

Coding for Medication Abortion In an outpatient setting

Accurate coding for medication abortion 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. The Mifeprex® website has helpful state specific information on private insurance and Medicaid coverage and reimbursement that can be accessed here: [Mifeprex State Payer Policies](#).

ICD-10 Diagnosis Codes

Z33.2 Encounter for elective termination of pregnancy

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

Global Medication Abortion Visit Code – HCPCS

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 a medication abortion office visit, 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.

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

Medication Administration Codes – HCPCS

S0190 Mifepristone, oral, 200 mg (Mifeprex®)

S0191 Misoprostol, oral, 200 mcg

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.

Outpatient Procedure Codes – CPT Codes

76817 Transvaginal ultrasound, pregnant uterus

76815 Limited ultrasound, pregnant uterus

76801 Transabdominal ultrasound, pregnant uterus

90385 or **J2788** Micro Rhogam 50 mcg

Evaluation and Management (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

Telehealth Encounter Codes – CPT Codes

-95 Use this modifier with the appropriate E/M code to indicate a real-time audio and video telehealth visit.

Additional Coding Resources

American College of Obstetricians and Gynecologists:

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

Reproductive Health National Training Center:

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