Billing & Coding for Immediate Postpartum LARC Wave 2

July 15, 2019
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

Add to calendar by clicking either of these options

Call-in info
ACOG IPLARC Training

- **Next Opportunity:** July 29, Northwestern, Chicago, IL
- Register here: [www.ilpqc.eventbrite.com](http://www.ilpqc.eventbrite.com)
- Training will cover:
  - Capacity building
  - Contraceptive counseling
  - Insertion training
- Each team should have at least one representative(s) attend one of the two trainings (ideally a provider and a nurse attend from each team)
Call Overview

• Team survey results: getting started with billing/coding?
• Support from ILPQC
• IPLARC Billing for Medicaid: Edna Canas, IL Healthcare and Family Services (HFS)
• Team Talk: Rush University
• Billing/Coding Tips
• Getting started using data to drive your QI work
  – IPLARC Data Form and Data Training Calls
IPLARC Initiative Goals

- Increase access to IPLARC
- Educate Patients on contraceptive options
- Educate Providers counseling and placement
- Systems Changes to OB Care Process Flow
- Implement IPLARC Protocol
- Simplify IPLARC Billing
- Stock LARC in Pharmacy
This month’s topic: Billing/Coding

**Aim**
- EMR/IT systems in place for IPLARC tracking
- Hospitals reimbursed for IPLARC insertion
- LARC devices available on site at the hospital for immediate postpartum insertion
- All OB/postpartum units equipped to provide IPLARC
- Patients aware of IPLARC as a contraceptive option
- Trained clinicians available to provide IPLARC

**Primary Drivers**
- Within 9 months of initiative launch, ≥75% of participating hospitals will be providing immediate postpartum LARCs.

**Secondary Drivers**
- Create order set for IPLARC
- Educate providers and staff on IPLARC documentation procedures
- Develop billing mechanism in place for Medicaid and private insurance
- Add devices to formulary
- Assure devices/kits available on all OB/postpartum units in timely manner
- Revise policies/procedures to provide IPLARC
- Educate clinicians and staff on the evidence and clinical recommendations of IPLARC
- Educate clinicians and affiliated prenatal care sites on contraceptive choice counseling
- Train clinicians on IPLARC insertion

**Recommended Key Practices**
1. Assure that all appropriate IT systems are modified to document acquisition, stocking, ordering, placement, counseling, consent, billing and reimbursement for IPLARC.
2. Assure billings codes are in place and that staff in all necessary departments are educated on correct billing procedures.
3. Have protocols in place for billing in/out of network, public/private insurance.
4. Establish communication channel and multidisciplinary support among appropriate departments.
5. Modify L&D, OB OR, postpartum and clinic works flows to include placement of LARC.
6. Store LARC devices on L&D and/or develop process for acquiring devices in a timely manner.
7. Educate providers, nurses, lactation consultants, social workers about clinical recommendations related to IPLARC placement and breastfeeding.
8. Educate clinicians, community partners and nurses on informed consent and shared decision making.
9. Connect with providers and staff at prenatal care sites to ensure they are aware the hospital is providing IPLARC and that education materials are available.
10. Distribute patient education materials that are culturally sensitive and use shared decision making to counsel patients about IPLARC.
11. Participate in hands-on training of IPLARC insertion.
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?

*7 teams reporting

### Inpatient Billing Codes Developed

- IUD only: 14%
- Implant only: 86%
- IUD & implant: 0%
- None: 0%

### Billed for IPLARC

- Yes - Medicaid only: 14%
- Yes - private payers only: 86%
- Yes - Medicaid and private payers: 0%
- No: 0%
- Unsure: 0%

### Received Reimbursement for IPLARC

- Yes, from Medicaid: 29%
- Yes, from private payers only: 71%
- Yes, from private payers & Medicaid: 0%
- No: 0%
- Unsure: 0%
- We haven't billed for or placed any LARC devices: 0%
Key Players Meeting

• Key Players meetings are a **FREE CONSULTATION** held with every team
  – Goal is to schedule all KP meetings before 2020, email Danielle to schedule

