



Immediate Postpartum LARC

Peach State Health Plan will provide reimbursement for long-acting reversible contraception (LARC) devices placed immediately postpartum in an inpatient setting. The following surgical procedure and LARC device codes are eligible for reimbursement when placed immediately postpartum:

Device Insertion and Removal Procedure Codes:

- **11981** – Insertion, non-biodegradable drug delivery implants
- **11982** – Removal, non-biodegradable drug delivery implants
- **11983** – Removal with reinsertion, non-biodegradable drug delivery implant
- **58300** – Insertion of IUD
- **58301** – Removal of IUD

LARC Device:

- **J7300** - Intrauterine copper contraceptive (Paragard)
- **J7301** - Levonorgestrel-releasing intrauterine contraceptive, 13.5 MG (Skyla)
- **J7307** - Etonogestrel contraceptive implant system, including implant and supplies (Nexplanon)
- **J7297** - Levonorgestrel-releasing intrauterine contraceptive, 52 MG (3-year Mirena)
- **J7298** - Levonorgestrel-releasing intrauterine contraceptive, 52 MG (5-year Mirena)

Note: NDC codes should be included on all LARC device J codes.

Billing Requirement:

All practitioner claims submitted for immediate postpartum LARC procedures rendered in an inpatient setting should be submitted on the CMS-1500 (version 02/12) professional claim form. Providers should code the applicable LARC device code, the device insertion code, the Family Planning "FP" modifier, and the applicable diagnosis code. The inpatient place of service (POS 21) should also be coded on the claim.

Hospitals that supply a LARC device for immediate postpartum placement are eligible for reimbursement of the device outside of the DRG payment. To be eligible for reimbursement, the hospital should bill the applicable LARC device code (J-code) and one of the following revenue codes:



Revenue Codes:

- **250** – LARCs J-Codes only for Pharmacy drugs. Do not bill revenue code 636 for inpatient LARCS.
- **272** – Sterile Supply
- **279** – Other supplies/devices

Diagnosis Codes and Procedure Codes Combinations for Inpatient LARC:

- If billing **J7307 FP modifier**: Use ONLY Z30.49 AND one of the following ICD-10 Procedure Codes: 0H8BXZZ, 0H8CXZZ, 0H8DXZZ, 0H8EXZZ, 0JH60HZ, 0JH63HZ, 0JH80HZ, 0JH83HZ, 0JHD0HZ, 0JHD3HZ, 0JHF0HZ, 0JHF3HZ, 0JHGOHZ, 0JHG3HZ, 0JHH0HZ, 0JHH3HZ, 0JHLOHZ, 0JHL3HZ, 0JHNOHZ, 0JHN3HZ, 0JHM0HZ, 0JHM3HZ, 0JHP0HZ, or 0JHP3HZ.
- If billing **J7300 FP modifier or J7301 FP modifier**: Use ONLY Z30.430 AND one of the following ICD-10 Procedure Codes: 0UH97HZ, 0UH98HZ, 0UHC7HZ, or 0UHC8HZ.
- If billing **J7297 FP modifier or J7298 FP modifier**: Use ONLY Z30.430 AND one of the following ICD-10 Procedure Codes: 0UH97HZ, 0UH98HZ, 0UHC7HZ, or 0UHC8HZ.

For questions regarding this notice, please contact your Provider Relations Representative, or Peach State Health Plan Provider Services, at 1-866-874-0633.