

Long-Acting Reversible Contraception (LARC) ‘Buy and Bill’ Model

> Key Points and Considerations

Long-acting reversible contraceptives (LARCs), including IUDs and implants, are considered highly effective in preventing pregnancy. However, they can be difficult for patients to access because the nature of this contraceptive method requires a provider to obtain a device that can range in cost from \$500-\$1,000. Providers can purchase devices through specialty pharmacies that process reimbursement for the device through a patient’s insurance. However, this process can take multiple days or weeks to complete and requires the patient to return for a second visit after the initial contraceptive counseling occurs and a LARC is chosen as their desired method of contraception. This two-visit experience can be burdensome to the patient and may result in them not returning for the insertion at all or becoming pregnant between the first and second visit.

Providers can overcome these barriers by adopting a **“buy and bill”** model. This practice pattern requires providers to order and pay the upfront costs to stock LARC devices in their office. After the provider uses a stocked LARC for a patient, the provider bills the patient’s insurance for the device and gets reimbursed accordingly.

Regardless of a practice’s available stock of LARCs in the office, providers should promote patient education and shared decision-making models that include all methods of contraception. Providers should never steer a patient towards a form of contraception because of the up-front cost the office paid for the stocked devices or because it is more convenient for them.

Benefits of having an inventory of available LARCs in office:

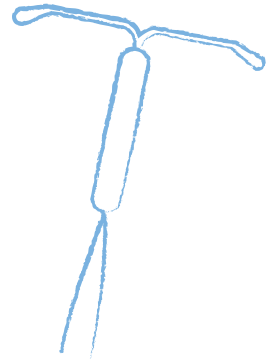
- LARC becomes a more viable option for the patient because same-day insertion is made possible with ready inventory.
- Greater convenience for the patient, as no second visit is required.
- Same-day availability reduces the possibility of an unwanted pregnancy between the initial consult and the insertion of the contraceptive method.

Challenges of a “buy and bill” model:

- Requires practices/providers to invest in inventory. At a cost of \$500-\$1,000 per device, this can be challenging depending on the size and financial status of the practice.
- Careful inventory control and coding is necessary to ensure reimbursement for devices.
- Potential for inventory waste if ordered numbers of devices are not used before their expiration date, which makes appropriate projection of needs important.

> Questions to consider when moving to a Buy and Bill Model

1. What data does your practice have to forecast inventory needs based on past service delivery (including provider/patient preferences and coverage by insurers)?
2. Does the office have available space to securely stock LARCs?
3. Which staff will be responsible for managing the ordering and inventory process?
4. What internal approval or financial/operational steps must be in place to use practice capital to order inventory?
5. What, if any, discounts are available to your practice?
 - Bulk purchasing discounts – some brands offer discounts for as few as 5 devices
 - 340B discounts
6. What is the return policy from each manufacturer if stocked devices are not used before their expiration date or are damaged before insertion?



> Resource

- [ACOG Long-Acting Reversible Contraception \(LARC\) Administrative & Infrastructure Support \(in-office & hospital use\)](#)