

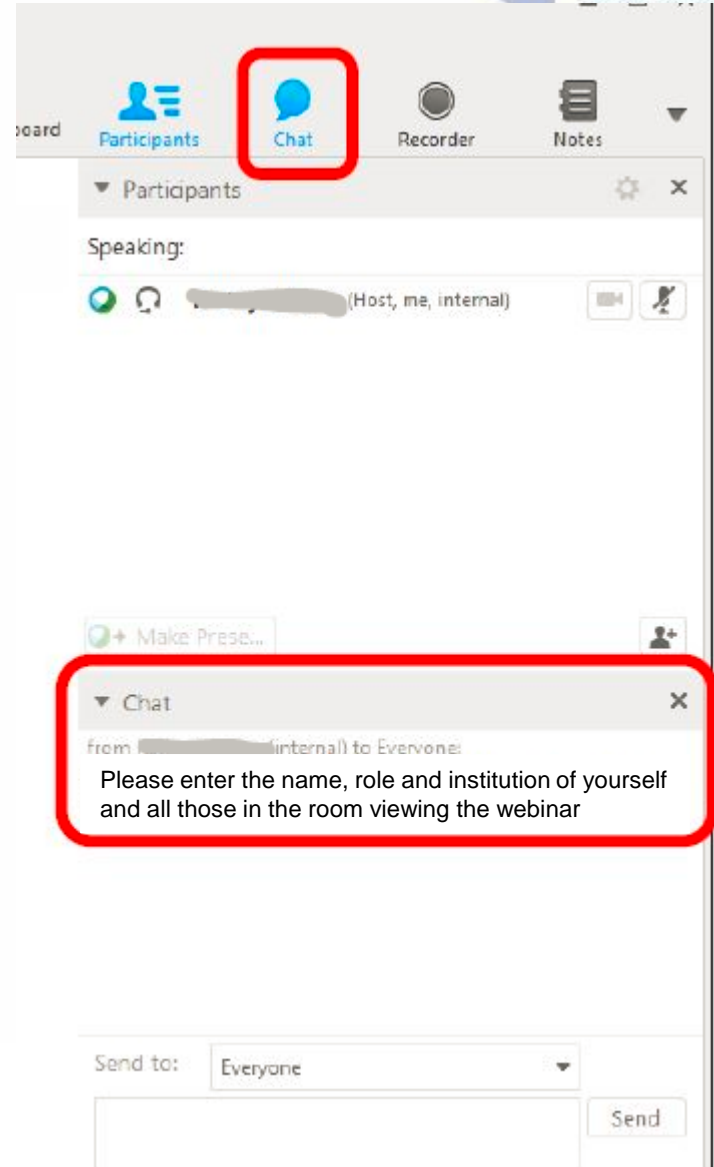


Billing & Coding for Immediate Postpartum LARC

July 16, 2018
12:00 – 1:00 PM

Introductions

- Please enter for yourself and all those in the room with you viewing the webinar into the chat box your:
 - Name
 - Role
 - Institution
- If you are only on the phone line, please be sure to let us know so we can note your attendance



Tips for Accessing WebEx

- You must manually add the meeting to your calendar
- WebEx is currently unable to add the meeting to your calendar if you are accepting the meeting on a mobile device

Reply Reply All Forward IM
Thu 6/14/2018 10:32 AM
Danielle Renae Young
Fw: (Forward to others) WebEx meeting invitation: ILPQC Immediate Postpartum LARC Teams Call

To
If there are problems with how this message is displayed, click here to view it in a web browser.

Message **WebEx_Meeting.ics (4 KB)**

Hello,
Danielle Young invites you to join this WebEx meeting.

ILPQC Immediate Postpartum LARC Teams Call

Monday, June 18, 2018
12:00 pm | Central Daylight Time (Chicago, GMT-05:00)
Meeting number (access code): 800 846 062
Meeting password: ilpqc_ipclarc

Add to calendar by clicking either of these options

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When it's time, [join the meeting](#).

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Dial [800846062@northwestern.webex.com](tel:800846062)

You can also dial 173.243.2.68 and enter your meeting number.

Join by phone
+1-415-655-0002 US Toll
[Global call-in numbers](#)

Call-in info

[Can't join the meeting?](#)

ACOG IPLARC Training



- July 30, Northwestern, Chicago, IL
- Approx. 4-hour training for nurses, providers, lactation consultants.
- Training will cover:
 - Capacity building
 - Contraceptive counseling
 - Insertion training (train the trainer)
- Each team should have at least one representative(s) attend one of the two trainings (ideally a nurse and provider from each team).
- **REGISTER TODAY TO PARTICPATE IN THIS AMAZING OPPORTUNITY!**



Call Overview

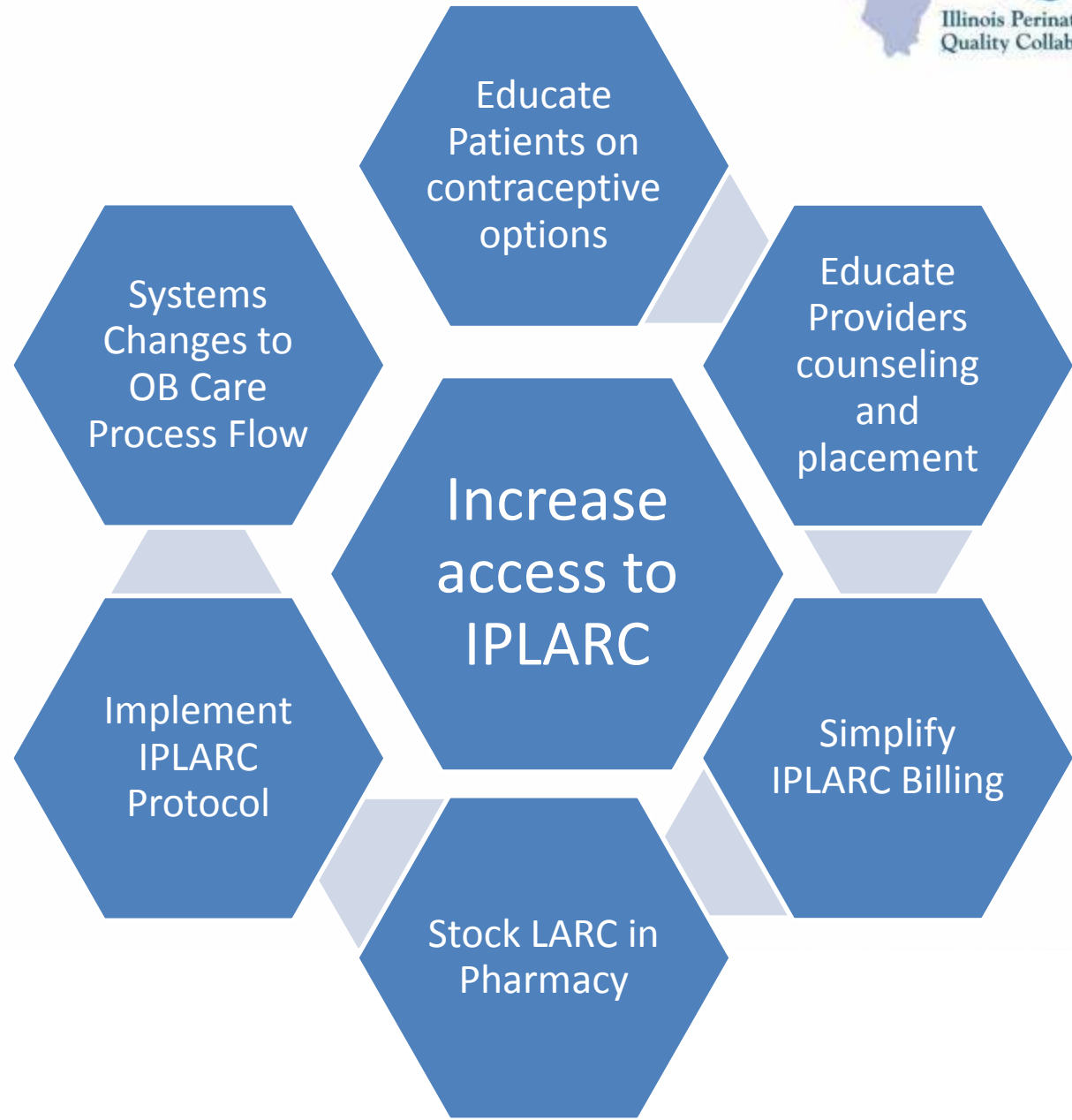


- Team survey results: getting started with billing/coding?
- Support from ILPQC
- South Carolina Inpatient LARC Experience, Amy Crockett, Univ. of South Carolina Greenville
- IP LARC Billing: Edna Canas, IL Healthcare and Family Services (HFS)
- Team Talk: UI Health
- Billing/Coding Tip Sheet from ILPQC
- Getting started using data to drive your QI work
 - IPLARC Data Form and Data Training Calls

