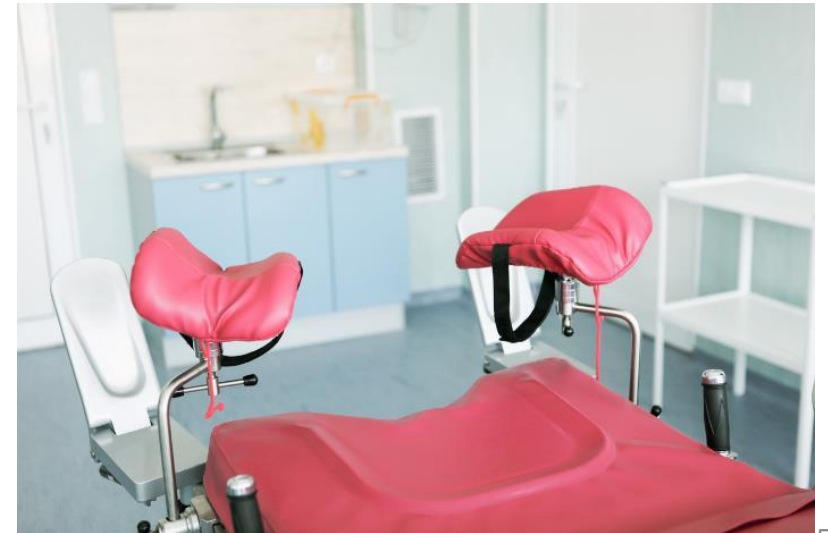
# CODING FOR INDUCED ABORTION

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Correct diagnostic and procedural coding in cases of induced abortion depends on the following:

- **Why** was the procedure performed?
  - (e.g., indications for procedure, pregnancy complicated by some condition)
- **When** during the pregnancy was the procedure performed?
  - (e.g., gestational age)
- **How** was the procedure performed?
  - (e.g., medication/procedure)
- **Which** specific procedure was performed?
  - (e.g., D&C, D&E, medication abortion)



# TERMINOLOGY: DEFINING TRIMESTERS

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TRIMESTER	ACOG DEFINITION	ICD-10 DEFINITION
<b>First trimester</b>	First day of last menstrual period (day 0) Up to and including 13 weeks 6 days	Less than 14 weeks 0 days
<b>Second trimester</b>	14 weeks 0 days Up to and including 27 weeks 6 days	14 weeks 0 days to Less than 28 weeks 0 days
<b>Third trimester</b>	28 weeks or more	28 weeks 0 days to delivery

# PROCEDURAL INDUCED ABORTION

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POSSIBLE CODE	DESCRIPTION
59840	By D&C any trimester
59841	By D&E 14 weeks to 20 weeks
59841-22	20 weeks or more

# MEDICATION ABORTION BEFORE 20 WEEKS

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POSSIBLE CODE	DESCRIPTION
E/M Code	Medication abortion before 20 weeks
S0190	Mifepristone, oral, 200 mg
Ultrasound Codes	If applicable

# MEDICATION ABORTION BEFORE 20 WEEKS

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POSSIBLE CODE	DESCRIPTION
S0199	<p>Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by hcg, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs. Generally considered "all-inclusive," except for the medications.</p>

# MEDICATION ABORTION BEFORE 20 WEEKS

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POSSIBLE CODE	DESCRIPTION
59850	Intra-amniotic injections before 20 weeks, including hospital admission and visits
59851	Intra-amniotic injections before 20 weeks, including hospital admission and visits, with D&C or D&E
59852	Intra-amniotic injections before 20 weeks, including hospital admission and visits, with hysterotomy

# MEDICATION ABORTION BEFORE 20 WEEKS

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POSSIBLE CODE	DESCRIPTION
59855	Vaginal suppositories before 20 weeks, including hospital admission and visits
59856	Vaginal suppositories before 20 weeks, including hospital admission and visits, with D&C or D&E
59857	Vaginal suppositories before 20 weeks, including hospital admission and visits, with hysterotomy

# INDUCED ABORTION AFTER 20 WEEKS

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Coding rules indicate that a medication abortion after 20 weeks 0 days is reported using a delivery code.

D&E after 20 weeks should be reported using a -22 modifier (59841-22).

States and payers may have their own policies that should be confirmed prior to submitting a claim.



# INDUCED ABORTION IN THE CASE OF MEDICAL CONDITIONS

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- Code the specific medical diagnosis
  - All patients with preexisting conditions will have at least one medical diagnosis plus an OXX code indicating “pregnancy complicated by...” that cross-references their “nonpregnant” diagnosis



# TANYA

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- Tanya is a 27 yo G1 at 8 weeks with secondary pulmonary hypertension due to chronic pulmonary emboli. She sees Dr. Odom for pregnancy termination.
  - O99.411 Diseases of the circulatory system complicating pregnancy, first trimester
  - I27.2 Chronic thromboembolic pulmonary hypertension
  - I27.82 Chronic pulmonary embolism

# INDUCED ABORTION IN THE CASE OF MEDICAL CONDITIONS

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- Code the specific medical diagnosis
  - Patients whose condition only occurs in pregnancy will only have an OXX code indicating “pregnancy complicated by...”



