

Billing, Coding, and Payment for IPP LARC Services

Receiving Payment for Optimized Care



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



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Speaker disclosures

- Brad Hart – No disclosures to report

Topics covered in presentation

- Section 1: The unmet patient need for postpartum contraception
- Section 2: The codes used to report contraceptive services
 - a. Procedures
 - b. Supplies
 - c. Diagnoses
- Section 3: Reporting long-acting reversible contraception (LARC) services in the context of immediate postpartum (IPP) services
- Section 4: Accessing information concerning Medicaid IPP LARC reimbursement policies and identifying the most common reporting methodologies

Learning Objectives

1. Understand the benefits of offering immediate postpartum contraceptive services
2. Explain the appropriate use of the Current Procedural Terminology (CPT) code and the International Classification of Disease, Tenth Edition (ICD-10) for LARC-related services
3. Identify resources from the American College of Obstetricians and Gynecologists (ACOG) available to address common LARC-related coding questions

UNMET PATIENT NEED

for Postpartum Contraception

Challenges with initiating postpartum contraception

- **As many as 40% of women do not return for the 6 week postpartum visit**
 - **Even lower in under-resourced areas, further contributing to health disparities**
- **Non-breastfeeding women can ovulate as early as 25 days postpartum**
 - **40% of women will ovulate by 6 weeks postpartum**
- **57% of women are sexually active by 6 weeks postpartum**

Challenges with initiating postpartum contraception

Patients may have difficulty returning for a postpartum visit because of:

- **Childcare obligations**
- **Unable to get off work**
- **Unstable housing**
- **No transportation**
- **Communication or language barrier**
- **Lack of insurance coverage or potential expiration of Medicaid eligibility**

What is LARC?

- LARC stands for long-acting reversible contraception
- 2 types of LARC: the intrauterine device and the contraceptive implant, which are the most effective reversible forms of contraception

Comparing LARC Methods

	ParaGard® CopperT 380A	Liletta®	Mirena®	Kyleena®	Skyla®	Nexplanon®
Hormone and Dose	Non-hormonal	52mg LNG (18.6 mcg/day)	52mg LNG (20 mcg/day)	19.5mg LNG (17.5 mcg/day)	13.5mg LNG (14 mcg/day)	68mg ENG (35-45 mcg/day)
Efficacy	> 99%					
FDA- Approved Duration of Use*	10 years	6 years	5 years		3 years	
Expected Bleeding Patterns	Typically heavier	Typically lighter – rates of amenorrhea associated with hormone dose				Typically lighter, often unpredictable

* Ongoing studies suggest high efficacy with extended use beyond FDA-approved durations

What is immediate postpartum LARC?

LARC methods are available to women in the hospital after a delivery before discharge

- **ACOG, CDC, WHO, and Cochrane Reviews all support immediate postpartum LARC as a safe and effective option**
- **Can be an ideal time to provide LARC methods for many women who want them**

IPP LARC can help meet patients' needs

- Safe
- Convenient
- Highly effective
- Reversible
- Forgettable
- High continuation rates

THE CODES USED

To Report Contraceptive Services

The Code Sets

- Procedure/Supply Codes:
 1. **Current Procedural Terminology (CPT®)**
 - Used by physicians/providers to report procedural and cognitive services
 - Known as Level I codes
 2. **International Classification of Disease, 10th edition, Procedural Coding System (ICD-PCS)**
 - Used by hospitals/facilities to report procedures
 3. **Healthcare Common Procedure Coding System (HCPCS)**
 - Known as Level II codes
 - Describes certain procedures, but most commonly used to report supplies, materials, etc.

