Interrupted Pregnancy Coding

American College of Obstetricians and Gynecologists

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ACOG Committee on Coding and Nomenclature
“Interrupted Pregnancy Coding”
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Objectives

• The participant will be able to:
  – Define terms for abnormal products of conception (Hydatidiform mole, molar pregnancy, blighted ovum)
  – Define abortion procedure codes (missed, ectopic, spontaneous, septic, induced)
  – Report an abortion performed using injections or suppositories

Objectives (continued)

• Participants will be able to:
  – Link each diagnosis to the appropriate procedure code
  – Report a medical (nonsurgical) abortion
  – Understand which services may be reported in addition to abortion procedures
Hydatidiform Mole

• Definition: The cells from the fertilized egg multiply abnormally, resulting in a mass of cells resembling a cluster of grapes.

• Diagnosis code: 630 Hydatidiform mole
  – Code is reported with only 3 digits

• Procedure codes: 59870 or 59100

Hydatidiform Mole Procedure 59870

• Uterine evacuation and curettage for Hydatidiform mole
  – Transcervical approach
  – Sounding of uterus for size
  – Dilation of cervical canal
  – Evacuation of uterine cavity, any method (usually suction curettage)
  – Administration of intravenous oxytocin
  – Injection of prostaglandin into the myometrium of the uterus for hemostasis
Hydatidiform Mole Procedure 59870

• Other services that also can be reported
  – Transvaginal or transabdominal ultrasound
  – Insertion of cervical dilator by physician (59200)
  – Paracervical block (64435)
  – E/M service if appropriate
    • Antepartum care
    • Visit when condition diagnosed (modifier 57)

• Note: Post-op visits for 90 days following this procedure are included

Hydatidiform Mole Procedure 59100

• Hysterotomy, abdominal (eg, for hydatidiform mole abortion)
  – Incision into abdomen
  – Incision into uterus
  – Removal of products of conception
  – Uterine closure
  – Abdominal closure
Hydatidiform Mole Procedure 59100

• Other services that also can be reported
  – Transvaginal or transabdominal ultrasound
  – E/M service if appropriate
    • Antepartum care
    • Visit when condition diagnosed (modifier 57)

• Note: Post-op visits for 90 days following this procedure are included

Other Abnormal Products of Conception

• Mole (carneous, fleshy, stone)
  – Abnormal growth of cells develops from products of conception (POC)

• Blighted ovum
  – The fertilized egg develops a placenta and membrane but no embryo is present

• Diagnosis code: 631 Other abnormal product of conception
  – Code is reported with only 3 digits
Other Abnormal Products of Conception Procedures

- Sometimes results in spontaneous miscarriage – Report E/M Code
- Otherwise, perform either:
  - Dilation and curettage (58120)
  - Hysterotomy, abdominal (59100)

Dilation and Curettage (58120)

- Transcervical approach
- Sound uterus for size
- Dilation of cervical canal
- Uterine curettage to scrape sides of uterus and remove tissue
Dilation and Curettage 58120

- Other services that also can be reported
  - Transvaginal or transabdominal ultrasound
  - Administration of paracervical block (64435)
  - Insertion of cervical dilator by physician (59200)
  - E/M service if appropriate
    - Antepartum care
    - Visit when condition diagnosed (modifier 57)
- Note: Post-op visits for 10 days following this procedure are included

Missed Abortion

- Definition: An empty gestational sac, blighted ovum or a fetus or fetal pole with a heartbeat prior to completion of 20 weeks 0 days gestation.
  - Note: ICD-9-CM defines as 22 weeks
  - Note: ACOG defines as 20 weeks
- If beyond this period of time, use “missed delivery” code 656.43 instead
Missed Abortion

• Diagnosis code: 632 Missed abortion
  – Code is reported with only 3 digits

• “…not following spontaneous or induced abortion or delivery”

Missed Abortion Procedures
59820-59821

• Procedures designate trimesters
  – First Trimester – First day of last menstrual period (day 0) to less than 14 weeks (13 weeks 6 days)
  – Second trimester – 14 weeks 0 days to 28 weeks 9 days
Missed Abortion and Trimesters

• Some state legislatures legally define the difference between a miscarriage (spontaneous abortion) and a stillbirth (baby not born alive) by either:
  – The number of weeks gestation OR
  – By gram weight of the fetus
• This legal definition may determine which CPT code is reported.

