THE TEXAS LONG-ACTING REVERSIBLE CONTRACEPTION

TOOLKIT

A resource for Texas health care providers to support access to long-acting reversible contraception (LARC).

Texas Women's Healthcare Coalition

every body TEXAS

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Introduction

Long-acting reversible contraceptives (LARCs) provide the highest level of effectiveness of any reversible method of contraception. Requiring no action on the part of the user after the device is in place, LARCs have high rates of user satisfaction and continuation.

There are two types of LARCs:

- A flexible plastic implant placed under the skin containing etonogestrel (a progestin hormone) and
- Intrauterine devices/systems (IUDs) that are placed in the uterus, including:
  - Hormonal IUDs, most of which deliver levonorgestrel (a progestin hormone) in varying doses depending on the brand; and
  - A non-hormonal copper-containing IUD.

LARCs are effective for 3-10 years depending on the product. They must be inserted and removed by a qualified health care professional and can be removed at any time (ACOG, 2023).

Texas has made improving access to LARCs a priority.

This toolkit offers information and resources to help health care providers increase LARC availability to Texas women throughout their reproductive life cycle, including prior to the first pregnancy, during the postpartum period, and whenever family planning services are received.

Successful implementation of a LARC program, whether in a clinic or hospital setting, requires planning and coordination by all individuals and service groups involved

Please note: While LARCs are a highly effective form of contraception, they are one of many options for an individual's reproductive life plan. Patient choice and contraceptive counseling focused on all forms of contraception should be prioritized. For more information on shared decision making in contraceptive counseling, please see the appendix of this toolkit.

Patient Protocols & Procedural Aspects

TIMING OF INSERTION

In the Clinic

If it is possible to be reasonably certain that a woman is not currently pregnant, the IUD or contraceptive implant may be inserted at any time during the menstrual cycle. It is not necessary to request that the woman return for insertion during the next menses, which may create a barrier to access.

A provider may be reasonably certain that a woman is not currently pregnant if she has no signs or symptoms of pregnancy (either intrauterine or ectopic) and meets at least one of the following criteria (CDC, 2016b):

- Seven or fewer days since the start of a normal menses
- No sexual intercourse since the beginning of the last normal menses
- Has been using a reliable method of contraception correctly and consistently
- Seven or fewer days since a spontaneous or induced abortion
- Less than four weeks postpartum
- Is exclusively or almost exclusively breast feeding (at least 85% of infant feedings are breast milk) amenorrheic, and less than six months postpartum

If, after evaluation, the provider is reasonably certain the woman meets at least one of the criteria above, then no pregnancy test is needed, and the IUD or contraceptive implant may be placed that day as long as the placement aligns with manufacturers guidelines.

If the criteria to be reasonably certain that she is not pregnant are not met, an IUD should not be placed on the same day. Rather, the provider should ask the woman to return when it's possible to be reasonably certain she is not pregnant (see criteria listed above), and the provider should offer another contraceptive method to use in the meantime (CDC, 2016a; CDC, 2016b).

If a woman is requesting a contraceptive implant and she does not meet the criteria to be reasonably certain she is not pregnant, the benefit of reliable contraception likely outweighs the risk even if the provider cannot be certain she is not pregnant. Several studies have shown no increase in the risk of congenital anomalies or perinatal death in infants with in-utero exposure to oral contraceptives or medroxyprogesterone acetate (injectable contraceptive). The provider may consider placing the contraceptive implant on the same day with instructions to return in two to four weeks for a pregnancy test (CDC, 2016b). The provider may want to confirm a negative pregnancy test on the day of implant insertion but should be mindful that a negative test does not rule out an early pregnancy. The woman should be counseled on the potential risk and offered the option of delaying the implant placement. If she chooses to delay implant placement, she should receive another contraceptive method for use in the meantime.

In the immediate postpartum setting

The immediate postpartum period while the patient is hospitalized for delivery offers an ideal opportunity for initiation of a LARC method because a woman is often highly motivated to initiate contraception at this time, she is certain not to be pregnant, and her presence in the hospital eliminates the need to schedule a separate appointment for LARC placement. Because 40 percent to 57 percent of women report having unprotected intercourse before the usual postpartum clinic visit, and because women often begin to ovulate very soon after delivery, immediate postpartum LARC provides a reliable means of reducing unintended pregnancy in this population (ACOG, 2024).

