Fee-for-service (FFS) billing for postpartum long-acting reversible contraception (LARC) services

Long-acting reversible contraception (LARC) devices such as IUDs and contraceptive implants are shown to be safe and highly beneficial when inserted immediately postpartum. Guideline Note 162 of the current Prioritized List of Health Services includes Oregon Health Plan (OHP) coverage of postpartum LARC insertion effective January 1, 2017.

This fact sheet explains how to bill the Oregon Health Authority (OHA) for postpartum LARC services provided to fee-for-service (open-card) members.

For coordinated care organization (CCO) members, the hospital is paid based upon their provider agreement with the CCO. To learn about billing and reimbursement for LARC services to CCO members, please contact the member's CCO.

Type A/B Critical Access Hospitals (CAH)

Type A/B CAHs will continue to bill the delivery, insertion and device on the same inpatient claim.

Bill for the insertion as follows:
- **Diagnosis code:** Z30430
- **Procedure code:** 0UH97HZ, 0UH98HZ, 0UHC7HZ, 0UHC8HZ

To bill for the device, list the revenue code for the device.

DRG hospitals

DRG hospitals can unbundle the LARC device and insertion from the inpatient delivery claim and bill for the device and insertion as an outpatient service. OHA will pay for the service at the OPPS rate.

Bill for the insertion as follows:
- **Diagnosis code:** Z30430
- **Procedure code:** 58300 *(Insertion of IUD)* or 11981 *(Insertion of Implant)*

To bill for the device, use the contraceptive HCPC codes and report the corresponding NDC. To learn more about NDC reporting, read our NDC billing tips.
- J7297 *(Liletta)*
- J7300 *(Paragard)*
- J7306 *(Levonorgestrel)*
- J7298 *(Mirena)*
- J7301 *(Skyla)*
- J7307 *(Implanon/Nexplanon)*

OHA's FFS claim system suspends inpatient and outpatient claims that share the same dates of service, provider(s) and patient information. OHA has developed criteria to ensure that LARC claims do not suspend for these reasons.