



Billing + Coding for Early Pregnancy Loss

When a patient presents for family planning services with symptoms of early pregnancy loss (EPL), it is important for the clinician to document clinically relevant information and capture the correct codes for each unique patient visit. The following case studies discuss various clinical scenarios and the appropriate coding for each.

Case Study 1: Suspected Ectopic Pregnancy

History

19-year-old G1P0 established patient (she/her) is seen with a complaint of recurrent vomiting that she attributes to "morning sickness". She is 7 1/2 weeks from last menstrual period (LMP) and had a positive home pregnancy test 1 week ago. She states that the vomiting started two weeks ago and that she isn't able to eat or drink much without vomiting. She urinates a small amount 3-4 times a day but notes that her urine is darker than normal. The pregnancy is desired, but she has not yet decided where she will receive prenatal care.

Physical Exam

- VS: BP 124/74, P 80, Temp 98.6 °F.
- Vagina: pink with moderate amount of maroon-colored watery discharge.
 - Cervix: os closed. No exudate or lesion. Sample for gonorrhea (GC) and chlamydia nucleic acid amplification tests (NAATs) obtained.
 - Bimanual: anteverted, nontender uterus, 6-7-week gestational size. No cervical motion tenderness.
 - Left adnexa was slightly tender to palpation, right adnexa was non-tender.

Point-of-Care Lab

Urine pregnancy test: positive
Dip urinalysis: negative

Office Imaging

Transvaginal ultrasound: thickened endometrium and a slightly enlarged uterus. No gestational sac was noted. Left adnexa had increased vascularity adjacent to the left ovary. Right ovary was normal. Ectopic pregnancy was suspected, so the Emergency Department was contacted to arrange transfer.

Total Time of Visit

35 minutes

E/M Code

- **Total time:** 99214 (established patient visit, 30-39 minutes)
- **Medical decision making (MDM):** highest 2/3: 99215
 - **Problems:** High (1 acute or chronic illness that poses a threat to life or bodily function)
 - **Data:** Extensive (4 tests ordered and discussion of management or test interpretation with external physician)
 - **Risk:** Low risk of morbidity from additional diagnostic testing or treatment
- The E/M code submitted is the higher of total time or MDM.

2. Suspected ectopic pregnancy: Do not use ICD-10 codes for "rule-out" diagnoses, only those that are established. Instead, code for the most important symptom at the visit.

	CPT Code	ICD-10-CM Code
Procedure	76817 Transvaginal pelvic ultrasound, pregnant	O20.0 Threatened abortion
Dispensed meds	None	
Point of care lab	81025 Pregnancy test, urine 81002 Urine dip only (no micro)	Z32.01 Pregnancy test/exam, positive R30.0 Dysuria
E/M	99215 (based on MDM)	O20.0 Threatened abortion
Modifier	None	

Case Study 2: Vaginal Bleeding, Threatened Abortion

History

19-year-old G1P0 established patient (they/them) is seen with a complaint of recurrent vomiting that they attribute to “morning sickness”. They are 7 ½ weeks from LMP and had a positive home pregnancy test 1 week ago. They state that the vomiting started two weeks ago and that she isn’t able to eat or drink much without vomiting. They urinate a small amount 3-4 times a day but notes that her urine is darker than normal. The pregnancy is desired, but they have not yet decided where they will receive prenatal care.

Physical Exam

VS: BP 124/74, P 80, Temp 98.6 °F.

- Vagina: pink with moderate amount of maroon-colored watery discharge.
- Cervix: os closed. No exudate or lesion. Sample for GC and chlamydia NAATs obtained. a
- Bimanual: anteverted, nontender uterus, 6–7-week gestational size. No cervical motion tenderness.
- Left adnexa was slightly tender to palpation, right adnexa was non-tender.

	CPT Code	ICD-10-CM Code
Procedure	76817 Transvaginal pelvic ultrasound, pregnant	O20.0 Threatened abortion
Dispensed meds	None	
Point of care lab	81025 Pregnancy test, urine 87210 Saline/KOH microscopy	Z32.01 Pregnancy test/exam, positive R30.0 Dysuria
E/M	99202	O20.0 Threatened abortion
Modifier	None	

Point-of-Care Lab

- Office pregnancy test: positive
- Microscopy negative for trichomoniasis.
- Quantitative beta-human chorionic gonadotropin (b-hCG) sent to outside lab.
- Chlamydia, GC, HIV, syphilis serology sent to outside lab.

