



# INDIANA HEALTH COVERAGE PROGRAMS

## PROVIDER CODE TABLES

### Obstetrical and Gynecological Services Codes

*Note: Due to possible changes in Indiana Health Coverage Programs (IHCP) policy or national coding updates, inclusion of a code on the code tables does not necessarily indicate **current** coverage. See [IHCP Banner Pages and Bulletins](#) and the [IHCP Fee Schedules](#) for updates to coding, coverage, and benefit information.*

*For information about using these code tables, see the [Obstetrical and Gynecological Services](#) provider reference module.*

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**Table 1 – CPT<sup>1</sup> Procedure Codes for Hysterectomy****Reviewed/Updated: January 1, 2022**

| <b>Procedure Code</b> | <b>Description</b>   |
|-----------------------|--|
| 00846                 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy   |
| 00944                 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); vaginal hysterectomy   |
| 01962                 | Anesthesia for urgent hysterectomy following delivery  |
| 01963                 | Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care   |
| 01969                 | Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)  |
| 45126                 | Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof                            |
| 51597                 | Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof  |
| 51925                 | Closure of vesicouterine fistula; with hysterectomy  |
| 58150                 | Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)  |
| 58152                 | Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (e.g., Marshall-Marchetti-Krantz, Burch)  |
| 58180                 | Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)  |
| 58200                 | Total hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)  |
| 58210                 | Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)  |
| 58240                 | Pelvic exenteration for gynecologic malignancy, with total hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof |
| 58260                 | Vaginal hysterectomy, for uterus 250 g or less   |
| 58262                 | Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)   |
| 58263                 | Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele  |
| 58267                 | Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz, Pereyra type) with or without endoscopic control   |
| 58270                 | Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele  |
| 58275                 | Vaginal hysterectomy, with total or partial vaginectomy;   |
| 58280                 | Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele   |
| 58285                 | Vaginal hysterectomy, radical (Schauta type operation)   |

<sup>1</sup> Current Procedural Terminology. CPT copyright 2022 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

**Table 1 – CPT<sup>1</sup> Procedure Codes for Hysterectomy****Reviewed/Updated: January 1, 2022**

| <b>Procedure Code</b>  | <b>Description</b>   |
|--|--|
| 58290  | Vaginal hysterectomy, for uterus greater than 250 g;   |
| 58291  | Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)   |
| 58292  | Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele  |
| 58294  | Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele   |
| 58541  | Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;   |
| 58542  | Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)   |
| 58543  | Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g   |
| 58544  | Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)  |
| 58548  | Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed                 |
| 58550  | Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less   |
| 58552  | Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)  |
| 58553  | Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g  |
| 58554  | Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)   |
| 58570  | Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less   |
| 58571  | Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)  |
| 58572  | Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;   |
| 58573  | Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)   |
| 58951  | Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy |
| 58953  | Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;   |
| 58954  | Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy                       |
| 58956  | Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy  |
| 59525  | Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)   |
| <b>Table 1 Revision History</b>  |  |
| <b>January 1, 2022, update:</b><br>Removed (effective January 1, 2022): 59135  |  |
| <b>February 9, 2021, update:</b><br>Removed (effective January 1, 2021): 58293 |  |

