Effective July 1, 2017

Long Acting Reversible Contraceptive Devices (LARCs)

Effective July 1, 2017, Montana Medicaid will allow Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) to unbundle the LARC device. FQHCs and RHCs are eligible for add-on reimbursement for LARCs. Reimbursement shall be separate from the FQHC/RHC PPS rate and will be equal to the actual acquisition cost (AAC).

Billing Procedures:
In order to be reimbursed from Montana Medicaid for LARCs, claims must be submitted either electronically or on a UB-04 claim form using revenue code 636 and the following allowed procedure codes:

J7297 - Liletta
J7298 - Mirena
J7300 - ParaGard
J7301 - Skyla
J7307 - Implanon/Nexplanon
Q9984 - Kyleena (CMS will issue a permanent JCode that will be effective 01/01/2018)

The insertion and device can be billed on the same claim form.

Non- 340B Provider
Montana Medicaid requires all claims submitted for physician administered drugs to include the National Drug Code (NDC), the appropriate CPT/HCPCS codes, and the units administered for each code. Montana Medicaid reimburses only in the case where a drug is manufactured by companies that have a signed drug rebate agreement with the Centers for Medicare and Medicaid Services (CMS).

340B Provider
If you are a 340B provider, please notify Montana Medicaid. Currently, 340B drugs do not require an NDC to be submitted on the claim.

Contact Information
If you have any questions, please contact:
Valerie St. Clair, Hospital Program Officer, at vstclair@mt.gov or (406) 444-4834.

For additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email MTPRHelpdesk@conduent.com.

Visit the Montana Healthcare Programs Provider Information website at www.medicaidprovider.mt.gov.