

Paragard[®] Reimbursement Guide

Your guide for coding, billing, and reimbursement.



General IUS Coding Information

Documenting Paragard IUS placement and subsequent care with appropriate Coding is a key part of the billing process. The CPT and HCPCS/J-Codes below may be used when filing claims. Be sure to check with your patient's individual insurance carrier, as payers vary in their claim reporting requirements.

HCPCS/J-Code	J7300¹	Intrauterine Copper Contraceptive
CPT Code	58300¹	Insertion of Intrauterine device
CPT Code	58301²	Removal of Intrauterine device

CPT procedure Codes do not include the cost of Paragard. Use the Healthcare Common Procedure Coding System (HCPCS)/J-Code, J7300, to report use of a unit.¹

ICD-10-CM Coding

Most IUS services will be linked to a diagnosis Code from the Z30.01 (encounter for initial prescription of contraceptives) and Z30.43 (encounter for surveillance of intrauterine contraceptive device) series.

Z30.014²	Encounter for initial prescription of intrauterine contraceptive device. This code includes the initial prescription of the IUD, counseling, and advice, but excludes the IUD insertion
Z30.430²	Encounter for insertion of intrauterine contraceptive device
Z30.431²	Encounter for routine checking of intrauterine contraceptive device
Z30.432²	Encounter for removal of intrauterine contraceptive device
Z30.433²	Encounter for removal and reinsertion of intrauterine contraceptive device

Important Reminder

Verify the Patient's Benefits.

Before scheduling a Paragard insertion procedure, check coverage for both the product and the insertion procedure. Office personnel may verify a patient's coverage by contacting the patient's health insurance company directly via the health plan portal or the phone number that can be found on the back of the patient's insurance card.

The information in this guide is for informational purposes and does not guarantee payment or coverage. Offices should research coding, coverage, and payment for individual patients prior to initiating treatment since policies and guidelines vary by payer and health plan. Offices are responsible for submitting accurate, complete, and appropriate claims to payers and for compliance with any obligations required by law, contract, or otherwise.

References:

¹ Sutton, K. (2016, March 24). The Essential Guide to LARC Coding. (T. A. Gynecologists, Ed.) Retrieved April 1, 2021, from <https://www.acog.org/education-and-events/publications/larc-quick-coding-guide/em-services-code-and-procedure-code>

² The American College of Obstetricians and Gynecologists. (2021, March 9). LARC Quick Coding Guide. Washington DC. Retrieved April 1, 2021, from <https://www.acog.org/-/media/project/acog/acogorg/files/pdfs/publications/larc-coding-guide.pdf>

³ Contraceptive Action Plan. (2018, October). Common Billing Codes: LARC Management. Retrieved April 1, 2021, from <https://contraceptiveactionplan.org/index.php/tools-and-resources-menu-item/billing-codes-for-contraceptive-care>

Modifiers

Adding modifiers to CPT Codes may be needed in some circumstances.

58300 -25³ Significant, Separately Identifiable E/M by Same Physician or QHCP on Same Day as Other Procedure or Service (e.g. General contraceptive options counseling with same day LARC insertion). Same Day IUD Removal and Reinsertion. The following chart shows coding when an IUD is removed and a new one inserted during an office visit. When appropriate and supported by documentation, two CPT procedure codes, an E/M code, and a HCPCS supply code are reported for the one visit.

58300 -51¹ Multiple Procedures performed on the same day, during the same session. Possible clinical scenarios include:

- Removal of IUD and insertion of new IUD on the same day
- Removal of implant and insertion of IUD on the same day

58300 -52³ Reduced Service (Note: incomplete procedure due to anatomical factors (e.g. stenosis).

58300 -53³ Discontinued Service (Note: incomplete procedure due to concerns for patient's well-being (e.g. severe pain/perforation).

CPT PROCEDURES AND SERVICES	MODIFIER	DIAGNOSIS(ES)
58301² Removal of Intrauterine device		Z30.433² Encounter for removal and reinsertion of intrauterine contraceptive device
58300¹ Insertion of Intrauterine device	51	
992XX¹ E/M based either on the key components or time spent counseling	25	

Abbreviations:

CPT: Current Procedural Terminology

E/M: Evaluation and Management Service Code

HCPCS: Healthcare Common Procedure Coding System

ICD10: International Classification Of Diseases, Tenth Revision, Clinical Modification

IUS: Intrauterine system (also known as IUD: Intrauterine device)

J-Code: Codes for non-orally administered medication and chemotherapy drugs

LARC: Long-Acting Reversible Contraception

QHCP: Qualified Health Care Professional

Paragard[®] T380A

intrauterine copper contraceptive

1
UNIT
Rx ONLY

CooperSurgical
CooperSurgical, Inc.
95 Corporate Drive
Trumbull, CT 06611 USA

NDC 59365-5128-01

Each unit wound with approximately 176 mg of copper wire. In addition, a single copper sleeve is swaged on each of the two transverse arms. Each sleeve contains approximately 68.7 mg of copper. The total surface area of copper on the device is 380 ± 23mm². **IMPORTANT:** To be inserted in the uterus only by a licensed clinician or under the supervision of a physician. See detailed instructions for use. **NOTE:** A Patient Package Insert is provided with each unit. Please ensure that this package insert is provided to the patient. Review patient brochure with each patient before insertion. Store at controlled room temperature: 59° to 86°F (15° to 30°C). **CooperSurgical, Inc., 95 Corporate Drive, Trumbull, CT 06611 USA • Made in the USA**

CMS-1500 Form Instructions

- 19** Remarks/Comments Field
- Include supplemental information for the specific Paragard IUD, to help the payer identify the therapy

Supplemental information for Paragard to help the payer identify the therapy, including product name and NDC: Paragard T380A (intrauterine copper contraceptive), NDC 59365512801. The Paragard NDC number is located on the bottom left of the packaging – see image above.

- 21** Diagnosis Code(s)
- List the appropriate ICD-10-CM diagnoses code(s) based on the patient's condition

Shaded Area above Box 24A: NDC and Qualifier

- List the 11-digit NDC
- Check if the payer requires a specific qualifier. Contact the payer for more information

- 23** Prior Authorization Number
- Include the prior authorization number provided by the payer, if required

- 24A** Date(s) of Service
- List the date(s) when the service(s) occurred

- 24B** Place of Service
- Enter "11" for services provided in the office

- 24D** Procedures, Services or Supplies
- Enter the appropriate HCPCS/J-Code on line 1 and the appropriate CPT code for the procedure on line 2
 - List any modifiers, if needed, in the appropriate modifier section

- 24E** Diagnosis Pointer
- Enter the letter from Box 21 corresponding to the primary diagnosis of each HCPCS/J-Code or CPT code listed in Box 24D

- 24F** Charges
- Enter the total charge assigned to each service or procedure listed in 24D

- 24G** Days or Units
- Enter the number of units of service for each code listed in 24D. Typically, this will be 1. Check with payer or call 1-877-PARAGARD for more information

This Sample claim form is provided for your guidance only.