Injectable Medications

Certain physician administered injections may be covered by the Medicaid Professional Services Program when medically necessary. Providers should refer to the Professional Services Fee Schedule for the most current reimbursement information and coverage details regarding injectable medications. (See Appendix A for information on how to access the fee schedule)

NOTE: For information on immunizations and chemotherapy, see specific policy in this manual.

The information listed below contains **general guidelines.** Medicaid strongly encourages providers to seek guidance from the Professional Services Fee Schedule for coverage and/or limitations and reimbursement information.

NOTE: Federal statute **requires the use of the National Drug Code (NDC)** on claims for physician administered drugs. The NDC number and the Healthcare Common Procedure Code System (HCPCS) code for drug products are required on both the electronic 837P claim and the CMS-1500 claim form.

Physicians may write prescriptions for injectable medications covered by the Louisiana Medicaid pharmacy program and have the Medicaid recipient/family member/responsible party bring the prescription to a Medicaid enrolled pharmacy to be filled.

The dispensed medication may then be brought to the physician's office for injection. A low-level office visit (procedure code 99211) for the administration of the injection could be billed by the provider if a higher level visit had not been submitted for that recipient on that date.

If the injection is administered during the course of a more complex office visit, the appropriate code for the visit should be billed and there would not be a separate charge for administering the injection.

Antibiotic Injections for Recipients under the Age of 21

- For injectable antibiotics supplied and administered by the physician, providers are to use the specific HCPCS code for the antibiotic given.

- When the dosage administered has no HCPCS code assigned, providers must calculate the appropriate number of units to enter in Item 24G of the CMS 1500 claim form or the appropriate loop in the electronic 837P. (When any portion of a single dose vial is used, providers may bill for the complete vial.) Providers are expected to procure medication most closely matching dosages typically

administered. Attempts to maximize reimbursement are subject to recoupment and additional sanctions.

17-Alpha Hydroxyprogesterone Caproate

17-alpha hydroxyprogesterone caproate (17P) is reimbursable when substantiated by an appropriate diagnosis and all of the following criteria are met:

- Pregnant woman with a history of pre-term delivery before 37 weeks gestation,
- No symptoms of pre-term in the current pregnancy,
- Current singleton pregnancy, and
- Treatment initiation between 16 weeks 0 days and 23 week 6 days gestation.