

Jurisdiction Specific Medicare Part B Intrauterine Devices (IUD)

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name	Dosage Form
Kyleena	levonorgestrel-releasing	intrauterine device
Liletta	levonorgestrel-releasing	intrauterine device
Mirena	levonorgestrel-releasing	intrauterine device
Skyla	levonorgestrel-releasing	intrauterine device

Covered Uses

The indications below are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

Endometrial Hyperplasia without Atypia

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in this criteria should be accompanied by supporting evidence from Medicare approved compendia.

Exclusions

The following are exclusions to therapy:

Use for contraception

Coverage Criteria

Endometrial Hyperplasia without Atypia

Authorization of one IUD placement may be granted for treatment of endometrial hyperplasia without atypia when one of the following criteria is met:

- The member is not a reasonable surgical candidate
- The member wants to preserve fertility

References

1. Billing and Coding: IUD (Hormone-Eluting) For Endometrial Hyperplasia - CPT 58999 (A58649) Original Version. Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed November 1, 2024.
2. Micromedex Solutions [database online]. Truven Health Analytics, Greenwood Village, CO. Available at: <https://www.micromedexsolutions.com>. Accessed November 1, 2024.