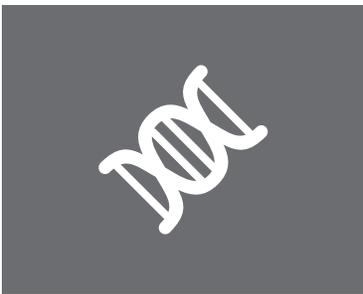




Women's Preventive Services Initiative (WPSI)

2020 Coding Guide

Contraception



Women's Preventive Services Initiative (WPSI)

Contraception

Clinical Recommendations: The Women's Preventive Services Initiative (WPSI) recommends that adolescent and adult women have access to the full range of female-controlled contraceptives to prevent unintended pregnancy and improve birth outcomes. Contraceptive care should include contraceptive counseling, initiation of contraceptive use, and follow-up care (eg, management and evaluation as well as changes to and removal or discontinuation of the contraceptive method). The WPSI recommends that the full range of female-controlled U.S. Food and Drug Administration-approved contraceptive methods, effective family planning practices, and sterilization procedures be available as part of contraceptive care.

The full range of contraceptive methods for women currently identified by the U.S. Food and Drug Administration include: (1) sterilization surgery for women, (2) surgical sterilization via implant for women, (3) implantable rods, (4) copper intrauterine devices, (5) intrauterine devices with progestin (all durations and doses), (6) the shot or injection, (7) oral contraceptives (combined pill), (8) oral contraceptives (progestin only, and), (9) oral contraceptives (extended or continuous use), (10) the contraceptive patch, (11) vaginal contraceptive rings, (12) diaphragms, (13) contraceptive sponges, (14) cervical caps, (15) female condoms, (16) spermicides, and (17) emergency contraception (levonorgestrel), and (18) emergency contraception (ulipristal acetate), and additional methods as identified by the FDA. Additionally, instruction in fertility awareness-based methods, including the lactation amenorrhea method, although less effective, should be provided for women desiring an alternative method.

Implementation Considerations: The Women's Preventive Services Initiative recommends, as a preventive service, access to and provision of the full range of female-controlled U.S. Food and Drug Administration-identified contraceptive methods. This includes access to contraceptive counseling, initiation of contraceptive use, and follow-up care (eg, management, evaluation, as well as changes to and removal or discontinuation of the contraceptive method) by a health care provider or appropriately trained individual. Additionally, effective family planning practices, and patient-specific services or U.S. Food and Drug Administration-approved methods that may be required based on individual women's needs are recommended as part of contraceptive preventive services.

The Women's Preventive Services Initiative recommends accommodation of an alternative form of contraception when a particular drug or device (generic or brand name) is medically inappropriate for a patient as determined by the individual's health care provider. Research indicates that delayed initiation or disruption of contraceptive use increases the risk of unintended pregnancy; therefore, the Women's Preventive Services Initiative recommends timely authorization of contraceptives.

The Women's Preventive Services Initiative also recommends, as a preventive service, counseling that emphasizes patient-centered decision making and allows for discussion of the full range of contraceptive options.

For some women, more than one visit may be needed to achieve effective contraception. More than one visit may also be necessary to identify the appropriate contraceptive methods to optimize compliance and effectiveness as determined by a woman and her health care provider, based on shared decision making.

RECOMMENDATION CODING

CONTRACEPTION BASICS

Correct coding can result in more appropriate compensation for services and reduce claim denials.

Evaluation and Management (E/M) Services Code Only

If a patient comes to your office to discuss contraception options but no procedure is performed at that visit:

- ✔ If the discussion takes place during an annual preventive visit (**99381–99387** or **99391–99297**), it is included in the preventive medicine code. The discussion is not reported separately.
- ✔ If the discussion takes place during an E/M office or outpatient visit (**99201–99215**), an E/M services code may be reported if an E/M service (including history, physical examination, or medical decision making or time spent counseling) is documented. The diagnosis ICD-10-CM code should support medical necessity of services performed.

E/M Services Code and Procedure Code

If discussion of contraceptive options takes place during the same encounter as a procedure, such as insertion of a contraceptive implant or intrauterine device (IUD), it may or may not be appropriate to report both an E/M services code and the procedure code:

- ✔ If the clinician and patient discuss several contraceptive options, decide on a method, and then the service is performed during the visit, an E/M service may be reported, depending on the documentation.
- ✔ If the patient comes into the office and states, “I want an IUD,” followed by a brief discussion of the benefits and risks and the insertion, an E/M service is not reported because the E/M services are minimal.
- ✔ If the patient comes in for another reason and, during the same visit, a procedure is performed, then both the E/M services code and procedure may be reported.