• Key Players Meeting - we will come to your hospital!
  – We want to **help you succeed** by:
    • **Partnering with you** to arrange your Key Players meeting.
    • **Assist you** with who to invite at each hospital for most effective meeting with representative from ILPQC
    • **Provide you with a expert clinician** from the IPLARC speakers bureau to partner with you to problem solve, overcome barriers and move implementation forward.
Key Players Meeting

- Key Players meetings are a **FREE CONSULTATION** held with every team
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Kudos to Abraham Lincoln Memorial Hospital for being the first IPLARC Wave 2 team to schedule a Key Players Meeting!
Have you reviewed the IPLARC Fact Sheet yet?

- Use this tool to foster administrator buy-in for immediate postpartum LARC.

**Immediate Postpartum Long-Acting Reversible Contraception Fact Sheet**

**What is Long-Acting Reversible Contraception (LARC)?**

LARC methods are the most effective form of reversible contraception and do not require user action. LARC methods are inserted by a clinician and can be removed at any time (although removal by a clinician is necessary).

**Types of Long-Acting Reversible Contraception**

- **Implant**
  - Hormonal contraceptive implant contains etonogestrel.
  - Effective for up to 4 years.
  - Over 99% effective at preventing pregnancy.
  - Inserted in the upper arm.

- **Copper IUD**
  - Non-hormonal option
  - Effective for up to 12 years.
  - Over 99% effective at preventing pregnancy.
  - Inserted in the uterus.

- **Hormonal IUD**
  - Hormonal IUDs contain levonorgestrel.
  - Effective for 3-5 years.
  - Over 99% effective at preventing pregnancy.
  - Inserted in the uterus.

**What is Immediate Postpartum LARC (IPLARC)?**

IPLARC is the placement of an IUD or implant within the delivery admission period. With few contraindications, IUDs can be safely inserted within ten minutes of placenta delivery and implants can be inserted anytime after delivery and prior to discharge. LARCs are compatible with breastfeeding.

**Recommendations:** National organizations recommend improving access to IPLARC, including the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Family Physicians (AAFP). The Illinois Department of Public Health (IDPH) joined IPQC in promoting IPLARC as a statewide quality improvement initiative to increase women’s access to highly effective contraception options after delivery and reduce barriers to LARC in Illinois.

**IPLARC at Your Hospital?**

1. **2. Improve patient satisfaction**
   - More women want IPLARC than are able to obtain it. When barriers to IPLARC are reduced, women are more likely to choose LARC.
   - Women are highly satisfied with IPLARC. Women using postpartum LARC have high continuation rates 6 months and 1 year following delivery.

2. **IPLARC is convenient.**
   - Women face many barriers in obtaining effective postpartum contraception. Up to 40% of women do not attend their postpartum visits, even at postpartum visits not all women can access LARC with one appointment. Women do not have to return for a separate visit to obtain immediate postpartum LARC; they leave the hospital with effective contraception.

3. **Reduce cost**
   - Healthcare and Family Services (Medicaid) unbundled immediate postpartum from the global delivery fee. Addition to the DRG reimbursement for Labor and Delivery, as an inpatient procedure.

- **IPLARC and the patient.** Providing IPLARC presents an reimbursable service before the patient leaves and while the intended pregnancies are funded by Medicaid, costing the program that offering LARC methods as part of a contraceptive initiative reduces costs associated with unintended pregnancy. (p. 22)

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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
IPLARC Webpage and Toolkit are LIVE

IPLARC Toolkit

1. Initiative Resources
   a. 10 Steps to Getting Started with the ILPQC Immediate Postpartum LARC Initiative
   b. IPLARC 7 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.
IPLARC Reimbursement

- Need strategy for private and public insurance reimbursement
  - Medicaid: separate reimbursement for IPLARC effective July 1, 2015
  - Private insurance - must request revised contract to include IPLARC with private insurers
- Medicaid strategies will be discussed today
LONG-ACTTING REVERSABLE CONTRACEPTION BILLING (LARC Billing)

Dan Holden
July 15, 2019
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
If in MCO -
Bill MCO and follow MCO Billing Guidelines.

