



Connecticut Medical Assistance Program
Policy Transmittal 2026-09

Provider Bulletin 2026-18
April 2026

Andrea Barton Reeves, J.D., Commissioner

Effective Date: April 1, 2026

Contact Refer to Responsible Units Section

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

RE: Updates to the Reimbursement Rates for Select Long-Acting Reversible Contraceptive Devices

Effective for dates of service April 1, 2026 and forward, DSS is updating the reimbursement rates for the following long-acting reversible contraceptive (LARC) devices on the physician office & outpatient fee schedule:

J7301	Skylla (Levonorgestrel, 13.5 mg)	\$329.00
-------	----------------------------------------	----------

Procedure Code	Description	Physician Office & Outpatient
J7296	Kyleena (Levonorgestrel, 19.5 mg)	\$1,272.44
J7298	Mirena (Levonorgestrel, 52 mg)	\$1,272.44
J7301	Skylla (Levonorgestrel, 13.5 mg)	\$1,059.52

For additional guidance about FQHCs billing for LARCs, FQHCs should review provider bulletin, [PB 22-36 Separate Reimbursement for Long-Acting Reversible Contraceptives in the Medical Federally Qualified Health Center \(FQHC\) Setting](#).

Hospitals:

Reimbursement for LARC devices in the outpatient hospital setting will be determined by the specific procedure code billed for the LARC device inserted. The reimbursement 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 CMAP Addendum B to determine the payment type for outpatient hospital procedures.

Federally Qualified Health Centers:

Federally Qualified Health Centers (FQHCs) will be paid the following reimbursement rates separately from the applicable medical encounter rate.

For guidance regarding the reimbursement for LARC devices inserted immediately postpartum, please refer to provider bulletin, [PB 16-12 Hospital Billing and Reimbursement for Immediate Postpartum Long-Acting Reversible Contraceptive Products](#).

Procedure Code	Description	FQHC Rates
J7296	Kyleena (Levonorgestrel, 19.5 mg)	\$329.00

Accessing the CMAP Addendum B:

Connecticut Medical Assistance Program (CMAP) 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”.

Accessing the Fee Schedule:

The updated fee schedule can be accessed and downloaded by going to the CMAP Web site: www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, scroll to the bottom of the page and click on “I Accept”, then select the applicable fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select “Open”.

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 CMAP by Gainwell Technologies.

Responsible Unit:

Physicians, Physician Assistants, Advanced Practice Registered Nurses, Certified Nurse-Midwives and Federally Qualified Health Centers-Medical: Dana Robinson-Rush, Medical Policy Consultant at dana.robinson-rush@ct.gov.

General Acute Care Hospitals: Colleen Johnson, Medical Policy Consultant at colleen.johnson@ct.gov

Date Issued: April 2026