

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES**

Notice of Proposed Medicaid State Plan Amendment (SPA)

**CT 25-O: SPA: Increase to the Reimbursement Rate
to Select Long-Acting Reversible Contraceptive Device**

The State of Connecticut Department of Social Services (DSS) is submitting 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).

Changes to Medicaid State Plan

Effective on or after January 2, 2025, SPA 25-O will amend Attachment 4.19-B to implement the following increase to the reimbursement rate for the following long-acting reversible contraceptive [LARC] device on the physician office and outpatient fee schedule.

| Code | Description | Rate |
|-------|-----------------------------|-----------|
| J7307 | Etonogestrel implant system | \$1214.63 |

The purpose of this change is to maintain access to LARC devices by ensuring that the rate continues to align with the providers' costs of obtaining the device. Fee schedules are published at this link: <http://www.ctdssmap.com>, then select "Provider", then select "Provider Fee Schedule Download."

Fiscal Impact

DSS estimates that increasing the LARC device rate as a gross cost of \$34,524 in SFY 2025, \$85,343 and in SFY 2026.

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 field office, 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 "CT 25-O SPA: Increase to the Reimbursement Rate to Select Long-Acting Reversible Contraceptive Device".

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than **January 10, 2025**.

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- January ~~12~~, 2025, 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 # 25-O
Supersedes
TN # 25-P

Approval Date _____ Effective Date 01/02/2025