

Focus area	System	Operational	System dependencies	Operational considerations
Contracting		X	N/A	<ul style="list-style-type: none"> Work with contracting and managed care teams to confirm which payors cover postpartum LARC procedures as well as which pay the device separately from the global delivery free when provided inpatient <p><i>Generally, payors that follow MassHealth reimbursement methodologies should follow MassHealth standard</i></p> <p><i>Most insurances should provide coverage for the device and procedure</i></p>
Pharmacy		X	N/A	<ul style="list-style-type: none"> Provide revenue cycle with an invoice that clearly identifies the purchase price of the LARC device¹ <p>Work with compliance for a recommendation on the purchase price to populate (e.g. wholesale acquisition, average sales price, group purchasing rate, etc.)</p>
Charge Capture²	X		<ul style="list-style-type: none"> Ensure LARC device charge can be triggered from the order, a pick list, or auto-generated from procedure documentation <p>Device charge must include: revenue code, HCPCS, NDC, NDC units, and NDC unit of measure</p> <ul style="list-style-type: none"> Providers have access to select the procedure CPT code 	<ul style="list-style-type: none"> Providers are trained on the charge capture flow once the program is implemented
Charge Posting	X		<ul style="list-style-type: none"> Professional: CPT code for insertion procedure will populate on professional claim Hospital: only post a charge for the LARC device; no procedure CPT code required (hardcoded transaction) <p>LARC device charge amount must reflect the <u>purchase price</u> of the device and not the standard charge of cost plus a markup³</p>	N/A
Billing - editing	X	X	<ul style="list-style-type: none"> Suppress any edits from firing on the LARC device claims looking for a procedure CPT (if applicable) <p>Exception logic based on inpatient patient type/class</p> <ul style="list-style-type: none"> Create edits to route accounts to billing staff for review to initiate the billing process and verify all elements are on the claim 	<ul style="list-style-type: none"> Stop MassHealth claims as they need to be submitted manually Hold other payor claims temporarily payors during monitoring phase post go-live

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Billing – claim generation	X		<ul style="list-style-type: none"> Professional: procedure populates on a 1500 following usual claim generation process Hospital: submit all inpatient services on a UB as usual; carve LARC device charge from the UB and populate a hospital 1500 with the service provider’s NPI and TIN <p>Add delay reason code 11 to suspend the claim for pricing (MassHealth only)</p>	N/A
Billing – claim submission	X	X	<ul style="list-style-type: none"> Professional (procedural claim): submit following normal process Hospital (inpatient claim): submit following normal process Professional (LARC claim) <p>Suppress system generated claims from MassHealth electronic claim submission files; apply setting in system to drop to paper for staff reference</p> <p>Managed Care/Accountable Care plans – electronic claim submission</p>	<ul style="list-style-type: none"> MassHealth claims submission must be via direct data entry in the POSC portal; product invoice needs to be uploaded upon submission Staff will need to follow up on the status of the suspended claims after initial submission
Denials	X	X	Flag LARC accounts specifically for AR management	<ul style="list-style-type: none"> Train denials staff on appropriate procedures to handle the LARC claims Organization leadership to decide whether to resubmit/appeal LARC claims if denied after first submission <p><i>PICCK can assist with any denied MassHealth claims</i></p>

Notes:

1. MassHealth reimburses at cost; teams should confirm with contracting how to process commercial/non-MassHealth claims
2. Charging dependencies assume that charges are generated electronically; if paper is used, the charge ticket will need to include the procedure code (for professional billing) and the device code (for hospital billing)
3. The charge amount configuration is dependent on how the device charge is being generated
 - a. Automatic from order/documentation – explore building logic to suppress the pharmacy markup when given in the inpatient setting
 - b. Pick list/manual selection – create a separate charge code to reflect cost

References:

- [MassHealth Billing Instructions for LARC Devices](#)
- [PICCK Tips and Tricks for MassHealth Postpartum LARC Billing](#)
- [PICCK LARC Billing Guideline](#)

