

ABORTIONS (THERAPEUTIC AND ELECTIVE)

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Table of Contents	Page
INSTRUCTIONS FOR USE	1
CONDITIONS OF COVERAGE	1
BENEFIT CONSIDERATIONS	1
POLICY	2
DEFINITIONS	2
APPLICABLE CODES	2
REFERENCES	10
POLICY HISTORY/REVISION INFORMATION	11

Related Policy

- [Mifeprex® \(Mifepristone\)](#)

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

CONDITIONS OF COVERAGE

Applicable Lines of Business/ Products	This policy applies to Oxford Commercial plan membership.
Benefit Type	General benefits package
Referral Required (Does not apply to non-gatekeeper products)	Yes - Office No - Outpatient, Inpatient
Authorization Required (Precertification always required for inpatient admission)	Yes - Outpatient, Inpatient No - Office
Precertification with Medical Director Review Required	No
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Inpatient, Outpatient, Office

BENEFIT CONSIDERATIONS

This policy applies to Oxford Commercial plan membership. Certain groups may exclude these services from coverage if such coverage would be contrary to the Group's bona fide religious tenets. Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be

removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

POLICY

Therapeutic Abortions

Oxford covers therapeutic abortions that may include the following indications:

- Medical conditions which cause pregnancy to pose substantial risk to maternal health such as cardiac or cardiovascular anomalies, cardiovascular disease, renal disease, malignancy, and severe diabetes mellitus
- The certain diagnosis of:
 - Chromosomal abnormalities inconsistent with normal life in the fetus
 - Major structural defects such as severe neural tube defects, severe cardiac abnormalities, severe ventral wall defects, or other severe structural defects
 - Major metabolic abnormalities such as sickle cell disease, Tay Sachs disease, cystic fibrosis, or major biochemical abnormalities
- Pregnancy which is the result of rape or incest
- Exposure to known teratogenic agents, which pose significant risk of fetal developmental abnormalities

Elective Abortions

Elective abortions may be performed surgically [e.g., by dilation and curettage (D&C)] or medically [e.g., by administration of medications such as mifepristone (also known as RU486 or mifeprex) and misoprostol]. Refer to the policy titled [Mifeprex® \(Mifepristone\)](#).

Note:

- Treatment of complications of elective and therapeutic abortions is considered medically necessary and therefore not subject to annual and dollar limits.
- If an abortion CPT code is billed, then it is reimbursed according to the elective abortion benefit unless the diagnosis code is considered therapeutic (please see the list of therapeutic [ICD-10 Diagnosis Codes](#) below).

DEFINITIONS

Elective Abortion: The voluntary termination of pregnancy.

Therapeutic Abortion: Termination of pregnancy, performed when the pregnancy endangers the mother's health or when the fetus has a condition incompatible with normal life.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

CPT Code	Description
59100	Hysterotomy, abdominal (e.g., for hydatidiform mole, abortion)
59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach
59121	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy
59130	Surgical treatment of ectopic pregnancy; abdominal pregnancy
59135	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy
59136	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus
59140	Surgical treatment of ectopic pregnancy; cervical, with evacuation
59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy

CPT Code	Description
59151	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy
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 1 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 (amnio-centesis 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; with 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	Multifetal pregnancy reduction(s) (MPR)
59870	Uterine evacuation & curettage for hydatidiform mole

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HCPCS Code	Description
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
S2260	Induced abortion, 17 to 24 weeks
S2265	Induced abortion, 25 to 28 weeks
S2266	Induced abortion, 29 to 31 weeks
S2267	Induced abortion, 32 weeks or greater

ICD-10 Diagnosis Code	Description
D57.3	Sickle-cell trait
E25.0	Congenital adrenogenital disorders associated with enzyme deficiency
E25.8	Other adrenogenital disorders
E25.9	Adrenogenital disorder, unspecified
E75.02	Tay-Sachs disease
E78.71	Barth syndrome
E78.72	Smith-Lemli-Opitz syndrome
O00.00	Abdominal pregnancy without intrauterine pregnancy
O00.01	Abdominal pregnancy with intrauterine pregnancy
O00.101	Right tubal pregnancy without intrauterine pregnancy
O00.102	Left tubal pregnancy without intrauterine pregnancy
O00.109	Unspecified tubal pregnancy without intrauterine pregnancy

