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Maryland Medicaid Program Long-Acting Reversible Contraceptives (LARCs)

Intrauterine devices and contraceptive implants, also called long-acting reversible contraceptives (LARC), are the most effective reversible contraceptive methods. LARCs are recommended by the American College of Obstetrics and Gynecology (ACOG).

- LARCs include both intrauterine devices and contraceptive implants.
- Medicaid fee-for-service (FFS) will reimburse for all LARCs, including those placed immediately postpartum.
- Medicaid does not require preauthorization for LARCs.

Intrauterine Device (IUD)

Covered devices (HCPCS Codes):

- J7296 Kyleena IUD, levonorgestrel-releasing, 19.5mg/5 yrs
- J7297 Liletta IUD, levonorgestrel-releasing, 52 mg/6 yrs
- J7298 Mirena IUD, levonorgestrel-releasing, 52 mg/5 yrs
- J7300 Paragard IUD Kit, Copper, 10 yrs
- J7301 Skyla IUD, levonorgestrel-releasing, 13.5 mg/3 yrs.

Covered procedures (CPT Codes):

- 58300 Insertion of Intrauterine Device (Failed Attempt - Modifier -53)
- 58301 Removal of Intrauterine Device

Diagnosis codes (ICD-10):

- Z30.014 Encounter for initial prescription of intrauterine contraceptive device
- Z30.430 Encounter for insertion of intrauterine contraceptive device
- Z30.431 Encounter for routine checking of IUD
- Z30.432 Encounter for removal of intrauterine contraceptive device
- Z30.433 Encounter for removal and reinsertion of intrauterine contraceptive device
- Z97.5 Presence of IUD

Contraceptive Implants (etonogestrel single-rod)

Covered device (HCPCS Code):

- J7307 Nexplanon (Etonogestrel) implant system, include implant & supplies 68mg/3 yrs

Covered procedures (CPT Codes):

- 11981 Insertion, non-biodegradable drug delivery implant (Failed Attempt - Modifier -53)
- 11982 Removal, non-biodegradable drug delivery implant
- 11983 Removal with insertion, non-biodegradable drug delivery implant

Diagnosis codes (ICD-10):

- Z30.017 Encounter for initial prescription of implantable subdermal contraceptive (This code is reported for the initial prescription, counseling, advice, and insertion of the implant)
- Z30.46 Encounter for surveillance of implantable subdermal contraceptive (This code is reported for checking, reinsertion, or removal of the implant)
- Z97.5 Presence of Implant

Billing and Coding:

LARCs can only be billed with an insertion code on the same date of service. The choice of LARC and the insertion and/or removal of these devices are reported using the appropriate CPT/HCPCS codes.

- Providers should only use the J-code (listed above) for LARCs supplied during an office visit.
- Report the corresponding NDC and quantity when billing drugs, products, and devices identified by the J-codes.
- The CPT codes do not include the cost of supplies. Report any supplies separately using the proper HCPCS code.
- Use the appropriate ICD-10 diagnosis code listed above.

Providers must bill no more than their acquisition cost for the LARC. To facilitate claims processing, a reimbursement rate 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 purposes and the acquisition cost will be paid by Medicaid.

For additional information, go to the current Professional Services Provider Manual on the Program's website: <https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx>. For questions regarding Medicaid's reproductive health services, contact the Division of Community Liaison and Care Coordination at 410-767-3605.