IUD INSERTION

Week 15

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Reading Assignment:
ACOG Practice Bulletin #186
Long-Acting Reversible Contraception: Implants and Intrauterine Devices

Watch Liletta insertion video:
https://vimeo.com/253855091?ref=em-share
LEARNING OBJECTIVES

• To understand relevant factors in determining appropriate candidates for IUD insertion

• To recognize contraindications to intrauterine contraception

• To review technical issues regarding the insertion procedure for the copper-releasing and progestin-containing IUDs
CASE VIGNETTE

• Ms. Nunca Más, a 27 yo G3 P3 woman, presents to clinic requesting placement of an IUD for long-acting reversible contraception.
FOCUSED HISTORY

What elements of this patient’s history are most relevant?

• PMH: HTN
• PSH: Laparoscopic cholecystectomy
• POBH: FTNSVD x 3
• PGYNH: Regular menses q28d x 5d
  LMP 1 week ago

  Previous contraceptive methods: condoms, OCPs

• MEDS: None
• ALL: NKDA
PERTINENT PHYSICAL EXAM FINDINGS

What elements of this patient’s physical exam are most relevant?

Vagina: Pink, healthy mucosa. No discharge.
Cervix: Parous os. No lesions. No discharge. No CMT.
Adnexae: NT. No masses palpable.
INDICATIONS

For which patients are IUDs a good choice?

• Adults and adolescents
• Desire **highly effective** contraceptive method
• Desire **long-term, reversible** contraception
• Want or need to avoid **estrogen exposure** (all IUDs) or **progestin exposure** (copper IUDs)
CONTRAINDICATIONS
Relative and Absolute

• Severe distortion of the uterine cavity
• Active pelvic infection
• Known or suspected pregnancy
• Wilson's disease or copper allergy
• Unexplained abnormal uterine bleeding

• LNG-IUD
  • Breast cancer
  • Active liver disease
INFORMED CONSENT

What will you discuss with the patient before signing the consent form?

Risks/ Benefits/ Alternatives

• **Risks:** Bleeding, infection, perforation, discomfort during insertion
  Failure, with increased risk of ectopic pregnancy should failure occur

• **Benefits:** Highly effective, long-acting, reversible contraception
  Avoidance of anesthesia

• **Alternatives:** Other forms of contraception
PRE-PROCEDURE CONSIDERATIONS

The MA asks what instruments/supplies you will need in the room before you begin.

• Chux
• Sterile speculum
• Antiseptic solution (povidone-iodine or chlorhexidine)
• Fox swabs
• Sterile gloves
• Single tooth tenaculum
• Uterine sound
• Sterile packaged IUD
• Long scissors
• Silver nitrate sticks
PROCEDURE

Describe the steps of the procedure

- Conduct a NYP time-out
- Perform a bimanual exam to determine position of uterus
- Introduce a sterile speculum
- Cleanse the cervix with betadine (using non-sterile gloves)
- Don sterile gloves
- Apply a single tooth tenaculum to the cervix
- Sound the uterus
- Insert the IUD using applicator device
- Trim the IUD strings using long scissors
- Remove tenaculum
- Ensure hemostasis at tenaculum site using pressure or silver nitrate
- Document procedure including lot# and expiration date of IUD

FOLLOW UP

• Advise patient to **return** for fever, worsening pelvic pain, syncope, unusually heavy vaginal bleeding, suspected expulsion, foul smelling vaginal discharge, or pregnancy-like symptoms

• Recommend **back-up method** of contraception for 7 days following placement for women with LNG-IUD

• No evidence to support **routine follow up visits**, but may ask patient to return in 1-3 months to assess satisfaction, side effects, and check IUD strings
CODING AND BILLING

Basic IUD Coding

Intrauterine devices include the copper IUD and the hormonal IUD. The insertion and/or removal of IUDs are reported using one of the following CPT codes:

- 58300 Insertion of IUD
- 58301 Removal of IUD

Most IUD services will be linked to a diagnosis code from the V25 series (Encounter for contraceptive management):

- V25.11 Insertion of intrauterine contraceptive device
- V25.12 Removal of intrauterine contraceptive device
- V25.13 Removal and reinsertion of intrauterine contraceptive device
- V25.42 Surveillance of previously prescribed contraceptive method, intrauterine device

The CPT procedure codes do not include the cost of the supply. Report the supply separately using a HCPCS code:

- J7300 Intrauterine copper contraceptive
  
or
  
- J7302 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg

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EVIDENCE

References


