

All Acute Inpatient Hospitals – Billing Instructions for LARC devices Effective 3/1/18*

INTRODUCTION

Pursuant to **Sections 5.B.8.a** of the current MassHealth Acute Hospital Request for Applications (as amended from time to time, the “Acute Hospital RFA” or “RFA”), which is applicable to in-state providers, and 130 CMR 450.233(D)(1)(d), which is applicable to out-of-state providers, participating in-state and out-of-state MassHealth acute inpatient hospital providers will be paid for Long Acting Reversible Contraception (LARC) devices by utilizing a new payment methodology, effective March 1, 2018. To ensure proper payment, Hospitals **must** follow special billing instructions.

Set forth below are the **special billing instructions** that participating MassHealth Acute Hospital providers must follow when submitting **inpatient claims for LARC devices**, as referenced in **Section 5.B.8.a of the RFA (for in-state providers)** or **130 CMR 450.233(D)(1)(d) (for out-of-state providers)**. Failure to do so could result in an inaccurate payment.

**These billing instructions may be updated from time to time.*

I. LARC DEVICE CODES

The LARC Device HCPC codes that are subject to these billing instructions are identified within the MassHealth Physician Subchapter 6. If the Hospital qualifies for separate payment of a LARC Device inserted immediately post-partum during an acute inpatient hospital labor and delivery stay, the Hospital will be reimbursed for the LARC Device according to the fee schedule rates for such devices as set forth in EOHHS regulations at 101 CMR 317.00 (Medicine). EOHHS may update this list at any time as dictated by code updates received from CMS.

II. BILLING INSTRUCTIONS FOR LARC DEVICES (acute inpatient hospitals)

The following **billing instructions** apply to inpatient claims for LARC Devices submitted by **Acute Inpatient Hospitals (Provider Type 70)**, referred to as “Hospitals” in this **Part II**.

1. Special Requirements for Transmitting Claims for LARC Devices:

- a. Costs, charges, and any other claims-based data corresponding to the LARC device **must be excluded from any facility/institutional claim** (including Claim Types I and A) that the Hospital submits for the member’s stay.
 - (i) The Hospital must instead claim separate payment for the LARC device **on a professional claim (Claim Types M and B), via Direct Data Entry (DDE)¹ and include Delay Reason Code 11**. Along with the member’s name, date(s) of service, and other usual information, the separate DDE claim for the LARC device **must also** include the

¹ In the unlikely event that a MassHealth acute inpatient hospital provider meets the MassHealth requirements of a paper submission waiver request, the provider should contact the MassHealth Customer Service Center for instructions about how to submit an inpatient claim for a LARC device on the 1500 paper claim.

appropriate **National Drug Code (NDC)** identifier and corresponding **HCPCS code(s)** for the device.

- b. The Hospital must also include a copy of the invoice for the LARC device from the manufacturer, supplier, distributor, or other similar party with the claim submission for the LARC device, which MassHealth shall deem incorporated into and part of the claim:
 - (i) **NOTE:** MassHealth may require additional documentation upon receipt of the claim, if necessary, in order to price the claim..

2. Other General Billing Instructions:

With the exception of the instructions set forth above, all other applicable MassHealth billing instructions and conditions of payment continue to apply, including without limitation, conditions of payment set forth in Section 5.B.8.a of the RFA (for in-state providers), and in 130 CMR 450.233(D)(1)(d) (for out-of-state providers).

3. Claims Adjudication:

Claims for LARC devices submitted using the instructions set forth above will suspend for review and pricing by MassHealth in accordance with the payment methodology described in **Section 5.B.8.** of the Acute Hospital RFA (for in-state providers) and 130 CMR 450.233(D)(1)(d) (for out-of-state providers). Upon completion of the steps above, MassHealth will release the claim to complete its adjudication.