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AGENCIES, AMBULATORY, HOSPITAL, NURSE PRACTITIONER/PHYSICIAN ASSISTANT, NURSING SERVICES, PHYSICIANS/OSTEOPATHS, PUBLIC HEALTH AGENCY	05/14/2014	EPSDT Mass Reprocessing Completion Update
ALL PROVIDER TYPES	05/14/2014	Medicaid Fair Registration
AGENCIES, AMBULATORY, HOSPITAL, NURSE PRACTITIONER/PHYSICIAN ASSISTANT, NURSING SERVICES, PHYSICIANS/OSTEOPATHS, PUBLIC HEALTH AGENCY	05/13/2014	EPSDT Mass Reprocessing Completion
ALL PROVIDER TYPES	05/13/2014	Receive your FREE Secure Messaging E-Mail Address from GeorgiaDirect!
ALL PROVIDER TYPES	05/02/2014	CLARIFICATION OF LABOR AND REPAIRS FOR DURABLE MEDICAL EQUIPMENT
ALL PROVIDER TYPES	05/02/2014	Medicaid EHR Incentive Program Year 2014: Verification of Use Letter Required
ALL PROVIDER TYPES	05/02/2014	Change to Provider Enrollment Applications High Priority General Claims Submission Policy for Ordering, Prescribing, or Referring (OPR) Providers
AGENCIES, HOSPITAL, NURSING FACILITIES, PHYSICIANS/OSTEOPATHS	04/23/2014	Submission of The Hospice Discharge Form Is Required for the Date of Death
AGENCIES, DENTIST SERVICE PROVIDERS, NURSING FACILITIES	04/23/2014	Don?t Delay? Keep Moving Forward with ICD-10
ALL PROVIDER TYPES	04/22/2014	ICWP Provider Enrollment Requirements
HOME AND COMMUNITY BASED SVC	04/22/2014	The New Projected 5/1/2014 date for PES v1.03
ALL PROVIDER TYPES	04/17/2014	Health Check Mass Reprocessing Webinars
AGENCIES, AMBULATORY, HOSPITAL, NURSE PRACTITIONER/PHYSICIAN ASSISTANT, NURSING SERVICES, PHYSICIANS/OSTEOPATHS, PUBLIC HEALTH AGENCY	04/16/2014	MAKENA COVERAGE UPDATE
ALL PROVIDER TYPES	04/15/2014	CMS 1500 (02/12) Paper Claims Submissions
ALL PROVIDER TYPES	04/15/2014	Long Acting Reversible Contraceptive (LARC) Procedure Codes
HOME AND COMMUNITY BASED SVC, HOSPITAL, NURSE PRACTITIONER/PHYSICIAN ASSISTANT, NURSING FACILITIES, PHYSICIANS/OSTEOPATHS	04/14/2014	Pregnancy Related Services/Medicaid Aid Category
ALL PROVIDER TYPES	04/10/2014	Modified Adjusted Gross Income (MAGI)
ALL PROVIDER TYPES	04/09/2014	Provider Revalidation Training Sessions
ALL PROVIDER TYPES	04/09/2014	Providers Refund Checks: Credit Balances and Self-disclosures

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<b>Message</b>	
Type	HOME AND COMMUNITY BASED SVC HOSPITAL NURSE PRACTITIONER/PHYSICIAN ASSISTANT NURSING FACILITIES
Subject	Long Acting Reversible Contraceptive (LARC) Procedure Codes
<p>Regarding: Long Acting Reversible Contraceptive (LARC) devices provided immediately postpartum in a hospital setting</p> <p>Dear Providers,</p> <p>Effective for dates of service on or after 1 April 2014, Georgia Department of Community Health's Medicaid program (DCH) will now reimburse for Long Acting Reversible Contraceptive (LARC) devices inserted immediately postpartum in a hospital setting. The coverage of this service is considered an add-on benefit and is not included in the Diagnostic Related Group (DRG) reimbursement process. The following codes will now be covered separately from the DRG:</p> <ul style="list-style-type: none"> <li>■ J7300: Intrauterine copper contraceptive (Paragard)</li> <li>■ J7301: Levonorgestrel-releasing intrauterine system (Skyla)</li> <li>■ J7302: Levonorgestrel-releasing intrauterine device (Mirena)</li> <li>■ J7307: Etonogestrel Implant (Nexplanon?, formerly Implanon)</li> </ul>	

