



LARC ICD-10 Coding Reference

Basic Implant Codes

ICD-10 Co	des – Implant	CPT Procedure Codes	HCPCSII/J Code
Z30.017	Encounter for initial prescription of implantable subdermal	11981 - insertion	J7307
	contraceptive *updated 10/2016		
Z30.46	Encounter for surveillance of implantable subdermal contraceptive	11982 – removal	
	(includes removal, checking, reinsertion of Nexplanon) *updated 10/2016	11983 – removal + reinsertion	J7307
Z32.02	Pregnancy test/exam – negative		Don't forget to bill for the point- of- care office pregnancy test (when conducted)

Basic IUD Codes

ICD-10 Co	odes - IUDs	CPT Procedure Code	HCPCSII/J Code
Z30.014	Encounter for initial prescription of IUD (Used when an IUD insertion kit must be ordered before placement. Not coded on the day of the actual insertion)		
Z30.430	Encounter for insertion of IUD	58300	Kyleena = J7296 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	58300 AND 58301-51* OR 58301-59* (Check with payer for expected modifier.) Append modifier -51 or -59 to the lesser paying service. Reimbursement for IUD insertion is always higher than IUD removal, so 58300 should go first	Kyleena = J7296 Liletta = J7297 Mirena = J7298 ParaGard = J7300 Skyla = J7301

Z32.02	Pregnancy test/exam – negative		Don't forget to bill for the point- of- care office pregnancy test (when conducted)
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Coding Complex Cases (IUDs) with ICD-10

Clinical scenario	ICD-10 Code	s	CPT Procedure Code	HCPCSII/J Code
Failed insertion/ discontinued	Z30.430	Encounter for insertion of IUD	58300-52* or -53*	Kyleena = J7296
procedure	AND			Liletta = J7297
	<co-occurring complication<="" td=""><td></td><td></td><td>Mirena = J7298</td></co-occurring>			Mirena = J7298
	which caused failed/	*Document reason for	*NOTE: Use modifier -52 (Failed Procedure) to denote that you attempted insertion, but the procedure was incomplete due to	ParaGard = J7300
	discontinued procedure>	failed/stopped procedure with appropriate ICD-10 codes.	anatomical factors (e.g. Stenosis) or -53 (Discontinued Procedure) to indicate that you had to stop because of concerns for patient well-being (e.g. vaso-vagal, severe pain).	Skyla = J7301
Perforation	Z30.430	Encounter for insertion of IUD	58300-53 *Use modifier -53 if procedure was discontinued due	Kyleena = J7296
(during insertion procedure)	T83.39XA	Other mechanical complication of IUD, initial encounter	to perforation.	Liletta = J7297 Mirena = J7298
	T83.39XD	Subsequent encounter		ParaGard = J7298
	T83.39XS	Sequela		Skyla = J7301
Difficult	Z30.430	Encounter for insertion of IUD	58300-22 *Document the reason for additional work.	Kyleena = J7296
insertion with ultrasound	AND			Liletta = J7297
guidance	<co-occurring< td=""><td></td><td>76998 (Ultrasonic guidance, intraoperative) *Document the</td><td>Mirena = J7298</td></co-occurring<>		76998 (Ultrasonic guidance, intraoperative) *Document the	Mirena = J7298
	complication justifying ultrasound>		justification for ultrasonic guidance (e.g. patient in severe pain).	ParaGard = J7300
	andound			Skyla = J7301





