

## IUD Information & Troubleshooting

### Safeguards for preventing failed insertions

- Do not open IUD package until uterus is sounded to >6 cm (Mirena/Paragard) or >5cm (Kyleena/Skyla) and access is ensured.
- Prior to insertion please make sure internal cervical OS is open: utilize a cervical dilator greater than 4mm, or metal sound to check for access beyond internal OS.
- If unable to sound uterus, reposition patient, recheck anteverted or retroverted position of uterus which may require slight curvature of sound.
- If still unable to sound or insert IUD, please get 2<sup>nd</sup> experienced provider for assistance.
- Can have patient return on menses or after misoprostol dilation if needed.
  - o Can consider misoprostol supply that day and do the procedure at the end of the day or return visit.
  - o Code for cancelled procedure as below w/ reason.

### Ordering / Booking IUD Visit

- After counseling is completed and contraindications are assessed, send a patient case to the FPRN box or designated nurse with information for desired contraception.
- A benefit investigation form is required for Nexplanon and ParaGard. This is located in Forms. Please have patient sign if they are in the office.
- Insurance **will not cover** IUDs for mass health/medicare patients, these patients should be referred out. Tapestry and Planned Parenthood are resources.

### Counseling

- Consider dedicated IUD counseling visit for first IUD or make sure to document counseling for patient at visit prior to arranging IUD.
- Please assess for contraindications and use language or quick text below.
- Use the IUD Insertion Encounter Plan which includes the language:

*“Patient denies current or suspected pregnancy, uterine anomaly that distorts uterine cavity including fibroids, acute PID or history of PID, postpartum endometritis, known or suspected uterine/cervical neoplasia or unresolved abnormal pap smear, abnormal genital bleeding, untreated genital tract infection including cervicitis and vaginitis, current IUD in place, active liver disease, liver tumor, allergy to any component of the IUD, Wilson's disease, breast cancer, or other progestin sensitive cancer.”*

## IUD Coding

### Pharmacy provided vs. Buy and Bill

- Check appointment note and patient case for info if IUD was pharmacy provided or buy and bill. (Pharmacy provided units will have a pharmacy label on the box.)
- If the unit is NOT pharmacy provided: the unit is a “buy and bill.” The provider will need to bill for the unit in addition to billing for the procedure insertion code.
  - o Code for IUD unit
  - o Code for insertion or insertion/ removal
- If the unit is pharmacy provided (there is a pharmacy label on the unit), then bill for the insertion procedure only.
  - o Code for insertion or insertion/ removal
- It is helpful to write in comments to the biller these details as a secondary safeguard.

### Insertion AND Removal in the same visit

- Always bill for the insertion (58300) first and then the removal (58301)
- modifier 51 should be added to the removal procedure (58301), the lesser paying code

### Failed insertions and procedures

- Any failed IUD must be kept in the original packaging and given to the health center manager, even if it was opened.
  - o If package was opened, place IUD back in package and biohazard bag with patient info. Give to Nurse manager or IUD contact person.
- Failed insertion codes with modifiers must be added to the encounter plan
  - o Please document reason for failed insertion. This may include any code associated with reason, such as cervical stenosis.

### Common IUD Codes for Discontinued Services

- **Failed insertion Code- 58300**, with modifier -52 (failed proc.) -53(discontinued)
  - o Diagnosis code: Z30.42, encounter for IUD + Diagnosis of complication which caused failed procedure/discontinuation
  - o Modifier 52 failed d/t stenosis or anatomical abnormality
  - o Modifier 53, discontinued d/t patient well-being, pain, vasovagal
- **Perforation - 58300- 53**, if procedure d/c due to perforation
  - o Diagnosis codes Z30.430 + T83.39XA (other mechanical complication of IUD initial, sub, seq)
- **Failed removal code – 58301, w/ modifier 52/53**
  - o modifier 52(failed for anatomical/ structural reason) or 53(stopped d/t patient well-being concerns)
  - o Diagnosis Encounter for IUD and T83.32XA, displacement of IUD
    - Document reason for failed/ stopped procedure
- Modifier 59- removal/insertion same day, document reason (expired)
- Modifier 76/77, repeat procedure, ex. IUD expelled.

### IUD Removals

- Please bill a removal procedure code 58301.