



**Connecticut Medical Assistance Program**

Policy Transmittal 2016-07

Provider Bulletin 2016-12

April 2016

Roderick L. Bremby, Commissioner

Effective Date April 15, 2016

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TO: Hospitals, Physicians, Advanced Practice Registered Nurses (APRN), Physician Assistants (PA), Certified Nurse Midwives (CNM), and Federally Qualified Health Centers

RE: Hospital Billing and Reimbursement for Immediate Postpartum Long-Acting Reversible Contraceptive Products

Effective for dates of service April 15, 2016 and forward, the Department of Social Services (DSS) will reimburse enrolled hospitals for long-acting reversible contraception (LARC) devices including intrauterine devices (IUD) and subdermal implants when placed immediately postpartum in the inpatient hospital setting.

Growing evidence demonstrates that adequate pregnancy spacing is beneficial for maternal and child health. A short inter-pregnancy interval, defined as less than 18 months between a birth and subsequent pregnancy, is associated with low birth weight and prematurity as well as maternal health complications.

This policy change provides reimbursement to enrolled hospitals for LARCs when provided in the inpatient setting immediately postpartum to a delivery and ensures access to contraceptive products for HUSKY A, B, C and D members.

Hospitals will be separately reimbursed for a LARC device provided immediately postpartum in the inpatient hospital setting when the LARC is billed on an outpatient claim. 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.

**Claims Submission**

Hospitals will submit for reimbursement of a LARC on the outpatient hospital claim using Revenue Center Code (RCC) 253 (take home drugs), the applicable Healthcare Common Procedure Coding System (HCPCS) code **and** the applicable National Drug Code (NDC) for the LARC provided. Please note that the HCPCS and NDC should match for the specific LARC device provided to the HUSKY member.

RCC 253 (take home drugs) has been loaded for all hospitals to use and can be used only when billing for a LARC device. Please refer to the table below for the HCPCS codes and the applicable description.

HCPCS Codes

J7297	Levonorgestrel iu 52mg 3 yr
J7298	Levonorgestrel iu 52mg 5 yr
J7300	Intraut copper contraceptive
J7301	Levonorgestrel iu 13.5 mg
J7307	Etonogestrel implant system

**Reimbursement**

Due to current MMIS system limitations, one set max fee of \$810.57 will be reimbursed for a LARC billed by a hospital until July 2016. Effective for dates of service on or after July 1, 2016, reimbursement for LARCs will be determined by the specific HCPCS code billed for the LARC device inserted/placed and the rate will be determined by the rate for the HCPCS published on the physician office

and outpatient fee schedule or, for 340B hospitals, the family planning fee schedule.

**Professional Services**

A physician, advanced practice registered nurse (APRN), certified nurse midwife (CNM) or physician assistant (PA) can submit for the professional service associated with the insertion/placement of a LARC immediately postpartum to an inpatient delivery and be reimbursed outside of the DRG as outlined in PB 2014-20. The Place of Service (POS) code on the claim for the insertion/placement of a LARC should be designated as inpatient hospital (POS 21).

**Documentation**

A physician, APRN, CNM, or physician assistant must order the LARC and document the insertion/placement in both the hospital's medical record and the practitioner's medical record.

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