

Podcast Transcript

Title: Best Practices for IUD Coding and Reimbursement Effective as of July 2017

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NCTCFP: Welcome to today’s podcast sponsored by the National Clinical Training Center for Family Planning, and part of an ongoing series called “Coding with Ann”. The National Clinical Training Center for Family Planning is one of the training centers funded through the Office of Population Affairs to provide training to enhance the knowledge of family planning staff. Our guest speaker is Ann Finn from Ann Finn Consulting LLC. Ann is a healthcare reimbursement consultant and a national trainer with many reproductive health care organizations. Welcome, Ann!

Ann Finn: Thank you. Welcome to my new listeners and welcome back if you have listened to other podcasts in our “Coding with Ann” series. We’re excited to offer these focused coding sessions to provide you with some tips and guidance to ensure you are able to capture and code your services more quickly and effectively resulting in both appropriate and timely reimbursement.

Today’s podcast will focus on coding for IUD services including insertions, removals and reinsertions. So, let’s just jump right in.

Monica presents at your clinic seeking birth control as a new patient. She is not sure what method of contraception she would like so she and the clinician discuss the variety of birth control methods available, their effectiveness and the potential side effects. After discussing these options, Monica decides she would like the IUD. Monica has had unprotected sex in the last month and is given a urine pregnancy test, which is negative. The clinician is then able to successfully insert the IUD during this visit. Let’s think about what codes we would need to be appropriately reimbursed for all services:

- First, let’s deal with the contraceptive options counseling portion of the visit. We want to capture the counseling portion of the visit that is separate and distinct from the IUD insertion. We would code an outpatient problem-focused evaluation and management or E/M medical visit CPT code from the series 99201 thru 99215 based on either the documented 3 key components of the documented history, the level of exam performed and the medical decision-making involved to determine a plan of care by the clinician; or 2) by the clinician’s total face-to-face time with the patient if the clinician documents that over 50% of his/her time was spent on counseling and / or in coordination of care for the patient. Using time for E/M leveling is very common in the family planning context since many of our visits are spent counseling the patient on family planning and risk reduction.

If Monica had a preventive well women visit today, we might code a preventive E/M code instead using the CPT codes 99381 through 99397. There is also another podcast available in this series that you can download that talks in further detail about using time for E/M coding.

- We would support the contraceptive counseling service or E/M code with the ICD-10 code Z30.09 for the family planning advice on all the methods separate and distinct from the IUD insertion.
- It is also important that you add a MODIFIER 25 to the E/M code to tell the payer that this counseling service was separate and distinct from the insertion procedure and that the clinician's documentation supports the medical necessity of billing for a medical visit and a procedure. Without the appended modifier, the E/M will often go unpaid resulting in an unintended revenue loss.
- Next, we want to get paid for the IUD insertion so we need to capture the procedure CPT code 58300 for the actual IUD insertion. The procedure is supported by adding the ICD-10 code Z30.430 Encounter for IUD insertion.
- What about getting reimbursed for the expensive IUD device? We also need to add the supply code for the device to our claim. There are currently 5 different IUD device codes that are effective for billing:
 - J7297 for the Liletta IUD
 - J7298 for the Mirena IUD
 - And, remember, the old familiar code of J7302 we used to bill for the Mirena and Liletta IUD was retired as of December 31, 2015, so make sure that code is not part of your systems and your billing processes. If you bill this inactive code now, you most likely won't be reimbursed for the device.
 - J7300 for the copper ParaGard IUD
 - J7301 for the Skyla IUD
 - And for the newer Kyleena IUD, as of now - early 2017 - CMS has not yet assigned a permanent CPT code for this device. The manufacturer has recommended using the unclassified drug code J3490. Be sure to check reimbursement for these devices and clarify any questions with the payer. Stay tuned for a new code from CMS and then update your templates, forms, and your claims accordingly.

Also, if the IUD was purchased through the federal outpatient drug discount 340B program, make sure you follow program guidelines and also report any needed modifiers such as the UD modifier to indicate 340B as needed.

Don't forget to include the point of care tests such as urine pregnancy tests, HIV rapid tests or wet mounts that are done during the visit on the claim in order to be reimbursed directly for these services. However, for tests sent to an outside laboratory such as Chlamydia and Gonorrhea tests, the outside lab provider typically bills the payer directly and you would not include the tests on your claim. However, if you are responsible for paying the outside lab directly for these tests,

then be sure to include all diagnostic tests ordered on the claim. Check with your payers for specific guidelines. For today's visit, we would include CPT code 81025 for the Urine Pregnancy test along with the ICD-10 code Z32.02 for the negative result and any other codes needed for tests that you provide based on the individual patient's needs. We don't need to perform unnecessary tests to start contraception so the medical chart documentation should support why did you provide any lab services including known risk factors along with test results.

