



A Public Entity

INLAND EMPIRE HEALTH PLAN



**To:** IPA Administrators and PCPs  
**From:** William Henning D.O., Chief Medical Officer, IEHP  
Chris Chan, Pharm. D., Director of Pharmaceutical Services, IEHP  
**Date:** October 06, 2011  
**Subject:** Intrauterine Contraceptive Devices (IUDS), Implant and Depo-Provera

Due to the recent price increase for Implanon, IEHP is providing the update reimbursement rates for the IUDs, implant, and Depo-Provera.

**Effective for dates of service after November 1, 2011, the new reimbursement rates for the following devices are:**

Drug	J Code	Reimbursement Rate*	Duration
Depo-Provera	J1055	\$44.52	3 months
Implanon/ Nexplanon	J7307	\$692	3 years
Mirena	J7302	\$738	5 years
ParaGard	J7300	\$628	10 years

\*Rate based on WAC+5%

Information regarding Implanon and Nexplanon (etonogestrel implant):

- Nexplanon will be available in October, and the production/distribution of Implanon will be phased out.

Nexplanon differs from Implanon in two ways:

- it has a new preloaded applicator, designed to reduce the risk of insertion errors
- it is radio-opaque (it contains barium) and can therefore be located on an X-ray or CT scan, if necessary

Due to the fact that the pricing changes take place throughout the entire year, IEHP will no longer send notification regarding these specific changes. Please note that the reimbursement rates are updated monthly using the latest First Databank and CMS published files. If you have any questions regarding the rate of any drugs/device, please contact IEHP Provider Services Department.

Please also be reminded regarding the IUD/Implant policy (see attached). Reimbursement will only include the cost of the device based on the reimbursement rates above. Please complete a CMS 1500 claim form, include the appropriate billing codes and submit these claims to:

IEHP- Claims Department  
P.O. Box 10129  
San Bernardino, CA 92423

Should you have any questions regarding financial responsibility, please feel free to call us at (909) 890-2067.



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**POLICY REGARDING CONTRACEPTIVE DEVICES  
(INTRA-UTERINE DEVICE (IUDs) & SUBDERMAL IMPLANTS)**

IEHP coverage will be based on FDA approved indication for the durations specified on the package insert. IEHP will only cover one product at a time for the specified time duration. Once authorized, if the member fails to report back to providers office for insertion the member will NOT be able to request another product for the specified duration (please see table below). Members are also required to sign and submit with the Pharmacy Exception Request (PER) the attached acknowledgment form indicating that they have been counseled on the risks and benefits of the products and IEHP coverage policy.

In the event the member fails to get the product inserted, please contact IEHP Pharmaceutical services immediately at 909-890-2049. IEHP Case Manager will attempt to contact the member directly and inform them of our coverage policies.

<b>Drug</b>	<b>Type</b>	<b>Duration</b>
Mirena (levonorgestrel)	IUD	Provides efficacy up to 5 years
Paraguard (copper)	IUD	Provides efficacy up to 10 years
Implanon OR Nexplanon(etonogestrel)	Subdermal Implant	Provides efficacy up to 3 years



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## Device (IUD) Member Acknowledgement Form

The following payment policy applies to Inland Empire Health Plan (IEHP) contracted ancillary providers and physicians rendering services using IUD provided by IEHP contracted pharmacy.

### Instructions for Provider:

1. Discuss the risks and benefits of IUD as a contraceptive method with the Member
2. Explain the IEHP coverage policy for IUDs to the Member
3. Please have Member sign this acknowledgement form and submit via fax along with the Pharmacy Exception Request (PER) including the insertion date

### General Benefit Information:

Services and subsequent payment are based on the member's benefit plan document. Providers are required to use self-service channels to verify effective dates and medication authorization prior to initiating services. All requests must be submitted to IEHP using the PER form or Manual Claim billing form.

- Providers are required to review with IEHP members the following medication policy regarding IUD prescription coverage and submit the signature of the member as acknowledgement that this information has been reviewed with any new request
- Providers must include the insertion date along with any request

### Member information regarding medication policy:

- The member will be allowed to receive one intrauterine device per the effective life of the device. (Example: If the member were to request early removal of Mirena 1 year after the insertion date, the member would not be eligible to receive another device until 5 years after the original insertion date has elapsed)
- Once dispensed, the IUD cannot be returned to the pharmacy. The quantity limitation applies to IUD that has been ordered but not inserted
- **Please fax this Acknowledgement and PER forms to IEHP at 909-890-2058**
- All Intrauterine devices listed below are covered under the IEHP formulary:

Drug/Device	Type	Duration
Mirena (levonorgestrel)	IUD	Provides efficacy up to 5 years
ParaGard (copper)	IUD	Provides efficacy up to 10 years
Implanon / Nexplanon (etonogestrel)	Subdermal Implant	Provides efficacy up to 3 years

I hereby indicate I have been instructed and understand the IEHP medical policy criteria regarding intrauterine devices:

Member Name (Print): \_\_\_\_\_ Member ID: \_\_\_\_\_  
 Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_

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