

03-59800-01

Original Effective Date: 11/15/01

Reviewed: 12/01/22

Revised: 08/21/23

Subject: Abortion

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

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DESCRIPTION:

Abortion is the premature expulsion of the products of conception from the uterus.

POSITION STATEMENT:

NOTE: Refer to member's/subscriber's contract benefits. **Coverage is subject to the state law limitations.**

Abortion may be eligible for coverage for any of the following:

- When the pregnancy is a result of an act of rape or incest;
- When the woman suffers from a physical disorder, physical injury, or physical illness, including a life endangering physical condition caused by the pregnancy itself that would, as certified by a physician, place the women in danger of death unless an abortion is performed
- [Spontaneous abortion](#);
- [Missed abortion](#).

BILLING/CODING INFORMATION:

CPT Coding:

59812	Treatment of incomplete abortion , any trimester, completed surgically
59820	Treatment of missed abortion, completed surgically; first trimester
59821	Treatment of missed abortion, completed surgically; second trimester
59830	Treatment of septic abortion, completed surgically
59840	Induced abortion, by dilation and curettage
59841	Induced abortion, by dilation and evacuation

59850	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;
59851	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59852	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)
59855	Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with or without cervical dilation (e.g., laminaria), including hospital admission and visits, delivery of fetus and secundines ;
59856	Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with or without cervical dilation (e.g., laminaria), including hospital admission and visits, delivery of fetus and secundines; dilation and curettage and/or evacuation
59857	Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with or without cervical dilation (e.g., laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)
59866	Multi-fetal pregnancy reductions(s) (MPR)

HCPCS Coding:

S0190	Mifepristone, oral, 200 mg
S0191	Misoprostol, oral, 200 mcg
S0199	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 (non-covered)
S2260	Induced abortion, 17 – 24 weeks
S2265	Induced abortion, 25 – 28 weeks
S2266	Induced abortion, 29 – 31 weeks
S2267	Induced abortion, 32 weeks or greater
S8055	Ultrasound guidance for multi-fetal pregnancy reduction(s), technical component (only to be used when the physician doing the reduction procedure does not perform the ultrasound, guidance is included in the CPT code for multi-fetal pregnancy reduction-59866)

ICD-10 Diagnosis Codes That Support Medical Necessity for 59812 and 59830:

O03.0 – O03.2	Spontaneous abortion
O03.30 – O03.39	Other and unspecified complications following incomplete spontaneous abortion
O03.4	Incomplete spontaneous abortion without complication

ICD-10 Diagnosis Codes That Support Medical Necessity for 59820:

O02.1	Missed abortion
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ICD-10 Diagnosis Codes That Support Medical Necessity for 59821:

O02.1	Missed abortion
O36.4XX0 – O36.4XX9	Maternal care for intrauterine death
O03.4	Incomplete spontaneous abortion without complication

REIMBURSEMENT INFORMATION:

None applicable.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products:

No Local Coverage Determination (LCD) was found at the time of the last guideline reviewed date.

The following National Coverage Determinations (NCDs) was reviewed on the last guideline reviewed date: Abortion, (140.1) located at [cms.gov](https://www.cms.gov).

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#)

DEFINITIONS:

Incomplete abortion: the expulsion of some products of conception with the remainder evacuated surgically.

Missed abortion: an empty gestational sac, blighted ovum, or a fetus or fetal pole without a heartbeat prior to completion of 20 weeks 0 days gestation.

Secundines: the placenta and membranes expelled after childbirth; the afterbirth.

Spontaneous abortion: naturally occurring expulsion of a nonviable fetus.

RELATED GUIDELINES:

None applicable.

OTHER:

None applicable.

REFERENCES:

1. American College of Obstetricians and Gynecologists (ACOG) Abortion Policy: Revised and Approved: May 2022.
2. Centers for Medicare & Medicaid Services (CMS) NCD for Abortion (140.1), 06/19/06.
3. Guiahi M, Davis A; Society of Family Planning. First-trimester abortion in women with medical conditions: release date October 2012 SFP guideline #20122. Contraception. 2012 Dec;86(6):622-30.
4. U.S. Food and Drug Administration (FDA):Mifeprex® (mifepristone) Information,2000.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 12/01/22.

GUIDELINE UPDATE INFORMATION:

03/15/01	Medical Coverage Guideline Reformatted.
11/15/01	Medical Coverage Guideline Revised.
01/01/02	HCPCS coding changes.
10/01/02	HCPCS Update, added code S2262, S2265, S2266, S2267.
11/15/03	Routine review; no change MCG changed to Active but no longer scheduled for routine review.
10/15/04	Medical Coverage Guideline format changes.
05/15/06	Added spontaneous abortion and missed abortion to when services are covered. Added covered ICD-9 diagnosis for 59812, 59820, 59821 and 59830. Defined "incomplete abortion", "missed abortion" and "spontaneous abortion", add to definitions section. Added program exception for Medicare Advantage products. Updated references.
01/01/07	HCPCS update. Revised S2260, S2265, S2266, S2267 descriptor. Deleted S2262.
08/15/07	Reformatted guideline. Deleted Medicare Advantage products program exception. Updated references.
09/15/09	Annual review. No change in position statement. Updated coding and references.
02/15/11	Revision; related ICD-10 codes added.
05/11/14	Revision: Program Exceptions section updated.
10/01/15	Revision; updated ICD9 and ICD10 coding section. Updated references.
07/15/18	Review; no change in position statement. Updated references.
07/15/20	Review/update. No change in position statement. Updated references.
07/07/22	Update; added statement, coverage is subject to the state law limitations.
12/15/22	Review/update; no change in position statement. Updated references.
08/21/23	Update to Program Exceptions section.