



## REIMBURSEMENT POLICY STATEMENT INDIANA MARKETPLACE PLANS

<b>Original Issue Date</b>		<b>Next Annual Review</b>		<b>Effective Date</b>	
08/23/2017		03/17/2019		03/17/2018	
<b>Policy Name</b>				<b>Policy Number</b>	
Long Acting Reversible Contraceptives (LARCs)				PY-0345	
<b>Policy Type</b>					
Medical	Administrative	Pharmacy	<b>REIMBURSEMENT</b>		

Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

### Contents of Policy

<u>REIMBURSEMENT POLICY STATEMENT</u> .....	1
<u>TABLE OF CONTENTS</u> .....	1
<u>A. SUBJECT</u> .....	2
<u>B. BACKGROUND</u> .....	2
<u>C. DEFINITIONS</u> .....	2
<u>D. POLICY</u> .....	2
<u>E. CONDITIONS OF COVERAGE</u> .....	3
<u>F. RELATED POLICIES/RULES</u> .....	4
<u>G. REVIEW/REVISION HISTORY</u> .....	4
<u>H. REFERENCES</u> .....	4



## A. SUBJECT

### Long Acting Reversible Contraceptives (LARCs)

## B. BACKGROUND

CareSource recognizes Long Acting Reversible Contraceptive methods (LARCs) to be among the most effective contraception available to our members in assisting with their reproduction and family planning decisions. While LARCs do not prevent or reduce the likelihood or danger of sexually transmitted infections or their transmission, they do allow sexually active members a greater degree of certainty with a better percentage of success, and generally, less frequent medical maintenance and intervention, than other available contraceptive methods.

## C. DEFINITIONS

- “**Implantable Contraceptive**,” or “**Contraceptive Implant**,” means a single-rod contraceptive releasing device inserted under the skin of a woman’s upper arm.
- “**Intrauterine Device**,” or “**IUD**,” means a device inserted into a woman’s uterus by a healthcare professional in order to prevent pregnancy. IUDs may or may not be designed to also release hormones during the period of time they are implanted in the uterus. Once placed, they should be monitored, removed, and replaced periodically.

## D. POLICY

- I. Prior authorization is not required for the long acting reversible contraceptives (LARCs) covered by this policy.

**NOTE:** Although the LARCs covered by this policy do not require a prior authorization, CareSource may request documentation to support medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.

- II. Services covered under this policy include:
  - A. Management and evaluation (office) visits and consultations for the purpose of providing LARCs;
  - B. Health education and counseling visits for the purpose of providing LARCs;
  - C. Medical/surgical services/procedures provided in association with the provision of LARCs;
  - D. Laboratory tests and procedures provided in association with the provision of LARCs;
  - E. Drugs administered as part of LARCs; and
  - F. Supplies provided as part of LARCs.
- III. Covered Settings and Timing for the insertions or removals of LARCs
  - A. Insertion or removal of a LARC may be performed and billed in conjunction with an initial or annual comprehensive visit, a follow up comprehensive medical visit, a brief medical visit, or a supply visit by a member to a qualifying provider participant, as detailed in the corresponding CareSource “Family Planning” reimbursement policy.
  - B. CareSource will also reimburse providers for LARCs inserted immediately postpartum in a hospital setting, in addition to and separately from the Diagnostic Related Group reimbursement process for the hospital.
    1. In this circumstance, if the provider uses one of the following implantable devices, it must be inserted within ten minutes of birth to decrease the likelihood of expulsion of the device:
      - 1.1 J7297 - Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52mg;
      - 1.2 J7298 - Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52mg;



- 1.3 J7300 - Intrauterine copper contraceptive (ParaGard); or,
- 1.4 J7301 - Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5mg;
- 1.5 J7307- Etonogestrel (contraceptive) implant system, including implant and supplies.

