



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Acute Care Facilities, All Providers, and Managed Care Organizations (MCOs) Participating in the Virginia Medical Assistance Program

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special
DATE: December 1, 2016

SUBJECT: Long Acting Reversible Contraceptives (LARC) Payment in an Inpatient Hospital for Members in Medicaid and FAMIS Fee-for-Service Programs and Managed Care Organizations—Effective for Dates of Service on or after January 1, 2017

The purpose of this memorandum is to inform providers effective for dates of service on or after January 1, 2017, DMAS is updating its policy to include reimbursement for LARCs provided after delivery in inpatient hospitals. This is applicable for Medicaid and FAMIS Fee-for-Service members as well as those Medicaid and FAMIS members enrolled in a Medicaid Managed Care Organization (MCO). The reimbursement for the LARC will be considered a separate payment and will not be included in the Diagnostic Related Group (DRG) reimbursed to the Facility.

This memo addresses LARCs inserted or implanted after delivery in inpatient hospitals only. Providers can still insert or implant LARC devices in outpatient offices and receive reimbursement. The claim will be reimbursed via the current billing methodology for office services. Please contact the appropriate Managed Care Organizations for their coverage policy.

LARC Device J Codes to be covered for separate facility reimbursement at inpatient hospitals are:

IUD:

- J7297 – Liletta
- J7298 – Mirena
- J7301 – Skyla
- J7300 – Paragard

Implant

- J7307 – Implanon/Nexplanon

Prior authorization is not required on any of the above J codes.

Medicaid LARC Billing Processes

The billing process for the inpatient LARC insertion differs dependent on the member's coverage. An overview is provided below. Attachment A provides detailed billing requirements for the Medicaid and FAMIS Fee-for-Service programs and the Medicaid and FAMIS health plans.

Billing Process #1 for Medicaid and FAMIS Fee For Service, Virginia Premier Health Plan, Aetna Better Health of Virginia (Formerly CoventryCares), INTotal Health, and Kaiser Permanente Medicaid and FAMIS Health Plans and Humana Medicaid Plan:

Physician Billing

Providers billing for the insertion of the device must bill on the CMS 1500 claim form using either 11981 (implant insertion) or 58300 (IUD insertion) depending on the device used and must use place of service Inpatient Hospital (21). Providers will also be allowed to bill for and receive separate reimbursement for the applicable CPT code for the delivery.

Hospital Billing

In order to receive a LARC device payment that is separate from the DRG payment, hospitals will need to submit two UB-04 claims. The facility will receive two separate payments. The inpatient claim (bill type 011x) will be for the inpatient hospitalization and will be reimbursed via DRG. The second claim will be an outpatient claim (bill type 013x) for the LARC device only.

The following information is required on the outpatient claim: the applicable pharmaceutical revenue code (025X and/or 063x), LARC device J code (listed above) and National Drug Code (NDC) for the LARC device. The claim will be reimbursed via the current DMAS EAPG payment methodology for Fee-for-Service members. The health plans will make a separate payment that is at least the DMAS Fee-for-Service rates for the J codes.

Attachment B shows the current DMAS Medicaid and FAMIS Fee-for-Service EAPG rate structure for both 340B and non 340B facilities.

The ICD-10 Diagnosis code that best describes these services must be included. Suggested ICD-10 codes include:

- Z30.430 – Encounter for insertion of intrauterine contraceptive device
- Z30.433 - Encounter for removal and insertion of intrauterine contraceptive device
- Z30.49 – Encounter for surveillance of other contraceptives

If the charge for the LARC is included on the inpatient claim, those charges will be bundled in with the final DRG payment and a separate payment will not be issued.

Billing Process #2 for Anthem HealthKeepers Plus and Optima Family Care Medicaid and FAMIS Health Plans:

Physician Billing

Providers billing for the insertion of the device must bill on the CMS 1500 claim form using either 11981 (implant insertion) or 58300 (IUD insertion) depending on the device used and must use place of service Inpatient Hospital (21). Providers will also be allowed to bill for and receive separate reimbursement for the applicable CPT code for the delivery.

