

**South Carolina**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
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[www.scdhhs.gov](http://www.scdhhs.gov)

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Phys  
MC  
Hosp  
Pharm

## MEDICAID BULLETIN

**TO: Physicians, Hospitals, Pharmacy and Managed Care Providers**

**SUBJECT: 17 Alpha Hydroxyprogesterone Caproate**

The South Carolina Department of Health and Human Services (SCDHHS) currently covers the use of 17 alpha hydroxyprogesterone caproate (17-P) intramuscular injections to support the prevention of preterm births. 17-P is not commercially available, but can be obtained through a compounding pharmacy provider. 17-P will be covered beginning at 16 weeks gestation through 36 weeks gestation when the patient presents with a history of spontaneous preterm delivery or spontaneous preterm rupture of the fetal membranes and is currently carrying a singleton pregnancy, before 37 weeks gestation. All other risk factors for preterm delivery and administering 17-P are not covered by SCDHHS.

Effective for dates of service on or after February 1, 2010, providers should bill using the Healthcare Common Procedure Coding System (HCPCS) code **J3490** (unclassified drug) and the **TH** modifier in order to be reimbursed by SCDHHS. The reimbursement rate is \$20.00 per unit (1 unit per 250mg injection). When billing Medicaid, providers must include the National Drug Code in field 24A of the CMS-1500 claim form and the number of units in field 24G. Although prior authorization will not be required, providers are to maintain documentation in each patient's medical record for potential review from the agency's Program Integrity Division.

The SCDHHS has worked in conjunction with the South Carolina Maternal Fetal Medicine Collaborative to ensure that any clinical questions or educational needs that providers may have regarding the appropriate use of 17-P can be handled by and/or directed to a member of the Collaborative. Attached to this bulletin is a list of names and contact information.

For additional information on this policy update, please refer to the Physicians, Laboratories, and Other Medical Professionals manual located on our website at [www.scdhhs.gov](http://www.scdhhs.gov). If you have any questions regarding this bulletin, please contact your Program Manager at (803) 898-2660. Thank you for your continued support and participation in the South Carolina Medicaid Program.

/S/

Emma Forkner  
Director

EF/mgwd

**NOTE:** Note: To sign up for Electronic Funds Transfer of your Medicaid payment, please go to <http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp> and select "Electronic Funds Transfer (EFT) for instructions.

Attachment

## **Maternal Fetal Medicine Collaborative Contact List**

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