

Same-Visit Contraceptive Services Coding Examples

CPT = Current Procedural Terminology
E/M = Evaluation and management code
Modifier = 2-digit code billed with CPT codes to describe special circumstances
ICD-10 = Diagnostic code
HCPCS = Healthcare Common Procedure Coding System

Method	HCPCS Code
Kyleena IUD	J7296
Liletta IUD	J7297
Mirena IUD	J7298
ParaGard IUD	J7300
Skyla IUD	J7301
Nexplanon implant	J7307

How to use: Common coding scenarios are described below. Always consider the coding policies of individual payers, as well as your organizational policies, since they may differ from this guidance.

1) Preventive medicine services and IUD insertion

A 22-year-old new patient (she/her) is seen for her well-person visit and is seeking a new method of birth control. After receiving patient-centered counseling, she decides on a Liletta intrauterine device (IUD) and asks to have it inserted during this visit. A urine pregnancy test (UPT) is negative. Because her last routine gonorrhea and chlamydia screening tests were more than a year ago, a vaginal sample is taken and sent to the lab. The clinician inserts the IUD successfully.

How should this be coded?

	CPT/HCPCS Code	ICD-10 Code
Procedure	58300 IUD insertion	Z30.430 Encounter for IUD insertion
Drug/supply	J7297 Liletta IUD	Z30.430
Point-of-care (POC) tests	81025 UPT	Z32.02 Pregnancy test, negative
E/M	99385–25 (22-year-old new patient)	Z01.419 Encounter for gynecological exam without abnormal findings Z11.3 STD screening
Modifier use	Add a modifier 25 to indicate the E/M service is separate and distinct from the IUD insertion in order for both services to be paid.	

Coding Tip

Chlamydia and gonorrhea NAAT tests (nucleic acid amplification tests) are usually billed by the clinical laboratory, not the provider's office. Check with the payer for guidance.

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2A) IUD removal and reinsertion

At a patient's (she/her) prior visit, the clinician noted that her copper IUD would be expiring in the next few months and scheduled an appointment for her to return for the reinsertion procedure. The clinician reviewed her record in the EHR and answered any additional questions before successfully removing the expired IUD and reinserting the new device.

How should this be coded?

	CPT/HCPCS Code	ICD-10 Code
Procedure	58300 IUD insertion 58301-51 IUD removal See Coding Tip 1 (below).	Z30.433 IUD reinsertion
Drug/supply	J7300 Copper IUD	Z30.433
POC tests	None. See Coding Tip 2 (below).	None
E/M	None. Patient is here for removal and reinsertion procedures only that were scheduled at a prior visit; no separate and significant E/M services have been provided. (See coding tip below.)	None
Modifier use	Add a modifier 51 to the IUD removal because it is separate and distinct from the IUD insertion. Some payers require modifier 59 (distinct procedural service), rather than modifier 51. Check with payers to ensure payment.	

Coding Tip 1

The procedure with the higher reimbursement rate should be listed first followed by the CPT code for the procedure with the lower rate, adding the -51 modifier. If payment rates are not available, list the procedure with the highest CMS relative value units (RVUs) first, followed by other CPT codes with a -51 modifier.

Coding Tip 2

The American College of Obstetricians and Gynecologists ([ACOG](#)) provides the following guidance when coding a medical visit and a procedure on the same day:

- » If clinician and patient discuss a number of contraceptive options, decide on a method, and an implant or IUD is inserted during the visit; an E/M service may be reported, depending on the documentation.
- » If the patient states "I want an IUD," followed by a brief discussion of the benefits and risks and the insertion is done, an E/M service is not reported since the E/M services are minimal.
- » If the patient comes in for another reason and during the same visit a procedure is performed, then both the E/M code and procedure may be reported.

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2B) Implant removal and reinsertion

The same patient presents to have her implant removed and replaced with a new one.

How should this be coded?

	CPT/HCPCS Code	ICD-10 Code
Procedure	11983 Implant reinsertion	Z30.46 Surveillance of implantable subdermal contraceptive (includes removal and reinsertion)
Drug/supply	J7307 Contraceptive implant	Z30.46
POC tests	None	None
E/M	None	None
Modifier use	None	

3) Implant removal and IUD insertion

An established patient (she/her) is experiencing issues with heavy periods and break-through bleeding six months after she had an implant inserted. After patient-centered counseling, the patient decides to switch to a levonorgestrel IUD (Mirena) and agrees to have her implant removed and the IUD inserted during this appointment. The clinician documents the total time; excluding the two procedures, it was 20 minutes.

How should this be coded?

	CPT/HCPCS Code	ICD-10 Code
Procedure	58300 IUD insertion 11982-51 Implant removal	Z30.430 Encounter for IUD insertion Z30.46 Encounter for surveillance of implant (includes removal and reinsertion)
Drug/supply	J7298 Mirena IUD	Z30.430
POC tests	None	
E/M	99213-25 E/M code is based on either MDM or total time	Z30.09 Family planning advice N92.1 Excessive and frequent menstruation with irregular cycle
Modifier use	Add a modifier 25 to indicate the service is separate and distinct from the two CPT procedures. Add a modifier 51 to the second procedure indicating multiple separate procedures. Note: Some payers require modifier 59 (distinct procedural service), rather than modifier 51. Check with payers.	

Coding Tip

The procedure with the higher reimbursement rate should be listed first, followed by the procedure with the lower rate with the -51 modifier.

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4) Contraceptive counseling and DMPA 150 mg IM injection

A 26-year-old new patient (she/her) is seeking birth control. She receives patient-centered counseling and decides to try DMPA. She is quick-started on the method during this appointment. A UPT is negative. The clinician injects 150 mg of DMPA. The clinician documents 22 minutes total time (separate from the injection and POC tests).

How should this be coded?

	CPT/HCPCS Code	ICD-10 Code
Procedure	96372 Injection	Z30.013 Initial prescription of injectable contraceptive
Drug/supply	J1050 DMPA 1 mg (report 150 units or 104 if DMPA subQ)	Z30.013
POC tests	81025 UPT	Z32.02 Pregnancy test, negative
E/M	99202–25 for new patient; E/M code is based on MDM, as it results in a higher-level code than total time (99202).	Z30.013 Family planning advice Z30.013
Modifier use	Add a modifier 25 to the E/M code to indicate that the injection procedure is separate and distinct from the E/M service.	

Coding Tip

- » 96372: (Therapeutic, prophylactic, or diagnostic injection): injection by clinician, nurse, or medical assistant (MA)
- » 99211: Injection by nurse, with minimal history taken and no problems
- » 96372+99212–15 with -25 modifier: A complaint or problem is evaluated and managed by a clinician, in addition to an injection given to the patient.

 For more cases, go to the self-paced [eLearning modules](https://www.rhntc.org) on [RHNTC.org](https://www.rhntc.org).

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