State of Nevada
Department of Health and Human Services

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

Division of Health Care Financing and Policy
DuAne Young, Deputy Administrator

1/15/2020

Helping people. It’s who we are and what we do.
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

- 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

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>MEDICAID PROVIDER TYPE</th>
<th>REIMBURSEMENT</th>
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<tbody>
<tr>
<td>OUTPATIENT HOSPITAL</td>
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<tr>
<td>PHYSICIAN</td>
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<td>CPT CODES</td>
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<tr>
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<td>PHYSICIAN’S ASSISTANT (PA)</td>
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<tr>
<td>CERTIFIED NURSE MIDWIVES (CNM)</td>
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<tr>
<td>SPECIALTY CLINICS</td>
<td>17 SP – 166, 174, 195</td>
<td>CPT CODES</td>
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<tr>
<td>FEDERALLY QUALIFIED HEALTH CENTER (FQHC)</td>
<td>17 SP – 181</td>
<td>ENCOUNTER RATE</td>
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<td>INDIAN HEALTH SERVICES/TRIBAL CLINICS</td>
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<td>ENCOUNTER CODE</td>
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# Reimbursement Rates

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<tr>
<th>CPT</th>
<th>Physician</th>
<th>Physician – Pediatric Enhancement</th>
<th>APRN / PA</th>
<th>Specialty Clinics</th>
<th>Outpatient Hospital</th>
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<tbody>
<tr>
<td>58300 (IUD)</td>
<td>$51.04</td>
<td>$58.70</td>
<td>$31.70</td>
<td>$38.64</td>
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<td>11981 (Implant)</td>
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Questions?
Contact Information

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http://dhcfp.nv.gov/
Acronyms

- APRN - Advanced Practice Registered Nurses
- CNM - Certified Nurse Midwives
- 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