



Administrative Policy

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Coverage Policy Number..... A006

Abortion

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Related Coverage Resources

[Comparative Genomic Hybridization \(CGH\)/Chromosomal Microarray Analysis \(CMA\) for Selected Hereditary Conditions](#)
[Genetic Testing for Reproductive Carrier Screening and Prenatal Diagnosis](#)

PURPOSE

*Administrative Policies are intended to provide further information about the administration of **standard** Cigna benefit plans. In the event of a conflict, a customer’s benefit plan document **always supersedes** the information in an Administrative Policy. Coverage determinations require consideration of 1) the terms of the applicable benefit plan document; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Administrative Policies and; 4) the specific facts of the particular situation. Administrative Policies relate exclusively to the administration of health benefit plans. Administrative Policies are not recommendations for treatment and should never be used as treatment guidelines.*

Administrative Policy

Coverage for abortion is subject to the terms, conditions and limitations of the applicable benefit plan and may be subject to state regulations. Standard Cigna benefit plans consider both elective and therapeutic abortion to be covered benefits.

Cigna covers medically necessary treatment of complications following an abortion.

General Background

Abortion is the induced or spontaneous termination of pregnancy. Abortion may be considered elective or therapeutic.

An abortion may be performed by medical (e.g., administration of medication) or surgical (e.g., dilation and curettage [D&C]) intervention. Medications commonly used for abortion include mifepristone, also known as RU486 (Mifeprex, Danco Laboratories, LLC, New York, NY) and misoprostol, used in combination with mifepristone.

Elective Abortion

For the purpose of this Administrative Policy an elective abortion is the termination of pregnancy at the discretion of the woman for reasons other than maternal health or fetal disease. Elective abortion is reflected when ICD-10-CM code Z33.2 (Encounter for elective termination of pregnancy) is either billed alone or with Z32.01 (Encounter for pregnancy test, result positive).

Therapeutic Abortion

For the purpose of this Administrative Policy a therapeutic abortion is the termination of a pregnancy due to underlying conditions related to maternal health or fetal disease. These conditions may be represented by a broad array of ICD-10 diagnosis codes. Indications for a therapeutic abortion include, but are not limited to the following conditions that may affect the woman or the fetus:

- cancer
- cardiovascular, hematologic or pulmonary disease
- congenital heart disease
- diabetes mellitus
- ectopic pregnancy
- exposure to a teratogenic substance known to cause developmental malformation(s) of the fetus
- fetal genetic abnormalities
- fetal death prior to the age of viability
- fetal structural defects (e.g., neural tube defects, cardiac abnormalities)
- infectious disease with potential for significant complications (e.g., Zika virus, typhoid, measles)
- mental health and addiction disorders
- metabolic disorders (e.g., Tay-Sachs disease)
- pregnancy due to rape or incest
- renal disease

A spontaneous abortion is used to describe the early loss of pregnancy (e.g., miscarriage) not caused by medical or surgical intervention. Spontaneous abortion includes missed or incomplete abortion (i.e., all or part of the products of conception are retained in the woman's body) and infected/septic abortion. The presence of a spontaneous abortion and resulting complications may require medical or surgical treatment.

Ectopic pregnancy occurs when a fertilized egg implants in the fallopian tube or in the abdomen rather than the uterus, resulting in a nonviable pregnancy. Ectopic pregnancy constitutes a life-threatening condition and may require immediate surgical intervention.

Coding Information

Notes:

1. This list of codes may not be all-inclusive since the American Medical Association (AMA) and Centers for Medicare & Medicaid Services (CMS) code updates may occur more frequently than policy updates.
2. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

For the purpose of this policy, the following CPT codes reflect therapeutic abortion for the treatment of a life-threatening condition related to maternal health and may be used in combination with any diagnosis code(s):

CPT®* Codes	Description
59100	Hysterotomy, abdominal (eg, 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
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
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
59870	Uterine evacuation and curettage for hydatidiform mole

For the purpose of this policy, the following CPT/HCPCS codes reflect therapeutic abortion when the code is accompanied by a diagnosis code(s) that indicates an underlying condition related to maternal health or fetal disease. Elective abortion is reflected when ICD-10-CM code Z33.2 is either billed alone or with Z32.01.

CPT®* Codes	Description
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 1 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 1 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 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;
59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)
59866	Multifetal pregnancy reduction(s) (MPR)

HCPCS Codes	Description
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
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

***Current Procedural Terminology (CPT®) ©2023 American Medical Association: Chicago, IL.**

References

1. Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual (Pub.100-2), Chapter 1, §80 Health Care Associated with Pregnancy. Accessed January 3, 2024. Available at URL address: <https://www.cms.gov/regulations-and-guidance/guidance/manuals/internet-only-manuals-ioms-items/cms012673>
2. Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual (Pub.100-2), Chapter 1, §90 Termination of Pregnancy. Accessed January 3, 2024. Available at URL address: <https://www.cms.gov/regulations-and-guidance/guidance/manuals/internet-only-manuals-ioms-items/cms012673>
3. Griebel CP, Halvorsen J, Golemon TB, Day AA. Management of spontaneous abortion. Am Fam Physician. 2005 Oct 1;72(7):1243-50.
4. U.S. National Library of Medicine. MedlinePlus. Miscarriage. Reviewed November 10, 2022. Accessed January 4, 2024. Available at URL address: <https://medlineplus.gov/ency/article/001488.htm>

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