

#### 8.7.4 STATE IUC PROGRAM

**Policy:** The WMHS will provide a limited number of intrauterine contraceptives (IUCs) to clients meeting eligibility criteria. The number of IUCs provided each year is dependent upon funding received from DHHS OPA. The IUCs will be provided on a first come, first serve basis until allocated funds are spent.

Clinics identified as providing IUC insertions will obtain and insert the IUC; clinics not identified as providing IUC insertions will refer to a Title X clinic that does provide this service.

#### **Procedure**

For a copy of the “Request for IUC or Nexplanon” form, contact the WMHS Nurse Consultant at 406-444-7331.

Clients are eligible if they meet the following:

1. Is an established Title X client.
2. May have contraindications or barriers to use of other effective contraceptive methods.
3. Has an income below 250% of the federal poverty level (falls on the approved Title X sliding fee scale).
4. Has no other means to pay for the IUC; for example, if client is on the parent’s insurance or the insurance does not pay for this form of contraception.
5. Desires long-term contraception (at least 2 years).
6. Has no contraindications to the IUC according to the Food and Drug Administration (FDA) package insert, U.S. Medical Eligibility Criteria for Contraceptive Use, 2010, and according to the Montana Title X Clinical Protocol Manual.
7. Is provided care, including appropriate counseling, according to Title X Program Requirements, the QFP, and the Montana Title X Clinical Protocol Manual.
8. Is able to access emergency care or routine follow-up care post IUC insertion care as necessary

Procedures for Title X Clinics Providing IUCs On-Site:

1. Submit the “Request for IUC or Nexplanon” to WMHS to the Nurse Consultant.
2. WMHS Nurse Consultant reviews and approves the request(s) and faxes the IUC request(s) to Planned Parenthood Montana – Billings, Attention Clinic Manager.
3. Upon receipt of the request form, PPMT – Billings will send an IUC(s) to the Title X clinic requesting the IUC(s).
4. Because the recipient of the IUC through this program is a Title X client, all IUCs and IUC insertion visits must be charged according to the schedule of discounts.
5. If the client has insurance, check with her insurance carrier to assess if an IUC is covered under her policy.

Procedures for Title X Clinics Referring to Other Title X Clinics Providing IUC Insertion Services

1. Refer client to a Title X clinic that provides IUC insertion services.
2. Instruct the client to call for an IUC insertion appointment at the Title X clinic she has selected and to state the agency she has been referred by.
3. Complete written referral form with the necessary information (reason for referral, necessary client history, services provided, such as lab tests performed etc.).
4. The IUC request form “Request for IUC or Nexplanon” must be submitted to WMHS **by the Title X clinic inserting the IUC.**

5. Once the IUC has been inserted, immediate follow-up questions and concerns regarding the IUC will be handled by the provider/clinic inserting the IUC.
6. Because the recipient of the IUC through this program is a Title X client, all IUCs and IUC insertion visits must be charged according to the schedule of discounts.

Client Billing:

1. The statewide schedule of discounts issued by WMHS must be used for the cost of the IUC and the insertion.
2. No charges for the IUC or the insertion will be made to clients with incomes less than 100% of the federal poverty level (zero pay on the schedule of discounts).

Contact Information:

**Clinic Manager**

Planned Parenthood of Montana – Billings West  
1844 Broadwater, Ave., Suite 4  
Billings, MT 59101  
Phone: 406-869-5011  
Fax: 406-656-9928

**Nurse Consultant**

Women's and Men's Health Section  
DPHHS  
Cogswell Building  
1400 Broadway, A116  
Helena, MT 59620  
Phone: 406-444-7331  
Fax: 406-444-2750