IV. Implantable Contraceptive Capsules

- A. CareSource will reimburse the following providers for the insertion and removal of implantable contraceptive capsules, after each has been trained in accordance with the manufacturer’s guidelines:
  - 1. Physicians;
  - 2. Nurse practitioners;
  - 3. Midwives; and,
  - 4. Physicians’ assistants.
- B. Documentation of this training must be maintained in the provider’s personnel or training record.
- C. The insertion, management and monitoring, and removal of these capsules must be performed in compliance with all manufacturer’s recommendations.
- D. Insertions are limited to once per member within any three year period.

V. Intrauterine Devices

- A. CareSource will reimburse the following providers for the insertion and removal of intrauterine devices, after each has been trained in accordance with the manufacturer’s guidelines:
  - 1. Physicians;
  - 2. Nurse practitioners;
  - 3. Midwives; and,
  - 4. Physicians’ assistants.
- B. Documentation of this training must be maintained in the provider’s personnel or training record.
- C. The insertion, management and monitoring, and removal of these capsules must be performed in compliance with all manufacturer’s recommendations.

**NOTE:** Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.

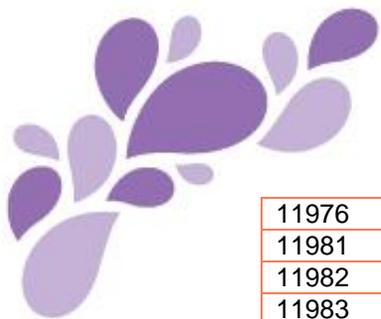
**E. CONDITIONS OF COVERAGE**

Reimbursement is dependent on, but not limited to, submitting CMS approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the CMS fee schedules.

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FeeScheduleGenInfo/index.html>

The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates. Please refer to the above referenced source for the most current coding information.

CODE	DESCRIPTION
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
J7306	Levonorgestrel (contraceptive) (Jadelle) implant system, including implants and supplies
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies
S4989	Contraceptive intrauterine device (e.g., Progestacert (Kyleena) IUD), including implants and supplies



11976	Removal, implantable contraceptive capsules
11981	Insertion, non-biodegradable drug delivery implant
11982	Removal, non-biodegradable drug delivery implant
11983	Removal with reinsertion, non-biodegradable drug delivery implant
58300	Insertion of intrauterine device (IUD)
58301	Removal of intrauterine device (IUD)
Z30.014	Encounter for initial prescription of intrauterine contraceptive device
Z30.017	Encounter for initial prescription of implantable subdermal contraceptive
Z30.019	Encounter for initial prescription of contraceptives, unspecified
Z30.43	Encounter for surveillance of intrauterine contraceptive device
Z30.430	Encounter for insertion of intrauterine contraceptive device
Z30.431	Encounter for routine checking of intrauterine contraceptive device
Z30.432	Encounter for removal of intrauterine contraceptive device
Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device
Z30.44	Encounter for surveillance of vaginal ring hormonal contraceptive device
Z30.46	Encounter for surveillance of implantable subdermal contraceptive
Z30.8	Encounter for other contraceptive management (encounter for routine exam for contraceptive maintenance)
Z45.89	Encounter for adjustment and management of other implanted devices
Z45.9	Encounter for adjustment and management of unspecified implanted device
Z47.5	Presence of (intrauterine) contraceptive device

#### F. RELATED POLICIES/RULES

#### G. REVIEW/REVISION HISTORY

	DATE	ACTION
<b>Date Issued</b>	08/23/2017	New Policy.
<b>Date Revised</b>		
<b>Date Effective</b>	03/17/2018	

#### H. REFERENCES

1. Preventive Services | HHS.gov. (n.d.). Retrieved 5/10/17 from <https://www.hhs.gov/opa/title-x-family-planning/preventive-services/index.html>
2. Medical Policy Manual. (n.d.). "Family Planning Services," pp. 114-115, retrieved August 11, 2017, from <http://provider.indianamedicaid.com/general-provider-services/provider-reference-materials.aspx>
3. Long-Acting Reversible Contraception Program - ACOG. (n.d.). Retrieved August 7, 2017, from <https://www.acog.org/About-ACOG/ACOG-Departments/Long-Acting-Reversible-Contraception>

The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.