Missed Abortion Procedure 59820

• Treatment of missed abortion, completed surgically; first trimester
  – Transcervical approach
  – Sounding of uterus for size
  – Serial dilation of cervix with mechanical dilators
  – Emptying uterine cavity of products of conception using
    • Suction apparatus OR
    • Sharp curette
  – Administration of intravenous oxytocin
  – Removal of instruments
  – Repair of cervix
Missed Abortion Procedure 59820

• Other services that also can be reported
  – Transvaginal or transabdominal ultrasound
  – Administration of paracervical block (64435)
  – Insertion of cervical dilator by physician (59200)
  – E/M service if appropriate
    • Antepartum care
    • Visit when condition diagnosed (modifier 57)

• Note: Post-op visits for 90 days following this procedure are included

Missed Abortion Procedure 59821

• Treatment of missed abortion, completed surgically; **second trimester**
  – Transcervical approach
  – Sounding of uterus for size
  – Serial dilation of cervix with mechanical dilators
  – Emptying uterine cavity of products of conception using
    • Suction apparatus OR
    • Sharp curette
  – Administration of intravenous oxytocin
  – **Reconstruction of fetal and placental parts as much as possible to ensure all products of conception have been removed**
  – Removal of instruments
  – Repair of cervical incision
Missed Abortion Procedure 59821

• Other services that also can be reported
  – Transvaginal or transabdominal ultrasound
  – Administration of paracervical block (64435)
  – **Ultrasound guidance (76998)**
  – Insertion of cervical dilator by physician (59200)
  – E/M service if appropriate
    • Antepartum care
    • Visit when condition diagnosed (modifier 57)

• Note: Post-op visits for 90 days following this procedure are included

Ectopic Pregnancy

• Definition: fertilized egg implants outside the uterus

• Diagnosis Code 633 Ectopic Pregnancy
  – Requires 5 digits
Ectopic Pregnancy Diagnoses

- Digit 4 – location of pregnancy
  - 633.0 abdominal
  - 633.1 tubal
  - 633.2 ovarian
  - 633.8 other
  - 633.9 unspecified

Ectopic Pregnancy Diagnoses

- Fifth digit indicates whether or there is also a pregnancy within the uterus
  - 633.X0 without intrauterine pregnancy
  - 633.X1 with intrauterine pregnancy
Ectopic Procedures

• Open
• Laparoscopic
• Oral medication

Ectopic Pregnancy – Open Procedures

• Codes vary by location of ectopic tissue
• Ovarian and tubal codes vary by whether or not tubes and ovaries are removed
• Interstitial codes vary by whether or not all or part of uterus is removed
Tubal or Ovarian Pregnancy –
Open Procedures 59120-59121

• Open Procedure
  – Abdominal or vaginal approach
  – Evacuation of hemoperitoneum
  – Removal of ectopic tissue, any method
  – Salpingectomy and/or oophorectomy?
    • Yes—59120
    • No—59121

• Diagnosis codes
  – Tubal 633.1X
  – Ovarian 633.2X

Tubal or Ovarian Pregnancy -
59120 and 59121

• Other services that also can be reported
  – Transvaginal or transabdominal ultrasound
  – Diagnostic laparoscopy (49320)
  – D&C to see if also intrauterine pregnancy
    • 58120 (no intrauterine pregnancy)
    • 59812 (intrauterine pregnancy)
  – Tubal reconstructive surgery (opposite side)
  – Administration of paracervical block (64435)
  – E/M services as appropriate
    • Antepartum care
    • Visit to diagnose ectopic pregnancy (57 modifier)

• Note: Post-op visits for 90 days following this procedure are included
**Abdominal Pregnancy – Open Procedure 59130**