If not in MCO -
Bill HFS

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

- 180 day timely filing limit from DOS
  - Exceptions to timely filling requirement and instructions for requesting a time override can be found at:
    https://www.illinois.gov/hfs/SiteCollectionDocuments/NIPSTimelyFiling.pdf
- Use the correct procedure code & NDC
- Use the correct claim invoice - 837P or paper HFS 2360
- Use the correct diagnosis code
- Use the correct POS - 21
- Use the correct NPI - Hospital FFS number
- Follow instructions
LARC Billing = 837P

- Use the Hospital FFS NPI linked to the hospital fee for service 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

- Separate bill - do not include with DRG
- Bill for the Device
- Use current code & NDC
  NDC Guidelines: Appendix A-8
- Use Hospital FFS NPI
- POS 21
Bills for the insertion

Use Practitioner NPI (Section 202.1.4 of the Practitioner Handbook) 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.
Historical LARC Utilization

Utilization at *In-Patient* Hospitals (Place of Service Code 21)

2017 - 53
2018 - 67
2019 - 99

The numbers are trending up with more opportunity as providers become more comfortable with the process.
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
  - 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

2018 Fee Schedule

Downloadable Information
- Practitioner Fee Schedule Updated 06/26/2019 (xls) (pdf)
- Practitioner Fee Schedule Updated 03/08/2019 (xls) (pdf)
- Practitioner Fee Schedule Updated 01/10/19 (xls)
- Practitioner Fee Schedule Key Updated 11/21/18 (pdf)
- Practitioner Fee Schedule Updated 11/08/18 (xls)
- Practitioner Fee Schedule Key Updated 11/08/18 (pdf)
- Practitioner Fee Schedule Updated 08/07/18 (xls)
- Psychiatric Services Add-On Fee Schedule 07/01/18 (pdf)
- Practitioner Fee Schedule Key Updated 06/14/18 (pdf)
- Practitioner Fee Schedule Updated 07/27/18 (xls)
- Modifier Listing updated 07/27/18 (xls)
- Practitioner Fee Schedule Updated 05/23/18 (xls)
- Practitioner Fee Schedule Updated 04/20/18 (xls)
- Practitioner Fee Schedule Updated 03/08/18 (xls)
- Practitioner Fee Schedule Key Updated 03/31/17 (pdf)
- Modifier Listing Updated 01/01/2017 (pdf)
- Lab Rates (pdf)
## Illinois Department of Healthcare and Family Services

### Practitioner Fee Schedule

**Effective 04/01/2019**

**Updated 06/20/2019**

This fee schedule applies to charges submitted by the following providers: Advanced Practice Nurses, Dentists providing medical services, Fee-For-Service Hospitals, Imaging Centers, Independent Diagnostic Testing Facilities (IDTFs), Independent Laboratories, Local Health Departments, Optometrists providing medical services, Physicians, and Portable X-ray Companies. Encourager Rate Clinics (ERCs), Federally Qualified Health Centers (FQHCs), and Rural Health Centers (RHCs) should utilize this fee schedule for a listing of covered services billable as detail codes.

Please note the appearance of a code on this fee schedule does not guarantee payment. Services for which medical necessity is not clearly established are not covered by the Department’s Medical Programs. See Handbook for Providers of Medical Services, Topic 104 and Practitioners Handbook, Section 204 for additional exclusions. Updates are based on periodic modifications to the HCPCS/HCPT code set.

CPT codes and descriptions only are copyrighted by the American Medical Association. All Rights Reserved. Applicable FARS/FARs apply. National Correct Coding Institute (NCCI) edits apply.