# JASMINE

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- Jasmine is a 37 yo G6 P4 who develops new cardiomyopathy at 18 weeks. She is admitted to the hospital and after consultation with her family and her medical team, Jasmine has an induced abortion.
- O90.3 Peripartum cardiomyopathy



# VERONICA

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- Veronica is a 20 yo G1 who develops HELLP syndrome at 20 weeks. She is admitted to the hospital and after consultation with her family and her medical team, Veronica has an induced abortion.
- O14.22 HELLP syndrome, second trimester



# INDUCED ABORTION IN THE CASE OF MEDICAL CONDITIONS

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- Code the specific medical diagnosis
  - Pregnancies with fetal complications will have a fetal diagnosis code



# JENNIFER

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- Jennifer is a 39 yo G2P0 whose anatomy ultrasound showed concerning findings three weeks ago. She had an amniocentesis and the results returned with Trisomy 18. She and her partner see Dr. Brown at 21 weeks for pregnancy termination.
  - O35.12X0 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18, singleton fetus

# INDUCED ABORTION IN THE CASE OF RAPE

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- Code the specific medical diagnosis
- T74.21: Adult sexual abuse, confirmed
  - Synonyms: Rape, confirmed; sexual assault, confirmed
  - Must code 7<sup>th</sup> character: (A) initial encounter; (S) sequela
- T74.22: Child sexual abuse, confirmed
  - Synonyms: Rape, confirmed; sexual assault, confirmed
  - Must code 7<sup>th</sup> character: (A) initial encounter; (S) sequela

# INDUCED ABORTION IN THE CASE OF RAPE

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- Code the specific medical diagnosis
- T76.21: Adult sexual abuse, suspected
  - Synonyms: Rape, suspected; sexual assault, suspected
  - Must code 7<sup>th</sup> character: (A) initial encounter; (S) sequela
- T76.22: Child sexual abuse, suspected
  - Synonyms: Rape, suspected; sexual assault, suspected
  - Must code 7<sup>th</sup> character: (A) initial encounter; (S) sequela

# FOLLOW UP AFTER MEDICATION ABORTION

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- Correct coding for follow up after medication abortion will depend on the patient's diagnosis and any additional testing and treatment that may be required.



# MICHELLE

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- Michelle is a 27 yo G1 who sees Dr. Delgado for abortion care. Dr. Delgado performs an ultrasound which shows an intrauterine pregnancy at 8 weeks. Dr. Delgado and Michelle discuss abortion options and she chooses medication abortion.
  - Z33.2 Encounter for termination of pregnancy
  - E/M code Appropriate to level of visit
  - Ultrasound code Appropriate to the ultrasound performed
  - S0190 Mifepristone, 200 mg

# MICHELLE

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- Michelle returns to Dr. Delgado's office two weeks later with continued pregnancy symptoms. Dr. Delgado performs a follow-up ultrasound which shows an empty gestational sac. This time Michelle chooses procedural management.

- O02.1 Missed abortion
- Ultrasound code Appropriate to any ultrasound performed with modifier 26
- 59820 Missed abortion, treated surgically, first trimester

# CODING FOR EARLY PREGNANCY LOSS

# TERMINOLOGY: TYPES OF PREGNANCY LOSS

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- **Early pregnancy loss:** A nonviable, intrauterine pregnancy with either an empty gestational sac or a gestational sac containing an embryo or fetus without fetal heart activity within the first 12 6/7 weeks of gestation.
- In the first trimester, the terms **miscarriage**, **spontaneous abortion**, and **early pregnancy loss** are used interchangeably, and there is no consensus on terminology in the literature.

# TERMINOLOGY: TYPES OF PREGNANCY LOSS

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- **Missed abortion:** An empty gestational sac, blighted ovum, or a fetus or fetal pole without cardiac motion prior to completion of 20 weeks 0 days gestation.
  - O02.1: Missed abortion



# TERMINOLOGY: TYPES OF PREGNANCY LOSS

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- **Incomplete abortion:** The expulsion of some, but not all, products of conception.
  - O03.4: Incomplete spontaneous abortion without complication



# TERMINOLOGY: TYPES OF PREGNANCY LOSS

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- **Septic abortion:** Infected products of conception.
  - O03.87: Sepsis following complete or unspecified spontaneous abortion



# CODING FOR EARLY PREGNANCY LOSS

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Correct diagnostic and procedural coding in cases of early pregnancy loss depends on the following:

- **Why** was the procedure performed?
  - (e.g., missed or incomplete, pregnancy complicated by some condition)
- **When** during the pregnancy was the procedure performed?
  - (e.g., gestational age)
- **How** was the procedure performed?
  - (e.g., medication/procedure)
- **Which** specific procedure was performed?
  - (e.g., D&C, D&E, procedural treatment of incomplete or septic AB)

# TERMINOLOGY: DEFINING TRIMESTERS

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<b>Third trimester</b>	28 weeks or more	28 weeks 0 days to delivery

