







Billing and Reimbursement



BACKGROUND

In 2016, the U.S. Center for Medicaid and CHIP Services (CMCS) launched the Maternal and Child Health Initiative. To improve birth spacing, CMCS identified approaches to Medicaid reimbursement that promote the availability of effective contraception, including immediate postpartum LARC. California, like many other states, took steps even before 2016 to incentivize providers to deliver this important service.

In 2014, the California Preconception Care Council and Interconception Care Project, programs of the California Department of Public Health Maternal, Child, and Adolescent Health Division; ACOG District IX; and the March of Dimes coordinated an effort to reimburse post placental IUD placement for providers participating in the California Comprehensive Perinatal Services Program (CPSP). CPSP provides pregnancy and postpartum services for women enrolled in Medi-Cal. This work resulted in the creation of new Medi-Cal billing codes for post placental IUD placement. While providers place the IUD in the hospital setting, the procedures are charted in the office and billed as a separate outpatient office visit.

This change was formalized in a bulletin issued in June 2015. Effective July 1, 2015, general acute care hospitals as defined in Section 1250 of the California Health & Safety Code may submit claims for the long-acting reversible contraceptive methods listed below on an outpatient claim, even when treatment is provided on an inpatient basis, thereby unbundling the cost of LARC provision from global pregnancy reimbursement.

For ease of reference and for sharing the Medi-Cal regulation with payers, see:

Medi-Cal Update Inpatient Services | June 2015 | Bulletin 489 http://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/ips201506.asp#a8

Unfortunately, to date, many obstetrics providers report difficulty obtaining reimbursements for LARC devices and placement from Medi-Cal managed care plans in the Los Angeles region and beyond. Despite the coding changes in 2015 and the passage and implementation in 2016 of SB 1053, the Contraceptive Coverage Equity Act, consumers and providers continue to experience delays and denials in care. SB 1053 requires that health plans provide access to the full range of contraceptive methods approved by the U.S. Food and Drug Administration (FDA) without cost-sharing, prior authorizations, or denials of coverage.

If providers who are seeking reimbursements for LARC devices and placement are being denied by Medi-Cal managed care plans, they should request written confirmation of the denials, appeal the denials, and notify the National Health Law Program. The National Health Law Program is tracking these denials through an online survey, which is available here (Note: You must have or create a Google account to access this form). The National Health Law Program also has an online toolkit where you can find sample appeals and grievance letters, as well as documentation explaining the requirements under SB 1053. If you have any questions, please contact National Health Law Program Staff Attorneys Amy Chen at chen@healthlaw.org and Priscilla Huang at huang@healthlaw.org.

GUIDE TO IMMEDIATE POSTPARTUM LARC CODING

Healthcare Common Procedure Coding System (HCPCS-- commonly pronounced "hicks-picks")

J codes cover the cost of LARC devices. HCPCS codes are used in conjunction with ICD 10 diagnosis and procedure codes to allow for reimbursement of the procedure and physician time, in addition to reimbursement for the device itself.

HCPCS Code	Contraceptive Method
J7300	Intrauterine copper contraceptive (Paragard)
J7301	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg (Skyla)
J7297	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Liletta)
J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies (Nexplanon)
J7296*	Levonorgestrel-releasing intrauterine contraceptive system, 19.5 mg (Kyleena)

^{*} New J code as of January 1, 2018

ICD-10 (International Classification of Diseases, 10th version) diagnostic codes are maintained by the U.S. Centers for Disease Control in partnership with the World Health Organization; they are used internationally to track, identify and analyze clinical services and treatments. ICD-10 codes must be used properly on billing forms to ensure hospital and physician reimbursement by payers. Key ICD-10 codes for immediate postpartum LARC payment follow.

