Milex[®] Diaphragm

2025 Coding and Reimbursement Guide

Current Procedural Terminology (CPT®) copyright 2025 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Reimbursement and coding information provided herein is gathered from third-party sources and is subject to change. This information is presented for illustrative purposes only. This information does not constitute reimbursement or legal advice, and is not intended as a guarantee of coverage or payment at any particular payment rate. CooperSurgical makes no representation or warranty regarding this information or its completeness, accuracy or timeliness. Laws, regulations and payer policies concerning reimbursement are complex and change frequently. The decision about which code(s) to report must be made by the billing provider/ physician considering the clinical facts, circumstances, and applicable coding rules. The code(s) selected should be supported by the contents of any clinical notes and/or chart documentation. Please contact your third-party payer for more specific guidance.

Diaphragm Fitting Procedures

Payments for physician services are established by CPT® codes according to a fee schedule. Under the Medicare Physician Fee Schedule, CPT codes are assigned Relative Value Units (RVUs) which represent the relative amount of physician work, resources and expertise needed to provide services to patients. Payments differ depending upon where the service is provided (facility or non-facility) to accommodate the expenses associated with procedural equipment, personnel, supplies, etc.

Physician Coding

Physician services are reported with Current Procedural Terminology (CPT) codes. CPT is a listing of standardized descriptions and five-character, alphanumeric codes that medical coders and billers use to report health care services and procedures to payers for reimbursement. The following tables display CPT codes that may be relevant to diaphragm fitting and associated physician services.

CPT [®] Code	Descriptor
57170	Diaphragm or cervical cap fitting with instructions

ICD-10-CM Diagnosis Codes

Medicare and other payers require that procedures performed must be reasonable and necessary in order for services to be reimbursed. ICD-10-CM codes are reported to describe conditions, diagnoses, signs, and symptoms associated with a procedure. Each service/procedure billed should be supported by an ICD-10-CM diagnosis code that substantiates the need for the service provided. The selection of ICD-10-CM diagnosis codes is based on the patient's medical condition. Physicians must document patient diagnoses and procedures thoroughly and accurately.

Common codes that may support an encounter for a diaphragm include:

ICD-10-CM Diagnosis Codes*		
Z30.018	Encounter for initial prescription of other contraceptives Encounter for initial prescription of barrier contraceptives Encounter for initial prescriptions of diaphragm	
Z30.49	Encounter for surveillance of other contraceptives Encounter for surveillance of barrier contraceptives Encounter for surveillance of diaphragm	
Z30.09	Encounter for other general counseling and advice on contraception	

*For a complete list of ICD-10-CM diagnosis codes, please consult the 2025 ICD-10-CM codebook. CooperSurgical is not suggesting that the above CPT codes will be covered if you use these ICD codes.







2025 Coding and Reimbursement Guide

Healthcare Common Procedural Coding System (HCPCS) Supply Codes

Diaphragm supplies may be reported in addition to the fitting and associated procedures.

HCPCS Code	Descriptor
A4266	Diaphragm for contraceptive use

HCPCS A4266 is not listed on the DMEPOs Jurisdiction list. For billing purposes, it would be considered to be A/B Mac (Part B) only jurisdiction.

For More Information

Contact the Reimbursement Center at 877.213.0459 or reimbursementsupport@coopersurgical.com

Sources:

- 2025 AMA CPT Professional Edition
- Medicare National Correct Coding Policy Manual, Physician Effective January 1, 2025
- 2025 ICD-10-CM The Complete Official Code Set, Optum 360
- 2025 HCPCS II Expert Optum 360
- 2025 Jurisdiction List JD DME Noridian (noridianmedicare.com)





© 2025 CooperSurgical, Inc. All Rights Reserved. C-US-MIL-000017 03/2025