

CPT® Code 58300 Details

Code Symbols

♀ : Female

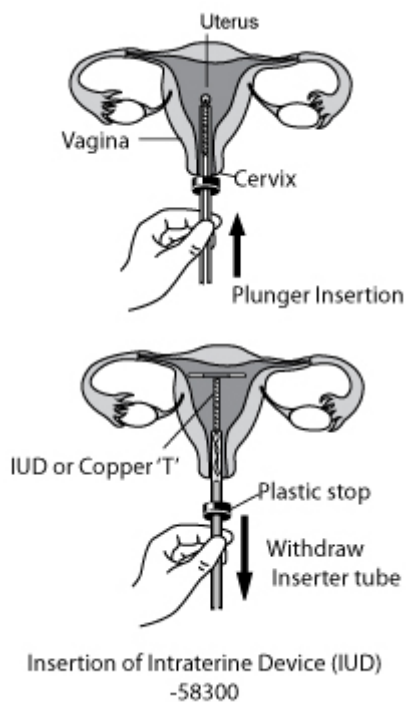
Code Descriptor

Insertion of intrauterine device (IUD)

CPT® Advice

No data Available

Illustration



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.

CMS has valued this code, but the Relative Value Unit (RVU) is not used for Medicare payment. For more information, check the code's status.

Code Status N

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

Medicare Fees

	National	Adjusted	26	TC	53
Facility	\$55.50	\$73.87	\$0.00	\$0.00	\$0.00
Non Facility	\$82.17	\$103.66	\$0.00	\$0.00	\$0.00

RVU - Nonfacility

	National	Adjusted	26	TC	53
Work RVU:	1.01	1.52	0.00	0.00	0.00
PE RVU:	1.13	1.26	0.00	0.00	0.00
Malpractice RVU:	0.14	0.10	0.00	0.00	0.00
Total RVU:	2.28	2.88	0.00	0.00	0.00

RVU - Facility

	National	Adjusted	26	TC	53
Work RVU:	1.01	1.52	0.00	0.00	0.00
PE RVU:	0.39	0.44	0.00	0.00	0.00
Malpractice RVU:	0.14	0.10	0.00	0.00	0.00
Total RVU:	1.54	2.05	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> <p>9 = Concept does not apply</p>		
ASST SURG	80	Concept does not apply
<p>80 = Assistant Surgeon: Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).</p> <p>9 = Concept does not apply</p>		
CO-SURG	62	Concept does not apply
<p>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.</p> <p>9 = Concept does not apply</p>		
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 58300

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 58300

State(s)	Contractor Type	Contractor Name (Contractor No.)	Article ID	Article Title	Future Policy
Alaska	MAC - Part A	Wisconsin Physicians Service Insurance Corporation (05901)	A55951	Endometrial Hyperplasia Treatment with Intrauterine Device (Hormone-Eluting)	
Alaska	A and B MAC	Noridian Healthcare Solutions, LLC (02102)	A55062	IUD (Hormone-Eluting) for Endometrial Hyperplasia - CPT 58999	
Alaska	A and B MAC	Noridian Healthcare Solutions, LLC (02101)	A55062	IUD (Hormone-Eluting) for Endometrial Hyperplasia - CPT 58999	

A55951 (05901 Endometrial Hyperplasia Treatment with Intrauterine Device (Hormone-Eluting))

ICD-9-CM

No ICD-9-CM data found.

ICD-10-CM

Dual diagnosis required



N85.00 Endometrial hyperplasia, unspecified

N85.01 Benign endometrial hyperplasia

AND

One of the following:

N85.00 Endometrial hyperplasia, unspecified

N85.01 Benign endometrial hyperplasia

CPT/HCPCS

58999 Unlisted procedure, female genital system (nonobstetrical)

Related Articles

- This Article has no related Articles (CMS.gov)

A55062 (02102 IUD (Hormone-Eluting) for Endometrial Hyperplasia - CPT 58999)

ICD-9-CM

No ICD-9-CM data found.

ICD-10-CM

N85.00

N85.01

No ICD-10-CM data found.

CPT/HCPCS

58999

Related Articles

- This Article has no related Articles (CMS.gov)

A55062 (02101 IUD (Hormone-Eluting) for Endometrial Hyperplasia - CPT 58999)

ICD-9-CM

No ICD-9-CM data found.

ICD-10-CM

N85.00

N85.01



No ICD-10-CM data found.

CPT/HCPCS

58999

Related Articles

- This Article has no related Articles (CMS.gov)

NCD

No data available.

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
11000	Misuse of column two code with column one code	1
11001	Misuse of column two code with column one code	1
11004	Misuse of column two code with column one code	1
11005	Misuse of column two code with column one code	1
11006	Misuse of column two code with column one code	1
11042	Misuse of column two code with column one code	1
11043	Misuse of column two code with column one code	1
11044	Misuse of column two code with column one code	1
11045	Misuse of column two code with column one code	1
11046	Misuse of column two code with column one code	1
11047	Misuse of column two code with column one code	1
36591	CPT Manual or CMS manual coding instructions	0
36592	CPT Manual or CMS manual coding instructions	0
96523	CPT Manual or CMS manual coding instructions	0
97597	Misuse of column two code with column one code	1
97598	Misuse of column two code with column one code	1



