



TO: General Acute Care Hospitals, Family Planning Clinics, Physicians, Advanced Practice Registered Nurses (APRN), Certified Nurse Midwives (CNM), and Physician Assistants (PA)
RE: Coverage for Kyleena –Intrauterine Device (IUD)

Effective November 1, 2016, the Department of Social Services is adding coverage for Kyleena, Long-Acting Reversible Contraceptive (LARC) device that became available in the marketplace October 10, 2016. Coverage for Kyleena is available under HUSKY A, B, C, D and the Family Planning – Limited Benefit (FAMPL) programs.

GENERAL ACUTE CARE HOSPITALS

Coding and Claims Submission

Until a unique Healthcare Common Procedure Coding System (HCPCS) code is assigned, outpatient hospitals should submit for reimbursement of Kyleena by billing with an applicable Revenue Center Code (RCC), HCPCS code C9399-*Unclassified Drugs or Biologicals* **and** the National Drug Code (NDC) for Kyleena. Claims submitted by hospitals for Kyleena will be reimbursed \$858.33.

When Kyleena is provided immediately postpartum during an inpatient delivery stay, hospitals will be reimbursed for the device only if it is billed on an outpatient claim. Reimbursement for the LARC is made to the hospital, in addition to the Diagnosis Related Group (DRG) reimbursement for labor and delivery. All services related to the labor and delivery provided by the hospital will continue to be billed on the inpatient hospital claim. Please reference provider bulletin 2016-12 – *Hospital Billing and Reimbursement for Immediate Postpartum Long-Acting Reversible Contraceptive Products* for information on billing for LARC devices immediately postpartum.

PROFESSIONAL SERVICES RENDERED AS PART OF A HOSPITAL VISIT

When Kyleena is provided during an inpatient or outpatient hospital visit, a physician, advanced practice registered nurse (APRN), certified nurse midwife (CNM) or physician assistant (PA) can submit for their professional service associated with the insertion of the LARC device off the applicable professional fee schedule. The Place of Service (POS) code on the claim for the professional service associated with the insertion/placement of a LARC device during a hospital visit should be appropriately designated as inpatient hospital (POS 21) or outpatient hospital (POS 22).

PHYSICIANS, PAs, CNMs, APRNs, and FAMILY PLANNING CLINICS

Coding and Claims Submission

Until a unique HCPCS code is assigned to Kyleena, claims submitted by Physicians, PAs, APRNs, CNMs and Family Planning Clinics, must be billed with the specific codes designated below. The codes and rate for each provider type and specialty includes the following:

| Physicians, PAs, APRNs & CNMs | |
|--|------------------------------------|
| HCPCS Code | J3490-Drugs unclassified injection |
| Rate: | \$858.33 |
| Family Planning Clinics | |
| HCPCS Code | S5001-Prescription drug brand name |
| Rate: | \$235.00 |



Claims submitted by physicians, PAs, APRNs and CNMs must include HCPCS code J3490 and the applicable NDC number for Kyleena. Any claim seeking reimbursement for Kyleena that does not have the appropriate NDC number will be denied.

Family Planning Clinic providers **must use** procedure code S5001 and the applicable NDC number for Kyleena. Claims submitted without procedure code S5001 and the applicable NDC number will deny.

The Department will update all appropriate fee schedules when Kyleena is assigned a unique HCPCS code.

If you have any questions regarding this bulletin, please contact the Provider Assistance Center at 1-800-842-8440.