Termination of pregnancy/Miscarriage

Termination (abortion)/miscarriage coding

The term ‘abortion’ refers to the expulsion or removal of an embryo or fetus.

Coding staff should be aware that there has been a recent move away from using the term “abortion” for cases of termination/miscarriage because it may be confusing and is often upsetting to patients who usually consider the term to mean termination of pregnancy. It is probably safer to refer to spontaneous and missed abortions as “miscarriages” and to refer to medical or surgically induced abortions as “terminations of pregnancy” or just “terminations”.

Clinical practice of treating terminations/miscarriages has changed in the last few years since we previously issued guidance on this subject. It is also true that practice is different in different areas of the country. This has led to coders being confused about how to code termination/miscarriage episodes, particularly when there may be several episodes for the same termination or miscarriage.

The following scenarios may be quite typical:

Termination of pregnancy (for the purposes of removing a live embryo or fetus)
1. On discharge of first episode should be coded to O04.5 to .9
2. If patient returns with retained products of conception code to O04.0 to .4

ICD10 Index states - Retention, retained
- products of conception
  - - following
  - - - abortion - see Abortion, by type

Abortion
- medical O04.-
2. Patient is admitted or attends as an outpatient for start of termination. Given mifepristone orally then sent home. Nothing happens.

This should be recorded on an SMR01 (Inpatient/Daycase) as follows:

O04.5 to .9 PLUS Z51.2 for oral mifepristone.

If recording on an SMR00, the code X39.1 Oral administration of therapeutic substance must be entered in the OPCS field.

Patient returns 3 days later and is given misoprostol vaginally. Still nothing happens.

This should be recorded on an SMR01 (Inpatient/Daycase) as follows:

O04.0 to .4 PLUS Z51.2 for vaginal misoprostol

An OPCS code must also be recorded:

Q14.5 - Insertion of prostaglandin pessary

If recording on an SMR00, the code Q14.5 - Insertion of prostaglandin pessary must be entered in the OPCS field.

The following day, the patient is admitted and is given a second dose of misoprostol orally, and then expels the products of conception.

This episode should also be coded to:

O04.0 to .4 PLUS Z51.2 for oral misoprostol.

**Spontaneous miscarriages/spontaneous abortions:**

On the first inpatient or daycase episode of care for a spontaneous miscarriage, a code for complete miscarriage should be used i.e. O03.5 to O03.9. This will apply even if the patient is still bleeding when sent home. The only exception to this rule would be the rare occasion where it is known that the miscarriage is not complete prior to discharge - perhaps if the woman has discharged herself against advice, or the patient is being transferred because of complications.

On discharge of first episode should be coded to O03.5 to .9

If patient returns with retained products of conception code to O03.0 to .4

ICD10 Index states - Retention, retained

- products of conception
  - - following
  - - - abortion - see Abortion, by type
    Abortion
    - spontaneous O03.-

Any subsequent in-patient episode of care should be coded to an incomplete miscarriage i.e. O03.0 to O03.4.

**Missed abortion/missed miscarriage/fetal demise/early uterine death/silent miscarriage/delayed miscarriage.**

All of the above terms should be recorded to O02.1 – Missed abortion.

Where oral mifepristone OR oral prostaglandin (including misoprostol) is given to encourage the expulsion of the fetus/products of conception, the code Z51.2 – Other chemotherapy must be added.
The patient may be discharged prior to expulsion of the fetus/products of conception.

On discharge of first episode should be coded to O02.1

If patient returns with retained products of conception code to O02.1 + O08.-

ICD10 Index states - Retention, retained
- products of conception
  - - early pregnancy (dead fetus) O02.1

Coding of abortifacients

<table>
<thead>
<tr>
<th>ICD10 code (in addition to O02.-, O03.- or O04.-)</th>
<th>OPCS4 code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral mifepristone OR Oral prostaglandin (including misoprostol) Z51.2 – Other chemotherapy</td>
<td>Q14.5 – Insertion of prostaglandin pessary</td>
</tr>
<tr>
<td>Vaginal/ pessary prostaglandin (including misoprostol) Z51.2 – Other chemotherapy</td>
<td>X39.1 Oral administration of therapeutic substance</td>
</tr>
<tr>
<td>Oral mifepristone – SMR00 ONLY</td>
<td></td>
</tr>
</tbody>
</table>

Please note that mifepristone is only given orally.

