

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

TOS	Procedure Code	Code Description	Fee (effective on/after DOS^ 03/15/21)	Fee (effective DOS^ 01/01/21 thru 3/14/21)	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	\$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	\$37.08	\$15.82	12/23/2020	TBD	Must have 91300	**12+
03, 30, 37, 39, 40	0002A	Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose	\$37.08	\$26.20	12/23/2020	TBD	Must have 91300	**12+
03, 30, 37, 39, 40	0003A	Pfizer-Biontech Covid-19 Vaccine Administration – Third Dose	\$37.08	N/A	08/12/2021	TBD	Must have 91300	**12+
03, 30, 37, 39, 40	91301	Moderna Covid-19 Vaccine	\$0.00	\$0.00	12/23/2020	TBD	Must have admin code	18+
03, 30, 37, 39, 40	0011A	Moderna Covid-19 Vaccine Administration – First Dose	\$37.08	\$15.82	12/23/2020	TBD	Must have 91301	18+
03, 30, 37, 39, 40	0012A	Moderna Covid-19 Vaccine Administration – Second Dose	\$37.08	\$26.20	12/23/2020	TBD	Must have 91301	18+
03, 30, 37, 39, 40	0013A	Moderna Covid-19 Vaccine Administration – Third Dose	\$37.08	N/A	08/12/2021	TBD	Must have 91300	18+
03, 30, 37, 39, 40	91303	Janssen Covid-19 Vaccine (J&J)	\$0.00	\$0.00	02/27/2021	TBD	Must have admin code	18+
03, 30, 37, 39, 40	0031A	Janssen Covid-19 Vaccine Administration (J&J)	\$37.08	\$26.20	02/27/2021	TBD	Must have 91303	18+
03, 30, 37, 39, 40	M0201	COVID-19 Vaccine Home Administration	\$32.60	N/A	06/08/2021	TBD	Must have paid vac admin code	12+

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

^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						

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

A	B	C	D	E	F	G	H	I	J	K
TOS	Procedure Code	Code Description	Fee (effective DOS <sup>^</sup> on and after 07/30/21)	Fee (effective DOS <sup>^</sup> on and after 05/26/21)	Fee (effective DOS <sup>^</sup> on and after 05/06/21)	Fee (effective DOS <sup>^</sup> 01/01/21 thru 05/05/21)	Procedure Code Effective DOS <sup>^</sup>	Procedure Code End DOS <sup>^</sup>	Condition of payment	Age
03, 30, 37, 39, 40	Q0239	Injection, bamlanivimab, 700 mg	N/A	N/A	N/A	\$0.00	11/10/2020	04/16/2021	Must have admin code M0239	*12+
03, 30, 37, 39, 40	M0239	Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring	N/A	N/A	N/A	\$276.62 (thru DOS 04/16/21)	11/10/2020	04/16/2021	Must have Q0239	*12+
03, 30, 37, 39, 40	Q0240	Injection, casirivimab and imdevimab, 600 mg	\$0.00	N/A	N/A	N/A	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	\$400.10	N/A	N/A	N/A	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	\$667.50	N/A	N/A	N/A	7/30/2021	TBD	**Must have Q0240	*12+
03, 30, 37, 39, 40	Q0243	Injection, casirivimab and imdevimab, 2400 mg	\$0.00	\$0.00	\$0.00	\$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	\$0.00	\$0.00	N/A	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	See column F	See column F	\$400.10	\$276.62	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	See column F	See column F	\$667.50	N/A	05/06/2021	TBD	Must have Q0243 or Q0244	*12+

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

A	B	C	D	E	F	G	H	I	J	K
TOS	Procedure Code	Code Description	Fee (effective DOS <sup>^</sup> on and after 07/30/21)	Fee (effective DOS <sup>^</sup> on and after 05/26/21)	Fee (effective DOS <sup>^</sup> on and after 05/06/21)	Fee (effective DOS <sup>^</sup> 01/01/21 thru 05/05/21)	Procedure Code Effective DOS <sup>^</sup>	Procedure Code End DOS <sup>^</sup>	Condition of payment	Age
03, 30, 37, 39, 40	Q0245	Injection, bamlanivimab and etesevimab, 2100 mg	\$0.00	\$0.00	\$0.00	\$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	See column F	See column F	\$400.10	\$276.62	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	See column F	See column F	\$667.50	N/A	05/06/2021	TBD	Must have Q0245	*12+
03, 30, 37, 39, 40	Q0247	Injection, sotrovimab, 500 mg	See column E	\$2,394.00	N/A	N/A	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	See column E	\$400.10	N/A	N/A	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	See column E	\$667.50	N/A	N/A	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										
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									