If reporting an E/M service and a procedure, the documentation must indicate a significant, separately identifiable E/M service. The documentation must indicate the key components (history, physical examination, and medical decision making) or time spent face-to-face with the patient. Note the “typical times” listed in outpatient E/M services codes **99201–99215**. If the physician spends more than 50% of the visit face-to-face with the patient counseling or coordinating a patient’s care, the visit can be coded basing on time. The level of history, physical examination, and medical decision making do not matter in selecting this code.

A modifier 25 (significant, separately identifiable E/M service on the same day as a procedure) is added to the E/M code to indicate that this service was significant and separately identifiable. This indicates that two distinct services were provided: an E/M service and a procedure.

STERILIZATION SURGERY FOR WOMEN

There are three ways that sterilization for women can be performed: 1) minilaparotomy, 2) laparoscopy, or 3) hysteroscopy. The following codes can be used:

1) **Minilaparotomy**

The following codes can be used

Type	CPT/HCPCS	Modifier	ICD-10-CM Diagnosis
Minilaparotomy	58600 Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral		Z30.2 Encounter for sterilization
	58605 Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)		Z30.2 Encounter for sterilization
	58611 Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)		Z30.2 Encounter for sterilization
	58615 Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring), vaginal or suprapubic approach		Z30.2 Encounter for sterilization

2) **Laparoscopy**

PROCEDURE CODES

- ✔ When performing an elective sterilization, report code **58670 (Laparoscopy, surgical, with fulguration of oviducts [with or without transection])**.
- ✔ When performing a salpingectomy in addition to a primary procedure, or at a time of a laparoscopy for a gynecological procedure that does not include the adnexal structures, code **58661 (Laparoscopy, surgical; with removal of adnexal structures [partial or total oophorectomy] and/or salpingectomy)** is appropriate.

RECOMMENDATION CODING

DIAGNOSIS CODES

Z30.2 Encounter for sterilization

Type	CPT/HCPCS	Modifier	ICD-10-CM Diagnosis
Laparoscopy Elective Sterilization	58670 Laparoscopy, surgical, with fulguration of oviducts (with or without transection)		Z30.2 Encounter for sterilization
Laparoscopy	58661 Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/ or salpingectomy)		Z30.2 Encounter for sterilization

2) Hysteroscopy

Coding for Surgical Sterilization With Implant for Women

Type	CPT/HCPCS	Modifier	ICD-10-CM Diagnosis
Minilaparotomy	58565 Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	52 , if appropriate Note: 58565 is a bilateral procedure. If performed on one side only, modifier 52 (Reduced Services) should be added to 58565 .	Z30.2 Encounter for sterilization
	992XX E/M based either on the key components or time-Report only if separate and distinct from the procedure with modifier 25	25	As appropriate
Supply	A4264 Permanent implantable contraceptive occlusion device(s) and delivery system		

IMPLANTABLE RODS

A single-rod progestin-only female contraceptive implanted under the skin of the upper arm and preventing pregnancy for a period up to 3 years.

PROCEDURE CODES

The following CPT codes are reported for insertion and/or removal:

- 11981** Insertion, non-biodegradable drug delivery implant
- 11982** Removal, non-biodegradable drug delivery implant
- 11983** Removal with reinsertion, non-biodegradable drug delivery implant

DIAGNOSIS CODES

For initial prescription, counseling, advice, and insertion of the implant, even when insertion is performed at a separate encounter, report the following ICD-10-CM code:

- Z30.017** Encounter for initial prescription of implantable subdermal contraceptive

For checking, reinsertion, or removal of the implant, report ICD-10-CM code:

- Z30.46** Encounter for surveillance of implantable subdermal contraceptive

RECOMMENDATION CODING

SUPPLY CODES

To bill for the cost of the supply, use HCPCS Level II code:

J7307 Etonogestrel (contraceptive) implant system, including implant and supplies

Type	CPT/HCPCS	Modifier	ICD-10-CM Diagnosis
Implantable Rods	11981 Insertion, non-biodegradable drug delivery implant		Z30.017 Encounter for initial prescription of implantable subdermal contraceptive
	11982 Removal, non-biodegradable drug delivery implant		Z30.46 Encounter for surveillance of implantable subdermal contraceptive
	11983 Removal with reinsertion, non-biodegradable drug delivery implant		Z30.46 Encounter for surveillance of implantable subdermal contraceptive
Supply	J7307 Etonogestrel (contraceptive) implant system, including implant and supplies		

COPPER/HORMONAL IUDS

PROCEDURE CODES

The following CPT codes are reported for insertion and/or removal:

58300 Insertion of IUD

58301 Removal of IUD

DIAGNOSIS CODES

The following ICD-10-CM codes could be reported for insertion, routine checking, and removal of IUDs:

Z30.014 Encounter for initial prescription of intrauterine contraceptive device
(Note: This code includes the IUD prescription, counseling, but not 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
(Note: Could be also reported for the replacement of an intrauterine contraceptive device)

