



TO: Outpatient Hospitals

RE: Coding Change for Hydroxypogesterone Caproate

Effective June 30, 2017, the Department of Social Services (DSS) is end dating Healthcare Common Procedure Coding System (HCPCS) code J1725 - *Injection, hydroxypogesterone caproate*.

For dates of service July 1, 2017 and forward, outpatient hospitals must use one of the following HCPCS codes listed below in place of J1725:

Procedure Code	Description
Q9985	Injection, hydroxyprogesterone, caporate, NOS 10 mg
Q9986	Injection, hydroxyprogesterone, caporate, (Makena), 10 mg

HCPCS codes Q9985 and Q9986 are eligible for reimbursement to outpatient hospitals effective July 1, 2017 and forward via the Ambulatory Payment Classification (APC) methodology. A follow up important message will be sent once the Connecticut Medical Assistance Program's (CMAP's) Addendum B is updated and posted. The updated version will include coverage for Q9985 and Q9986.

CMAP's Addendum B can be accessed and downloaded by going to the CMAP Web site: www.ctdssmap.com and selecting the "Hospital Modernization" Web page.