



# Connecticut Medical Assistance Program

## Policy Transmittal 2013-17

PB 2013-32

June 2013

Roderick L. Bremby, Commissioner

Effective Date: July 1, 2013

Contact: Nina Holmes @ (860)-424-5486

TO: Family Planning Clinics

RE: Coverage of Condoms and Spermicide under Medicaid and Family Planning – Limited Benefit

The purpose of this policy transmittal is to inform providers that effective July 1, 2013 the Department of Social Services is adding coverage for male and female condoms and spermicide to the Family Planning Clinic Fee Schedule. The following table outlines the applicable HCPCS codes and monthly quantity limits.

Code	Description	Monthly Limit
A4267	Contraceptive supply, condom, male, each	36
A4268	Contraceptive supply, condom, female, each	30
A4269	Contraceptive supply, spermicide, (e.g., foam, gel), each	1

Coverage for condoms and spermicide is available for active Medicaid (HUSKY A, C, and D) clients and clients covered under the Family Planning – Limited Benefit (FAMPL) program.

Prior to billing for condoms and spermicide, family planning clinics must ensure that the following is documented in the client’s medical record for both Medicaid and FAMPL clients:

- A signed recommendation for condoms and/or spermicide by the clinic’s prescriber
- An entry that the condoms and/or spermicide were provided to the client
- The quantity provided to the client (please note the monthly limits listed above)

Family Planning Clinics are reminded that for claims submitted under FAMPL the detail diagnosis code pointer must point to one of the identified family planning diagnosis codes. A current list of family planning diagnosis codes applicable to the FAMPL program can be found by going to the Connecticut Medical Assistance Program Web site: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to “Provider”, then to “Provider Fee Schedule Download”, then to “Fee Schedule Instructions.” The list is located towards the end of the fee schedule instructions.

### Accessing the Fee Schedule:

The updated fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program Web site: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to “Provider”, then to “Provider Fee Schedule Download”, then to the “Clinic Family Planning” fee schedule. To access the CSV file press the control key while clicking the CSV link, then select “Open”.

For questions about billing or if further assistance is needed to access the fee schedule on the Connecticut Medical Assistance Program Web site, please contact the HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

**Posting Instructions:** Policy transmittals can be downloaded from the Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:** This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by HP Enterprise Services.

**Responsible Unit:** DSS, Medical Care Administration, Medical Policy Section, Nina Holmes, Policy Consultant, (860) 424-5486.

**Date Issued:** June 2013.