Hospital Billing

Facilities will bill all charges including those for the LARC on one inpatient claim. The bill must contain the revenue code 0250, LARC device J code and NDC. The J codes listed above are to be used on these claims.

Questions related to the method of reimbursement for these services should be directed to the specific health plan.

- **Aetna Better Health of Virginia:** Aetnabetterhealth-VAProviderRelations@aetna.com or 800-279-1878
- **Optima Family Care:** Optima Health Network Educator at 1-877-865-9075
- **Anthem HealthKeepers Plus:** Taylor Rhodes (William.rhodes@anthem.com)
- **Virginia Premier Health Plan:** For general claims/payment/provider questions, providers should call the provider helpline (800-727-7536). If in-network, providers can utilize their Provider Services Representative (PSR) (this is dependent on the provider knowing their region, the PSR name and contact information). Lastly, the provider can also contact: vphpnetdev@vapremier.com.
- **Kaiser Permanente:** email address is Mas-Medicaid-Inquiries@kp.org
- **INTotal:** Amy Robards: Amy.Robards@inova.org
- **Humana:** Kristin Lints, Manager, Network Contracting, Email: klints@humana.com, phone 804.205.5728, fax 502.508.7763

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a Managed Care program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

MANAGED CARE PROGRAMS

Many Medicaid individuals are enrolled in one of the Department's managed care programs (Medallion 3.0, CCC and PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and

reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0: http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx
- Commonwealth Coordinated Care (CCC):
http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx
- Program of All-Inclusive Care for the Elderly (PACE):
http://www.dmas.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20VA.pdf

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

Medicaid LARC Billing Processes

Billing Process #1 for Medicaid and FAMIS Fee For Service, Virginia Premier Health Plan, Aetna Better Health of Virginia (formerly CoventryCares), INTotal Health, and Kaiser Permanente Medicaid and FAMIS Health Plans and Humana Medicaid Plan:

1. Hospital Billing (two claims)

- **Delivery:** Inpatient UB claim for the hospital stay on the UB form (bill type 011x)
 - Reimbursement based on the DRG

- **LARC Device:** Outpatient claim for the LARC device only on a **separate** UB (bill type 013X). The facility will bill using the applicable pharmaceutical revenue code 0250 and/or 063x, “J” code and NDC (see below).
 - Reimbursement based on the EAPG methodologyCovered J codes for the IUD are:
 - J7297 – Liletta
 - J7298 – Mirena
 - J7301 – Skyla
 - J7300 – ParagardCovered J code for the Implant is:
 - J7307-Implanon/Nexplanon

Billing Process #2 for Anthem HealthKeepers Plus and Optima Family Care Medicaid and FAMIS Health Plans:

1. Hospital Billing (one claim):

- **Delivery and LARC Device:** One inpatient UB claim for the hospital stay and the LARC device (bill type 011x).
 - Reimbursement based on the DRG.
 - The LARC payment is paid on the I/P claim in addition to the APR-DRG payment.
 - The facility will bill using revenue code 0250 and “J” code (see below).

- **LARC Device:** Inpatient claim for the LARC device on the **same** UB form.
 - Covered J codes for the IUD are:
 - J7297 – Liletta
 - J7298 – Mirena
 - J7301 – Skyla
 - J7300 – Paragard
 - Covered J code for the Implant is:
 - J7307-Implanon/Nexplanon

2. Physician Billing:

- **LARC Insertion Fee:** Physicians will bill on the CMS 1500 claim form using either 11981 (implant insertion) or 58300 (IUD insertion) depending on the device

used. Physicians will bill using the place of service Inpatient Hospital (21). Physicians will also be allowed to bill for and receive separate reimbursement for the applicable CPT code for the delivery.

