

Date
January 16, 2017

AETNA BETTER HEALTH® OF PENNSYLVANIA

Long-acting reversible contraception (LARC) and family planning services reimbursement changes

What has changed?

On November 26, 2016, the Pennsylvania Department of Human Services (DHS) issued a Medical Assistance (MA) Program bulletin notifying providers of positive reimbursement changes for certain family planning and family planning-related services, effective with dates of service on and after **December 1, 2016**.

In accordance with these new MA Program fee schedule changes, Aetna Better Health of Pennsylvania (ABH) will:

- Reimburse hospitals separately for the cost of the device when inserting a LARC intrauterine device (IUD) or contraceptive implant at the time of an obstetrical delivery in addition to the All Patient Refined-Diagnosis Related Group (APR-DRG) payment that hospitals receive for the delivery, for dates of service on or after December 1, 2016.
- Reimburse the professional component fee for insertion of a LARC or contraceptive implant at the time of an obstetrical delivery.
- Reimburse providers according to MA reimbursement guidelines for certain family planning and family-planning related services rendered for dates of service on or after December 1, 2016.

Who this affects

These changes affect MA enrolled acute care general hospitals and providers who render family planning services to Medical Assistance beneficiaries, which include ABH members. These changes apply retroactively to covered services rendered for dates of service on or after December 1, 2016.

What we're doing

We are updating the ABH claims payment system to comply with DHS reimbursement guidelines to pay providers for covered LARC and certain family planning services in accordance with MA reimbursement practices. We expect these updates to be complete by February 1, 2017.

What providers should do

- Continue to provide family planning options to your members, incorporate LARC counseling, and support access to LARC in all clinically appropriate circumstances.

- Facilities should bill for services on the same **inpatient**¹ admission claim form. The claim should include the appropriate procedure code(s) as a separate line item(s) on UB-04 form(s).
 - **Bill Type 11X**
- Practitioners must bill appropriate procedure code(s) and modifier(s) as a separate line item(s) on CMS-1500 forms.
 - **Place of Service 21**

MA Program guidelines: http://dhs.pa.gov/cs/groups/webcontent/documents/document/c_251790.pdf

We're here to help

If you have any questions, call your provider relations representative at **1-866-638-1232**, prompt 3, then prompt 5.

Sincerely,

Aetna Better Health of Pennsylvania

¹ **Note:** Aetna Better Health facility and professional billing requirements differ from MA billing guidelines for LARC services provided in an inpatient setting