

**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	0004A	Pfizer-Biontech COVID-19 Vaccine Administration – Booster	\$37.08	N/A	09/22/2021	TBD	Must have 91300	18+
03, 30, 37, 39, 40	91307	Pfizer-Biontech COVID-19 Pediatric Vaccine	\$0.00	N/A	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	\$37.08	N/A	10/29/2021	TBD	Must have 91307	5-11
03, 30, 37, 39, 40	0072A	Pfizer-Biontech COVID-19 Pediatric Vaccine Administration – Second Dose	\$37.08	N/A	10/29/2021	TBD	Must have 91307	5-11
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 91301	18+
03, 30, 37, 39, 40	91306	Moderna COVID-19 Vaccine (low dose)	\$0.00	N/A	10/20/2021	TBD	Must have admin 0064A	18+
03, 30, 37, 39, 40	0064A	Moderna COVID-19 Vaccine (low dose) Administration – Booster	\$37.08	N/A	10/20/2021	TBD	Must have 91306	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	0034A	Janssen COVID-19 Vaccine Administration – Booster	\$37.08	N/A	10/20/2021	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

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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						

**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 [^] on and after 07/30/21)	Fee (effective DOS [^] on and after 05/26/21)	Fee (effective DOS [^] on and after 05/06/21)	Fee (effective DOS [^] 01/01/21 thru 05/05/21)	Procedure Code Effective DOS [^]	Procedure Code End DOS [^]	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+

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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):										
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									