3. Providers can bill the following ICD-10 diagnosis codes:

- Z30.430 – Encounter for insertion of intrauterine contraceptive device
- Z30.433 - Encounter for removal and insertion of intrauterine contraceptive device
- Z30.49 – Encounter for surveillance of other contraceptives

State Fiscal Year (SFY) 2017 Rates

EAPG for Outpatient Hospital Services, 3M Software Version 3.10			Hospital Reimbursement (not 340B)		340B Hospital Reimbursement	
NPI	Provider Name	Base Rate Effective 07/01/2016	EAPG 439	EAPG 436*	EAPG 439	EAPG 436*
1538100029	ALLEGHANY REGIONAL HOSPITAL	\$ 554.09	\$ 662.25	\$ 138.08	\$ 496.69	\$ 103.56
1053301127	AUGUSTA MEDICAL CENTER	\$ 539.62	\$ 644.95	\$ 134.47	\$ 483.72	\$ 100.85
1962475954	AUGUSTA MEDICAL CENTER - REHAB	\$ 526.52	\$ 629.30	\$ 131.21	\$ 471.97	\$ 98.41
1417989278	BATH COUNTY COMM HOSP	\$ 530.08	\$ 633.55	\$ 132.10	\$ 475.16	\$ 99.07
1295728491	BEDFORD MEMORIAL HOSPITAL	\$ 530.08	\$ 633.55	\$ 132.10	\$ 475.16	\$ 99.07
1912969064	BON SECOURS MEM REG MED CTR	\$ 554.65	\$ 662.92	\$ 138.22	\$ 497.19	\$ 103.66
1447212592	BON SECOURS ST FRANCIS MEDICAL CENTER	\$ 554.65	\$ 662.92	\$ 138.22	\$ 497.19	\$ 103.66
1124058615	BRISTOL REGIONAL MEDICAL CTR	\$ 496.03	\$ 592.86	\$ 123.61	\$ 444.64	\$ 92.71
1225036346	BUCHANAN GENERAL HOSPITAL	\$ 507.21	\$ 606.22	\$ 126.40	\$ 454.66	\$ 94.80
1710970918	CARILION FRANKLIN MEMORIAL HOSPITAL	\$ 554.09	\$ 662.25	\$ 138.08	\$ 496.69	\$ 103.56
1194718304	CARILION GILES MEMORIAL HOSP	\$ 554.09	\$ 662.25	\$ 138.08	\$ 496.69	\$ 103.56
1033102942	CARILION MEDICAL CENTER	\$ 554.09	\$ 662.25	\$ 138.08	\$ 496.69	\$ 103.56
1376536573	CARILION NEW RIVER VLY MED	\$ 554.09	\$ 662.25	\$ 138.08	\$ 496.69	\$ 103.56
1780660233	CARILION ROANOKE MEMORIAL HOSPITAL	\$ 555.95	\$ 664.47	\$ 138.54	\$ 498.35	\$ 103.91
1427040328	CARILION TAZEWELL COMMUNITY HOSPITAL	\$ 507.21	\$ 606.22	\$ 126.40	\$ 454.66	\$ 94.80
1700896354	CHESAPEAKE GENERAL HOSP	\$ 543.38	\$ 649.45	\$ 135.41	\$ 487.09	\$ 101.56
1902999121	CHILDRENS HOSP KINGS DAUGHTERS	\$ 558.60	\$ 667.64	\$ 139.20	\$ 500.73	\$ 104.40
1912919481	CHILDRENS HOSP OF KINGS DTRS	\$ 572.46	\$ 684.20	\$ 142.66	\$ 513.15	\$ 106.99
1194862672	CHILDREN'S HOSPITAL - REHAB	\$ 836.73	\$ 1,000.06	\$ 208.51	\$ 750.04	\$ 156.38
1841258589	CHILDREN'S HOSPITAL OF RICHMOND	\$ 836.73	\$ 1,000.06	\$ 208.51	\$ 750.04	\$ 156.38
1912939703	CHILDREN'S HOSPITAL(NMC)-ACUTE	\$ 615.10	\$ 735.17	\$ 153.28	\$ 551.38	\$ 114.96
1184664039	CHIPPENHAM & J-W REHAB	\$ 541.18	\$ 646.82	\$ 134.86	\$ 485.11	\$ 101.15
1598708513	CHIPPENHAM JOHNSTON-WILLIS	\$ 554.65	\$ 662.92	\$ 138.22	\$ 497.19	\$ 103.66
1871534297	CLINCH VALLEY MEDICAL CTR	\$ 507.21	\$ 606.22	\$ 126.40	\$ 454.66	\$ 94.80
1053363853	COLUMBIA RESTON HOS CTR	\$ 583.86	\$ 697.83	\$ 145.50	\$ 523.37	\$ 109.12
1336103738	COMMUNITY MEMORIAL HOSP	\$ 836.73	\$ 1,000.06	\$ 208.51	\$ 750.04	\$ 156.38