While the majority of available evidence seems to support no adverse effect on breastfeeding outcomes for women using a LARC method, women who intend to breastfeed should be counseled about a theoretical risk of reduced breastmilk production and breastfeeding duration with a hormonal LARC method.

Immediate post-placental IUD insertion

The IUD should be inserted within 10 minutes of delivery of the placenta. The risk of spontaneous expulsion with post-placental insertion is reported to be approximately 11 percent in recent studies (Myo & Nguyen, 2023). This is somewhat higher than for clinic insertion but is cost-effective when compared with insertion at the postpartum visit (Washington et al., 2015).

Immediate postpartum contraceptive implant insertion

The contraceptive implant can be inserted any time after delivery before the patient is discharged home. Breastfeeding women should be counseled that there are theoretical concerns about milk production and infant growth and development with implant insertion in the first 30 days postpartum. However, the U.S. Medical Eligibility Criteria for Contraceptive Services classifies implant insertion in the first 30 days after childbirth in a breastfeeding woman as Category 2 (the advantages generally outweigh theoretical or proven risks; CDC, 2016a).

CDC Medical Eligibility Criteria and Selected Practice Recommendations

To inform evidence-based clinical practice, the CDC publishes medical eligibility for contraceptive use as well as selected practice recommendations for contraceptive use. These resources can be found here:

1. *Centers for Disease Control and Prevention (2016a). U.S. medical eligibility criteria for contraceptive use, 2016 with updates. Available at: US Medical Eligibility Criteria for Contraceptive Use, 2016 (US MEC) | CDC*
2. *Centers for Disease Control and Prevention (2016b). U.S. selected practice recommendations for contraceptive use, 2016. MMWR, 65 (No.4) Available at:*

https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/summary.html

Billing & Reinbursement

PATIENT COUNSELING AND EDUCATION

Providers billing for patient counseling and education must ensure every patient who requests contraceptive services receives counseling on all appropriate methods and be allowed to choose their preferred method. If a LARC method is chosen and the provider can be reasonably certain the patient is not pregnant, the LARC should be provided on the same day, whenever possible (ACOG, 2024).

The patient should be informed of their freedom to change their decision at any time prior to placement of a LARC device, and to request LARC removal at any time, without fear or possibility of reprisal.
Evaluation and management (E/M) visit procedure codes located in the Texas Medicaid Policy and Procedure Manual are based on the complexity of the annual family planning examination provided and do not differ based on methods.

CODING FOR LARC SERVICES

Below is a listing of Healthcare Common Procedure Coding System (HCPCS) procedure and device codes commonly used when billing for LARC services among HHSC medical programs, including Medicaid, Family Planning Program, and Healthy Texas Women. For a one-page handout with all relevant LARC billing coding, please see the appendix of this toolkit.

See next page for table.

Table 1. LARC device codes and related procedure codes: IUD Coding (ACOG, 2021)

IUD Coding	
Diagnosis Codes	
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.
	Insertion and Removal
58300	Insertion of IUD.
58301	Removal of IUD.
58562	Hysteroscopy, surgical; with removal of impacted foreign body.
	HCPCS Supply Coding
J7296	Levonorgestrel-releasing intrauterine contraceptive system (Kyleena®), 19.5 mg (5-year duration)
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta®), 52 mg (6-year duration)
Diagnostic Coding	
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena®), 52 mg (6-year duration)
J7300	Intrauterine copper contraceptive (Paragard®) (10-year duration)
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla®), 13.5 mg (3-year duration)

Table 2. LARC device codes and related procedure codes: Implant Coding (ACOG, 2021)

Implant Coding	
Diagnosis Codes	
Z30.014	Encounter for initial prescription of implantable subdermal contraceptive. This code is reported for the initial prescription, counseling, advice, and insertion of the implant, even when the insertion is performed at a separate encounter.
Z30.46	Encounter for surveillance of implantable subdermal contraceptive. This code is reported for checking, reinsertion, or removal of the implant.
	Insertion and Removal
11981	Insertion, non-biodegradable drug delivery implant.
11982	Removal, non-biodegradable drug delivery implant.
11983	Removal with reinsertion, non-biodegradable drug delivery implant.
	HCPCS Supply Coding
J7307	Etonogestrel (Nexplanon ®) (contraceptive) implant system, including implant and supplies.