- Open Procedure
  - Abdominal incision
  - Evacuation of hemoperitoneum
  - Isolation and resection of ectopic pregnancy, any method
  - Delivery of fetus
  - Delivery of placenta. May also be left in situ

- Diagnosis code: 633.0X

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**Abdominal Pregnancy Code 59130**

- Other services that also can be reported
  - Transvaginal or transabdominal ultrasound
  - Diagnostic laparoscopy (49320)
  - D&C to see if also intrauterine pregnancy
    - 58120 (no intrauterine pregnancy)
    - 59812 (intrauterine pregnancy)
  - E/M service if appropriate
    - Antepartum care
    - Visit when condition diagnosed (modifier 57)

- Note: Post-op visits for 90 days following this procedure are included
Interstitial Pregnancy – Open Procedures 59135-59136

- Interstitial pregnancy - POC implant in the uterine portion of the fallopian tubes, lateral to the round ligament.

- Diagnosis code: 633.8X (other ectopic)

Interstitial Pregnancy Code 59135

- Abdominal incision
- Evacuation of hemoperitoneum
- **Total hysterectomy** (removal of corpus and cervix)
- May or may not also remove the tubes and ovaries
Interstitial Pregnancy 59136

- Abdominal incision
- Evacuation of hemoperitoneum
- **Partial hysterectomy** (removal of cornual region of the uterus containing the interstitial pregnancy)
- **Reattachment of round ligament which connects tube to uterus**

Interstitial Pregnancy 59135 & 59136

- Other services that also can be reported
  - Transvaginal or transabdominal ultrasound
  - Diagnostic laparoscopy (49320)
  - D&C to see if also intrauterine pregnancy
    - 58120 (no intrauterine pregnancy)
    - 59812 (intrauterine pregnancy)
  - Tubal reconstructive surgery (opposite side)
  - E/M service if appropriate
    - Antepartum care
    - Visit when condition diagnosed (modifier 57)

- Note: Post-op visits for 90 days following this procedure are included
Cervical Pregnancy – Open Procedure 59140

- Cervical pregnancy
  - Embryo has implanted in the cervix

- Diagnosis code: 633.8

Cervical Ectopic Pregnancy 59140

- Transcervical approach
- Dilation of cervical canal
- Evacuation of ectopic implantation
- Cervical packing
Cervical Ectopic Pregnancy 59140

- Other services that also be reported
  - Transvaginal or transabdominal ultrasound
  - Cerclage to prevent hemorrhage may be performed prior to evacuation (59320)
  - D&C to see if also intrauterine pregnancy
    - 58120 (no intrauterine pregnancy)
    - 59812 (intrauterine pregnancy)
  - Trachelectomy 57530
  - E/M service if appropriate
    - Antepartum care
    - Visit when condition diagnosed (modifier 57)
- Note: follow-up visits for 90 days following this procedure are included

Ectopic Pregnancy Procedures - Laparoscopic

- Codes 59150 and 59151
  - Salpingectomy and/or oophorectomy?
    - Yes—59150
    - No—59151

- If procedure performed laparoscopically, a laparoscopic code must be reported
- Laparoscopy codes do not designate site of ectopic tissue
Laparoscopic Treatment of Ectopic Pregnancy 59150

- Laparoscopic creation of pneumoperitoneum
- Insertion of trocars and instruments
- Evacuation of hemoperitoneum
- Excision and removal of ectopic pregnancy
- Release of carbon dioxide gas
- Removal of instruments

Laparoscopic Treatment of Ectopic Pregnancy 59151

- Laparoscopic creation of pneumoperitoneum
- Insertion of trocars and instruments
- Evacuation of hemoperitoneum
- Excision and removal of ectopic pregnancy
- **Salpingectomy and/or oophorectomy**
- Release of carbon dioxide gas
- Removal of instruments
Laparoscopic Treatment of Ectopic Pregnancy 59150, 59151

- Other services that also can be reported
  - Diagnostic laparoscopy (49320)
  - Transvaginal or transabdominal ultrasound
  - D&C to see if also intrauterine pregnancy
    - 58120 (no intrauterine pregnancy)
    - 59812 (intrauterine pregnancy)
  - E/M service if appropriate
    - Antepartum care
    - Visit when condition diagnosed (modifier 57)
- Note: post-op visits for 90 days following this procedure are included

