

## **Fee- For-Service Inpatient Billing Instructions for Long-Acting Reversible Contraception Devices**

Dear Hospital Providers:

This banner message is intended to clarify the Department of Community Health (DCH), Medicaid Division, GA Medicaid policy of reimbursement for billing Long-Acting Reversible Contraception (LARC) devices on Fee-For-Service (FFS) Inpatient UB-04 claims and provide specific billing criteria and instructions. The inpatient policy allows hospital providers to bill for both the insertion procedure and the cost of the LARC device using an appropriate J-code (HCPCS) billed on the SAME delivery DRG claim. This LARC payment system logic for inpatient UB-04 claims was implemented into the Georgia Medicaid Management Information System (GAMMIS) on February 25, 2016. The GAMMIS payment system has been configured since this implementation date to accept both the delivery DRG and the billed LARC

J-code (HCPCS) and the insertion procedure on the same UB-04 claim form as a separate detail line.

Follow exactly the billing instructions listed below for the most appropriate LARC J-code with the procedure code billed along with the correct diagnosis code listed. These inpatient LARC billing instructions supercede those published in the banner messages dated April 15, 2014 and February 26, 2016.

The following are the specific billing criteria for payment of the acceptable LARC J-CODES to be billed EXACTLY AS LISTED on your inpatient UB-04 claims:

### **1. J-CODES (HCPCS)**

Select one of the following LARC HCPCS codes below **AND** bill with the FP (Family Planning) modifier; i.e., J7397 FP:

J7300 –Intrauterine copper contraceptive (Paragard)

J7301-Levonorgestrel-releasing intrauterine contraceptive, 13.5 MG (Skyla)

J7307-Etonogestrel contraceptive implant system, including implant and supplies (Nexplanon)

J7296- Levonorgestrel-releasing intrauterine contraceptive, 19.5 MG (5 year Kyleena)

J7297-Levonorgestrel-releasing intrauterine contraceptive, 52 MG (3 year Mirena)

J7298-Levonorgestrel-releasing intrauterine contraceptive, 52 MG (5 year Mirena)

#### **NOTE:**

- J7302 was terminated by the Centers for Medicare and Medicaid (CMS) on 12/31/15).
- EDIT 4171 will post if the above LARCs are not billed correctly for an inpatient service.

### **2. REVENUE CODES**

Bill the LARC HCPCS code on a separate detail line with the appropriate revenue code indicated below:

250 – LARCs J-Codes only for Pharmacy drugs. Do not bill revenue code 636 for inpatient LARCS.

272 -Sterile supply (if needed)

279 -Other supplies/devices (if needed)

**NOTE:**

- DO NOT bill revenue code 510 (Clinic) on the inpatient UB-04 claim for the LARC HCPCS code. The entire inpatient claim will deny.

**3. LARC BILLED AMOUNT**

Bill the LARC fee amount on the detail line as one (1) unit with the hospital's or pharmacy's cost for the device.

**4. PLACE OF SERVICE (POS)**

Bill only POS 21 (for inpatient).

**5. Present on Admission (POA) Indicators on Delivery Claims**

A POA Indicator value (Y, N, U, or W) must be on all medical diagnosis codes billed on the UB-04 inpatient claim. DO NOT use the POA Indicator '1' on any medical diagnosis codes or the claim will deny. Edit 4754 will post for a missing POA Indicator when it is required. With the advent of the new ICD-10 diagnosis codes being implemented on October 1, 2015, by the Centers for Medicare and Medicaid (CMS), billed medical and/or condition diagnosis codes must be submitted with a POA indicator. CMS extended its range of ICD-10 diagnosis codes to over 30,000 codes considered as Hospital Acquired Conditions (HACs) that must have a POA indicator value when billed.

If the biller does not have any documentation to note if the POA was present on admission, the POA Indicator 'U' can be billed for 'Unknown'. For delivery admissions, the appropriate POA indicator can be the POA Indicator 'W' to indicate EXEMPT for the principal or admitting diagnosis code as a singleton birth or maternal gestation age delivery.

Refer to the DCH web portal, [www.mmis.georgia.gov](http://www.mmis.georgia.gov) for the Hospital Services Manual, Chapter 1100, section 1102. E for more information on POA.

**6. DIAGNOSIS CODES AND PROCEDURE CODES COMBINATIONS FOR INPATIENT LARCS**

Bill the correct LARC's HCPCS code as listed below for the EXACT diagnosis and procedure codes combinations. Edit 4172 will post if the billed LARC device, ICD diagnosis, and procedure code combination are not billed exactly as listed below. This combination billing logic is how the GAMMIS payment system is configured to pay the billed inpatient LARCs on UB-04 claims.

Use only ONE billing criteria to select for your inpatient LARC billing combination:

**Billing Criteria 1:** If procedure LARC **J-Code J7307 FP** is submitted on a separate inpatient detail line; one of the following combinations **MUST** be present on the UB claim form:

- If billing an ICD-9 Diagnosis Code (if billed prior to October 1, 2015; use V25.5 AND ICD-9 Procedure Code 86.09.

OR

- If billing an ICD-10 Diagnosis Code: 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, 0JHG0HZ, 0JHG3HZ, 0JHH0HZ, 0JHH3HZ, 0JHL0HZ, 0JHL3HZ, 0JHN0HZ, 0JHN3HZ, 0JHM0HZ, 0JHM3HZ, 0JHP0HZ, or 0JHP3HZ.

**Billing Criteria 2:** If procedure LARC J-Code **J7300 FP, or J7301 FP**, is submitted on an inpatient Hospital detail line, one of the following combinations MUST be present on the UB claim form:

- If billing an ICD-9 Diagnosis Code (if billed prior to October 1, 2015): use V25.11 AND ICD-9 Procedure Code 69.7
- OR
- If billing an ICD-10 Diagnosis Code: use ONLY Z30.430 AND one of the following ICD-10 Procedure Codes: 0UH97HZ, 0UH98HZ, 0UHC7HZ, or 0UHC8HZ.

**Note:** J7302 FP was termed or closed by CMS in December 31, 2015.

**Billing Criteria 3:** If procedure LARC J-Code **J7297 FP, or J7298 FP** is submitted on an inpatient Hospital detail line, one of the following combinations MUST be present on the UB claim form:

- If billing an ICD-9 Diagnosis Code (if billed prior to October 1, 2015; use V25.11 AND ICD-9 Procedure Code 69.7
- OR
- If billing an ICD-10 Diagnosis Code: Use ONLY Z30.430 AND one of the following ICD-10 Procedure Codes: 0UH97HZ, 0UH98HZ, 0UHC7HZ, or 0UHC8HZ.

If you have any questions regarding these LARC billing instructions, please contact the DXC Technology Customer Call Center at 770-325-9600 or 1-800-766-4456 or Contact Us at [www.mmis.georgia.gov](http://www.mmis.georgia.gov)