

Office-Based LARC Table for Medicaid Providers

NC Medicaid covers all currently FDA-approved long-acting reversible contraceptive (LARC) methods (Mirena™, Nexplanon™, Paragard™, Skyla™, Liletta™, Kyleena™). In October 2017, NC Medicaid announced a new reimbursement methodology for contraceptives and vaccines billed under the Physician Drug Program (see #1 below). Reimbursement for contraceptives purchased by Medicaid providers for office use will be reimbursed at a rate 6% above Wholesale Acquisition Cost (WAC). This methodology also applies to contraceptive injections (Depo Provera).

The Physician Drug Program is the preferred method for provider-administered contraceptives to avoid wastage of LARC devices and to have products immediately available for same-day access. When contraceptives are ordered through the Outpatient Pharmacy Program (see #2 below) from a specialty pharmacy, Medicaid is billed at the time the product is dispensed. The patient must return for placement once the product is shipped to the practice. Each device is labeled for the specific patient for whom it was ordered and cannot be re-used if the patient does not return for placement.

1. Preferred Method: Physician Drug Program (“buy and bill”)

- The practice purchases the device from the manufacturer or a wholesaler and bills Medicaid for the device and the insertion at the time of insertion
- Pros: Device is available at the time the patient requests it; no wastage
- Refer to the online NC DMA Physician Drug Program Fee Schedule for current reimbursement rates: <https://medicaid.ncdhhs.gov/providers/fee-schedules/physician-administered-drug-program-fee-schedule>

Product	HCPSC Code	Cost to provider per individual unit*	Physician Drug Program reimbursement rate**	Effective date for this reimbursement rate
Mirena™	J7298-FP	\$999.28*	\$1,061.26	3/1/20
Nexplanon™	J7307-FP		\$1,092.48	10/1/20
Paragard™	J7300-FP	\$884.50***	\$984.45	3/1/20
Skyla™	J7301-FP	\$832.07*	\$926.09	1/1/21
Liletta™	J7297-FP	\$845.10****	\$940.60	1/1/21
Kyleena™	J7296-FP	\$999.28*	\$1,112.20	1/1/21

*Bayer WHC Support, 2/3/20

**NC DMA Physician Drug Program Fee Schedule, 1/28/21

***Cooper Surgical, 2/3/20

****<https://www.lilettahcp.com/resources##>, 2/3/20

2. Alternate Method: Outpatient Pharmacy Program (“specialty”, “retail”, “point-of-sale” pharmacy)

- The practice orders the device from a specialty pharmacy for a specific patient
- Pros: the practice does not have to pay up front for the device
- Cons: the device needs to be ordered in advance of the patient visit for insertion; potential wastage if device is ordered but not inserted as it cannot be used for another patient or returned

- There are return programs for Mirena™, Kyleena™, Skyla™, and Paragard™ units covered by Medicaid that were “abandoned” (the patient did not return for placement within 90 days of the device being dispensed). These devices are destroyed because they were dispensed to individual patients; the state receives a credit. For more information, contact your Bayer or Teva Women’s Health representative.