**Table 2 – ICD-10 Procedure Codes for Hysterectomy***Reviewed/Updated: October 1, 2020*

| <b>Procedure Code</b>  | <b>Description</b>   |
|--|--|
| 0UT40ZZ  | Resection of uterine supporting structure, open approach   |
| 0UT44ZZ  | Resection of uterine supporting structure, percutaneous endoscopic approach                                    |
| 0UT47ZZ  | Resection of uterine supporting structure, via natural or artificial opening                                   |
| 0UT48ZZ  | Resection of uterine supporting structure, via natural or artificial opening, endoscopic                       |
| 0UT70ZZ  | Resection of bilateral fallopian tubes, open approach  |
| 0UT90ZL  | Resection of uterus, supracervical, open approach  |
| 0UT90ZZ  | Resection of uterus, open approach   |
| 0UT94ZL  | Resection of uterus, supracervical, percutaneous endoscopic approach   |
| 0UT94ZZ  | Resection of uterus, percutaneous endoscopic approach  |
| 0UT97ZL  | Resection of uterus, supracervical, via natural or artificial opening  |
| 0UT97ZZ  | Resection of uterus, via natural or artificial opening   |
| 0UT98ZL  | Resection of uterus, supracervical, via natural or artificial opening, endoscopic                              |
| 0UT98ZZ  | Resection of uterus, via natural or artificial opening, endoscopic   |
| 0UT9FZL  | Resection of uterus, supracervical, via natural or artificial opening, with percutaneous endoscopic assistance |
| 0UT9FZZ  | Resection of uterus, via natural or artificial opening, with percutaneous endoscopic assistance                |
| <b>Table 2 Revision History</b>  |  |
| <b>October 1, 2017, update:</b>  |  |
| Added (effective October 1, 2017): 0UT90ZL, 0UT94ZL, 0UT97ZL, 0UT98ZL, 0UT9FZL |  |

**Table 3 – ICD-10 Diagnosis Codes for Normal, Low-Risk Pregnancy***Reviewed/Updated: October 1, 2020*

| <b>Diagnosis Code</b> | <b>Description</b>   |
|-----------------------|--|
| Z34.00                | Encounter for supervision of normal first pregnancy, unspecified trimester   |
| Z34.01                | Encounter for supervision of normal first pregnancy, first trimester         |
| Z34.02                | Encounter for supervision of normal first pregnancy, second trimester        |
| Z34.03                | Encounter for supervision of normal first pregnancy, third trimester         |
| Z34.80                | Encounter for supervision of normal (other) pregnancy, unspecified trimester |
| Z34.81                | Encounter for supervision of normal (other) pregnancy, first trimester       |
| Z34.82                | Encounter for supervision of normal (other) pregnancy, second trimester      |
| Z34.83                | Encounter for supervision of normal (other) pregnancy, third trimester       |

**Table 4 – ICD-10 Diagnosis Codes for High-Risk Pregnancy****Reviewed/Updated: October 1, 2022**

| <b>Diagnosis Code</b> | <b>Description</b>   |
|-----------------------|--|
| O35.00X0              | Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, not applicable or unspecified                     |
| O35.00X1              | Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 1   |
| O35.00X2              | Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 2   |
| O35.00X3              | Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 3   |
| O35.00X4              | Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 4   |
| O35.00X5              | Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 5   |
| O35.00X9              | Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, other fetus                                       |
| O35.01X0              | Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, not applicable or unspecified |
| O35.01X1              | Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 1                       |
| O35.01X2              | Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 2                       |
| O35.01X3              | Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 3                       |
| O35.01X4              | Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 4                       |
| O35.01X5              | Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 5                       |
| O35.01X9              | Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, other fetus                   |
| O35.02X0              | Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, not applicable or unspecified                     |
| O35.02X1              | Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, fetus 1   |
| O35.02X2              | Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, fetus 2   |
| O35.02X3              | Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, fetus 3   |
| O35.02X4              | Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, fetus 4   |
| O35.02X5              | Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, fetus 5   |
| O35.02X9              | Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly, other fetus                                       |

**Table 4 – ICD-10 Diagnosis Codes for High-Risk Pregnancy****Reviewed/Updated: October 1, 2022**

| <b>Diagnosis Code</b> | <b>Description</b>  |
|-----------------------|---|
| O35.03X0              | Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, not applicable or unspecified |
| O35.03X1              | Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, fetus 1                       |
| O35.03X2              | Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, fetus 2                       |
| O35.03X3              | Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, fetus 3                       |
| O35.03X4              | Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, fetus 4                       |
| O35.03X5              | Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, fetus 5                       |
| O35.03X9              | Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts, other fetus                   |
| O35.04X0              | Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, not applicable or unspecified        |
| O35.04X1              | Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, fetus 1                              |
| O35.04X2              | Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, fetus 2                              |
| O35.04X3              | Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, fetus 3                              |
| O35.04X4              | Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, fetus 4                              |
| O35.04X5              | Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, fetus 5                              |
| O35.04X9              | Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele, other fetus                          |
| O35.05X0              | Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, not applicable or unspecified    |
| O35.05X1              | Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, fetus 1                          |
| O35.05X2              | Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, fetus 2                          |
| O35.05X3              | Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, fetus 3                          |
| O35.05X4              | Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, fetus 4                          |
| O35.05X5              | Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, fetus 5                          |
| O35.05X9              | Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly, other fetus                      |