The Code Sets

- Diagnostic Codes
 1. **International Classification of Disease, 10th edition, Clinical Modification (ICD-10-CM)**
 - Used by hospitals/inpatient facilities to report diagnoses

Procedure Codes (CPT®)

Intrauterine Contraception

58300 Insertion of intrauterine device (IUD)

Subdermal Implantable Contraception

11981 Insertion, non-biodegradable drug delivery implant

Devices (HCPCS Codes)

HCPCS Code	Brand Name	Description
J7296	Kyleena™	Levonorgestrel releasing intrauterine (LNG) system, 19.5 mg
J7297	Liletta®	Levonorgestrel-releasing intrauterine (LNG) system, 52mg
J7298	Mirena®	LNG-releasing intrauterine system, 52mg
J7300	ParaGard®	Intrauterine copper contraceptive (no hormones)
J7301	Skyla®	LNG-releasing intrauterine system, 13.5 mg
J7307	Nexplanon®	Etonogestrel implant 68mg

Diagnoses (ICD-10-CM)

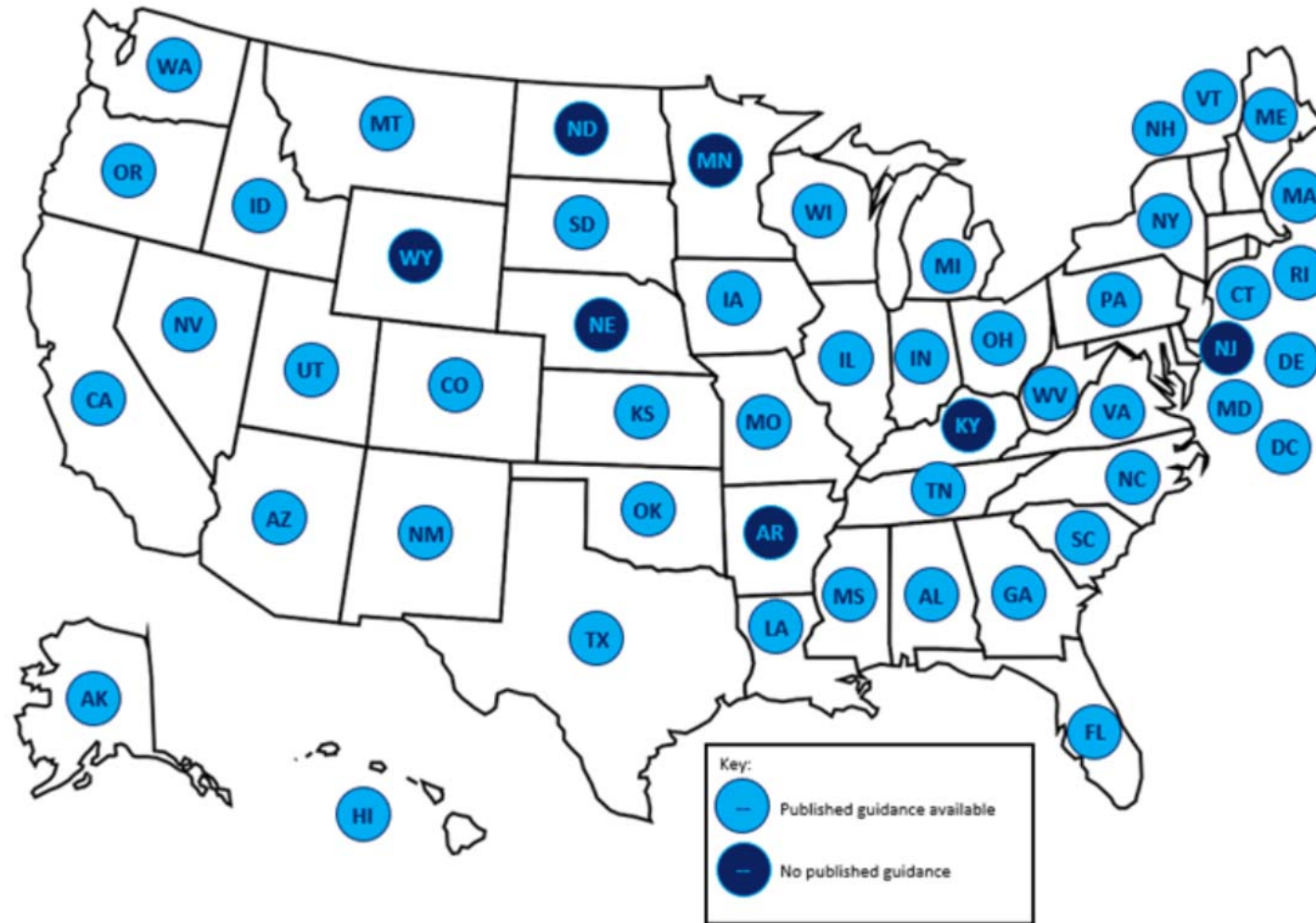
Initial	Description	Surveillance/Other
Z30.014	IUD Insertion	Z30.430
	IUD Checking	Z30.431
	IUD Removal	Z30.432
	IUD Removal/Reinsertion	Z30.433
Z30.017	Implantable subdermal	Z30.46

