

# Abortion (NCD 140.1)

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[Terms and Conditions](#)

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Related Medicare Advantage Coverage Summary
<ul style="list-style-type: none"> <li><a href="#">Abortion</a></li> </ul>

## Policy Summary

Medicare does not cover abortions except:

- If the pregnancy is the result of an act of incest or rape; or
- In the case where a woman suffers from a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself that would, as certified by a physician place the woman in danger of death unless an abortion is performed.

## 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 guideline 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 and Guidelines may apply.

CPT Code	Description
01966	Anesthesia for induced abortion procedures
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

CPT Code	Description
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 hysterotomy (failed medical evacuation)
59866	Multifetal pregnancy reduction(s) (MPR)

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Modifier	Description
G7	Pregnancy resulted from rape or incest or pregnancy certified by physician as life threatening

Condition Code	Description
AA	Abortion performed due to rape
AB	Abortion performed due to incest
AD	Abortion performed due to life endangering physical condition

ICD Procedure Code	Description
10A07ZZ	Abortion of products of conception, via natural or artificial opening
10A08ZZ	Abortion of products of conception, via natural or artificial opening endoscopic
10D17ZZ	Extraction of products of conception, retained, via natural or artificial opening
10D18ZZ	Extraction of products of conception, retained, via natural or artificial opening endoscopic
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

## References

### CMS National Coverage Determinations (NCDs)

[NCD 140.1 Abortion](#)

### CMS Benefit Policy Manual

[Chapter 1: § 80 Health Care Associated With Pregnancy, § 90 Termination of Pregnancy](#)

[Chapter 15: § 20.1 Physician Expense for Surgery, Childbirth, and Treatment for Infertility](#)

### CMS Claims Processing Manual

[Chapter 3: § 100.1 Billing for Abortion Services](#)

### CMS Transmittal(s)

[Transmittal 48, Change Request 4278, Dated 03/17/2006 \(Technical Corrections to the NCD Manual\)](#)

[Transmittal 2397, Change Request 7687, Dated 01/26/2012 \(Update to Abortion Condition Codes Associated With Reason Code 32809\)](#)

### MLN Matters

[Article MM7687, Update to Abortion Condition Codes Associated With Reason Code 32809](#)

## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	<b>Template Update</b> <ul style="list-style-type: none"><li>Reformatted policy; transferred content to new template</li></ul>
09/09/2020	<b>Supporting Information</b> <ul style="list-style-type: none"><li>Routine review; no change to guidelines</li><li>Archived previous policy version MPG002.05</li></ul>

## Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

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 member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided.

UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).