Long-Acting Reversible Contraception (LARC) Administrative & Infrastructure Support (in-office & hospital use)
Provider/Support Staff Education & Training:

- Adopt best practices for LARC insertion and develop a protocol that allows for proper insertion technique and patient safety, including how to address potential complications.

- Ensure providers and support staff are appropriately trained and make certain providers are knowledgeable and comfortable with LARC insertion techniques – in the office and immediately postpartum.
  - Offer continuing education on current practice guidelines and insertion techniques.

- Identify physician and nurse champions within your office and hospital setting who can facilitate administrative coordination and ensure that clinical staff receive adequate training.

- Create a protocol for offering patient education and obtaining informed consent. Train all staff on the protocol (i.e., how to address patient concerns and dispel any myths).

- Be knowledgeable about billing/coding and claim submission for provider services and device reimbursement.
  - Have a quick LARC coding guide available for reference.

- Research coverage details of the various insurance plans and create a quick reference guide (i.e., chart/grid with plans’ coverage details) for office staff to quickly access (see coverage & reimbursement).

- Create order sets for providers to use when conducting an insertion to ensure the supplies, device, and procedure are appropriately coded.

*It may be useful to develop “insertion packages” that contain all the supplies needed for device insertion (i.e., for implant insertion, a pen to mark the site, a needle and syringe for injection of lidocaine, alcohol/betadine, 2x2 sponges, bandage or arm wrap, etc.).

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1 The South Carolina Postpartum LARC Toolkit. A resource for implementing South Carolina’s Medicaid Policy on providing long-acting reversible contraceptive (LARC) services in the hospital postpartum setting, January 2016/ Version 02.
Stocking and Supply:

✔ Forecast the demand for LARC devices within your office/hospital setting.
   * It may be challenging to estimate patient demand of an IUD or implant. The Reproductive Health Supplies Coalition recommends forecasting demand for new contraceptive products based on a combination of patient, provider, and financial factors.²

✔ Determine if you are eligible for drugs and devices at a reduced cost through the 340B program.
   - Federal law requires that 340B pricing be at least 23% lower for a name brand product and 14% lower for a generic product, using the average manufacturer retail price as the basis. Manufacturers may, however, set the price at a lower level of their choosing.
   * The 340B Drug Pricing Program is a federal program that requires drug manufacturers to provide outpatient drugs and devices to eligible health care organizations or covered entities at significantly reduced prices.

✔ Determine LARC method coverage options:
   - When a LARC method is covered as a medical benefit, also known as “buy and bill”, a provider:
     1. Buys the LARC method directly from the manufacturer, designated pharmacy or specialty distributor.
     2. Bills the patient’s insurance for the LARC method and insertion procedure.
   - When a LARC method is covered as a pharmacy benefit, also known as “white bagging”:
     1. A pharmacy or specialty distributor bills the patient’s insurance directly for the LARC method and sends the device to the provider’s office.
     2. A provider bills the patient’s insurance for related procedures and services.
   - IUDs may need to be purchased directly from the manufacturer or through a distributor depending on the type of device. When purchasing LARC methods, providers may be able to realize benefits from volume discounts, 90-day net terms, and other payment options.

✔ If your office or hospital uses a fixed ordering system (meaning devices are ordered on a predetermined schedule), consider establishing a minimum/maximum inventory control system.

Immediate Postpartum LARC:\(^3\)

- Develop and/or coordinate with your hospital to establish processes and infrastructure including:
  - Consult with the pharmacy department to understand LARC device inventory levels, stocking, and accessibility.
  - Meet with hospital billing staff to understand coding and reimbursement strategies to ensure access to the full range of postpartum contraceptive methods, including LARC.
  - Address strategies for increasing provider skills and comfort with immediate postpartum IUD insertion.

- Optimally, patients should be counseled during the antepartum period about LARC options for immediate postpartum initiation. Counseling should include:
  - Benefits, effectiveness, risks (i.e., IUD expulsion), contraindications, potential side effects (i.e., expectations of irregular bleeding), and alternative methods to allow for patient-centered informed decision making.

- Offer an opportunity for patients to ask questions and discuss alternative plans for contraception as needed.

- Physician and nurse champions should be identified to communicate the advantages of postpartum LARC and to assist in resolving concerns among providers, nurses, and/or lactation consultants.
  - Physicians, nursing staff, and lactation consultants may need education and reassurance that LARC methods will not interfere with breastfeeding. Physician and nurse champions should serve as a resource to educate and answer questions/concerns regarding postpartum LARC use and breastfeeding as needed.
  - Patient education offered by nursing staff and lactation consultants should be consistent with physician counseling.

- It is important to make certain that routine postpartum care is planned and scheduled to address any patient concerns or questions and ensure proper device placement and trim strings, as needed.

