



**ATTENTION PROFESSIONAL SERVICES PROVIDERS:
REIMBURSEMENT RATE CHANGE FOR 17P (J3490-TH)**

The Louisiana Medicaid program has received CMS approval for a reimbursement rate adjustment related to *Healthcare Common Procedure Coding System* (HCPCS) code J3490-TH (17 Alpha-Hydroxyprogesterone Caproate). The updated pricing will be effective with date of service June 20, 2015.

Providers reimbursed at the previous rate on or after date of service June 20, 2015 may submit an adjustment to receive the updated rate.

The fee schedules will be updated in the near future reflecting this change on the Louisiana Medicaid website at www.lamedicaid.com.

Please contact Molina Provider Relations (800)473-2783 or (225) 924-5040 for questions regarding this 17P reimbursement rate change.