Clinical scenario	ICD-10 Code	S	CPT Procedure Code	HCPCSII/J Code
Difficult insertion with ultrasound used to confirm the location of the IUD	Z30.430 <co-occurring complication justifying ultrasound></co-occurring 	Encounter for insertion of IUD *Document complication with appropriate ICD-10 codes.	 58300-22*Document the reason for additional work. 76857 Ultrasound, pelvic [nonobstetric], real time with image documentation; limited or follow-up -Or - 76830 Ultrasound, transvaginal *NOTE: It is not routine practice to use ultrasound to confirm placement. You must document justification for ultrasonography (e.g. Uterine perforation, severe pain). 	Kyleena = J7296 Liletta = J7297 Mirena = J7298 ParaGard = J7300 Skyla = J7301
Missing strings, with ultrasound to locate	T83.32XA AND either Z30.431 OR Z30.432	Displacement of IUD - initial encounter	 76857 Ultrasound, pelvic, limited or follow-up - OR - 76830 Ultrasound, transvaginal NOTE: The term "missing strings" is not a part of the ICD- 10 description of T83.32XA. 	
	Z30.431 Z30.432	Follow-up for patient with IUD (<i>if patient wants to keep IUD</i>) Encounter for IUD removal (<i>if</i>	58301 or 58301-22*	
	230.432	patient desires removal)	*NOTE: You may append modifier -22 <i>if</i> the removal was complicated. Supporting documentation may be requested by a payer. If the string is easily located in the canal, -22 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.	





Clinical scenario	ICD-10 Code	s	CPT Procedure Code	HCPCSII/J Code
Failed removal	Z30.432 AND	Encounter for IUD removal	58301-52 or -53*	
	T83.32XA OR	Displacement of IUD, initial encounter		
	<co-occurring complication which caused failed/ discontinued procedure></co-occurring 	*Document reason for failed/stopped procedure with appropriate ICD-10 codes.	*NOTE: Use modifier -52 to denote that you attempted removal, but the removal procedure was incomplete (unable to remove/locate IUD) or modifier -53 to indicate that you had to stop because of concerns for patient well-being. You must document reason for failed or incomplete procedure.	





Common LARC Modifiers

Modifier	Definition	Possible Clinical Scenarios	Documentation in Medical Record or on the Claim
-22	Increased procedural services	 Complex or difficult insertion Unsuccessful insertion, followed by successful insertion during the same surgical session 	 In the medical record and in the claim, document: Total time of the procedure as compared with typical duration Reason for the additional work required Include diagnoses with appropriate ICD-10 codes or simple descriptive diagnoses that explain the reasons for the added difficulty
-25	Significant, separately identifiable E/M service	• The patient is seen for contraceptive counseling, a well woman visit, an STD check, a pregnancy test, or another reason. She chooses an IUD or implant, which is placed at that visit.	 Select an E/M code based on face-to-face time spent with the patient, but excluding the time needed for the IUD or implant placement Document in the patient's medical record that at least 50% of the non-procedure time was spent in counseling The -25 modifier is appended to the E/M code, NOT the CPT code
-51*	Multiple procedures performed on the same day, during the same session	 Removal of IUD and insertion of new IUD on the same day Removal of implant and insertion of IUD on the same day Removal of IUD and insertion of implant on the same day 	 The claim should support the reasons for removal and reinsertion on the same day (e.g. IUD expired, desired to continue with same method) Append modifier -51 to the lesser paying service.
-52	Failed procedure	 Provider couldn't complete procedure for anatomic reasons (e.g. stenosis) 	In medical record and on the claim, document reasons for procedure failure (e.g. N88.2 Stricture/ stenosis of cervix)
-53	Discontinued procedure	 Provider couldn't complete procedure due to concerns for patient well-being Severe pain Vasovagal Patient changed mind during procedure 	 In medical record and on the claim, document Which work was actually performed The reason the procedure was terminated (e.g. R55 Syncope/ vasovagal)
-59*	Distinct procedural service	 Removal of IUD and insertion of new IUD on the same day Removal of implant and insertion of IUD on the same day 	 The claim should support the reasons for removal and reinsertion on the same day (e.g. IUD expired, desired to continue with same method) Append modifier -59 to the lesser paying service.
-76 -77	Repeat procedure -Same provider -Another provider	 Successful insertion but the IUD is expelled, followed by repeat insertion -51 and -59, payer policy may be the determining factor. Some payers will 	Document reason for repeat procedure (e.g. IUD was expelled)

⁶ 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*.