

To: Provider
From: Victor Wu, Chief Medical Officer
Date: September 15, 2017
Subject: **Billing Policy Change for Immediate Postpartum Voluntary Reversible Long-Acting Contraception**

TennCare, Tennessee's Medicaid program, provides coverage for voluntary reversible long acting contraceptive devices (VRLAC) including implants and intrauterine devices (IUD) through both an inpatient medical benefit and outpatient pharmacy benefit. TennCare's three contracted managed care organizations (MCOs), Amerigroup, BlueCare, and United Healthcare Community Plan, have agreed to implement a billing policy change to allow TennCare enrollees who would choose a VRLAC contraceptive option to have more ready access to their device of choice immediately following delivery during an inpatient stay. TennCare's three MCO will be implementing similar policies that will allow for reimbursement of the VRLAC device cost and the professional practitioner fee for insertion of the VRLAC to be paid in addition to the global payment associated with the labor and delivery encounter. The MCOs will provide further communication to their network providers on the billing and policy changes and its effective date of coverage.

TennCare supports the MCOs' decision to work together to implement the billing policy changes that will increase access to VRLAC devices for our members. These policies are in line with recommendations from the medical literature. In August 2016, the American College of Obstetricians and Gynecologists (ACOG) recommended that immediate postpartum long-acting reversible contraception be made available as an effective option for postpartum contraception. ACOG cited several clinical benefits to the use of VRLAC devices and their recommendation has been supported by the American College of Nurse-Midwives, the Society for Maternal-Fetal Medicine, the American Academy of Family Physicians, and the Association of Women's Health, Obstetric and Neonatal Nurses.

Please reach out to your respective MCO representative should you have any questions or require additional support.



To: Network Hospitals; Practitioners
 From: Amerigroup Community Care of Tennessee; UnitedHealthCare Community Plan; BlueCare; TennCareSelect
 Date: October 2, 2017
Subject: Submitting Claims for Post-Partum Voluntary Reversible Long Acting Contraceptives

According to TennCare guidance as described in the accompanying memo, professional fee and device payment for voluntary reversible long-acting contraceptives (VRLACs), including intrauterine devices (IUDs) and implants, before a patient leaves the hospital after an inpatient labor and delivery stay will be allowed for both practitioners and hospitals. This billing change will be effective on November 2, 2017.

Please see guidelines below that outline the common procedures that all MCOs will be implementing. Additionally, each MCO will send a formal follow-up communication with any MCO-specific procedures and rate list within 7-10 days of this program announcement.

Claim Reimbursement Rules

When submitting claims for the VRLAC device provided during a labor and delivery inpatient stay, please follow these guidelines:

- Hospital inpatient claims for the delivery should be submitted in the usual manner. These claims will normally pay under the Diagnosis-Related Group (DRG) methodology.
- Hospital claims for the VRLAC device should be submitted on the same inpatient claim, along with the inpatient delivery. The Managed Care Organizations will implement edits for inpatient claims processing that allow hospitals to receive a separate payment for the VRLAC device.
- The VRLAC devices will be paid on a fee schedule basis, separately from the inpatient claim, for the HCPCS Level II code billed. The following HCPCS codes will be covered.

Code Description	HCPCS Code
Intrauterine copper contraceptive (ParaGard™)	J7300
Levonorgestrel-releasing intrauterine contraceptive system (SKYLA™), 13.5 mg	J7301
Levonorgestrel-Releasing intrauterine contraceptive system (Mirena™), 52 mg	J7298
Levonorgestrel-releasing intrauterine contraceptive system (Kyleena™),19.5 mg	Q9984 (New Temporary Code effective July 1, 2017)
Levonorgestrel-releasing intrauterine contraceptive system (Liletta™), 52 mg	J7297
Levonorgestrel implant system, including implants and supplies	J7306
Etonogestrel implant system (Nexplanon™), 68 mg	J7307



Claim Codes

When submitting professional service claims for the insertion of an IUD or other products in the hospital setting, please use the following CPT codes.

Code Description	CPT Code
Insertion of intrauterine device (IUD)	58300
Insertion, non-biodegradable drug delivery implant	11981

You can help us process your claims quickly and accurately by using the following ICD-10 CM and ICD-10 PCS codes on your claims as well:

ICD-10-CM Codes

- Z30.014 – Encounter for initial prescription of IUD
- Z30.017 – Encounter for initial prescription of implantable subdermal contraceptive
- Z30.430 – Encounter for insertion of IUD

ICD-10-PCS Codes

IUD

- 0UH97HZ – Insertion of contraceptive device into uterus, via natural or artificial opening

Implant

- 0JHD3HZ – Insertion of contraceptive device into right upper arm subcutaneous tissue and fascia, percutaneous approach
- 0JHF3HZ – Insertion of contraceptive device into left upper arm subcutaneous tissue and fascia, percutaneous approach

We're Here to Help

If we can answer any questions for you about this policy, please reach out to the appropriate MCO contact listed below.

Amerigroup Community Care of Tennessee
 22 Century Boulevard, Suite 220
 Nashville, TN 37214
800-454-3730

BlueCare
 Provider Service Line
800-468-9736

UnitedHealthCare Community Plan
 Provider Advocate
800-690-1606

TennCareSelect
 Provider Service Line
800-276-1978