**Table 4 – ICD-10 Diagnosis Codes for High-Risk Pregnancy****Reviewed/Updated: October 1, 2022**

| <b>Diagnosis Code</b> | <b>Description</b>  |
|-----------------------|---|
| O35.06X0              | Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, not applicable or unspecified |
| O35.06X1              | Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, fetus 1                       |
| O35.06X2              | Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, fetus 2                       |
| O35.06X3              | Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, fetus 3                       |
| O35.06X4              | Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, fetus 4                       |
| O35.06X5              | Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, fetus 5                       |
| O35.06X9              | Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly, other fetus                   |
| O35.07X0              | Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, not applicable or unspecified |
| O35.07X1              | Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, fetus 1                       |
| O35.07X2              | Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, fetus 2                       |
| O35.07X3              | Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, fetus 3                       |
| O35.07X4              | Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, fetus 4                       |
| O35.07X5              | Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, fetus 5                       |
| O35.07X9              | Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly, other fetus                   |
| O35.08X0              | Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, not applicable or unspecified |
| O35.08X1              | Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, fetus 1                       |
| O35.08X2              | Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, fetus 2                       |
| O35.08X3              | Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, fetus 3                       |
| O35.08X4              | Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, fetus 4                       |
| O35.08X5              | Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, fetus 5                       |
| O35.08X9              | Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida, other fetus                   |

**Table 4 – ICD-10 Diagnosis Codes for High-Risk Pregnancy****Reviewed/Updated: October 1, 2022**

| <b>Diagnosis Code</b> | <b>Description</b>  |
|-----------------------|---|
| O35.09X0              | Maternal care for (suspected) other central nervous system malformation or damage in fetus, not applicable or unspecified |
| O35.09X1              | Maternal care for (suspected) other central nervous system malformation or damage in fetus, fetus 1                       |
| O35.09X2              | Maternal care for (suspected) other central nervous system malformation or damage in fetus, fetus 2                       |
| O35.09X3              | Maternal care for (suspected) other central nervous system malformation or damage in fetus, fetus 3                       |
| O35.09X4              | Maternal care for (suspected) other central nervous system malformation or damage in fetus, fetus 4                       |
| O35.09X5              | Maternal care for (suspected) other central nervous system malformation or damage in fetus, fetus 5                       |
| O35.09X9              | Maternal care for (suspected) other central nervous system malformation or damage in fetus, other fetus                   |
| O35.10X0              | Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, not applicable or unspecified                |
| O35.10X1              | Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 1                                      |
| O35.10X2              | Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 2                                      |
| O35.10X3              | Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 3                                      |
| O35.10X4              | Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 4                                      |
| O35.10X5              | Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, fetus 5                                      |
| O35.10X9              | Maternal care for (suspected) chromosomal abnormality in fetus, unspecified, other fetus                                  |
| O35.11X0              | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13  |
| O35.11X1              | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13  |
| O35.11X2              | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13  |
| O35.11X3              | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13  |
| O35.11X4              | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13  |
| O35.11X5              | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13  |
| O35.11X9              | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13  |
| O35.12X0              | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18  |
| O35.12X1              | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18  |
| O35.12X2              | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18  |
| O35.12X3              | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18  |
| O35.12X4              | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18  |
| O35.12X5              | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18  |
| O35.12X9              | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18  |
| O35.13X0              | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21  |
| O35.13X1              | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21  |
| O35.13X2              | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21  |



