

**Distribution:** Family Planning Clinics 03-04

**Issued:** December 1, 2003

**Subject:** 2004 HCPCS Code Addition and Reimbursement Revision for Contraceptive Supplies

**Effective:** January 1, 2004

**Programs Affected:** Medicaid

## Purpose

This bulletin is to notify you of the 2004 Health Care Common Procedure Coding System (HCPCS) code addition and the revised billing structure for male and female condoms and contraceptive foam/gel/cream supplies.

For dates of service on or after January 1, 2004, Family Planning Clinics may use the J7303 code to obtain reimbursement for a contraceptive vaginal ring, i.e., Nuvaring. When submitting a claim for this contraceptive, providers must bill per ring dispensed. Providers should note the addition of this code on their current Family Planning Procedure Code Appendix (Family Planning 03-02). Please refer to your 2004 HCPCS manual for full code description.

Family Planning Bulletin 03-01, issued April 1, 2003 by MDCH, replaced local codes with national codes for male condoms, female condoms and foam/gel/cream. Although the codes were changed, the parameters for submitting claims remained the same. In an effort to provide consistency with code description and claim submission, the billing and reimbursement structure for the named supplies will be modified as follows, effective for dates of service on or after January 1, 2004.

1. Male condoms – A quantity of one equals one condom. Previously a quantity of one was equal to a dozen condoms. This will be changed in that each condom will be reimbursed per condom. For example, one dozen condoms will be billed as a quantity of 12.
2. Female Condoms – A quantity of one equals one condom. Female condoms will be reimbursed per condom.

3. Foam/gel/cream – A quantity of one equals one box containing an individually filled applicator, or one box with an applicator and product which can be used multiple times.

Information regarding 2004 fees and coverages will be posted on the MDCH website.

### **Manual Maintenance**

Retain this bulletin for future reference.

### **Questions**

Any questions regarding this bulletin should be directed to Provider Support, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll free: 1-800-292-2550.

### **Approved**



Paul Reinhart, Director  
Medical Services Administration