Other Pregnancy with Abortive Outcome Diagnoses 634-639

- Different diagnoses depending on whether it is defined as:
  - Spontaneous abortion
  - Induced abortion
  - Septic abortion
Other Pregnancy with Abortive Outcome – Diagnoses 634-639

• Diagnosis codes require 4th digits
  – Listed in table after section heading in ICD-9-CM book, but also in codes themselves
  – Describe complications associated with the abortion

4th Digits for Diagnoses 634-639

• Complications of abortion:
  – .0 Genital tract and pelvic infection
  – .1 Delayed or excessive hemorrhage
  – .2 Damage to pelvic organs and tissues
  – .3 Renal failure
  – .4 Metabolic disorders
  – .5 Shock
  – .6 Embolism
  – .7 Other specified complications
  – .8 Unspecified complications
  – .9 Without mention of complication
5th Digits for Abortion Diagnoses 634-639

- Digits listed under each 3-digit headings
- 0 - Unspecified (documentation does not state incomplete or complete)
- 1 - Incomplete (all POC have not been expelled)
- 2 - Complete (all POC had been completely expelled prior to this episode of care)

Spontaneous Abortion

- Definition: POC are expelled without surgical or medical intervention. Also called miscarriage.

- Diagnosis: 634
- Procedure depends on:
  - Weeks gestation
  - Complete or incomplete
Spontaneous Abortion Procedures

- Procedure reported with diagnosis code 634.X2
  - Prior to 20 weeks 0 days gestational age – E/M codes
  - After 20 weeks 0 days gestational age – Delivery code

- Procedure reported with diagnosis code 634.X1 (incomplete)
  - Prior to 20 weeks 0 days gestational age – 59812
  - After 20 weeks 0 days gestational age – Delivery code

- Fourth digit X in diagnosis code indicates complication

Incomplete Spontaneous Abortion Procedure 59812

- Sounding of uterus for size
- Serial dilation of cervix with mechanical dilators
- Emptying uterine cavity of POC using:
  - Suction apparatus OR
  - Sharp curette
- Administration of intravenous oxytocin
- Repair of cervix
Incomplete Spontaneous Abortion Procedure 59812

- Other services that also can be reported
  - Transvaginal or transabdominal ultrasound
  - Administration of paracervical block (64435)
  - Insertion of cervical dilator (59200)
  - D&C to see if also intrauterine pregnancy
    - 58120 (no intrauterine pregnancy)
    - 59812 (intrauterine pregnancy)
  - E/M service if appropriate
    - Antepartum care
    - Visit when condition diagnosed (modifier 57)

- Note: post-op visits for 90 days following this procedure are included

Septic Abortion

- Definition: Infection of POC, membranes and/or endometrial lining

- Diagnoses:
  - Use fourth digit 0 (genital tract and pelvic infection) with appropriate code 634-638
  - Use also another code such as:
    - 658.43 (infection of amniotic cavity)
    - 646.63 (infection of genitourinary tract in pregnancy)
Septic Abortion Procedure 59830

- Administration of intravenous antibiotics prior to and during the procedure
- Sounding of uterus for size
- Serial dilation of cervix with mechanical dilators
- Emptying uterine cavity of POC using:
  - Suction apparatus OR
  - Sharp curette
- Repair of cervix
- Administration of intravenous oxytocin

Induced Abortions

- Diagnosis codes – 635-638
- Procedure codes
  - CPT – 59830-59857
  - HCPCS S procedure codes
    - S2260 (17 to 24 weeks, any surgical method)
    - S2262 (25 weeks or greater, for maternal indication)
    - S2265 (25-28 weeks, for fetal indication)
    - S2266 (29-31 weeks, for fetal indication)
    - S2267 (32 weeks or greater, for fetal indication)
Using Other Codes from Chapter 11 with Abortion Code