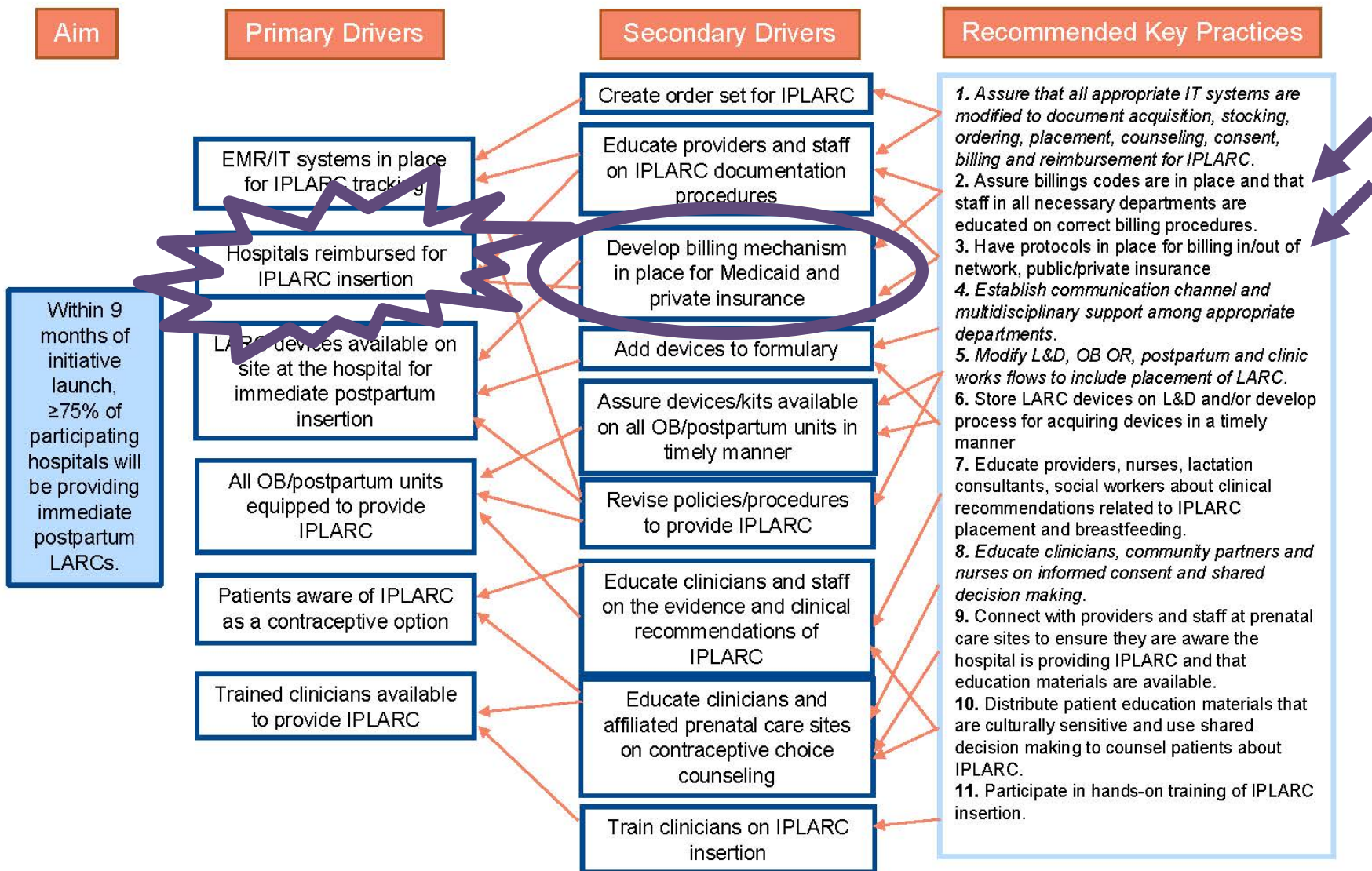
IPLARC Initiative Goals

Support birthing hospitals that provide contraception at the hospital level to implement best practice protocols

Hospitals that do not provide contraception can participate with post-delivery outpatient alternative strategies



This month's topic: Billing/Coding



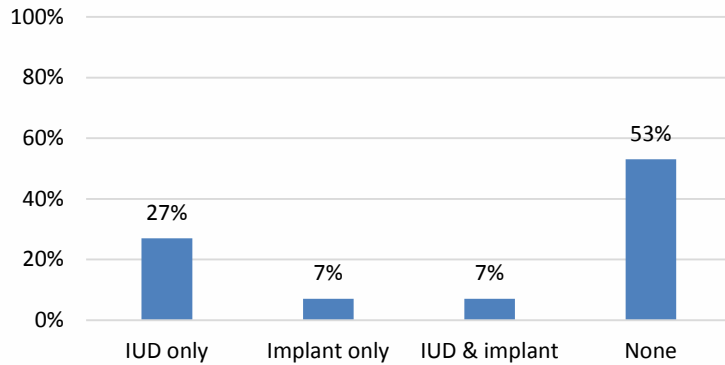
13 Practice Changes for IPLARC Success – Pre-implementation



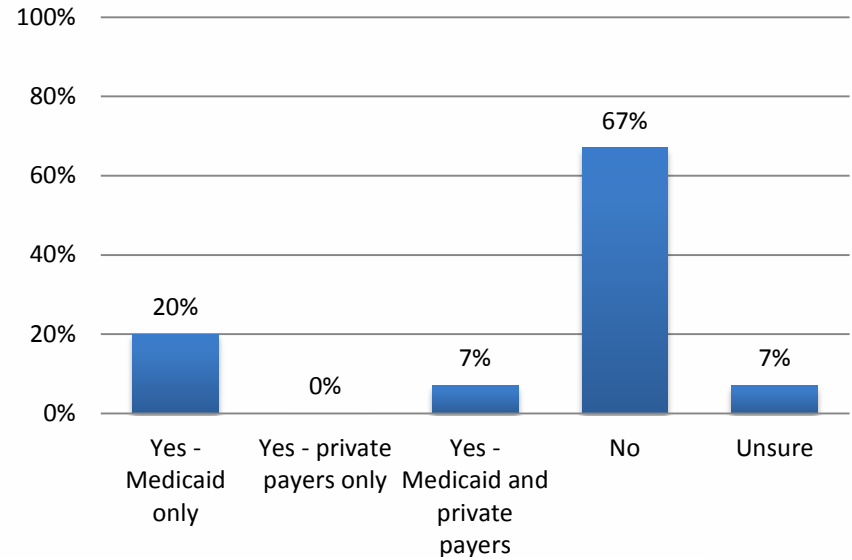
1. Assure early **multidisciplinary** support by educating and identifying **key champions in all pertinent departments for your IPLARC QI team.**
2. Establish **scheduled meetings for your team at least monthly**, assuring that all necessary departments are represented, **develop 30/60/90 day plan**, establish **timeline to accomplish key steps.**
3. **Establish and test billing codes** and processes to assure adequate and timely reimbursement (see toolkit).
4. **Expand pharmacy/ inpatient inventory capacity** and device distribution to assure timely placement on labor and delivery and postpartum units.
5. **Educate clinicians, nurses, pharmacy, and lactation consultants** about benefits and clinical recommendations related to IPLARCs (see toolkit for e-modules, slide decks, materials).
6. **Assure that all appropriate IT/EMR systems are modified** to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for IPLARCs (dot phrases to document counseling and placement, consent forms, order set, billing framework see toolkit examples).
7. **Modify L&D, OB OR, postpartum, and clinic work flows** (process flow document) to include counseling, consent, and placement of IPLARC (see toolkit for example).

Where are teams at with billing/coding?