ACOG, or the American Congress of Obstetricians and Gynecologists, summarized for us when to code and bill for a separate and distinct medical visit from a procedure such as an IUD insertion for reference:

- If all contraceptive options are discussed and an implant or IUD is inserted, an E/M service may be reported, depending on the documentation.
- If the patient comes into the office and states, "I want an IUD," followed by a brief discussion of the benefits and risks and the insertion, then the E/M service is not reported.
- If the patient comes in for another reason and, during the same visit, a procedure is performed, then both the E/M services code and procedure may be reported.

What if Monica is having an IUD inserted and the clinician needs to stop the procedure due to the patient having a problem such as severe pain or the device is unusable?

- In this case, we would still bill for the procedure, but again, we need to append a modifier to tell the payer – hey, we attempted the procedure, did a lot of the work, but needed to stop.
- By appending a modifier 52 or 53 for a reduced or discontinued service to the LARC procedure CPT code and coding an ICD-10 code to explain any complications, a payer may often reimburse a significant portion of the expected payment for a failed insertion. If you bill for a full insertion and then the patient presents for a second attempted insertion at the following visit, a payer may reject the 2nd claim in full as a duplicate service.
- Not all payers will reimburse for multiple devices so check with the payer for their policies along with contacting the manufacturer for a replacement device.

On another note, if Monica presents wanting emergency contraception, or EC, and has a ParaGard IUD inserted, we would bill the IUD insertion procedure and copper IUD device, but we would also add the ICD-10 code Z30.012 for Encounter for emergency contraception.

Let's move on to IUD removals. If Monica presents to have her IUD removed, we would capture the CPT code 58301 for the IUD removal along with the ICD-10 code Z30.432 for Encounter for IUD removal. If she is interested in becoming pregnant and is counseled about timing intercourse to achieve pregnancy and preconception care, then we would also include the ICD-10 code Z31.69 for Procreative counseling and advice. If she starts another contraceptive method, we would want to document and code for the additional services along with the removal to ensure appropriate reimbursement.

Let's look at our third scenario. What if Monica presents to have her IUD replaced with a new

one? There is no singular CPT code for the IUD reinsertion so we need to report the CPT code 58301 for the IUD removal, the CPT code 58300 for the IUD reinsertion, the supply code for the particular IUD device along with the ICD-10 code Z30.433 for Encounter for removal and reinsertion of an IUD. It's also important to append a modifier to the lower paying procedure to tell the payer there are multiple procedures. Typically, we use a modifier 51 indicating multiple procedures but be careful and check with your payers first and have billing staff track any nuances – some of them only accept a modifier 59 to trigger payment. Typically, the first procedure pays 100% and then the second is paid at 50%.

What about ultrasounds to check IUD placement?

It is not a common or routine practice to use ultrasound to confirm placement. However, if an ultrasound is provided to confirm the location when the clinician incurs a difficult IUD placement (e.g., severe pain), we would code:

- CPT 76857 for a Ultrasound, pelvic, limited or follow-up, or
- CPT 76830 Ultrasound, transvaginal.

If we use ultrasound to guide the IUD insertion, we would code CPT 76998 for Ultrasonic guidance, intraoperative. Remember to document and include ICD-10 codes that describe the difficulties encountered to support getting reimbursed for the ultrasound service.

What if there was a mechanical issue with the IUD?

- We would choose a code from the family of codes under T83.3—for Mechanical complications of IUDs. An example would be a code T83.32xA for an initial encounter of a displacement of the IUD or a missing IUD string.

It's a lot to remember, but if you focus on documenting all the services provided and why, then the appropriate coding and reimbursement will follow. If you have any questions on reimbursement – contact your payer directly to discuss and resolve any issues.

Finally, if you don't document the service, it can't be coded, billed and ultimately paid! Thanks for joining us today for IUD coding best practices.

NCTCFP: Thank you, Ann, for this information. To listen to the other podcasts in this series or for more resources on billing and coding in family planning settings, please visit our website www.ctcfp.org, or call us at 1(866) 91-CTCFP - that's 1 (866) 912-8237. A transcript of today's podcast is available for download on our website. Thank you.