

**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 (purple cap) Administration – First Dose	\$36.78	12/23/2020	TBD	Must have 91300	**12+
03, 30, 37, 39, 40	0002A	Pfizer-Biontech COVID-19 Vaccine (purple cap) Administration – Second Dose	\$36.78	12/23/2020	TBD	Must have 91300	**12+
03, 30, 37, 39, 40	0003A	Pfizer-Biontech COVID-19 Vaccine (purple cap) Administration – Third Dose	\$36.78	08/12/2021	TBD	Must have 91300	12+
03, 30, 37, 39, 40	0004A	Pfizer-Biontech COVID-19 Vaccine (purple cap) Administration – Booster	\$36.78	09/22/2021	TBD	Must have 91300	***12+
03, 30, 37, 39, 40	91305	Pfizer-BioNTech Covid-19 Vaccine (ready to use)	\$0.00	01/03/2022	TBD	Must have admin code	12+
03, 30, 37, 39, 40	0051A	Pfizer-BioNTech Covid-19 Vaccine pre-diluted (gray cap) administration – First Dose	\$36.78	01/03/2022	TBD	Must have 91305	12+
03, 30, 37, 39, 40	0052A	Pfizer-BioNTech Covid-19 Vaccine pre-diluted (gray cap) administration – Second Dose	\$36.78	01/03/2022	TBD	Must have 91305	12+
03, 30, 37, 39, 40	0053A	Pfizer-BioNTech Covid-19 Vaccine pre-diluted (gray cap) administration – Third Dose	\$36.78	01/03/2022	TBD	Must have 91305	12+
03, 30, 37, 39, 40	0054A	Pfizer-BioNTech Covid-19 Vaccine pre-diluted (gray cap) administration – Booster	\$36.78	01/03/2022	TBD	Must have 91305	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+

**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

**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	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

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					

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

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	1/24/2022	**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	1/24/2022	**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	1/24/2022	**Must have Q0240	*12+
03, 30, 37, 39, 40	Q0243	Injection, casirivimab and imdevimab, 2400 mg	\$0.00	11/21/2020	1/24/2022	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	1/24/2022	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	1/24/2022	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	1/24/2022	Must have Q0243 or Q0244	*12+

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

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	Q0245	Injection, bamlanivimab and etesevimab, 2100 mg	\$0.00	02/09/2021	1/24/2022	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	1/24/2022	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	1/24/2022	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

[^]DOS = Date of Service

Type of Service Legend

TOS						
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					