97602	Misuse of column two code with column one code	1
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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
97602	Misuse of column two code with column one code	1
97598	Misuse of column two code with column one code	1
97597	Misuse of column two code with column one code	1
96523	CPT Manual or CMS manual coding instructions	0
36592	CPT Manual or CMS manual coding instructions	0
36591	CPT Manual or CMS manual coding instructions	0
11047	Misuse of column two code with column one code	1
11046	Misuse of column two code with column one code	1
11045	Misuse of column two code with column one code	1
11044	Misuse of column two code with column one code	1
11043	Misuse of column two code with column one code	1
11042	Misuse of column two code with column one code	1
11006	Misuse of column two code with column one code	1
11005	Misuse of column two code with column one code	1
11004	Misuse of column two code with column one code	1
11001	Misuse of column two code with column one code	1
11000	Misuse of column two code with column one code	1

ICD-10 Crossref

- Z30.014 : Encounter for initial prescription of intrauterine contraceptive device
- Z30.430 : Encounter for insertion of intrauterine contraceptive device
- Z30.433 : Encounter for removal and reinsertion of intrauterine contraceptive device
- Z30.46 : Encounter for surveillance of implantable subdermal contraceptive



HCPCS Crossref

J7296 : Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg

Modifier Crossref

22 : Increased Procedural Services

33 : Preventive Services

47 : Anesthesia by Surgeon

52 : Reduced Services

53 : Discontinued Procedure

59 : Distinct Procedural Service

63 : Procedure Performed on Infants less than 4 kg

76 : Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional

77 : Repeat Procedure by Another Physician or Other Qualified Health Care Professional

79 : Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

99 : Multiple Modifiers

AR : Physician provider services in a physician scarcity area

CR : Catastrophe/disaster related

ET : Emergency services

FP : Service provided as part of family planning program

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

GC : This service has been performed in part by a resident under the direction of a teaching physician

GJ : "opt out" physician or practitioner emergency or urgent service

GR : This service was performed in whole or in part by a resident in a department of veterans affairs medical center or clinic, supervised in accordance with va policy

GY : Item or service statutorily excluded, does not meet the definition of any medicare benefit or, for non-medicare insurers, is not a contract benefit

GZ : Item or service expected to be denied as not reasonable and necessary

KX : Requirements specified in the medical policy have been met

Q5 : Service furnished under a reciprocal billing arrangement by a substitute physician; or by a substitute physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a medically underserved area, or a rural area

Q6 : Service furnished under a fee-for-time compensation arrangement by a substitute physician; or by a substitute physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a medically underserved area, or a rural area

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)

XE : Separate encounter, a service that is distinct because it occurred during a separate encounter

XP : Separate practitioner, a service that is distinct because it was performed by a different practitioner

XS : Separate structure, a service that is distinct because it was performed on a separate organ/structure

XU : Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service

CPT® Lay Terms

In this procedure, the provider places a contraceptive intrauterine device (IUD) in the uterine cavity.



Clinical Responsibility

The provider places the patient in the lithotomy position and performs a vaginal exam to check for the position of the uterus. The provider then inserts a speculum and cleans the cervix with an antiseptic solution. He then grasps the lip of the cervix with a tenaculum and places a numbing gel into the cervical canal. The physician inserts a uterine sound into the uterus to check for the depth of the cavity. If the uterus is greater than 6 cm, he inserts the IUD. The provider prepares the IUD for insertion, and with an inserting tube, he places it into the uterus so that the device can expand into the cavity. Once he inserts the IUD, the tube is withdrawn and he trims the IUD string to 3 cm. He checks bleeding areas and stops any bleeding that he finds. He removes the speculum. The provider then documents in the patient record the depth of the uterine cavity and the length of the IUD string.

Terminology

Cervix: Fleishy end of the uterus that juts into the vaginal canal which consists of an outer opening, called the exocervix or ectocervix, middle section, called the transformation zone, where the squamous and columnar cells meet, and inner portion that opens into the body of the uterus, called the endocervix; menstrual blood passes from the uterine lining into the cervix and out into the vaginal canal.

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

Lip of the cervix: The edge of the ectocervix, the portion of the cervix that projects into the vagina.

Lithotomy position: The patient rests on her back with knees bent, positioned above the hips, and spread apart through the use of stirrups.

Speculum: An instrument used to hold the vaginal walls apart during a vaginal or cervical procedure; it has two blades that are hinged and are closed when the speculum is inserted and then opened when they are in place.

Tenaculum: A surgical clamp designed to hold or grasp tissue during dissection, commonly used to grasp the cervix.

Uterine sound: An instrument used to probe the uterus through the cervix, to measure the length and direction of the cervical canal and uterus, or to determine the level of dilation, and or to induce further dilation.

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.

Vagina: A canal made up of muscle lined with a mucous membrane that can stretch due to folds in the membrane; it extends from the vestibule area to where the cervix butts up against the vaginal vault; it is longer on the posterior wall, the side located above the rectum, than the anterior wall, the side located below the bladder.

CPT® Guidelines

Range Specific Guideline

(To report insertion of non-biodegradable drug delivery implant for contraception, use 11981. To report removal of implantable contraceptive capsules with subsequent insertion of non-biodegradable drug delivery implant, use 11976 and 11981)



Section Specific Guideline

(For pelvic laparotomy, use 49000) (For excision or destruction of endometriomas, open method, see 49203-49205, 58957, 58958) (For paracentesis, see 49082, 49083, 49084) (For secondary closure of abdominal wall evisceration or disruption, use 49900) (For fulguration or excision of lesions, laparoscopic approach, use 58662) (For chemotherapy, see 96401-96549)

Upcoming and Historical Information

01-01-1990

Code Added