

LARC Requirements

Effective for dates of service on or after October 1, 2018 MDHHS will be reimbursing hospitals for immediate postpartum Long-Acting Reversible Contraception (LARC) implants and intrauterine devices (IUDs) separate from the maternity Diagnosis Related Group (DRG). See [MSA Policy Bulletin 18-22](#) for complete details.

In order for hospitals to be reimbursed for the devices, Michigan Medicaid requires all Rendering Providers be enrolled and be associated to the hospital NPI within their Provider Enrollment file. This association is completed within the Provider Enrollment Application step 3 in CHAMPS of the Rendering Provider. Instructions can be found on the Provider Enrollment website under [CHAMPS Enrollment Application: Rendering/Service User Guide](#), slides 28-31. For assistance with this process please contact Provider Support at 1-800-292-2550.

To receive reimbursement hospitals will be required to bill a separate invoice on the 837 or CMS-1500 Professional claim formats using the hospital NPI for the billing of the device and the Rendering NPI of the physician that performed the insertion and report place of service as 21 Inpatient Hospital. For assistance completing a professional claim in CHAMPS view [Professional Direct Data Entry \(DDE\) directions](#).

Professional providers will continue to bill for the insertion of the device with their Medical group NPI and the Rendering Individual NPI on the 837 or CMS-1500 Professional claim formats.

Payment for the LARC will be made in accordance with the [Practitioner Medicaid fee schedule](#) in effect on the date of service for the procedure code.

Please make sure to include the following information when billing on the 837 or CMS-1500 Professional claim formats:

- The appropriate National Drug Code (NDC) for the device
- Place of service 21-Inpatient Hospital
- The applicable HCPCS for the device or insertion
- All appropriate modifiers required for billing i.e. 340B Drug Pricing Program use modifier U6
- Bill both claims separately each on an 837 or CMS-1500 Professional claim formats