BILLING FOR IPP LARC SERVICES

The necessity of this discussion

- Physicians are paid separately for LARC devices they provide in the office
- Hospitals are paid a flat rate for delivery services, which typically includes the LARC device
 - There's a decided lack of motivation to provide these services
 - The solution—compensate separately for the devices

44 states currently reimburse for IPP LARC



<https://www.acog.org/programs/long-acting-reversible-contraception-larc/activities-initiatives/medicaid-reimbursement-for-postpartum-larc>

Medicaid Reimbursement for Postpartum LARC

acog.org/programs/long-acting-reversible-contraception-larc/activities-initiatives/medicaid-reimbursement-for-postpartum-larc

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LARC > Activities & Initiatives > Medicaid Reimbursement for Postpartum LARC

Medicaid Reimbursement for Postpartum LARC

Programs

- Long-Acting Reversible Contraception (LARC)
- Activities & Initiatives

Activities & Initiatives

- LARC Help Desk
- Medicaid Reimbursement for Postpartum LARC
- Postpartum Contraceptive Access Initiative
- Projects to Assess Bedsider in Ob-Gyn Practice

The Department of Health and Human Services' Centers for Medicare & Medicaid Services released an [Informational Bulletin](#) on April 8, 2016, detailing payment and policy approaches several state Medicaid agencies have used to optimize access and use of long-acting reversible contraception (LARC) methods.

Medicaid Reimbursement for Postpartum LARC in the Hospital Setting

States in light blue on the map below have published guidance regarding reimbursement for postpartum LARC.

Legend:

- Published guidance
- Published guidance with restrictions
- No published guidance

Last Updated: June 30, 2020

Find Guidance for Your State

Alabama	+
Alaska	+
Arizona	+
California	+
Colorado	+
Connecticut	+
Delaware	+

Medicaid policies



MDHHS Medical Services Administration BULLETIN MSA

Bulletin Number: MSA 18-22

Distribution: Family Planning Clinics, Hospital, Maternal & Infant Support, and Medicaid Health Plans

Issued: August 31, 2018

Subject: Inpatient Long-Acting Reversible Contraception (LARC) Reimbursement

Effective: October 1, 2018

Programs Affected: Medicaid, Healthy Michigan, Maternity Outpatient Medical Services

NOTE: Implementation of this policy is contingent upon State Plan Amendment approval from the Centers for Medicare & Medicaid Services (CMS).

The purpose of this policy bulletin is to establish hospital reimbursement for immediate postpartum Long-Acting Reversible Contraception (LARC) implants and intrauterine devices (IUDs) separate from the maternity Diagnosis Related Group (DRG) payment. Effective for dates-of-service on or after October 1, 2018, separate reimbursement will be available for LARC devices when the device is provided immediately postpartum in an inpatient hospital setting prior to discharge.

For reimbursement of the LARC device, the facility must submit a separate professional claim with place of service 21 – Inpatient Hospital. The professional claim would include the hospital as the billing provider and the practitioner performing the related procedure as the rendering provider. When billing for an IUD or contraceptive implant device, the provider must use the appropriate Healthcare Common Procedure Coding System (HCPCS) Level II procedure code and National Drug Code (NDC).