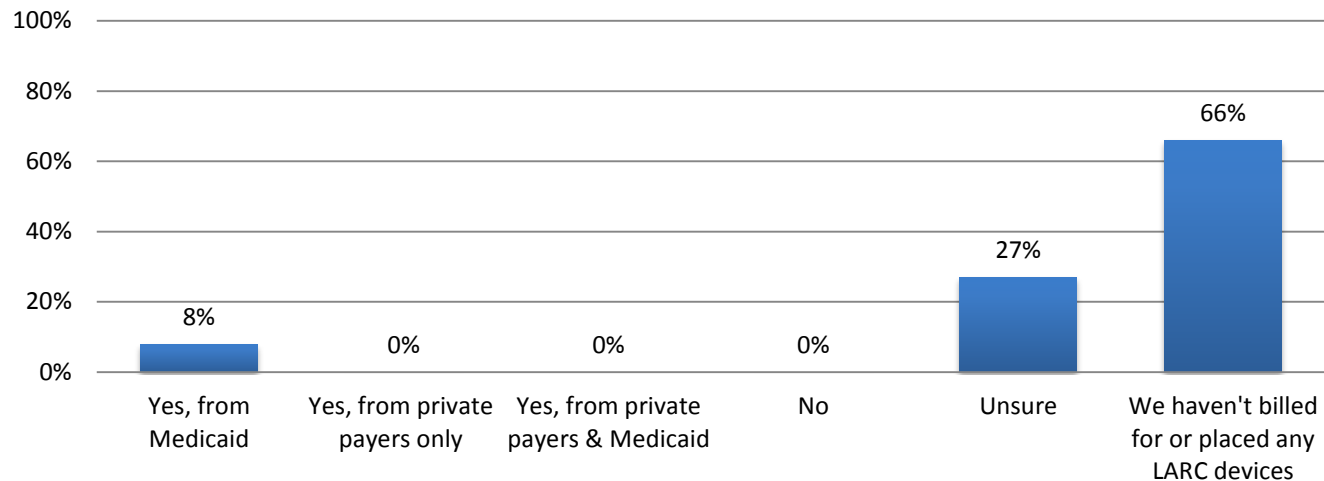
Inpatient Billing Codes Developed



Billed for IPLARC



Received reimbursement for IPLARC



*15 teams reporting

ILPQC Team Support Tools in Development



- **Key Players Meetings** – ILPQC is developing content for meetings with key stakeholders and will be able to conduct in-person meetings at your hospital with your team, administration, all key departments needed for IPLARC implementation. [Sign-up form available here.](#)
- **CEO/Administrator Packet for Buy-In** – ILPQC is creating a packet for teams to share with hospital CEOs/Administrators to help with IPLARC buy-in.
- **Billing/Coding Calls** – We'll address billing/coding on today's call with an **additional QI Topic Call** for billing/coding professionals discussion and questions on July 30 from 3-4.

Key Players Meeting Materials



- Brief presentation from ILPQC Central (Danielle Young/Autumn Perrault) and clinical partner with expertise in IPLARC implementation.
- Distribute CEO/Administrator packet (details provided on next slide).
- Meetings tailored to hospital based on IPLARC Wave 1 Teams Survey feedback to help teams overcome barriers and move implementation forward, provide assistance on next steps and review of steps needed across work areas to achieve implementation success.

CEO Administrator Packet



- Packet will include:
 - IDPH letter encouraging all IL birthing hospitals to participate in IPLARC
 - Medicaid announcement describing how to bill / code for IPLARC
 - IPLARC Factsheet – in development
 - ACOG Committee Opinion on IPLARC
 - Educational material for patients and providers

Billing/Coding QI Topic Call



- **Monday, July 30, 3-4PM**
- This is a second opportunity to discuss billing/coding related questions and to learn from Medicaid representatives, state leaders, and hospital teams
- Click link above to join webinar at scheduled date and time

IPLARC Toolkit Sections



- Introduction
 1. Initiative Resources
 2. National Guidance
 3. Documentation of IPLARC Placement
 4. **Coding/Billing Strategies**
 5. Stocking IPLARC in Inpatient Inventory
 6. Example Protocols
 7. Referral Strategies for Providing Immediate Post-Discharge LARC
 8. Provider & Nurse IPLARC Education
 9. Patient Education
 10. Other IPLARC Toolkits

Coding/Billing Strategies



- HFS Guidance and ACOG Guidance for Coding/Billing
- Contact info for Medicaid Medical directors

HFS ILLINOIS DEPARTMENT OF Healthcare and Family Services

Bruce Rauner, Governor
Felicia F. Norwood, Director

201 South Grand Avenue East
5585

Springfield, Illinois

Date: June 30, 2015

To: Enrolled Physicians and Primary Care Rate Contractors

Re: Hospital Effectiveness

ACOG District II

A QUICK GUIDE TO REIMBURSEMENT

CODING FOR LARC

This document is for informational purposes only. It does not constitute coding, coverage, and payment guidance.

Contraceptive IM

The insertion and/or removal of an intrauterine device (IUD) is coded as follows:

- 11981 Insertion, no removal
- 11981 Insertion, immediate removal
- 11982 Removal, no insertion
- 11983 Removal with insertion

ICD-10 CODES FOR INPATIENT LARC BILLING

HCPCS CODES	
J7297	Levonorgestrel IU contraceptive, 52mg (Liletta®)
J7298	Levonorgestrel IU contraceptive, 52mg (Mirena®)
J7300	Intrauterine copper contraceptive (ParaGard®)
J7301	Levonogestrel IU contraceptive, 13.5mg (Skyla®)
J7307	Etonogestrel contraceptive (Implanon®/Nexplanon®)
Q9984	Levonogestrel IU contraceptive, 19.5mg (Kyleena®)
A4264*	Essure™

ICD-10 SURGICAL CODES	
O0H97HZ	Insertion of Contraceptive Device into Uterus, Via Opening
O0H98HZ	Insertion of Contraceptive Device into Uterus, Endo
O0HC7HZ	Insertion of Contraceptive Device into Cervix, Via Opening
O0HC8HZ	Insertion of Contraceptive Device into Cervix, Endo
O0L74CZ	Occlusion Bi Fallopian Tube w Extralum Dev, Perc Endo
O0L74DZ	Occlusion Bi Fallopian Tube w Intralum Dev, Perc Endo
O0L78DZ	Occlusion of Bi Fallopian Tube with Intralum Dev, Endo
O0U574ZZ	Destruction of Bilateral Fallopian Tubes, Perc Endo Approach
O0U578ZZ	Destruction of Bilateral Fallopian Tubes, Endo
O0L78ZZ	Occlusion of Bilateral Fallopian Tubes, Endo
O0L74ZZ	Occlusion of Bilateral Fallopian Tubes, Perc Endo Approach

ICD-10 DIAGNOSIS CODES	
Z30.013	Encounter for initial prescription of injectable contraceptive
Z30.014	Encounter for initial prescription of intrauterine contraceptive device
Z30.018	Encounter for initial prescription of other contraceptives
Z30.019	Encounter for initial prescription of contraceptives, unspecified
Z30.430	Encounter for insertion of intrauterine contraceptive device
Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device
Z30.49	Encounter for surveillance of other contraceptives

CPT CODES	
58300	Insertion of intrauterine device
11981	Insertion of contraceptive implant

IA(M)HP Illinois Association of Medicaid Health Plans

Home About Us Individuals Providers Health Plans Insights Events

Home > Medical Directors

Has directory information changed? [Click here to tell the IA\(M\)HP team](#)

Search: Found: 14

Organization	Name	Contact Info
Aetna Better Health of Illinois	Stephanie Whyte	wlytes@aetna.com
Blue Cross Blue Shield of Illinois	Dr. Tom Allen	312.653.2941 tom_allen@bcbsill.com
Blue Cross Blue Shield of Illinois	Dr. Anita Stewart	312.653.0688 Anita.Stewart@bcbsi.com
Harmony Health Plan of Illinois - A WellCare Company	Marie Baker	312.516.5855 Marie.Baker@wellcare.com
Harmony Health Plan of Illinois - A WellCare Company	Dr. Traci Powell	312.516.4906 Traci.Powell@wellcare.com
Humana	Dr. Neal Fischer	NFischer1@humana.com
IllinCare Health	Angela Perry, MD	312.674.6167 Aperry@illinicare.com

LARCs, specifically reversible forms, [Gynecologists](#) perfect opportunity carries serious pregnancy space [and social risks](#)

Insertion of an [few restrictions](#) the patient is of Education and along with pre

Effective with of Services (HFS)

Toolkits are live on ilpqc.org!



IPLARC Toolkit

<http://ilpqc.org/IPLARC>

1. Initiative Resources

- a. [10 Steps to Getting Started with the ILPQC Immediate Postpartum LARC Initiative](#)
- b. [IPLARC 6 Key Opportunities for Improvement](#)
- c. [13 Practice Changes for IPLARC Success](#)
- d. [Immediate Postpartum LARC Aims and Measures](#)
- e. [Immediate Postpartum LARC Data Form](#)
- f. [Immediate Postpartum LARC Key Drivers Diagram](#)
- g. [Immediate Postpartum LARC Wave 1 Teams Survey](#)
- h. [Plan-Do-Study-Act Worksheet](#)
- i. [Example Process Flow Diagram \(page 7\)](#)

2. National Guidance: ACOG Committee Opinions

3. Documentation of IPLARC placement in IT/EMR systems

4. Coding/billing strategies for reimbursement of IPLARC

5. IPLARC devices stocked in inpatient inventory

6. Example protocols for IPLARC placement for labor and delivery and postpartum units

7. Referral strategies for providing Immediate Post-Discharge LARC (interval LARC)

8. Provider & nurse education on IPLARC evidence, protocols, and counseling

9. Patient education materials for affiliated prenatal care sites & during delivery admission

10. Other IPLARC Toolkits/Resources

The resources provided in this toolkit are examples, for informational purposes only and not meant to be prescriptive. The exclusion of a resource, program or website does not reflect the quality of that resource, program or website. Note: website and URLs are subject to change.

Sign Up for ILPQC Email Updates

Subscribe with your email address to stay up to date with ILPQC happenings

E-mail...