ICD-10 Diagnosis Code	Description
O00.111	Right tubal pregnancy with intrauterine pregnancy
O00.112	Left tubal pregnancy with intrauterine pregnancy
O00.119	Unspecified tubal pregnancy with intrauterine pregnancy
O00.201	Right ovarian pregnancy without intrauterine pregnancy
O00.202	Left ovarian pregnancy without intrauterine pregnancy
O00.209	Unspecified ovarian pregnancy without intrauterine pregnancy
O00.211	Right ovarian pregnancy with intrauterine pregnancy
O00.212	Left ovarian pregnancy without intrauterine pregnancy
O00.219	Unspecified ovarian pregnancy with intrauterine pregnancy
O00.80	Other ectopic pregnancy without intrauterine pregnancy
O00.81	Other ectopic pregnancy with intrauterine pregnancy
O00.90	Unspecified ectopic pregnancy without intrauterine pregnancy
O00.91	Unspecified ectopic pregnancy with intrauterine pregnancy
O01.0	Classical hydatidiform mole
O01.1	Incomplete and partial hydatidiform mole
O01.9	Hydatidiform mole, unspecified
O02.0	Blighted ovum and nonhydatidiform mole
O02.1	Missed abortion
O02.81	Inappropriate change in quantitative human chorionic gonadotropin (hCG) in early pregnancy
O02.89	Other abnormal products of conception
O02.9	Abnormal product of conception, unspecified
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
O03.30	Unspecified complication following incomplete spontaneous abortion
O03.31	Shock following incomplete spontaneous abortion
O03.32	Renal failure following incomplete spontaneous abortion
O03.33	Metabolic disorder following incomplete spontaneous abortion
O03.34	Damage to pelvic organs following incomplete spontaneous abortion
O03.35	Other venous complications following incomplete spontaneous abortion
O03.36	Cardiac arrest following incomplete spontaneous abortion
O03.37	Sepsis following incomplete spontaneous abortion
O03.38	Urinary tract infection following incomplete spontaneous abortion
O03.39	Incomplete spontaneous abortion with other complications
O03.4	Incomplete spontaneous abortion without complication
O28.0	Abnormal hematological finding on antenatal screening of mother
O28.1	Abnormal biochemical finding on antenatal screening of mother
O28.2	Abnormal cytological finding on antenatal screening of mother
O28.3	Abnormal ultrasonic finding on antenatal screening of mother
O28.4	Abnormal radiological finding on antenatal screening of mother
O28.5	Abnormal chromosomal and genetic finding on antenatal screening of mother
O28.8	Other abnormal findings on antenatal screening of mother
O28.9	Unspecified abnormal findings on antenatal screening of mother
O35.0XX0	Maternal care for (suspected) central nervous system malformation in fetus, not applicable or unspecified
O35.0XX1	Maternal care for (suspected) central nervous system malformation in fetus, fetus 1
O35.0XX2	Maternal care for (suspected) central nervous system malformation in fetus, fetus 2

