



## Alaska Medicaid Policy Clarification Long Acting Reversible Contraception

Alaska Medicaid reimburses for Long Acting Reversible Contraception (LARC) devices and the insertion of these devices. LARCs are implantable devices that remain effective for several years to prevent pregnancies. Pre-authorization is not required for reimbursement of the LARC insertions or the LARC device.

### LARC Reimbursement by Setting:

	<b>Inpatient Hospital Setting/IPP*</b>	<b>Outpatient Hospital</b>	<b>Free Standing Birth Center/IPP* or Office/Clinic</b>
<b>Device</b>	<p>IP hospitals are reimbursed a prospectively determined per diem rate established by the Office of Rate Review. No additional reimbursement is allowed for the LARC device as it is already included in the per diem rate.</p> <p><b>Tribal IP Hospitals</b> are reimbursed at the all-inclusive rate (AIR), posted in the Federal Register and calculated by Office of Management and Budget or using the prospective payment process through the Office of Rate Review. AIR is all inclusive of inpatient hospital services, excluding physician services. No additional reimbursement is allowed for the LARC device.</p>	<p>OP hospitals are reimbursed for the device at the percent of billed charges rate established by the Office of Rate Review.</p> <p><b>Tribal OP Hospitals</b> are reimbursed at the all-inclusive rate (AIR), posted in the Federal Register and calculated by Office of Management and Budget or using the prospective payment process through the Office of Rate Review. AIR is all inclusive of outpatient hospital services. No additional reimbursement is allowed for the LARC device.</p>	<p>Free standing birth centers are not reimbursed for the LARC device. The attending healthcare provider may be reimbursed for the device separately.</p> <p><b>Healthcare providers</b> are reimbursed at the wholesale acquisition cost (WAC) plus one percent.</p> <p><b>Tribal health clinics</b> are reimbursed an all-inclusive rate (AIR), posted in the Federal Register and calculated by the Office of Management and Budget or using the prospective payment process through the Office of Rate Review. AIR is all inclusive of clinic services. No additional reimbursement is allowed for the LARC device.</p>

\*Immediate postpartum placement of LARC

	<b>Inpatient Hospital Setting/IPP*</b>	<b>Outpatient Hospital</b>	<b>Free Standing Birth Center/IPP* or Office/Clinic</b>
<b>Insertion</b>	<p>IP hospitals are reimbursed a prospectively determined per diem rate established by the Office of Rate Review. The attending healthcare provider may be reimbursed at the fee for service rate indicated on their fee schedule.</p> <p><b>Tribal IP Hospitals</b> are reimbursed at the all-inclusive rate (AIR), posted in the Federal Register and calculated by Office of Management and Budget or using the prospective payment process through the Office of Rate Review. AIR is all inclusive of inpatient hospital services excluding the services of a physician. The attending physician services may be reimbursed under the Health Professional Group to receive the fee for service rate indicated on their fee schedule.</p>	<p>OP hospitals are reimbursed for the insertion of the device at the percent of billed charges rate established by the Office of Rate Review. The attending healthcare provider may be reimbursed at the fee for service rate indicated on their fee schedule.</p> <p><b>Tribal OP Hospitals</b> are reimbursed at the all-inclusive rate (AIR), posted in the Federal Register and calculated by Office of Management and Budget or using the prospective payment process through the Office of Rate Review, Tribal OP Hospitals that have opted for the reduced or further reduced encounter rate may bill for the attending physician service under the Health Professional Group to receive the fee for service rate indicated on their fee schedule. Tribal facilities that do not opt for the reduced rates cannot bill for physician services separately from the AIR.</p>	<p>Free standing birth centers are not reimbursed for the insertion. The attending healthcare provider may be reimbursed separately for the insertion.</p> <p><b>Healthcare providers</b> are reimbursed for the insertion of the device at the fee for service rate indicated on their fee schedule.</p> <p><b>Tribal health clinics</b> are reimbursed an all-inclusive rate (AIR), posted in the Federal Register and calculated by the Office of Management and Budget or using the prospective payment process through the Office of Rate Review. AIR is all inclusive of clinic services. No additional reimbursement is allowed for the LARC insertion.</p>

\*Immediate postpartum placement of LARC

### **National Drug Code Requirements**

Outpatient hospitals, birthing centers, and healthcare clinics must bill the National Drug Code (NDC) to receive reimbursement for the LARC device. Additional information on NDC billing requirements and examples are available in [Section II: Professional Claims Management](#) and [Section II: Institutional Claims Management](#) of the Alaska Medicaid Provider Billing Manuals.

### **Procedure Codes and Modifiers**

It is essential that medical providers use the correct CPT and ICD-10 codes for the service(s) provided. In some cases it will be necessary to add a modifier to the procedure code to receive reimbursement. Please see the [LARC Quick Coding Guide](#) published by ACOG for further information.

## **Multiple Procedure Cutback**

A multiple procedure cutback may apply, please see the Physician, ANP, PA Billing Manual for further guidance multiple surgical procedures at: [Physician/ANP/PA Billing Manual](#).

### *LARC Device and Insertion Procedure Codes*

<b>CPT/HCPCS Code</b>	<b>Description</b>
<b>11976</b>	Remove Contraceptive Capsule
<b>11981</b>	Insert Drug Implant Device
<b>11982</b>	Remove Drug Implant Device
<b>11983</b>	Remove/Insert Drug Implant
<b>58300</b>	Insert Intrauterine Device
<b>58301</b>	Remove Intrauterine Device
<b>76998</b>	Ultrasound Guide Intraoperative
<b>76857</b>	Ultrasound Exam Pelvic Limited
<b>76830</b>	Transvaginal Ultrasound Non-OB
<b>J7296</b>	Kyleena
<b>J7297</b>	Liletta
<b>J7298</b>	Mirena
<b>J7300</b>	ParaGard
<b>J7301</b>	Skyla
<b>J7307</b>	Nexplanon