## PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

## **<u>RESERVED</u>**Physician-Administered 17 Hydroxyprogesterone (17P)</u>

Effective for dates of service on or after June 20, 2015, the reimbursement for the administration of the drug, 17 Hydroxyprogesterone (17P), shall increase to \$69 per dose.

The reimbursement rate is listed in the Louisiana Medicaid Professional Services Fee Schedule at: http://www.lamedicaid.com/provweb1/fee\_schedules/FEESCHED.pdf