ICD 10 Diagnosis Codes - LARC		
Z30.430	Encounter for insertion of intrauterine contraceptive device	
Z30.017	Encounter for initial prescription of implantable subdermal contraceptive	
Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device	

ICD 10 Procedure Codes - IUDs		
0UH97HZ	Insertion of Contraceptive Device into Uterus, Via Natural or Artificial Opening	
оин98нz	Insertion of Contraceptive Device into Uterus, Via Natural or Artificial Opening Endoscopic	
0UHC7HZ	Insertion of Contraceptive Device into Cervix, Via Natural or Artificial Opening	
оинсвнz	Insertion of Contraceptive Device into Cervix, Via Natural or Artificial Opening Endoscopic	

ICD 10 Procedure Codes – Contraceptive Implant	
0JHD0HZ	Insertion of Contraceptive Device into Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JHD3HZ	Insertion of Contraceptive Device into Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
ОЈНГОНΖ	Insertion of Contraceptive Device into Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0JHF3HZ	Insertion of Contraceptive Device into Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach

CPT (Current Procedural Terminology) coding is a U.S. standard maintained by the American Medical Association. CPT codes are used in conjunction with ICD-10 codes for electronic billing. Important CPT codes for immediate postpartum LARC provision include:

CPT Procedure Codes	
58300	Insertion, non-biodegradable drug delivery implant
11981	Insertion of IUD

In addition, **anesthetic injection codes** are reimbursable when anesthesia is necessary during insertion of implantable contraceptive capsules.

Other key ICD 10 and CPT codes for LARC include those for follow up/surveillance, removal, and difficulties such as missing strings. *Beyond the Pill*, a project of the Bixby Center for Global Reproductive Health at the University of California, San Francisco (UCSF), provides an excellent resource through its LARC Quick Coding Guide Supplement, available at:

http://beyondthepill.ucsf.edu/sites/beyondthepill.ucsf.edu/files/LARC%20Quick%20Coding%20Guide%20Supplement%20for%20training_updated%20jan%202017.pdf

Additional LARC coding information is available from UCSF and from the American College of Obstetricians and Gynecologists (ACOG) at:

UCSF: http://larcprogram.ucsf.edu/coding

ACOG: https://www.acog.org/About-ACOG/ACOG-Departments/Long-Acting-Reversible-Contraception/Coding-and-Reimbursement-for-LARC

Successful Billing for IPP Implant Insertion

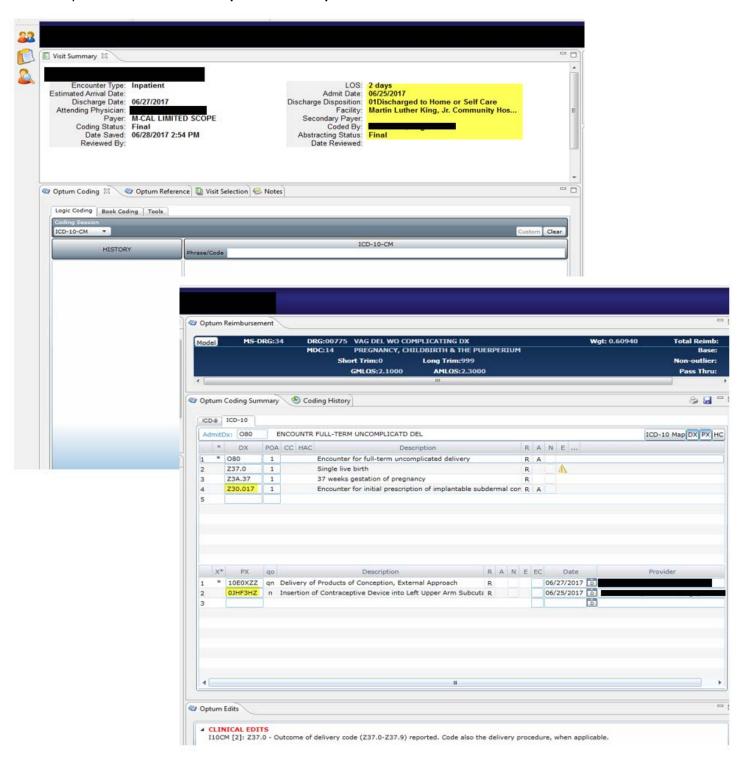
While administrative and logistical barriers should not occur in billing and reimbursement for immediate postpartum LARC, many providers have faced challenges. In response, some hospitals in LA County have identified successful work-arounds and are billing and receiving full reimbursement for providing this service to Medi-Cal patients, including Medi-Cal managed care patients.