The intention of these coding rules is that only one complete miscarriage/termination episode should ever be recorded for any miscarriage/termination. Analysts counting the number of episodes of care for miscarriages/terminations should be aware of the above rules, but should note that some termination patients are never admitted as inpatients and so a more accurate result of total number of terminations will be obtained by counting the ‘yellow forms’ held on a separate database from SMR information. It is also advisable for analysts to use the linked dataset when analysing for episodes of miscarriage to ensure that they avoid counting multiple admissions for the same episode.

N.B. If the termination/miscarriage information is being recorded on an SMR02 record, the correct condition on discharge code for the above scenarios is 8 - Other (includes missed abortion) unless the clinician states that the patient has aborted in which case the correct code is 2 - Aborted.

Termination of pregnancy resulting in liveborn

In cases where a patient undergoes termination of pregnancy, resulting in a live fetus where the baby has lived for any amount of time, regardless of gestational age, this must be coded as an abortion using a code from categories O04-O06. An appropriate code from category Z37 Outcome of delivery must also be assigned in the first secondary diagnosis field to indicate that the termination of pregnancy resulted in a live birth.

Outpatient attendances for termination of pregnancy.

Woman attends Outpatient clinic to request termination of pregnancy. She is asked to return and attend a ward to be given an oral abortifacient drug (Mifepristone).

In these instances, complete an SMR00 return for both the Outpatient attendance and the attendance at the ward. Do not count the attendance for administration of the oral abortifacient drug (Mifepristone) as a ward attendance. Treat it as an Outpatient attendance and record OPCS4 code X39.1 - Oral administration of therapeutic substance in the procedure field.
This is to ensure that all ‘non-inpatient’ attendances for administration of oral abortifacient drugs (Mifepristone) are recorded in the same manner.

No ICD-10 code is required.

However, the preferred means of recording all terminations is to admit the patient either under SMR01 or SMR02.

**Abortion codes on SMR02**  
**Coding Quarterly No. 2, February 1997**

On SMR02 abortions must be coded under Main Condition (in ICD10) from 1 April 1997 in addition to coding under the data item Type of Abortion.

**Habitual Abortion/Recurrent Miscarriage Coding Guidelines No.22 March 2008**

If a woman has three consecutive first trimester losses of pregnancy she can be classified as a habitual aborter. It should however be noted that the term habitual aborter is somewhat misleading and out-of-date. Clinicians now use the term recurrent miscarriage.

ICD10 Code O26.2, Pregnancy care of habitual aborter, should only be used if the clinician uses the terms ‘habitual aborter’ or ‘recurrent miscarriage’ and the woman is currently pregnant.

Please note the exclusions at O26.2.

**Excludes:** habitual aborter:
- with current abortion (O03 – O06)
- without current pregnancy (N96)

This guidance applies to all discharges on and after 1st April 2008.

**PLEASE NOTE THAT ALL NEW STANDARDS IN THIS EDITION APPLY TO ALL DISCHARGES ON AND AFTER 1ST FEBRUARY 2014.**

**OBSELETE GUIDELINES**

**Abortion coding**  
**Coding Guidelines No. 22, March 2008**

Clinical practice of treating abortions/miscarriages has changed in the last few years since we previously issued guidance on this subject. It is also true that practice is different in different areas of the country. This has led to coders being confused about how to code abortion episodes, particularly when there may be several episodes for the same abortion.

The following scenario may be quite typical:

Patient is admitted or attends as an outpatient for start of termination. Given mifepristone orally then sent home. Nothing happens. Comes back 3 days later and given misoprostol vaginally. Still nothing happens. Following day, comes in and is given a second dose of misoprostol orally, and then aborts.

It has been decided that the following coding should be used:

On the first inpatient or daycase episode of care for a medical abortion, a code for complete abortion should be used i.e. O04.5 to O04.9

On subsequent episodes, code to incomplete abortion i.e. O04.0 to O04.4
Note that the codes given out in Coding Guidelines No.8, February 2001, still apply i.e.

