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Long-acting reversible contraception (LARC; intrauterine device [IUD], contraceptive implant):

- Highly effective method of contraception
- Highest continuation and satisfaction rates
- Can be used by most women
- Increased use may reduce unintended pregnancy rates
- ACOG recommends offering LARC methods as first-line contraceptive option and supports post-partum insertion of LARC as safe, effective, and advantageous

Sources:

### LARC Effectiveness

#### INTRAUTERINE DEVICE (IUD)

<table>
<thead>
<tr>
<th>Active ingredient</th>
<th>Mirena</th>
<th>ParaGard</th>
<th>Skyla</th>
<th>Liletta</th>
<th>Nexplanon</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hormonal (levonorgestrel)</td>
<td>Copper-releasing</td>
<td>Hormonal (levonorgestrel)</td>
<td>Hormonal (levonorgestrel)</td>
<td>Hormonal (etonogestrel)</td>
</tr>
<tr>
<td>Effective time</td>
<td>Up to 5 years</td>
<td>Up to 10 years</td>
<td>Up to 3 years</td>
<td>Up to 3 years</td>
<td>Up to 3 years</td>
</tr>
<tr>
<td>Year method was FDA approved</td>
<td>2000</td>
<td>1984</td>
<td>2013</td>
<td>2015</td>
<td>2011</td>
</tr>
</tbody>
</table>

- Failure rate < 1% for all LARC devices
- Rapid return of fertility after removal
- Highly cost-effective

Source: American College of Obstetricians and Gynecologists. Committee Opinion No. 642, Increasing access to contraceptive implants and intrauterine devices to reduce unintended pregnancy, October 2015.
Women served who received LARC  
(of total women receiving contraceptives)

<table>
<thead>
<tr>
<th>Program</th>
<th>FY 2012</th>
<th>FY 2013</th>
<th>FY 2014</th>
<th>FY 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Clients</td>
<td>6.5%</td>
<td>5.9%</td>
<td>6.7%</td>
<td>7.5%</td>
</tr>
<tr>
<td></td>
<td>31,094</td>
<td>28,805</td>
<td>31,980</td>
<td>37,760</td>
</tr>
<tr>
<td>Texas Women’s Health Program Clients</td>
<td>6.9%</td>
<td>7.2%</td>
<td>9.2%</td>
<td>10.8%</td>
</tr>
<tr>
<td></td>
<td>5,958</td>
<td>5,023</td>
<td>5,316</td>
<td>5,926</td>
</tr>
<tr>
<td>Family Planning Clients</td>
<td>5.1%</td>
<td>7.8%</td>
<td>13.8%</td>
<td>13.3%</td>
</tr>
<tr>
<td></td>
<td>3,113</td>
<td>2,798</td>
<td>3,200</td>
<td>2,918</td>
</tr>
<tr>
<td>Expanded Primary Health Care Clients</td>
<td></td>
<td></td>
<td>9.1%</td>
<td>12.2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5,680</td>
<td>6,856</td>
</tr>
</tbody>
</table>
Coding the Comprehensive FP Visit

Coding the annual comprehensive family planning visit to ensure proper reimbursement:

- **Annual visit (use preventive medicine codes):**

<table>
<thead>
<tr>
<th>Age</th>
<th>New Patient</th>
<th>Est. Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-17</td>
<td>99384</td>
<td>99394</td>
</tr>
<tr>
<td>18-39</td>
<td>99385</td>
<td>99395</td>
</tr>
<tr>
<td>40-64</td>
<td>99386</td>
<td>99396</td>
</tr>
</tbody>
</table>

- Can bill LARC insertion on same date of service
LARC: Billing Options for Clinic Access

Two options:

- **Buy and bill**
  Clinic purchases and maintains a stock of LARC devices and draws from stock on hand for patient use

- **Pharmacy method**
  Clinic orders a single device for a specific patient in advance of use
LARC Access in the Clinic

Initiating LARC at annual comprehensive family planning visit:

- Best practice: Same-day initiation
- Increased patient satisfaction, reduced risk of unintended pregnancy prior to return
- Must be reasonably certain the patient is not pregnant (see The Texas LARC Toolkit – Protocols and procedural aspects)
- Requires buy and bill option

Source: American College of Obstetricians and Gynecologists. Committee Opinion No. 642, Increasing access to contraceptive implants and intrauterine devices to reduce unintended pregnancy, October 2015.
Buy and Bill Method

• Provider purchases LARC devices directly (see manufacturer’s website)

• Provider keeps the LARC devices on-site in their general stock

• Allows provider to insert LARC during a patient’s visit, removing the need for a second visit
Buy and Bill Method

Before Appointment

Manufacturer
Distributor
Pharmacy

$  

LARC:
Mirena, Skyla,
Paragard,
Nexplanon,
Liletta

General Stock
General Stock

LARC: Mirena, Skyla, Paragard, Nexplanon, Liletta

Claim*

Medicaid / HTW / FPP

*CLAIM
1) LARC; see crosswalk for Jcode and NDC
2) Procedure: Insertion
3) Buy-back program available for most LARCs