Coverage among HHSC Medical Programs

Table 3. HHSC Program Coverage for LARCs

Program	LARC Coverage (Insertion and Removal)	Details
CHIP	Yes, in some circumstances	Contraceptive care, including LARC services, are only covered under CHIP when related to diseases, illnesses, or abnormalities related to the reproductive system. CHIP does not cover contraceptive services for pregnancy prevention.
Emergency Medicaid	No	Emergency Medicaid covers only those services needed to stabilize the emergency medical condition, including labor and delivery services. Emergency Medicaid does not cover LARCs, but clients who are dually eligible for Emergency Medicaid and the Family Planning Program (FPP) may obtain contraceptives by billing to FPP.*
Medicaid	Yes	LARCs available through Medicaid for Pregnant Women (MFPW) up to 12 months after pregnancy ends. LARC coverage continues for women who remain eligible for Medicaid after MFPW coverage ends.
Healthy Texas Women	Yes	Healthy Texas Women (HTW) covers LARCs. MFPW clients are automatically tested for HTW after MFPW coverage ends. ** Eligible Texas women who are not pregnant may enroll directly in the HTW Program.
Family Planning Program	Yes	Eligible women who do not qualify for HTW may receive LARCs through FPP.

*Postpartum patients who have delivered under Emergency Medicaid coverage can be enrolled in FPP to receive immediate postpartum LARC services through a contracted FPP provider. However, the patient's eligibility must be assessed by a participating FPP contractor and determined eligible for FPP before the LARC service is provided. Additional information about Emergency Medicaid and LARCs is available later in this section.

**Women who are at least 15 years of age and under 18 must apply for HTW coverage (with parental consent) when Medicaid for Pregnant Women coverage ends.

To find out more about HTW and FPP, or to locate a provider, go to the HTW website at www.HealthyTexasWomen.org or call 2-1-1. HHSC also operates a dedicated Women's Health phone line to call for additional information at 512-776-7796.

For HTW or FPP billing inquiries, providers may contact Texas Medicaid and Healthcare Partnership (TMHP) at 1-800-925-9126.

OBTAINING LARC DEVICES FOR THE CLINIC SETTING

There are two ways to obtain and bill for LARC devices to be provided in the outpatient clinic:

1. The buy and bill method:
   a. Providers who are designated Federally Qualified Health Centers (FQHCs) must use the buy and bill method.
2. The pharmacy method.

Clinics and hospitals should establish a process to be used to acquire the devices to be provided. Outpatient clinic providers of LARC have the choice of using the buy and bill method or the pharmacy option. The buy and bill method is preferred because it allows for same-day insertion. Timing constraints on providing LARC to the patient hospitalized for delivery will likely require hospitals to maintain a supply of devices on hand in order to meet the need. Most Texas Medicaid and HTW and FPP providers may use either method.

