

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

TOS	Procedure Code	Code Description	Fee (effective DOS <sup>^</sup> 01/01/21 thru 3/14/21)	Procedure Code Effective DOS <sup>^</sup>	Procedure Code End DOS <sup>^</sup>	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	16+
03, 30, 37, 39, 40	0001A	Pfizer-Biontech Covid-19 Vaccine Administration – First Dose	\$15.82	12/23/2020	TBD	Must have 91300	16+
03, 30, 37, 39, 40	0002A	Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose	\$26.20	12/23/2020	TBD	Must have 91300	16+
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	\$15.82	12/23/2020	TBD	Must have 91301	18+
03, 30, 37, 39, 40	0012A	Moderna Covid-19 Vaccine Administration – Second Dose	\$26.20	12/23/2020	TBD	Must have 91301	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)	\$26.20	02/27/2021	TBD	Must have 91303	18+
03, 30, 37, 39, 40	Q0239	Injection, bamlanivimab, 700 mg	\$0.00	11/10/2020	TBD	Must have admin code	*12+
03, 30, 37, 39, 40	M0239	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	\$276.62	11/10/2020	TBD	Must have Q0239	*12+
03, 30, 37, 39, 40	Q0243	Injection, casirivimab and imdevimab, 2400 mg	\$0.00	11/21/2020	TBD	Must have admin code	*12+
03, 30, 37, 39, 40	M0243	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring	\$276.62	11/21/2020	TBD	Must have Q0243	*12+
03, 30, 37, 39, 40	Q0245	Injection, bamlanivimab and etesevimab, 2100 mg	\$0.00	02/09/2021	TBD	Must have admin code	*12+
03, 30, 37, 39, 40	M0245	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring	\$276.62	02/09/2021	TBD	Must have Q0245	*12+

\*Clinical criteria based on EUA

<sup>^</sup>DOS = Date of Service

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