

LOUISIANA MEDICAID IMMUNIZATION FEE SCHEDULE - Children/Adolescents (Birth through 18 years of age)

Effective for Dates of Service on or after May 1, 2016 through December 31, 2016

Vaccines available from the Vaccines for Children Program will be paid at zero (\$0.00) as the provider is to obtain the vaccine(s) for Medicaid recipients aged birth through 18 years from the Vaccines for Children Program at no cost. For these vaccines, reimbursement will be only for the administration of the vaccine. **NOTE:** Those with no fee are the Vaccine for Children (VFC) codes.

COLUMN:

1	2	3	4A	4B	4C	4D
TS	CPT Code	CPT Description	Age 0-18 Years			
			* Age Min/Max	Fee	Sex	UVS >001
03	90471	Immunization administration (subcutaneous or IM injection), one vaccine		14.70		
03	90472	Immunization administration, (subcut. or IM injection) ea additional vaccine		9.13		X
03	90473	Immunization administration, nasal/oral, one vaccine		10.43		
03	90474	Immunization administration, nasal/oral, each additional vaccine		9.13		X
03	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule for IM use	10 18	0.00		
03	90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for IM use	10 18	0.00		
03	90633	Heaptitis A vaccine, pediatric/adolescent dosage-2 dose schedule, IM use		0.00		
03	90648	Haemophilus influenza b vaccine (Hib), PRP-T conjugate, 4-dose, IM use		0.00		
03	90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18, (quadrivalent), 3 dose schedule IM use	09 18	0.00		
03	90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule IM use	09 18	0.00	F	
03	90651	Human Papilloma virus (HPV)...(9vHPV), 3 dose schedule, for IM use Added effective 5-1-15	09 18	0.00		
03	90655	Influenza vaccine, preservative free, 6-35 months, IM use	00 02	0.00		
03	90656	Influenza vaccine, preservative free, 3 years & older, IM use	03 18	0.00		
03	90657	Influenza vaccine, 6-35 months, IM use	00 02	0.00		
03	90658	Influenza vaccine, 3 years & older, IM use	03 18	0.00		
03	90660	Influenza vaccine, trivalent, live, for intranasal use Not covered effective 9-23-16	02 18	0.00		
03	90670	Pneumococcal conjugate vaccine, 13 valent, for IM use	00 18	0.00		
03	90672	Influenza vaccine, quadrivalent, live, for intranasal use Not covered effective 9-23-16	02 18	0.00		
03	90680	Rotavirus vaccine, pentavalent, 3-dose schedule, live, for oral use		0.00		
03	90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use		0.00		
03	90685	Influenza vaccine, Quadrivalent, Split virus, Preservative Free, 6-35 months, IM use	00 02	0.00		
03	90686	Influenza vaccine, Quadrivalent, Split virus, Preservative Free, 3yrs & older, IM use	03 18	0.00		
03	90687	Influenza vaccine, Quadrivalent, Split virus, Preservative Free, 6-35 months, IM use	00 02	0.00		
03	90688	Influenza vaccine, Quadrivalent, Split virus, 3 yrs & older, IM use	03 18	0.00		
03	90696	Diphth, tetanus, acell. Pertussis and polio vacc, (DTaP-IPV), 4-6 yrs of age	04 06	0.00		
03	90698	Diphth, tetanus, acell. Pertussis, poliovirus, Hib vaccine (DTaP-Hib-IPV), IM		0.00		
03	90700	Diphth, tetanus, acellular pertussis vaccine (DTaP), < 7 yrs of age, IM use	00 06	0.00		
03	90702	Diphtheria and tetanus toxoids (DT), < 7 years of age, IM use	00 06	0.00		
03	90707	Measles, mumps and rubella vaccine (MMR), live, subcutaneous use		0.00		
03	90710	Measles, mumps, rubella, & varicella vacc (MMRV), live, subcutaneous use		0.00		
03	90713	Poliovirus vaccine, inactivated (IPV), subcutaneous or IM use		0.00		
03	90714	Tetanus and diphtheria toxoids (Td), preservative free, 7 yrs or older, IM use	07 18	0.00		
03	90715	Tetanus, diphth & acellular pertussis vaccine (Tdap), 7 yrs or older, IM use	07 18	0.00		

TS	CPT Code	CPT Description	Age 0-18 Years			
			* Age Min/Max	Fee	Sex	UVS >001
03	90716	Varicella vaccine, live, for subcutaneous use		0.00		
03	90723	Diphth, tet, acell pertussis-Hep B-inactiv polio vacc (DtaP-HepB-IPV), IM use		0.00		
03	90732	Pneumococcal polysacch vaccine, 23-valent, 2 years & older, subcut. or IM	02 18	28.72		
03	90734	Meningococcal conjugate vaccine, IM use		0.00		
03	90744	Hepatitis B vaccine, ped/adolescent, 3-dose schedule, IM use		0.00		

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.

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:

Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the

*

For immunization purposes, Louisiana Medicaid follows current age restrictions as published in the *Current Procedural Terminology (CPT) Professional Edition*. If there are no age restrictions published in the current CPT manual, and the vaccine is available from the Vaccines for Children (VFC) Program, the maximum age for the vaccine will be through 18 years of age unless Louisiana Medicaid covers the vaccine for recipients aged 19 through 20 years or adults aged 21 years and older.

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.

Last Revision: Nov. 2016

Prev Revision: Sept. 2016/May 2016