GREENVILLE
HEALTH SYSTEM

The South Carolina Inpatient LARC Experience


Dr. Amy H. Crockett, MD, MSPH

Associate Professor

Maternal Fetal Medicine

Department of Obstetrics and Gynecology

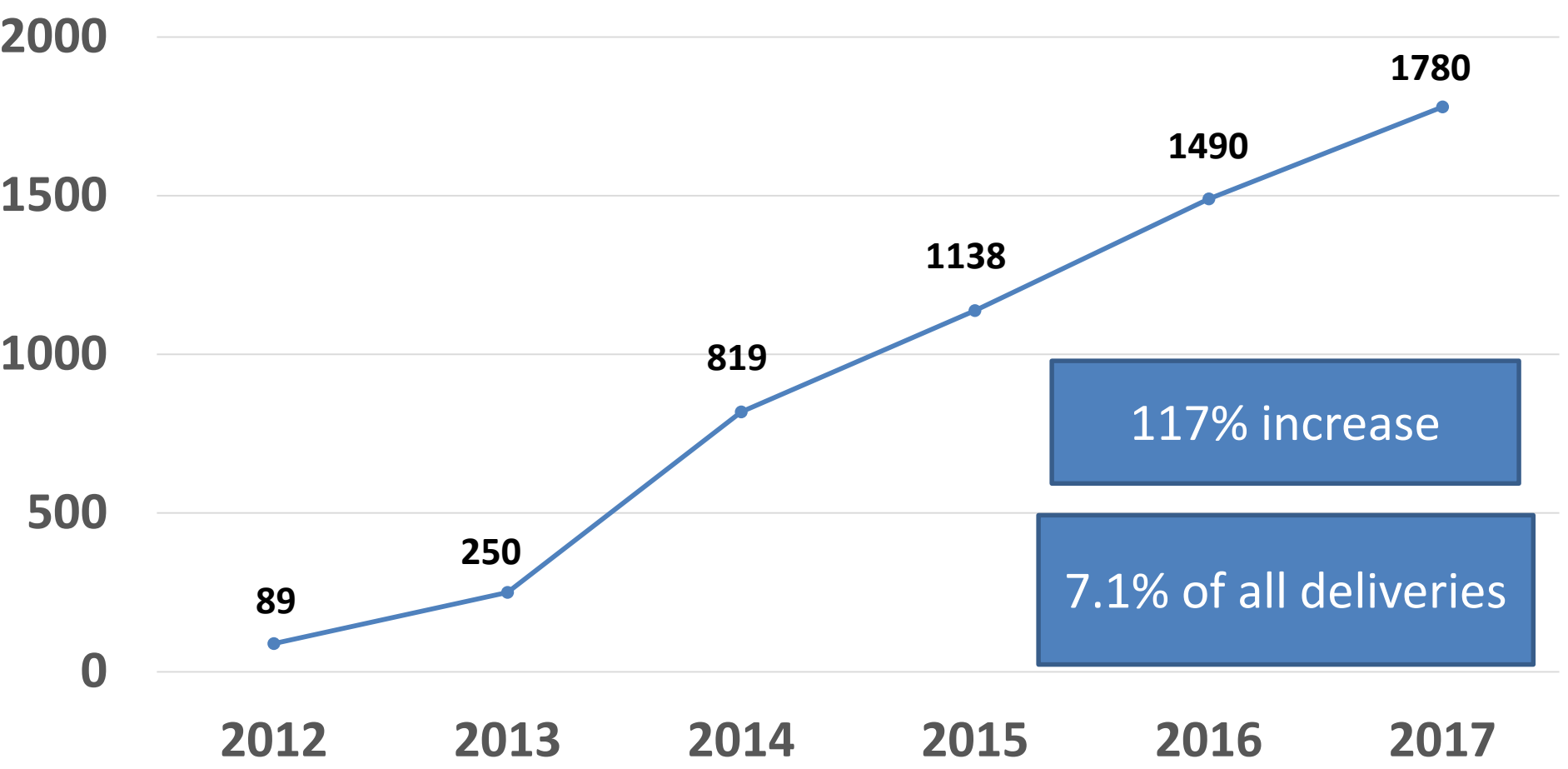
The University of South Carolina Greenville

A large, multi-story, light-colored building with many windows, identified as Greenville Memorial Hospital. The building is surrounded by lush green trees and a well-maintained lawn. In the foreground, there is a paved area with a red and yellow border, and a tall flagpole with an American flag. The sky is blue with some clouds.

Greenville
Memorial
Hospital

GREENVILLE HEALTH SYSTEM

Number of women with inpatient LARC insertion for SC Medicaid



Lessons Learned



GREENVILLE
HEALTH SYSTEM



baloocartoons.com

by Baloo

©2014 BALOOCARTOONS.COM

"I don't get it — Why
can't you learn
from your mistakes?"

"Too much
information!"

Develop clinical pathways with physicians and nurses



GREENVILLE
HEALTH SYSTEM

- Physicians need buy-in and often training
- Nursing and lactation consultants may have limited experience with LARC
 - Include outpatient and inpatient care teams
- Develop counseling, consent and insertion procedures

Build administrative support and infrastructure



GREENVILLE
HEALTH SYSTEM

- Convene physician and nursing leadership with administrators from billing and pharmacy
- Build pathways for billing and coding, likely including new order sets for the EMR
- Develop procedures with the pharmacy for stocking LARC devices so they are easily accessible



Make adjustments as needed

- Collaboration with billing staff to ensure payments are being received for claims submitted
- Work with the Medicaid agency to respond to price changes in LARC devices
- Monitor the proportion of women receiving LARC

LARC Billing

Edna Canas
July 16, 2018



Hospital Billing and Reimbursement for Immediate Postpartum LARCs

- 7/1/15 effective date
- Practitioner bills for the service
- Hospital bills for the device.
 - Bill the device code
 - Use the appropriate ICD-10 dx
 - Inpatient Place of Service (POS) code, 21

Keep Informed

- Sign up to receive electronic notification of new information.
- Notices change
- Handbooks change (Section 202.1.4)
 - Chapter 200, Handbook for Practitioners
- Fee Schedules
 - Practitioner



```
graph TD; A[Use MEDI to verify eligibility - www.myhfs.illinois.gov] --> B[If in MCO - Bill MCO and follow MCO Billing Guidelines.]; A --> C[If not in MCO - Bill HFS];
```

Use MEDI to verify
eligibility -
www.myhfs.illinois.gov

If in MCO -
Bill MCO and follow MCO
Billing Guidelines.

If not in MCO -
Bill HFS

Use MEDI to verify claim
status–
www.myhfs.illinois.gov

- P₁ – Pending Approval
- P₂ – Pending denial
- F₁ – Approved
- F₂ – Denied
 - Paper Remittance Advice
 - Fix Error and Rebill
 - Call a Medical Assistance Consultant (MAC) for assistance

Use MEDI to submit a
claim –
www.myhfs.illinois.gov

The screenshot shows the website for the Illinois Department of Healthcare and Family Services (HFS). The browser's address bar displays the URL www.hfs.illinois.gov/system. The page header includes the HFS logo and the text "ILLINOIS DEPARTMENT OF Healthcare and Family Services". A navigation menu on the left lists "IEC Links" such as "IEC Home", "Eligibility Inquiry", "Claim Submission", "Claim Status Inquiry", "Remittance Advice", "Upload X12 File(s)", "Download X12 File(s)", "Help Index", "Companion Guides", "Contact Us", "MEDI Home", and "Logout". Below the "MEDI Home" link, there is a note: "If you have billing problems, go to www.hfs.illinois.gov/system or for a billing consultant, call 1-877-782-5565. For all other questions, call DoIT Service Desk at 1-312-814-DoIT (3648) Option 1 - for Information Technology (IT), and then Option 2 - for HFS." The main content area is titled "Claim Form Submission Selection" and features a section for "Available Claim Forms". Under this section, there are two sub-sections: "Professional Forms" and "Institutional Forms". The "Professional Forms" section lists several links: [Provider Invoice](#), [Transportation Invoice](#), [Medical Equipment/Supplies Invoice](#), [Laboratory/Portable X-Ray Invoice](#), [Health Insurance](#), [Medicare Crossover](#), and [Community Mental Health Centers](#). The "Institutional Forms" section lists one link: [Institutional Claim](#).

Basic Guidelines

- 180 day timely filing limit from DOS
 - Few exceptions
- Use the correct procedure code & NDC
- Use the correct form – 837P or paper HFS 2360
- Use the correct diagnosis code
- Use the correct POS – 21
- Use the correct NPI – Hospital FFS
- Follow instructions

LARC Billing = 837P

- Use the Hospital FFS NPI linked to the “401” legacy provider number.
- Bill on the electronic 837P (Professional Claim)
 - This is the only time the P is used to bill inpatient.
- Paper HFS 2360 (not the UB and not the 1500)
- Need help – call the Professional NIPs MACs

Hospitals

- Bill for the Device
- Use current code & NDC
NDC Guidelines: [Appendix A-8](#)
- Use Hospital FFS NPI
- POS 21

Practitioner

- Bills for the insertion
- Use Practitioner NPI (Section 202.1.4) for the professional services of salaried practitioners unless the salary is included in the hospital's cost report. If it is included in the cost report for direct patient care, do not bill the services because they are included in the hospital's reimbursement.

