



Guide to Billing and Coding for LARC Services in Ohio

Introduction – Financing LARC Services in Ohio

Currently in Ohio, health centers can bill for, and expect reimbursement for LARC services, although the amount of reimbursement varies by payer source. Below is a summary of the reimbursement structure for third party payers in Ohio:

- Medicaid Fee-for-service: LARC services (including the cost of the device) are included in the standard Prospective Payment System (PPS) rate (approximately \$125/visit)
- Medicaid Managed Care Plans: All Ohio Medicaid MCPs should provide reimbursement for the visit/evaluation, the insertion and the cost of the device.
- Private insurers: private insurers reimburse for the visit/evaluation, insertion and cost of the device (all methods are included and reimbursement varies by plan)
- Pre-authorization is not required for LARC procedures

Billing / Coding

Strong medical record documentation, accurate coding and compliant billing systems are each essential to get paid appropriately for your contraceptive services and to your program's long-term fiscal success. Whether you are paid for your Medicaid services via a Prospective Payment System (PPS) inclusive rate or you are paid under a different model such as a Fee for Service system when billing other payers, coding and billing go hand-in-hand. Missing or incorrect codes may result in under- or over- payments, or result in claim denials costing your center both time and money. It is important that you always review and follow current coding guidelines when billing for services. The following codes are typically used to report services on the claim resulting in both timely and appropriate reimbursement:



Remember – if it's not documented, it can't be coded and billed!





LARC: IUD CODING

Use the following CPT codes to report the insertion and/or removal of an IUD:

- 58300 IUD insertion
- 58300 IUD insertion FAILED (append modifier 52 or 53)
- 58300 Repeat IUD insertion after a FAILED insertion or EXPELLED IUD (append modifier 76 or 77)
- 58301 IUD removal
- 58301, 58300 Removal with re-insertion (append modifier 51 or 59 to second procedure)

The following ICD-10 CM codes are used to support the IUD procedure(s):

- Z30.014 Encounter for initial prescription of IUD (not the actual insertion)
- Z30.430 Encounter for insertion of IUD
- Z30.431 Encounter for routine checking of IUD
- Z30.432 Encounter for removal of IUD
- Z30.433 Encounter for removal and reinsertion of IUD
- Z97.5 Presence of IUD

Report the HCPCS supply separately from the procedure:

- J7297 Liletta IUD
- J7298 Mirena IUD
- J7300 ParaGard IUD
- J7301 Skyla IUD
- Q9984 Kyleena IUD

To report other complications associated with an IUD, the following ICD-10 CM codes can be coded along with the appropriate E/M or CPT code:

T83.31xA - Breakdown (mechanical) of IUD, initial encounter

T83.31xD ...subsequent encounter

T83.31xS ...sequela

T83.32xA - Displacement of IUD, initial encounter (malposition of IUD, missing string)

T83.32xD ...subsequent encounter

T83.32xS ...sequela



T83.39xA - Other mechanical complication of IUD (leakage, perforation, protrusion, obstruction of IUD)

T83.39xD ...subsequent encounter

T83.39xS ...sequela

Please refer to ICD-10 CM guidelines for additional information:

Initial encounter: Initial encounter for an injury or condition while the patient is receiving active treatment such as a missing IUD string or a protrusion of an IUD. **(Seventh character is "A".)**

Subsequent encounter: Encounters after the patient has received active treatment of the injury or condition and is receiving routine care for the condition during the healing or recovery phase. **(Seventh character is "D".)**

Sequela: Encounters for complications or conditions that arise as a direct result of an injury or condition. In other words, sequela is the late effect of an injury or condition. **(Seventh character is "S".)**

LARC: NEXPLANON IMPLANT CODING

Use the following CPT codes to report the implant insertion and/or removal:

- 11981 Insertion, Nexplanon implant
- 11981 Insertion, implant FAILED (append modifier 52 or 53)
- 11981 Repeat implant insertion after FAILED insertion (append modifier 76 or 77)
- 11982 Removal, Nexplanon implant
- 11983 Removal with reinsertion, Nexplanon implant

ICD-10 CM codes are needed to support the implant procedure:

- Z30.017 Encounter for initial prescription (insertion) of Nexplanon
- Z30.46 Encounter for surveillance (routine checking, reinsertion, or removal) of Nexplanon implant

Report the HCPCS supply separately from the procedure:

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



Pregnancy Testing:

A common point of care test (POCT) that is performed prior to a LARC insertion is the Urine Pregnancy Test (UPT). Certain payers will pay for a UPT and other POCTs in addition to the main medical service or procedure. To ensure the UPT is reported on the claim, use the following codes:

- ❑ CPT Code 81025 UPT
- ❑ ICD-10 CM Code Z32.02 Encounter for pregnancy test – negative result

E/M Services Code and Procedure Code

If a discussion of contraceptive options takes place during the same encounter as a procedure, such as insertion of a contraceptive implant or IUD, it may or may not be appropriate to report both an Evaluation and Management or E/M CPT code and the LARC procedure CPT code.

