2018
Auditors' Desk Reference
A comprehensive resource for code selection and validation

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Surgical treatment of a septic abortion (59830) must be supported by documentation that indicates that prompt evacuation of the uterus and vigorous medical treatment of the patient was provided. A septic abortion is one complicated by generalized fever and infection. There is also inflammation and infection of the endometrium and in the cellular tissue around the uterus. The physician treats the infection with intravenous antibiotics and blood transfusions as necessary. To evacuate the uterus, the physician inserts a speculum into the vagina to view the cervix. Suction curettage and a sharp curette are used to gently scrape the uterus to ensure that it is empty.

An induced abortion is the legal termination of the pregnancy by dilation and curettage, dilation and evacuation, or intra-amniotic injections.

Code 59840 is used to report the termination by dilation and curettage. The physician inserts a speculum into the vagina to view the cervix. A tenaculum is used to grasp the cervix, pull it down, and exert traction. A dilator is inserted into the endocervix and through the cervical canal to enlarge the opening. The physician places a curette in the endocervical canal and passes it into the uterus. The uterine contents are removed by rotating the curette and gently scraping the uterus until all the products of conception are removed.

Code 59841 describes the termination by dilation and evacuation (D&E). Because D&E requires wider cervical dilation than curettage, the physician may dilate the cervix with a laminaria several hours to several days before the procedure. At the time of the procedure, the physician inserts a speculum into the vagina to view the cervix. A tenaculum is used to grasp the cervix, pull it down, and exert traction. The physician places a cannula in the dilated endocervical canal and passes it into the uterus. The suction machine is activated, and the uterine contents are evacuated by rotation of the cannula. For pregnancies through 16 weeks, the cannula usually evacuates the pregnancy. For later pregnancies, the cannula is used to drain amniotic fluid and to draw tissue into the lower uterus for extraction by forceps. In either case, a sharp curette may be used to gently scrape the uterus to ensure that it is empty.

When a pregnancy is terminated by inducing labor with amniocentesis and intra-amniotic injections, the appropriate code from the 59850–59852. This method is usually used after the first trimester (13 weeks or more). The physician inserts an amniocentesis needle into the abdomen to obtain a free flow of clear amniotic fluid. A hypertonic solution is then administered by gravity drip. The hypertonic solution results in fetal death and labor usually results. Code 59851 is used when this method fails to expel all products of conception, and a dilation and curettage and/or evacuation is used to remove the remaining tissue. Code 59852 is used when this method fails to expel all products of conception and a hysterotomy, through an incision in the abdominal wall and uterus, is used to remove the remaining tissue. Following removal, the incision is closed with sutures.

Termination can also be by means of vaginal suppositories, which induce labor. Before using the suppositories, a laminaria, which is an applicator made of kelp or synthetic material, may be inserted in the cervix to soften and expand the cervical canal. Once the cervix is ready, the physician inserts the vaginal suppositories and labor usually results. The fetus and placenta are delivered through the vagina (59855). Code 59856 is used when this method fails to expel all products of conception and a dilation and curettage and/or evacuation is used to remove the remaining tissue. Code 59857 is used when this method fails to
expel all products of conception and a hysterotomy, through an incision in the abdominal wall and uterus, is used to remove the remaining tissue.

**Medical Necessity**
Some payer contracts may only provide coverage for the treatment of spontaneous abortions.

Legally induced abortions are not covered Medicare procedures except when:

- A woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself that would, as certified by a physician, place the patient at the risk of death.
- The pregnancy is the result of an act of rape or incest

**Key Documentation Terms**
Documentation should indicate the surgical procedure that was performed. Terms such as incomplete, missed, induced, intra-amniotic injection, suppositories, or dilation and curettage provide the guidance needed to ensure correct code assignment. Above all else, the documentation should support the medical necessity of the procedure.

**Coding Tips**
- Although it is very common for a dilation and curettage (D&C) to be performed as part of treating a spontaneous abortion, it is not correct to use code 58120, which is a nonobstetrical diagnostic and therapeutic D&C.
- When complete spontaneous abortions are treated medically, use the appropriate E/M codes from range 99201–99233.
- A blighted ovum is considered a fertilized egg and treatment is reported using the appropriate code from range 59812–59830.
- Antepartum care associated with a pregnancy that terminates in an abortion is coded in one of the following ways:
  - antepartum care only: four to six visits, see 59425
  - antepartum care only: seven or more visits, see 59426
  - office visit reported for each visit up to four visits, see 99201–99215
- Verify that the procedure code reported is supported by the ICD-10-CM code reported. For example, the surgical treatment of a spontaneous abortion is not supported by the diagnosis of a missed abortion.

**DEFINITIONS**

**spontaneous abortion.** Early expulsion of the products of conception from the uterus that occurs naturally, without chemical intervention or instrumentation, before completion of 22 weeks of gestation. Spontaneous abortion may be complete, in which all of the products of conception are expelled, or incomplete, in which parts of the placental material or fetus are retained. Symptoms may include lower abdominal cramping and vaginal bleeding. In cases of incomplete spontaneous abortion, surgical intervention in the form of curettage is required in order to remove the remaining tissue. Medical intervention is generally not required with complete spontaneous abortion.

**threatened abortion.** Signs and symptoms of a potential miscarriage that occur in early pregnancy, defined by ICD-9-CM as before 22 weeks of completed gestation. Primary symptoms include vaginal bleeding with or without uterine cramping, and a closed cervical os.
### Number of Diagnoses or Management Options

<table>
<thead>
<tr>
<th>Number of Diagnoses or Management Options</th>
<th>Amount and/or Complexity of Data to Be Reviewed</th>
<th>Risk of Complications and/or Morbidity or Mortality</th>
<th>Type of Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal</td>
<td>Minimal or none</td>
<td>Minimal</td>
<td>Straightforward</td>
</tr>
<tr>
<td>Limited</td>
<td>Limited</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>Multiple</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>Extensive</td>
<td>Extensive</td>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>

### Documentation of Critical Care Time

Patient’s Name:_____________________________________________________

Patient’s Medical Record Number:______________________________________________________________

The services I provided to this patient were provided to treat __________________________________________

(State the condition the patient was treated for)

The services I provided required the highest level of my skills with direct and personal management of the patient’s treatment. These services included:

- Medical record documentation
- Vital sign assessments
- Medication orders and management
- Reviewing all notes and previous visits
- Collaborating with other physicians on treatment options
- Care, transfer of care, and discharge plans
- Interpreting/reviewing all tests and studies
- Discussions with family or surrogate decision makers
- Other
- __________________________________________

The total critical care time was____________hours _________minutes. The total time does not include treating other patients, performing separately reportable procedures, or activities that were not directly related to the care of the patient.

Physician’s signature:_________________________________________ Date:__________________