

Abortion care services

Methodology and recommendations

Create a dashboard with consumers of abortion services* applied to medical and pharmacy claims for the last three-to-five reporting years.

**See appendix for the list of ICD-10 principal diagnosis codes.*

Consider the target population of females of child-bearing years. We recommend ages 14-49 and are constructing smaller age bands to investigate metrics more accurately within the target population. Create filters and age bands to use in your dashboards and analysis.

Prior to analysis on the population of interest, explore the complete population to understand the impact of records being filtered out. Medical needs for abortion services exist beyond child-bearing ages for other women’s health needs. Dig into the details for all abortion services claims for:

- Genders, male and other
- Ages 0-14
- Ages 50+

For classifications of state-level policies we recommend the [Guttmacher Institute](#) for a set of structured definitions. We recommend the three groupings listed below for initial analytic investigations. Actual policies vary by state and, in some cases, are rapidly changing. These should be considered in detail for state-level decision-making.

- **Banned or highly restrictive:**
Include “Most restrictive”, “Very restrictive”, “Restrictive”
- **Some restrictions/protections:**
Include “Some restrictions/protections”
- **Protective:**
Include “Protective”, “Very protective”, “Most protective”

Expect changes

Tracking:

Create a dashboard to continue evaluating your population.

How do utilization and emerging trends change?

Calculate projections

Based on metrics, what could be the population impacted by new care barriers in states with changes going in place?

Investigate data for insights in three key areas

Who: Understand the population and utilization

- 1. Claimant volume:**
Claimants/1,000, past three-to-five years, YOY trends?
- 2. Demographics:**
Distribution by age, location, plan type, marital status, employee status.
- 3. SDoH:**
Distribution by salary range, household index, adjusted for Cost of Living Index (COLI).
- 4. Care access cohorts:**
How do metrics vary by states with restrictive versus protected care assets?

How much: Gather insights on costs

- 1. Allowed:**
How does the cost of care per episode vary by state?
- 2. Travel:**
What have been the travel costs for other conditions like transplants?
- 3. Alternative costs:**
What is the cost of a pregnancy delivery?

Care access: Investigate network, care services and barriers

Network

- Where has the historical caseload been served?
- What does the network offer, like the routing to the closest provider?
- Should you work with your carrier to find closer providers for key geographies?

SDoH

- Are there other social factors that affect access, utilization or cost?

Why build a business case?

As legislation changes, organizations can turn to numbers. It presents non-biased business-based decision-making criteria.

Abortion care and travel stipend is often

30%

less costly than a pregnancy and delivery without complications.

Whole person health

What are other organizations investigating?

- Out-of-state travel
- Bereavement
- Mental health visits
- Adoption services

Appendix – code sets for all abortions

Non-elective:

ETG base = spontaneous abortions

Three-digit ICD-10 principal diagnosis = O03, O01, O01, O03, O08

Elective:

ETG base = induced abortions

Three-digit ICD-10 principal diagnosis = O04, O07

Procedure codes:

59812 – Treatment of incomplete (spontaneous) abortion, any trimester

59820 – Missed (spontaneous) abortion before 14 weeks

59821 – Missed (spontaneous) abortion, 14-20 weeks

59830 – Treatment of septic abortion, completed surgically

59840 – Procedural (induced) abortion by D&C, any trimester

59841-22 – Procedural (induced) abortion, 22 weeks or more

59850-59852 – Medical abortion (induced) injections before 20 weeks

59855-59857 – Medical abortion (induced) suppositories before 20 weeks

S0190-S0191 – Mifepristone, oral, 200 mg/mcg

NDCs:

64875000101 – Mifepristone

64875000103 – Mifepristone

69536-162-88 – Plan B Levonorgestrel 1.5 mg

54868-4894-0 – Plan B levonorgestrel 0.75 mg

50090-3830-0 – Plan B Levonorgestrel

51285-099-88 – Plan B Levonorgestrel (1 tab)

51285-124-88 – Plan B Levonorgestrel

51285016288 – Plan B Levonorgestrel

50090114100 – Plan B Levonorgestrel

51285014619 – Plan B Levonorgestrel

51285094388 – Plan B Levonorgestrel

50090383000 – Plan B Levonorgestrel

69536016299 – Plan B Levonorgestrel

69536014619 – Plan B Levonorgestrel

69536016288 – Plan B Levonorgestrel

Analytic results vary for each population. Health Data & Management Solutions (HDMS) provides health data and analytics solutions to payors. Based on the unique needs, health care consumption, and costs for each organization, analytic results will vary. We'd love to help you learn more about your population. Contact us for more insights and follow us on LinkedIn.