*2.7% rate reductions shown in a separate column do not apply to: Physicians, Dentists, Advanced Practice Nurses, FQHCs, RHCs, ERCs, or Local Health Departments.*

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<td>U</td>
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<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
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<td>Y</td>
<td>Y</td>
<td>N</td>
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<td>U</td>
<td>G4</td>
<td>04/01/19</td>
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<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
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<td>232.55</td>
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<td>J7246</td>
<td>T</td>
<td>G4</td>
<td>04/01/19</td>
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<td>Y</td>
<td>N</td>
<td>Y</td>
<td></td>
<td></td>
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<td></td>
<td>11.324</td>
<td>48</td>
<td>543.55</td>
<td>11.92</td>
</tr>
</tbody>
</table>
Use Correct Form

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

- 877-782-5565, Option 1 - To continue in English, Option 2 - Provider
  - 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
TEAM TALK: RUSH UNIVERSITY MEDICAL CENTER
ILPQC IPLARC INITIATIVE

TEAM TALK:
GETTING STARTED

RUSH UNIVERSITY MEDICAL CENTER
MELISSA HOLLAND, MSN, RNC-OB
PERINATAL SAFETY NURSE
ABOUT RUSH UNIVERSITY MEDICAL CENTER / RUSH FAMILY BIRTH CENTER

- **LOCATION**: Chicago, IL (Medical District)

- **TOTAL BEDS**: 664 (includes both adult and pediatric units)

- **DESIGNATIONS**: IDPH Designated Level III Perinatal Center & Baby-Friendly USA Designated Baby-Friendly Hospital

- **TOTAL LABOR AND DELIVERY ROOMS**: 10 Labor and Delivery Suites, 5 Triage Rooms, 4 Pre/Post-Op Beds & 3 Operating Rooms

- **TOTAL POSTPARTUM ROOMS**: 34 Mother-Baby Couplet Rooms

- **TOTAL NICU ROOMS**: 60

- **FY 18 TOTAL DELIVERIES**: 2219
IPLARC TEAM

- Sloane York, MD – OB/Gyne – Team Lead
- Melissa Holland, RN – Perinatal Safety RN – Team Lead
- Nicole Albold, RN – Lactation Consultant
- Kalah Bermudez, RN – Labor and Delivery
- Kelly Fitzgerald, NP – Women’s Health Care Nurse Practitioner
- Ramona Hunter, RN – Clinical Nurse Educator OB Services
- Cheryl Liggett, RN – Epic Analyst
- Tracy Oray – Manager – Revenue Integrity
- Crystal Pearson – Supervisor – Revenue Integrity
- Alicia Robinson, RN – Mother Baby Unit
- Patricia Sanchez – Director – Hospital Billing
- Beth Shields, PharmD – Associate Pharmacy Director
- Jayme Trevino, MD – OB/Gyne resident (R2)
Rush University Medical Center (RUMC) began offering immediate postpartum LARC placement in 2014 through the Ryan Grant Program. They became available on formulary in February 2018.

We currently offer Lileta or ParaGard IUDs and Nexplanon implants.

Sloane York, Kelly Fitzgerald and Beth Shields were all instrumental in implementing the initial IPLARC availability on L&D and MBU.

- In addition to the OB units, LARC devices are also available for insertion in the main hospital ORs and gyne units.
WHAT WE’VE DONE SO FAR

PROGRESS...
June 4, 2019 – Kick off meeting and pre-implementation planning begins

August 1, 2019 – Needs assessments completed and pre-implementation planning in process

September 30, 2019 – Planning complete with workflows, documentation and patient education processes in place

October 22, 2019 – Staff education complete.

November 1, 2019 – Full Project Implementation go-live
# 30-90-150 Day Plan Draft

**Overall Goal:**
- **30 Day:** Complete a needs assessment
- **90 Day:** Assess knowledge & create an education plan
- **150 Day:** Implementation

