

Coding for Early Pregnancy Loss Management

In an outpatient setting

Accurate coding for early pregnancy loss care can vary from payor to payor. It is important to check with individual payors to determine the appropriate ICD-10 and CPT codes to use to ensure reimbursement.

ICD-10 Diagnosis Codes: Routine Early Pregnancy Loss

- O03 Spontaneous Abortion
- 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 Other and unspecified complications following incomplete spontaneous abortion
- O03.4 Incomplete spontaneous abortion without complication
- O03.5 Genital tract and pelvic infection following complete or unspecified spontaneous abortion
- O03.6 Delayed or excessive hemorrhage following complete or unspecified spontaneous abortion
- O03.7 Embolism following complete or unspecified spontaneous abortion
- O03.80 Unspecified complication following complete or unspecified spontaneous abortion
- O03.9 Complete or unspecified spontaneous abortion (pregnancy loss) without complication

ICD-10 Diagnosis Codes: Other Abnormal Products of Conception

- O02 Other abnormal products of conception
- O02.0 Anembryonic pregnancy (blighted ovum)
- O02.1 Embryonic demise (early fetal death, before 20 weeks gestation)
- O02.8 Other specified abnormal products of conception
- O02.81 Inappropriate change in quantitative human chorionic gonadotropin
- O02.89 Other abnormal products of conception
- O02.9 Abnormal product of conception, unspecified

Please check ICD-10 manual for other codes for spontaneous abortion with complications.

ICD-10 Diagnosis Codes: Ectopic Pregnancy

- O00 Ectopic Pregnancy
- O00.0 Abdominal Pregnancy
- O00.1 Tubal Pregnancy
- O00.2 Ovarian Pregnancy
- O00.8 Other Ectopic Pregnancy
- O00.9 Ectopic Pregnancy, unspecified

Outpatient Procedure Codes – CPT Codes

S0199 Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g. patient counseling, office visits [initial and follow-up], confirmation of pregnancy by hCG or ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs

Many payors are now using the bundled S code for medication management of early pregnancy loss, associated services and supplies, and follow-up visit. In these cases, you must bill using the “from-through” method. This code does not include the medications, and Mifepristone and Misoprostol should still be billed separately. Ultrasound and follow-up requirements will vary by payor.

Note: this is the same CPT code as an elective medication abortion, so you must select the appropriate ICD-10 code to indicate early pregnancy loss.

Payors that are not using the bundled S code will likely accept E/M codes, medication administration codes, and/or outpatient procedure codes.

- 59820 Treatment of early pregnancy loss (surgical)
- 59812 Treatment of incomplete pregnancy loss (surgical)
- 64435 Paracervical nerve block
- 99000 Specimen handling
- A4550 Surgical tray
- 90384 Rhogam 300mcg (full dose, for use after 12 weeks gestational age)
- 90385 Micro Rhogam 50mcg (for use before 12 weeks gestational age)

Ultrasound

- 76817 Transvaginal ultrasound, pregnant uterus
- 76815 Limited ultrasound, pregnant uterus
- 76801 Ultrasound for pregnancy viability, first trimester

Medication Administration Codes – HCPCS

- J2001 Lidocaine injection
- J2210 Methergine (methylergonovine maleate)
- J2788 Micro Rhogam
- J2790 Rhogam full dose

To be reimbursed for medications you will need to bill the ICD-10 codes **with** the S codes.

- S0190 Mifepristone, oral, 200 mg (Mifeprex®)
- S0191 Misoprostol, oral, 200mcg

Almost all payors are now using the S codes for Mifepristone and Misoprostol. Each insurance carrier may reimburse for mifepristone using a different code. The name of the drug (mifepristone), the dosage (200 mg.), and the 11-digit national drug code (NDC) from the drug package must accompany this claim. In addition, submit a copy of the drug invoice to show the cost of the drug. Some payors will allow Misoprostol to be billed per unit, up to 800 mcg. In these cases, code one unit of service per 200 mcg.

Evaluation and Management (E/M) Codes

For medical treatment of spontaneous complete abortion, any trimester, use E/M codes.

New (99202 – 99205) and established (99212 – 99215) client code selection is now based on an updated medical decision making (MDM) level OR time. Use the method most appropriate for the care given and results in the highest level code supported in the documentation. *For further guidance on using E/M codes, see the [Reproductive Health National Training Center's E/M Job Aid](#).*

Coding by MDM: level is based on the highest 2 out of the 3 elements:

Problems	Data	Risk	E/M Code
Minimal	Minimal or none	Minimal risk of morbidity	99202; 99212
Low	Limited	Low risk of morbidity	99203; 99213
Moderate	Moderate	Moderate	99204; 99214
High	Extensive	High risk of morbidity	99205; 99215

Coding by Time

New Patient	Time	Established Patient	Time
99202	15-29 min	99212	10-19 min
99203	30-44 min	99213	20-29 min
99204	45-59 min	99214	30-39 min
99205	60-74 min	99215	40-54 min

-25 Use this modifier with the appropriate E/M code to indicate that significant and separately identifiable E/M was provided on the same date of service as a procedure

Additional Coding Resources

American College of Obstetricians and Gynecologists:

- [Billing for Interruption of Pregnancy: Early Pregnancy Loss](#)

Clinical Training Center for Sexual and Reproductive Health

- [Early Pregnancy Loss Coding Job Aid](#)

Reproductive Health National Training Center:

- [Coding for Telemedicine Visits](#)
- [Evaluation and Management Codes Job Aid](#)
- [Elements of Medical Decision Making During Family Planning Visits](#)