SUPPLY CODES

CPT codes do not include the cost of the supply and should be reported separately using HCPCS Level II codes:

- J7296** Levonorgestrel-releasing intrauterine contraceptive system, 19.5 mg, 5-year duration
 - ✔ Kyleena
- J7297** Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 6-year duration
 - ✔ Liletta
- J7298** Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5-year duration
 - ✔ Mirena
- J7300** Intrauterine copper contraceptive
 - ✔ Paragard
- J7301** Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg, 3-year duration
 - ✔ Skyla

CONTRACEPTIVE SHOT OR INJECTION**PROCEDURE CODES**

- 96372** Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

Please note that code **96372** should not be reported if service was provided without direct physician or other qualified health care professional supervision. In this case, report code **99211** (Office or other outpatient visit for the evaluation and management of an established patient) instead of **96372**.

DIAGNOSIS CODES

- Z30.013** Encounter for initial prescription of injectable contraceptive
- Z30.42** Encounter for surveillance of injectable contraceptive

SUPPLY CODES

- J1050** Injection; medroxyprogesterone acetate, 1 mg

This code should be used for Depo-Provera injections. Due to the change in dosage in comparison to the old discontinued codes for Depo-Provera, the appropriate dosage in units should be reported based on the needs of the patient.

RECOMMENDATION CODING

ORAL CONTRACEPTIVES: COMBINED PILL, ORAL CONTRACEPTIVES (EXTENDED OR CONTINUOUS USE)

Type	CPT/HCPCS	Modifier	ICD-10-CM Diagnosis
Initial	E/M code		Z30.011 Encounter for initial prescription of contraceptive pills
Surveillance	E/M code		Z30.041 Encounter for surveillance of contraceptive pills
Supply	S4993 Contraceptive pills for birth control		Note: Check with payer for appropriate codes and whether separately reimbursed

CODING FOR CONTRACEPTIVE PATCHES AND VAGINAL RINGS

Type	CPT/HCPCS	Modifier	ICD-10-CM Diagnosis
Initial	E/M code		<p>Z30.015 Encounter for initial prescription of vaginal ring hormonal contraceptive</p> <p>Z30.016 Encounters for initial prescription of transdermal patch hormonal contraceptive device</p>
Surveillance	E/M code		<p>Z30.44 Encounter for surveillance of vaginal ring hormonal contraceptive device</p> <p>Z30.45 Encounter for surveillance of transdermal patch hormonal contraceptive device</p>
Supply	<p>J7303 Contraceptive supply, hormone containing vaginal ring, each</p> <p>J7304 Contraceptive supply, hormone containing patch, each</p>		Note: Check with payer for appropriate codes and whether separately reimbursed

RECOMMENDATION CODING

BARRIER METHODS CODING

Coding for Diaphragms, Cervical Caps

Type	CPT/HCPCS	Modifier	ICD-10-CM Diagnosis
Initial	57170 Diaphragm or cervical cap fitting with instructions		Z30.018 Encounter for initial prescription of other contraceptives
	992XX E/M based either on the key components or time – Report only if separate and distinct from the procedure with modifier 25	25	As appropriate
Surveillance	992XX E/M based either on the key components or time		Z30.049 Encounter for surveillance of other contraceptives
Supply	A4261 Cervical cap for contraceptive use A4266 Diaphragm for contraceptive use		Note: Check with payer for appropriate codes and whether separately reimbursed

Coding for Contraceptive Sponges, Female Condoms, Spermicides

Type	CPT/HCPCS	Modifier	ICD-10-CM Diagnosis
Initial	E/M code		Z30.018 Encounter for initial prescription of other contraceptives
Surveillance	E/M code		Z30.049 Encounter for surveillance of other contraceptives
Supply	A4268 Contraceptive supply, condom, female, each A4269 Contraceptive supply, spermicide (eg, foam, gel), each		Note: Check with payer for appropriate codes and whether separately reimbursed

EMERGENCY CONTRACEPTION CODING

Coding for Levonorgestrel and Ulipristal Contraceptive Pills

Type	CPT/HCPCS	Modifier	ICD-10-CM Diagnosis
Emergency Contraception	E/M code		Z30.012 Encounter for prescription of emergency contraception
Supply	J3490 Unclassified drugs S4993 Contraceptive pills for birth control	As appropriate	Note: Check with payers on accepted J or S code and modifiers, if appropriate

Coding for Natural Family Planning

Type	CPT/HCPCS	Modifier	ICD-10-CM Diagnosis
Initial	E/M code		Z30.02 Counseling and instruction in natural family planning to avoid pregnancy
Surveillance	E/M code		Z30.02 Counseling and instruction in natural family planning to avoid pregnancy