



## Free Standing or Hospital Based Ordered Ambulatory

**Attention: Federally Qualified Health Centers**



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### Attention: Federally Qualified Health Centers

State Plan Amendment (SPA) 16-0028 was approved by the Centers for Medicare and Medicaid Services (CMS) allowing the cost of long acting reversible contraception (LARC) to be carved out of the federally qualified health center (FQHC) prospective payment system (PPS) rate. The separate payment for LARC is effective for services provided at FQHCs on and after April 1, 2016.

The LARC procedure codes in Table 1 may be billed to Medicaid Fee-For-Service (FFS) as an ordered ambulatory service on a separate claim from the clinic's PPS claim for the insertion of a device or removal and insertion of a new device.

LARC ordered ambulatory service claims more than 90 days old must be billed on paper. FQHCs will be permitted to use delay reason code 3 on retroactive LARC carve out claims submitted on paper before 2/1/17. Each paper claim must be submitted with the delay reason code form and a copy of this message. Paper claims must be mailed to CSRA PO Box 4601 Rensselaer, NY 12144-4601. Questions related to policy and coverage can be directed to the Division of Program Development and Management at (518) 473-2160. Questions related to billing can be directed to CSRA at 800-343-9000.

**Table 1. LARC Procedure Codes**

J7297	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration (Liletta)
J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration (Mirena)
J7300	Intrauterine copper contraceptive (ParaGard)
J7301	Levonorgestrel-releasing intrauterine

	contraceptive system, 13.5 mg, 3 year duration (Skyla)
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies (Implanon or Nexplanon)

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