Reimbursement Rate

- The lesser of State Max rate on Practitioner Fee schedule **or** Provider Charge
- 340B Provider – bill the Actual Acquisition Cost of the device + \$35 dispensing fee
 - UD Modifier Required
- SMART Act 2.7% Reduction

Fee Schedule

- Codes - rate effective on the date of service
- State Max Rates
- Special Billing Instructions
- Practitioner Fee Schedule has LARC codes
- Practitioner Key – Note U

State of Illinois Enterprise ... Web Slice Gallery Cisco Finesse

iHFS ILLINOIS DEPARTMENT OF Healthcare and Family Services

HFS Home Illinois.gov Bruce Rauner, Governor Search this site... GO

MY HEALTHCARE **MEDICAL PROVIDERS** INFO CENTER ABOUT US

HFS ▶ Medical Providers ▶

Practitioner

2018 Fee Schedule

Downloadable Information

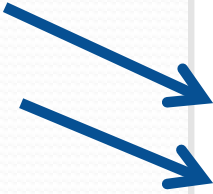
- ▶ [Practitioner Fee Schedule updated 05/23/18 \(pdf\)](#)
- ▶ [Practitioner Fee Schedule updated 04/20/18 \(xls\)](#)
- ▶ [Practitioner Fee Schedule updated 03/06/18 \(xls\)](#)
- ▶ [Practitioner Fee Schedule Key \(pdf\) updated 03/31/17](#)
- ▶ [Modifier Listing updated 01/01/2017 \(pdf\)](#)
- ▶ [Lab Rates \(pdf\)](#)

Medicaid Reimbursement

- Medical Providers Home
- ▶ [Medicaid Reimbursement Home](#)
- 2016 Practitioner Fee Schedule
- 2017 Practitioner Fee Schedule

Need Assistance?

- ⚠ Report a Webpage Problem



Procedure Code	Note	Prog Cov	Eff Date	HP	NDC Ind	Surg Ind	AV	M1 (26)	M2 (TC)	Asst Surg	Co-Surg	Unit price	Max Qty	State Max	Add-On			Rate reduced by 2.7%	
															Surg	Child	Adult	Unit price	State Max
J7198	T	04	04/01/18	N	Y	N						1.988	9999	19,878.01				1.93	19,341.30
J7199	T	04		Y	Y	N													
J7200	T	04	04/01/18	N	Y	N						1.312	6250	8,200.00				1.28	7,978.60
J7201	T	04	04/01/18	N	Y	N						3.027	6250	18,918.75				2.95	18,407.94
J7202	T	04	04/01/18	N	Y	N						3.84	9999	38,396.16				3.74	37,359.46
J7205	T	04	04/01/18	N	Y	N						2.049	8125	16,648.13				1.99	16,198.63
J7207	T	04	04/01/18	N	Y	N						1.36	9999	13,598.64				1.32	13,231.48
J7209	T	04	04/01/18	N	Y	N						1.19	9999	11,898.81				1.16	11,577.54
J7210	T	04	04/01/18	N	Y	N						1.19	6250	7,437.50				1.16	7,236.69
J7211	T	04	04/01/18	N	Y	N						0.87	6250	5,437.50				0.85	5,290.69
J7296	U	04	04/01/18	N	Y	N						908.97	1	908.97				884.43	884.43
J7297	U	04	04/01/18	N	Y	N						684.38	1	684.38				665.90	665.90
J7298	U	04	04/01/18	N	Y	N						908.97	1	908.97				884.43	884.43
J7300	U	04	04/01/18	N	Y	N						808.50	1	808.50				786.67	786.67
J7301	U	04	04/01/18	N	Y	N						756.87	1	756.87				736.43	736.43
J7303	U	04	04/01/18	N	Y	N						464.67	3	464.67				452.12	452.12
J7304	U	04	04/01/18	N	Y	N						40.7166	9	366.45				39.62	356.56
J7307	U	04	04/01/18	N	Y	N						847.90	1	847.90				825.01	825.01
J7308	T	04	04/01/18	N	Y	N						404.59	1	404.59				393.67	393.67
J7311	T	04	04/01/18	N	Y	N						20166.50	1	20,166.50				19,622.00	19,622.00
J7312	T	04	04/01/18	N	Y	N						200.357	7	1,402.50				194.95	1,364.63
J7313	T	04	04/01/18	N	Y	N						490.277	19	9,315.26				477.04	9,063.75
J7316	T	04	04/01/18	N	Y	N						1046.927	4	4,187.71				1,018.66	4,074.64
J7320	T	04	04/01/18	N	N	N						6.442	25	161.05				6.27	156.70
J7321	T	04	04/01/18	N	N	N						88.65	1	88.65				86.26	86.26
J7322	T	04	04/01/18	N	Y	N						18.1666	24	436.00				17.68	424.23
J7323	T	04	04/01/18	N	N	N						149.916	2	299.83				145.87	291.73
J7324	T	04	04/01/18	N	N	N						149.40	1	149.40				145.37	145.37
J7325	T	04	04/01/18	N	N	N						12.079	48	579.79				11.75	564.14
J7326	T	04	04/01/18	N	N	N						527.87	1	527.87				513.62	513.62
J7327	T	04	04/01/18	N	N	N						812.55	1	812.55				790.61	790.61
J7328	T	04	04/01/18	N	N	N						2.0535	168	344.99				2.00	335.68
J7336	T	04	04/01/18	N	Y	N						3.151	1120	3,529.12				3.07	3,433.83
J7342	T	04	04/01/18	N	Y	N						28.32	10	283.20				27.56	275.55
J7501	T	04	04/01/18	N	Y	N						250.00	6	1,500.00				243.25	1,459.50
J7504	T	04	04/01/18	N	Y	N						1937.636	15	29,064.54				1,885.32	28,279.80
J7510	T	04	04/01/18	N	Y	N						0.10	40	4.00				0.10	3.89
J7511	T	04	04/01/18	N	Y	N						713.842	7	4,996.89				694.57	4,861.97
J7516	T	04	04/01/18	N	Y	N						35.682	3	107.05				34.72	104.16
J7525	T	04	04/01/18	N	Y	N						192.81	1	192.81				187.60	187.60
J7599	T	04		Y	Y	N													

Find

**Note
U**

The \$35.00 dispensing fee is allowed to 340B providers on codes where the “U” is present in the Note column on the Practitioner Fee Schedule.

Add \$35.00 to the Actual Acquisition Cost in the provider charge when billing a 340B family planning drug.

The “UD” modifier is required when billing 340B drugs.

Use Correct Form

- HFS 2360 (HFS proprietary form)
- 837 P (Professional)
- Do not use the 1500, UB, or 837I

HEALTH INSURANCE CLAIM FORM

READ INSTRUCTIONS BEFORE COMPLETING OR SIGNING THIS FORM

333

HFS USE ONLY

PATIENT & INSURED (SUBSCRIBER) INFORMATION		
1. PATIENT'S NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)	2. PATIENT'S DATE OF BIRTH AGE	3. INSURED'S NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)
4. PATIENT'S ADDRESS (STREET, CITY, STATE, ZIP CODE)	5. PATIENT'S SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	6. INSURED'S ID AND/OR MEDICARE NO. (INCLUDE ANY LETTERS)
TELEPHONE NO.	7. PATIENT RELATION TO INSURED SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER <input type="checkbox"/>	8. INSURED'S GROUP NO. (GROUP NAME) AND/OR MEDICARD NO.
9. OTHER HEALTH INSURANCE COVERAGE - ENTER NAME OF POLICYHOLDER AND PLAN NAME, AND ADDRESS AND POLICY OR MEDICAL ASSISTANCE NUMBER	10. WAS CONDITION RELATED TO A. PATIENT'S EMPLOYMENT YES <input type="checkbox"/> NO <input type="checkbox"/> B. ACCIDENT YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER <input type="checkbox"/>	11. INSURED'S ADDRESS (STREET, CITY, STATE, ZIP CODE)
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (READ BACK BEFORE SIGNING)		13. I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO UNDERSIGNED PHYSICIAN OR SUPPLIER FOR SERVICES DESCRIBED BELOW
SIGNED: _____ DATE: _____		SIGNED (INSURED OR AUTHORIZED PERSON): _____