During Appointment
Coding Same-day Annual Visit and LARC

- Annual visit (use preventive medicine code):
- LARC insertion code:

<table>
<thead>
<tr>
<th>IUD</th>
<th>58300</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implant</td>
<td>11981</td>
</tr>
</tbody>
</table>

- LARC device code:

<table>
<thead>
<tr>
<th>J7297</th>
<th>Liletta®</th>
</tr>
</thead>
<tbody>
<tr>
<td>J7298</td>
<td>Mirena®</td>
</tr>
<tr>
<td>J7300</td>
<td>Paragard®</td>
</tr>
<tr>
<td>J7301</td>
<td>Skyla®</td>
</tr>
<tr>
<td>J7307</td>
<td>Nexplanon®</td>
</tr>
</tbody>
</table>
Pharmacy Method

- The following LARC devices currently are available through Medicaid and Healthy Texas Women:
  - Mirena
  - Nexplanon
  - ParaGard
  - Skyla
- HHSC currently is working to add Liletta to the covered options
- Providers have the option to prescribe and obtain these LARC devices from specialty pharmacies
Pharmacy Method

• Patient is seen for annual comprehensive family planning visit, requests and receives counseling on all methods of contraception appropriate for her; provider bills for annual FP visit using the appropriate preventive medicine code

• Patient elects LARC for reliable and reversible long-term contraception, and receives another method (eg, condoms, oral contraceptive pills) on that date of service

• Provider submits a completed and signed prescription request form for LARC to the specialty pharmacy

• Patient returns at a later date for LARC insertion
Pharmacy Method

Before Appointment

Rx

Medicaid / HTW

1) LARC NDC
2) 1 Unit

Rx CLAIM

LARC: Mirena, Skyla, Paragard, Nexplanon

Rx

Specialty Pharmacy

Patient-Specific Stock
Patient -Specific Stock

During Appointment

Billing
1) MD can bill Medicaid / HTW for Insertion fee
2) Buy back program available on most LARC
Coding LARC Service for Pharmacy Method

At return visit for LARC insertion:

- Patient-specific LARC device is administered
- Provider bills LARC insertion code:
  
<table>
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</tbody>
</table>

- Provider does not bill for the LARC device
- Provider does not bill for an office evaluation and management service
Hospital Reimbursement for Immediate Postpartum LARC

- Procedure codes J7297, J7298, J7300, J7301, and J7307 may be reimbursed in addition to the hospital diagnosis related group (DRG) payment when insertion is performed immediately postpartum.

- For claims submitted to the Texas Medicaid and Healthcare Partnership (TMHP) for processing, hospital/facility providers must submit an outpatient claim with the appropriate procedure code for the contraceptive device in addition to the inpatient claim for the delivery services.
Hospital Reimbursement for Immediate Postpartum LARC

- Hospital providers that also contract with the Family Planning Program may receive reimbursement for a LARC device inserted immediately postpartum for Emergency Medicaid clients
  - Effective September 1, 2014, “wrap-around” reimbursement was added for LARC devices for Emergency Medicaid clients also eligible for the Family Planning Program at the time of delivery
  - Hospital contractors are responsible for developing a process to determine Family Planning Program eligibility
  - To receive Family Planning Program reimbursement, hospital contractors must file a separate Family Planning Program claim with the appropriate procedure code for the LARC device and the insertion
Federally Qualified Health Center (FQHC) Reimbursement for LARC

- Procedure codes J7297, J7298, J7300, J7301, and J7307 may be reimbursed in addition to the FQHC encounter payment; the LARC device is not subject to FQHC limitations.
- For claims submitted to TMHP for processing, FQHC providers must submit on the same claim the procedure code for the encounter and the procedure code for the contraceptive device.
- Procedure codes for the insertion will be processed as informational only.
LARC Devices Purchased Using the 340B Drug Pricing Program

• All eligible organizations and covered entities that are enrolled in the federal 340B Drug Pricing Program to purchase 340B discounted drugs must use modifier U8 when submitting claims for 340B clinician-administered drugs, including LARC devices

• Reimbursement rates for claims submitted to TMHP for processing for LARC devices, including LARC devices purchased using the 340B Drug Pricing Program and using modifier U8, were updated on January 1, 2016
The Texas LARC Toolkit

- Launched on June 24, 2016
- Offers suggestions and resources to support implementation of a policy to make LARCs available to women throughout the reproductive life cycle
- Distributed to Medicaid providers, MCOs, and women's health stakeholders
- Can be found online at
  - https://www.healthytexaswomen.org/ → About → Long-acting Reversible Contraception
Resources for LARC Utilization

- **The Texas LARC Toolkit**

- **ACOG LARC Program**
  - [http://www.acog.org/About-ACOG/ACOG-Departments/Long-Acting-Reversible-Contraception](http://www.acog.org/About-ACOG/ACOG-Departments/Long-Acting-Reversible-Contraception)

- **ASTHO LARC Learning Community**

- **Long-Acting Reversible Contraception Products, Medicaid/CHIP Vendor Drug Program**
Questions?