



*Deidre S. Gifford*

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**TO: Federally Qualified Health Centers**

**RE: Additional Billing Guidance for Long-Acting Reversible Contraceptive Devices in the Medical Federally Qualified Health Center (FQHC) Setting**

*This provider bulletin (PB) supplements guidance found in [PB 22-36](#) Separate Reimbursement for Long-Acting Reversible Contraceptives in the Medical Federally Qualified Health Center (FQHC) Setting.*

		contraceptive
J7301	JG	Skyla 13.5 mg
J7307	JG	Etonogestrel implant system

This PB provides additional billing guidance regarding the requirement of the modifier, JG (Drug or biological acquired with 340B drug pricing program discount) for long-acting reversible contraceptive (LARC) claims submission. Submission of modifier JG will allow DSS to identify details for LARCs, that will only be reimbursed at the 340B drug discount rate, to prevent duplicate discounts.

**Table 2: LARC Device Insertion Procedure Codes**

Procedure Code	Description
11981	Insertion drug delivery implant
11983	Removal/insertion drug implant
58300	Insertion intrauterine device

**Billing Guidelines:**

The following procedure codes and modifier must be submitted on the CMS-1500 claim:

- T1015-clinic visit/encounter, all-inclusive;
- The appropriate procedure code for the LARC device (see Table 1) **with** modifier JG - *Drug or biological acquired with 340B drug pricing program discount, and*
- The appropriate procedure code for the insertion/reinsertion of the LARC device (see Table 2).

**Table 1: LARC Device Procedure Code with Modifier**

Procedure Code	Modifier	Description
J7296	JG	Kyleena 19.5 mg
J7297	JG	Liletta 52 mg
J7298	JG	Mirena 52 mg
J7300	JG	Intraut copper

Requirement to submit claims with modifier, JG, will allow DSS to identify details for LARCs purchased via the 340B program by FQHCs that are not Medicaid carve-in to prevent duplicate discount. DSS will use the modifier JG in addition to the Medicaid 340B exclusion file to prevent duplicate discounts for all appropriate LARC details submitted. All FQHCs, whether carve-in or carve-out must submit details for LARCs with modifier JG and effective for dates of service October 1, 2022 and forward, failure to bill with modifier JG will result in the denial of the detail.

**For dates of service between May 1, 2022 through September 30, 2022**, FQHCs that are Medicaid 340B carve-in does not need to do anything with claims that have already been submitted for reimbursement since the FQHC details for LARCs are already captured to prevent duplicate discount. For

this same time period, if an FQHC is not Medicaid 340B carve-in, and the FQHC has documented in the patient's medical record that a LARC was inserted or re-inserted, claims for separate reimbursement of the LARC must be submitted with the JG modifier so that the details can be captured to prevent duplicate discounts.

**Effective for dates of service October 1, 2022 and forward,** failure to bill with modifier JG with the appropriate procedure code for the LARC device will result in the denial of the detail for the separate reimbursement of the LARC device. FQHCs that previously submitted claims between October 1, 2022 and publication of this provider bulletin without modifier JG are required to resubmit the claim with the billing instructions as outlined above.

Additionally, the appropriate procedure code for the insertion/reinsertion of the LARC device and the appropriate procedure code for the LARC device with modifier JG must be listed on the encounter form, in order for the LARC device to be reimbursed separately from the encounter rate. All guidance within this provider bulletin (PB) will supplement the guidance found in [PB 22-36](#) *Separate Reimbursement for Long-Acting Reversible Contraceptives in the Medical Federally Qualified Health Center (FQHC) Setting*.

### **Reimbursement:**

There are no changes to the reimbursement as previously communicated in [PB 22-36](#).

### **LARC Device**

When the LARC device is inserted/reinserted during the medical encounter/visit, the LARC device will be reimbursed at the 340B rate as listed on the Clinic – Family Planning/ Abortion fee schedule found on the Connecticut Medical Assistance Program Web site ([www.ctdssmap.com](http://www.ctdssmap.com)).

The LARC device will only be reimbursed separately if billed on the same day as the

LARC insertion/reinsertion procedure code, as previously instructed.

### **LARC Insertion/Reinsertion Procedure**

Consistent with the current reimbursement methodology for FQHCs, the insertion/reinsertion/removal of the LARC device is reimbursed as part of the all-inclusive medical FQHC clinic visit/encounter rate and will not be paid separately.

### **Accessing Fee Schedules**

The updated fee schedules can be accessed and downloaded by accessing the Connecticut Medical Assistance Program (CMAP) Web site: [www.ctdssmap.com](http://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 click on the "Clinic-Family Planning" fee schedule. To access the CSV file, click the CSV link, then select "Open file".

**Questions:** For questions about billing or if further assistance is needed to access the fee schedule 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](http://www.ctdssmap.com).

**Distribution:** This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by Gainwell Technologies.

**Responsible Unit:** DSS, Division of Health Services, Medical Policy and Regulations, Dana Robinson-Rush, Medical Policy Consultant, at [dana.robinson-rush@ct.gov](mailto:dana.robinson-rush@ct.gov).

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