



April 30, 2025

Nevada Medicaid Web Announcement 3624

Attention Provider Type 17 (Special Clinics) Specialty 182 (Indian Health Services (IHS), Urban Indian Organizations):

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 specialty 182 (Indian Health Services (IHS), Urban Indian Organizations) 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](#) has been updated to align with the approved SPA.

Effective for claims with dates of service on or after January 1, 2024, PT 17 specialty 182 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 | Skyla, 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 specialty 182 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.