



**ATTENTION OUTPATIENT HOSPITAL PROVIDERS:  
LARCs Inserted in the Outpatient Hospital Setting**

For long-acting reversible contraceptives (LARCs) inserted in the outpatient hospital setting, hospitals receive an additional payment for the LARC device when it is inserted during an outpatient hospital visit. Payment for the LARC device in the outpatient hospital setting is in addition to the reimbursement for the outpatient hospital claim. Previously, providers had been instructed to bill the outpatient claim for the outpatient visit on the UB-04 and the claim for the LARC device on the CMS 1500 claim form.

Effective July 1, 2018 and forward, providers inserting LARCs in the outpatient hospital setting may bill the DME revenue code of 290 with the appropriate accompanying HCPCS code for the LARC device on the UB-04. Providers should consult the DME fee schedule for covered LARCs and their reimbursement.

Please contact the appropriate managed care organization with any questions concerning their billing instructions for LARCs inserted in the hospital setting. For questions related to this information as it pertains to fee-for-service Medicaid claims processing, please contact Molina Medicaid Solutions Provider Relations at 1(800) 473-2783 or (225) 924-5040.