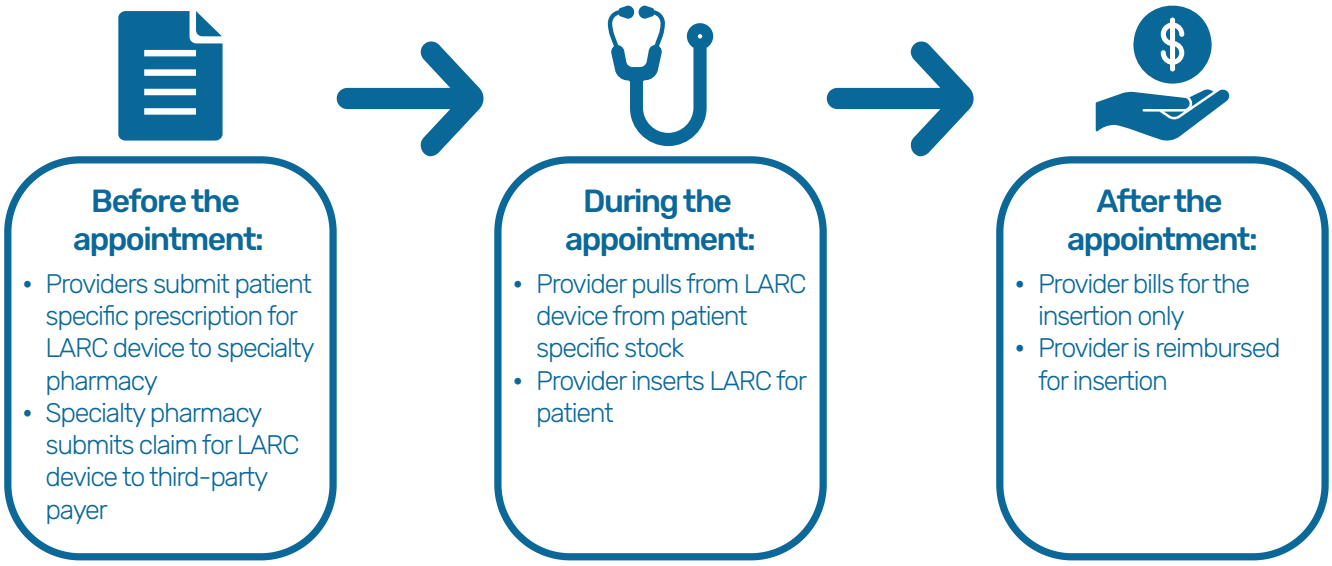
HOW TO USE THE BUY AND BILL METHOD

1. A provider orders the LARC device directly from the manufacturer or through a third-party distributor. The product manufacturer's website provides information on how to order and pay for the device. These are available in different-sized lots, and a discount may be available for purchasing multiple devices at a time.

2. The provider keeps the LARC devices on-site in general stock. When a patient requests a LARC method, the provider pulls from the on-site stock and can provide the service on the same day.

3. The provider files a claim to TMHP for patients with Texas Medicaid, HTW, or FPP for both the LARC device and the appropriate insertion procedure. For patients enrolled in Medicaid managed care, the provider should contact the patient's managed care organization (MCO) for specific billing instructions.

4. If a purchased device is damaged, opened but not used, or expired, the provider should contact the manufacturer for possible replacement options.



HOW TO USE THE PHARMACY METHOD

Any provider currently enrolled in Texas Medicaid or HTW may use the pharmacy method to obtain any LARC product on the Texas Medicaid or HTW drug formulary for enrolled patients. This billing option is not appropriate for same-day LARC provision.

1. A patient requests a LARC method from their provider.

2. The provider submits a completed and signed prescription request form to a specialty pharmacy for the device to be provided to that particular patient.

3. See the Texas Medicaid Provider Procedures Manual for additional details on this process.

    a. The specialty pharmacy dispenses the LARC product and bills Medicaid or HTW for the device. The device is shipped to the practice address, care of the patient, to be provided only to that patient. The provider does not bill for the LARC device.

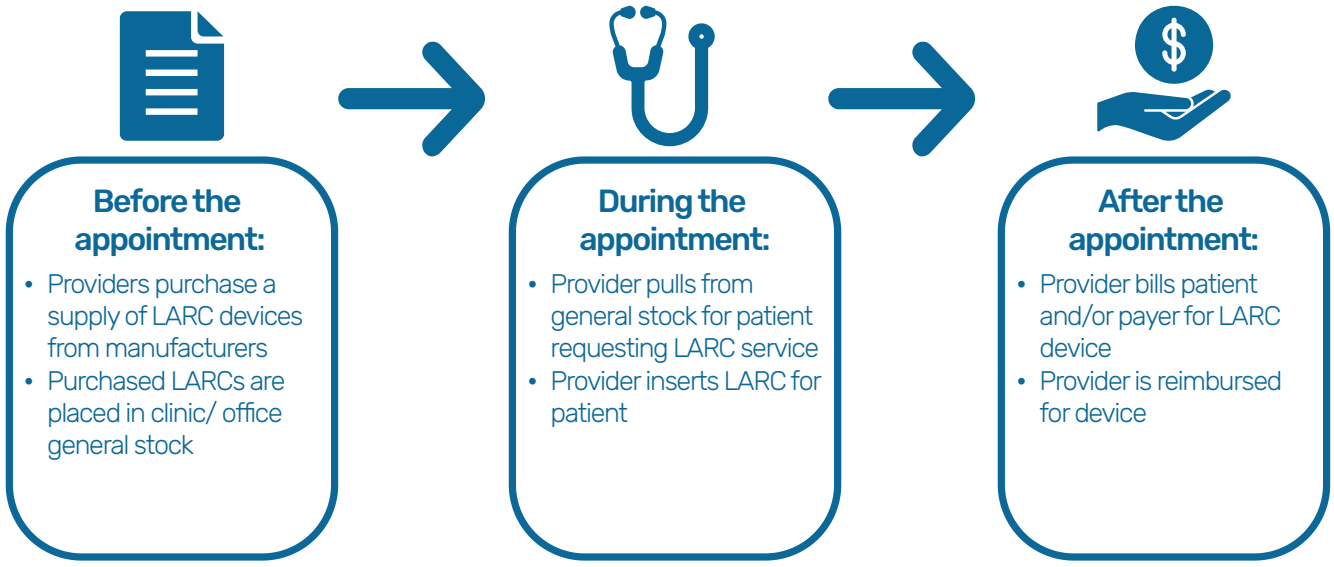
4. The patient returns to the clinic and receives the LARC service using the patient-specific LARC device obtained from the specialty pharmacy.

