

NEWSLETTER

Volume 32 No. 07 March 2022

TO: Physicians, Hospitals, Federally Qualified Health Centers (FQHCs),

Independent Clinics, Family Planning Clinics, Advanced Practice Nurses -

For Action

Health Maintenance Organizations - For Information Only

SUBJECT: Reimbursement for Physician and Outpatient-Administered Drugs,

Including Long-Acting Reversible Contraceptive (LARC) Devices

PURPOSE: To clarify Fee-For-Service (FFS) reimbursement for physician and outpatient-administered drugs, including Long-Acting Reversible Contraceptive (LARC) Devices.

BACKGROUND: Physician and outpatient-administered drugs include drugs and certain devices, other than vaccines, that are typically administered by a health care provider in a physician's office or in a hospital or clinic outpatient setting. Physician and outpatient-administered drugs are billed by reporting those HCPCS procedure codes that have an active NDC, and an active CMS crosswalk to that NDC. Currently, these include J0120 through J9999 (inclusive of J7296-J7298, J7300-J7301 and J7307 billed for LARC devices), Q0144 through Q0181, Q4079 through Q4081, Q9945 through Q9964, Q3025, Q3026, Q2009 Q5101, Q5103 through Q5108, Q5110 and Q5111. This list is subject to change as new CMS crosswalks are established on a quarterly basis.

ACTION: A provider's actual drug acquisition cost (actual cost provider paid to acquire the drug or LARC device) shall be billed as the submitted charge. For a drug dispensed from 340B inventory or through another reduced-price program, the submitted charge will reflect the 340B-related or other reduced-price program acquisition price. Reimbursement for physician and outpatient-administered drugs, including LARC devices, shall be the lowest price determined by the payment formulas described below.

- a drug or LARC device's Wholesale Acquisition Cost (WAC) less a discount of one (1) percent,
- the Federal Upper Limit (FUL) price for covered outpatient drugs (see https://www.medicaid.gov/medicaid/prescription-drugs/pharmacy-pricing/index.html),
- the State Upper Limit (SUL) price for covered outpatient drugs (see http://www.njsul.com/), or

• the actual drug acquisition cost, as billed in the submitted charge field (in the case of a drug dispensed from 340B inventory, this will be the 340B acquisition price).

When reporting a 340B drug or LARC device as a physician or outpatient-administered drug, providers must bill the appropriate HCPCS procedure code for the physician or outpatient-administered drug and the **new procedure code modifier "U8"**.

If you have any questions concerning this Newsletter, please contact Gainwell Technologies Provider Services at 1-800-776-6334.

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