

LOUISIANA MEDICAID IMMUNIZATION FEE SCHEDULE - ACA Enhanced Rates  
 Adults (Age 19 years and Older)  
 Effective for Dates of Service January 1, 2014 through December 31, 2014

COLUMN:

| 1  | 2        | 3  | 4A                     | 4B    | 4C  | 4D          |
|----|----------|--|------------------------|-------|-----|-------------|
| TS | CPT Code | CPT Description  | Age 19 Years and Older |       |     |             |
|    |          |  | * Age<br>Min/Max       | Fee   | Sex | UVS<br>>001 |
| 54 | 90471    | Immunization administration (subcutaneous or IM injection), one vaccine      |                        | 23.15 |     |             |
| 55 | 90471    | Immunization administration (subcutaneous or IM injection), one vaccine      |                        | 23.15 |     |             |
| 54 | 90472    | Immunization administration, (subcut. or IM injection) ea additional vaccine |                        | 11.86 |     | X           |
| 55 | 90472    | Immunization administration, (subcut. or IM injection) ea additional vaccine |                        | 11.86 |     | X           |
| 54 | 90473    | Immunization administration, nasal/oral, one vaccine                         |                        | 23.15 |     |             |
| 55 | 90473    | Immunization administration, nasal/oral, one vaccine                         |                        | 23.15 |     |             |
| 54 | 90474    | Immunization administration, nasal/oral, each additional vaccine             |                        | 11.86 |     | X           |
| 55 | 90474    | Immunization administration, nasal/oral, each additional vaccine             |                        | 11.86 |     | X           |

Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you need further clarification of an item, please call Molina Healthcare Provider Relations at 1-800-473-2783.

COLUMN 1: TOS (Type of Service): Definition: Files on which codes are loaded and from which claims are paid. The file to which a claim goes for pricing is determined by, among other things, the type of provider who is billing and by the modifier appended to the procedure code.

54 - Affordable Care Act (ACA) Enhanced rates - Facility. The file from which physician services are paid.

55 - Affordable Care Act (ACA) Enhanced rates - Non-Facility. The file from which physician services are paid.

COLUMN 2: Procedure Code

COLUMN 3: Procedure Code Description

COLUMN 4A: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny.

COLUMN 4B: Reimbursement rate on file

COLUMN 4C: Sex (Restriction): Some procedure codes are indicated for only one sex.

COLUMN 4D: UVS>001. An 'X' in this column means more than one unit of service per day may be billed.