1669538047	CULPEPER MEMORIAL HOSP	\$ 585.81	\$ 700.16	\$ 145.98	\$ 525.12	\$ 109.49
1154419737	DANVILLE REGIONAL MED CTR	\$ 521.92	\$ 623.80	\$ 130.06	\$ 467.85	\$ 97.55
1275606113	DANVILLE REGIONAL MED CTR - REHAB	\$ 521.92	\$ 623.80	\$ 130.06	\$ 467.85	\$ 97.55
1134137615	DEPAUL HOSPITAL	\$ 543.38	\$ 649.45	\$ 135.41	\$ 487.09	\$ 101.56
1285685727	DICKENSON COMMUNITY HOSPITAL	\$ 507.21	\$ 606.22	\$ 126.40	\$ 454.66	\$ 94.80
1992703540	DUKE UNIV MEDICAL CENTER	\$ 560.37	\$ 669.75	\$ 139.64	\$ 502.32	\$ 104.73
1760513980	FAIR OAKS HOSPITAL	\$ 583.86	\$ 697.83	\$ 145.50	\$ 523.37	\$ 109.12
1487640207	GEORGE WASHINGTON UNIV HOSP	\$ 583.86	\$ 697.83	\$ 145.50	\$ 523.37	\$ 109.12
1427145176	GEORGETOWN UNIVERSITY HOSPITAL	\$ 583.86	\$ 697.83	\$ 145.50	\$ 523.37	\$ 109.12
1588668842	HALIFAX REGIONAL HOSPITAL	\$ 560.37	\$ 669.75	\$ 139.64	\$ 502.32	\$ 104.73
1154407922	HEALTHSOUTH OF PETERSBURG	\$ 554.65	\$ 662.92	\$ 138.22	\$ 497.19	\$ 103.66
1114040128	HEALTHSOUTH REHAB HOSP OF FREDERICKSBURG	\$ 585.81	\$ 700.16	\$ 145.98	\$ 525.12	\$ 109.49
1720312127	HEALTHSOUTH REHAB HOSP OF N VIRGINIA	\$ 585.81	\$ 700.16	\$ 145.98	\$ 525.12	\$ 109.49
1245203942	HEALTHSOUTH REHABILITATION	\$ 554.65	\$ 662.92	\$ 138.22	\$ 497.19	\$ 103.66
1073550166	HENRICO DOCTORS HOSPITAL - REHAB	\$ 541.18	\$ 646.82	\$ 134.86	\$ 485.11	\$ 101.15
1194762294	HENRICO DOCTORS HOSPITAL	\$ 554.65	\$ 662.92	\$ 138.22	\$ 497.19	\$ 103.66
1487690400	HOLSTON VALLEY MEDICAL CTR	\$ 496.03	\$ 592.86	\$ 123.61	\$ 444.64	\$ 92.71
1992813240	INDIAN PATH HOSPITAL	\$ 496.03	\$ 592.86	\$ 123.61	\$ 444.64	\$ 92.71
1831220714	INOVA FAIRFAX HOSPITAL	\$ 583.86	\$ 697.83	\$ 145.50	\$ 523.37	\$ 109.12
1285671248	JOHN RANDOLPH MEDICAL CENTER	\$ 554.65	\$ 662.92	\$ 138.22	\$ 497.19	\$ 103.66
1972606465	JOHNSON CITY MED CTR HOSP	\$ 496.03	\$ 592.86	\$ 123.61	\$ 444.64	\$ 92.71
1104812684	JOHNSTON MEMORIAL HOSPITAL INC	\$ 507.21	\$ 606.22	\$ 126.40	\$ 454.66	\$ 94.80
1437196508	LEWIS-GALE HOSPITAL - REHAB	\$ 540.64	\$ 646.17	\$ 134.73	\$ 484.63	\$ 101.05
1619914785	LEWIS-GALE HOSPITAL INC	\$ 554.09	\$ 662.25	\$ 138.08	\$ 496.69	\$ 103.56
1801826912	LONESOME PINE HOSPITAL	\$ 507.21	\$ 606.22	\$ 126.40	\$ 454.66	\$ 94.80
1376564302	LOUDOUN MEMORIAL HOSP	\$ 583.86	\$ 697.83	\$ 145.50	\$ 523.37	\$ 109.12
1376540138	LOUISE OBICI MEM HOSPITAL	\$ 543.38	\$ 649.45	\$ 135.41	\$ 487.09	\$ 101.56
1346248663	MARTHA JEFFERSON HOSP	\$ 544.64	\$ 650.95	\$ 135.72	\$ 488.22	\$ 101.79
1427064310	MARY IMMACULATE HOSP	\$ 543.38	\$ 649.45	\$ 135.41	\$ 487.09	\$ 101.56
1942288527	MARY WASHINGTON HOSP	\$ 583.86	\$ 697.83	\$ 145.50	\$ 523.37	\$ 109.12
1750399192	MARYVIEW HOSPITAL	\$ 543.38	\$ 649.45	\$ 135.41	\$ 487.09	\$ 101.56
1922018092	MARYVIEW HOSPITAL - REHAB	\$ 530.19	\$ 633.68	\$ 132.12	\$ 475.26	\$ 99.09
1437175734	MCV	\$ 836.73	\$ 1,000.06	\$ 208.51	\$ 750.04	\$ 156.38
1023193539	MCV REHAB	\$ 836.73	\$ 1,000.06	\$ 208.51	\$ 750.04	\$ 156.38

