

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

TOS	Procedure Code	Code Description	Fee (effective on/after DOS <sup>^</sup> 01/01/2022)	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 (purple cap)	\$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 (gray cap)	\$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 (orange cap)	\$0.00	10/29/2021	TBD	Must have admin code	5-11
03, 30, 37, 39, 40	0071A	Pfizer-BioNTech COVID-19 Pediatric Vaccine (orange cap) 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 (orange cap) Administration – Second Dose	\$36.78	10/29/2021	TBD	Must have 91307	5-11
03, 30, 37, 39, 40	0073A	Pfizer-BioNTech COVID-19 Pediatric Vaccine (orange cap) Administration – Third Dose	\$36.78	01/03/2022	TBD	Must have 91307	5-11
03, 30, 37, 39, 40	0074A	Pfizer-BioNTech COVID-19 Pediatric Vaccine (orange cap) Administration – Booster	\$36.78	05/17/2022	TBD	Must have 91307	5-11

\*\*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.

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

**Revision Dates:**

Jul 26, 2022  
Jul 14, 2022  
Jun 30, 2022  
Jun 3, 2022

**Previous Revision Dates**

May 4, 2022  
Feb 18, 2022  
Feb 9, 2022  
Jan 14, 2022

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TOS	Procedure Code	Code Description	Fee (effective on/after DOS <sup>^</sup> 01/01/2022)	Procedure Code Effective DOS <sup>^</sup>	Procedure Code End DOS <sup>^</sup>	Condition of payment	Age
03, 30, 37, 39, 40	91308	Pfizer-BioNTech COVID-19 Pediatric Vaccine (maroon cap)	\$0.00	06/17/2022	TBD	Must have admin code	6mo - 4
03, 30, 37, 39, 40	0081A	Pfizer-BioNTech COVID-19 Pediatric Vaccine (maroon cap) Administration – First Dose	\$36.78	06/17/2022	TBD	Must have 91308	6mo - 4
03, 30, 37, 39, 40	0082A	Pfizer-BioNTech COVID-19 Pediatric Vaccine (maroon cap) Administration – Second Dose	\$36.78	06/17/2022	TBD	Must have 91308	6mo - 4
03, 30, 37, 39, 40	0083A	Pfizer-BioNTech COVID-19 Pediatric Vaccine (maroon cap) Administration – Third Dose	\$36.78	06/17/2022	TBD	Must have 91308	6mo - 4
03, 30, 37, 39, 40	91301	Moderna COVID-19 Vaccine (red cap)	\$0.00	12/23/2020	TBD	Must have admin code	#12+
03, 30, 37, 39, 40	0011A	Moderna COVID-19 Vaccine (red cap) Administration – First Dose	\$36.78	12/23/2020	TBD	Must have 91301	#12+
03, 30, 37, 39, 40	0012A	Moderna COVID-19 Vaccine (red cap) Administration – Second Dose	\$36.78	12/23/2020	TBD	Must have 91301	#12+
03, 30, 37, 39, 40	0013A	Moderna COVID-19 Vaccine (red cap) Administration – Third Dose	\$36.78	08/12/2021	TBD	Must have 91301	#12+
03, 30, 37, 39, 40	91306	Moderna COVID-19 Vaccine (red cap) (low dose)	\$0.00	10/20/2021	TBD	Must have admin code	18+
03, 30, 37, 39, 40	0064A	Moderna COVID-19 Vaccine (red cap) (low dose) Administration – Booster	\$36.78	10/20/2021	TBD	Must have 91306	18+
03, 30, 37, 39, 40	91309	Moderna COVID-19 Vaccine (blue cap with purple border) 50MCG/0.5ML (Booster)	\$0.00	03/29/2022	TBD	Must have admin code	#6yr-11 or 18+
03, 30, 37, 39, 40	0091A	Moderna COVID-19 Vaccine (blue cap with purple border) Administration - First Dose	\$36.78	06/17/2022	TBD	Must have 91309	6yr-11
03, 30, 37, 39, 40	0092A	Moderna COVID-19 Vaccine (blue cap with purple border) Administration - Second Dose	\$36.78	06/17/2022	TBD	Must have 91309	6yr-11
03, 30, 37, 39, 40	0093A	Moderna COVID-19 Vaccine (blue cap with purple border) Administration - Third Dose	\$36.78	06/17/2022	TBD	Must have 91309	6yr-11
03, 30, 37, 39, 40	0094A	Moderna COVID-19 Vaccine (blue cap with purple border) Administration - Booster	\$36.78	03/29/2022	TBD	Must have 91309	18+

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#Moderna coverage expanded to ages 6 yrs+ or 12 yrs+ effective on and after DOS 06/17/2022.

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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	91311	Moderna COVID-19 Vaccine (blue cap with magenta border) 250MCG/0.25ML	\$0.00	06/17/2022	TBD	Must have admin code	6mo - 5
03, 30, 37, 39, 40	0111A	Moderna COVID-19 Vaccine (blue cap with magenta border) Administration - First Dose	\$36.78	06/17/2022	TBD	Must have 91311	6mo - 5
03, 30, 37, 39, 40	0112A	Moderna COVID-19 Vaccine (blue cap with magenta border) Administration - Second Dose	\$36.78	06/17/2022	TBD	Must have 91311	6mo - 5
03, 30, 37, 39, 40	0113A	Moderna COVID-19 Vaccine (blue cap with magenta border) Administration - Third Dose	\$36.78	06/17/2022	TBD	Must have 91311	6mo - 5
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	91304	Novavax COVID-19 Vaccine, Adjuvanted	\$0.00	07/13/2022	TBD	Must have admin code	18+
03, 30, 37, 39, 40	0041A	Novavax COVID-19 Vaccine, Adjuvanted Administration - First Dose	\$36.78	07/13/2022	TBD	Must have 91304	18+
03, 30, 37, 39, 40	0042A	Novavax COVID-19 Vaccine, Adjuvanted Administration - Second Dose	\$36.78	07/13/2022	TBD	Must have 91304	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+

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

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

TOS	Procedure Code	Code Description	Fee (effective DOS <sup>^</sup> on and after 01/01/2022)	Procedure Code Effective DOS <sup>^</sup>	Procedure Code End DOS <sup>^</sup>	Condition of payment	Age
03, 30, 37, 39, 40	J0248	Injection, remdesivir, 1 mg	\$5.51/mg	12/23/2021	TBD	N/A	***00+
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	Q0221	Injection, tixagevimab and cilgavimab, 600 mg	\$0.00	2/24/2022	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 or Q0221	*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 or Q0221	*12+
03, 30, 37, 39, 40	Q0222	Injection, bebtelovimab, 175 mg	\$0.00	2/11/2022	TBD	Must have admin code M0222 or M0223	*12+
03, 30, 37, 39, 40	M0222	Intravenous injection, bebtelovimab, includes injection and post administration monitoring	\$312.25	2/11/2022	TBD	Must have Q0222	*12+
03, 30, 37, 39, 40	M0223	Intravenous injection, bebtelovimab, 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	\$489.95	2/11/2022	TBD	Must have Q0222	*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+

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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+
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	04/05/2022	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	04/05/2022	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	04/05/2022	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

\*\*\*Remdesivir: FDA approved for ages 28 days and older effective with dates of service on and after April 25, 2022.

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**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					
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