



# BILLING AND CODING FOR SAME-DAY INSERTION (SDI) OR SINGLE OFFICE VISIT (SOV)

## A quick reference guide for Kyleena® and Mirena®

Billing and coding information for SDI or SOV with Kyleena or Mirena intrauterine devices (IUDs).

### INDICATION FOR KYLEENA

Kyleena® (levonorgestrel-releasing intrauterine system) 19.5 mg is indicated for the prevention of pregnancy for up to 5 years. Replace the system after 5 years if continued use is desired.

### INDICATIONS FOR MIRENA


Mirena® (levonorgestrel-releasing intrauterine system) 52 mg is indicated for prevention of pregnancy for up to 8 years; replace after the end of the eighth year. Mirena is indicated for the treatment of heavy menstrual bleeding for up to 5 years in women who choose to use intrauterine contraception as their method of contraception; replace after the end of the fifth year if continued treatment of heavy menstrual bleeding is needed.

### IMPORTANT SAFETY INFORMATION ABOUT KYLEENA AND MIRENA

#### Who is not appropriate for Kyleena and Mirena

Use of Kyleena or Mirena is contraindicated in women with: known or suspected pregnancy and cannot be used for post-coital contraception; congenital or acquired uterine anomaly, including fibroids if they distort the uterine cavity; known or suspected breast cancer or other progestin-sensitive cancer, now or in the past; known or suspected uterine or cervical malignancy; liver disease, including tumors; untreated acute cervicitis or vaginitis, including lower genital tract infections (eg, bacterial vaginosis) until infection is controlled; postpartum endometritis or infected abortion in the past 3 months; unexplained uterine bleeding; current IUD; acute pelvic inflammatory disease (PID) or history of PID (except with later intrauterine pregnancy); conditions increasing susceptibility to pelvic infection; or hypersensitivity to any component of Kyleena or Mirena.

Please see Important Safety Information throughout and accompanying Full Prescribing Information for [Kyleena](#) and [Mirena](#).

  
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## SDI AND SOV CODING PROTOCOLS

SDI and SOV can help support patient care for IUD insertion.

### SDI

#### Counseling and IUD insertion during the same in-person visit for appropriate patients

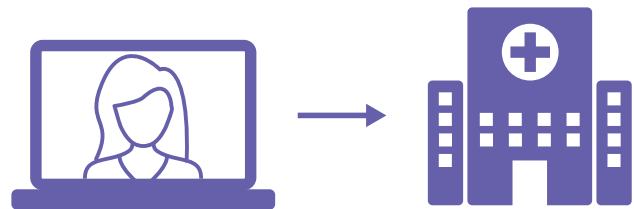


#### Possible SDI scenario

A clinician and patient discuss a number of contraceptive options and decide an IUD is an appropriate option. After reviewing the timing of insertion and determining that the patient is appropriate, an IUD may be inserted during the same visit.

### SOV

#### Telehealth counseling and a single office visit for IUD insertion



#### Possible SOV scenario

A clinician and patient use telehealth for contraceptive counseling, decide an IUD is an appropriate option, and schedule an office visit for the IUD insertion.

Accurate **diagnosis, procedure, and product coding** are essential for prompt claim processing and reimbursement for SDI and SOV with Kyleena® or Mirena®

## IMPORTANT SAFETY INFORMATION ABOUT KYLEENA AND MIRENA (continued)

### Clinical considerations for use and removal of Kyleena and Mirena

Use Kyleena or Mirena with caution after careful assessment in patients with coagulopathy or taking anticoagulants; migraine, focal migraine with asymmetrical visual loss, or other symptoms indicating transient cerebral ischemia; exceptionally severe headache; marked increase of blood pressure; or severe arterial disease such as stroke or myocardial infarction. Consider removing the intrauterine system if these or the following arise during use: uterine or cervical malignancy or jaundice. If the threads are not visible or are significantly shortened they may have broken or retracted into the cervical canal or uterus. If Kyleena or Mirena is displaced (e.g., expelled or perforated the uterus), remove it. Kyleena can be safely scanned with MRI only under specific conditions.