NPI	Provider Name	Base Rate		EAPG	EAPG	EAPG
		Effective 07/01/2016	EAPG 439	436*	439	436*
1386720183	MEM HOSP MVLLE-HENRY CO	\$ 543.29	\$ 649.34	\$ 135.39	\$ 487.01	\$ 101.54
1275570376	MONTGOMERY REGIONAL HOSPITAL	\$ 525.31	\$ 627.85	\$ 130.91	\$ 470.89	\$ 98.18
1013048990	MOUNT VERNON HOSPITAL	\$ 569.69	\$ 680.89	\$ 141.97	\$ 510.67	\$ 106.48
1922139120	MOUNT VERNON HOSPITAL	\$ 583.86	\$ 697.83	\$ 145.50	\$ 523.37	\$ 109.12
1528061827	NATIONAL REHABILITATION HOSPITAL	\$ 585.81	\$ 700.16	\$ 145.98	\$ 525.12	\$ 109.49
1144211301	NORTH CAROLINA BAPTIST	\$ 528.79	\$ 632.01	\$ 131.77	\$ 474.01	\$ 98.83
1326041716	NORTON COMMUNITY HOSP	\$ 507.21	\$ 606.22	\$ 126.40	\$ 454.66	\$ 94.80
1386657161	NORTON COMMUNITY HOSPITAL	\$ 494.89	\$ 591.49	\$ 123.33	\$ 443.62	\$ 92.49
1124369137	NOVANT HEALTH HAYMARKET	\$ 585.81	\$ 700.16	\$ 145.98	\$ 525.12	\$ 109.49
1326040684	PAGE MEMORIAL HOSPITAL, INC.	\$ 583.86	\$ 697.83	\$ 145.50	\$ 523.37	\$ 109.12
1659513893	PIONEER HEALTH SVCS	\$ 554.09	\$ 662.25	\$ 138.08	\$ 496.69	\$ 103.56
1548366404	POTOMAC HOSPITAL CORP	\$ 583.86	\$ 697.83	\$ 145.50	\$ 523.37	\$ 109.12
1417005760	PRINCE WM HOSP CORP	\$ 583.86	\$ 697.83	\$ 145.50	\$ 523.37	\$ 109.12
1205882396	PULASKI COMMUNITY HOSP	\$ 554.09	\$ 662.25	\$ 138.08	\$ 496.69	\$ 103.56
1922004530	RAPPAHANNOCK GEN HOSP	\$ 543.38	\$ 649.45	\$ 135.41	\$ 487.09	\$ 101.56
1992814826	REHABILITATION INSTITUTE OF VA	\$ 543.38	\$ 649.45	\$ 135.41	\$ 487.09	\$ 101.56
1366404428	RICHMOND COMMUNITY HOSP	\$ 554.65	\$ 662.92	\$ 138.22	\$ 497.19	\$ 103.66
1275893307	RIVERSIDE DOCTORS HOSPITAL WILLIAMSBURG	\$ 543.38	\$ 649.45	\$ 135.41	\$ 487.09	\$ 101.56
1366547747	RIVERSIDE HOSPITAL	\$ 543.38	\$ 649.45	\$ 135.41	\$ 487.09	\$ 101.56
1528162534	RIVERSIDE MIDDLE PENISULA HOSP	\$ 543.38	\$ 649.45	\$ 135.41	\$ 487.09	\$ 101.56
1760580757	RIVERSIDE TAPPAHANNOCK HOSP	\$ 554.65	\$ 662.92	\$ 138.22	\$ 497.19	\$ 103.66
1780694372	ROCKINGHAM MEMORIAL HOSP	\$ 544.64	\$ 650.95	\$ 135.72	\$ 488.22	\$ 101.79