Typical scenarios include:

- If the clinician and client discuss a number of contraceptive options, decide on a method, and then an implant or IUD is inserted during the visit, an E/M service **may be** reported, depending on the documentation.
- If the client comes into the office and states, “I want an IUD,” followed by a brief discussion of the benefits and risks and the insertion, an E/M service is **not** reported since the E/M services are not significant and separate.
- If the client comes in for another reason, such as an annual exam, and during the same visit a procedure is performed, then both the E/M services code and procedure **may be** reported.

To report a significant and separately identifiable E/M service from the LARC insertion procedure, we may choose the following codes:

Service	Modifier	ICD-10 CM Code
Preventive visit (99381– 99387 or 99391–99397)	Modifier 25 Significant, separately identifiable E/M service on the same day as a procedure or other service	Z30.09 Encounter for other general counseling and advice on contraception (family planning advice)
Office outpatient visit (99201–99215)		
Preventive medicine counseling (99401-99404)		

Modifiers:

Modifiers are two-character codes used along with a CPT / HCPCS code to provide additional information about the service or supply rendered. Care must be taken when reporting modifiers on codes because using a modifier inappropriately, or the lack of a modifier, can result in the denial of payment or an incorrect payment for a service or supply. Individual payers may not accept all modifiers making it essential to ensure accurate use and payments. Staff should be clear regarding who assigns



and who validates modifiers on medical claims. Below is a partial listing of common procedure modifiers used when billing for LARC services:

Modifier	Description
22	Increased Procedural Services (<i>Note: not reported on E/M; Add to LARC procedure code to note a difficult insertion / removal (more work was required than usual)</i>)
25	Significant, Separately Identifiable E/M by Same Physician or QHCP on Same Day as Other Procedure or Service (<i>e.g. General contraceptive options counseling with same day LARC insertion</i>)
51	Multiple Procedures – same session and clinician (<i>e.g. IUD removal and reinsertion 58301, 58300-51</i>)
59	Distinct procedure (<i>Note – Verify if payer accepts both modifier 51 or 59 to ensure accurate modifier use and payments; some payers may require documentation of reason for reinsertion such as expired device</i>)
52	Reduced Service (<i>i.e. incomplete procedure due to anatomical factors such as Stenosis</i>)
53	Discontinued Service (<i>e.g. incomplete procedure due to concerns for patient’ well-being such as severe pain or vasovagal</i>)
76	Repeat procedure same physician / QHCP (<i>e.g. successful insertion but IUD is expelled followed by repeat insertion</i>)
77	Repeat procedure different physician / QHCP

Ultrasound:

An ultrasound to check IUD placement is reported separately from the CPT code for the IUD insertion. Note: this service should not be routinely billed as it is not a common practice.

- Code 76998 Ultrasonic guidance, intraoperative

Ultrasounds may also be used to confirm the location if a difficult IUD placement (e.g., severe pain):

- Code 76857 Ultrasound, pelvic, limited, or
- Code 76830 Ultrasound, transvaginal



Common Complications - IUD

	Procedure / Supply Code / Modifier	ICD-10 CM	Description
Discontinued or failed IUD insertion	58300 -52 or 53	Z30.430 + Add ICD code to support complication such as R55 Vasovagal	IUD Insertion <i>(Note: add modifier 52 or 53; Contact manufacturer for replacement device to avoid denial if insertion is re-attempted at a later date or include applicable J code for device on claim)</i>
Re-insertion of IUD	58300 – 76 or 77 Add IUD supply J code	Z30.430	IUD Insertion
Perforation (during insertion)	58300-53	Z30.430 T83.39XA	IUD Insertion Perforation of uterus by IUD (non-traumatic) <i>(Note: Contact manufacturer for replacement device to avoid denial if insertion is re-attempted at a later date or include applicable J code for device on claim)</i>
Missing strings w ultrasound	E/M* (if client keeps IUD) OR 58301 or 58301-22 (if IUD is removed) 76857 76830	T83.39XA Z30.431 OR Z30.432	Displacement of IUD – missing strings, initial encounter IUD surveillance IUD removal - Ultrasound, pelvic, limited - Ultrasound, transvaginal
Difficult insertion with ultrasound used to confirm the location of the IUD	58300-22 76857 76830 Add IUD supply J code	Z30.430 + Add ICD code to support why ultrasound was done	IUD Insertion <i>(Document complication with appropriate ICD-10 codes)</i> - Ultrasound, pelvic, limited - Ultrasound, transvaginal <i>(NOTE: It is not routine practice to use ultrasound to confirm placement. You must document justification for ultrasonography (e.g. Uterine perforation, severe pain).</i>
Failed removal	58301-52 or 53	Z30.432 AND T83.32XA + Add ICD code(s) to support failed/ stopped procedure	IUD removal Displacement of IUD, initial encounter



COMMON SCENARIOS

The following scenarios are meant for educational purposes only. Actual codes may vary.

