

**Louisiana Medicaid
COVID-19 Vaccine and Treatment Fee Schedule**

TOS	Procedure Code	Code Description	Fee (effective on/after DOS [^] 01/01/2022)	Procedure Code Effective DOS [^]	Procedure Code End DOS [^]	Condition of payment	Age
03, 30, 37, 39, 40	91300	Pfizer-Biontech COVID-19 Vaccine	\$0.00	12/23/2020	TBD	Must have admin code	**12+
03, 30, 37, 39, 40	0001A	Pfizer-Biontech COVID-19 Vaccine Administration – First Dose	\$36.78	12/23/2020	TBD	Must have 91300	**12+
03, 30, 37, 39, 40	0002A	Pfizer-Biontech COVID-19 Vaccine Administration – Second Dose	\$36.78	12/23/2020	TBD	Must have 91300	**12+
03, 30, 37, 39, 40	0003A	Pfizer-Biontech COVID-19 Vaccine Administration – Third Dose	\$36.78	08/12/2021	TBD	Must have 91300	12+
03, 30, 37, 39, 40	0004A	Pfizer-Biontech COVID-19 Vaccine Administration – Booster	\$36.78	09/22/2021	TBD	Must have 91300	***12+
03, 30, 37, 39, 40	91307	Pfizer-Biontech COVID-19 Pediatric Vaccine	\$0.00	10/29/2021	TBD	Must have admin code	5-11
03, 30, 37, 39, 40	0071A	Pfizer-Biontech COVID-19 Pediatric Vaccine Administration – First Dose	\$36.78	10/29/2021	TBD	Must have 91307	5-11
03, 30, 37, 39, 40	0072A	Pfizer-Biontech COVID-19 Pediatric Vaccine Administration – Second Dose	\$36.78	10/29/2021	TBD	Must have 91307	5-11
03, 30, 37, 39, 40	91301	Moderna COVID-19 Vaccine	\$0.00	12/23/2020	TBD	Must have admin code	18+
03, 30, 37, 39, 40	0011A	Moderna COVID-19 Vaccine Administration – First Dose	\$36.78	12/23/2020	TBD	Must have 91301	18+
03, 30, 37, 39, 40	0012A	Moderna COVID-19 Vaccine Administration – Second Dose	\$36.78	12/23/2020	TBD	Must have 91301	18+
03, 30, 37, 39, 40	0013A	Moderna COVID-19 Vaccine Administration – Third Dose	\$36.78	08/12/2021	TBD	Must have 91301	18+
03, 30, 37, 39, 40	91306	Moderna COVID-19 Vaccine (low dose)	\$0.00	10/20/2021	TBD	Must have admin 0064A	18+
03, 30, 37, 39, 40	0064A	Moderna COVID-19 Vaccine (low dose) Administration – Booster	\$36.78	10/20/2021	TBD	Must have 91306	18+
03, 30, 37, 39, 40	91303	Janssen COVID-19 Vaccine (J&J)	\$0.00	02/27/2021	TBD	Must have admin code	18+
03, 30, 37, 39, 40	0031A	Janssen COVID-19 Vaccine Administration (J&J)	\$36.78	02/27/2021	TBD	Must have 91303	18+
03, 30, 37, 39, 40	0034A	Janssen COVID-19 Vaccine Administration – Booster	\$36.78	10/20/2021	TBD	Must have 91303	18+
03, 30, 37, 39, 40	M0201	COVID-19 Vaccine Home Administration	\$32.98	06/08/2021	TBD	Must have paid vac admin code	12+

**Pfizer-Biontech coverage for ages 12-15 effective on and after DOS 05/10/2021.

***Pfizer-Biontech booster coverage for ages 16-17 effective on and after DOS 12/09/2021. Coverage was expanded for ages 12-15 effective for DOS on and after 01/03/2022.

[^]DOS = Date of Service

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Type of Service Legend

TOS (Type of Service):						
03	Full service physician. (See Professional Services fee schedule legend.)					
30	Acute Care Outpatient Hospital					
37	Small Rural Outpatient Hospital					
39	State Hospitals Outpatient Hospital					
40	Sole Community Outpatient Hospital					

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TOS	Procedure Code	Code Description	Fee (effective DOS [^] on and after 01/01/2022)	Procedure Code Effective DOS [^]	Procedure Code End DOS [^]	Condition of payment	Age
03, 30, 37, 39, 40	J0248	Injection, remdesivir, 1 mg	\$5.51/mg	12/23/2021	TBD	N/A	*12+
03, 30, 37, 39, 40	Q0220	Injection, tixagevimab and cilgavimab, 300 mg	\$0.00	12/8/2021	TBD	Must have admin code M0220 or M0221	*12+
03, 30, 37, 39, 40	M0220	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring.	\$134.10	12/8/2021	TBD	Must have Q0220	*12+
03, 30, 37, 39, 40	M0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency.	\$223.10	12/8/2021	TBD	Must have Q0220	*12+
03, 30, 37, 39, 40	Q0240	Injection, casirivimab and imdevimab, 600 mg	\$0.00	7/30/2021	TBD	**Must have admin code M0240 or M0241	*12+
03, 30, 37, 39, 40	M0240	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses	\$400.95	7/30/2021	TBD	**Must have Q0240	*12+
03, 30, 37, 39, 40	M0241	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence • This includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency (PHE), subsequent repeat doses	\$667.80	7/30/2021	TBD	**Must have Q0240	*12+
03, 30, 37, 39, 40	Q0243	Injection, casirivimab and imdevimab, 2400 mg	\$0.00	11/21/2020	TBD	Must have admin code M0243 or M0244	*12+
03, 30, 37, 39, 40	Q0244	Injection, casirivimab and imdevimab, 1200 mg	\$0.00	06/03/2021	TBD	Must have admin code M0243 or M0244	*12+
03, 30, 37, 39, 40	M0243	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection, and post administration monitoring	\$400.95	11/21/2020	TBD	Must have Q0243 or Q0244	*12+
03, 30, 37, 39, 40	M0244	Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence • This includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 PHE	\$667.80	05/06/2021	TBD	Must have Q0243 or Q0244	*12+

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03, 30, 37, 39, 40	Q0245	Injection, bamlanivimab and etesevimab, 2100 mg	\$0.00	02/09/2021	TBD	Must have admin code M0245 or M0246	*12+
03, 30, 37, 39, 40	M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	\$400.95	02/09/2021	TBD	Must have Q0245	*12+
03, 30, 37, 39, 40	M0246	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence • This includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 PHE	\$667.80	05/06/2021	TBD	Must have Q0245	*12+
03, 30, 37, 39, 40	Q0247	Injection, sotrovimab, 500 mg	\$2,394.00	05/26/2021	TBD	Must have admin code M0247 or M0248	*12+
03, 30, 37, 39, 40	M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	\$400.95	05/26/2021	TBD	Must have Q0247	*12+
03, 30, 37, 39, 40	M0248	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence: • This includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 PHE	\$667.80	05/26/2021	TBD	Must have Q0247	*12+

*Clinical criteria based on EUA

**Based on CMS payment guidance for COVID-19 Vaccines and Monoclonal Antibodies dated July 30, 2021

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Type of Service Legend

TOS						
03	Full service physician. (See Professional Services fee schedule legend.)					
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