



Louisiana Department of Health

Health Plan Advisory 14-9

Revised August 21, 2017

Coverage of Long Acting Reversible Contraceptives (LARCs) in Hospital Settings

In the inpatient hospital setting, hospitals receive an additional payment for the long-acting reversible contraceptive (LARC) device, when the insertion occurs in women, newly post-partum prior to discharge. The payment for the LARC is equal to the fee on the Durable Medical Equipment (DME) fee schedule and is in addition to the hospital's per diem payment. Providers have been instructed to bill the claim for the LARC, separately from the inpatient stay, on the CMS 1500 claim form.

Effective for dates of service on or after January 1, 2017, in the outpatient hospital setting, hospitals receive an additional payment for the LARC device when it is inserted during an outpatient hospital visit. Payment for the LARC device in the outpatient hospital setting is in addition to the reimbursement for the outpatient hospital claim. Providers have been instructed to bill the outpatient claim for the outpatient visit on the UB-04 and the claim for the LARC device on the CMS 1500 claim form.

The MCOs are expected to promptly update their systems to allow payment for the LARC device on the CMS 1500 claim form for place of service 11 (office), place of service 19 (off campus-outpatient hospital), place of service 21 (inpatient hospital) and place of service 22 (on campus-outpatient hospital). Additionally, MCOs are expected to recycle all denied claims by October 31, 2017. MCOs are also expected to notify their providers of their process and plans for recycling denied claims.

Providers will be instructed to consult the DME fee schedule to see which LARCs are covered and their reimbursement amount.