Paragard® intrauterine copper contraceptive
by CooperSurgical®

Paragard Access Center®

Paragard® Reimbursement Guide

Your guide for coding, billing, and reimbursement.

INDICATIONS AND USAGE
Paragard is a copper-containing intrauterine system (IUS) indicated for prevention of pregnancy in females of reproductive potential for up to 10 years.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS
The use of Paragard is contraindicated when one or more of the following conditions exist:

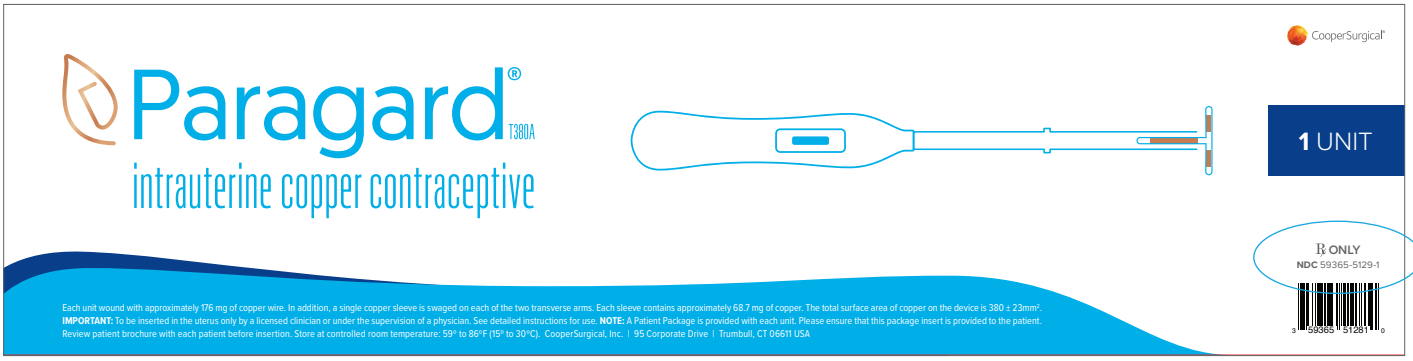
- Pregnancy or suspicion of pregnancy, abnormalities of the uterus resulting in distortion of the uterine cavity, acute pelvic inflammatory disease (PID), postpartum or postabortal endometritis in the past 3 months, known or suspected uterine or cervical malignancy, uterine bleeding of unknown etiology, untreated acute cervicitis or vaginitis or other lower genital tract infection, conditions associated with increased susceptibility to pelvic infections, Wilson's disease, a previously placed IUS that has not been removed, hypersensitivity to any component of Paragard including to copper or any of the trace elements present in the copper component of Paragard.

Please see additional important safety information on back.

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.



Note that Paragard has two 2 NDC numbers. Paragard | Single Hand Inserter = **NDC 59365-5129-1** and Paragard = **NDC 59365-5128-1**. Please refer to the NDC number located on the bottom right corner of the packaging.

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

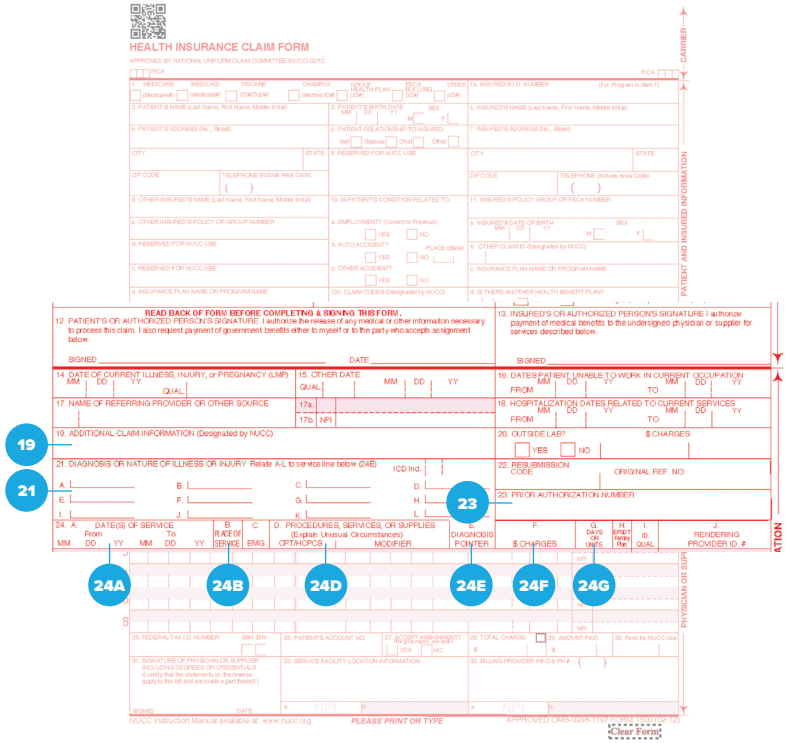
24B Place of Service
- Enter "11" for services provided in the office

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.

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WARNINGS AND PRECAUTIONS

Ectopic Pregnancy: Evaluate for possible ectopic pregnancy in any female who becomes pregnant while using Paragard.

Intrauterine Pregnancy: Failure to remove Paragard increases the risk of miscarriage, sepsis, premature labor, and premature delivery.

Sepsis: Severe infection or sepsis, including Group A Streptococcal Sepsis (GAS), have been reported following insertion of IUSs, including Paragard.

Pelvic Inflammatory Disease and Endometritis: Remove Paragard in cases of recurrent PID or endometritis, or if an acute pelvic infection is severe or does not respond to treatment.

Embedment: Partial penetration or embedment of Paragard in the myometrium can make removal difficult; surgical removal may be necessary. Breakage of an embedded Paragard during non-surgical removal has been reported.

Perforation: Partial or total perforation of the uterine wall or cervix may reduce contraceptive efficacy and result in pregnancy. Delayed detection or removal of Paragard may result in migration outside the uterine cavity, adhesions, peritonitis, intestinal penetration, intestinal obstruction, abscesses and/or damage to adjacent organs. Increased risk when the uterus is fixed, retroverted or not completely involuted during the postpartum period. If perforation does occur, locate and remove Paragard promptly.

Expulsion: Partial or complete expulsion of Paragard has been reported, resulting in the loss of contraceptive protection. The risk of expulsion may be increased when the uterus is not completely involuted at the time of insertion. Remove a partially expelled Paragard.

Wilson's Disease: Paragard may exacerbate Wilson's disease.

Bleeding Pattern Alterations: Paragard can alter the bleeding pattern and result in heavier and longer menstrual cycles with intermenstrual spotting.

Magnetic Resonance Imaging (MRI) Safety Information: Non-clinical testing has demonstrated that Paragard is MR Conditional.

Medical Diathermy: Avoid using high medical RF transmitter devices in females with Paragard.

ADVERSE REACTIONS

Adverse reactions reported in clinical trials include anemia, backache, dysmenorrhea, dyspareunia, expulsion (complete or partial), prolonged menstrual flow, menstrual spotting, pain and cramping, and vaginitis.

Please see full Prescribing Information at PI.Paragard.com.