PREOPERATIVE DIAGNOSES:
1. Embryonic demise.
2. Status post dilation and curettage.
3. Retained products of conception with pain and bleeding.

POSTOPERATIVE DIAGNOSES:
1. Embryonic demise.
2. Status post dilation and curettage.
3. Retained products of conception with pain and bleeding.

PROCEDURE: Suction dilation and curettage under ultrasound guidance.

FINDINGS: Moderate products of conception, necrotic-appearing anteverted uterus, approximately 6 weeks size.

SPECIMENS TO PATHOLOGY: Products of conception.

ESTIMATED BLOOD LOSS: Less than 100 mL.

ANESTHESIA: General endotracheal anesthesia.

POSTOP CONDITION: Stable.

INDICATIONS: This is a 32-year-old G6, P0-1-4-1 at approximately 9 weeks gestational age, status post D and C last Friday for an embryonic demise. She continued to have bleeding and pain afterwards. Ultrasound showed suspicious for retained products of conception and the patient was counseled as to the risks and benefits to proceed with another suction D and C under general anesthesia given her discomfort during the procedure in clinic and her medical problems. The patient does have a medical history of antiphospholipid syndrome with three separate occasion pulmonary emboli, one occurring while on Coumadin. Risks and benefits were discussed with the patient and Lovenox was stopped almost 24 hours prior to procedure.

PROCEDURE IN DETAIL: After consent was signed and placed in the chart, the patient was taken back to the operating room where general anesthesia was found to be adequate. The patient was prepped and draped in high lithotomy and red rubber catheter was used to drain the patient’s bladder. A short-weighted speculum was placed in the patient’s vagina and single tooth tenaculum was used to grasp the anterior lip of the cervix. An 8 mm Hegar dilator was easily passed to the fundus of the uterine cavity and an 8 mm suction and curettage was then placed to the fundus. Suction was applied and several passes were made and there was noted moderate amount of necrotic tissue consistent with products of conception. There was noted good uterine cry circumferentially and procedure was completed at that time. Tenaculum was then removed and pressure was placed on the tenaculum sites with the ring forceps and a sponge stick. Hemostasis was noted after applications of silver nitrate and all instruments were removed from the patient’s vagina. The patient was taken back to the PACU after reversal from general anesthesia with no complications. The patient will be discharged home on the same day and follow up with her primary care physician. Sponge, lap, and needle counts were correct x 2 and Dr. was present and scrubbed for the entire length of the procedure.

Indicates patient had an embryonic demise with status post D&C. Now has retained products of conception.

Planned procedure is a suction dilation and curettage with ultrasound guidance.

Verification that the tissue removed was products of conception. This makes this an incomplete abortion.

Patient originally had embryonic demise and had a D&C. Is now returning because of bleeding and pain. Original procedure was procedure performed at 9 weeks gestation.

Suction dilatation and curettage performed without ultrasound guidance.
What are the CPT® and ICD-10-CM codes reported?

**CPT Code:** 59812-78  
**ICD-10-CM Codes:** O03.1, Z3A.09

**Rationales:**

**CPT®:** A missed abortion occurs when the fetus has died and is confirmed by no fetal heart tones. The body does not recognize the pregnancy loss or expel the pregnancy tissue. The placenta may still continue to release hormones. The operative report indicates the fetal demise occurred at 6 weeks gestation. The original procedure was performed at 9 weeks gestation, which is the first trimester. Now the patient presents for an incomplete abortion.

In the CPT® Index, locate Abortion/Incomplete, and you are referred to 59812. Code 59812 is the correct code to use for the treatment of an incomplete abortion. The procedure header indicated ultrasound guidance was used, but there is no documentation of ultrasound guidance so it is not coded. The entire operative report should be read to verify what procedures were performed; coding errors can be made by coding only from the Procedure header. This procedure was performed within one week of the initial D&C procedure, so modifier 78 is appended because this is a complication of the first procedure.

**ICD-10-CM:** In the ICD-10-CM Alphabetic Index, locate Abortion/with/retained products of conception—see Abortion, incomplete. Look for Abortion/incomplete (spontaneous)/complicated (by) (following)/hemorrhage (delayed) (excessive), which refers to O03.1. A code from category Z3A is not reported with abortion codes.

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**ICD-9-CM Application**

What ICD-9-CM code(s) is/are reported?

**ICD-9-CM Code:** 637.11

**Rationale:** In the ICD-9-CM Alphabetic Index locate Retention/products of conception/following/abortion, which refers you to see Abortion by type. Look for Abortion (complete) (incomplete) (inevitable) (with retained products of conception)/with/hemorrhage, delayed or excessive 637.1. The Tabular list verifies 637.11 is the code to use for complicated by delayed or excessive hemorrhage that includes retained products of conception following abortion, not classified elsewhere. There is no additional code to report the weeks of gestation in ICD-9-CM.