Office Imaging

Not available. Referral to imaging center not considered to be necessary at this time.

Total Time of Visit

25 minutes

E/M code

- Total time: 99202 (new patient visit, 15-29 minutes)
 - **MDM:** highest 2/3: 99202
 - **Problems:** Low (1 acute or chronic illness or injury)
 - **Data:** Moderate (6 tests ordered)
 - **Risk:** Low risk of morbidity from additional diagnostic testing or treatment
- The E/M codes for total time and MDM are the same.

Case Study 3: Pregnancy Loss/Sepsis

History Physical Exam

34-year-old G3P2 established patient (she/her) is seen for an office visit because of heavy vaginal bleeding and cramping. She passed a large clot this morning in the shower that may have contained white tissue, but she wasn't sure. She is 9 weeks from LMP and had a positive home pregnancy test 2 weeks ago.

VS: BP 134/82, P 98,
Temp: 101.4 °F.

- o Abdomen: +3 (of 4) suprapubic pain with deep palpation
- o Speculum exam: copious blood in vault; cervix is open.
- o Bimanual exam: 7-week size uterus with +3/ 4 corpus tenderness, but no adnexal tenderness.

	CPT Code	ICD-10-CM Code
Procedure	76801 Abdominal ultrasound, pregnancy <14wks 76817 Transvaginal ultrasound, pregnant	O 03.37 Sepsis following incomplete SAB
Dispensed meds	None	
Point of care lab	None	Z32.01 Pregnancy test/exam, positive R30.0 Dysuria
E/M	99215 (based on time)	O 03.37 Sepsis following incomplete SAB
Modifier	None	

Point-of-Care Lab

- o None

Office Imaging

Pelvic ultrasound with abdominal and vaginal probes: blood clot and tissue in the endometrial cavity

The diagnosis was septic incomplete early pregnancy loss (miscarriage). A local ObGyn physician was consulted by phone and the patient was transferred urgently for uterine evacuation and IV antibiotic therapy.

Total Time of Visit

45 minutes

E/M code

- o **Total time:** 99215 (established patient visit, 40-54 minutes)
- o **MDM:** highest 2/3: 99214.
- o **Problems:** High (1 acute or chronic illness or injury that poses a threat to life or bodily function)
- o **Data:** Moderate (Discussion of management or test interpretation with external physician/other Health care provider (QHP))
- o **Risk:** Minimal (no risk of morbidity from additional diagnostic testing or treatment)
- o The E/M code submitted is the higher of total time or MDM

Case Study 4: Hyperemesis in Early Pregnancy, No Ultrasound Available

History Physical Exam

19-year-old G1P0 established patient (she/her) is seen with a complaint of recurrent vomiting that she attributes to “morning sickness”. She is 7 ½ weeks from LMP and had a positive home pregnancy test 1 week ago. She states that the vomiting started two weeks ago and that she isn’t able to eat or drink much without vomiting. She urinates a small amount 3-4 times a day but notes that her urine is darker than normal. The pregnancy is desired, but she has not yet decided where she will receive prenatal care.

VS: BP 106/62, P 98,
Temp: 98.4 °F.

- General appearance: appears to be quite tired; decreased skin turgor consistent with dehydration.
- Abdomen: nontender to light and deep palpation
- Speculum exam: no blood in vault; cervix is closed.
- Bimanual exam: 7–8-week size soft non-tender uterus; no adnexal tenderness.

	CPT Code	ICD-10-CM Code
Procedure	None	
Dispensed meds	None	
Point of care lab	81025 Pregnancy test, urine 81002 Urine dip only (no micro)	Z32.01 Pregnancy test/exam, positive O 21.0 Mild hyperemesis gravidarum
E/M	99213 (based on time)	O 21.0 Mild hyperemesis gravidarum E86.0 Dehydration
Modifier	None	

Point-of-Care Lab

- Dipstick urinalysis: +2/4 ketones, otherwise negative
- Office pregnancy test: Positive

Office Imaging

Not available.

Total Time of Visit

26 minutes

E/M code

- **Total time:** 99213 (established patient visit, 20-29 minutes)
- **MDM:** highest 2/3: 99212
- **Problems:** Low (1 acute or chronic illness)
- **Data:** Limited (2 tests ordered)
- **Risk:** Minimal (no risk of morbidity from additional diagnostic testing or treatment)
- The E/M code submitted is the higher of total time or MDM