- Sometimes codes from Pregnancy chapter are reported with abortion codes
- Provides information on conditions that led to decision to perform abortion, for example
  - Medical problems in mother
    - 647.53 Rubella in mother
    - 648.33 Drug dependence in mother
  - Medical problems in fetus
    - 655.03 Anencephaly
    - 655.13 Chromosomal abnormality in fetus

Legally Induced Abortion

- Definition: POC are expelled due to surgical or medical intervention by physician. Also called therapeutic or elective abortion.
- Diagnosis code: 635 (5 digits required)
- Procedure codes: surgical (D&C or D&E) or medical intervention
Legally Induced Abortion – Surgical 59840

• Dilation and curettage
  – Sounding of uterus for size
  – Serial dilation of cervix with mechanical dilators
  – Emptying uterine cavity of the products of conception
    • Suction apparatus OR
    • Sharp curette
  – Administration of intravenous oxytocin
  – Removal of surgical instruments

Legally Induced Abortion – Surgical 59841

• Dilation and evacuation
  – Sounding of uterus for size
  – Serial dilation of cervix with mechanical dilators
  – Emptying uterine cavity of the products of conception
    • Suction apparatus OR
    • Sharp curette
  – Reconstruction of fetal and placental parts as much as possible to ensure all POC have been removed
  – Administration of intravenous oxytocin
  – Removal of surgical instruments
Legally Induced Abortion – Surgical 59841

• Dilation and evacuation 59841
  – 14 weeks 0 days to 20 weeks 0 days 59841
  – 20 weeks or more 59841-22
    • Modifier 22 used to indicate the increased procedural services (physician work) involved when the gestational period is 20 weeks or more

Induced Abortion – Surgical 59840-59841

• Other services that also can be reported
  – Transvaginal or transabdominal ultrasound
  – Administration of paracervical block (64435)
  – Insertion of cervical dilator (59200)
  – Ultrasound guidance (76998)
  – E/M service if appropriate
    • Antepartum care
    • Visit when condition diagnosed (modifier 57)

• Note: post-op visits for 10 days following this procedure are included
Legally Induced Abortion - Medical

- Injections 59850-59852
- Suppositories 59855-59857
- Oral Medications

Legally Induced Abortion –
Injections 59850

- Hospital admission
- Hospital visits before and after procedure
- Injections into amniotic sac around fetus
- Delivery of fetus
- Delivery of secundines, which includes:
  - Placenta
  - Umbilical cord
  - Membranes
Legally Induced Abortion - Injections

• 59851 – Dilation and curettage and/or evacuation to remove remaining tissue

• 59852 – Procedure has failed; abdominal and uterine incision necessary to remove fetus and secundines (hysterotomy)

Legally Induced Abortion – Injections 59850-59851

• Other services that also can be reported
  – Transvaginal or transabdominal ultrasound
  – Insertion of cervical dilator by physician (59200)
  – E/M service if appropriate
    • Antepartum care
    • Visit when condition diagnosed (modifier 57)

• Note: follow-up visits for 90 days following this procedure are included
### Legally Induced Abortion – Injections 59852 (Failed)

- Other services that also can be reported
  - Transvaginal or transabdominal ultrasound
  - Insertion of cervical dilator by physician (59200)
  - **Dilation and curettage (58120)**
  - E/M service if appropriate
    - Antepartum care
    - Visit when condition diagnosed (modifier 57)
- Note: post-op visits for 90 days following this procedure are included

### Legally Induced Abortion – Suppositories 59855

- Hospital admission
- Hospital visits
- Transcervical approach
- Sounding of uterus for size
- May include insertion of laminaria to dilate cervix
- Suppositories inserted into vaginal canal to induce labor
- Delivery of fetus
- Delivery of secundines
  - Placenta
  - Umbilical cord
  - Membranes
Legally Induced Abortion – Suppositories

- 59856 - Dilation and curettage and/or evacuate to remove remaining tissue
- 59857 – Procedure has failed; abdominal and uterine incision necessary to remove fetus and secundines (hysterotomy)