- If immediate postpartum placement is not undertaken, establish a system to ensure patients’ who desire LARC can receive it during a comprehensive postpartum visit. Check to make sure the patient’s insurance coverage includes outpatient and postpartum follow-up care, including the costs of a LARC device and the insertion procedure.

\(^3\)American College of Obstetricians and Gynecologists. ACOG Committee Opinion: Immediate Postpartum Long-Acting Reversible Contraception, Number 670, August 2016.
DEVICE COST AND REIMBURSEMENT

The cost of the LARC device to the provider depends on whether or not the provider organization qualifies for 340B pricing. Organizations eligible for 340B pricing include: Title X family planning clinics, federally qualified health centers (FQHCs), student health services, school-based health centers, and disproportionate share hospitals.

NEW YORK STATE MEDICAID COVERAGE OF LARC

Medicaid Managed Care (MMC)

• New York State has a free access policy for patients enrolled in a Medicaid Managed Care (MMC) plan. This allows for access to family planning and reproductive services from either a provider in the patient’s plan or from any Medicaid Participating provider outside of the patient’s plan. The free access policy does not require Medicaid Managed Care enrollees to obtain a referral from their primary care provider or to obtain pre-authorization.

• The New York State Department of Health requires MMC plans to implement mechanisms to pay hospitals for immediate postpartum LARC separate from reimbursement for the inpatient stay.

Fee-For-Service (FFS)

The total reimbursement amount under fee-for-service depends on the type of facility where the provider practices.

• The cost of LARC is paid to federally qualified health centers (FQHCs) separate from the Prospective Payment System (PPS) rate.

• Most Article 28 facilities (facilities established, operated, and regulated under Public Health Law Article 28; physician offices are not regulated under Article 28) use NYS’s Medicaid Ambulatory Patient Group (APG) payment methodology. The cost of LARC is paid separately from the APG payment.

• Coverage and payment for postpartum LARC is separated from the inpatient APG-Diagnosis Related Group (DRG) reimbursement so in addition to the service, facilities bill and get reimbursed for the device separately.

LARC Carve-Out for FQHCs

• A clinic designated as a FQHC must be enrolled in the Medicaid program with the category of service of 0163 (ordered ambulatory diagnostic and treatment center) or 0282 (hospital-based ordered ambulatory) in order to bill separately for the cost of LARC.

• LARC procedure codes carved out of FQHCs may be billed to Medicaid FFS as an ordered ambulatory service on a separate claim from the clinic’s PPS claim for the insertion of a device or removal and insertion of a new device.

COMMERCIAL PLANS

• Most commercial plans must cover LARC methods without cost-sharing. Patients cannot be asked to pay upfront costs and then be reimbursed. No cost-sharing means that patients should not have any out-of-pocket costs, including payment of deductibles, co-payments, co-insurance, or other charges for coverage of contraception, including LARC.

• Under the current protections of the Affordable Care Act (ACA), all new insurance plans are required to cover at least one form of all 18 FDA-approved methods of birth control (IUDs and implants included) for women without cost-sharing. NOTE: There are a limited number of commercial plans where the ACA coverage requirements do not apply (i.e., grandfathered plans- purchased before March 23, 2010).5

5 https://www.healthcare.gov/health-care-law-protections/
SELF-PAY OPTIONS

Manufacturer Payment Assistance Programs

- There are some financial support options available through manufacturer assistance programs for patients who do not have insurance coverage and who meet specific qualifications (i.e., income level). Visit LARC manufacturer websites for details on financial assistance programs.
  - Liletta® Patient Savings Program: https://www.lilettacard.com/
  - Liletta® AccessConnect℠: https://www.lilettaaccessconnect.com/#Public
  - Mirena®, Skyla®, and Kyleena™ Arch Foundation: http://www.archpatientassistance.com/
    Women’s Healthcare Support: https://www.whcsupport.com/Index.aspx

Title X Family Planning Program

- Participating providers receive funding to help cover the cost of providing family planning services and related preventive health services to low-income or uninsured individuals.

- Title X-funded providers are required by law to not charge fees to patients whose income is at or below 100% of the federal poverty level (FPL). Visit the OPA website to find Title X providers, or contact the National Family Planning & Reproductive Health Association for help connecting with a state’s Title X program.

**NOTE:** Discounted pharmaceuticals are available to Title X clinics and other covered entities via the 340B Drug Pricing Program.

OTHER LOW-COST CLINICAL SETTINGS

- Some academic medical institutions and non-medical academic institutions including hospitals, medical and nursing schools, and colleges have health centers that provide low-cost family planning care or free LARC methods through grant funding. Check with local hospitals to see if such programs are available and what eligibility criteria may apply.

**Note:** Some reimbursement mechanisms create barriers to same-day insertion if they do not include the cost of counseling associated with the procedure. Studies show that requiring a second visit for IUD insertion decreases patient uptake, as many patients do not return for the second visit. For this reason, same-day insertion of an IUD is a recommended best practice.