**Table 4 – ICD-10 Diagnosis Codes for High-Risk Pregnancy****Reviewed/Updated: October 1, 2022**

| <b>Diagnosis Code</b> | <b>Description</b>   |
|-----------------------|--|
| O35.13X3              | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21   |
| O35.13X4              | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21   |
| O35.13X5              | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21   |
| O35.13X9              | Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21   |
| O35.14X0              | Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, not applicable or unspecified               |
| O35.14X1              | Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 1                                     |
| O35.14X2              | Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 2                                     |
| O35.14X3              | Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 3                                     |
| O35.14X4              | Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 4                                     |
| O35.14X5              | Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, fetus 5                                     |
| O35.14X9              | Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome, other fetus                                 |
| O35.15X0              | Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, not applicable or unspecified    |
| O35.15X1              | Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 1                          |
| O35.15X2              | Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 2                          |
| O35.15X3              | Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 3                          |
| O35.15X4              | Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 4                          |
| O35.15X5              | Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, fetus 5                          |
| O35.15X9              | Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality, other fetus                      |
| O35.19X0              | Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, not applicable or unspecified |
| O35.19X1              | Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 1                       |
| O35.19X2              | Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 2                       |
| O35.19X3              | Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 3                       |
| O35.19X4              | Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 4                       |
| O35.19X5              | Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, fetus 5                       |
| O35.19X9              | Maternal care for (suspected) chromosomal abnormality in fetus, other chromosomal abnormality, other fetus                   |

**Table 4 – ICD-10 Diagnosis Codes for High-Risk Pregnancy**  
**Reviewed/Updated: October 1, 2022**

| <b>Diagnosis Code</b> | <b>Description</b>   |
|-----------------------|--|
| O35.AXX0              | Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, not applicable or unspecified    |
| O35.AXX1              | Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, fetus 1                          |
| O35.AXX2              | Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, fetus 2                          |
| O35.AXX3              | Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, fetus 3                          |
| O35.AXX4              | Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, fetus 4                          |
| O35.AXX5              | Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, fetus 5                          |
| O35.AXX9              | Maternal care for other (suspected) fetal abnormality and damage, fetal facial anomalies, other fetus                      |
| O35.BXX0              | Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, not applicable or unspecified   |
| O35.BXX1              | Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, fetus 1                         |
| O35.BXX2              | Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, fetus 2                         |
| O35.BXX3              | Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, fetus 3                         |
| O35.BXX4              | Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, fetus 4                         |
| O35.BXX5              | Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, fetus 5                         |
| O35.BXX9              | Maternal care for other (suspected) fetal abnormality and damage, fetal cardiac anomalies, other fetus                     |
| O35.CXX0              | Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, not applicable or unspecified |
| O35.CXX1              | Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, fetus 1                       |
| O35.CXX2              | Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, fetus 2                       |
| O35.CXX3              | Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, fetus 3                       |
| O35.CXX4              | Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, fetus 4                       |
| O35.CXX5              | Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, fetus 5                       |
| O35.CXX9              | Maternal care for other (suspected) fetal abnormality and damage, fetal pulmonary anomalies, other fetus                   |

**Table 4 – ICD-10 Diagnosis Codes for High-Risk Pregnancy****Reviewed/Updated: October 1, 2022**

| <b>Diagnosis Code</b> | <b>Description</b>  |
|-----------------------|---|
| O35.DXX0              | Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, not applicable or unspecified         |
| O35.DXX1              | Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, fetus 1                               |
| O35.DXX2              | Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, fetus 2                               |
| O35.DXX3              | Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, fetus 3                               |
| O35.DXX4              | Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, fetus 4                               |
| O35.DXX5              | Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, fetus 5                               |
| O35.DXX9              | Maternal care for other (suspected) fetal abnormality and damage, fetal gastrointestinal anomalies, other fetus                           |
| O35.EXX0              | Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, not applicable or unspecified            |
| O35.EXX1              | Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, fetus 1                                  |
| O35.EXX2              | Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, fetus 2                                  |
| O35.EXX3              | Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, fetus 3                                  |
| O35.EXX4              | Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, fetus 4                                  |
| O35.EXX5              | Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, fetus 5                                  |
| O35.EXX9              | Maternal care for other (suspected) fetal abnormality and damage, fetal genitourinary anomalies, other fetus                              |
| O35.FXX0              | Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, not applicable or unspecified |
| O35.FXX1              | Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, fetus 1                       |
| O35.FXX2              | Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, fetus 2                       |
| O35.FXX3              | Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, fetus 3                       |
| O35.FXX4              | Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, fetus 4                       |
| O35.FXX5              | Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, fetus 5                       |
| O35.FXX9              | Maternal care for other (suspected) fetal abnormality and damage, fetal musculoskeletal anomalies of trunk, other fetus                   |