### Tasks to Achieve Goal:

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establish monthly team meetings</td>
<td>Melissa Holland</td>
</tr>
<tr>
<td>2. Review current inpatient &amp; outpatient practices including pt counselling, billing/coding practices, documentation</td>
<td>Team</td>
</tr>
<tr>
<td>3. Review product availability &amp; current usage</td>
<td>Team/Pharmacy</td>
</tr>
<tr>
<td>1. Pre-test staff knowledge (MD, RN &amp; APN)</td>
<td>Ramona</td>
</tr>
<tr>
<td>2. Review pre-test results</td>
<td>Ramona/Team</td>
</tr>
<tr>
<td>3. Create &amp; execute an education plan based on results</td>
<td>Ramona/Team</td>
</tr>
<tr>
<td>1. Ensure appropriate EMR systems and LARC supplies are in place</td>
<td>Cheryl &amp; Beth</td>
</tr>
<tr>
<td>2. Create workflows for inpatient &amp; outpatient</td>
<td>Kelly &amp; OB res</td>
</tr>
<tr>
<td>3. Create practice protocol/guideline</td>
<td>Ramona &amp; Melissa</td>
</tr>
</tbody>
</table>
- We will track our “Structure Measures” throughout the planning and implementation process and will update this dashboard to show progress.
- Team members providing staff education will track the “Process Measures”.
- Pharmacy will provide data to track the “Outcome Measures”.
- RN Team leads will do monthly random chart audits of 10 pts/month.
WHAT WE’VE LEARNED SO FAR
This is where the bulk of the work is needed.

- There is no standardized education being provided to patients re: contraception options.
  - Everyone reports offering counseling with no standardized approach.

- There is no standardized documentation of contraception education in the prenatal setting.
  - Only patients’ contraception plans are documented in the prenatal visit note/ H&P, not education of options

- Upon admission, RNs are only prompted to ask patients if they plan to have a tubal ligation not any other contraception plans.
PHARMACY – CURRENT IPLARC USE

4/2019 - 6/2019

- ParaGard
- Lileta
- Nexplanon
- Total Deliveries

April May June

- April: 10
- May: 239
- June: 204

- Lileta
- Nexplanon
- Total Deliveries

- April: 3
- May: 6
- June: 6
Reimbursements are confusing!

Coding elements are already in place. Need to verify they are complete and accurate.

Providers may not be writing the notes they need to in order to be reimbursed for IPLARC placement.

We were not tracking reimbursement for IPLARCs being placed. We are awaiting data collection.

- The team was unaware of Medicaid unbundling LARC placement. It is possible that none of the post-delivery LARC devices placed at Rush since 2018 have been reimbursed.
<table>
<thead>
<tr>
<th>NEXT STEPS 60 – 90 DAYS</th>
</tr>
</thead>
</table>

**STAFF EDUCATION PLAN (PART 1):**

- Develop and administer a staff knowledge pre-test for RNs, MDs, & APNs both inpatient and outpatient
- Review pre-test results

- Establish and test IPLARC billing codes & review reimbursement

- Review patient consent process and use of electronic consents in the outpatient setting

- Finalize data collection plan

- Begin pre-implementation chart audits of documentation for patients who received IPLARC

- Review current RN & MD inpatient documentation and identify opportunities for improved workflows/documentation

- Review current MD outpatient documentation and identify opportunities for improved workflows/documentation

- Create an Epic dot phrase for contraception counseling

- Investigate options for outpatient Epic dot phrase to flow to inpatient setting

- Schedule "Key Player" meeting
### NEXT STEPS 90+ DAYS

| Plan for anticipated increased supply demand for stocking/ordering |
| Create standardized patient education about contraception options for both inpatient and outpatient settings |
| Create standardized workflows for providing and documenting contraception education in both inpatient and outpatient settings |
| Create standardized workflows for patients who desire postpartum IUD on L&D and implant on MBU |
| Standardize RN documentation of patient contraception education and plans |
| Develop an IPLARC Protocol or Guideline for both IUD on L&D and implant on MBU |

**STAFF EDUCATION PLAN (PART 2):**

- Create and begin executing an education plan for both the inpatient and outpatient settings
- Complete inpatient and outpatient staff education plans
It looks like you're trying to avoid pregnancy, would you like some help with that?
BILLING/CODING TIPS
Review the IPLARC Medicaid Billing/Coding tip sheet and share with billing/coding colleagues!

Immediate Postpartum LARC TIP SHEET: Medicaid Billing/Coding & Reimbursement

Did you know? Medicaid Managed Care Organizations (MCOs) are required under contract to provide the same services as Medicaid fee-for-service (FFS) and must submit the same information to Medicaid.

