HCPCS Code J7300 Details

Code Symbols

: Female
: Maternity
: Age
: Non-covered by Medicare statute

Code Descriptor

Intrauterine copper contraceptive

Fee Schedule

Medicare Physician Fee Schedules (MPFS)

Sources:	2019 National Physician Fee Schedule Relative Value File, GPCI19, NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE CALENDAR YEAR 2019, MCR-MUE-PractitionerServices
Publisher:	CMS
Effective:	July 01, 2019
Medicare Carrier/Locality:	ALASKA** 01-02102
Conversion Factor:	36.0391

Note: A value in "Medicare Fees" does not necessarily indicate payment. Scroll down to see Medicare's status on the code for coverage specifics. Medicare has assigned relative value units (RVUs) to codes the agency does not cover to allow payers that follow the resource based relative value system to have an agreed upon valuation rate.

Code Status N
N = Non-covered Services. These services are not covered by Medicare.

Medicare Fees					
	National	**Adjusted**	**26**	**TC**	**53**
Facility	$0.00	$0.00	$0.00	$0.00	$0.00
Non Facility	$0.00	$0.00	$0.00	$0.00	$0.00

RVU - Nonfacility					
	National	**Adjusted**	**26**	**TC**	**53**
Work RVU:	0.00	0.00			0.00

PE RVU:	0.00	0.00			0.00
Malpractice RVU:	0.00	0.00			0.00
Total RVU:	0.00	0.00	0.00	0.00	0.00

RVU - Facility					
	National	**Adjusted**	**26**	**TC**	**53**
Work RVU:	0.00	0.00			0.00
PE RVU:	0.00	0.00			0.00
Malpractice RVU:	0.00	0.00			0.00
Total RVU:	0.00	0.00	0.00	0.00	0.00

Global & Other Info		
	Global Split	
Preoperative %:	0	
Intraoperative %:	0	
Postoperative %:	0	
Total RVU:	0	
Global Period (days):	XXX	
XXX = The global concept does not apply to the code.		
Radiology Diagnostic Tests :	99	
99 = Concept does not apply		
PC/TC Indicator :	9	
9 = Not Applicable--Concept of a professional/technical component does not apply		
Endoscopic Base Code :	None	

Modifier Guidelines		
	Modifier	**Rules(Click on rules for Details)**
MULT PROC	51	Concept does not apply
51 = Multiple Procedures: When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services or provision of supplies (eg, vaccines), are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). Note: This modifier should not be appended to designated "add-on" codes		
9 = Concept does not apply		
BILAT SURG	50	Concept does not apply

50 = Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session, should be identified by adding modifier 50 to the appropriate five digit code.		
9 = Concept does not apply		
ASST SURG	80	Concept does not apply
80 = Assistant Surgeon: Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).		
9 = Concept does not apply		
CO-SURG	62	Concept does not apply
62 = Two Surgeons: When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s) are performed during the same surgical session, separate code(s) may also be reported with modifier 62 added. Note: If a co-surgeon acts as an assistant in the performance of additional procedure(s) during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.		
9 = Concept does not apply		
TEAM SURG	66	Concept does not apply
66 = Surgical Team: Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel, various types of complex equipment) are carried out under the "surgical team" concept. Such circumstances may be identified by each participating physician with the addition of modifier 66 to the basic procedure number used for reporting services.		
9 = Concept does not apply		
MINIMUM ASST SURG	81	Concept does not apply.
81 = Minimum Assistant Surgeon: Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.		
9 = Concept does not apply.		
ASST SURG (QUALIFIED RESI. NA)	82	Concept does not apply
82 = Assistant Surgeon (when qualified resident surgeon not available): The unavailability of a qualified resident surgeon is a prerequisite for use of modifier 82 appended to the usual procedure code number(s)		
9 = Concept does not apply.		
PHYSICIAN SUPERVISION	*PS	Concept does not apply.

PS = This field is for use in post payment review.

9 = Concept does not apply

Medically Unlikely Edits

Source: 2019 Medically Unlikely Edits (MUE)

Publisher: CMS

Date: July 01, 2019

Services	MUE	MAI	MUE Rationale
Practitioner Services	0	3	CMS Policy
DME Supplier Services	NA	NA	NA
Facility Outpatient Services	0	3	CMS Policy

MAI 1: Line Edit
MUE MAI "1" indicates a claim line edit. When it's appropriate to report units that exceed the MUE, use one or more additional claim lines with an appropriate modifier appended to the code. Payers who apply the MUE will process each claim line separately for payment.

MAI 2: Date of Service Edit: Policy
MUE MAI "2" indicates an absolute date of service (DOS) edit based on policy. Payers who apply the MUE sum the code's same-DOS units (not counting lines with modifier 55). If the sum exceeds the MUE value, the payer will deny same-DOS lines with that code on the current claim. CMS has not identified any instances in which exceeding an MAI 2 MUE is correct.

