



Postpartum LARC Initiative Current Status

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What are LARCs?

- LARC means Long Acting Reversible Contraceptive
 - Currently IUDs & hormone implant contraceptives
- Evidence shows that LARCs are much more effective than pills or other contraceptives because they do not rely on patient compliance
- Placing LARCs before a new mother is discharged after delivery initiates contraception without relying on the patient to return for the 6 week postpartum visit
- Increased spacing of pregnancies materially improves the health of both the mothers & babies
 - Another pregnancy soon after a delivery results in increased rate of high risk pregnancy, pre-term birth and low birth weight

Medicaid Initiative to Encourage Provision of Postpartum LARCs

- In April 2014 Medicaid published a policy that provided for reimbursement for immediate postpartum LARCs in addition to bundled payments for the delivery for both hospitals and providers
 - 4 specific types of LARCs were covered
 - Required insertion of the IUD within 10 minutes of delivery
 - Required that hospitals bill a single line item with the LARC HCPCS code on the inpatient claim for the delivery

Why hasn't this policy resulted in an increase in Postpartum LARCs?

- Lack of communication to all necessary hospital departments
 - Delivery rooms don't normally stock IUDs
 - Delivery room staff training regarding timing of insertion of LARCs
 - Standard inpatient claims do not include HCPCS codes so a custom process was needed
 - Billing system programming
 - Manual production of claims or testing of electronic claims with internal systems, clearinghouses and claims systems
 - Communication with vendors if billing outsourced
 - Coder training to include both diagnosis & procedure codes for LARCs
- Confusing hospital billing instructions
 - Some of the codes in the banner messages were incorrect
 - Some codes have since been eliminated or changed
 - CMOs needed to set up claim system edits to allow non-standard claims
 - CMO provider relations staff education needed to allow them to assist hospitals

		Banner Message 4/15/14	Banner Message 2/25/16	PSHP Notices 11/2/12 & 12/18/15	Wellcare	AMGP	Current Valid Code?	
Effective		4/1/14	2/25/16	None given	No policy	No		
Hospital COS		010, 070	010					
Place of Service	Facility	IP or OP	IP	IP				
	Physician	-21						
HCPCS Codes								
	J7300	Copper IUD	X	X	X			
	J7301	Levonorgestrel releasing IUD	X	X				
	J7302	Levonorgestrel releasing IUD	X	X	X		No	J7297 Levono
	J7307	Etonogestrel Implant	X	X	X			Allowed Proc
	76857	Ultrasound, pelvic, non-ob, limited or FU	X					
	76830	Ultrasound, transvaginal	X					
	76998	Ultrasounic guidance, intraoperative	X					
Modifier FP		Pro fee only	X	X				
Revenue								
	636	Drugs/biologicals requiring detailed coding	X		X			
	272	Supply	X		X			
	279	Supply	X		X			
	250	Drugs/biologicals not requiring detailed coding		X				
ICD-10 Diagnosis Codes								
	Z30.2	Sterilization	X					Why included
	Z30.432	Removal of IUD	X					Why included
	Z30.49	Surveillance of other contraceptives	X	X				Why included
	Z30.433	Removal & reinsertion of IUD	X					
	Z30.430	Insertion of IUD	X	X				
	Z30.018	Initial prescription, other contraceptives	X					
	Z30.014	Initial prescription, IUD						Not included
ICD-10 Procedure Codes								
	0UH97HZ	Insertion of Contraceptive Device into Uterus	X	X				
	0UH98HZ	Ins of Contraceptive Dev into Uterus, Endoscopic	X					
	0UHC7HZ	Insertion of contraceptive device into cervix	X					
	0UHC8HZ	Insertion of contraceptive dev into cx,	X	X				
	0H8BXZZ			X			No	
	0H8CZZZ			X			No	
	0H8EXZZ			X			No	
	0UH96HZ			X			No	
	0JHxxxx	Subcut Tissue & Fascia, Insertion (by site)						Appropriate p
IC	69.7	Insertion of Intrauterine device	X					
Billing Instructions								
		bill for the J code & NDC for the device in addition to UB		Bill acquisition cost on separate line item on same claim.				

Current Status of PP LARC Initiative

- 7 hospitals have been identified that have provided postpartum LARCs
 - The vast majority of claims have not been paid
 - Most have not billed in accordance with the requirements
 - When billed as directed, most claims have been denied due to claim system edits
 - Because the claim data for DCH & the CMOs has not captured LARC information, there is no data to support the number of LARCs that have been provided
 - Attempts to rebill with the HCPCS codes have been denied by claims systems as duplicate claims previously paid
- Other hospitals have not implemented the policy due to inability to be reimbursed
 - Cost of LARC is about \$650 - \$1000 each

Postpartum LARC Policies in Other States

State	Billing Form & Bill Type			Separate Reimbursement for LARC in IP Setting	Billing Instructions
	Inpatient Hospital Claim (UB-04 or 837I) Bill Type 11x	Separate Outpatient Hospital Claim (UB-04 or 837I) Bill type 13x	CMS 1500 or 837P		
Alabama		X		No but OP after discharge OK	- No additional reimbursement for IP LARC -Patient may be discharged from IP then immediately receive LARC in OP setting with reimbursement for procedure only; IP claim must be in Mcaid claim system
California		X		Yes	
Connecticut		X		Yes	Rev code 253 (take home drugs) used only for LARC; must bill with HCPCS & M
Delaware		X		Yes	Pharmacy bills for LARC dispensed to a facility
Illinois			X	Yes	HFS 2360 Paper Claim or 837P with Inpatient POS
Indiana			X	Yes	
Iowa		X		Yes	
Louisiana			X	Yes	DME file extension must be used
Maryland	X			Yes	"Hospitals include the LARC invoice separately from the inpatient labor and delivery claim using the appropriate codes and modifiers"
Montana		X		Yes	IP LARC paid at the OPPS rate in addition to the delivery APR-DRG
New Mexico			X	Yes	Hospital must be enrolled as a medical supplier & use applicable taxonomy # (typically 332B00000X) for billing
New York			X	Yes	Must submit on an Ordered Ambulatory Claim
Oklahoma		X		Yes	Must use rev code 278 with HCPCS
South Carolina	X			Yes	IP claim with line item for LARC HCPCS code in no specific rev code. FFS Medi pays through quarterly gross level credit adjustment. CMOs may have different process but must reimburse. Recently approved increased reimbursement to offset sales tax on LARCs.
TA1:F17exas		X		Yes	

Gaining Traction for PP LARCs

- Consider a more feasible billing methodology to ease administration for both hospitals and payers
- Test claims for both billing system and claims system compatibility
- Communicate to all stakeholders