1891973939	RUSSELL COUNTY MEDICAL CENTER	\$ 507.21	\$ 606.22	\$ 126.40	\$ 454.66	\$ 94.80
1528028396	SENTARA BAYSIDE HOSPITAL	\$ 543.38	\$ 649.45	\$ 135.41	\$ 487.09	\$ 101.56
1336109107	SENTARA HAMPTON GEN HOSPITAL	\$ 543.38	\$ 649.45	\$ 135.41	\$ 487.09	\$ 101.56
1811957681	SENTARA LEIGH HOSPITAL	\$ 543.38	\$ 649.45	\$ 135.41	\$ 487.09	\$ 101.56
1437119310	SENTARA NORFOLK GENERAL HOSP	\$ 543.38	\$ 649.45	\$ 135.41	\$ 487.09	\$ 101.56
1346314192	SENTARA NORFOLK GENERAL HOSP REHAB	\$ 530.19	\$ 633.68	\$ 132.12	\$ 475.26	\$ 99.09
1619938149	SENTARA WILLIAMSBURG COMMUNITY HOSPITAL	\$ 543.38	\$ 649.45	\$ 135.41	\$ 487.09	\$ 101.56
1467690891	SENTARA WILLIAMSBURG REGNL MED CTR REHAB	\$ 530.19	\$ 633.68	\$ 132.12	\$ 475.26	\$ 99.09
1881631943	SHELTERING ARMS HOSPITAL SOUTH, INC	\$ 554.65	\$ 662.92	\$ 138.22	\$ 497.19	\$ 103.66
1538108998	SHELTERING ARMS PHYSCL MEDICINE & REHAB	\$ 554.65	\$ 662.92	\$ 138.22	\$ 497.19	\$ 103.66
1033166442	SHENANDOAH MEM HOSP	\$ 507.21	\$ 606.22	\$ 126.40	\$ 454.66	\$ 94.80
1619076916	SHORE MEMORIAL HOSPITAL	\$ 543.38	\$ 649.45	\$ 135.41	\$ 487.09	\$ 101.56
1073519377	SMYTH COUNTY COMMUNITY HOSPITAL	\$ 507.21	\$ 606.22	\$ 126.40	\$ 454.66	\$ 94.80
1902878341	SOUTHAMPTON MEMORIAL HOSPITAL	\$ 554.65	\$ 662.92	\$ 138.22	\$ 497.19	\$ 103.66
1770554214	SOUTHERN VIRGINIA REGIONAL MEDICAL CTR	\$ 554.65	\$ 662.92	\$ 138.22	\$ 497.19	\$ 103.66
1518952761	SOUTHSIDE COM HOSP ASSOC	\$ 554.65	\$ 662.92	\$ 138.22	\$ 497.19	\$ 103.66
1104899319	SOUTHSIDE REGIONAL MEDICAL CENTER	\$ 554.65	\$ 662.92	\$ 138.22	\$ 497.19	\$ 103.66
1376876664	SPOTSYLVANIA REGIONAL MEDICAL CENTER	\$ 583.86	\$ 697.83	\$ 145.50	\$ 523.37	\$ 109.12
1962464016	ST MARYS HOSP OF RICH	\$ 554.65	\$ 662.92	\$ 138.22	\$ 497.19	\$ 103.66
1043343304	STAFFORD HOSPITAL CENTER	\$ 583.86	\$ 697.83	\$ 145.50	\$ 523.37	\$ 109.12
1972904738	STONE SPRINGS	\$ 585.81	\$ 700.16	\$ 145.98	\$ 525.12	\$ 109.49
