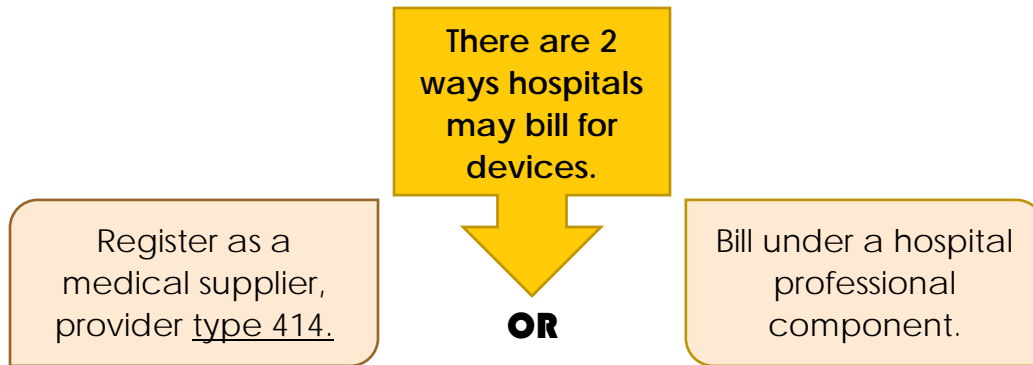




Inpatient LARC Coding Guide

New Mexico Medicaid allows billing for LARC devices and insertion fees outside of the DRG for childbirth according to the following guidelines:



Either way, the hospital must submit a professional claim (837P electronic claim or CMS-1500 form) that includes the following information in the Physician or Supplier Information section. *(Complete all other items on the form per usual practice.):*

- Item 21. A-L: Enter ICD-10 Diagnosis code
 - **Z30.46**: Encounter for surveillance of contraceptive implant
 - **Z30.430**: Encounter for insertion of IUD
- Item 24. A: Date of service must be the same as the DRG date of service.
- Item 24. B: Place of service (POS) code is **21** (inpatient hospital).
- Item 24. D: Procedures, Services or Supplies
 - Enter correct CPT/HCPCS codes:

CPT/Insertion of device codes	<ul style="list-style-type: none"> • 58300 = Insertion of IUD • 11981 = Insertion of implant
HCPCS codes	<ul style="list-style-type: none"> • J7300 = Copper T IUD (ParaGard) • J7298 = 52mg Levonogestrel-releasing IUS (Mirena) • J7297 = 52mg Levonorgestrel-releasing IUS (Liletta) • J7307 = Etonogestrel-releasing implant (Nexplanon)

- Item 24. J: Enter the billing taxonomy number for a medical supplier on the shaded line: **332B00000X**. Enter the hospital NPI below it in the space identified.



For example, for insertion of a copper IUD (ParaGard), the CMS 1500 claim form should look like this:

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Inc. 0		22. RESUBMISSION CODE		ORIGINAL REF. NO.									
A. Z30.430		B.		C.		D.		E.		F.		G.		H.									
I.		J.		K.		L.		23. PRIOR AUTHORIZATION NUMBER		(no prior auth needed)													
24. A. DATE(S) OF SERVICE				B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPST/ Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From		To						58300/J7300				A								332B00000X			
MM DD YY		MM DD YY						CPT/HCPCS				MODIFIER								NPI		Use Hospital NPI	
1																							
2																							

In the case of a **clinician-supplied device**, the clinician may bill for the device and insertion fees on the same 837P electronic claim or CMS-1500 form as the one used to bill for the delivery procedure.

Note that in the case of IUD insertion **during surgery for a Cesarean** delivery:

- Procedure is considered incidental and is NOT billable.
- Device remains billable.

References/Resources

- State of New Mexico Medical Assistance Program Manual Supplement, Number 13-05: http://www.hsd.state.nm.us/uploads/FileLinks/c78b68d063e04ce5adffe29376ff402e/13_05_Supplement_Hyst_Consent_Form_91213_final_2_.pdf
- NM Department of Health Family Planning Program, Guidelines for Immediate Postpartum Long Acting Reversible Contraception Insertion, February, 2016