## IUD CODING FOR SDI AND SOV

### Basic IUD coding

Coding for SDI and SOV have basic IUD coding requirements in common.

- ICD-10-CM codes
- CPT procedure codes
- HCPCS supply code/J code

### Basic IUD codes for IUD insertion

ICD-10-CM code <sup>1</sup>	CPT procedure code <sup>1</sup>	HCPCS code/J code <sup>1</sup>
<b>Z30.430:</b> Encounter for insertion of intrauterine contraceptive device	<b>58300:</b> Insertion of IUD	<b>J7296</b> for Kyleena <b>J7298</b> for Mirena

CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification.

### Additional IUD coding for SDI and SOV

In addition to the basic IUD coding requirements, SDI and SOV with Kyleena or Mirena will require **additional and unique coding modifiers**.

- **SDI requires the use of a 25 modifier** to indicate that counseling and IUD insertion are significant and separately identifiable services<sup>1</sup>
- **SOV requires the use of 95 or GT modifiers** to indicate telehealth counseling before the in-office IUD insertion<sup>2</sup>

## IMPORTANT SAFETY INFORMATION ABOUT KYLEENA AND MIRENA (continued)

### Pregnancy related risks with Kyleena and Mirena

If pregnancy should occur with Kyleena or Mirena in place, remove the intrauterine system because leaving it in place may increase the risk of spontaneous abortion and preterm labor. Advise her of isolated reports of virilization of the female fetus following local exposure to LNG during pregnancy with an LNG IUS in place. Removal or manipulation may result in pregnancy loss. Evaluate women for ectopic pregnancy because the likelihood of a pregnancy being ectopic is increased with Kyleena or Mirena. Also consider the possibility of ectopic pregnancy in the case of lower abdominal pain, especially in association with missed menses or if an amenorrheic woman starts bleeding. Tell women about the signs of ectopic pregnancy and associated risks, including loss of fertility. Women with a history of ectopic pregnancy, tubal surgery, or pelvic infection carry a higher risk of ectopic pregnancy.

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## CODING FOR SDI

Coding for SDI with Kyleena® or Mirena® requires the **25 modifier\* to be added to the evaluation and management (E/M) code** to indicate that this service was **significant and separately identifiable from the insertion**. This indicates that 2 distinct services were provided.<sup>1</sup>

### Possible clinical and coding scenario for SDI

The patient is seen for contraceptive counseling, a well woman visit, an STD check, a pregnancy test, or another reason. She chooses an IUD or implant, which is placed at the same visit.

### Example documentation

<b>Documentation in medical record or on the claim</b>	Select an E/M code based on face-to-face time spent with the patient, but exclude the time needed for the IUD or implant placement.  Document in the patient's medical record that at least 50% of the nonprocedure time was spent in counseling.
<b>Modifier</b>	The <b>25 modifier*</b> is appended to the E/M code, <b>not</b> the CPT code.

### Example coding

Code type	Procedure or service <sup>1</sup>	ICD-10-CM codes <sup>1</sup>
E/M service code and modifier	<b>992XX-25:</b> based on either the key components or the time spent counseling	<b>Z30.014:</b> Encounter for initial prescription of intrauterine contraceptive device
CPT procedure code	<b>58300:</b> Insertion of IUD	<b>Z30.430:</b> Encounter for insertion of intrauterine contraceptive device
HCPCS code/J code	<b>J7296</b> for Kyleena <b>J7298</b> for Mirena	<b>Z30.430:</b> Encounter for insertion of intrauterine contraceptive device

\*Reimbursement with 25 modifier is specific to healthcare plan and may vary from plan to plan.  
STD=sexually transmitted disease.

## IMPORTANT SAFETY INFORMATION ABOUT KYLEENA AND MIRENA (continued)

### Educate her about PID

Kyleena and Mirena are contraindicated in the presence of known or suspected PID or in women with a history of PID unless there has been a subsequent intrauterine pregnancy. IUDs have been associated with an increased risk of PID, most likely due to organisms being introduced into the uterus during insertion. Promptly examine users with complaints of lower abdominal pain or pelvic pain, odorous discharge, unexplained bleeding, fever, genital lesions or sores. Inform women about the possibility of PID and that PID can cause tubal damage leading to ectopic pregnancy or infertility, or infrequently can necessitate hysterectomy, or cause death. PID is often associated with sexually transmitted infections (STIs); Kyleena and Mirena do not protect against STIs, including HIV. PID may be asymptomatic but still result in tubal damage and its sequelae.