PHYSICIAN OR SUPPLIER INFORMATION				
14. DATE OF	ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (BMP)	15. DATE FIRST CONSULTED YOU FOR THIS CONDITION	16. HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOM YES <input type="checkbox"/> NO <input type="checkbox"/>	CHECK HERE IF EMERGENCY <input type="checkbox"/>
17. DATE PATIENT ABLE TO RETURN TO WORK:	18. DATES OF TOTAL DISABILITY FROM _____ THROUGH _____		DAYS OF PARTIAL DISABILITY _____	
19. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE (e.g. PUBLIC HEALTH AGENCY)		PROVIDER NUMBER	20. FOR SERVICES RELATED TO HOSPITALIZATION GIVE HOSPITALIZATION DATES FROM _____ THROUGH _____	
21. NAME AND ADDRESS OF FACILITY WHERE SERVICES RENDERED (IF OTHER THAN HOME OR OFFICE)			ADMITTED	DISCHARGED
			YES <input type="checkbox"/> NO <input type="checkbox"/>	CHARGES
22. WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE			YES <input type="checkbox"/> NO <input type="checkbox"/>	23. PRIOR AUTHORIZATION NUMBER
24A. HEALTHY KIDS SERVICES YES <input type="checkbox"/> NO <input type="checkbox"/>	24B. FAMILY PLANNING YES <input type="checkbox"/> NO <input type="checkbox"/>	24C. STERILIZATION/ABORTION YES <input type="checkbox"/> NO <input type="checkbox"/>	24D. T.O.S. * <input type="checkbox"/>	
24E. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY				

24	A	B	C	D	E	F	
REPEAT	DATE OF SERVICE	P.C.S.*	BRIEFLY DESCRIBE PROCEDURES, MEDICAL SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN PROCEDURE CODE (IDENTIFY) ICD9	DIAGNOSIS CODE	CHARGES	DAYS OR UNITS	DELETE
1				PRIMARY			<input type="checkbox"/>
2				SECONDARY			<input type="checkbox"/>
3							<input type="checkbox"/>
4							<input type="checkbox"/>
5							<input type="checkbox"/>
6							<input type="checkbox"/>
7							<input type="checkbox"/>

25. SIGNATURE OF PHYSICIAN OR SUPPLIER (I AGREE TO COMPLY WITH THE REQUIREMENTS OF THE CERTIFICATION WHICH APPEARS ON THE REVERSE OF AND IS A PART OF THIS BILL)	26. ACCEPT ASSIGNMENT (GOVERNMENT CLAIMS ONLY - SEE BACK) YES <input type="checkbox"/> NO <input type="checkbox"/>	27. TOTAL CHARGE	28. AMOUNT PAID	29. BALANCE DUE
SIGNED: _____ DATE: _____	30. YOUR PROVIDER NUMBER	31. PHYSICIAN'S OR SUPPLIER'S NAME, ADDRESS, ZIP CODE		
32. YOUR PATIENT'S ACCOUNT NUMBER	33. YOUR PAYEE NUMBER			
34. NUMBER OF SECTIONS	35. ORIGINAL COPIES	36. ORIGINAL VOUCHER NUMBER		
37A. TEL. CODE	37B. TEL. STATUS	37C. TEL. AMOUNT	37D. TEL. DATE	37E. TEL. CODE
37F. TEL. STATUS	37G. TEL. AMOUNT	37H. TEL. DATE		

* PLACE OF SERVICE (P.O.S.) AND TYPE OF SERVICE (T.O.S.) CODES ON THE BACK

REMARKS:

Completion mandatory, 305 ILCS 5/1-1 et. seq., penalty non-payment

Form Approved by the Forms Management Center

IL 478-1032
Form HCFA 1500
ILUNHS-HFS-280 (R-70) 05/12

837P

- Bill the device
 - MEDI – DDE, direct data entry
 - Batch
- Place of Service – Inpatient, code 21
- Facility Name
- NDC

Common Errors -

- D37 ERROR – FACILITY NAME REQUIRED
 - Any POS other than office
- C17 ERROR – ILLOGICAL POS
- Error Code Listing

State of Illinois Enterprise ... Web Slice Gallery ... Cisco Finesse

HFS ILLINOIS DEPARTMENT OF Healthcare and Family Services
HFS Home Illinois.gov Bruce Rauner, Governor Search this site... GO

MY HEALTHCARE **MEDICAL PROVIDERS** INFO CENTER ABOUT US

HFS ► Medical Providers ►

Provider Handbooks

The intent of Provider handbooks is to furnish Medicaid providers with policies and procedures needed to receive reimbursement for covered services, funded or administered by the Illinois Department of Healthcare and Family Services, which are provided to eligible Illinois Medicaid participants. The handbooks provide detailed descriptions and instructions about covered services as well as billing instructions.

Providers are responsible for compliance with all policy and procedures contained herein.

Chapter 100 contains general policy, procedures and appendices applicable to all participating providers.

Chapter 200 contains specific policy, procedures and appendices applicable to the provision of a specific type of provider or category of service (specialty/subspecialty).

Chapter 300 - Companion Guide Information contained in Chapter 300 is a supplement to the X12 (5010) or NCPDP (5.1 or 1.1 batch) Implementation Guides. This handbook contains the companion guides for all providers who will be submitting X12 or NCPDP electronic transactions to the department.

Managed Care Manual - This manual contains helpful information regarding the Medicaid managed care program for providers enrolled in Medicaid.

Additional Resources for Providers


- ▶ [TPL Code Directory \(pdf\)](#)
- ▶ [PBM-TPL Code Directory \(xls\)](#)
- ▶ [Error Codes \(xls\)](#)

Medical Provider Handbooks

- Chapter 100
- Chapter 200
- Chapter CMH-200
- Chapter D-200
- Chapter HK-200
- Chapter U-200
- Chapter 300 Companion Guide 5010 - Electronic Processing

Need Assistance?

⚠ Report a Webpage Problem



Assistance

- 877-782-5565
 - Provider Enrollment – Option 1
 - Hospital Inpatient/APL Billing – Option 4, Option 1
 - Hospital FFS billing – Option 4, Option 9
- 800-226-0768
 - Client Hotline
- ILPQC



ILPQC Immediate Postpartum LARC Billing/Coding

Jamie Paek, PharmD

**Associate Director, Medication Use Policy & Pharmacy IT,
University of Illinois Hospital & Health Sciences System (UI Health)
Clinical Assistant Professor,
UIC College of Pharmacy**

UI Hospital and Clinics



- Tertiary care, academic teaching hospital
 - 465 bed State hospital for Illinois, Disproportionate share hospital (DSH), Outpatient Care Center/23 clinics (with subspecialties), Mile Square Federally Qualified Health Center (FQHC)
- Perinatal care units
 - 8 LD suites, 5 triage rooms, 2 OR suites, 12 Antepartum suites, 24 Postpartum units
- FY17 statistics
 - Medicaid 8.5%, Medicaid MCO 23.4%
 - 2,341 Births, 1,773 Newborns

IPP LARC Team Members

- Current team members
 - Physician champion, nurse champion, pharmacist champion, patient accounts/finance specialist, managed care office
- Acknowledge the 3 original champions
 - Autum Davidson, MD, Sadia Haider, MD, Rebecca Stone, PharmD

IPP LARC Billing Instructions

Billing Instructions

In order for the hospital to receive reimbursement for the LARC device:

- A practitioner must order the device and document the insertion procedure in the hospital's medical record as well as the practitioner's medical record.
- The hospital must use its fee-for-service NPI to bill the appropriate device or implant on the HFS 2360 paper claim form or electronically via the 837P claim transaction.
- The hospital must identify the NDC for the specific device or implant following the guidelines posted in [Chapter A-200, Handbook for Practitioners Rendering Medical Services, Appendix A-6](#).
- The hospital must use the appropriate family planning ICD-9-CM diagnosis code (or upon implementation, ICD-10-CM) on this claim.
- The Place of Service should be designated as Inpatient on the claim.

Practitioners not salaried by the hospital may bill the appropriate Current Procedural Terminology (CPT) code for the LARC insertion in addition to their delivery charges.

IPP LARC Billing & Coding

- Update OB/L&D Ordersets with LARC orders
- Documentation example for procedure and location in EHR
- Pharmacy CDM updated
- Document procedure code
- Billing rule to separate out LARC charge on 2360 (837P), change from outpatient to inpatient

Next?

- Continue to monitor reimbursement and address issues to ensure payment
- Initiate discussion with other payers to follow medicaid policy to reimburse separately for immediate postpartum LARC
- Update and educate new providers with clinical care guideline: Long Acting Reversible Contraception Initiation Immediately Postpartum

BILLING/CODING TIPS

Billing Checklist

Step	Yes, completed	No, not completed
Device ordered and documented in medical record		
Device scanned into MAR and documented by nursing		
Device inserted and documented in medical record		
<i>Practitioner not salaried by hospital</i>		
Appropriate CPT code billed in addition to delivery charge		
Practitioner's individual NPI was used		
<i>To be completed by all</i>		
Device or implant was billed via either a) HFS 2360 paper claim form, or b) Electronically via the 837P claim transaction form		
Hospital's fee-for-service/facility NPI was used		
Claim identified the appropriate NDC		
Appropriate J-code was billed		
Appropriate ICD-10 code was included on the claim		
Place of service (POS) was designated as "in-patient hospital" on the claim		

Medicaid Claims - Tips/Tricks



- If possible, bill electronically and do not use paper forms due to current processing delays.
- Check claim status regularly in MEDI to identify issues early:
 - Claim status available within 72 hours
 - 999 code = claim received
 - 999 code appears twice (once within 72 hours and a second 24 hours after the first) = claim failed
- You have up to 180 days from date of service to submit the claim to Medicaid.
- Look for patterns in rejected claims.