If it is decided that one of the following is used: J7300, J7301, or J7302, it must be inserted within ten minutes of birth. These devices should be available in the birthing suite to ensure timely insertion, which decreases the likelihood of expulsion by 40%.

If the hospital provided the device, the hospital should bill for the J code and the NDC for the device in addition to UB. The hospital revenue codes are as follows:

- 636 for Injections (ICD-9 procedure code 69.7), and
- 272 for sterile supplies, or
- 279 for other supplies devices

The following Categories of Service (COS) are eligible to bill for the reimbursement of the insertion of J7300, J7301, J7302, and J7307:

- COS 430: Physician Services (use Modifier FP and Place of service 21)
- COS 070: Outpatient Hospital
- COS 010: Inpatient Hospital

Physicians who are billing for the device, or for the insertion, must indicate the place of service, Inpatient Hospital (21) on the CMS1500 [version 02/12] claim form. Providers should continue using the Family Planning (FP) modifier.

UB?04 Hospital

ICD?9 (10) Codes Diagnosis

- V25.1 - Header code
- V25.2 - (Z30.2)
- V25.12 - (Z30.432)
- V25.5 - (Z30.49)
- V25.13 - (Z30.433)
- V25.11 - (Z30.430)
- V25.02 - (Z30.018)

Message

Ultrasounds - 76857 /76830 /76998 - Payment % of charge for hospital

The Ultrasounds are non?obstetric transvaginal / ultrasonic guidance/ intraoperative for placement.

HCPC CODES

Payment % of charge hospital DRG

Rates for COS 430

- J7300 ?IUD / Rev. code 272 or 279/ 638.66 (270) 638.66
- J7301? Skyla IU System/ Rev 272/279 /694.54
- J7302?Levonorgestrel IU System/ Rev 272/279/ 825.19/ FP (270) 750.86
- J7307 ?Etonogestrel Implant/ Rev 636/704.26 FP (270) 667.54

ICD?9 (10 PCS)

Hospital paid % of charge according to DRG 69.7

- Insertion IUD/ (OUH97HZ)
- (OUH98HZ)
- (OUHC7HZ)
- (OUHC8HZ)

CMS1500 Form ICD?9 (10) COS 070/430

ICD?9 (10) Codes Diagnosis

- V25.1 ?Header code
- V25.2 ? (Z30.2)
- V25.12 ? (Z30.432)
- V25.5 ? (Z30.49)
- V25.13 ? (Z30.433)
- V25.11 ? (Z30.430)
- V25.02 ? (Z30.018)

Ultrasounds - 76857 / 76830/ 76998 - Pricing  
76857 - 53.33 DEF, TC 36.08/ PC (26) 17.24  
76830 - 83.09 DEF, TC 52.03/ PC 31.05  
76998 - 153.10 DEF, TC 36.22/ PC 17.61

The Ultrasounds are non-obstetric/ transvaginal and ultrasonic guidance, intraoperative for placement.

CPT CODES - PRICING

58300 - Insertion of IUD DEF 62.48/FP 62.48  
58301 - Removal IUD /DEF 72.99/POS 54.08  
11981 - Insert drug implant/FP-100.90/ DEF-100.90/ POS-68.77  
11982 - Removal drug implant DEF 114.90 /POS- 82.77  
11983 - Removal/reinsert implant DEF-185.56 /POS-153.44

**Effective Date** 04/15/2014

**Sent Date** 04/15/2014