## CODING FOR SOV

SOV with Kyleena or Mirena will require coding for **both** telehealth counseling and the in-office IUD insertion. Standard coding and billing practices can be used for the in-office IUD insertion. Coding for **telehealth counseling will depend on the mode of delivery and require the use of the 95<sup>†</sup> or GT<sup>†</sup> modifiers.**<sup>2</sup>

Telehealth is a broad term that can take different forms. The mode of delivery will impact which codes are appropriate for use. For SOV, a **telehealth visit** is the type of service used. This is distinct from other virtual visits, such as virtual check-ins and e-visits, and requires different CPT codes.<sup>2</sup>

### Possible clinical and telehealth coding scenario for SOV

An established patient has a telehealth visit for contraceptive counseling. The patient and clinician discuss family planning needs and birth control options before deciding that an IUD is an appropriate option. The patient is brought into the office for an IUD insertion.

### Example documentation

**CPT codes 99202 to 99215** are the codes commonly used for an office or other outpatient visit. By using the modifier 95<sup>†</sup> or GT,<sup>†</sup> these codes can be used for telemedicine visits as well.<sup>2</sup>

<b>Documentation in medical record or on the claim</b>	Select the appropriate CPT code for the telehealth counseling visit based on the length of the visit, the level of medical decision-making involved, and if it is a <b>new patient (99202-99205)</b> or an <b>existing patient (99212-99215).</b> <sup>3</sup>  Include the mode of telecommunication used to communicate with the patient, the location of the patient, the location of the provider, and the name and roles of other staff participating in the telehealth service. <sup>2</sup>
<b>Modifier</b>	<b>Modifier 95<sup>†</sup> or GT<sup>†</sup></b> is appended to the CPT code to denote interactive audio and video telecommunications so the CPT code can be used for telehealth. <sup>2</sup>

<sup>†</sup>Reimbursement and codes are subject to change.

## IMPORTANT SAFETY INFORMATION ABOUT KYLEENA AND MIRENA (continued)

### Educate her about PID (continued)

In clinical trials with:

- Kyleena - PID occurred more frequently within the first year and most often within the first month after insertion.
- Mirena - upper genital infections, including PID, occurred more frequently within the first year. In a clinical trial with other IUDs and a clinical trial with an IUD similar to Mirena, the highest rate occurred within the first month after insertion.

Please see Important Safety Information throughout and accompanying Full Prescribing Information for [Kyleena](#) and [Mirena](#).



## IMPORTANT SAFETY INFORMATION ABOUT KYLEENA AND MIRENA (continued)

### Expect changes in bleeding patterns with Kyleena and Mirena

Spotting and irregular or heavy bleeding may occur during the first 3 to 6 months. Periods may become shorter and/or lighter thereafter. Cycles may remain irregular, become infrequent, or even cease. Consider pregnancy if menstruation does not occur within 6 weeks of the onset of previous menstruation.

If a significant change in bleeding develops during prolonged use, take appropriate diagnostic measures to rule out endometrial pathology.

### Be aware of other serious complications and most common adverse reactions

Some serious complications with IUDs like Kyleena and Mirena are sepsis, perforation and expulsion. Severe infection, or sepsis, including Group A streptococcal sepsis (GAS) have been reported following insertion of a LNG-releasing IUS. Aseptic technique during insertion of the IUD is essential in order to minimize serious infections, such as GAS.