ICD-10 Diagnosis Code	Description
O35.0XX3	Maternal care for (suspected) central nervous system malformation in fetus, fetus 3
O35.0XX4	Maternal care for (suspected) central nervous system malformation in fetus, fetus 4
O35.0XX5	Maternal care for (suspected) central nervous system malformation in fetus, fetus 5
O35.0XX9	Maternal care for (suspected) central nervous system malformation in fetus, other fetus
O35.1XX0	Maternal care for (suspected) chromosomal abnormality in fetus, not applicable or unspecified
O35.1XX1	Maternal care for (suspected) chromosomal abnormality in fetus, fetus 1
O35.1XX2	Maternal care for (suspected) chromosomal abnormality in fetus, fetus 2
O35.1XX3	Maternal care for (suspected) chromosomal abnormality in fetus, fetus 3
O35.1XX4	Maternal care for (suspected) chromosomal abnormality in fetus, fetus 4
O35.1XX5	Maternal care for (suspected) chromosomal abnormality in fetus, fetus 5
O35.1XX9	Maternal care for (suspected) chromosomal abnormality in fetus, other fetus
O35.2XX0	Maternal care for (suspected) hereditary disease in fetus, not applicable or unspecified
O35.2XX1	Maternal care for (suspected) hereditary disease in fetus, fetus 1
O35.2XX2	Maternal care for (suspected) hereditary disease in fetus, fetus 2
O35.2XX3	Maternal care for (suspected) hereditary disease in fetus, fetus 3
O35.2XX4	Maternal care for (suspected) hereditary disease in fetus, fetus 4
O35.2XX5	Maternal care for (suspected) hereditary disease in fetus, fetus 5
O35.2XX9	Maternal care for (suspected) hereditary disease in fetus, other fetus
O35.3XX0	Maternal care for (suspected) damage to fetus from viral disease in mother, not applicable or unspecified
O35.3XX1	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 1
O35.3XX2	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 2
O35.3XX3	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 3
O35.3XX4	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 4
O35.3XX5	Maternal care for (suspected) damage to fetus from viral disease in mother, fetus 5
O35.3XX9	Maternal care for (suspected) damage to fetus from viral disease in mother, other fetus
O35.4XX0	Maternal care for (suspected) damage to fetus from alcohol, not applicable or unspecified
O35.4XX1	Maternal care for (suspected) damage to fetus from alcohol, fetus 1
O35.4XX2	Maternal care for (suspected) damage to fetus from alcohol, fetus 2
O35.4XX3	Maternal care for (suspected) damage to fetus from alcohol, fetus 3
O35.4XX4	Maternal care for (suspected) damage to fetus from alcohol, fetus 4
O35.4XX5	Maternal care for (suspected) damage to fetus from alcohol, fetus 5
O35.4XX9	Maternal care for (suspected) damage to fetus from alcohol, other fetus
O35.5XX0	Maternal care for (suspected) damage to fetus by drugs, not applicable or unspecified
O35.5XX1	Maternal care for (suspected) damage to fetus by drugs, fetus 1
O35.5XX2	Maternal care for (suspected) damage to fetus by drugs, fetus 2
O35.5XX3	Maternal care for (suspected) damage to fetus by drugs, fetus 3
O35.5XX4	Maternal care for (suspected) damage to fetus by drugs, fetus 4
O35.5XX5	Maternal care for (suspected) damage to fetus by drugs, fetus 5
O35.5XX9	Maternal care for (suspected) damage to fetus by drugs, other fetus
O35.6XX0	Maternal care for (suspected) damage to fetus by radiation, not applicable or unspecified
O35.6XX1	Maternal care for (suspected) damage to fetus by radiation, fetus 1
O35.6XX2	Maternal care for (suspected) damage to fetus by radiation, fetus 2

ICD-10 Diagnosis Code	Description
O35.6XX3	Maternal care for (suspected) damage to fetus by radiation, fetus 3
O35.6XX4	Maternal care for (suspected) damage to fetus by radiation, fetus 4
O35.6XX5	Maternal care for (suspected) damage to fetus by radiation, fetus 5
O35.6XX9	Maternal care for (suspected) damage to fetus by radiation, other fetus
O35.7XX0	Maternal care for (suspected) damage to fetus by other medical procedures, not applicable or unspecified
O35.7XX1	Maternal care for (suspected) damage to fetus by other medical procedures, fetus 1
O35.7XX2	Maternal care for (suspected) damage to fetus by other medical procedures, fetus 2
O35.7XX3	Maternal care for (suspected) damage to fetus by other medical procedures, fetus 3
O35.7XX4	Maternal care for (suspected) damage to fetus by other medical procedures, fetus 4
O35.7XX5	Maternal care for (suspected) damage to fetus by other medical procedures, fetus 5
O35.7XX9	Maternal care for (suspected) damage to fetus by other medical procedures, other fetus
O35.8XX0	Maternal care for other (suspected) fetal abnormality and damage, not applicable or unspecified
O35.8XX1	Maternal care for other (suspected) fetal abnormality and damage, fetus 1
O35.8XX2	Maternal care for other (suspected) fetal abnormality and damage, fetus 2
O35.8XX3	Maternal care for other (suspected) fetal abnormality and damage, fetus 3
O35.8XX4	Maternal care for other (suspected) fetal abnormality and damage, fetus 4
O35.8XX5	Maternal care for other (suspected) fetal abnormality and damage, fetus 5
O35.8XX9	Maternal care for other (suspected) fetal abnormality and damage, other fetus
O35.9XX0	Maternal care for (suspected) fetal abnormality and damage, unspecified, not applicable or unspecified
O35.9XX1	Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 1
O35.9XX2	Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 2
O35.9XX3	Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 3
O35.9XX4	Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 4
O35.9XX5	Maternal care for (suspected) fetal abnormality and damage, unspecified, fetus 5
O35.9XX9	Maternal care for (suspected) fetal abnormality and damage, unspecified, other fetus
O36.4XX0	Maternal care for intrauterine death, not applicable or unspecified
O36.4XX1	Maternal care for intrauterine death, fetus 1
O36.4XX2	Maternal care for intrauterine death, fetus 2
O36.4XX3	Maternal care for intrauterine death, fetus 3
O36.4XX4	Maternal care for intrauterine death, fetus 4
O36.4XX5	Maternal care for intrauterine death, fetus 5
O36.4XX9	Maternal care for intrauterine death, other fetus
O41.1010	Infection of amniotic sac and membranes, unspecified, first trimester, not applicable or unspecified
O41.1011	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 1
O41.1012	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 2
O41.1013	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 3
O41.1014	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 4
O41.1015	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 5
O41.1019	Infection of amniotic sac and membranes, unspecified, first trimester, other fetus
O41.1020	Infection of amniotic sac and membranes, unspecified, second trimester, not applicable or unspecified
O41.1021	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 1
O41.1022	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 2
O41.1023	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 3