Facilities participating in the federal 340B Drug Pricing Program are required to continue to bill 340B actual acquisition cost for the LARCs. Drugs and devices obtained through the 340B program must be indicated on the claim using the U6 modifier. Payment for the LARC will be made in accordance with the Practitioner Medicaid fee schedule in effect on the date-of-service for the procedure code billed.

Michigan Medicaid will continue to reimburse hospitals for related obstetrical services in

pennsylvania MEDICAL ASSISTANCE BULLETIN DEPARTMENT OF HUMAN SERVICES

ISSUE DATE	EFFECTIVE DATE	NUMBER
November 26, 2016	December 1, 2016	01-16-33, 08-16-31, 09-16-30, 28-16-02, 31-16-35, 33-16-29
SUBJECT	BY	
MA Program Fee Schedule Updates for Certain Family Planning Services	 Leesa M. Allen, Deputy Secretary Office of Medical Assistance Programs	

IMPORTANT REMINDER: All providers must revalidate their MA enrollment every 5 years. Providers should log into PROMISE to check their revalidation date and submit a revalidation application at least 60 days prior. Enrollment (revalidation) applications may be found at http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994.

PURPOSE:

The purpose of this bulletin is to notify providers of updates to the Medical Assistance (MA) Program Fee Schedule for certain family planning and family planning-related services, effective with dates of service on and after December 1, 2016.

SCOPE:

This bulletin applies to MA enrolled acute care general hospitals and providers who render family planning services to MA beneficiaries in the MA Fee-for-Service (FFS) delivery system.

Providers who render family planning services to MA beneficiaries in the managed care delivery system should direct any fee-related questions to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

As one method to prevent unplanned pregnancies, long-acting reversible contraception (LARC) can be used immediately postpartum to facilitate adequate spacing between pregnancies. Research demonstrates that inadequate birth spacing can heighten the risk of

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at <http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm>

TOOLS FOR REPORTING IPP LARC SERVICES

Professional/Physician & Facility-Based Charges

CMS* – 1500 Claim Form

- **Form used nation-wide for IPP LARC professional charge**
 - Possibly required by some commercial payers for inpatient services
- Outpatient/Physician Service
- Physicians use this claim form to report services

*Center for Medicare & Medicaid Services

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA OTHER (Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID) (SSN or ID) (SSN) (ID)		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY SEX M F	
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)		4. INSURED'S NAME (Last Name, First Name, Middle Initial) 7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)	
6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other		8. PATIENT STATUS Single Married Other Employed Full-Time Student Part-Time Student	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES NO b. AUTO ACCIDENT? YES NO PLACE (State) c. OTHER ACCIDENT? YES NO 10d. RESERVED FOR LOCAL USE	
a. OTHER INSURED'S POLICY OR GROUP NUMBER b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F c. EMPLOYER'S NAME OR SCHOOL NAME d. INSURANCE PLAN NAME OR PROGRAM NAME		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY SEX M F b. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, return to and complete item 9 a-d.	
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED DATE			
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) MM DD YY		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY 17a. 17b. NPI	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 19. RESERVED FOR LOCAL USE		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY 20. OUTSIDE LAB? \$ CHARGES YES NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to item 24E by Line) 1. 3.		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HPCS MODIFIER E. DIAGNOSIS POINTER 1 2 3 4 5 6		F. \$ CHARGES G. DAYS OR UNITS H. ICD-9-CM I. ICD-10-CM J. RENDERING PROVIDER ID #	
25. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? YES NO	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.	
SIGNED DATE		28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. BALANCE DUE \$ 33. BILLING PROVIDER INFO & PH # ()	

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-093-0999 FORM CMS-1500 (08/05)

UB-04 Claim Form

- Form used nation-wide for IPP LARC facility-based service charge
- Hospitals use this claim form to report services to Medicaid and most commercial insurers

1		2		3a PAT. CNTRL. #		4 TYPE OF BILL	
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Three most common methods of reporting

1. Separately on CMS-1500 claim form (device)
2. Separately on outpatient UB-04 claim form
3. Separate line item on inpatient UB-04 claim form (part of delivery claim)

