

LOUISIANA MEDICAID IMMUNIZATION FEE SCHEDULE: AGE 19 - 20 YEARS

Effective for Dates of Service on or after July 1, 2012

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 | 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 | 90632 | Hepatitis A vaccine, adult dosage, IM use | 51.57 | | |
| 03 | 90636 | Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, IM use | 80.27 | | |
| 03 | 90649 | Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18, quadrivalent, IM use | 121.03 | | |
| 03 | 90650^ | Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, IM use | 124.37 | F | |
| 03 | 90654* | Influenza virus vaccine, split virus, preservative-free, for intradermal use | 17.76 | | |
| 03 | 90656 | Influenza vaccine, preservative free, 3 years & older, IM use | 16.78 | | |
| 03 | 90658 | Influenza vaccine, 3 years & older, IM use | 12.77 | | |
| 03 | 90660 | Influenza vaccine, live, intranasal use | 21.28 | | |
| 03 | 90703 | Tetanus toxoid (for trauma), IM use | 2.34 | | |
| 03 | 90707 | Measles, mumps and rubella vaccine (MMR), live, subcutaneous use | 41.67 | | |
| 03 | 90710 | Meas, mumps, rubella, varicella vaccine (MMRV), for subcutaneous use | 120.14 | | |
| 03 | 90714 | Tetanus and diphtheria toxoids (Td), preservative free, 7 yrs or older, IM use | 18.82 | | |
| 03 | 90715 | Tetanus, diphth & acellular pertussis vaccine (Tdap), 7 yrs or older, IM use | 33.15 | | |
| 03 | 90716 | Varicella vaccine, live, for subcutaneous use | 72.82 | | |
| 03 | 90718 | Tetanus & diphtheria toxoids (Td), 7 years or older, IM use | 11.17 | | |
| 03 | 90732 | Pneumococcal polysacch vaccine, 23-valent, 2 years & older, subcut. or IM use | 28.72 | | |
| 03 | 90746 | Hepatitis B vaccine, adult dosage, IM use | 55.31 | | |

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**