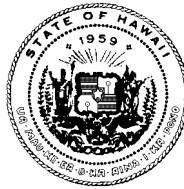


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December 29, 2021

MEMORANDUM

MEMO NO.

QI-2137 [Replaces QI-1613]

TO: QUEST Integration (QI) Health Plans, Hospitals, Pharmacies, Physicians, Physician Assistants, Midwives, and Advanced Practice Registered Nurses (APRNs)

FROM: Judy Mohr Peterson, PhD   
Med-QUEST Division Administrator

SUBJECT: PREGNANCY INTENTION SCREENING AND CONTRACEPTIVE COVERAGE

The purpose of this memorandum is to notify QUEST Integration (QI) health plans that this memo replaces QI-1613, which was previously issued on November 10, 2016. The content of this memo updates the title, references, and provides clarification on outpatient coverage of LARC devices. Attachment B was also updated with current CPT codes. This content will apply under the QI contract RFP-MQD-2021-008.

The Department of Human Services, Med-QUEST Division (MQD) is issuing this memorandum to provide guidance on Medicaid coverage of contraceptives.

**Background**

Unintended pregnancies are an indicator of an unmet need for family planning, including contraception. Since the initial 2016 release of this memorandum, Hawaii's Pregnancy Risk Assessment Monitoring System (PRAMS) indicates an increase in pregnancy intention from 56.3% in 2016 to 63.2% in 2019. (Hawaii State Department of Health, Hawaii Health Data Warehouse, Pregnancy Risk Assessment Monitoring System., 2021) MQD is committed to

addressing the problem of unintended pregnancy through continuing to ensure access to comprehensive preconception care for members desiring to become pregnant and removing barriers to accessing contraceptives for members who do not want to become pregnant.

### **Healthy Reproductive Planning**

MQD encourages all health care providers to adopt a reliable, evidenced-based pregnancy intention screening tool to assist members in accessing appropriate services to support their individual reproductive life plans. One Key Question is one of several evidence-based pregnancy intention screening tools available for providers to use. By asking members the one key question, “would you like to become pregnant in the next year” in a confidential, non-coercive setting, a member can indicate pregnancy intentions with specific provider follow up indicated (see Attachment A). Four different general answers (yes, ok either way, unsure, or no) are indicated with three different interventions for providers to follow;

- I. If screening indicates a desire for pregnancy (yes, ok either way, unsure), preconception care is offered.
- II. If screening indicates a need for contraceptive care (ok either way, unsure, no), contraceptive counseling and care is offered.
- III. Members reporting “ok either way”, or “unsure” are provided education on both preconception care and contraceptive options while offering support for them to explore desired reproductive life planning.

By actively acknowledging a member’s reproductive life plan, health care providers can provide counseling and care to optimize health prior to pregnancy or through providing contraception to prevent unintended pregnancy.

### **Contraceptive Coverage**

QI health plans will increase same day access to contraceptive care by not requiring prior authorization for preventive contraceptive procedures, methods, or devices included in a QI health plan’s formulary. Long Acting Reversible Contraceptive (LARC) devices shall have no utilization policies requiring step therapy or quantity limitations imposed. Same day access to family planning services shall be provided, as needed, with no prior authorization. To reduce Hawaii’s rate of unintended pregnancies, QI health plan preventive services will additionally include reimbursement for:

- I. Dispensing up to twelve month supply of oral contraceptive supplies.  
Effective January 1, 2017, QI health plans reimbursed for dispensing up to twelve months of oral contraceptive supplies. Consistent with ACT 205 of the 2016 Hawaii State Legislative Session, QI health plan formularies and coverage include at least one

FDA approved oral contraceptive brand from the monophasic, multiphasic, and the progestin-only categories. Medically necessary indications requiring prescription of brands outside of health plan formularies require prior authorization.

II. Unbundling Long Acting Reversible Contraceptives (LARC)

Effective immediately, QI health plans will unbundle and reimburse for LARC devices placed in outpatient settings separate from and outside of any global provider payments for care.

As of November 10, 2016, QI health plans reimburse for LARC related services and devices provided in the inpatient setting, including reimbursement for immediate postpartum placement. LARC devices and LARC related services are reimbursed separately and excluded from any inpatient per diem or global inpatient reimbursement.

A. Reimbursement for LARC devices

Reimbursement for a LARC device is based on Healthcare Common Procedure Coding System (HCPCS) Level II supply codes and the National Drug Code (NDC) billed when submitted to a member’s QI health plan. See Attachment B for a listing of associated codes.

