



Connecticut Medical Assistance Program

Policy Transmittal 2018-17

Provider Bulletin 2018-38

July 2018

Roderick L. Bremby, Commissioner

Effective Date: July 1, 2018

Contact: Refer to Responsible Units Section

TO: Physicians, Physician Assistants, Advanced Practice Registered Nurses, Certified Nurse Midwives, Family Planning Clinics and General Acute Care Hospitals

RE: Increasing the Reimbursement Rates for Select Long-Acting Reversible Contraceptive Devices

The Department of Social Services (DSS) is updating the reimbursement rates for select Long-Acting Reversible Contraceptive (LARC) devices.

schedule. Hospitals should utilize Connecticut Medical Assistance Program (CMAP) Addendum B to determine the payment type for outpatient hospital procedures.

Effective for dates of service July 1, 2018 and forward, DSS is increasing the reimbursement rate for the following LARC devices on the physician office and outpatient services fee schedule as follows:

CMAP’s Addendum B can be accessed via the www.ctdssmap.com Web site by selecting the “Hospital Modernization” Web page. CMAP’s Addendum B (Excel) is located under “Important Messages – Connecticut Hospital Modernization”.

| Code | Description | Price |
|-------|----------------------|----------|
| J7296 | Kyleena 19.5 mg | \$908.97 |
| J7298 | Mirena 52 mg | \$908.97 |
| J7301 | Skyla 13.5 mg | \$756.87 |
| J7307 | Etonogestrel implant | \$890.30 |

Inpatient Hospitals

Inpatient hospitals will be separately reimbursed for a LARC device provided in the inpatient hospital setting when the LARC is billed on an outpatient claim. If the LARC is inserted immediately post-partum, the services related to the labor and delivery provided by the hospital will continue to be billed on the inpatient hospital claim and reimbursement for the LARC will be made to the hospital in addition to the Diagnosis Related Group (DRG) reimbursement for labor and delivery.

Additionally, effective for dates of service July 1, 2018 and forward, DSS is increasing the reimbursement rate for Kyleena, 19.5 mg (HCPCS code J7296) on the clinic - family planning / abortion fee schedule to \$249.00.

Hospitals

Outpatient Hospitals

Reimbursement for LARC devices in the outpatient hospital setting will be determined by the specific procedure code billed for the LARC device inserted/placed. The reimbursement rate for LARC devices will be the rate published for the specified procedure code on the physician office and outpatient services fee schedule or, for 340B hospitals, the clinic - family planning / abortion fee

The reimbursement rate for the LARC device inserted/placed as part of an inpatient admission will be determined by the rate published for the specified procedure code on the physician office and outpatient services fee schedule or, for 340B hospitals, the clinic - family planning / abortion fee schedule.

Accessing the Fee Schedules

The updated fee schedules can be accessed and downloaded by accessing the Connecticut

Medical Assistance Program Web site: www.ctdssmap.com. From this Web page, go to "Provider", then to "Provider Fee Schedule Download". Click on the "I accept" button and proceed to the appropriate fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select "Open".

For questions about billing or if further assistance is needed to access the fee schedules on the Connecticut Medical Assistance Program Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by DXC Technology.

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