ICD-10 Diagnosis Code	Description
041.1024	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 4
041.1025	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 5
041.1029	Infection of amniotic sac and membranes, unspecified, second trimester, other fetus
041.1030	Infection of amniotic sac and membranes, unspecified, third trimester, not applicable or unspecified
041.1031	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 1
041.1032	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 2
041.1033	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 3
041.1034	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 4
041.1035	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 5
041.1039	Infection of amniotic sac and membranes, unspecified, third trimester, other fetus
041.1090	Infection of amniotic sac and membranes, unspecified, unspecified trimester, not applicable or unspecified
041.1091	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 1
041.1092	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 2
041.1093	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 3
041.1094	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 4
041.1095	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 5
041.1099	Infection of amniotic sac and membranes, unspecified, unspecified trimester, other fetus
041.1210	Chorioamnionitis, first trimester, not applicable or unspecified
041.1211	Chorioamnionitis, first trimester, fetus 1
041.1212	Chorioamnionitis, first trimester, fetus 2
041.1213	Chorioamnionitis, first trimester, fetus 3
041.1214	Chorioamnionitis, first trimester, fetus 4
041.1215	Chorioamnionitis, first trimester, fetus 5
041.1219	Chorioamnionitis, first trimester, other fetus
041.1220	Chorioamnionitis, second trimester, not applicable or unspecified
041.1221	Chorioamnionitis, second trimester, fetus 1
041.1222	Chorioamnionitis, second trimester, fetus 2
041.1223	Chorioamnionitis, second trimester, fetus 3
041.1224	Chorioamnionitis, second trimester, fetus 4
041.1225	Chorioamnionitis, second trimester, fetus 5
041.1229	Chorioamnionitis, second trimester, other fetus
041.1230	Chorioamnionitis, third trimester, not applicable or unspecified
041.1231	Chorioamnionitis, third trimester, fetus 1
041.1232	Chorioamnionitis, third trimester, fetus 2
041.1233	Chorioamnionitis, third trimester, fetus 3
041.1234	Chorioamnionitis, third trimester, fetus 4
041.1235	Chorioamnionitis, third trimester, fetus 5
041.1239	Chorioamnionitis, third trimester, other fetus
041.1290	Chorioamnionitis, unspecified trimester, not applicable or unspecified
041.1291	Chorioamnionitis, unspecified trimester, fetus 1
041.1292	Chorioamnionitis, unspecified trimester, fetus 2
041.1293	Chorioamnionitis, unspecified trimester, fetus 3
041.1294	Chorioamnionitis, unspecified trimester, fetus 4
041.1295	Chorioamnionitis, unspecified trimester, fetus 5
041.1299	Chorioamnionitis, unspecified trimester, other fetus