Billing/Coding Checklist

*Before checking to see if your hospital was reimbursed, check to see if the following steps were followed. Please see the Detailed Billing Guidance section, below, for additional information on these steps.*

<table>
<thead>
<tr>
<th>Steps</th>
<th>Yes, completed</th>
<th>No, not completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital documentation before claim:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify the patient’s Medicaid/MCO plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Device ordered and documented in medical record</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Device scanned into MAR and documented by nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Device inserted and documented in medical record</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If practitioner not salaried by hospital, then</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Appropriate CPT code billed for insertion in addition to delivery charge (this may be done differently by each private provider)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Practitioner’s individual National Provider Identification (NPI) used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation on claim:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed the appropriate form:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Electronic claim form: 837P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Paper claim form:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Traditional Medicaid fee-for-service - HFS 2360.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. MCO - HCFA 1500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used hospital’s fee-for-service/facility NPI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identified the appropriate National Drug Code (NDC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Billed appropriate device J-code</td>
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</tr>
<tr>
<td>Included appropriate ICD-10 CM and PCS diagnosis code</td>
<td></td>
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<tr>
<td>Designated place of service (POS) as “in-patient hospital,” POS 21.</td>
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</table>
**Billing Checklist**

<table>
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<tr>
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<th>Yes, completed</th>
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<tr>
<td>Designated place of service (POS) as “in-patient hospital,” POS 21.</td>
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</table>
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.
## IUD Codes

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description of what you did</th>
</tr>
</thead>
<tbody>
<tr>
<td>58300</td>
<td>Insertion of IUD&lt;sup&gt;a&lt;/sup&gt;</td>
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</tbody>
</table>

### HCPCS – J Code

<table>
<thead>
<tr>
<th>HCPCS – J Code</th>
<th>Brand Name</th>
<th>Description</th>
<th>NDC Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>J7296</td>
<td>Kyleena</td>
<td>Levonorgestrel-releasing intrauterine contraceptive, 19.5 mg</td>
<td>5041942401</td>
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<tr>
<td>J7297</td>
<td>Lilleta</td>
<td>Levonorgestrel-releasing intrauterine contraceptive, 52mg, 3yr</td>
<td>00023585801 52544003554</td>
</tr>
<tr>
<td>J7298</td>
<td>Mirena</td>
<td>Levonorgestrel-releasing intrauterine contraceptive, 52mg, 5yr</td>
<td>50419042101 50419402301</td>
</tr>
<tr>
<td>J7300</td>
<td>Paragard</td>
<td>Intrauterine copper contraceptive</td>
<td>51285020401 51285020402</td>
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<tr>
<td>J7301</td>
<td>Skyla</td>
<td>Levonorgestrel-releasing intrauterine contraceptive, 13.5 mg</td>
<td>50419042201</td>
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</table>

### ICD-10 CM

<table>
<thead>
<tr>
<th>ICD-10 CM</th>
<th>Description of why you did the insertion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z30.430</td>
<td>Encounter for initial prescription of intrauterine contraceptive device (IUD)&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>Z30.014</td>
<td>Encounter for insertion of intrauterine contraceptive device (IUD)&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

### ICD-10 PCS for INPATIENT HOSPITAL

- Encounter for insertion of an intrauterine contraceptive device

Possible ICD-10 PCS: 0UH97HZ, 0UH98HZ, 0UHC7HZ, or 0UHC8HZ (Use with any of the above IUD J-codes)