**Table 4 – ICD-10 Diagnosis Codes for High-Risk Pregnancy**  
**Reviewed/Updated: October 1, 2022**

| <b>Diagnosis Code</b> | <b>Description</b>   |
|-----------------------|--|
| O35.GXX0              | Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, not applicable or unspecified |
| O35.GXX1              | Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, fetus 1                       |
| O35.GXX2              | Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, fetus 2                       |
| O35.GXX3              | Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, fetus 3                       |
| O35.GXX4              | Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, fetus 4                       |
| O35.GXX5              | Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, fetus 5                       |
| O35.GXX9              | Maternal care for other (suspected) fetal abnormality and damage, fetal upper extremities anomalies, other fetus                   |
| O35.HXX0              | Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, not applicable or unspecified |
| O35.HXX1              | Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, fetus 1                       |
| O35.HXX2              | Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, fetus 2                       |
| O35.HXX3              | Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, fetus 3                       |
| O35.HXX4              | Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, fetus 4                       |
| O35.HXX5              | Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, fetus 5                       |
| O35.HXX9              | Maternal care for other (suspected) fetal abnormality and damage, fetal lower extremities anomalies, other fetus                   |
| O09.00                | Supervision of pregnancy with history of infertility, unspecified trimester  |
| O09.01                | Supervision of pregnancy with history of infertility, first trimester  |
| O09.02                | Supervision of pregnancy with history of infertility, second trimester   |
| O09.03                | Supervision of pregnancy with history of infertility, third trimester  |
| O09.10                | Supervision of pregnancy with history of ectopic pregnancy, unspecified trimester  |
| O09.11                | Supervision of pregnancy with history of ectopic pregnancy, first trimester  |
| O09.12                | Supervision of pregnancy with history of ectopic pregnancy, second trimester   |
| O09.13                | Supervision of pregnancy with history of ectopic pregnancy, third trimester  |
| O09.211               | Supervision of pregnancy with history of pre-term labor, first trimester   |
| O09.212               | Supervision of pregnancy with history of pre-term labor, second trimester  |
| O09.213               | Supervision of pregnancy with history of pre-term labor, third trimester   |
| O09.219               | Supervision of pregnancy with history of pre-term labor, unspecified trimester   |
| O09.291               | Supervision of pregnancy with poor reproductive or obstetrical history, first trimester  |