<table>
<thead>
<tr>
<th></th>
<th>ICD10 code (in addition to O04.-)</th>
<th>OPCS4 code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral mifepristone</td>
<td>Z30.3</td>
<td></td>
</tr>
<tr>
<td>Oral prostaglandin (including misoprostol)</td>
<td>Z51.2</td>
<td></td>
</tr>
<tr>
<td>Vaginal/ pessary prostaglandin (including misoprostol)</td>
<td>Q14.5</td>
<td></td>
</tr>
</tbody>
</table>

Please note that mifepristone is only given orally.

Miscarriages/spontaneous abortions will be coded as follows:

On the first inpatient or daycase episode of care for a spontaneous abortion, a code for complete abortion should be used i.e. O03.5 to O03.9. This will apply even if the patient is still bleeding when sent home.

Any subsequent episode of care should be coded to an incomplete abortion i.e. O03.0 to O03.4.

By using this coding only one complete abortion episode is ever recorded for any abortion. Analysts counting the number of episodes of care for abortions should be aware of the above rules, but should note that some abortion or miscarriage patients are never admitted as inpatients and so a more accurate result of total number of abortions will be obtained by counting the ‘yellow forms’ held on a separate database from SMR information.

N.B. If the abortion information is being recorded on an SMR02 record, the correct condition on discharge code for the above scenarios is 8 - Other (includes missed abortion) unless the clinician states that the patient has aborted in which case the correct code is 2 - Aborted.

This guidance applies to all discharges on and after 1st April 2008.

Abortion Coding Coding Guidelines No. 2, January 1999

Clarification was sought via the Clinical Coding Review Group (CCRG) regarding abortion coding as many difficulties are arising because of interpretation of the word ‘abortion’. The term ‘abortion’ refers to the expulsion or removal of an embryo or fetus. Confusion is arising with ‘missed’ and ‘spontaneous’ abortions coming back in for second and third episodes of care due to the original reason for admission. In particular, O04.- (Medical Termination / Legal Abortion) is being used when a Missed abortion (O02) and Spontaneous abortion (O03) are returning because of retained products of conception.

Medical Staff at the CCRG gave clear examples of how the following should be coded:-

**Medical Abortion** (for the purposes of removing a live embryo or fetus)

On discharge of first episode should be coded to O04.5 to .9

If patient returns with retained products of conception code to O04.0 to .4
ICD10 Index states - Retention, retained
- products of conception
  - following
  - abortion - see Abortion, by type
Abortion
  - medical O04.-

**Spontaneous Abortion**

On discharge of first episode should be coded to O03.5 to .9
If patient returns with retained products of conception code to O03.0 to .4

ICD10 Index states - Retention, retained
- products of conception
  - following
  - abortion - see Abortion, by type
Abortion
  - spontaneous O03.-

**Missed Abortion**

On discharge of first episode should be coded to O02.1
If patient returns with retained products of conception code to O02.1 + O08.-

ICD10 Index states - Retention, retained
- products of conception
  - early pregnancy (dead fetus) O02.1

**Administration of Abortifacient Drug**

Coding Quarterly No. 6, April 1998

From 1 April 1998, administration of abortifacient drugs, for example, Mifepristone (RU486) or prostaglandin, is to be coded in ICD10 as:

Z30.3  - Menstrual extraction (includes Interception of pregnancy)

and not Z51.2 as previously advised in the Coding Quarterly of May 1997. This is to bring Scotland into line with practice in England and Wales. Please note that this procedure will normally be carried out as an Outpatient attendance.

‘Mifepristone - Prostaglandin’

Coding Guidelines No. 8, February 2001

In order to identify those patients who have been given the abortifacient drug Mifepristone (RU486) from the group who are admitted for termination with treatment given as oral Prostaglandin (possibly following previous administration of Mifepristone), it is necessary to change/update previous instructions as follows:-

Coding Quarterly No. 3, May 1997
Termination of Pregnancy using Mifepristone (RU486)

Scenario B

Operation Section:
Prostaglandin administered orally - no procedure code is required
Add the following diagnostic code to the above termination code:
(Remains as) - Z51.2 - Other chemotherapy

Coding Quarterly No. 6, April 1998 - page 5 (OPCS4 section)

Termination of Pregnancy using Mifepristone (RU486)

Please change to read:
From 1 April 1998, administration of abortifacient drug Mifepristone (RU486) should be coded in ICD10 as:

Z30.3 - Menstrual extraction (includes Interception of pregnancy)

This is to bring Scotland into line with practice in England and Wales. Please note that this procedure will normally be carried out as an Outpatient attendance.

