
WISCONSIN MEDICAID UPDATE

NOVEMBER 20, 1995

UPDATE 95-47

TO:

Federally Qualified Health
Centers

Hospitals

Nurse Midwives

Nurse Practitioners

Physician Assistants

Physicians

IUDs: Reimbursement Policy and Rate Changes-

Effective for Dates of Service on and after March 1, 1995

IUD Reimbursement Changes Effective March 1, 1995

Effective with dates of service on and after March 1, 1995, Wisconsin Medicaid began reimbursing intrauterine devices (IUDs) and IUD insertion/removal separately.

The chart lists the correct procedure codes and descriptions, types of service, and maximum allowable fees for IUDs, IUD insertion, and IUD removal.

IUD Billing Procedures

Bill *procedure code 58300* [Insertion of intrauterine device (IUD)] for the insertion only. Also bill either *procedure code J7300* (Intrauterine copper contraceptive) or *procedure code W6200* (Intrauterine progesterone contraceptive system) with the insertion.

Adjust any claims paid after March 1, 1995, to receive full reimbursement for both the IUD and IUD insertion/removal. Refer to Section X in Part A, the all-provider handbook, for more information on adjustments. Providers have one year from the date of service to adjust any claim.

IUDs, IUD Insertion, and IUD Removal		
Procedure Code/Description	Type of Service	Maximum Allowable Fee
J7300 Intrauterine copper contraceptive	1	\$252.00
W6200 Intrauterine progesterone contraceptive system	1	\$89.00
58300 Insertion of intrauterine device (IUD)	2	\$31.00 (\$28.74 - Nurse Midwives)
58301 Removal of intrauterine device (IUD)	2	\$27.89 (\$25.84 - Nurse Midwives)