1. Physician use of the CMS-1500 form

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).										22. RESUBMISSION CODE		ORIG REF. NO.									
A.	O13.4			B.	O09.33			C.	O42.013			D.	O60.14X0								
E.	Z30.430			F.	Z37.0			G.	Z3A.35			H.				23. PRIOR AUTHORIZATION NUMBER					
I.				J.				K.				L.									
24.A. DATE(S) OF SERVICE From MM DD YY To MM DD YY						B. POS	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT MODIFIER				E. DX POINTER	F. \$ CHARGES	G. DAYS/ UNITS	I. ID QUAL	J. RENDERING PROVIDER N°						
						21	59400			ABCD FG				1	NPI						
						21	58300		51	E				1	NPI						

1. Facility use of the CMS-1500 form

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E).										22. RESUBMISSION CODE			ORIG REF. NO.		
A.	Z30.430					B.		C.		D.					
E.						F.		G.		H.		23. PRIOR AUTHORIZATION NUMBER			
I.						J.		K.		L.					
24.A. DATE(S) OF SERVICE From MM DD YY To MM DD YY						B. POS	D. PROCEDURES,SERVICES,OR SUPPLIES (Explain Unusual Circumstances) CPT MODIFIER			E. DX POINTER	F. \$ CHARGES	G. DAYS/ UNITS	I. ID QUAL	J. RENDERING PROVIDER N°	
						21	J7298			A		1	NPI		
													NPI		

2. Standard delivery with subdermal implant (UB-04) used for facility-based service charge

Bill Type 13X
(outpatient)

42 REV CD	43 DESCRIPTION	44 HCPCS/RATE/HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0636	00052433001 OR Drug Requiring Detailed Coding	J7307FP		1	XXXX XX	
2						
3						
4						
5						
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9						
10						
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16						

2. Standard delivery with subdermal implant (UB-04) used for facility-based service charge

66 DX	Z30.017	Z37.0	Z3A.37	O80						
69 ADMT DX		70 PATIENT REASON DX								
74	PRINCIPAL PROCEDURE		a. OTHER PROCEDURE		b. OTHER PROCEDURE					
	CODE	DATE	CODE	DATE	CODE	DATE				
c.	OTHER PROCEDURE		d. OTHER PROCEDURE							
	CODE	DATE	CODE	DATE	CODE	DATE				

2. Standard delivery **with IUD** (UB-04) used for facility-based service charge

Bill Type 13X

(outpatient)

42 REV CD	43 DESCRIPTION	44 HCPCS/RATE/HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0636	50419042301 OR Drugs Requiring Detailed Coding	J7298FP		1	XXXX XX	
2						
3						
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13						
14						
15						
16						

2. Standard delivery **with IUD** (UB-04) used for facility-based service charge

66 DX	Z30.430	Z37.0	Z3A.37	O80						
69 ADMT DX		70 PATIENT REASON DX								
74	PRINCIPAL PROCEDURE		a. OTHER PROCEDURE		b. OTHER PROCEDURE					
	CODE	DATE	CODE	DATE	CODE	DATE				
c.	OTHER PROCEDURE		d. OTHER PROCEDURE							
	CODE	DATE	CODE	DATE	CODE	DATE				

3. A standard delivery with an IUD (UB-04) used for facility-based service charge

42 REV CD	43 DESCRIPTION	44 HCPCS/RATE/HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
1 0110	ROOM AND BOARD	840.00		3	2520 00	
2 0250	PHARMACY/GENERAL			68	7999 00	
3 0272	STERILE SUPPLY			3	687 00	
4 0300	LABORATORY			1	138 00	
5 0302	LAB/IMMUNOLOGY			4	500 00	
6 0305	LAB/HEMATOLOGY			2	138 00	
7 0636	DRUGS/DETAIL CODE	J7297		1	2000 00	
8 0710	RECOVERY ROOM			5	2247 00	
9 0720	DELIVERY ROOM/LABOR			1	2372 00	
10 0721	LABOR			9	2019 00	
11						
12						
13						
14						
15						
16						