Induced Abortion – Suppositories

59855-59856

- Other services that also can be reported
  – Transvaginal or transabdominal ultrasound
  – E/M service if appropriate
    • Antepartum care
    • Visit when condition diagnosed (modifier 57)

- Note: post-op visits for 90 days following this procedure are included
Induced Abortion – Suppositories 59857

- Other services that also can be reported
  - Transvaginal or transabdominal ultrasound
  - **Dilation and curettage (58120)**
  - E/M service if appropriate
    - Antepartum care
    - Visit when condition diagnosed (modifier 57)

- Note: post-op visits for 90 days following this procedure are included

Legally Induced Abortion – Oral Medications

- Mifepristone (Mifeprex) and Misoprostol
  - No global code to report this service
  - Visits, drugs, ultrasound reported separately

- Very specific requirements for:
  - Patient education prior to procedure
  - Physician qualifications
Legally Induced Abortion – Oral Medications

• Danco Laboratories - Only company in the US that is authorized to manufacture, market and distribute these drugs
  – www.earlyoptionpill.com

• Food and Drug Administration (FDA)
  – Established requirements for physicians
  – Provides Medication Guidelines
  – Provides Patient Agreement
  – www.fda.gov/cder/drug/infopage/mifepristone/

Oral Medications

• FDA requirements for physicians who dispense these drugs
  – Must provide patient with Medication Guide
  – Must have patient sign Patient Agreement
  – If medical treatment is unsuccessful, must inform Danco Laboratories
  – Must report any complications that result from treatment
  – Must record medication’s serial number in patient’s record
Oral Medications

• Some states have additional requirements for a medical abortion, such as
  – 24 hour waiting period before first tablets given
  – Four visits may be required rather than 3 visits

Oral Medications – Visit 1

• Provide Medication Guide – how the drug works and what to expect during treatment

• Secure Patient Agreement – Sign form agreeing to treatment and agreeing to come for 2 additional visits

• Other counseling
Oral Medications – Visit 1

• Perform ultrasound examination to date pregnancy
  – Patient must be less than 7 weeks pregnant
  – Up to 49 days after beginning of her last menstrual period

Oral Medications – Visit 1

• Dispensing the medication (Mifepristone tablets)

• Note: Physician cannot give patient prescription for these tablets. Must be given by the physician to patient in the office.
Coding for First Visit
Using CPT Codes

- Ultrasound service
  - 76815 – limited ultrasound exam OR
  - 76817 – transvaginal ultrasound exam
- Counseling
  - E/M code based on typical time listed
- Medication
  - 99070 (CPT’s general supply code) OR
  - J8499 (Prescription drug, oral, non-chemotherapeutic, NOS)

Coding for First Visit
Using HCPCS S Codes

- S0199 Medically induced abortion by oral ingestion of medication including all associated services and supplies (except drug). Includes:
  - Patient counseling
  - Office visits
  - Confirmation of pregnancy by hCG
  - Ultrasound to confirm duration of pregnancy
  - Ultrasound to confirm completion of abortion
Coding for First Visit
Using HCPCS S Codes

• Reporting the drug
  – S0190 Mifepristone, oral, 200 mg (Mifeprex)

Oral Medications – Visit 2

• Takes place 2 days after first visit
• Counseling and/or examining the patient
• Dispensing the medication (Misoprostol) tablets
• Physician may also give medications to treat symptoms such as nausea or diarrhea
Coding for Second Visit for Using CPT Codes

• E/M established patient code using typical time (99212-99215)
• Medication
  – 99070 (CPT’s general supply code) OR
  – J8499 (Prescription drug, oral, non-chemotherapeutic, NOS)

Coding for Second Visit Using HCPCS S Codes

• S0199 Medically induced abortion by oral ingestion of medication
• Medication
  – S0191 Misoprostol, oral, 200 mcg.
Oral Medications – Visit 3

• Approximately 12 days later
• E/M service to confirm that pregnancy has been terminated
• If pregnancy has not been terminated, then it may be necessary to see the patient for another visit to provide a surgical abortion (59840, D&C)

Coding for Third Visit
Using CPT Codes

• E/M established patient visit based on either:
  – Examination to establish whether pregnancy has been terminated OR
  – Counseling
Abortions Using Oral Medications