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

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description of what you did</th>
</tr>
</thead>
<tbody>
<tr>
<td>11981</td>
<td>Insertion of non-biodegradable drug delivery implant³</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HCPCS – J Code</th>
<th>Brand Name</th>
<th>Description</th>
<th>NDC Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>J7307</td>
<td>Nexplanon</td>
<td>Etonogestrel implant system, including implant and supplies</td>
<td>00052433001, 00052027401</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-10 CM</th>
<th>Description of why you did the insertion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z30.017</td>
<td>Encounter for prescription of implantable subdermal implant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-10 PCS for INPATIENT HOSPITAL</th>
<th>Encounter for prescription of implantable subdermal implant (IMPLANT)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Possible ICD-10 PCS: 0H8BXZZ, 0H8CXXZ, 0H8DXZZ, 0H8EXZZ, 0JH60HZ, 0JH63HZ, 0JH80HZ, 0JH83HZ, 0JHD0HZ, 0JHD3HZ, 0JHF0HZ, 0JHF3HZ, 0JHG0HZ, 0JHG3HZ, 0JHH0HZ, 0JHH3HZ, 0JHL0HZ, 0JHL3HZ, 0JHN0HZ, 0JHN3HZ, 0JHM0HZ, 0JHM3HZ, 0JHP0HZ, or 0JHP3HZ. (Use with J7307)</td>
</tr>
</tbody>
</table>

Ensure the appropriate NDC number was used! Check with your pharmacist!
Strategies for Reimbursement for Privately Insured Patients

- Ask for the contract to be amended either as an addendum or as a part of contract renegotiations.
- Example language: *Treat intrauterine devices and contraceptive implants as a carve out for hospital inpatient payment modeled like they do for implants or devices.*

Counseling Patients with Private Insurance on Immediate Postpartum LARC

Immediate postpartum LARC should be offered to every patient, every time, regardless of insurance type.

**Strategies for ensuring reimbursement from private payers:**

**For your patient:**

- Obtain prior authorization from the patient’s insurance especially if deliveries need precertification.
- Ask the patient to call her insurance company to ensure coverage of the devices in the inpatient setting; if need be ask for prior authorization.
- Order the device in the outpatient clinic and have the patient bring it with her to L&D.
- Have the patient obtain the device at the hospital’s outpatient pharmacy or another outpatient pharmacy and bring it with her to L&D.

**For your Hospital/health system:**

- Connect with the contract representative for private payers accepted by your hospital to see if reimbursement for inpatient LARC devices is covered.
- Work with your hospital financial office representative to explore renegotiating your hospital’s contracts with private payers to include reimbursement for inpatient ordering and insertion of LARC devices:
  - During regular contract renegotiations or,
  - As an addendum to the existing contract.

**Example script for discussing immediate postpartum LARC coverage with patients with private insurance in the context of comprehensive contraceptive counseling options:**

We are able to offer immediate postpartum insertion of implants and IUDs to our patients. This means that you can leave the hospital with very effective, reversible birth control and you do not have to wait until your 4-6-week postpartum visit to obtain an IUD or implant. [Explain risks/benefits of immediate postpartum IUD & implant insertion.]

However, we need to confirm coverage with your insurance provider. There are some strategies we can look into together to see if this is covered. If this device is not covered by your insurer, you may be responsible for the costs of the device (this can be up to $1000). We do not have to make a decision about immediate postpartum insertion of these devices today, but if you would like we can work together to get your desired birth control immediately after delivery, before you leave the hospital.
GETTING STARTED USING DATA TO DRIVE YOUR QI WORK
# Aims and Measures

<table>
<thead>
<tr>
<th>Overall Initiative Aim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 9 months of initiative start, ≥75% of participating hospitals will be providing immediate postpartum LARCs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Structure Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>IT/EMR systems that allow for documentation of IPLARC placement for tracking, and documentation</td>
</tr>
<tr>
<td>Coding / billing strategies in place for reimbursement for IPLARC</td>
</tr>
<tr>
<td>IPLARC devices stocked in the inpatient pharmacy</td>
</tr>
<tr>
<td>IPLARC protocols in place for labor and delivery and postpartum units</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>Implemented standardized education materials and counseling protocols* for patients during delivery admission regarding contraceptive options including IPLARC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Process Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educated all participating providers/nurses on benefits of IPLARC, protocols, counseling &amp; IPLARC placement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome Measure, among participating hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>By increasing access to IPLARC, increase in utilization of IPLARC</td>
</tr>
</tbody>
</table>

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

ILPQC - IPLARC Data Collection Form

ILPQC-PLQRC Data Collection Form

IPLARC Process Measures: Cumulative Percent of Nurses, Lactation Consultants, and Social Workers Trained on IPLARC Evidence and Protocols