Note: Remember to amend any notes you may have made to ICD10 volumes

IN SUMMARY, FROM 1ST APRIL 2001 ADMINISTRATION OF MIFEPRISTONE WILL CONTINUE TO BE CODED TO Z30.3, BUT ADMINISTRATION OF PROSTAGLANDIN ORALLY WILL BE CODED TO Z51.2

Missed abortions Coding Guidelines No. 26, October 2010

1. A woman with a missed abortion is given oral Mifepristone and discharged home prior to aborting the fetus.
Code to O02.1 + Z30.3

2. A woman with a missed abortion is given oral Mifepristone, aborts the fetus and is then discharged.
Code to O02.1 + Z30.3

N.B. If the woman is given oral prostaglandin the code Z51.2 should be used in place of Z30.3.

The above guidance is being issued to add to that already published on Abortion coding in Coding Guidelines No.22, March 2008.

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Please change to read:

From 1 April 1998, administration of abortifacient drug Mifepristone (RU486) should be coded in ICD10 as:

**Z30.3 - Menstrual extraction** (includes Interception of pregnancy)

This is to bring Scotland into line with practice in England and Wales. Please note that this procedure will normally be carried out as an Outpatient attendance.

Note: Remember to amend any notes you may have made to ICD10 volumes

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**Termination of pregnancy using Mifepristone (RU486) Coding Quarterly No. 3, May 1997**

This drug, which is given orally, has a management plan spanning 48 hours. For SMR01 (or SMR02) completion, the following rules apply:

**Initial Treatment:** The drug Mifepristone (RU486) is usually given as an outpatient and therefore no SMR01 is required.

All patients are then provisionally booked in as day cases 48 hours later and the following conditions apply for completion of the SMR01 (or SMR02) for the subsequent episode.

A) Those who have aborted completely during the 48 hour period will not be admitted as a day case (they will be regarded as an outpatient) and no SMR01 (or SMR02) will be required.

B) The remainder who have not aborted completely will be admitted and will require an SMR01 (or SMR02). Some will have had bleeding and will require oral or vaginal prostaglandins during the day case admission.

Code as follows:

**Diagnostic Section:**
Main Condition

O04.1 Medical abortion, incomplete, complicated by delayed or excessive haemorrhage

**Operation Section:**
Prostaglandins administered orally — no procedure code is required.

Add the following diagnostic code to the above termination code:

Z51.2 Other chemotherapy

Prostaglandins given vaginally:
Q14.5 Insertion of prostaglandin pessary

Occasionally, patients will require evacuation of the uterus rather than prostaglandin treatment. The diagnoses should be coded as above (ie O04.1) but the main operation code should be selected from category Q11.- using the appropriate 4th-digit to indicate the method.

Q11.- Evacuation of uterus
(4th-digit as appropriate).

C) A few patients may require an additional admission for delayed bleeding some days later. Code as follows:
Diagnostic Section:
Main Condition
O08.1 Delayed or excessive haemorrhage following abortion
Operation Section:
The OPCS code to indicate the procedure used to manage the problem should be entered.

D) Finally, a small number of women do not abort after administration of the drug and have no symptoms such as bleeding. These patients are admitted for termination with the codes as follows:
Diagnostic Section:
Main Condition
O07.- Failed attempted abortion
Operation Section:
Appropriate OPCS code to indicate the procedure.

Contact
Please note that the Terminology Advisory Service Telephone Number is 0131 275 7283.
The number is manned Tuesday to Thursday from 09.00 to 17.00 hrs.
The link for previous coding standards/guidelines online is: www.isdscotland.org/Products-and-Services/Terminology-Services/Clinical-Coding-Guidelines

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