ICD-10 Diagnosis Code	Description
O41.1410	Placentitis, first trimester, not applicable or unspecified
O41.1411	Placentitis, first trimester, fetus 1
O41.1412	Placentitis, first trimester, fetus 2
O41.1413	Placentitis, first trimester, fetus 3
O41.1414	Placentitis, first trimester, fetus 4
O41.1415	Placentitis, first trimester, fetus 5
O41.1419	Placentitis, first trimester, other fetus
O41.1420	Placentitis, second trimester, not applicable or unspecified
O41.1421	Placentitis, second trimester, fetus 1
O41.1422	Placentitis, second trimester, fetus 2
O41.1423	Placentitis, second trimester, fetus 3
O41.1424	Placentitis, second trimester, fetus 4
O41.1425	Placentitis, second trimester, fetus 5
O41.1429	Placentitis, second trimester, other fetus
O41.1430	Placentitis, third trimester, not applicable or unspecified
O41.1431	Placentitis, third trimester, fetus 1
O41.1432	Placentitis, third trimester, fetus 2
O41.1433	Placentitis, third trimester, fetus 3
O41.1434	Placentitis, third trimester, fetus 4
O41.1435	Placentitis, third trimester, fetus 5
O41.1439	Placentitis, third trimester, other fetus
O41.1490	Placentitis, unspecified trimester, not applicable or unspecified
O41.1491	Placentitis, unspecified trimester, fetus 1
O41.1492	Placentitis, unspecified trimester, fetus 2
O41.1493	Placentitis, unspecified trimester, fetus 3
O41.1494	Placentitis, unspecified trimester, fetus 4
O41.1495	Placentitis, unspecified trimester, fetus 5
O41.1499	Placentitis, unspecified trimester, other fetus
Q03.0	Malformations of aqueduct of Sylvius
Q03.1	Atresia of foramina of Magendie and Luschka
Q03.8	Other congenital hydrocephalus
Q03.9	Congenital hydrocephalus, unspecified
Q85.1	Tuberous sclerosis
Q85.8	Other phakomatoses, not elsewhere classified
Q85.9	Phakomatosis, unspecified
Q86.0	Fetal alcohol syndrome (dysmorphic)
Q86.1	Fetal hydantoin syndrome
Q86.2	Dysmorphism due to warfarin
Q86.8	Other congenital malformation syndromes due to known exogenous causes
Q87.1	Congenital malformation syndromes predominantly associated with short stature
Q87.2	Congenital malformation syndromes predominantly involving limbs
Q87.3	Congenital malformation syndromes involving early overgrowth
Q87.40	Marfan's syndrome, unspecified
Q87.410	Marfan's syndrome with aortic dilation
Q87.418	Marfan's syndrome with other cardiovascular manifestations
Q87.42	Marfan's syndrome with ocular manifestations
Q87.43	Marfan's syndrome with skeletal manifestation

ICD-10 Diagnosis Code	Description
Q87.5	Other congenital malformation syndromes with other skeletal changes
Q87.81	Alport syndrome
Q87.82	Arterial tortuosity syndrome
Q87.89	Other specified congenital malformation syndromes, not elsewhere classified
Q89.01	Asplenia (congenital)
Q89.09	Congenital malformations of spleen
Q89.1	Congenital malformations of adrenal gland
Q89.2	Congenital malformations of other endocrine glands
Q89.4	Conjoined twins
Q89.7	Multiple congenital malformations, not elsewhere classified
Q89.8	Other specified congenital malformations
Q89.9	Congenital malformation, unspecified
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified
Q91.0	Trisomy 18, nonmosaicism (meiotic nondisjunction)
Q91.1	Trisomy 18, mosaicism (mitotic nondisjunction)
Q91.2	Trisomy 18, translocation
Q91.3	Trisomy 18, unspecified
Q91.4	Trisomy 13, nonmosaicism (meiotic nondisjunction)
Q91.5	Trisomy 13, mosaicism (mitotic nondisjunction)
Q91.6	Trisomy 13, translocation
Q91.7	Trisomy 13, unspecified
Q92.0	Whole chromosome trisomy, nonmosaicism (meiotic nondisjunction)
Q92.1	Whole chromosome trisomy, mosaicism (mitotic nondisjunction)
Q92.2	Partial trisomy
Q92.5	Duplications with other complex rearrangements
Q92.61	Marker chromosomes in normal individual
Q92.62	Marker chromosomes in abnormal individual
Q92.7	Triploidy and polyploidy
Q92.8	Other specified trisomies and partial trisomies of autosomes
Q92.9	Trisomy and partial trisomy of autosomes, unspecified
Q93.0	Whole chromosome monosomy, nonmosaicism (meiotic nondisjunction)
Q93.1	Whole chromosome monosomy, mosaicism (mitotic nondisjunction)
Q93.2	Chromosome replaced with ring, dicentric or isochromosome
Q93.3	Deletion of short arm of chromosome 4
Q93.4	Deletion of short arm of chromosome 5
Q93.5	Other deletions of part of a chromosome
Q93.7	Deletions with other complex rearrangements
Q93.81	Velo-cardio-facial syndrome
Q93.88	Other microdeletions
Q93.89	Other deletions from the autosomes
Q93.9	Deletion from autosomes, unspecified
Q95.0	Balanced translocation and insertion in normal individual
Q95.1	Chromosome inversion in normal individual
Q95.2	Balanced autosomal rearrangement in abnormal individual