ILPQC IPLARC Initiative: Cumulative Percent of Nurses, Trained on IPLARC Evidence and Protocols, 2015-2019
Login and go to "My Projects" Tab
Tab 1: Dashboard

Please select the reporting month: Dec 2018

1. Establish and test billing codes and test process for timely reimbursement.

2. Add LARC devices to formulary, stock in pharmacy, and make available on L&D/postpartum.

3. Modify IT/EMR for documentation of: acquisition, stocking, ordering, comprehensive contraceptive counseling including IPLARC, consent, IPLARC placement, and billing.

4. Implement IPLARC protocol on L&D/mother baby through protocols/process flow changes.

5. Educate all providers, nurses, staff on IPLARC benefits, clinical recommendations, and protocols as well as providers on counseling and placement of IPLARC.

6. Standardize patient education (on all contraceptive options including IPLARC) and process flow for providing education and documenting education/counseling for all patients at affiliated prenatal care sites and on L&D/mother baby units.

7. Communicate launch of IPLARC availability during delivery admission with affiliated prenatal care sites.
Structure Measure Reports

ILPQC IPLARC Initiative: Percent of Hospitals with Protocols/Process Flow
All Hospitals 2018-2019

- Hospital-level progress
- Initiative wide progress
Process and Outcome Measure Reports
Next Steps for Data Collection

Review Data form
- Orient yourself to the form and determine workflow
- Ensure REDCap access to appropriate team members

Start Data Collection
- Data entry begins April 2019
- Review ILPQC slide on “How often to submit data”

Attend REDCap Training
- Attend the REDCap data training call to learn how to optimize use of the IPLARC data system - July 17th 2-3pm

Email info@ilpqc.org or Danielle.young@northwestern.edu with your questions.
Want to learn how to optimize use of the IPLARC data system to help drive QI at your hospital? Tune into an upcoming IPLARC REDCap Training Call!

Wednesday, July 17, 2-3pm

All Wave 2 teams have been added to REDCap!
## When and how often to submit the data?

<table>
<thead>
<tr>
<th><strong>Data Collection Form(s) Name</strong></th>
<th><strong>IPLARC Data</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Data Collection Start</strong></td>
<td>April 2019</td>
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</tbody>
</table>
| **Data Due Date**               | April – July due August 31\(^{st}\)  
August data and ongoing due 15\(^{th}\) of first month of the next quarter (i.e. August data due Sept 15) |
| **Who/what are we collecting data on?** | Track your QI work: patient and provider education, protocol implementation, process flow etc. |
UPCOMING EVENTS
# IPLARC Calls

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>July 15, 12-1pm</td>
<td>IPLARC Wave 2: Billing &amp; coding</td>
</tr>
<tr>
<td>July 17, 2-3pm</td>
<td>ILPQC IPLARC Data System Training Call</td>
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<tr>
<td>July 29</td>
<td><strong>ACOG/ILPQC IPLARC Training, Chicago, IL</strong></td>
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<tr>
<td>August 19, 12-1pm</td>
<td>IPLARC Wave 2: Stocking &amp; pharmacy</td>
</tr>
<tr>
<td>September 16, 12-1pm</td>
<td>IPLARC Wave 2: Protocols and checklists</td>
</tr>
<tr>
<td>October 21, 12-1pm</td>
<td>IPLARC Wave 2: Standardizing comprehensive contraceptive counseling (prenatal &amp; delivery admission)</td>
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Archived ACOG LARC Webinars

• View archived webinars from ACOG on LARC 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.

ACMG 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.

AMA PRA Category 1 Credit(s)™
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College Cognate Credit(s)
The American College of Obstetricians and Gynecologists designates this live activity for a maximum of 1 Category 1 College Cognate Credit. The College has a reciprocity agreement with the AOA that allows AMA PRA Category 1 Credits™ to be equivalent to College Cognate Credits.
SAVE THE DATE

ILPQC 7th Annual Conference
Monday, November 4, 2019
Westin Lombard
QUESTIONS?
Contact

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