

RULE
Department of Health
Bureau of Health Services Financing

Professional Services Program
Reimbursement Methodology
(LAC 50:IX.15113)

The Department of Health, Bureau of Health Services Financing has amended LAC 50:IX.15113 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950, et seq. This Rule is hereby adopted on the day of promulgation.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part IX. Professional Services Program
Subpart 15. Reimbursement

Chapter 151. Reimbursement Methodology

Subchapter B. Physician Services

§15113. Reimbursement Methodology

A - M. ...

N. Effective for dates of service on or after January 20, 2025, the department allows for the coverage of certain physician administered drugs (specifically biosimilars) by all Mary Bird Perkins (MBP) Cancer Center locations throughout Louisiana. Coverage of biosimilar medications will be made for CPT codes listed on the Louisiana Medicaid MBP biosimilars fee

schedule and reimbursement will be determined using the following methodology.

1. Reimbursement and periodic updates to the rates shall be made in accordance with the approved Louisiana Medicaid State Plan provisions governing physician-administered drugs in a physician office setting:

a. average sales price (ASP) plus 6 percent, for drugs appearing on the Medicare file;

b. reimbursement rates for drugs that do not appear on the Medicare file shall be determined utilizing the following alternative methods:

i. the wholesale acquisition cost (WAC) of the drug, if available;

ii. if there is no WAC available, the reimbursement rate will be 100 percent of the provider's current invoice for the dosage administered.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:1252 (June 2010), amended LR 36:2282 (October 2010), LR 37:904 (March 2011), LR 39:3300, 3301 (December 2013), LR 41:541 (March 2015), LR 41:1119 (June 2015), LR 41:1291 (July 2015), amended by the Department of Health, Bureau of Health Services Financing, LR

44:62 (January 2018), amended by the Department of Health,
Bureau of Health Services Financing, LR 44:62 (January 2018), LR
47:477 (April 2021), LR 47:887 (July 2021), LR 48:1100 (April
2022), LR 51:

Implementation of the provisions of this Rule may be
contingent upon the approval of the U.S. Department of Health
and Human Services, Centers for Medicare and Medicaid Services
(CMS), if it is determined that submission to CMS for review and
approval is required.

Michael Harrington, MBA, MA

Secretary