Maryland Medicaid Program
Long-Acting Reversible Contraceptives (LARCs)

Long acting reversible contraceptives (LARCs) such as intrauterine devices and contraceptive implants, are recommended by the American Congress of Obstetrics and Gynecology (ACOG).

- Medicaid FFS will reimburse for all LARCs, including those placed immediately postpartum.
- The use of LARCs reduces the risk of unplanned pregnancy and improves the health of mother and newborn by facilitating healthy spacing between pregnancies.
- Medicaid does not require preauthorization for LARCs.

**Intrauterine Device (IUD)**
Intrauterine devices include the copper IUD and the hormonal IUD. IUDs can only be billed in conjunction with an insertion code for same date of service. The insertion and/or removal of IUDs are reported using one of the following CPT codes:

- 58300 Insertion of IUD
- 58301 Removal of IUD
- J7300 Intrauterine device, copper T380A
- J7297 Intrauterine device, levonorgestrel-releasing, 52 mg/3yrs
- J7298 Intrauterine device, levonorgestrel-releasing, 52 mg/5yrs
- J7301 Intrauterine device, levonorgestrel-releasing, 13.5 mg
- J7307 Etonogestrel implant, including implant & supplies

**Contraceptive Implants**

- 11981 Insertion, non-biodegradable drug delivery implant
- 11982 Removal, non-biodegradable drug delivery implant
- 11983 Removal with reinserterion, non-biodegradable drug delivery implant
- 11976 Removal, contraceptive capsules

The CPT procedure codes do not include the cost of supplies. Report the supply separately using the proper HCPCS code. Use the appropriate ICD-10 code from the “Z30” (encounter for contraceptive management) series.

Providers should only use A- and J- codes for contraceptives supplied during an office visit. Report the NDC/quantity when billing drugs, products, and devices identified by A- and J- codes. Providers must bill no more than their acquisition cost. To facilitate claims processing a fee is set for each code. However if the provider can document that their acquisition cost was greater attach a copy of the invoice to the claim form for verification and the acquisition cost will be paid. For additional information, go to the Professional Services Provider Manual and Fee Schedule on the Program’s website: [https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx](https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx)

For questions regarding Medicaid’s women’s reproductive health services, contact the Division of Community Liaison and Care Coordination at 410-767-6750.