Perforation (total or partial, including penetration/embedment of Kyleena or Mirena in the uterine wall or cervix) may occur, most often during insertion, although the perforation may not be detected until sometime later. The risk of uterine perforation is increased in women who have recently given birth, and in women who are breastfeeding at the time of insertion. In a large US retrospective, postmarketing safety study of IUDs, the risk of uterine perforation was highest when insertion occurred within ≤6 weeks postpartum and also higher with breastfeeding at the time of insertion. The risk of perforation may be increased if inserted when the uterus is fixed, retroverted or not completely involuted. If perforation occurs, locate and remove the intrauterine system. Surgery may be required. Delayed detection or removal of the intrauterine system in case of perforation may result in migration outside the uterine cavity, adhesions, peritonitis, intestinal perforations, intestinal obstruction, abscesses, and erosion of adjacent viscera. In addition, perforation may reduce contraceptive efficacy and result in pregnancy.

Partial or complete expulsion of Kyleena or Mirena may occur resulting in the loss of contraceptive protection. The risk of expulsion is increased with insertions immediately after delivery and appears to be increased with insertion after second-trimester abortion based on limited data. In the same postmarketing study, the risk of expulsion was lower with breastfeeding status. Remove a partially expelled IUD. If expulsion has occurred, a new Kyleena or Mirena can be inserted any time the provider can be reasonably certain the woman is not pregnant.

Ovarian cysts may occur and are generally asymptomatic, but may be accompanied by pelvic pain or dyspareunia. Evaluate persistent enlarged ovarian cysts.

In clinical trials with:

- Kyleena - the most common adverse reactions (≥5%) were vulvovaginitis (24%), ovarian cyst (22%), abdominal/pelvic pain (21%), headache/migraine (15%), acne/seborrhea (15%), dysmenorrhea/uterine spasm (10%), breast pain/breast discomfort (10%), and increased bleeding (8%).
- Mirena
  - Adverse reactions reported in ≥5% users are alterations of menstrual bleeding patterns [including unscheduled uterine bleeding (31.9%), decreased uterine bleeding (23.4%), increased scheduled uterine bleeding (11.9%), and female genital tract bleeding (3.5%)], abdominal/pelvic pain (22.6%), amenorrhea (18.4%), headache/migraine (16.3%), genital discharge (14.9%), vulvovaginitis (10.5%), breast pain (8.5%), back pain (7.9%), benign ovarian cyst and associated complications (7.5%), acne (6.8%), depression/depressive mood (6.4%) and dysmenorrhea (6.4%).
  - A separate study with 362 women who have used Mirena for more than 5 years showed a consistent adverse reaction profile in Years 6 through 8. By the end of Year 8 of use, amenorrhea and infrequent bleeding are experienced by 34% and 26% of users, respectively; irregular bleeding occurs in 10%, frequent bleeding in 3% and prolonged bleeding in 3% of users. In this study 9% of women reported the adverse event of weight gain, it is unknown if the weight gain was caused by Mirena.

Teach patients to recognize and immediately report signs or symptoms of the aforementioned conditions. Evaluate patients 4 to 6 weeks after insertion of Kyleena or Mirena and then yearly or more often if clinically indicated.

**For important information about Kyleena, please see the accompanying [Full Prescribing Information](#).  
For important information about Mirena, please see the accompanying [Full Prescribing Information](#).**

# AS YOUR PARTNER IN WOMEN'S CARE, BAYER IS HERE TO SUPPORT YOU AND YOUR PATIENTS

For comprehensive billing and coding information on Kyleena® and Mirena®, please reference the **Compass Guide**. You can find the guide at [WHCsupport.com/forms](https://www.whcsupport.com/forms), or you can reach out to your Bayer Sales Consultant to learn more

**References:** **1.** American College of Obstetricians and Gynecologists. LARC quick coding guide: coding for the contraceptive implant and IUDs. <https://www.acog.org/-/media/project/acog/acogorg/files/pdfs/publications/larc-coding-guide.pdf>. Accessed September 29, 2022. **2.** National Family Planning and Reproductive Health Association. Initiating telehealth in response to COVID-19: coding and billing for telehealth services. <https://www.nationalfamilyplanning.org/file/COVID---Telehealth-Coding---FINAL.pdf>. Published November 2020. Accessed September 29, 2022. **3.** American College of Obstetricians and Gynecologists. 2021 Evaluation and Management Summary. <https://www.acog.org/-/media/project/acog/acogorg/files/pdfs/brochures-flyers/coding-em-summary.pdf>. Accessed September 29, 2022.

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