*SC fee-for-service Medicaid

OTHER BILLING CONSIDERATIONS

Managed Medicaid & Commercial Payers

Managed Medicaid and Commercial

- Most states have companies that provide coverage to their Medicaid patients
 - States mandate payment policies differently
 - Most publish specific instructions on their website or in the provider manual
 - Internet searches typically produce results easily

Managed Medicaid Instructions



Keystone First

January 4, 2017

Dear Keystone First Provider,

The purpose of this letter is to notify you of the hospital reimbursement for long-acting reversible contraception (LARC) and contraceptive implants in addition to the All Patient Refined Diagnosis Related Group (APR-DRG) payment of obstetrical deliveries.

Effective for dates of service December 1, 2016 and after, services billed during the postpartum timeframe, in an inpatient setting, with the following codes and modifiers will be reimbursed according to the current Department of Human Services (DHS) fee schedule:

Code	Description	Provider Type	Specialty Type	Place of Service	Modifier
J7297	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration	01	010	22	FP
J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration	01	010	22	FP
J7300	Intrauterine copper contraceptive	01	010	22	FP
J7301	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg	01	010	22	FP
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	01	010	22	FP
S4989	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies	01	010	22	FP

Note: LARC claims are to be submitted in an outpatient hospital claim format using the applicable codes and modifiers outlined in the table above.

The complete DHS Medical Assistance Bulletin 01-16-33 "MA Program Fee Schedule Updates for Certain Family Planning Services" can be found at: <http://www.dhs.pa.gov/publications/bulletinsearch/index.htm>

Thank you for your participation in the Keystone First network and your continued commitment to the care of our members. If you have any questions regarding this notification, please contact your Provider Account Executive.

Sincerely,

Denise Ameye
Director, Provider Network Management

Coverage by Vista Health Plan, an independent licensee of the Blue Cross and Blue Shield Association.

<https://www.keystonefirstpa.com/pdf/provider/communications/fastfacts/2017/010417-larc-payment.pdf>

Aetna Better Health®
2000 Market Street, Ste. 850
Philadelphia, PA 19103

aetna®

Date
January 16, 2017

AETNA BETTER HEALTH® OF PENNSYLVANIA

Long-acting reversible contraception (LARC) and family planning services reimbursement changes

What has changed?

On November 26, 2016, the Pennsylvania Department of Human Services (DHS) issued a Medical Assistance (MA) Program bulletin notifying providers of positive reimbursement changes for certain family planning and family planning-related services, effective with dates of service on and after December 1, 2016.

In accordance with these new MA Program fee schedule changes, Aetna Better Health of Pennsylvania (ABH) will:

- Reimburse hospitals separately for the cost of the device when inserting a LARC intrauterine device (IUD) or contraceptive implant at the time of an obstetrical delivery in addition to the All Patient Refined-Diagnosis Related Group (APR-DRG) payment that hospitals receive for the delivery, for dates of service on or after December 1, 2016.
- Reimburse the professional component fee for insertion of a LARC or contraceptive implant at the time of an obstetrical delivery.
- Reimburse providers according to MA reimbursement guidelines for certain family planning and family-planning related services rendered for dates of service on or after December 1, 2016.

Who this affects

These changes affect MA enrolled acute care general hospitals and providers who render family planning services to Medical Assistance beneficiaries, which include ABH members. These changes apply retroactively to covered services rendered for dates of service on or after December 1, 2016.

What we're doing

We are updating the ABH claims payment system to comply with DHS reimbursement guidelines to pay providers for covered LARC and certain family planning services in accordance with MA reimbursement practices. We expect these updates to be complete by February 1, 2017.