1518950484	STONEWALL JACKSON HOSP	\$ 539.62	\$ 644.95	\$ 134.47	\$ 483.72	\$ 100.85
1255684460	THE ALEXANDRIA HOSPITAL	\$ 583.86	\$ 697.83	\$ 145.50	\$ 523.37	\$ 109.12
1912334517	THE FAUQUIER HOSPITAL	\$ 583.86	\$ 697.83	\$ 145.50	\$ 523.37	\$ 109.12
1114251972	THE REHAB HOSPITAL OF SOUTHWEST VIRGINIA	\$ 497.69	\$ 594.84	\$ 124.02	\$ 446.13	\$ 93.02
1114292141	TWIN COUNTY REGIONAL HOSPITAL	\$ 507.21	\$ 606.22	\$ 126.40	\$ 454.66	\$ 94.80
1780630608	UVA	\$ 821.64	\$ 982.02	\$ 204.75	\$ 736.52	\$ 153.56
1144293846	UVA HEALTHSOUTH REHAB HOSPITAL	\$ 544.64	\$ 650.95	\$ 135.72	\$ 488.22	\$ 101.79
1467699199	VA BEACH GEN HOSPITAL - REHAB	\$ 530.19	\$ 633.68	\$ 132.12	\$ 475.26	\$ 99.09
1629038336	VA BEACH GEN HOSPITAL	\$ 543.38	\$ 649.45	\$ 135.41	\$ 487.09	\$ 101.56
1790785996	VA HOSPITAL CENTER ARLINGTON	\$ 583.86	\$ 697.83	\$ 145.50	\$ 523.37	\$ 109.12
1164863676	VIBRA HOSPITAL RICHMOND	\$ 556.50	\$ 665.13	\$ 138.68	\$ 498.85	\$ 104.01
1932203247	VIRGINIA BAPTIST HOSP REHAB	\$ 526.52	\$ 629.30	\$ 131.21	\$ 471.97	\$ 98.41
1770693939	VIRGINIA BAPTIST HOSPITAL	\$ 539.62	\$ 644.95	\$ 134.47	\$ 483.72	\$ 100.85
1427085232	WARREN MEM HOSP INC	\$ 583.86	\$ 697.83	\$ 145.50	\$ 523.37	\$ 109.12
1548378235	WASHINGTON HOSPITAL CENTER	\$ 583.86	\$ 697.83	\$ 145.50	\$ 523.37	\$ 109.12
1598958886	WELLMONT LEE REGIONAL MEDICAL CENTER	\$ 507.21	\$ 606.22	\$ 126.40	\$ 454.66	\$ 94.80
1962453936	WINCHESTER MED CTR REHABILITAT	\$ 569.69	\$ 680.89	\$ 141.97	\$ 510.67	\$ 106.48
1619928017	WINCHESTER MEDICAL CTR	\$ 583.86	\$ 697.83	\$ 145.50	\$ 523.37	\$ 109.12
1184706152	WYTHE CO COMMUNITY HOSP	\$ 507.21	\$ 606.22	\$ 126.40	\$ 454.66	\$ 94.80
	Out of state and non-cost reporting hospitals	\$ 551.03	\$ 658.59	\$ 137.32	\$ 493.94	\$ 102.99
	(continued)					

NPI	Provider Name	Base Rate Effective 07/01/2016	EAPG 439	EAPG 436*	EAPG 439	EAPG 436*
	Notes: J7300 - Paraguard grouped to EAPG 436					
	J7297 - Liletta, J7298 - Mirena, J7301 - Skyla, J7307 - Implanon/Nexplanon grouped to EAPG 439					