

Long Acting Reversible Contraceptive (LARC) Reimbursement to Hospitals – Effective July 1, 2019.

We appreciate the partnership we have with our hospitals to improve the health and wellness of our members. To support maternal health and to help prevent unwanted pregnancies, we are pleased to share our Long Acting Reversible Contraceptive (LARC) program for our Medicaid and Child Welfare managed care members.

Beginning July 1, 2019, Sunshine Health will pay for LARC procedures completed during a member's inpatient delivery stay in addition to the diagnostic related group, or DRG, rate.

On the following page, you will find important billing guidance, including coding and coverage requirements. Inpatient LARC services will be reimbursed at the hospital's contracted rate and do not require prior authorization.

If you have any questions about our LARC program, please contact Provider Services at 1-844-477-8313. Together, we can work to engage and support women in family planning, and educate them on the importance of taking a more active role in their health.

Long Acting Reversible Contraceptive (LARC) Program

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Billing Guidance



LARC codes	Drug name	Dosage form	Age	Allowable units/coverage requirements
J7296	Kyleena 19.5 mg	IUD	18-41	1 unit per claim, up to 3 claims per year
J7297	Liletta (52 mg) 18.6 mcg/day	IUD	16-45	1 unit per claim, up to 3 claims per year
J7298	Mirena (52 mg) 20mcg/24 hr	IUD	18-65	1 unit per claim, up to 3 claims per year
J7300	Paragard Intrauterine Copper	IUD	13-44	1 unit per claim, up to 3 claims per year
J7301	Skyla 13.5 mg	IUD	12-65	1 unit per claim, up to 3 claims per year
J7307	Nexplanon 68 mg	IMPL	18-40	1 unit per claim, up to 3 claims per year