Helena Diep, Revenue Integrity Director with Navigant Cymetrix, describes the process through which Martin Luther King, Jr. Community Hospital in Los Angeles has successfully billed Medi-Cal managed care plans for immediate postpartum contraceptive implant insertion. While this guidance will not work for successful reimbursement on all claims, which must be accurately coded on a case by case basis, the tips provided by Ms. Diep may be helpful.

- 1. Per CMS, LARC performed in the inpatient setting may be billed on an outpatient claim. Based on this guidance, we set up a claim rule to split inpatient (IP) services and carve LARC J7307 on an outpatient (OP) UB-04 claim. The same patient will have two separate claims, one IP (11x) and one OP (13x). There would be an APR-DRG payment along with Medi-Cal OP fee schedule.
- 2. The sequencing of the ICD_10 diagnosis/procedures codes will remain exactly the same on the IP claim. However, we've found with the OP claim, if diagnosis Z30.017 is not in the first primary position on the claim, no payment is made. When Z30.017 is changed to the first primary position on the OP claim, we received a payment of \$844 from Medi-Cal. Please note, on OP claims ICD_10 procedure codes are not submitted. Coding abstract does not change and will remain the same for both IP/OP.
- 3. Workflow and systematic setup may vary depending on EHR system. The EHR system used at MLK is Cerner.

LARC: HIM Coding Abstracting, Payment Received Example

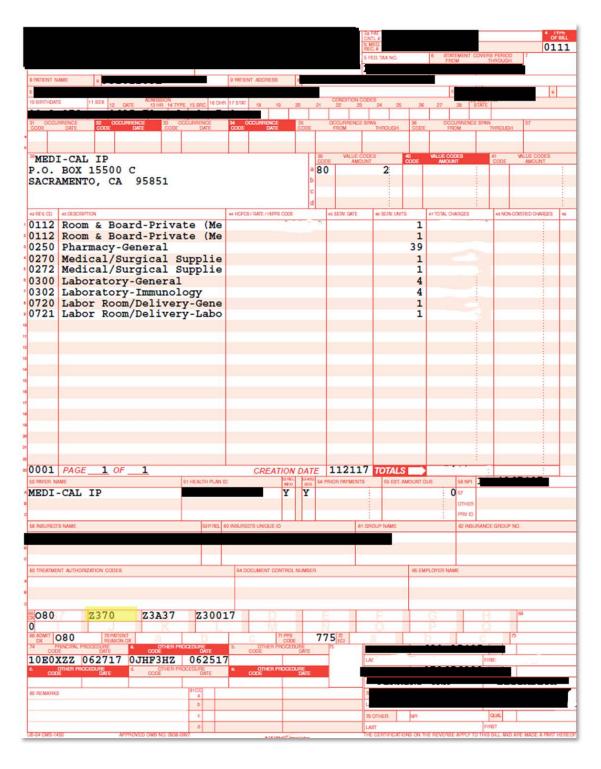
Payment received for both inpatient and outpatient.



