

PROVIDER BULLETIN No. 11- 33

July 1, 2011

TO: All Physician Providers Participating in the NE Medicaid Program

FROM: Vivianne M. Chaumont, Director 
Division of Medicaid & Long-Term Care

BY: Margaret Brockman, RN, Physician Services Program Specialist

RE: **Hydroxyprogesterone Caproate Injection**

PLEASE SHARE THIS INFORMATION WITH ADMINISTRATIVE, CLINICAL AND BILLING STAFF.

This Provider Bulletin is to clarify medical necessity and billing procedures for hydroxyprogesterone caproate for the prevention of preterm birth in high risk women.

Effective July 1, 2011, the hydroxyprogesterone caproate injection will only be covered when administered by a medical professional in a physician's office.

The following is clinical criteria for coverage of the hydroxyprogesterone caproate injection:

- The pregnancy must be a singleton pregnancy.
- The client must have had a previous pre-term delivery (i.e., a spontaneous birth before 36 weeks gestation, history of preterm rupture of membranes or incompetent cervix).
- The injection is covered beginning at 16 weeks gestation through 36 weeks gestation or delivery, whichever is first.

Claim Submission

Claims for the hydroxyprogesterone caproate injection must be submitted on paper on the CMS-1500 Health Insurance Claim Form. Claims for the hydroxyprogesterone caproate injection can only be submitted on paper.

To be reimbursed for the hydroxyprogesterone caproate injection, the following must be indicated on the claim according to the completion instructions for the 1500 Health Insurance Claim Form:

- Procedure code Q2042 (injection, hydroxyprogesterone caproate 1mg).
- The NDC, qualifier and units.
- Dosage given.

The hydroxyprogesterone caproate injection is a diagnosis-restricted drug. Diagnosis code V23.41 (Pregnancy with history of pre-term labor) is the only diagnosis code that is allowed on claims for the injection. Claims with other diagnosis codes indicated will be denied. The provider's usual and customary charge should be indicated on the claim.

Reimbursement

The maximum allowable rate for the hydroxyprogesterone caproate injection is \$22.50 per injection, which does not include reimbursement for the administration of the drug.

Providers may be reimbursed for the administration of the injection by indicating procedure code 96372 (Therapeutic, prophylactic, or diagnostic injection {specify substance or drug}; subcutaneous or intramuscular) on the claim. The rate is paid according to the Nebraska Medicaid Physician Fee Schedule.

If you have any questions regarding this bulletin, please contact Margaret Brockman, RN, MSN at Margaret.brockman@nebraska.gov or (402) 471-9368.