

LOUISIANA MEDICAID IMMUNIZATION FEE SCHEDULE: AGE 19 - 20 YEARS

Effective for Dates of Service on or after August 6, 2008

COLUMN:

1 2 3

4A 4B 4C

TS	CPT Code	CPT Description	Age 19-20 Years		
			Fee	Sex	UVS >001
03	90471	Immunization administration (subcutaneous or IM injection), one vaccine	15.22		
03	90472	Immunization administration, (subcut. or IM injection) ea additional vaccine	9.45		X
03	90473	Immunization administration, nasal/oral, one vaccine	10.80		
03	90474	Immunization administration, nasal/oral, each additional vaccine	9.45		X
03	90632	Hepatitis A vaccine, adult dosage, IM use	53.38		
03	90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, IM use	83.10		
03	90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18, quadrivalent, IM use	125.29		
03	90650^	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, IM use	128.75	F	
03	90654*	Influenza virus vaccine, split virus, preservative-free, for intradermal use	18.38		
03	90656	Influenza vaccine, preservative free, 3 years & older, IM use	17.37		
03	90658	Influenza vaccine, 3 years & older, IM use	13.22		
03	90660	Influenza vaccine, live, intranasal use	22.03		
03	90703	Tetanus toxoid (for trauma), IM use	2.42		
03	90707	Measles, mumps and rubella vaccine (MMR), live, subcutaneous use	43.14		
03	90710	Meas, mumps, rubella, varicella vaccine (MMRV), for subcutaneous use	124.37		
03	90714	Tetanus and diphtheria toxoids (Td), preservative free, 7 yrs or older, IM use	19.48		
03	90715	Tetanus, diphth & acellular pertussis vaccine (Tdap), 7 yrs or older, IM use	34.32		
03	90716	Varicella vaccine, live, for subcutaneous use	75.38		
03	90718	Tetanus & diphtheria toxoids (Td), 7 years or older, IM use	11.56		
03	90732	Pneumococcal polysacch vaccine, 23-valent, 2 years & older, subcut. or IM use	29.73		
03	90746	Hepatitis B vaccine, adult dosage, IM use	57.26		

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: TS (Type 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.
- 03 - Full service. The file from which physician services are paid. Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Physician Assistants are reimbursed at 100% of this fee for immunizations.
- COLUMN 2: Procedure Code
- COLUMN 3: Procedure Code Description
- COLUMN 4A: Reimbursement rate on file
- COLUMN 4B: Sex (Restriction): Some procedure codes are indicated for only one sex.
- COLUMN 4C: UVS>001. An 'X' in this column means more than one unit of service per day may be billed.

^ **Note: not for use in males.**
 * **New code added 09/2011**