LARC CLAIM SAMPLES

Payment Received, Example 1

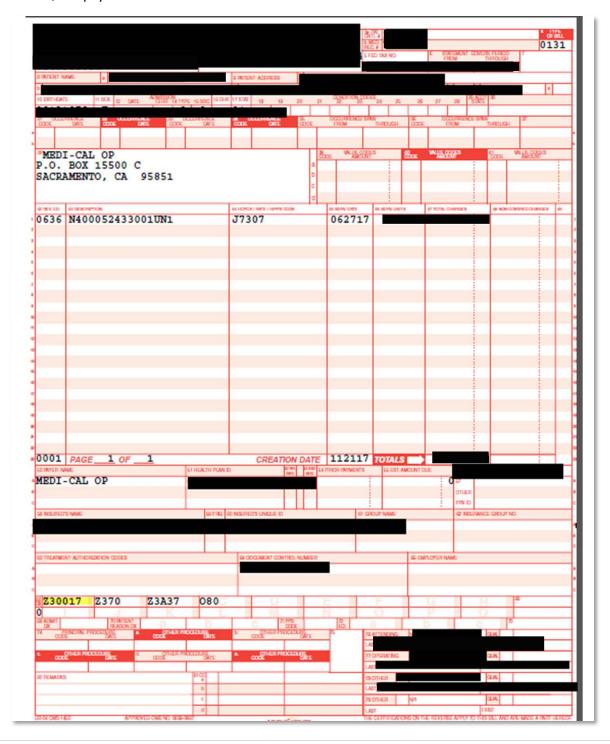
Inpatient claim sample (TOB 11x). All ICD-10 CM/PCS sequencing remains the same. Received APR_DRG Payment.



Payment Received, Example 2

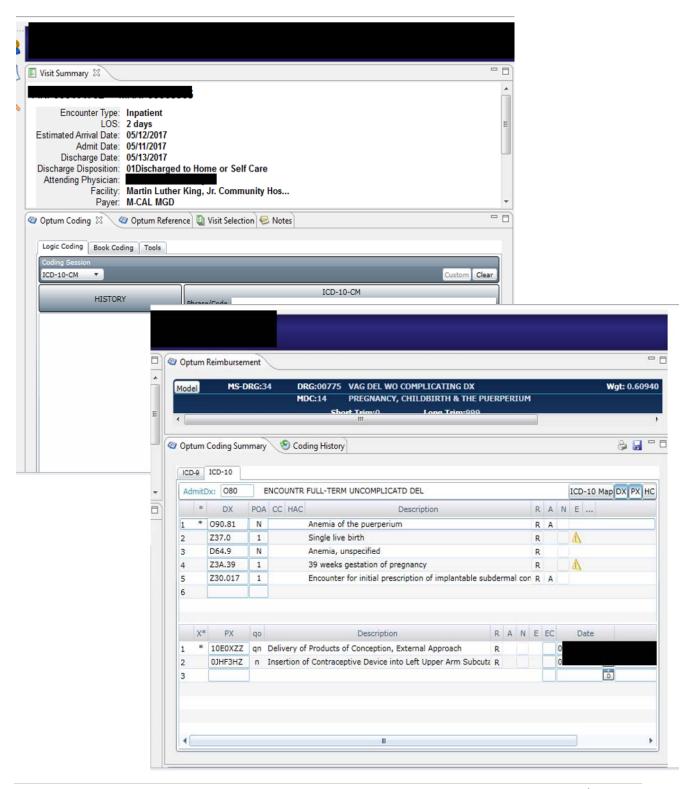
Same patient, **outpatient** claim split (TOB 13x). Z30017 changed to first primary position on the claim. HIM abstracting remains the same. No changes to diagnosis sequencing on abstract.

Received \$844 payment.



