



March 18, 2025

Nevada Medicaid Web Announcement 3585

Attention Provider Type 17 Specialties 180 (Rural Health Clinics) and 181 (Federally Qualified Health Centers):

Long-Acting Reversible Contraception (LARC) Devices Services Available

The Centers for Medicare & Medicaid Services (CMS) has approved a Nevada State Plan Amendment (SPA) which carves out Long-Acting Reversible Contraception (LARC) services for provider type 17 specialties 180 (Rural Health Clinics) and 181 (Federally Qualified Health Centers) from the Prospective Payment System (PPS) Encounter Rates and allows them to be reimbursed under Fee-for-Service (FFS) Medicaid. [Medicaid Services Manual \(MSM\) Chapter 2900 Federally Qualified Health Centers](#) and the [PT 17 Specialty 181 Billing Guide](#) have been updated to align with the approved SPA.

Effective for claims with dates of service on or after January 1, 2024, PT 17 specialties 180 and 181 may bill the following procedure codes for LARC devices and the insertion and removal of LARC devices in addition to the PPS Encounter rate:

Procedure Code	Description	Service Limit	Notes
58300	Insertion of IUD	2 units allowed per day	
58301	Removal of IUD	2 units allowed per day	
11981	Insertion of a drug delivery implant	2 units allowed per 3 rolling years	Prior authorization (PA) is required to exceed the service limitation
11982	Removal, non-biodegradable drug delivery implant	2 units allowed per day	
11983	Removal and reinsertion of a non-biodegradable drug delivery implant	2 units allowed per 3 rolling years	PA is required to exceed the service limitation
J7296	Kyleena, 19.5 MG - IUD	N/A	Claims must be submitted with the associated National Drug Code (NDC)
J7297	Liletta, 52 MG - IUD	N/A	Claims must be submitted with the associated NDC
J7298	Mirena, 52 MG - IUD	N/A	Claims must be submitted with the associated NDC
J7300	Intrauterine Copper Contraceptive	N/A	Claims must be submitted with the associated NDC

Procedure Code	Description	Service Limit	Notes
J7301	Skylla, 13.5 MG - IUD	N/A	Claims must be submitted with the associated NDC
J7307	Etonogestrel Implant System	N/A	Claims must be submitted with the associated NDC

Claims submitted by PT 17 specialties 180 and 181 for the procedure codes above with dates of service on or after January 1, 2024, that denied with error code 4801 (No billing rule for procedure) or 757 (Provider not allowed to bill PAD) will be reprocessed automatically. Results of the reprocessed claims will appear on a future remittance advice.

When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.