



### **Obstetrical Providers: Makena Coverage Effective May 1, 2014**

Prevention of premature delivery is one of the Department of Health and Hospitals' most important goals. In an effort to improve birth outcomes for Louisiana's Medicaid population, the Department has elected to provide coverage for Makena (hydroxyprogesterone caproate injection) through the Professional Services program effective with date of service May 1, 2014. Makena is covered when the following FDA approved indications are met:

- The patient's current pregnancy is a singleton
- The patient has a history of singleton spontaneous preterm birth less than 37 weeks of gestation
- Treatment should be initiated between the 16<sup>th</sup> and 20 weeks of gestation

Providers will be required to purchase Makena for their individual office stock. Medicaid will reimburse providers for Makena injections billed with HCPCS code J1725 and the appropriate number of units. Reimbursement for the administration of Makena follows standard Medicaid policy for injections found in the Professional Services manual located on [www.lamedicaid.com](http://www.lamedicaid.com). Reimbursement rates are located on the Professional Services fee schedule also available on the same website.

RHC/FQHC's must list the procedure code for Makena (J1725) as one of the detail lines when billing for an encounter (T1015-TH) for prenatal services on the same date of service as the administration of this medication. Reimbursement for the medication and its administration is included in the encounter rate.

17 Alpha-Hydroxyprogesterone Caproate (17P) remains covered and guidelines are available under the Training link on [www.lamedicaid.com](http://www.lamedicaid.com).