



## LARC Quick Coding Guide Supplement

### LARC ICD-10 Coding Reference

#### Basic Implant Codes

ICD-10 Codes – Implant		CPT Procedure Codes	HCPCSII/JCode
Z30.017	Encounter for initial prescription of other contraceptives (includes Nexplanon) *updated 10/2016	11981 - insertion	J7307
Z30.46	Encounter for surveillance of other contraceptives (includes removal, checking, reinsertion of Nexplanon) *updated 10/2016	11982 – removal 11983 – removal + reinsertion	J7307
Z32.02	Pregnancy test/exam – negative	81025 (Urine pregnancy test)	<div style="border: 1px solid black; padding: 5px; display: inline-block;">            Don't forget to bill for the point-of-care office pregnancy test (when conducted)         </div>

#### Basic IUD Codes

ICD-10 Codes - IUDs		CPT Procedure Code	HCPCSII/JCode
Z30.014	Encounter for initial prescription of IUD (not coded with the actual insertion)		
Z30.430	Encounter for insertion of IUD	58300	Kyleena = J3490* Liletta = J7297 Mirena = J7298 ParaGard = J7300 Skyla = J7301
Z30.431	Follow-up for patient with IUD or Routine checking for IUD		
Z30.432	Encounter for removal of IUD	58301	
Z30.433	Encounter for removal + reinsertion of IUD	<b>58301 AND</b> 58300-51* <b>OR</b> 58300-59* <i>(Check with payer for expected modifier.) Append modifier -51 or -59 to the lesser paying service.</i>	Kyleena = J3490* Liletta = J7297 Mirena = J7298 ParaGard = J7300 Skyla = J7301
Z32.02	Pregnancy test/exam – negative	81025 (Urine pregnancy test)	<div style="border: 1px solid black; padding: 5px; display: inline-block;">            Don't forget to bill for the point-of-care office pregnancy test (when conducted)         </div>

**Note:** Most payers will accept HCPCS code J3490 (Unclassified drugs) for the Kyleena device until CMS establishes a more specific code. However, please confirm specific code use with payers. Last updated Jan 2017  
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Clinical scenario	ICD-10 Codes		CPT Procedure Code	HCPCSII/JCode
Difficult insertion with ultrasound used to confirm the location of the IUD	Z30.430	Encounter for insertion of IUD	<p><b>58300-22</b>*Document the reason for additional work.</p> <p><b>76857</b> Ultrasound, pelvic [nonobstetric], real time with image documentation; limited or follow-up</p> <p>-or -</p> <p><b>76830</b> Ultrasound, transvaginal</p> <p><b>*NOTE:</b> It is not routine practice to use ultrasound to confirm placement. You must document justification for ultrasonography (eg. Uterine perforation, severe pain).</p>	<p>Kyleena = J3490*</p> <p>Liletta = J7297</p> <p>Mirena = J7298</p> <p>ParaGard = J7300</p> <p>Skyla = J7301</p>
	<Co-occurring complication justifying ultrasound>	*Document complication with appropriate ICD-10 codes.		
Missing strings, with ultrasound to locate	T83.32XA	Displacement of IUD - Missing strings, initial encounter	<p><b>76857</b> Ultrasound, pelvic, limited or follow-up - <b>OR</b> -</p> <p><b>76830</b> Ultrasound, transvaginal</p>	
	<b>AND</b> either Z30.431 <b>OR</b> Z30.432			
	Z30.431	Follow-up for patient with IUD ( <i>if patient wants to keep IUD</i> )		
	Z30.432	Encounter for IUD removal ( <i>if patient desires removal</i> )	<p><b>58301 or 58301-22*</b></p> <p><b>*NOTE:</b> You may append modifier <b>-22</b> if the removal was complicated. Supporting documentation may be requested by a payer. If the string is easily located in the canal, <b>-22</b> modifier should <i>not</i> be added. It should be appended only if it is a very difficult extraction and is separately documented with the claim.</p>	



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### Common LARC Modifiers

Modifier	Definition	Possible Clinical Scenarios	Documentation
-22	Increased procedural services	<ul style="list-style-type: none"> <li>Complex or difficult insertion</li> <li>Unsuccessful insertion, followed by successful insertion during the same surgical session</li> </ul>	<ul style="list-style-type: none"> <li>Total time of the procedure as compared with typical duration</li> <li>Reason for the additional work required</li> <li>Include diagnoses with appropriate ICD-10 codes or simple descriptive diagnoses that explain the reasons for the added difficulty</li> </ul>
-25	Significant, separately identifiable E/M service	<ul style="list-style-type: none"> <li>Patient came in for general contraceptive counseling, ends up choosing IUD or implant, and it is inserted that day</li> </ul>	<ul style="list-style-type: none"> <li>Document time spent counseling</li> </ul>
-51*	Multiple procedures performed on the same day, during the same session	<ul style="list-style-type: none"> <li>Removal of IUD and insertion of new IUD on the same day</li> <li>Removal of implant and insertion of new implant on the same day</li> </ul>	<ul style="list-style-type: none"> <li>Document should support the reasons for removal and reinsertion on the same day (eg. IUD expired, desired to continue with same method)</li> </ul>
-52	Failed procedure	<ul style="list-style-type: none"> <li>Provider couldn't complete procedure for anatomic reasons (eg. stenosis)</li> </ul>	<ul style="list-style-type: none"> <li>Document reasons for procedure failure (eg. <b>N88.2</b> Stricture/ stenosis of cervix)</li> </ul>
-53	Discontinued procedure	<ul style="list-style-type: none"> <li>Provider couldn't complete procedure due to concerns for patient well-being</li> <li>Severe pain</li> <li>Vasovagal</li> <li>Patient changed mind during procedure</li> </ul>	<ul style="list-style-type: none"> <li>How much work was actually performed</li> <li>Document reason procedure terminated (eg. <b>R55</b> Syncope/ vasovagal)</li> </ul>
-59*	Distinct procedural service	<ul style="list-style-type: none"> <li>Removal of IUD and insertion of new IUD on the same day</li> <li>Removal of implant and insertion of new implant on the same day</li> </ul>	<ul style="list-style-type: none"> <li>Document should support the reasons for removal and reinsertion on the same day (eg. IUD expired, desired to continue with same method)</li> </ul>
-76	Repeat procedure	<ul style="list-style-type: none"> <li>Successful insertion but the IUD is expelled, followed by repeat insertion</li> </ul>	<ul style="list-style-type: none"> <li>Document reason for repeat procedure (eg. IUD was expelled)</li> </ul>

\* When choosing between modifiers -51 and -59, payer policy may be the determining factor. Some payers will not pay for multiple procedures using modifier -51. **Check with payer.**