LOUISIANA MEDICAID IMMUNIZATION FEE SCHEDULE - ADULT (AGE 21 YEARS & OLDER)

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

COLUMN:

1	2	3	4A	4B	4C	4D
TS	**CPT Code**	**CPT Description**	**Age 21 Years & Older**			
			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	90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18, quadrivalent, IM	21 26	121.03		
03	90650^	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, IM use	21 26	124.37	F	
03	90654*	Influenza virus vaccine, split virus, preservative-free, for intradermal use	21 64	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 49	21.28		
03	90703	Tetanus toxoid (for trauma), IM use		2.34		
03	90732	Pneumococcal polysacch vaccine, 23-valent, 2 years & older, subcut. or IM		28.72		

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 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.

^ Note: not for use in males.

*** New code added 09/2011**

Revised: July, 2012