1. Devices supplied outpatient will be billed by the provider on a CMS 1500 or electronic equivalent. The 11-digit device identifying NDC number is placed in the shaded portion of 24a directly preceded by “N4.”

| 24. A.       | DATE(S) OF SERVICE |                |    |    |    |    | B.<br>PLACE OF SERVICE | C.<br>EMG | D. PROCEDURES, SERVICES, OR SUPPLIES<br>(Explain Unusual Circumstances) |          |  |  | E.<br>DIAGNOSIS POINTER |
|--------------|--------------------|----------------|----|----|----|----|------------------------|-----------|---|----------|--|--|-------------------------|
|              | From<br>MM DD YY   | To<br>MM DD YY |    |    |    |    |                        |           | OPT/HCPCS   | MODIFIER |  |  |                         |
| N4XXXXXXXXXX |                    |                |    |    |    |    |                        |           |   |          |  |  |                         |
|              |                    |                | XX | XX | XX | 11 |                        |           | 11981   |          |  |  |                         |

2. For devices supplied inpatient, established medical device billing processes are used with LARC devices claimed separate from the inpatient stay.

B. Reimbursement for LARC Professional Services

Reimbursement for LARC related insertion services are based on the applicable CPT-4 surgical procedure code. See attachment B for a sample listing of associated CPT codes. Documentation of patient education and voluntary consent for insertion of the device must be included in the medical record and occur prior to placement of the LARC device.

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MQD is investing in children and families by increasing access to family planning services. To increase healthy and welcome births and address Hawaii's rate of unintended pregnancy,

MQD is removing identified barriers to access reproductive planning supports and health care services indicated through primary pregnancy intention screening.

Please direct any questions to Sharon Thomas at [stthomas2@dhs.hawaii.gov](mailto:stthomas2@dhs.hawaii.gov).

Enclosures: Attachment A: Sample One Key Question Pregnancy Intention Screening Tool

Attachment B: Sample listing of Basic IUD and Contraceptive Implant Coding

# THE ONE KEY QUESTION<sup>®</sup> ALGORITHM



Contact [info@onekeyquestion.org](mailto:info@onekeyquestion.org) for clinical support in implementing One Key Question into practice

## Basic IUD Coding

Intrauterine devices include the copper IUD and the hormonal IUD. The insertion of IUDs are reported using following CPT® code:

| CPT PROCEDURE AND SERVICES |                  |
|----------------------------|------------------|
| 58300                      | Insertion of IUD |

Most IUD services will be linked to a diagnosis code from the Z30 series (Encounter for contraceptive management):

| DIAGNOSIS(ES) |  |
|---------------|--|
| Z30.430       | Encounter for insertion of intrauterine contraceptive device               |
| Z30.433       | Encounter for removal and reinsertion of intrauterine contraceptive device |

The CPT procedure codes do not include the cost of supplies. Report supplies separately using an HCPCS code:

| HCPCS SUPPLY CODE |  |
|-------------------|--|
| J7296             | Levonorgestrel-releasing intrauterine contraceptive system 19.5 mg, 5 year (Kyleena N450419042401) |
| J7297             | Levonorgestrel-releasing intrauterine contraceptive system 52 mg, 3 year (Liletta N452544003554)   |
| J7298             | Levonorgestrel-releasing intrauterine contraceptive system 52 mg, 5 year (Mirena N450419042101)    |
| J7300             | Intrauterine copper contraceptive (Paragard N451285020401)   |
| J7301             | Levonorgestrel-releasing intrauterine contraceptive system 13.5 mg, (Skyla N450419042201)          |

## Basic Contraceptive Implant Coding

The contraceptive implant is a single-rod etonogestrel-releasing contraceptive device inserted under the skin of the upper arm. The insertion of the implant is reported using one of the following CPT® codes:

| CPT PROCEDURE AND SERVICES |  |
|----------------------------|--|
| 11981                      | Insertion, non-biodegradable drug delivery implant |

The diagnostic coding will vary, but will usually be selected from the Z30 (Encounter for contraceptive management) series in ICD-10-CM. The insertion code is:

| DIAGNOSIS(ES) |  |
|---------------|--|
| Z30.017       | Encounter for initial prescription of other contraceptives |
| Z30.46        | For checking, reinsertion, or removal of the implant       |

The CPT procedure codes do not include the cost of supplies. Report supplies separately using an HCPCS code:

| HCPCS SUPPLY CODE |  |
|-------------------|--|
| J7307             | Etonogestrel [contraceptive] implant system, including implant and supplies (Nexplanon N400052433001 or N478206014501) |

\* If submitting on a 1500 claim form, the 11-digit NDC is placed in the shaded portion of 24a directly preceded by "N4".