# PROCEDURAL MANAGEMENT

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POSSIBLE CODE	DESCRIPTION
59820	Missed abortion before 14 weeks
59821	Missed abortion 14 weeks to 20 weeks
Delivery Code	Missed abortion 20 weeks or more

# PROCEDURAL MANAGEMENT

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POSSIBLE CODE	DESCRIPTION
59812	Incomplete abortion, any trimester
59830	Septic abortion, any trimester

# MEDICATION BEFORE 20 WEEKS

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POSSIBLE CODE	DESCRIPTION
E/M Code	Medication management before 20 weeks
S0190	Mifepristone, oral, 200 mg
Ultrasound Codes	If applicable

# PREGNANCY LOSS AFTER 20 WEEKS

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Coding rules indicate that pregnancy Loss management after 20 weeks 0 days is reported using a delivery code.

D&E after 20 weeks should be reported using a delivery code.

States and payers may have their own policies that should be confirmed prior to submitting a claim.



# KATHERINE

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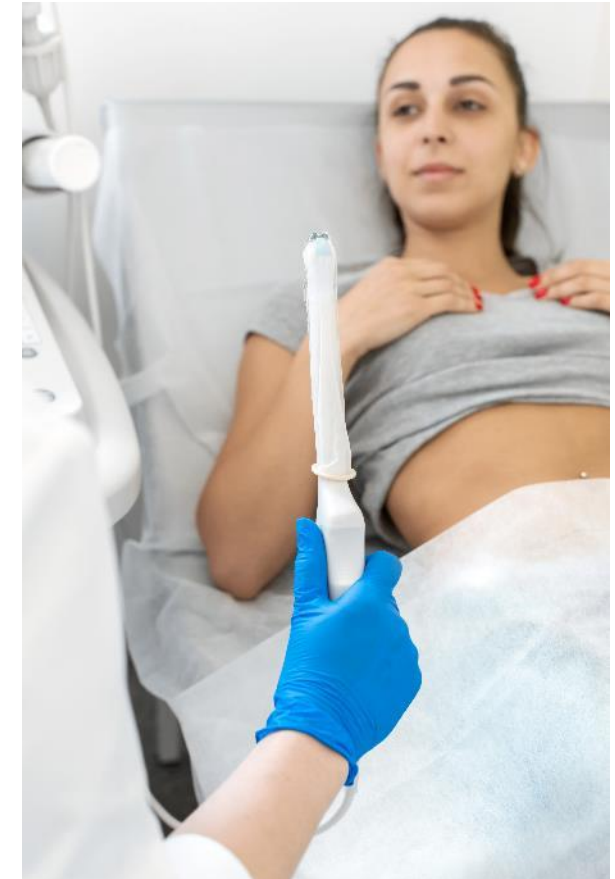
- Katherine is a 40 yo G1 at 17 weeks who was diagnosed with previable preterm premature rupture of membranes (PPROM) three days ago. She is brought in by ambulance with fever, tachycardia, and hypotension. She is diagnosed with septic abortion and is treated with antibiotics and dilation and evacuation.
  - O03.87 Septic abortion
  - O42.11 PPRM, onset of labor more than 24 hours following rupture, second trimester
  - 59830 Septic abortion, treated surgically

# CODING FOR PREGNANCY OF UNKNOWN LOCATION

# PREGNANCY OF UNKNOWN LOCATION

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- **Pregnancy of unknown location:** Pregnancy of unknown location generally occurs in very early pregnancy, when a pregnancy test is positive but there is no pregnancy seen on ultrasound.
  - **Z32.01:** Encounter for pregnancy test, result positive
  - **Z33.1:** Pregnant state, incidental



# PREGNANCY OF UNKNOWN LOCATION

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- Correct coding for follow up pregnancy of unknown location will depend on the patient's diagnoses and any additional testing and treatment that may be required.



# SOPHIA

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- Sophia is a 38 yo G3P2 with irregular periods who has a positive pregnancy test at home. Dr. Ravichandran orders an ultrasound which does not show a pregnancy. Dr. Ravichandran orders a quantitative human chorionic gonadotropin (hCG) level which returns at 646 mIU/mL.
  - Z32.01      Encounter for pregnancy test, result positive
  - E/M code      Appropriate to level of visit

# SOPHIA

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- Sophia has another hCG level drawn 48 hours later which returns at 682 mIU/mL. Dr. Ravichandran and Sophia discuss the abnormal hCG level. Sophia chooses uterine aspiration hoping to diagnose her abnormal pregnancy of unknown location quickly.
  - O02.81 Inappropriate change in quantitative human chorionic gonadotropin (hCG) in early pregnancy
  - 59820 Treatment of missed abortion, completed surgically, first trimester

# INDUCED ABORTION AND PREGNANCY LOSS CODING

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- This bring us to the conclusion of this module. Please look out for the next module on Long-Acting Reversible Contraception (LARC) codes, with more coding scenarios.



# Resources

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- ACOG's Payment Advocacy and Policy Portal
- <https://acogcoding.Freshdesk.com>