ICD-10 Diagnosis Code	Description
Q95.3	Balanced sex/autosomal rearrangement in abnormal individual
Q95.5	Individual with autosomal fragile site
Q95.8	Other balanced rearrangements and structural markers
Q95.9	Balanced rearrangement and structural marker, unspecified
Q96.0	Karyotype 45, X
Q96.1	Karyotype 46, X iso (Xq)
Q96.2	Karyotype 46, X with abnormal sex chromosome, except iso (Xq)
Q96.3	Mosaicism, 45, X/46, XX or XY
Q96.4	Mosaicism, 45, X/other cell line(s) with abnormal sex chromosome
Q96.8	Other variants of Turner's syndrome
Q96.9	Turner's syndrome, unspecified
Q97.0	Karyotype 47, XXX
Q97.1	Female with more than three X chromosomes
Q97.2	Mosaicism, lines with various numbers of X chromosomes
Q97.3	Female with 46, XY karyotype
Q97.8	Other specified sex chromosome abnormalities, female phenotype
Q97.9	Sex chromosome abnormality, female phenotype, unspecified
Q98.0	Klinefelter syndrome karyotype 47, XXY
Q98.1	Klinefelter syndrome, male with more than two X chromosomes
Q98.3	Other male with 46, XX karyotype
Q98.4	Klinefelter syndrome, unspecified
Q98.5	Karyotype 47, XYY
Q98.6	Male with structurally abnormal sex chromosome
Q98.7	Male with sex chromosome mosaicism
Q98.8	Other specified sex chromosome abnormalities, male phenotype
Q98.9	Sex chromosome abnormality, male phenotype, unspecified
Q99.0	Chimera 46, XX/46, XY
Q99.1	46, XX true hermaphrodite
Q99.2	Fragile X chromosome
Q99.8	Other specified chromosome abnormalities
Q99.9	Chromosomal abnormality, unspecified
T74.21XA	Adult sexual abuse, confirmed, initial encounter
T74.21XD	Adult sexual abuse, confirmed, subsequent encounter
T74.21XS	Adult sexual abuse, confirmed, sequela
T74.22XA	Child sexual abuse, confirmed, initial encounter
T74.22XD	Child sexual abuse, confirmed, subsequent encounter
T74.22XS	Child sexual abuse, confirmed, sequela
V83.81	Cystic fibrosis gene carrier
V83.89	Other genetic carrier status
Y04.8XXA	Assault by other bodily force, initial encounter
Y04.8XXD	Assault by other bodily force, subsequent encounter
Y04.8XXS	Assault by other bodily force, sequela
Z14.1	Cystic fibrosis carrier

REFERENCES

American Congress of Obstetricians and Gynecologists (ACOG). Abortion: Resource Overview. Available at <https://www.acog.org/Womens-Health/Abortion>. Accessed June 28, 2017.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
10/01/2017	<ul style="list-style-type: none"> • Updated policy guidelines; modified notation to clarify: <ul style="list-style-type: none"> ○ If an abortion CPT code is billed, then it is reimbursed according to the elective abortion benefit unless the diagnosis code is considered therapeutic (please see the list of therapeutic ICD-10 diagnosis codes) • Updated list of applicable HCPCS codes; removed notation indicating the listed codes are non-reimbursable because more specific CPT/HCPCS codes are available for reporting • Revised list of applicable (therapeutic) ICD-10 diagnosis codes: <ul style="list-style-type: none"> ○ Added D57.3, E75.02, O00.101*, O00.102*, O00.109*, O00.111*, O00.112*, O00.119*, O00.201*, O00.202*, O00.209*, O00.211*, O00.212*, O00.219*, O35.7XX0, O35.7XX1, O35.7XX2, O35.7XX3, O35.7XX4, O35.7XX5, O35.7XX9, Q03.0, Q03.1, Q03.8, Q03.9, T74.22XA, T74.22XD, T74.22XS, V83.81, V83.89, and Z14.1 ○ Removed O00.10*, O00.11*, O00.20*, O00.21*, Q08.0, Q08.2, Q08.8, and Q08.9 <p style="margin-left: 20px;"><i>*annual code edit</i></p> • Updated supporting information to reflect the most current references • Archived previous policy version MATERNITY 020.23 T1