IPLARC Codes

CPT Code	Description of what you did		
58300	Insertion of IUD (append modifier 53 if insertion FAILED)		
11981	Insertion of non-biodegradable drug delivery implant (append modifier 53 if insertion FAILED)		
HCPCS – J Code	Brand Name	Description	NDC Number
J7296	Kyleena	Levonorelrel-releasing intrauterine contraceptive, 19.5 mg	5041942401
J7297	Lilleta	Levonorgestrel-releasing intrauterine contraceptv, 52mg, 3yr	00023585801
J7298	Mirena	Levonorgestrel-releasing intrauterine contraceptv, 52mg, 5yr	50419042101 50419402301
J7300	Paragard	Intrauterine copper contraceptive	51285020401 51285020402
J7301	Skyla	Levonorgestrel-releasing intrauterine contraceptive, 13.5 mg	50419042201
J7307	Nexplanon	Etonogestrel implant system, including implant and supplies	00052433001 00052027401
ICD-10 Code	Description of why you did the insertion		
Z30.018	Encounter for initial prescription of intrauterine contraceptive device (IUD)		
Z30.014	Encounter for insertion of intrauterine contraceptive device (IUD)		
Z30.430	Encounter for initial prescription of other contraceptives (IMPLANT)		

Ensure the appropriate NDC number was used! Check with your pharmacist!

GETTING STARTED USING DATA TO DRIVE YOUR QI WORK

Aims and Measures



Overall Initiative Aim

Within 9 months of initiative start, $\geq 75\%$ of participating hospitals will be providing immediate postpartum LARCs.

Structure Measures

IT/EMR systems that allow for documentation of IPLARC placement for tracking, and documentation

Coding / billing strategies in place for reimbursement for IPLARC

IPLARC devices stocked in the inpatient pharmacy

IPLARC protocols in place for labor and delivery and postpartum units

Communicated launch of IPLARC availability during delivery admission with affiliated prenatal care site and provided sites with provider/staff and patient education materials for contraceptive options counseling including IPLARC

Implemented standardized education materials and counseling protocols* for patients during delivery admission regarding contraceptive options including IPLARC

Process Measure

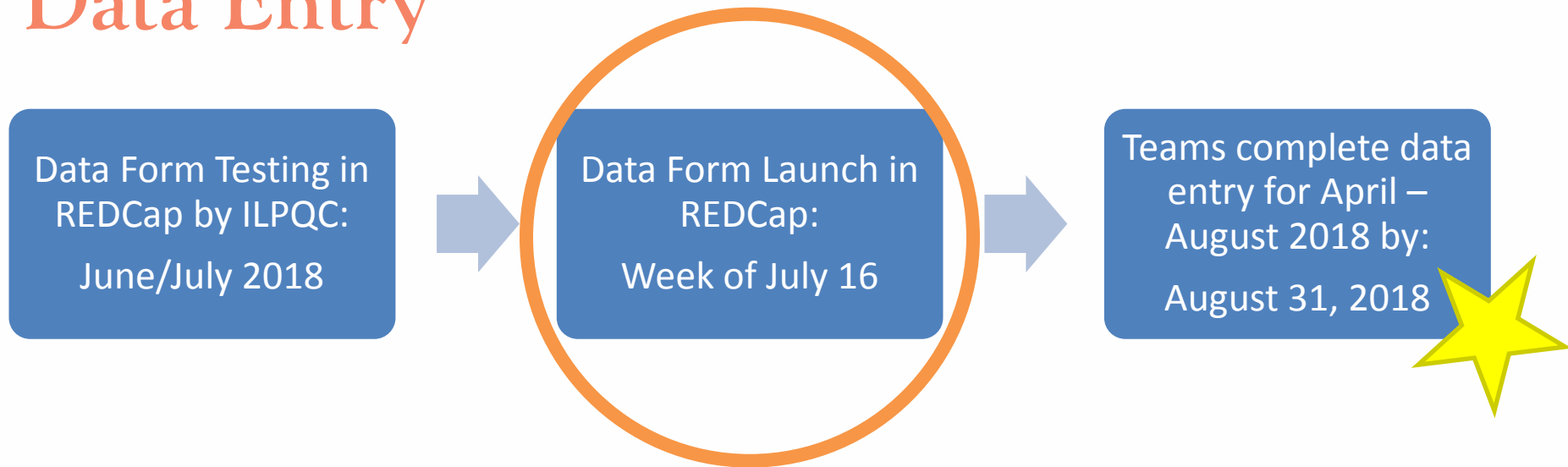
Educated all participating providers/nurses on benefits of IPLARC, protocols, counseling & IPLARC placement

Outcome Measure, among participating hospitals

By increasing access to IPLARC, increase in utilization of IPLARC

*Protocols include the obstetric care process flow of counseling patients, accessing LARC, inserting LARC, and billing for LARC

Timeline for REDCap Data Form Implementation and Data Entry



ILPQC Data System



REDCap Hospital ID: _____

SEVERE HYPERTENSION DATA FORM

Logic: Maternity service team review and document sequence of events, successes with and barriers to swift and coordinated response to preeclampsia with severe features. Goal: Reduce time to treatment (< 60 minutes) for new onset severe hypertension (≥160 systolic OR ≥110 diastolic) with preeclampsia or eclampsia or chronic/gestational hypertension with superimposed preeclampsia (include patients from triage, L&D, Antepartum, PP, E5) in order to reduce preeclampsia morbidity in Illinois. Instructions: Complete within 24 hrs. after all cases of new onset severe hypertension (≥160 systolic or ≥110 diastolic) event in pregnancy up to 6 wks postpartum. Debrief should include primary RN and primary MD to identify opportunities for improvement in identification and time to treatment of HTN.

Date: _____ GA at Event (weeks & days): _____

Patient Location (check all that apply) Triage L&D Postpartum
 Antepartum ED

Maternal Age: _____ Height: _____ Weight: _____

Diagnosis: Chronic HTN Gestational HTN Preeclampsia
 Superimposed Preeclampsia Postpartum Preeclampsia Other _____

PROCESS MEASURE (P1): Medical Management

Time: h:mm	Measure
	BP reached ≥160 or diastolic ≥110 (sustained >15 min)
	First BP med given
	BP reached <160 and diastolic BP <110

Medications (check all given)

Medications	Dosage(s) given	Reason not given
<input type="checkbox"/> Labetalol		
<input type="checkbox"/> Hydralazine		
<input type="checkbox"/> Nifedipine		
<input type="checkbox"/> Magnesium Sulfate Bolus	<input type="checkbox"/> 4gm <input type="checkbox"/> 6gm <input type="checkbox"/> Other _____	
<input type="checkbox"/> Magnesium Sulfate Maintenance	<input type="checkbox"/> 1gm/hr <input type="checkbox"/> 2gm/hr <input type="checkbox"/> 3gm/hr <input type="checkbox"/> Other _____	
<input type="checkbox"/> Any ANS (if <34 wks)?	<input type="checkbox"/> Partial Course <input type="checkbox"/> Complete Course <input type="checkbox"/> Not Given	

BALANCING MEASURE (B1,B2): Monitor Medical Management

B1. Did diastolic pressure fall to <80 within one hour after meds given?
 YES NO

B2. If yes, was there corresponding deterioration in FH rate (Category 3)?
 YES NO

Opportunities for improvement to reduce time to treatment (identification severe HTN to treatment goal <60 minutes): De-brief

Debrief Participants: Primary MD: YES NO Primary RN: YES NO

TEAM ISSUES	Went well	Needs improvement	Comment
Communication			
Recognition of severe HTN			
Assessing situation			
Decision making			
Teamwork			
Leadership			

SYSTEM ISSUES	Went well	Needs improvement	Comment
HTN medication timeliness			
Transportation (intra-, inter-hospital transport)			
Support (in-unit, other areas)			
Med availability			
Any other issues:			

ILPQC DATA FORM (Modified 1/12/16) Adapted from CMQCC's Preeclampsia: Debrief and Chart Review Tool

ILPQC Severe Hypertension Data Form

Secure | https://redcap.healthlink.org/redcap_v6.11.3/DataEntry/index.php?pid=28&id=70&page=severe_htn_data_entry_form&auto=1

REDCap™

Logged in as p-king | Log out

My Projects
 Project Home
 Project Setup
 Project status: Production

Data Collection

Record Status Dashboard
 Add / Edit Records

Record ID 70 [Select other record](#)

