

Compounded Hydroxyprogesterone Caproate (known as 17P) ***continues to be Available in the Physician's Drug Program***

With the addition of Makena, the branded version of hydroxyprogesterone caproate (known as 17P), to the marketplace, there has been some confusion on whether or not the compounded version of the drug continues to be covered by N.C. Medicaid. N.C. Medicaid continues to cover the compounded version and the Division of Medical Assistance **supports and encourages** the use of compounded hydroxyprogesterone caproate (known as 17P) for use in pregnant women with a singleton pregnancy and a prior spontaneous preterm birth (before 37 weeks of gestation) due to spontaneous preterm labor or premature rupture of the membranes.

For Medicaid Billing:

- The ICD-9-CM diagnosis code required for billing 17P is V23.41 (*supervision of pregnancy with history of pre-term labor*).
- Providers must verify that the recipient's history includes a singleton preterm birth (prior to 37 weeks gestation).

The recipient must be pregnant with a single fetus. Treatment should begin between 16 weeks, 0 days and 20 weeks, 6 days of gestation. Treatment should continue until week 37 (through 36 weeks, 6 days) and must end at that time. It may be appropriate to start a recipient at a later gestational age if she presents late for prenatal care.

- Providers must bill 17P with HCPCS procedure code J3490 (*unclassified drugs*).
- One unit of coverage is 250 mg (weekly dose). Providers must bill their usual and customary charge. The

maximum reimbursement rate for one unit is \$20.00.

- Providers must indicate the number of HCPCS units in field 24G on the CMS-1500 claim form, or in the

appropriate field on the 837P, 837I or the NCECSWeb Tool. Claims must be filed electronically unless they meet one of the ECS-mandated exceptions

(<http://www.ncdhhs.gov/dma/provider/ECSEExceptions.htm>).

- Providers must use rebatable 11-digit National Drug Codes (NDCs) and appropriate NDC units when

billing for 17P.

- If the drug was purchased under the 340B drug pricing program, place a “UD” modifier in the modifier field for

that drug detail.

- Refer to the March 2009 Special Bulletin, *National Drug Code Implementation, Phase III*, on DMA’s website

(<http://www.ncdhhs.gov/dma/bulletin/>) for additional instructions.

- Refer to articles in the April 2007 and February 2009 general Medicaid bulletins.