

August 2021

## OVERVIEW:

Aetna Better Health of Louisiana (ABHLA) is aligned with the Louisiana Department of Health's Medicaid Services Manual, and would like to remind providers to refer to these manuals when submitting claims. If the manual requires additional guidance impacting reimbursement, the details will be outlined by ABHLA in the Provider Manual or in a supporting reimbursement policy.

ABHLA is configuring its systems to align with the Louisiana Medicaid program for reimbursement of physician-administered drugs. In addition, physician-administered drugs will align their maximum daily units with Federal Drug Administration (FDA) recommendations. This alignment is based on the following:

- [Informational Bulletin \(IB\) 18-11](#) issued by the Louisiana Department of Health,
- [Centers for Medicare & Medicaid Services \(CMS\) Average Sales Price \(ASP\) pricing file](#), and
- Food & Drug Administration (FDA) guidelines sited in Clinical Pharmacology, clinical resource.

Physician-administered drugs (such as J-code drugs) are those given by injection or infusion in a clinical setting and/or with the involvement of a healthcare provider, rather than self-administered by the patient.

Aetna Better Health of Louisiana (ABHLA) covers physician-administered medications and their corresponding drug-related HCPCS codes in the following settings:

- **Hospital Outpatient** – billed on UB-04 and reimbursed at Cost-to-Charge Ratio (CCR) based on:
  - maximum daily unit for the drug, and
  - capped at ASP + 6%
  - Drugs not included in the CMS file – one of the following methods:
    - if available, the wholesale acquisition cost (WAC) of the drug.
    - if no WAC is available, the reimbursement rate is 100 percent of the provider's current invoice for the dosage administered.

- **Infusion Pharmacies** – reimbursed at their maximum daily units and at one of the following methods:
  - Drugs included in the CMS pricing file – ASP + 6%
  - Drugs not included in the CMS file – one of the following methods:
    - if available, the wholesale acquisition cost (WAC) of the drug.
    - if no WAC is available, the reimbursement rate is 100 percent of the provider's current invoice for the dosage administered.

Prior Authorization (PA) is required for some physician-administered drugs, regardless of setting. Additionally, these drugs must be deemed medically necessary and their administration must be within the scope of the provider's practice.

**TIP:** To determine drug authorization requirements, use the prior authorization lookup tool, ProPAT, at <https://medicaidportal.aetna.com/propat/Default.aspx>.

Please note that providers may see reimbursement impacted if not aligned to the Louisiana Department of Health's Medicaid services manual within 30 days of the date of this reminder notification.

### Questions and Support:

For questions, please contact [LAProvider@AETNA.com](mailto:LAProvider@AETNA.com) or call 1-855-242-0802 and follow the prompts.