5. The provider files a claim with Texas Medicaid or HTW using the appropriate LARC insertion procedure code.

6. Providers who obtain LARC devices using the pharmacy method are encouraged to return unused and unopened LARC products according to the manufacturer's abandoned unit return policy. Prescribers may obtain information and return forms at the LARC Products Pharmacy Benefit page on the Texas Vendor Drug Program website. Additional information about that process can be found on the Vendor Drug Program website. The provider will not have to submit any additional claims, as this will be taken care of by the pharmacy. The provider should use the specialty pharmacy associated with the requested LARC device, as listed on the LARC Products Pharmacy Benefit Page.

7. For patients enrolled in Medicaid managed care, the provider should contact the patient's MCO for specific billing instructions. Contact information for each of the state's Medicaid MCOs can be found on their webpages. A list of all the Medicaid MCOs and their webpages can also be found here.

8. If a purchased device is damaged, opened but not used, or expired, the provider should contact the manufacturer for possible replacement options.



BILLING BY FEDERALLY QUALIFIED HEALTH CENTERS (FQHC)

When providing LARC services to a patient with Texas Medicaid or HTW, an FQHC is reimbursed under a Prospective Payment System (PPS) methodology, detailed below. LARCs for FPP clients are reimbursed on a fee-for-service basis.

When filing a claim under the Family Planning Program, the FQHC provider should follow the instructions for using the buy and bill method.

The claim form should include the appropriate codes for both the LARC device and the insertion procedure, to reflect the services provided.

Prospective Payment System (PPS) Methodology

The FQHC receives an encounter rate for the patient clinic visit. FQHCs may receive payment for **up to three family planning encounters per year, per client.**

When providing family planning services, the FQHC provider should bill the E/M code appropriate to the level of service provided. When LARC services are provided in the clinic, covered LARC devices may be reimbursed in addition to the FQHC encounter rate, as long as the device code and the appropriate E/M code are submitted on the same claim form.

Procedure codes for individual services, such as the insertion procedure, will be processed as informational only and will not be paid separately. Because FQHCs are not eligible to use the Vendor Drug Program in Texas, they **must use the buy and bill method for LARC device reimbursement.**

For a one-page handout with all relevant LARC billing coding, please see the appendix of this toolkit.

BILLING BY RURAL HEALTH CLINICS

Provider Type (PT) 71: Rural health clinics (RHC) that are designated Family Planning Clinics (PT 71) may be reimbursed for family planning services using their RHC National Provider Identification (NPI) number and the FP3 benefit code.

If the FP3 benefit code is not included, services listed on the claim will be treated as informational and will not be eligible for payment. Claims for family planning services should include the E/M code for the level of service provided and the appropriate family planning diagnosis code. If a LARC service is provided, the claim should include the appropriate LARC device code for reimbursement.

PT 78 and 79: When providing LARC services, PT 78 (freestanding RHC) and PT 79 (hospital-based RHC) must use the procedure code T1015, as well as the appropriate LARC device code to receive both their encounter rate for the visit and reimbursement for the LARC device.

BILLING BY MOBILE UNITS

Mobile LARC units that are extensions of established office locations are allowed to bill under that established office locations NPI. When submitting claims in TMHP, indicate national place of service (POS) 15 for mobile unit.

USING THE 340B DRUG PRICING PROGRAM

The federal 340B Drug Pricing Program, administered by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services, enables eligible health care entities to provide outpatient drugs, including LARC devices, at reduced cost.

All eligible organizations and covered entities that are enrolled in the federal 340B Drug Pricing Program should order LARC devices directly from individual wholesalers or the manufacturer. The covered organization must inform the wholesaler or manufacturer of their 340B enrollment in order to receive the 340B discounted rate.

