

**Steve Sisolak**  
*Governor*



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*Director*

State of Nevada  
**Department of Health and  
Human Services**

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**Medicaid Coverage of Long-Acting Reversible  
Contraception Methods (LARCs)**

Division of Health Care Financing and Policy

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# Agenda

1. Family Planning Services
2. Medicaid Coverage for Long-Acting Reversible Contraception Methods (LARCs)
3. Reimbursement

# Family Planning Services

- Medicaid Services Manual (MSM) 600, Section 603.3
- Family planning services are a benefit for eligible Medicaid recipients of either sex of child bearing age
  - Family planning services are not covered for those recipients, regardless of eligibility, whose age or physical condition precludes reproduction
- Females enrolled for pregnancy-related services only are covered for all forms of family planning, including tubal ligation and birth control implantation up to 60 days post-partum (including the month in which the 60th day falls)

# Family Planning Services

- Family planning services and supplies are for the primary purpose to prevent and/or space pregnancies
- Services for family planning
  - Physician services
  - Physical exams
  - Annual pap smear for family planning
  - Birth control devices such as intrauterine devices (IUDs), birth control pills, diaphragm, foam and/or jelly, condoms, implants, and Depo-Provera injections

# Family Planning Services

- Vasectomy and tubal ligation are also a covered benefit and require consent 30 days prior to the procedure per federal regulations
- Abortions (surgical and medical) and/or hysterectomies are not included in family planning services but may be covered for certain therapeutic medical diagnoses

# Family Planning Services

- MSM 1200, Section 1203
- Contraceptive drugs are considered maintenance medication
- Contraceptive drugs that are approved by the Food and Drug Administration (FDA) are covered up to a 12-month supply
- This includes
  - A drug for contraception or its therapeutic equivalent
  - Insertion of a device for contraception
  - Removal of such a device that was inserted while the insured was covered by the same policy of health insurance
  - Education and counseling relating to contraception
  - Management of side effects relating to contraception
  - Voluntary sterilization for women

# Family Planning Services

- Up to three months of contraception may be dispensed immediately
- Up to nine months of contraception may be dispensed at the subsequent visit
- For a refill following the initial dispensing of a contraceptive drug, the provider may dispense up to a 12-month supply or any amount that covers the remainder rolling year
- If a prescription for a contraceptive drug is less than a one-year period, the provider must dispense the contraceptive in accordance with the quantity specified in the prescription order

# Medicaid coverage for LARCs

- Both IUDs and non-biodegradable drug delivery implants
- Insertion of a LARC immediately following delivery is a covered Nevada Medicaid benefit
- LARC insertion is a covered benefit post discharge as medically necessary

# Reimbursement

## Nevada Medicaid reimbursed provider types:

- Physicians
- Special Clinics
- Advanced Practice Registered Nurses (APRNs)
- Indian Health Service and Tribal Health Clinics
- Indian Health Service Hospital Outpatient (tribal and non-tribal)
- Pharmacies
- Certified Nurse Midwives (CNMs)
- Physician's Assistants (PAs)

# Reimbursement

## Nevada Medicaid Current Procedural Terminology (CPT) covered billing codes

- 58300 (insertion of IUD)
- 58300 with modifier 51 (insertion immediately postpartum, modifier 51 is needed for separate reimbursement)
- 11981 (insertion of non-biodegradable drug delivery implant)
- 11981 with modifier 51 (insertion immediately postpartum, modifier 51 is needed for separate reimbursement)

The National Drug Code (NDC) must be used when billing Nevada Medicaid for the device

# Medicaid Reimbursement

PROVIDER	MEDICAID PROVIDER TYPE	REIMBURSEMENT
OUTPATIENT HOSPITAL	12	CPT CODES
PHYSICIAN	20	CPT CODES
ADVANCED PRACTICE REGISTERED NURSE (APRN)	24	CPT CODES
PHYSICIAN'S ASSISTANT (PA)	77	CPT CODES
CERTIFIED NURSE MIDWIVES (CNM)	74	CPT CODES
SPECIALTY CLINICS	17 SP – 166, 174, 195	CPT CODES
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)	17 SP – 181	ENCOUNTER RATE
INDIAN HEALTH SERVICES/TRIBAL CLINICS	47, 52, 79	ENCOUNTER CODE

# Reimbursement Rates

CPT	Provider Types				
	Physician	Physician – Pediatric Enhancement	APRN / PA	Specialty Clinics	Outpatient Hospital
58300 (IUD)	\$51.04	\$58.70	\$31.70	\$38.64	\$48.36
11981 (Implant)	\$81.34	\$93.54	\$50.51	\$56.95	\$77.06

# Questions?

# Contact Information

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# Acronyms

- APRN - Advanced Practice Registered Nurses
- CNM - Certified Nurse Midwives
- CPT - Current Procedural Terminology
- DHCFP - Division of Health Care Financing and Policy
- FDA - Food and Drug Administration
- FQHC - Federally Qualified Health Center
- IUDs - Intrauterine Devices
- LARC - Long-Acting Reversible Contraception
- MSM - Medicaid Services Manual
- NDC - National Drug Code
- PA - Physician's Assistant