



Connecticut Medical Assistance Program

Policy Transmittal 2018-32

Provider Bulletin 2018-79

December 2018

Roderick L. Bremby, Commissioner

Effective Date: January 1, 2019

Contact: Refer to Responsible Units Section

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

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

The Department of Social Services (DSS) is updating the reimbursement rate for Liletta, a Long-Acting Reversible Contraceptive Device (LARC).

Effective for dates of service January 1, 2019 and forward, DSS is increasing the reimbursement rate for Liletta on the physician office and outpatient fee schedule as follows:

Code	Description	Price
J7297	Liletta 52 mg	\$684.38

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 fee schedule or, for 340B hospitals, the family planning clinic fee schedule. Hospitals should utilize Connecticut Medical Assistance Program Addendum B to determine the payment type for outpatient hospital procedures.

CMAF’s Addendum B can be accessed via the www.ctdssmap.com Web site by selecting the “Hospital Modernization” Web page. CMAF’s Addendum B (Excel) is located

under “Important Messages – Connecticut Hospital Modernization”.

Inpatient Hospitals

Inpatient hospitals will be separately reimbursed for LARC devices provided in the inpatient hospital setting. To receive separate reimbursement for the LARC device, the hospital shall bill the LARC on an outpatient hospital claim. 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 fee schedule or, for 340B hospitals, the family planning fee schedule.

All other services related to the inpatient stay shall continue to be billed on the inpatient hospital claim and reimbursed based on the inpatient hospital payment methodology.

Accessing the Fee Schedules

The updated fee schedules can be accessed and downloaded from 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.

Responsible Unit:

Physicians, APRNs, PAs and CNMs: Dana Robinson-Rush, Medical Policy Consultant at (860) 424-5615.

General Acute Care Hospitals: Colleen Johnson, Medical Policy Consultant at (860) 424-5195.

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