What providers should do

- Continue to provide family planning options to your members, incorporate LARC counseling, and support access to LARC in all clinically appropriate circumstances.

www.aetnabetterhealth.com/pennsylvania
PA-17-01-01

- Facilities should bill for services on the same inpatient¹ admission claim form. The claim should include the appropriate procedure code(s) as a separate line item(s) on UB-04 form(s).
 - **Bill Type 11X**
- Practitioners must bill appropriate procedure code(s) and modifier(s) as a separate line item(s) on CMS-1500 forms.
 - **Place of Service 21**

MA Program guidelines: http://dhs.pa.gov/cs/groups/webcontent/documents/document/c_251790.pdf

We're here to help

If you have any questions, call your provider relations representative at 1-866-638-1232, prompt 3, then prompt 5.

Sincerely,

Aetna Better Health of Pennsylvania

¹ Note: Aetna Better Health facility and professional billing requirements differ from MA billing guidelines for LARC services provided in an inpatient setting.
www.aetnabetterhealth.com/pennsylvania
PA-17-01-01

<https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/notices/larc-family-planning-notice.pdf>

the **LARC**
program
Long-Acting Reversible Contraception

Managed Medicaid and Commercial

- Most states have companies that provide coverage to their Medicaid patients
 - States mandate payment policies differently
 - Most publish specific instructions on their website or in the provider manual
 - Internet searches typically produce results easily
- Commercial insurance companies are:
 - Sometimes working in cooperation with state Medicaid programs
 - Recognizing the financial benefit of avoiding unplanned pregnancies

CONCLUSION

And Resources

Conclusion & Key Takeaways

- **ACOG Committee Opinion #670, Immediate Postpartum LARC**, states that IPP LARC can reduce unintended pregnancy and lengthen interpregnancy intervals
- We have reached a point where many have identified the benefits of IPP LARC
 - Objections to it (primarily billing) are being overcome
 - There is no *single* method that all payers use to report this service
- Communicate with your payers to learn their policies
- Where necessary, advocate for them to develop policies for IPP LARC, if policies don't exist

Resources

- CMS issued formal guidance in April 2016
- The objective:
 - Increase the rate and improve the content of postpartum visits
 - Increase access the use of effective methods of contraception

<https://www.medicaid.gov/federal-policy-guidance/downloads/cib040816.pdf>

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



CMCS Informational Bulletin

DATE: April 08, 2016

FROM: Vikki Wachino, Director
Center for Medicaid and CHIP Services

SUBJECT: State Medicaid Payment Approaches to Improve Access to Long-Acting Reversible Contraception

In July 2014, the Center for Medicaid and CHIP Services (CMCS) launched the Maternal and Infant Health Initiative to improve maternal and infant health outcomes. The initiative has two primary goals: 1) increasing the rate and improving the content of postpartum visits; and 2) increasing access and use of effective methods of contraception. Medicaid provides coverage for more than 70 percent of family planning services for low-income Americans. Given this important role, CMCS sought to identify approaches to Medicaid reimbursement that promote the availability of effective contraception.¹ This Informational Bulletin describes emerging payment approaches several state Medicaid agencies have used to optimize access and use of long-acting reversible contraception (LARC).

Background

Beyond preventing unplanned pregnancies, research indicates that effective contraception helps prevent poor birth spacing, thereby reducing the risk of low-weight and/or premature birth.² It can also be essential to a woman's long-term physical and emotional well-being. LARCs— intrauterine devices (IUDs) and contraceptive implants—are highly effective methods of birth control that last between 3 and 10 years (depending on the method) without requiring daily, weekly, or monthly user effort.³ The Centers for Disease Control and Prevention has identified LARCs as among the most effective family planning methods with a pregnancy rate of less than 1 pregnancy per 100 women in the first year. For comparison, the contraceptive pill has a rate of 9 pregnancies per 100 women in the first year, while the male condom has rate of 18 pregnancies per 100 women in the first year.⁴ While Medicaid agencies typically reimburse for multiple types of contraception, LARCs possess a number of advantages: they are cost-effective, have