Data Collection Instruments:
[Severe HTN Data Entry Form](#)

Applications

Calendar
 Data Exports, Reports, and Stats
 Data Import Tool
 Field Comment Log

Actions: Download PDF of instrument(s)

VIDEO: Basic data entry

Severe HTN Data Entry Form

Assign record to a Data Access Group? -- select a group --

Adding new Record ID 70

Record ID: 70

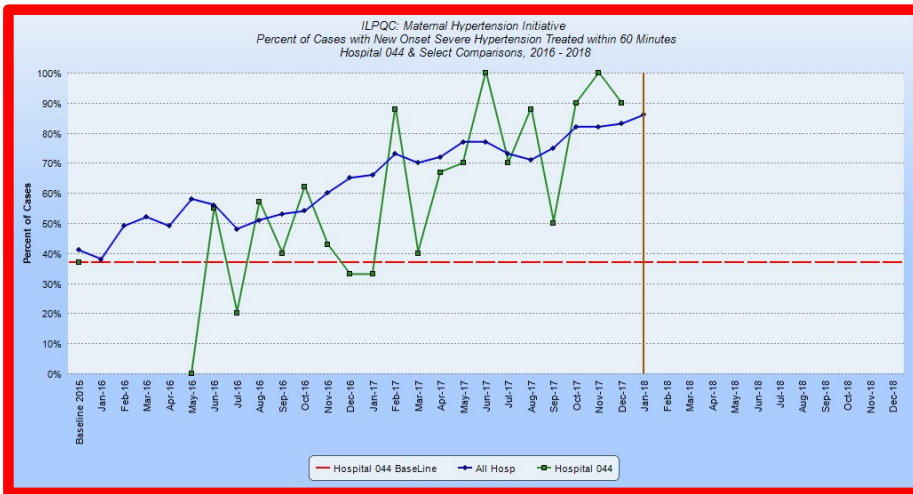
Hospital ID: [dropdown]

1. Date of maternal event: [calendar] Today H-D-Y

2. Postpartum: Yes No

3. GA at maternal event: [dropdown] Weeks [dropdown] Days

Real-time web based dashboard and reports in development for launch this summer to look at your IPLARC progress over time and in comparison to other hospitals



REDCap Data Form

Login and go to "My Projects" Tab

REDCap™

Home My Projects Request New Project Training Resources Help & FAQ

Listed below are the REDCap projects to which you currently have access. Click the project title to open the project Development status as you begin to build and design them. When you are ready to begin entering real data in Production status to designate the project as officially collecting data. When you are finished collecting data or may be set to Inactive status, although it may be brought back to Production status at any time when you are listed is the project type, which designates if the project is in classic or longitudinal data collection format.

You last accessed the User Access Dashboard 324 days ago. It is recommended that you access the User Access Dashboard at least once a month to review which users still have access to your projects.

My Projects Organize

Project Title	Recor
ILPQC Early Elective Delivery Initiative	Loac
ILPQC Birth Certificate Initiative	Loac
ILPQC Golden Hour	Loac
ILPQC Severe Hypertension Data Form	Loac
ILPQC AIM Yearly Measures	Loac
ILPQC AIM Quarterly Measures	Loac
ILPQC Severe HTN Implementation Checklist	Loac
ILPQC Severe Maternal HTN Compliance Form	Loac
ILPQC MNO OB/Neo Monthly Mothers with OUD and Opioid-Exposed Newborns Data Form	Loac
ILPQC Golden Hour Sustainability	Loac
ILPQC MNO OB Quarterly Structure Measures	Loac
ILPQC IPLARC	Loac
ILPQC MNO Neo Quarterly Structure Measures	Loac
ILPQC MNO OB Monthly Sample of Documentation of OUD Screening	Loac
ILPQC MNO OB Monthly Sample of Opioid Prescribing & ILPMP Lookup	Loac

Adding new Record ID 3

Record ID 3

Hospital ID

* must provide value

1. Which month are you reporting for?

* must provide value

2. What stakeholders do you have on your hospital QI team to date?

Check all that apply.

* must provide value

- Administration
- MCO Liaison
- Pharmacy
- Billing
- Nursing
- Lactation consultant
- OB provider champion
- EMR/IT
- Ambulatory prenatal care site liaison
- Other

Hospital has IPLARC devices stocked in the inpatient inventory

3. Are inpatient IUDs available on your hospital formulary?

* must provide value

- Have not started
- Working on it
- In place (one or more IUDs are available)

4. Are inpatient implants available on your hospital formulary?

* must provide value

- Have not started
- Working on it
- In place

5. Are inpatient LARC devices (with needed supplies) available on Labor and Delivery and/or on the postpartum unit?

* must provide value

- Have not started
- Working on it
- In place

Hospital has IPLARC protocols in place for labor and delivery and postpartum units

6. Do you have immediate postpartum protocols in place for IUDs?

* must provide value

- Have not started
- Working on it
- In place

8. Do you have immediate postpartum protocols in place for implants?

* must provide value

- Have not started
- Working on it
- In place

Hospital has coding/billing strategies in place for reimbursement for IPLARC

10. If your hospital carries LARC devices, does your hospital

- Hospital is not eligible for/doesn't participate in 340B
- Eligible for 340B

REDCap Access

- Please register team members who will need access to REDCap through the sign up form
- The form can be accessed here:
<https://goo.gl/forms/BlgEFyLdwpalVWkq2>
- Registration for access to the IPLARC form is required even if team member has participated in past ILPQC QI Initiatives
- *NOTE: Hospital IDs will remain the same from HTN and MNO initiatives. Danielle will email teams to confirm Hospital ID*

REDCap Data Entry Training

- Sign up for one of two training sessions:
 - [Thursday, July 19, 12-1PM](#)
 - [Wednesday, July 25, 12-1PM](#)
- All teams should have at least one representative attend the training

Data and Reports

- Please enter data going back to April 2018 – present, continuing to enter monthly data throughout the initiative
- Data due the 15th of the following month of data collection (i.e., September 2018 data due October 15, 2018).
- Please submit April – July data by August 31, 2018
- Reports are scheduled to go live late August/ early September

UPCOMING EVENTS

IPLARC Monthly Webinars



NEW DATE/TIME 3rd Monday of the month from 12-1PM

Proposed IPLARC Monthly Webinar Topics

April 9	Launch call
May 14	Data Form Review, Team Baseline Evaluations and Setting Team Goals (30, 60, 90 day QI plans)
June 18	Recap of Face-to-Face meeting and intro to QI
July 16	IPLARC Billing
August 20	Stocking LARC on L&D
September 17	Engaging ambulatory clinics
October 15	Contraceptive counseling and reproductive justice
November or December	TBD

Archived ACOG LARC Webinars

- View offerings including recent webinar on IPLARC Implementation here:

<https://www.acog.org/LARCwebinars>

Immediate Postpartum LARC Implementation: Systems and Sustainability

Presented by

Lisa Hofler, MD, MPH, MBA

Thursday July 12th 2018 | 3-4pm ET

Register at www.acog.org/LARCwebinars

According to ACOG guidance, “Obstetrician–gynecologists, other obstetric care providers, and institutions should develop the resources, processes, and infrastructure, including stocking LARC devices in the labor and delivery unit and coding and reimbursement strategies, to support immediate LARC placement after vaginal and cesarean births.” However, the development of such systems and infrastructure can often present numerous challenges which ultimately limit access to IUDs and contraceptive implants in the immediate postpartum period.

This webinar will explain the stages of implementation for immediate postpartum long-acting reversible contraception programs, from exploration through installation, initial implementation, and full implementation. Clinician training, patient-provider communication, installation timing, supply chain aspects, and billing and coding approaches of successful immediate postpartum LARC programs will all be addressed.

Upon completion of the webinar, participants will be able to:

- Identify clinical knowledge and technical skills gaps for immediate postpartum LARC provision and know approaches and resources for overcoming those gaps
- Describe and troubleshoot billing, coding, and payment barriers to receiving reimbursement for immediate postpartum LARC
- Identify clinical, administrative, payment, and other stakeholders whose involvement is fundamental to the success of immediate postpartum LARC programs

Lisa Hofler, MD, MPH, MBA serves as Assistant Professor in the Department of Obstetrics and Gynecology, Division of Family Planning, at the University of New Mexico.

**Free and open
to all, ACOG
membership
not required.**

ACCME Accreditation
The American College of Obstetricians and Gynecologists is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

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**The American College of
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WOMEN'S HEALTH CARE PHYSICIANS

SAVE THE DATE

ILPQC 6th Annual Conference

Monday, November 5, 2018

Westin Lombard



Q&A

- Ways to ask questions:
 - Raise your hand on Adobe Connect to ask your question by phone
 - Post a question in the Adobe Connect chat box

Contact

- Email info@ilpqc.org
- Visit us at www.ilpqc.org

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