1) Scenario A. - Contraceptive Counseling Visit

- A 17-year-old female presents to the health center as a new client
- She is not sexually active but is thinking about starting birth control and wants information
- Client has a detailed history taken and vitals, further exam is deferred
- Clinician documents she spent > 50% of 20-minute face-to-face visit providing patient-centered counseling on contraceptive options and other related issues
- She declines HIV and other screening tests for today's visit
- She wants to discuss options with her mother and return to the health center to start a method
- What codes support this visit?

Service	Codes	ICD-10 Diagnosis
E/M Service	99202 (<i>code selection based on time</i>)	Z30.09 Encounter for family planning advice NOS (~ no method dispensed)
Procedure(s)	none	
Labs	none	
Contraceptive	none	
Modifiers	none	

2) Scenario B. - Well visit and IUD Re-insertion

- A 23-year-old sexually active female returns to the clinic for a new IUD and for her preventive well visit
- Her appointment is on Saturday at 10 am
- She is Spanish-speaking and a language line is used during the visit
- Client's IUD is expiring and she expresses she would like to continue with same method
- She is screened for Chlamydia and Gonorrhea and given a HIV 1:2 rapid test which is negative
- Clinician removes the existing IUD and inserts a new Mirena IUD during the visit
- What codes support this visit?

Service	Codes	ICD-10 Diagnosis
E/M Service	- 99395 -25 (Preventive 18-39 years, established) - 99051 Expanded hour access - T1013 Interpreter services	Z01.419 Encounter for GYN exam without abnormal findings <i>OR</i> Z01.411 Encounter for GYN exam with abnormal findings
Procedure(s)	58301 IUD Removal	Z30.433 Removal and reinsertion of IUD

	58300- 51 or 59 IUD Insertion	
Labs	86703 HIV 1:2 (87491 CT, 87591 GC – typically billed by the lab)	Z11.4 HIV screening Z11.3 STD screening
Contraceptive	J7298 Mirena	Z30.433
Modifiers	25 E/M separate and distinct from IUD insertion 51 Multiple procedures or 59 Distinct procedures- check with payers	

3) Scenario C. - Emergency Contraception (EC) IUD Visit

- Client returns to the health center because she had unprotected sex the previous day and is concerned about becoming pregnant
- Clinician spends > 50% of 18-minute face-to-face visit counseling on EC, contraceptive options, safe sex and other related issues
- She declines HIV and STD testing
- Client decides to have a ParaGard IUD inserted as EC and as her method of contraception going forward which the clinician inserts successfully during the visit
- What codes support this visit?

Service	Codes	ICD-10 Diagnosis
E/M Service	99213 - 25	- Z30.012 Encounter for Emergency contraception - Z30.09 Encounter for family planning advice NOS
Procedure(s)	58300	Z30.430 IUD insertion
Labs	none	
Contraceptive	J7300 ParaGard IUD	Z30.430
Modifiers	25 E/M separate and distinct from IUD insertion	

4) Scenario D. - Pregnancy Testing Turned Contraceptive Visit

- Female client returns to the health center nervous she may be pregnant and wants a pregnancy test
- She is not ready to start a family and is agreeable to contraception if the test is negative although she is not sure what method is best for her
- A urine pregnancy test (UPT) is performed and the result is negative
- Clinician spends > 50% of 20-minute face-to-face visit providing client-centered counseling on contraceptive choices, safe sex and other related risk-reduction issues
- She is screened for Chlamydia and Gonorrhea and given a HIV 1:2 rapid test which is negative
- Client decides on Nexplanon as her birth control method and the clinician is able to insert the implant successfully into her arm during this visit
- What codes support this visit?



Service	Codes	ICD-10 Diagnosis
E/M Service	99213 -25 <i>(E/M code based on time)</i>	Z30.09 Encounter for family planning advice NOS Z32.02 Pregnancy test, negative result
Procedure(s)	11981 Nexplanon Insertion	Z30.017 Insertion of (Nexplanon) implant
Labs	86703 HIV 1:2 <i>(87491 CT, 87591 GC – typically billed by the lab)</i>	Z11.4 HIV screening Z11.3 STD screening
Contraceptive	J7307 Nexplanon	Z30.017
Modifiers	25 E/M separate and distinct from implant insertion	

5) Scenario E. - IUD Removal with Nexplanon Insertion Visit

- Female client returns to the health center to have her IUD removed since it is expiring
- She would like to switch to Nexplanon as her new birth control method
- Clinician reviews implant method and expected side effects, removes her IUD and inserts Nexplanon successfully into the client’s arm during this visit
- What codes support this visit?

Service	Codes	ICD-10 Diagnosis
E/M Service	none	
Procedure(s)	11981 Nexplanon Insertion 58301 - 51	Z30.017 Insertion of (Nexplanon) implant Z30.432 IUD removal
Labs	none	
Contraceptive	J7307 Nexplanon	Z30.017
Modifiers	51 Multiple procedures <i>(apply modifier to the CPT code with the lower reimbursement)</i>	