

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES**

Notice of Proposed Medicaid State Plan Amendment (SPA)

**SPA 24-O: Increases to the Reimbursement Rates for Select Long-Acting Reversible
Contraceptives**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS). Public comment information is at the bottom of this document.

Changes to Medicaid State Plan

Effective on or after May 1, 2024, SPA 24-O will amend Attachment 4.19-B of the Medicaid State Plan to incorporate the increased rates for the following long-acting reversible contraceptive (LARC) devices on the physician office and outpatient fee schedule, which applies to providers who bill for these LARC devices under the physician office and outpatient fee schedule. This change is necessary to properly reimburse providers for the increased acquisition cost of these devices and to ensure continued access to the devices.

Code	Description	Old Rate	New Rate
J7296	Kyleena 19.5 mg	\$1,101.70	\$1,156.79
J7298	Mirena 52 mg	\$1,101.70	\$1,156.79
J7301	Skyla 13.5 mg	\$917.35	\$963.22

Fee schedules are published at: <http://www.ctdssmap.com>. Select “Provider”, then select “Provider Fee Schedule Download”; after accepting the Terms and Conditions, proceed to the applicable fee schedule.

Fiscal Impact

This proposed change is estimated to a gross cost of \$10,794 in SFY 2024, and \$133,418 in SFY 2025.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-State-Plan-Amendments>. The proposed SPA may also be obtained at any DSS resource center, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: Public.Comment.DSS@ct.gov or write to: Department of Social Services, Medical Policy Unit,

55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference “SPA 24-O: Increases to the Reimbursement Rates for Select Long-Acting Reversible Contraceptives”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than **May 8, 2024**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: CONNECTICUT

(5) Physician's services – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of physician's services. The agency's fee schedule rates were set as of ~~April~~ May 1, 2024, and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule.

TN # 24-O
Supersedes
TN # 24-H

Approval Date _____

Effective Date 05/01/2024