



Connecticut Medical Assistance Program
Policy Transmittal 2019-05

Provider Bulletin 2019-06
February 2019

Roderick L. Bremby, Commissioner

Effective Date: March 1, 2019
Contact: Refer to Responsible Units Section

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

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.

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

Code	Description	Price
J7296	Kyleena 19.5 mg	\$953.51
J7297	Liletta, 52 mg	\$689.45
J7298	Mirena 52 mg	\$953.51
J7301	Skyla 13.5 mg	\$793.96

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 the Connecticut Medical Assistance Program Addendum B to determine the payment type for outpatient hospital procedures.

Connecticut Medical Assistance Program’s (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”.

Inpatient Hospitals

Inpatient hospitals will be separately reimbursed for a LARC device provided in the inpatient hospital setting. In order to receive separate reimbursement for the LARC device, the inpatient hospital shall bill the LARC device 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 hospital, the family planning clinic 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 CMAP Web site: www.ctdssmap.com. From the home 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 CMAP 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:

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