




STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
Med-QUEST Division  
Health Care Services Branch  
Quality and Member Relations Improvement Section  
P. O. Box 700190  
Kapolei, Hawaii 96709-0190

November 10, 2016

**MEMORANDUM:**

**MEMO NO.**  
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: ONE KEY QUESTION AND CONTRACEPTIVE COVERAGE

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

**Background**

Hawaii's unintended pregnancy rate in 2010 was 61 per 1,000 women aged 15–44. Nationally, rates among the states ranged from a low of 32 per 1,000 and a high of 70 per 1,000.<sup>1</sup> MQD is committed to investing in children and families. One step towards this goal is reducing unintended pregnancies through insuring access to preconception care for women desiring to become pregnant and removing barriers to accessing contraceptives for women who do not want to become pregnant.

**Healthy Reproductive Planning**

One Key Question is one of several evidence-based pregnancy intention screening tools available. By asking women the one key question, "would you like to become pregnant in the next year" in a confidential, non-coercive setting, pregnancy intentions can be indicated (see

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<sup>1</sup> Kost K, Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002 New York: Guttmacher Institute, 2015, <<http://www.guttmacher.org/pubs/StateUP08.pdf>>, accessed September 20, 2016.

Attachment A). Four different answers are stratified in the algorithm provided; yes, ok either way, unsure, or no.

- 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. Women reporting “ok either way”, or “unsure” are provided education on both preconception care and contraceptive options while offering support for her to explore desired reproductive life planning.

By actively acknowledging a woman’s reproductive life plan, health care providers can provide counseling and care to optimize health prior to pregnancy and through contraception, prevent unintended pregnancy. MQD encourages all health care providers to adopt a reliable, evidenced-based pregnancy intention screening tool to assist women in accessing appropriate services to support her reproductive life plan and partner in reducing Hawaii’s rate of unintended pregnancy.

### **Contraceptive Coverage**

QI health plans will increase 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. In an effort to reduce Hawaii’s rate of unintended pregnancies, QI health plan preventive services for women will additionally include reimbursement for:

- I. **Dispensing up to twelve month supply of oral contraceptive supplies.**  
Effective January 1, 2017, QI health plans will reimburse 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 shall 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 will require prior authorization.
- II. **Unbundling Long Acting Reversible Contraceptives (LARC)**  
Effective immediately, QI health plans will reimburse for LARC – related services and devices provided in the inpatient setting, including immediately post-delivery. Reimbursement for a LARC device and LARC related services will be excluded from any inpatient per diem or global inpatient reimbursement.

**A. Reimbursement for LARC devices**

Reimbursement for a LARC device will be based on its Healthcare Common Procedure Coding System (HCPCS) Level II supply codes and the National Drug Code (NDC) billed. Only one LARC device is covered per inpatient stay. See Attachment B for a current listing of associated HCPCS codes.

1. A claim for a LARC device supplied by an inpatient facility must include the appropriate HCPCS Level II supply code and NDC number when submitted to a recipient's QI health plan.
2. Devices supplied by a provider (other than an inpatient facility) will be billed by the provider on a CMS 1500 claim form. For inpatient, the place of service will indicate "inpatient" (21). 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. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER
	From			To					(Explain Unusual Circumstances)		
	MM	DD	YY	MM	DD	YY		CPT/HCPCS	MODIFIER		
1	N4XXXXXXXXXX								11981		
			XX	XX	XX	21					

**B. Reimbursement for LARC Professional Services**

Reimbursement for LARC – related insertion services will be based on the applicable CPT- 4 surgical procedure code. See attachment B for a sample listing of associated CPT codes. Documentation of 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.

One of MQD's main priorities is investing in children and families. To increase healthy and welcome births and address Hawaii's rate of unintended pregnancy, MQD is removing identified barriers for women to access reproductive planning supports and health care services indicated through primary screening.

Please direct any questions to the MQD provider hotline at 808-692-8099 or [quest\\_integration@dhs.hawaii.gov](mailto:quest_integration@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® 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	
7297	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)	
Z30.018	Encounter for initial prescription of other contraceptives
Z30.49	For checking, reinsertion, or removal of the implant

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

HCPCS SUPPLY CODE	
J7307	Etonogestrel [contraceptive] implant system, including implant and supplies (Implanon N400052027480, Nexplanon N400052433001)

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