Organizations enrolled in the 340B program should bill for LARC using the buy and bill method and must use modifier U8 when submitting a claim for a LARC device in order to receive reimbursement at 340B rates. An E&M procedure code will not be reimbursed when it is billed with the same date of service as procedure code 58301, unless the E&M visit is a significant, separately identifiable service from the removal of the IUD. If the E&M visit occurs on the same date of service as the removal of the IUD, modifier 25 may be used to indicate that the E&M visit was a significant, separately identifiable service from the procedure. For more information on the HRSA 340B Drug Pricing Program, please refer to the Health Resources and Services Administration website.

PROVIDING LARC IN THE HOSPITAL

Immediate postpartum insertion refers to the delivery of a LARC service (i.e., either IUD or contraceptive implant) after delivery but before discharge from the hospital. Hospitals in Texas may be able to receive reimbursement for all LARC devices listed in Table 1 above when a LARC device is provided immediately postpartum to a woman eligible for Medicaid for the delivery. This would be in addition to the hospital diagnosis related group (DRG) payment for delivery.

Emergency Medicaid only covers those services necessary to stabilize the emergency medical condition, and contraception, including LARC, is not covered. If a client has been determined eligible for FPP by an FPP provider, providers may bill the program for immediate postpartum LARC services.

TRADITIONAL, FEE-FOR-SERVICE MEDICAID

When seeking reimbursement for an IUD or implantable contraceptive device provided immediately postpartum to a patient whose delivery is covered by traditional Texas Medicaid for Pregnant Women, hospital/facility providers must submit a separate outpatient claim with the appropriate procedure code for the contraceptive device in addition to the inpatient claim for the delivery services for claims submitted to the TMHP. The provider performing the LARC service in the hospital must also submit an outpatient claim separate from the inpatient delivery claim to TMHP to receive payment for the insertion procedure.

MEDICAID MANAGED CARE

Texas Medicaid MCOs must adopt claims processing procedures to reimburse the LARC device cost to hospitals and facilities, in addition to the contracted rate for inpatient labor and delivery, when a LARC service is provided immediately postpartum, before the patient is released from the facility. MCOs must educate hospital providers on claim submission requirements.

Administrative procedures, such as claims filing, may differ from traditional Medicaid (fee-for-service) and may be different for each MCOs. For claims submitted to a Texas Medicaid MCO, providers must follow the MCO's claim processing procedures for reimbursement of immediate postpartum LARC devices in addition to the rate for delivery services.

Providers should contact the client's specific MCO for details. Contact information for each of the state's Medicaid MCOs can be found on their webpages, a list of all the Medicaid MCOs and their webpages can also be found here.

EMERGENCY MEDICAID

Providers and hospitals are not eligible to receive reimbursement for LARC services through Emergency Medicaid for a woman whose delivery is covered by that program. Emergency Medicaid covers only those services needed to stabilize the emergency medical condition, including labor and delivery services. Women who are eligible for Emergency Medicaid at the time of delivery may be able to receive immediate postpartum LARC through FPP. The patient's eligibility must be assessed by a participating FPP contractor before the LARC service is provided. Ideally, she would be assessed for eligibility in the course of prenatal care.

The direct provider of the LARC service to the hospitalized postpartum woman may be either the FPP contractor or a provider acting under a sub-contractor agreement with the FPP contractor, as described in the HHSC Family Planning Program Manual. The direct provider of the postpartum LARC service performs the insertion procedure, using a device taken from hospital stock, in the usual way described previously in this toolkit.

The FPP contractor must then submit an outpatient claim to TMHP for the LARC device and insertion procedure on the Family Planning 2017 Claim Form, using provider type 46 or 71, as appropriate for that contractor. The FPP contractor will then reimburse the delivery hospital and clinician for the device and insertion procedure, according to the previously agreed upon MOU.

Appendix I. Resources

PLANNING FOR PROGRAM INITIATION

Training clinical support staff

- The US Postpartum Contraceptive Initiative website contains information on contraceptive counseling, clinical considerations and other resources to implement a postpartum contraceptive program.
- The LARC Video series web page on the American College of Obstetricians and Gynecologists LARC Program website contains links to available videos related to LARC services, including clinical preparation, patient counseling, and insertion techniques for IUD devices available in the U.S.
- The Immediate Postpartum Intrauterine Device Insertion Training Workshop page on the Bixby Center for Global Reproductive Health website provides instructions for constructing a training model for immediate postpartum IUD insertion, training instructional materials, and training videos.
- The Medical Eligibility Criteria for Initiating Contraception page from the Reproductive Health Access Project offers a quick reference guide for contraceptive method eligibility criteria.

