

CODING FOR LARC

This document is for informational purposes and does not guarantee payment or coverage. Offices should research coding, coverage, and payment for individual patients since policies and guidelines may vary by payer or health plan.

Contraceptive IMPLANT Coding

The insertion and/or removal of the implant are reported using one of the following CPT® codes:

- 11981** Insertion, non-biodegradable drug delivery implant
- 11981** Insertion, implant **FAILED** (append modifier 53)
- 11982** Removal, non-biodegradable drug delivery implant
- 11983** Removal with reinsertion, non-biodegradable drug delivery implant

Diagnostic coding will vary but usually selected from the Encounter for Contraceptive Management code series Z30 in ICD-10-CM:

- Z30.018** Encounter for initial prescription of other contraceptives
- Z30.49** Encounter for surveillance (checking, reinsertion, or removal) of other contraceptives

The CPT procedure codes DO NOT include the cost of the supply. Report the supply separately using a HCPCS (Healthcare Procedural Coding System) code:

- J7307** Etonogestrel (contraceptive) implant system, including implant and supplies

INTRAUTERINE Contraceptive DEVICE Coding

The insertion and/or removal of an intrauterine contraceptive device is reported using one of the following CPT codes:

- 58300** Intrauterine contraceptive device insert
- 58300** Intrauterine contraceptive device insert **FAILED** (append modifier 53)
- 58301** Intrauterine contraceptive device removal

Most IUD services will be linked to the Z30 series in ICD-10-CM:

- Z30.014** Encounter for initial prescription of intrauterine contraceptive device
- Z30.430** Encounter for insertion of intrauterine contraceptive device
- Z30.431** Encounter for routine checking of intrauterine contraceptive device
- Z30.432** Encounter for removal of intrauterine contraceptive device
- Z30.433** Encounter for removal and reinsertion of intrauterine contraceptive device
- Z97.5** Presence of intrauterine contraceptive device

The CPT procedure codes do not include the cost of the supply. Report the supply separately using a HCPCS code:

- J7297** Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration
- J7298** Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration
- J7300** Intrauterine copper contraceptive
- J7301** Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg

Important: J7302 was discontinued as of December 31, 2015

Reporting Contraceptive Services with Other Services

E/M Services Code

If a patient comes in to discuss contraception options but no procedure is provided at that visit:

- The discussion is NOT reported separately if it takes place during a preventive visit (99381–99387 or 99391–99397).
- If the discussion takes place during an E/M office or outpatient visit (99201–99215), link the E/M code with the **ICD-10-CM diagnosis code Z30.09** (Encounter for other general counseling and advice on contraception).

If reporting both an E/M service and a procedure, the documentation must indicate a significant, separately identifiable E/M service and indicate key components or time spent counseling.

In order to report an evaluation and management visit based on time, more than 50% of the visit must be spent counseling the patient. Documentation should include the following:

- The total length of time spent by the physician with the patient,
- The time spent in counseling and/or coordination of care activities, and
- A description of the content of the counseling and/or coordination of care activities.

A modifier 25 (significant, separately identifiable E/M service on the same day as a procedure or other service) is added to the E/M code to indicate that this service was significant and separately identifiable from the insertion. This indicates that two distinct services were provided: an E/M service and a procedure.

Important Tips:

- Some payers may also require the use of **modifier 33** to identify a code as a preventive service and eligible for \$0 cost sharing under the Affordable Care Act.
- Not all payers recognize time spent counseling. Providers should consult third-party payers before instituting this coding practice to ensure compliance with specific plan guidelines.

Relevant LARC ICD-10-CM Codes

Code	Description
FAMILY PLANNING:	
Z30.018	<input type="checkbox"/> Encounter for initial prescription, other contraceptives
Z30.019	<input type="checkbox"/> Encounter for initial Rx, unspecified contraceptives
Z30.02	<input type="checkbox"/> Counseling and instruction in natural family planning to avoid pregnancy
Z30.09	<input type="checkbox"/> Encounter for general counseling, contraceptives
Z30.8	<input type="checkbox"/> Encounter for other contraceptive management
Z30.9	<input type="checkbox"/> Encounter for contraceptive management, unspecified
Z30.40	<input type="checkbox"/> Surveillance of contraceptives, unspecified
Z33.1	<input type="checkbox"/> Pregnant state, incidental

ADDITIONAL IUD RELATED CODES:	
T83.31xA	<input type="checkbox"/> Breakdown (mechanical) of intrauterine contraceptive device, initial encounter
T83.31xD	<input type="checkbox"/> Breakdown (mechanical) of intrauterine contraceptive device, subsequent encounter
T83.31xS	<input type="checkbox"/> Breakdown (mechanical) of intrauterine contraceptive device, sequel
T83.32xA	<input type="checkbox"/> Displacement of intrauterine contraceptive device, initial encounter
T83.32xD	<input type="checkbox"/> Displacement of intrauterine contraceptive device, subsequent encounter
T83.32xS	<input type="checkbox"/> Displacement of intrauterine contraceptive device, sequela
T83.39xA	<input type="checkbox"/> Other mechanical complication of intrauterine contraceptive device, initial encounter
T83.39xD	<input type="checkbox"/> Other mechanical complication of intrauterine contraceptive device, subsequent encounter
T83.39xS	<input type="checkbox"/> Other mechanical complication of intrauterine contraceptive device, sequela
HEAVY MENSTRUAL BLEEDING:	
N92.0	<input type="checkbox"/> Excessive and frequent menstruation with regular cycle
N92.1	<input type="checkbox"/> Excessive and frequent menstruation with irregular cycle
N92.4	<input type="checkbox"/> Premenopausal menorrhagia
STERILIZATION PROCEDURE:	
Z30.2	<input type="checkbox"/> Encounter for sterilization (admission for interruption of fallopian tubes or vas deferens)
POST-STERILIZATION:	
Z30.8	<input type="checkbox"/> Encounter for contraceptive management (follow up examination following other surgery)
Z98.51	<input type="checkbox"/> Tubal ligation status

REFERENCES:

ACOG American Congress of Obstetricians and Gynecologists

<http://www.acog.org/About-ACOG/ACOG-Departments/Long-Acting-Reversible-Contraception>

ACOG Fellows and their staff can submit specific coding questions to the ACOG Department of Health Economics and Coding at the coding ticket database. Questions are answered in the order received, usually within 3–5 weeks. There is no charge for this service.

ACOG District II LARC Webpage

<http://www.acog.org/About-ACOG/ACOG-Districts/District-II/Long-Acting-Reversible-Contraception-LARC>

NFPRHA National Family Planning and Reproductive Health Association

http://www.nationalfamilyplanning.org/contraceptive_coverage_preventive_services

UCSF University of California, San Francisco

<http://larcprogram.ucsf.edu/reimbursements>

August 2016