Long-Acting Reversible Contraceptive (LARC) Staywell Billing Guide

Staywell reimburses approved providers for billing Long-Acting Reversible Contraception (LARC) devices on Fee-For-Service (FFS) claims. The LARC policy allows providers to bill for the insertion procedure and the cost of the LARC device using an appropriate procedure code. The following is a guide to assist with use of the most appropriate LARC services.

Outpatient Services

Device insertion and removal procedure codes reimbursable in Outpatient setting ONLY:
Select the appropriate LARC HCPCS:

CPT PROCEDURE AND SERVICES	DESCRIPTION
58300	Insertion of IUD
58301	Removal of IUD
11981	Insertion, non-biodegradable drug delivery implants
11982	Removal, non-biodegradable drug delivery implants
11983	Removal with reinsertion, non-biodegradable drug delivery implant

Select the appropriate revenue code:

REVENUE CODES	DESCRIPTION
360	OPERATING ROOM SERVICES - GENERAL CLASSIFICATION
361	OPERATING ROOM SERVICES - MINOR SURGERY
761	TREATMENT OR OBSERVATION ROOM - TREATMENT ROOM

Inpatient Services

LARC Device
Select the appropriate LARC HCPCS:

CPT PROCEDURE AND SERVICES	DESCRIPTION
J7296	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE (Kyleena), 19.5 MG
J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (LILETTA), 52 MG
J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA), 52 MG
J7300	INTRAUTERINE COPPER CONTRACEPTIVE (Paragard)
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG

Note: National Drug Codes (NDC) **must** be included. The only limit on these products is 1 unit per claim, up to 3 claims per year.

Inpatient Revenue Code

Select the appropriate revenue code(s):

REVENUE CODES	DESCRIPTION
636	DRUGS REQ SPEC IDENTIFICATION - DRUGS REQ DETAILED CODING

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Frequently Asked Questions (FAQs) – IPP LARCs

1. **How should providers bill for an inpatient LARC service?**
   Providers must use an ICD-10 diagnostic code (which will vary) from the Encounter for Contraceptive Management code Z30 series in ICD-10-CM to document LARC services provided after delivery.

   Hospitals should bill on the UB-04 claim form using the revenue code 636 and the procedure code (HCPCS) in order to be reimbursed the separate outlier payment (outside of DRG). It does not include other related services, procedures, supplies, and devices that will continue to be included in the inpatient hospital diagnosis-related group or the birthing center all-inclusive reimbursement amount.

   Note: Physicians should continue to bill on the standard CMS 1500 claim form, using the applicable procedure code (CPT code). Providers should bill separately for their professional services.

2. **How should physicians bill for a LARC device inserted during an inpatient hospital visit?**
   To receive reimbursement for LARC devices, providers must submit an outpatient or pharmacy claim using the appropriate HCPCS codes associated with the service along with the specific National Drug Code (NDC) for the LARC provided. The HCPCS and NDC should match for the specific LARC device. The device is billed by the hospital and paid outside of the DRG. The physicians will be paid for insertion.

3. **Can a provider bill for LARC services when a Florida resident is out of the state (OOS)?**
   Yes. Services can be billed by OOS Inpatient claim and the MAX fee would be paid as well.

4. **How many claims should a provider submit for a LARC device per year?**
   The only limit to the LARC device is 1 unit per claim, up to 3 claims per year.

5. **Are there additional reimbursement limitations for LARC services?**
   Yes, additional reimbursement limitations are as follows:
   - Age = 10Y – 59Y
   - Includes ALIEN Benefit Plan
   - Excludes Presumptive Eligibility for Pregnant Women

6. **How can I get updated information about the LARC Program with Staywell?**
   - WellCare Health Plans website: **https://www.wellcare.com/en/Florida/Providers**
   - Hospital Provider Relations Team Email: FL_HospitalPR@wellcare.com