• Sometimes, physicians prescribe
  – Methotrexate (a cancer drug) and Misoprostol
  – Instead of Mifepristone and Misoprostol

• This is also reported using codes for E/M services, ultrasounds, and the medications

Illegally Induced Abortion 636

• Abortion has been legal in the United States since 1973
• These illegally induced abortion codes are not used in this country
• Exception: self-induced?
Unspecified Abortion

- Retained products of conception following abortion that was performed during previous encounter
- Diagnosis: 637
- Procedure: usually 59812
  - Surgical treatment of incomplete abortion

Failed Attempted Abortion

- Definition: An abortion was attempted, but the patient remained pregnant at the end of the encounter
- Diagnosis 638 – Four digits required
- Procedure: An abortion code, depending on what procedure was attempted
  - Modifier 52 (reduced services) if another procedure was performed during the session
  - Modifier 53 (discontinued services) no other procedure is performed during the session
Complications following Abortion, Ectopic and Molar Pregnancies

- Diagnosis 639 (4 digit codes)
- Two Possible Scenarios:
  - Successful abortion during previous visit; patient now seen for complication
  - Successful abortion during this visit; but patient has developed a complication. There is no way to code the specific complication.

639 Codes – Separate Visits

- Successful abortion during previous visit; patient now seen for complication

- Visit 1 – report appropriate abortion code
- Visit 2 – report code from 639 series
639 Codes – Same Visit

• 630 (hydatidiform mole) has only 3 digits; no 4th digit available to report complications

• Example: patient is treated for hydatidiform mole and suffers renal failure (same encounter)
  – 630 (hydatidiform mole)
  – 639.3 (complication, renal failure)

639 Code – Same Visit

• Code 631 (other abnormal products of conception)

• Code only has only 3 digits
  – no 4th digit available to report complications

• Example: patient is treated for blighted ovum and damage to tissues (same encounter)
  – 631 (other abnormal products of conception)
  – 639.2 (complication, damage to pelvic organs or tissues)
639 Code – Same Visit

• Code 633 (ectopic pregnancy) – 5 digits
  – 4\textsuperscript{th} digit for location of ectopic tissue
  – 5\textsuperscript{th} digit indicates whether or not intra-uterine pregnancy is also present

• Example: patient is treated for tubal pregnancy but suffers excessive hemorrhage (same visit)
  – 633.10 (tubal pregnancy)
  – 639.1 (hemorrhage)

Summary

• Check documentation carefully to determine:
  – Gestational age
  – Whether abortion was spontaneous, induced, septic, missed, molar
  – Location of ectopic pregnancy
  – If any other diagnoses from the pregnancy chapter apply
Summary

• It is important to link the correct diagnosis code with correct procedure code
• Don’t forget other services that may be reportable, eg
  – E/M codes
  – Ultrasound
  – Cervical dilator
  – Paracervical block

ACOG 2008 Resources

• Use ACOG’s coding reference materials to:
  – Appeal denied claims
  – Enhance coding knowledge in Ob/Gyn
  – Develop internal coding policies
  – Dispute insurance company policies

• Ob/Gyn CPT Coding Manual with CD Rom
• ICD-9-CM “Abridged” Diagnostic Coding in OB/Gyn
• Frequently Asked Questions in Ob/Gyn Coding
• Essential Guide to Coding in Ob/Gyn

• To order visit www.acog.org/bookstore or call 1-800-762-2264
Other ACOG Resources

• ACOG Coding Workshops
  – For information visit www.acog.org/postgrad/
    or email Coding@acog.org.

• Coding Assistance for Fellows and their Staff
  – Send questions to Coding@acog.org or by fax to
    202-484-7480

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  Management & Coding Update”.
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Course Evaluation

• We are eager to have relevant content presented by effective instructors. Please assist us in evaluating this program and planning for future continuing education webcasts by completing the evaluation form.

• Please fax the evaluation form and list of participants for CME credit to ACOG at: 202-484-7480. Thank you.

Course Evaluation & Other Questions

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