

LOUISIANA MEDICAID IMMUNIZATION FEE SCHEDULE: AGE 19 - 20 YEARS

Effective for Dates of Service on or after May 1, 2016 through June 30, 2016

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	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (Men B), 2 dose schedule for IM use	144.68		
03	90621	Meningococcal recombinant protein vaccine, serogroup B (MenB), 3 dose schedule, for IM use	115.75		
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	90651	Human Papilloma virus vaccine types 6, 11...58, nonavalent(HPV),3 dose sch,IM	162.34		
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	90686	Influenza virus vaccine, quadrivalent, split virus, preserv free, 3 yrs or older, IM use	14.56		
03	90688	Influenza virus vaccine, quadrivalent, split virus, 3 yrs & older, IM use	12.61		
03	90660	Influenza vaccine, trivalent, live, for intranasal use	21.28		
03	90672	Influenza vaccine, quadrivalent, live, for intranasal use	24.19		
03	90707	Measles, mumps and rubella vaccine (MMR), live, subcutaneous use	41.67		
03	90710	Measles, 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	90732	Pneumococcal polysacch vaccine, 23-valent, 2 years & older, subcut. or IM use	28.72		
03	90734	Meningococcal conjugate vaccine, IM use	90.68		
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.