



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.

General IUS Coding Information¹

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	J7300	Intrauterine Copper Contraceptive
CPT Code	58300	Insertion of Intrauterine device
CPT Code	58301	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 Coding¹

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.

Z30.014	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
Z30.430	Encounter for insertion of intrauterine contraceptive device
Z30.431	Encounter for routine checking of intrauterine contraceptive device
Z30.432	Encounter for removal of intrauterine contraceptive device
Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device

Modifiers²

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

	Modifier 22	Modifier 25	Modifier 51*	Modifier 52	Modifier 53	Modifier 59*	Modifiers 76 and 77
Label	Increased procedural services	Significant, separately identifiable E/M service	Multiple procedures	Reduced services	Discontinued service	Distinct procedures	Repeat procedures
Definition	Used to describe unusually difficult procedures that took additional resources outside the norm of the procedure provided.	Significant, separately identifiable E/M service provided by the same clinician to the same client on the same day as another service.	Multiple separate procedures (non E/M) performed on same day, during same session, by the same clinician.	Procedure is started but can't be finished for anatomical factors.	Procedure is started but can't be finished due to concerns regarding client safety.	Distinct procedural service (non E/M) indicates a: 1) different encounter or session; 2) different procedure; 3) different site; or 4) separate incision, excision, injury, lesion, or body part.	Procedure or service was repeated subsequent to the original procedure or service by the same clinician (76) or by a different clinician (77).
Clinical Scenario Example	Difficult LARC insertion or removal due to body habitus or other complications.	Birth control visit to decide on a method followed by LARC insertion at the same appointment.	IUD removal and reinsertion at same appointment.	Failed IUD insertion due to stenosis.	Failed insertion due to vaso-vagal episode, pain, perforation during insertion; client changed mind during procedure.	Implant removal and IUD insertion at same appointment.	<ul style="list-style-type: none"> Successful insertion but the Paragard is expelled, followed by repeat insertion by the same clinician (76). Successful insertion but the Paragard is expelled; client returns for a new device but sees another clinician for the repeated procedure (77).

*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.

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.

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

References:

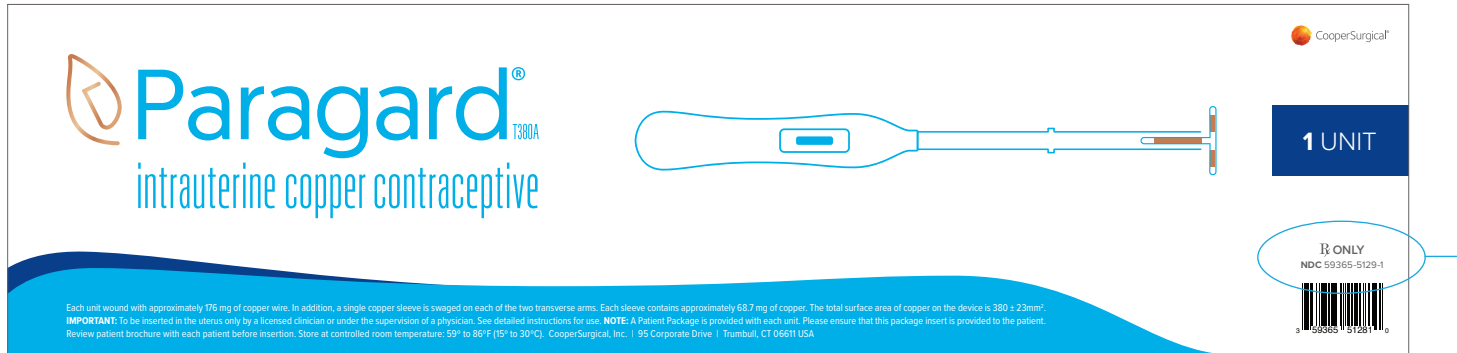
¹ The American College of Obstetricians and Gynecologists. (2021, March 9). LARC Quick Coding Guide. Washington DC. Retrieved April 1, 2021, from <https://www.acog.org/-/media/project/acog/acogorg/files/pdfs/publications/larc-coding-guide.pdf>

² Reproductive Health National Training Center (RHNTC). Reviewed March 2020, from https://rhntc.org/sites/default/files/resources/supplemental/fpntc_smvst_coding_modifiers_contra_postcard_2018-07.pdf

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 I 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.



by CooperSurgical®



Paragard
Access Center®

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.