



HCPCS Code J7301 Details

Code Symbols

: Female

: Non-covered by Medicare statute

Code Descriptor

Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg

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
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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
<p>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</p> <p>9 = Concept does not apply</p>		
BILAT SURG	50	Concept does not apply
<p>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.</p>		



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 J7301

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 J7301

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 available.		



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 available.		

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
- Z30.011 Encounter for initial prescription of contraceptive pills
- Z30.013 Encounter for initial prescription of injectable contraceptive
- Z30.014 Encounter for initial prescription of intrauterine contraceptive device
- Z30.015 Encounter for initial prescription of vaginal ring hormonal contraceptive
- Z30.016 Encounter for initial prescription of transdermal patch hormonal contraceptive device
- Z30.017 Encounter for initial prescription of implantable subdermal contraceptive
- Z30.018 Encounter for initial prescription of other contraceptives
- Z30.019 Encounter for initial prescription of contraceptives, unspecified
- Z30.09 Encounter for other general counseling and advice on contraception
- Z30.40 Encounter for surveillance of contraceptives, unspecified
- Z30.41 Encounter for surveillance of contraceptive pills
- Z30.42 Encounter for surveillance of injectable contraceptive
- 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
- Z30.44 Encounter for surveillance of vaginal ring hormonal contraceptive device
- Z30.45 Encounter for surveillance of transdermal patch hormonal contraceptive device
- Z30.46 Encounter for surveillance of implantable subdermal contraceptive
- Z79.3 Long term (current) use of hormonal contraceptives
- Z92.0 Personal history of contraception
- Z97.5 Presence of (intrauterine) contraceptive device

CPT Crossref

No data available.



Modifier Crossref

99

Multiple Modifiers

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

KD

Drug or biological infused through dme

KO

Single drug unit dose formulation

KX

Requirements specified in the medical policy have been met

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)

RD

Drug provided to beneficiary, but not administered "incident-to"



HCPCS Lay Terms

Levonorgestrel releasing intrauterine contraceptive system is a plastic intrauterine device (IUD) that contains the hormone levonorgestrel. A provider reports this code for one unit of a 13.5 mg of levonorgestrel releasing intrauterine contraceptive system. Routes of administration include use of an insertion tube, suppository, or catheter type injection.

Clinical Responsibility

A levonorgestrel releasing intrauterine contraceptive system is a plastic T-shaped contraceptive device that a provider places in the uterus of a patient. The device releases levonorgestrel, a progestin hormone that changes the uterine lining and prevents the sperm from reaching the uterus, or it prevents an already fertilized egg from attaching to the uterus to help prevent pregnancy. The provider reports this code for a 13.5 mg levonorgestrel releasing intrauterine contraceptive system that he places in a patient. This code represents only the drug releasing device, and not the insertion of the device.

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.

Hormones: Chemical substances in the body that act as messengers to the cells and organs in the body.

Intrauterine: Within the uterus.

mg: Abbreviation for milligram, 1/1000 of a gram (g); a metric unit of measure of mass or weight; 1 mg equals approximately 0.0000353 ounces by weight.

Progestin: Refers to a female hormone both natural and synthetic.

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

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

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.