ATTENTION ALL PROVIDERS
ALL FEE SCHEDULES AVAILABLE ON NEW DISPLAY 6/07/2016

In an attempt to create a more user friendly interface for providers to use the online fee schedules, LDH and Molina have made revisions to the existing fee schedules presented on the Louisiana Medicaid website, www.lamedicaid.com. ALL fee schedules are now available on the new display. At a time, not yet determined, the old display will no longer be available.

The fee schedules, found on the directory link, Fee Schedules - Newly added, incorporate the ability to ‘hover over’ the headers in each fee schedule to get information concerning the description of the fee schedule. The current and prior fee schedules will be presented on separate links on the main screen for each program and a drop-down link “Archives” will contain the older fee schedules.

The screens and explanations below will allow you to walk through the revised display.
EXAMPLE OF NEW SCREEN DISPLAYS:

Click on the “Fee Schedules – New” link on the left side of the navigation bar:
The New Fee Schedule page has the following look with ‘hover over’ messages that display as pop-up text boxes which contain additional information about each type of fee schedule and additional dates that display once you click on “Select a Date” under the “Archives” column:

<table>
<thead>
<tr>
<th>Fee Schedules for Immunizations of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Children/Adolescents (Birth through age 15)</td>
</tr>
<tr>
<td>- 19 &amp; 20 year old enrollees;</td>
</tr>
<tr>
<td>- Adults (age 21 years and older)</td>
</tr>
</tbody>
</table>

(Hover Over Message Pop-Up Text)

(Additional dates that display once you click on “Select a Date”.)
Clicking on any of the blue highlighted links will display the chosen fee schedule (example below):

<table>
<thead>
<tr>
<th>TNS</th>
<th>CPT Code</th>
<th>CPT Description</th>
<th>Age 21 Years &amp; Older</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>03 90471</td>
<td>Immunization administration (subcutaneous or IM injection), one vaccine</td>
<td>14.70</td>
</tr>
<tr>
<td></td>
<td>03 90472</td>
<td>Immunization administration, (subcut or IM injection) &amp; additional vaccine</td>
<td>9.13</td>
</tr>
<tr>
<td></td>
<td>03 90473</td>
<td>Immunization administration, nasal/oral, one vaccine</td>
<td>10.40</td>
</tr>
<tr>
<td></td>
<td>03 90474</td>
<td>Immunization administration, nasal/oral, each additional vaccine</td>
<td>9.13</td>
</tr>
<tr>
<td></td>
<td>03 90549</td>
<td>Human Papilloma virus (HPV) Vaccine, types 6, 11, 16, 18, quadrivalent, IM use</td>
<td>21 26</td>
</tr>
<tr>
<td></td>
<td>03 90550</td>
<td>Human Papilloma virus (HPV) Vaccine, types 16, 18, bivalent, IM use</td>
<td>21 26</td>
</tr>
<tr>
<td></td>
<td>03 90551</td>
<td>Human Papilloma Virus vaccine, types 6, 11, 58, nonvalent, 3 dose sched, IM use</td>
<td>21 26</td>
</tr>
<tr>
<td></td>
<td>03 90554</td>
<td>Influenza virus vaccine, split virus, preservative-free, for intradermal use</td>
<td>21 64</td>
</tr>
<tr>
<td></td>
<td>03 90556</td>
<td>Influenza vaccine, preservative free, 3 years &amp; older, IM use</td>
<td>16.78</td>
</tr>
<tr>
<td></td>
<td>03 90558</td>
<td>Influenza Vaccine, 3 years &amp; older, IM use</td>
<td>12.77</td>
</tr>
<tr>
<td></td>
<td>03 90560</td>
<td>Influenza Vaccine, live, intranasal use</td>
<td>21 69</td>
</tr>
<tr>
<td></td>
<td>03 90566</td>
<td>Influenza Vaccine, quadrivalent split virus, preserv free, 3 yrs &amp; older, IM use</td>
<td>21 59</td>
</tr>
<tr>
<td></td>
<td>03 90568</td>
<td>Influenza Vaccine, quadrivalent split virus, preserv free, 3 yrs &amp; older, IM use</td>
<td>21 59</td>
</tr>
<tr>
<td></td>
<td>03 90703</td>
<td>Tetanus toxoid (for trauma), IM use</td>
<td>2.34</td>
</tr>
<tr>
<td></td>
<td>03 90732</td>
<td>Pneumococcal polysaccharide vaccine, 23-valent, 2 years &amp; older, subcut. or IM use</td>
<td>29.72</td>
</tr>
</tbody>
</table>

Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you need further clarification of an item, please call Molina Healthcare Provider Relations at 1-800-473-2763.

**COLUMN 1:** TOS (Type of Service): Definition. Files on which codes are loaded and from which claims are paid. The file to which a claim goes for pricing is determined by, among other things, the type of provider who is billing and by the modifier appended to the procedure code.

- 03 - Full service. The file from which physician services are paid. Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Physician Assistants are reimbursed at 100% of this fee for immunizations.

**COLUMN 2:** Procedure Code
**COLUMN 3:** Procedure Code Description

**COLUMN 4A:** Codes with minimum or maximum age restrictions. If the recipient’s age on the date of service is outside the minimum or maximum age, claims will deny.

**COLUMN 4B:** Reimbursement rate on file
**COLUMN 4C:** Sex (Restriction): Some procedure codes are indicated for only one sex.
**COLUMN 4D:** UVS>001. An “X” in this column means more than one unit of service per day may be billed.