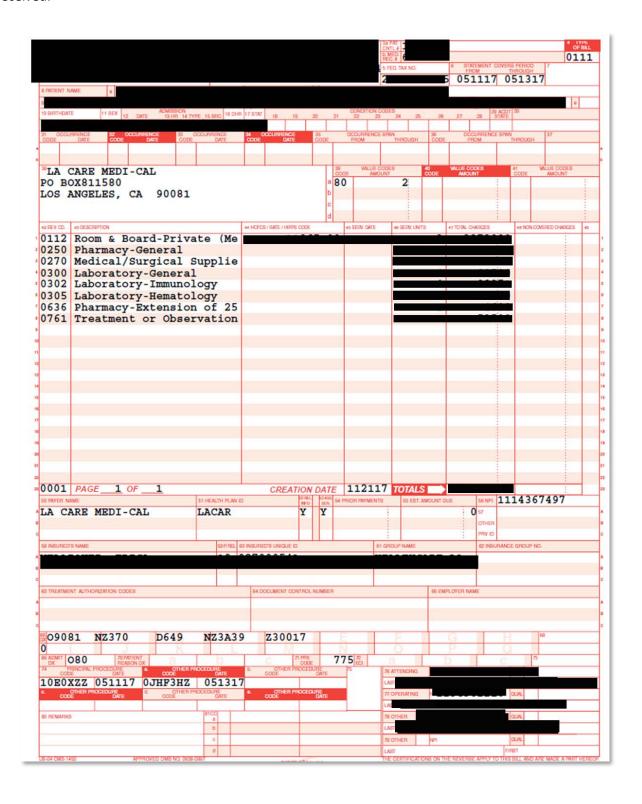
LARC: HIM Coding Abstracting, No Payment Received Example

Payment received for APR_DRG, no payment on outpatient claim.



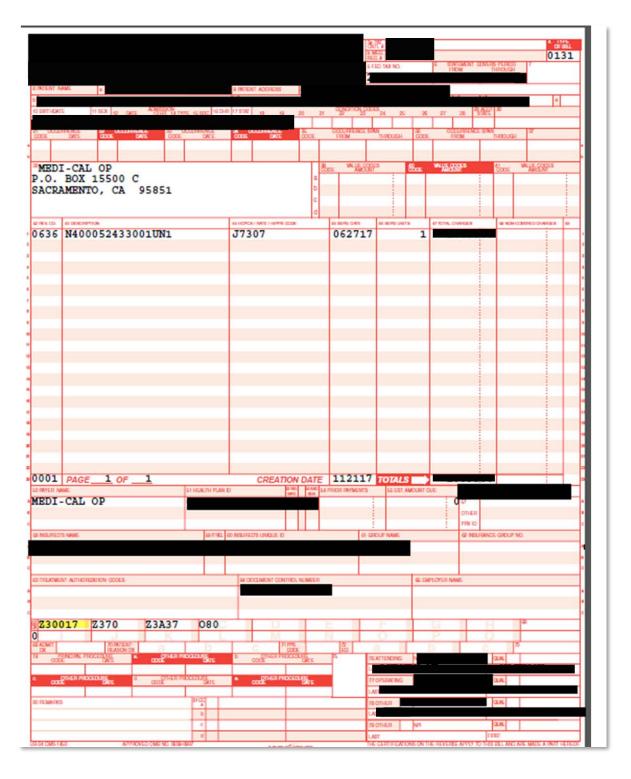
No payment on Outpatient Claim, Example 1

LARC Inpatient claim sample. ICD_10 CM/PCS sequencing remains the same. APR_DRG payment received.



No payment on Outpatient Claim, Example 2

Same patient, LARC Outpatient claim sample split. ICD_10 DX Z30017 did not move to first primary position. No payment received.



BILLING AND FINANCE RESOURCES

American College of Obstetricians and Gynecologists (ACOG)

https://www.acog.org/~/media/Departments/LARC/HMAPostpartumReimbursmentResource.pdf

ARCH Patient Assistance Program

Patients who do not have MediCal or private insurance that covers LARC may be able to access progestin-containing IUS from:

http://www.archpatientassistance.com

Association of State and Territorial Health Officials (ASTHO)

http://www.astho.org/MCH/LARC/White-Bagging-Factsheet/

National Family Planning & Reproductive Health Association

https://www.nationalfamilyplanning.org/file/documents----reports/LARC Report 2014 R5 forWeb.pdf

National Health Law Program Toolkit for Access to Reproductive Health in Medi-Cal Managed Care

https://healthlaw.org/resource/briefs-on-public-coverage-of-family-planning-and-abortion-services/

University of California, San Francisco (UCSF) Bixby Center for Global Reproductive Health: Intrauterine Devices & Implants: A Guide to Reimbursement

http://larcprogram.ucsf.edu/