MAI 3: Date of Service Edit: Clinical
MUE MAI "3" indicates a date of service (DOS) edit based on clinical benchmarks. Payers who apply the MUE sum the code's same-DOS units (not counting lines with modifier 55). If the sum exceeds the MUE value, the payer will deny same-DOS lines with that code on the current claim. MACs may pay excess units upon appeal or may bypass the MUE based on documentation of medical necessity.

LCD Details

LCD Details for J7300

The chosen state has no LCD for this code/title. Please search All States to see if another state has an LCD for this code/title.

Article Details for J7300

The chosen state has no Article for this code/title. Please search All States to see if another state has an Article for this code/title.

MEDICARE CCI

0 - Can NOT be billed under any circumstances

1 - A CCI-associated modifier on the Col. 2 code will override the edit.

Col B Code	Reason Edit	Modifier Indicator
No data avaliable.		

Medicaid CCI Edits Alert

0 - Can NOT be billed under any circumstances
1 - A CCI-associated modifier on the Col. 2 code will override the edit.

Col B Code	Reason Edit	Modifier Indicator
No data avaliable.		

ICD-10 Crossref

T83.31XA	Breakdown (mechanical) of intrauterine contraceptive device, initial encounter
T83.32XA	Displacement of intrauterine contraceptive device, initial encounter
T83.39XA	Other mechanical complication of intrauterine contraceptive device, initial encounter
Z30.014	Encounter for initial prescription of intrauterine contraceptive device
Z30.09	Encounter for other general counseling and advice on contraception
Z30.430	Encounter for insertion of intrauterine contraceptive device
Z30.431	Encounter for routine checking of intrauterine contraceptive device
Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device
Z92.0	Personal history of contraception
Z97.5	Presence of (intrauterine) contraceptive device

CPT Crossref

No data available.

Modifier Crossref

99
Multiple Modifiers

CR
Catastrophe/disaster related

FB
Item provided without cost to provider, supplier or practitioner, or full credit received for replaced device (examples, but not limited to, covered under warranty, replaced due to defect, free samples)

FP
Service provided as part of family planning program

GA
Waiver of liability statement issued as required by payer policy, individual case

GK
Reasonable and necessary item/service associated with a ga or gz modifier

J1
Competitive acquisition program no-pay submission for a prescription number

J2
Competitive acquisition program, restocking of emergency drugs after emergency administration

J3
Competitive acquisition program (cap), drug not available through cap as written, reimbursed under average sales price methodology

JW
Drug amount discarded/not administered to any patient

KX
Requirements specified in the medical policy have been met

M2
Medicare secondary payer (msp)

QJ
Services/items provided to a prisoner or patient in state or local custody, however the state or local government, as applicable, meets the requirements in 42 cfr 411.4 (b)

HCPCS Lay Terms

The intrauterine copper contraceptive (IUD) that a provider inserts into a female patient is a reversible type of birth control. The IUD functions while in place to prevent pregnancy. Routes of administration include use of an insertion tube, suppository, or catheter type injection.

Clinical Responsibility

The intrauterine copper contraceptive is a T–shaped device that a provider inserts into a patient’s uterus. The copper device in the uterine cavity prevents the sperm of the male from reaching and fertilizing the female egg, or the fertilized egg from implanting to prevent pregnancy. The provider reports this code when he places an intrauterine copper contraceptive in a patient. This code represents only the drug device, and not the administration of the drug.

Terminology

Catheter: A flexible tube that can be inserted into a vessel through which instruments can be passed, blood withdrawn, or fluids instilled; also, a flexible tube inserted into a tubular structure such as the urethra to instill fluids, allow passage of urine, or examine the urethra and bladder.

Chemotherapy: Cancer treatment using chemical agents and drugs.

Immunosuppressed: Reduction in an individual's ability to resist infection.

Injection: Use of a syringe to forcibly instill a liquid substance into tissues or vessels.

Intrauterine device (IUD): Birth control device available in various shapes, such as coiled, loop, T; usually a small, T–shaped flexible device that the provider inserts within the uterus; an IUD can be made of copper or have a drug in it.

Suppository: A medicated product to be introduced into a body orifice.

Uterus: A hollow, muscular, pear shaped organ located between the base of the bladder and the rectum; it bends forward at its narrowest part, called the isthmus, and rests on the bladder; the body of the uterus is the widest part, and it lies above the isthmus; the cervix forms the lower part of the uterus and is below the isthmus and juts into the vaginal canal; the womb.

Tips

Use J codes for drugs that cannot be self administered, for chemotherapy and immunosuppressive drugs, inhalation solutions, and other miscellaneous drugs.

This is a generic drug. Brand names for this drug include: ParaGard®.

This code represents the supply of the drug. Check coding and individual payer guidelines to determine whether you can also report the administration of the drug.