**Table 4 – ICD-10 Diagnosis Codes for High-Risk Pregnancy****Reviewed/Updated: October 1, 2022**

| <b>Diagnosis Code</b> | <b>Description</b>   |
|-----------------------|--|
| O09.292               | Supervision of pregnancy with poor reproductive or obstetrical history, second trimester               |
| O09.293               | Supervision of pregnancy with poor reproductive or obstetrical history, third trimester                |
| O09.299               | Supervision of pregnancy with poor reproductive or obstetrical history, unspecified trimester          |
| O09.30                | Supervision of pregnancy with insufficient antenatal care, unspecified trimester                       |
| O09.31                | Supervision of pregnancy with insufficient antenatal care, first trimester                             |
| O09.32                | Supervision of pregnancy with insufficient antenatal care, second trimester                            |
| O09.33                | Supervision of pregnancy with insufficient antenatal care, third trimester                             |
| O09.40                | Supervision of pregnancy with grand multiparity, unspecified trimester                                 |
| O09.41                | Supervision of pregnancy with grand multiparity, first trimester                                       |
| O09.42                | Supervision of pregnancy with grand multiparity, second trimester                                      |
| O09.43                | Supervision of pregnancy with grand multiparity, third trimester                                       |
| O09.511               | Supervision of elderly primigravida, first trimester   |
| O09.512               | Supervision of elderly primigravida, second trimester  |
| O09.513               | Supervision of elderly primigravida, third trimester   |
| O09.519               | Supervision of elderly primigravida, unspecified trimester   |
| O09.521               | Supervision of elderly multigravida, first trimester   |
| O09.522               | Supervision of elderly multigravida, second trimester  |
| O09.523               | Supervision of elderly multigravida, third trimester   |
| O09.529               | Supervision of elderly multigravida, unspecified trimester   |
| O09.611               | Supervision of young primigravida, first trimester   |
| O09.612               | Supervision of young primigravida, second trimester  |
| O09.613               | Supervision of young primigravida, third trimester   |
| O09.619               | Supervision of young primigravida, unspecified trimester   |
| O09.621               | Supervision of young multigravida, first trimester   |
| O09.622               | Supervision of young multigravida, second trimester  |
| O09.623               | Supervision of young multigravida, third trimester   |
| O09.629               | Supervision of young multigravida, unspecified trimester   |
| O09.70                | Supervision of high risk pregnancy due to social problems, unspecified trimester                       |
| O09.71                | Supervision of high risk pregnancy due to social problems, first trimester                             |
| O09.72                | Supervision of high risk pregnancy due to social problems, second trimester                            |
| O09.73                | Supervision of high risk pregnancy due to social problems, third trimester                             |
| O09.811               | Supervision of pregnancy resulting from assisted reproductive technology, first trimester              |
| O09.812               | Supervision of pregnancy resulting from assisted reproductive technology, second trimester             |
| O09.813               | Supervision of pregnancy resulting from assisted reproductive technology, third trimester              |
| O09.819               | Supervision of pregnancy resulting from assisted reproductive technology, unspecified trimester        |
| O09.821               | Supervision of pregnancy with history of in utero procedure during previous pregnancy, first trimester |

**Table 4 – ICD-10 Diagnosis Codes for High-Risk Pregnancy****Reviewed/Updated: October 1, 2022**

| <b>Diagnosis Code</b> | <b>Description</b>   |
|-----------------------|--|
| O09.822               | Supervision of pregnancy with history of in utero procedure during previous pregnancy, second trimester      |
| O09.823               | Supervision of pregnancy with history of in utero procedure during previous pregnancy, third trimester       |
| O09.829               | Supervision of pregnancy with history of in utero procedure during previous pregnancy, unspecified trimester |
| O09.891               | Supervision of other high risk pregnancies, first trimester  |
| O09.892               | Supervision of other high risk pregnancies, second trimester   |
| O09.893               | Supervision of other high risk pregnancies, third trimester  |
| O09.899               | Supervision of other high risk pregnancies, unspecified trimester  |
| O09.90                | Supervision of high risk pregnancy, unspecified, unspecified trimester                                       |
| O09.91                | Supervision of high risk pregnancy, unspecified, first trimester   |
| O09.92                | Supervision of high risk pregnancy, unspecified, second trimester  |
| O09.93                | Supervision of high risk pregnancy, unspecified, third trimester   |
| O09.A0                | Supervision of pregnancy with history of molar pregnancy, unspecified trimester                              |
| O09.A1                | Supervision of pregnancy with history of molar pregnancy, first trimester                                    |
| O09.A2                | Supervision of pregnancy with history of molar pregnancy, second trimester                                   |
| O09.A3                | Supervision of pregnancy with history of molar pregnancy, third trimester                                    |

