

## 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 reinsertion, 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>

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