Coding Modifiers for Contraceptive Services

	Modifier 25	Modifier 51	Modifier 59	Modifier 52
Label	Significant, separately identifiable E/M service	Multiple procedures	Distinct procedures	Reduced services
Definition	Significant, separately identifiable E/M service provided by the same clinician to the same client on the same day as another service.	Multiple separate procedures (non E/M) performed on same day, during same session, by the same clinician.	Distinct procedural service (non E/M) indicates a: 1) different encounter or session; 2) different procedure; 3) different site; or 4) separate incision, excision, injury, lesion, or body part.	Procedure is started but can't be finished for anatomical factors.
Example	Birth control visit to decide on a method followed by LARC insertion at the same appointment.	IUD/implant removal and reinsertion at same appointment.	Lesion removal and IUD insertion at same appointment.	Failed IUD insertion due to stenosis.
Note(s)	Used when the E/M service is above and beyond the usual pre/post-operative work of a procedure.	Used to note multiple related procedures. Payer policy may be the deciding factor in choosing between modifiers 51 and 59. Some payers do not recognize modifier 51. Check with payers for guidelines.	Used to note multiple unrelated procedures. Payer policy may be the deciding factor in choosing between modifiers 51 and 59. Some payers do not recognize modifier 51 and prefer 59 for LARC reinsertions. Check with payers for guidelines.	Reflects clinician could not complete the procedure as it is outlined in the CPT.
What to Know	Document E/M service as separate and distinct. Use ICD-10 code Z30.09 for the contraceptive counseling with the related ICD-10 codes for the LARC procedure performed.	Document the supporting reasons for removal and reinsertion on the same day (eg., IUD expired, desired to continue with same method). List the highest paying procedure first, and append modifier 51 to the second and any subsequent procedures. Typical payment reduction is 50% for additional procedure(s), but is payer-specific.	A procedure or service designated as a separate procedure can only be reported separately when it is carried out independently and is considered to be unrelated or distinct.	Document why the procedure failed and include relevant ICD-10 codes for the procedure as well as the defect or client complication. Typical payment reduction is 50% for the failed procedure, but is payer-specific. Seek a replacement device from LARC supplier if possible.

Key: E/M - evaluation and management; IUD - intrauterine device; LARC - long-acting reversible contraception; CPT - Current Procedural Terminology

This tool was developed in collaboration with Ann Finn Consulting, LLC (www.annfinnconsulting.com).

For related tools and tips, see Same-Visit Contraception: An Implementation Guide for Family Planning Providers

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	Modifier 53	Modifier 76	Modifier 77	Modifier 22
Label	Discontinued service	Repeat procedure (same clinician)	Repeat procedure (different clinician)	Increased procedural services
Definition	Procedure is started but can't be finished due to concerns regarding client safety.	Procedure or service was repeated subsequent to the original procedure or service by the same clinician.	Procedure or service was repeated subsequent to the original procedure or service by a different clinician.	Used to describe unusually difficult procedures that took additional resources outside the norm of the procedure provided.
Example	Failed insertion due to vaso-vagal episode, pain, perforation during insertion; client changed mind during procedure.	Successful insertion but the IUD is expelled, followed by repeat insertion by the same clinician.	Successful insertion but the IUD is expelled; client returns for a new device but sees another clinician for the repeated procedure.	Difficult LARC insertion or removal due to body habitus or other complications.
Note(s)	Indicates the procedure was started but had to be stopped because the client experienced unexpected responses.	Document reason for repeat procedure (e.g., IUD was expelled). Do not use for repeat laboratory services.	Document reason for repeat procedure (e.g., IUD was expelled).	Be specific. Avoid general statements such as: procedure took an extra two hours, this was a difficult surgery, or insertion for an obese client. Not all payers recognize this modifier.
What to Know	Document why the procedure failed and include relevant ICD-10 codes for the procedure as well as the defect or client complication. Typical payment reduction is 50% for the failed procedure, but is payer-specific. Seek a replacement device from LARC supplier if possible.	Document reason for repeat procedure (e.g., IUD was expelled). Bill all services performed on one day on the same claim, with each service on a separate line, and append modifier 76 to the subsequent procedures.	If inserted on a different day, add the modifier to the procedure to indicate it is a repeated procedure and to avoid denial of service (second insertion of a same device).	Document in separate paragraph "Unusual Procedure" to indicate that the work performed to provide the service was substantially greater than typically required. Must support the substantial additional work with: 1) reason for the additional work; 2) increased intensity; 3) time; 4) technical difficulty of procedure; 5) severity of client's condition; and 6) physical and mental effort required.

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