

Long-Acting Reversible Contraceptives

UnitedHealthcare Community Plan of Florida

Long-acting reversible contraception (LARC) devices are eligible for reimbursement when billed in conjunction with Labor/Delivery services.

Billing and Reimbursement

- Insertion and removal of the LARC device is included in the Labor/Delivery diagnosis-related group (DRG).
- The LARC device may be paid in addition to the Labor/Delivery DRG when done immediately following delivery.
- To be eligible for reimbursement, the facility is required to identify procedures by revenue code and Healthcare Common Procedure Coding System (HCPCS) codes. The facilities should bill the Labor/Delivery DRG on line 1 of the UB-04 form and the applicable revenue code with HCPCS code for the LARC device on line 2.
- If you use order sets, those sets should include the contraceptive device, local anesthetic, and steps for printing the consent form, garnering final consent, and performing the procedure before discharge.
- Claim submissions must include a CPT® code and HCPCS code from the following lists.

Device Insertion and Removal Procedure Codes

CPT Code	Description
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 intrauterine device (IUD)
58301	Removal of IUD

HCPCS Code	Description	National Drug Code (NDC)
J7296	Levonorgestrel-releasing intrauterine contraceptive (KyleEna), 19.5 mg	50419042401
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	52544003554; 00023585801
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	50419042101; 50419042301; 50419042308
J7300	Intrauterine copper contraceptive (Paragard)	51285020401
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	50419042201
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies (Nexplanon)	00052433001

Note About Reimbursement Policies

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or in some cases supersede this policy. These factors include but are not limited to federal and/or state regulatory requirements, physician or other provider contracts, and/or the member's benefit coverage documents. Unless otherwise noted, these reimbursement policies apply to services reported using the CMS-1500 or its

electronic equivalent, or its successor form. UnitedHealthcare Community Plan reimbursement policies don't address all issues related to reimbursement for services rendered to our members, such as the member's benefit plan documents, our medical policies and the UnitedHealthcare Community Plan Administrative Guide or Care Provider Manual. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply.

If there's an inconsistency or conflict between the information in this provider notification and the posted policy, the provisions of the posted reimbursement policy prevail. If you have any questions, please contact your health plan representative or call the number on your Provider Remittance Advice/Explanation of Benefits.

We're Here to Help

If you have questions, please contact 877-842-3210. Thank you.

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