Resources

1. [ACOG LARC Program Medicaid Reimbursement Webpage](#) – click on your state to access instruction from your state's Medicaid program
2. [ACOG Postpartum Contraceptive Access Initiative](#)
3. [ACOG LARC Program Immediate Postpartum LARC Webpage](#)
4. [ACOG LARC Program Immediate Postpartum LARC Resource Digest](#)
5. [ACOG Committee Opinion #670: Immediate Postpartum Long-Acting Reversible Contraception](#)
6. [ACOG Practice Bulletin #121: Long-Acting Reversible Contraception – Implants and Intrauterine Devices](#)

Medicaid Reimbursement for Postpartum LARC by State

Home / About ACOG / ACOG Departments & Activities / Long-Acting Reversible Contraception Program / Medicaid Reimbursement for Postpartum LARC by State

Find an Ob-Gyn



Long-Acting Reversible Contraception Program

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Advocacy and Policy

Clinical Education and Training

Clinical Resources

Coding and Reimbursement

E-Newsletter

Exhibiting

Immediate Postpartum

Patient Resources

Postpartum Contraceptive Access Initiative

Practice Resources

Webinars

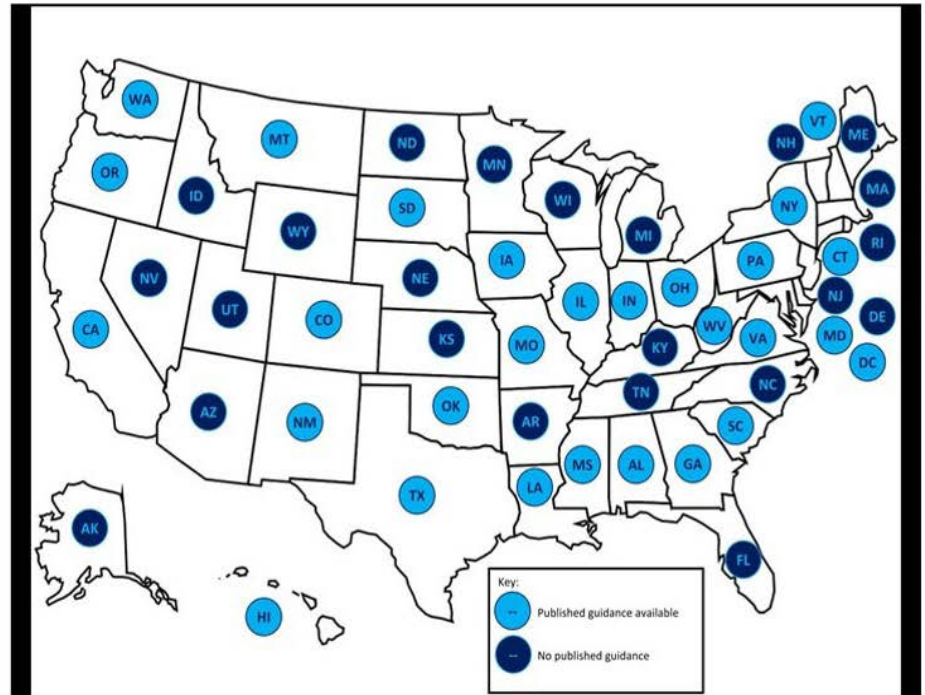
Zika Resources

Medicaid Reimbursement for Postpartum LARC by State

The Department of Health and Human Services' Centers for Medicare & Medicaid Services released this [Informational Bulletin](#) on April 8, 2016, detailing payment and policy approaches several state Medicaid agencies have used to optimize access and use of long-acting reversible contraception (LARC) methods.

Medicaid Reimbursement for Postpartum LARC in the Hospital Setting

States in light blue on the map below have published guidance regarding reimbursement for postpartum LARC – click on them for more information.



The ACOG LARC Program can help!

- Email us: pcai@acog.org
- Find more resources online:
 - <https://pcainitiative.acog.org>
 - <https://www.acog.org/programs/long-acting-reversible-contraception-larc>
- Send us your LARC-related questions:
 - www.acoglarc.freshdesk.com
 - The LARC Program Help Desk is a free service open to all, ACOG members and non-members alike
 - All questions will be responded to within 10 business days.

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