**Table 4 Revision History****October 1, 2022, update:**

Added (effective October 1, 2022): O35.00X0–O35.00X5, O35.00X9, O35.01X0–O35.01X5, O35.01X9, O35.02X0–O35.02X5, O35.02X9, O35.03X0–O35.03X5, O35.03X9, O35.04X0–O35.04X5, O35.04X9, O35.05X0–O35.05X5, O35.05X9, O35.06X0–O35.06X5, O35.06X9, O35.07X0–O35.07X5, O35.07X9, O35.08X0–O35.08X5, O35.08X9, O35.09X0–O35.09X5, O35.09X9, O35.10X0–O35.10X5, O35.10X9, O35.11X0–O35.11X5, O35.11X9, O35.12X0–O35.12X5, O35.12X9, O35.13X0–O35.13X5, O35.13X9, O35.14X0–O35.14X5, O35.14X9, O35.15X0–O35.15X5, O35.15X9, O35.19X0–O35.19X5, O35.19X9, O35.AXX0–O35.AXX5, O35.AXX9, O35.BXX0–O35.BXX5, O35.BXX9, O35.CXX0–O35.CXX5, O35.CXX9, O35.DXX0–O35.DXX5, O35.DXX9, O35.EXX0–O35.EXX5, O35.EXX9, O35.FXX0–O35.FXX5, O35.FXX9, O35.GXX0–O35.GXX5, O35.GXX9, O35.HXX0–O35.HXX5, O35.HXX9

**Table 5 – Prenatal Visit Procedure Codes and Billing Instructions****Reviewed/Updated: February 9, 2021**

| <i>Note: Providers can bill prenatal visits along with delivery and postpartum services on the same professional claim (CMS-1500 claim form, 837P transaction, or IHCP Provider Healthcare Portal professional claim).</i> |  |          |  |
|--|--|----------|--|
| Procedure Code   | Billing Instructions   | Modifier | Description  |
| 99202–99215  | Bill appropriate E/M code for the <b>first antepartum visit</b> (to accommodate the greater amount of work involved with the visit). | U1       | Trimester one – 0 through 14 weeks, 0 days                 |
|  |  | U2       | Trimester two – 14 weeks, 1 day through 28 weeks, 0 days   |
|  |  | U3       | Trimester three – 28 weeks, 1 day, through delivery        |
| 59425  | Bill antepartum care only for <b>visits two through six</b> .  | U1       | Trimester one – 0 through 14 weeks, 0 days                 |
|  |  | U2       | Trimester two – 14 weeks, one day through 28 weeks, 0 days |
|  |  | U3       | Trimester three – 28 weeks, 1 day, through delivery        |
| 59426  | Bill antepartum care only for <b>visit seven and all subsequent visits</b> .   | U1       | Trimester one – 0 through 14 weeks, 0 days                 |
|  |  | U2       | Trimester two – 14 weeks, 1 day through 28 weeks, 0 days   |
|  |  | U3       | Trimester three – 28 weeks, 1 day, through delivery        |
| <b>Table 6 Revision History</b>  |  |          |  |
| <b>February 9, 2021 update:</b><br>Removed (effective January 1, 2021): 99201  |  |          |  |

**Table 6 – Long-Acting Reversible Contraception (LARC) Devices Separately Reimbursable During an Inpatient Hospital or Birthing Center Stay for Delivery****Reviewed/Updated: October 1, 2020**

| Procedure Code  | Description  |
|---|--|
| J7296   | Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg     |
| J7297   | Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration |
| J7298   | Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration |
| J7300   | Intrauterine copper contraceptive  |
| J7301   | Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg                |
| J7306   | Levonorgestrel (contraceptive) implant system, including implants and supplies     |
| J7307   | Etonogestrel (contraceptive) implant system, including implant and supplies        |
| <b>Table 6 Revision History</b>   |  |
| <b>January 1, 2018, update:</b><br>Added (effective January 1, 2018): J7296<br>Removed (effective January 1, 2018): Q9984 |  |
| <b>July 1, 2017, update:</b><br>Added (effective July 1, 2017): Q9984   |  |