PATIENT COUNSELING

- Association of Reproductive Health Professionals. The facts about intrauterine contraception. Available at http://www.arhp.org/Publications-and-Resources/Clinical-Fact-Sheets/The-Facts-About-Intrauterine-Contraception-
- The Reproductive Health Access Project website contains helpful fact sheets and information for patients and providers on a broad range of contraceptive topics, including LARC:
  - Medical eligibility criteria quick resource guide: https://www.reproductiveaccess.org/resource/medical-eligibility-initiating-contraception/
  - Contraception home page: https://www.reproductiveaccess.org/key-areas/contraception/
  - Your birth control choices fact sheet: https://www.reproductiveaccess.org/resource/birth-control-choices-fact-sheet/
  - IUD fact sheet: https://www.reproductiveaccess.org/resource/iud-facts/
  - Contraceptive implant fact sheet: https://www.reproductiveaccess.org/resource/progestin-implant/

- The PATH Framework is a patient-centered contraceptive counseling model designed to support health care providers and staff in discussing sexual and reproductive health with patients, with a focus on being nonjudgmental and use as effective questions:

  - PATH Questions Flow Chart (English): https://www.path-framework.com/_files/ugd/a919b3_9432f8666d7d460fa7dfb06dd1d53c47.pdf

  - PATH Questions Flow Chart (Spanish): https://www.path-framework.com/_files/ugd/a919b3_67753c4f6f7d43c99b2fbb40bd1bcb1a.pdf?index=true

  - What is the PATH Framework Handout: https://www.path-framework.com/_files/ugd/495beb_45da3aed2ddb4124a2046678ccd9748a.pdf

Appendix II. Handouts

QUICK REFERENCE GUIDE: COMMON LARC BILLING CODES

CPT Codes*:

Evaluation and Management (E/M Codes):

- 99202-99205: New Patient Evaluation and Management Services
- 99211-99215: Established Patient Evaluation and Management Services
- 99381-99385/99391-99395: Preventive Services
- 99241-99245: Office Visit Consultations
- 99417 & G2212: Prolonged Services

Common Procedure Codes:

- 11981: Contraceptive implant insertion
- 11982: Contraceptive implant removal
- 11983: Contraceptive implant removal with reinsertion
- 58300: Insertion of IUD
- 58301: Removal of IUD
- 58300 + 58301 (with modifier 51): Removal and reinsertion of IUD
- 81025: Urine pregnancy test

LARC Device Codes:

- J7296: Kyleena, IUD
- J7297: Liletta, IUD
- J7298: Mirena, IUD
- J7300: Paragard, copper IUD
- J7301: Skyla, IUD
- J7307: Nexplanon, contraceptive implant

Common Modifiers:

- 22: Increase procedure services
- 24: Unrelated evaluation and management service by the same physician or other qualified health care professional during a post-operative (or post-partum) period
- 25: Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service
- 51: Multiple procedures

- 53: Discontinued services
- 79: Unrelated procedure or service by the same health care professional during the post-operative period

ICD-10 Codes:

Common ICD-10 Codes:

- Z30.014: Encounter for initial prescription of IUD
- Z30.017: Encounter for initial prescription of contraceptive implant
- Z30.430: Encounter for insertion of IUD
- Z30.432: Encounter for removal of IUD
- Z30.433: Encounter for removal and reinsertion of IUD
- Z30.40: Encounter for surveillance of contraceptive, unspecified
- Z97.5: Presence of IUD (Use for evaluation of missing IUD strings)
- Z30.46: Surveillance of contraceptive implant
- Z30.431: Encounter for routine checking of IUD

Resources

- ACOG LARC Quick Coding Guide

- Reproductive Health National Training Center – Title X Financial Operations Resources:

  - ICD-10 Codes for Family Planning Services
  - Evaluation and Management Codes Job Aid
  - Commonly Used CPT and HCPCS Codes in Reproductive Health Care Job Aid

- Women's Preventive Services Initiative (WPSI) 2021 Coding Guide

Appendix III. Refrences

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