



Nurse Practitioner

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

In this Newsletter:

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

Effective for dates of service beginning April 1, 2014, hospitals can 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.

Hospitals must include the actual acquisition cost by invoice (the line item cost from a manufacturer or wholesaler net of any rebates, discounts or other cost-related considerations) of the LARC on the ordered ambulatory claim submitted to NYS Medicaid. The hospital may submit a separate Medicaid claim for the following LARCs:

- J7300 Intrauterine Copper Contraceptive
- J7301 Levonorgestrel-releasing intrauterine contraceptive system (Skyla) 13.5 mg
- J7302 Levonorgestrel-releasing intrauterine contraceptive system 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).

Reminder:

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.

Medicaid Managed Care

In accordance with the fee-for-service policy stated above, effective May 1, 2014, Medicaid managed care plans are encouraged to accommodate and promote coverage of LARC provided to women during their postpartum inpatient hospital stay. Payment is to be negotiated between providers and the managed care plans.

Questions regarding MMC and FHPlus reimbursement and/or documentation requirements should be directed to the enrollee's MMC or FHPlus 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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