**Table 7 – ICD-10 Abortion Diagnosis Codes That Suspend for Appropriate Documentation Supporting Medical Necessity**

*Reviewed/Updated: October 1, 2020*

| <b>Diagnosis Code</b> | <b>Description</b>   |
|-----------------------|--|
| O04.5                 | Genital tract and pelvic infection following (induced) termination of pregnancy        |
| O04.6                 | Delayed or excessive hemorrhage following (induced) termination of pregnancy           |
| O04.7                 | Embolism following (induced) termination of pregnancy                                  |
| O04.80                | (Induced) termination of pregnancy with unspecified complications                      |
| O04.81                | Shock following (induced) termination of pregnancy                                     |
| O04.82                | Renal failure following (induced) termination of pregnancy                             |
| O04.83                | Metabolic disorder following (induced) termination of pregnancy                        |
| O04.84                | Damage to pelvic organs following (induced) termination of pregnancy                   |
| O04.85                | Other venous complications following (induced) termination of pregnancy                |
| O04.86                | Cardiac arrest following (induced) termination of pregnancy                            |
| O04.87                | Sepsis following (induced) termination of pregnancy                                    |
| O04.88                | Urinary tract infection following (induced) termination of pregnancy                   |
| O04.89                | (Induced) termination of pregnancy with other complications                            |
| O07.0                 | Genital tract and pelvic infection following failed attempted termination of pregnancy |
| O07.1                 | Delayed or excessive hemorrhage following failed attempted termination of pregnancy    |
| O07.2                 | Embolism following failed attempted termination of pregnancy                           |
| O07.30                | Failed attempted termination of pregnancy with unspecified complications               |
| O07.31                | Shock following failed attempted termination of pregnancy                              |
| O07.32                | Renal failure following failed attempted termination of pregnancy                      |
| O07.33                | Metabolic disorder following failed attempted termination of pregnancy                 |
| O07.34                | Damage to pelvic organs following failed attempted termination of pregnancy            |
| O07.35                | Other venous complications following failed attempted termination of pregnancy         |
| O07.36                | Cardiac arrest following failed attempted termination of pregnancy                     |
| O07.37                | Sepsis following failed attempted termination of pregnancy                             |
| O07.38                | Urinary tract infection following failed attempted termination of pregnancy            |
| O07.39                | Failed attempted termination of pregnancy with other complications                     |
| O07.4                 | Failed attempted termination of pregnancy without complication                         |
| Z33.2                 | Encounter for elective termination of pregnancy  |



**Table 8 – CPT and HCPCS<sup>2</sup> Abortion Procedure Codes That Suspend for Appropriate Documentation Supporting Medical Necessity***Reviewed/Updated: October 1, 2020*

| Procedure Code | Description   |
|----------------|---|
| 59100          | Hysterotomy, abdominal (e.g., for hydatidiform mole, abortion)  |
| 59200          | Insertion of cervical dilator, (e.g., laminaria, prostaglandin) (separate procedure)  |
| 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 (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 1 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 1 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 hysterectomy (failed medical evacuation) |
| S0190          | Mifepristone, oral, 200 mg  |
| S0191          | Misoprostol, oral, 200 mcg  |

**Table 9 – ICD-10 Abortion Procedure Codes That Suspend for Appropriate Documentation Supporting Medical Necessity***Reviewed/Updated: October 1, 2020*

| Procedure Code   | Description  |
|--|--|
| 10A00ZZ  | Abortion of products of conception, open approach                                    |
| 10A03ZZ  | Abortion of products of conception, percutaneous approach                            |
| 10A04ZZ  | Abortion of products of conception, percutaneous endoscopic approach                 |
| 10A07Z6  | Abortion of products of conception, vacuum, via natural or artificial opening        |
| 10A07ZW  | Abortion of products of conception, laminaria, via natural or artificial opening     |
| 10A07ZX  | Abortion of products of conception, abortifacient, via natural or artificial opening |
| 10A07ZZ  | Abortion of products of conception, via natural or artificial opening                |
| 10A08ZZ  | Abortion of products of conception, via natural or artificial opening endoscopic     |
| Table 9 Revision History   |  |
| <i>April 8, 2016, update:</i><br>Removed (correction): 10D00Z0, 10D00Z1, 10D00Z2, 10D17ZZ, 10D18ZZ, 0UDB7ZZ, 0UDB8ZZ |  |

<sup>2</sup> Healthcare Common Procedure Coding System.