



## Midwife

### Clarification on Reimbursement for Long-Acting Reversible Contraception (LARC) Provided as an Inpatient Post-Partum Service



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### Clarification on Reimbursement for Long-Acting Reversible Contraception (LARC) Provided as an Inpatient Post-Partum Service

This article clarifies Medicaid billing policy for LARC devices and 340B pricing.

eMedNY LISTSERV® notified providers on May 28, 2014 that:

Effective for dates of service beginning April 1, 2014, hospitals could bill Medicaid fee-for-service (FFS) for the cost of the long-acting reversible contraception (LARC) provided to women during their postpartum inpatient hospital stay.

LARCs provided during this inpatient stay can be billed to Medicaid on an ordered ambulatory claim, separate from the inpatient claim.

The hospital may submit a separate Medicaid claim for the following LARCs:

- J7300 Intrauterine Copper Contraceptive
- J7301 Levonorgestrel-releasing intrauterine contraceptive system (Skyla) 13.5mg
- J7302 Levonorgestrel-releasing intrauterine contraceptive system (Skyla) 52 mg
- J7306 Levonorgestrel (contraceptive) implant system, including implants and supplies
- J7307 Etonogestrel (contraceptive) implant system, including implants and supplies

Physicians and midwives may submit a separate claim to FFS Medicaid for their professional services (i.e., insertion of the LARC). Providers are required to report the NDC on all drug claims, including Medicare/Medicaid crossover claims. The only exception is drugs that are obtained at 340B prices which

must be coded with a “UD” modifier and do not require an NDC code. The family planning indicator must be included on the Medicaid claim for the LARC.

Since 340B drugs are limited to hospital outpatient services only, **340B hospitals should submit the LARC charges at non-340B price, with no UD modifier. It is expected that there would be a corresponding claim for an IP Post-Partum stay.**

Questions regarding **Medicaid managed care (MMC)** reimbursement and/or documentation requirements should be directed to the enrollee’s MMC plan.

**Medicaid FFS policy questions** may be directed to OHIP Division of Program Development and Management at (518) 473-2160.

**Claiming questions** should be directed to Computer Sciences Corporation at 1-800-343-9000.

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