



**ATTENTION ALL PROVIDERS
NEW FEE SCHEDULE DISPLAYS 3/24/2016**

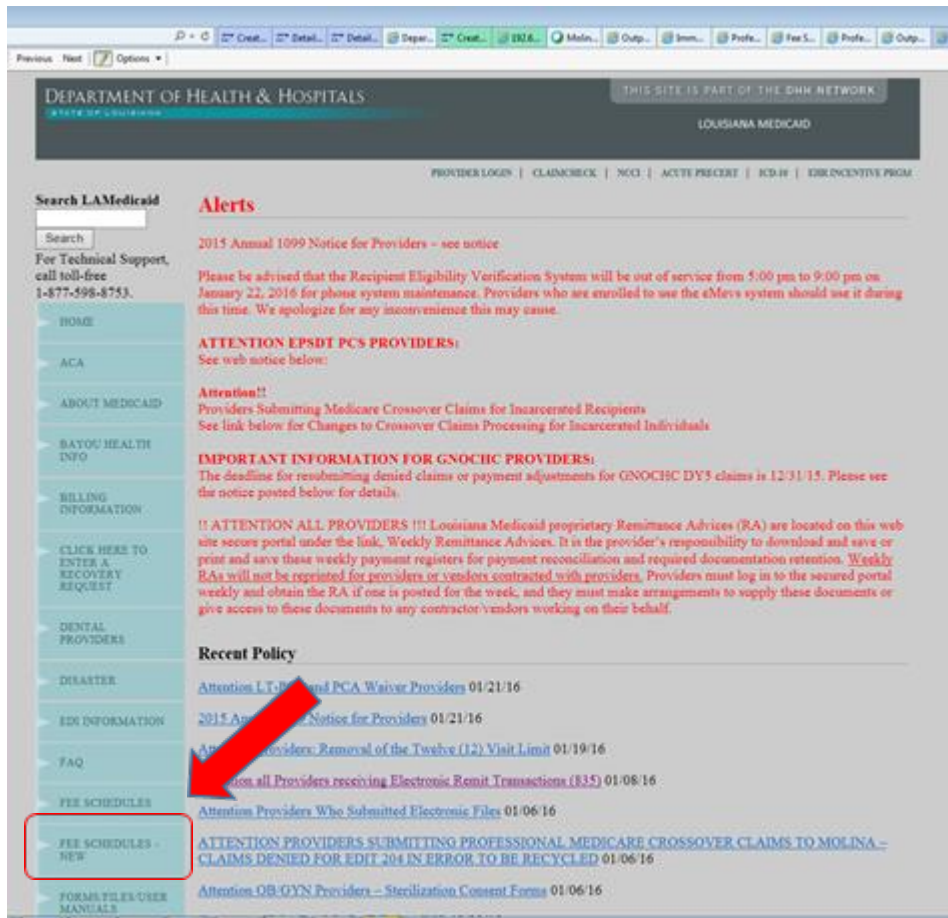
In an attempt to create a more user friendly interface for providers to use the online fee schedules, DHH and Molina have made revisions to the existing fee schedules presented on the Louisiana Medicaid web site, www.lamedicaid.com.

The fee schedules, found on the directory link, Fee Schedules - Newly added, incorporate the ability to 'hover over' the headers in each fee schedule to get information concerning the description of the fee schedule. The current and prior fee schedules will be presented on separate links on the main screen for each program and a drop-down link "Archives" will contain the older fee schedules.

The screens and explanations below will allow you to walk through the revised display. The new display currently features: Immunizations (Children/Adolescents, 19 & 20 year old enrollees, and Adults), Outpatient Hospital Ambulatory Surgery, Outpatient Hospital Services and Professional Services. Upcoming schedules will include OAAS Waivers and OCDD Waivers. Please watch for the addition of new fee schedules to this page.

EXAMPLE OF NEW SCREEN DISPLAYS:

Click on the “Fee Schedules – New” link on the left side of the navigation bar:



The screenshot shows the Louisiana Medicaid website interface. At the top, there is a navigation bar with various links: HOME, ACA, ABOUT MEDICAID, BAYOU HEALTH INFO, BILLING INFORMATION, CLICK HERE TO ENTER A RECOVERY REQUEST, DENTAL PROVIDERS, DISASTER, EDI INFORMATION, FAQ, FEE SCHEDULES, FEE SCHEDULES - NEW, and FORMS FILES USER MANUALS. The 'FEE SCHEDULES - NEW' link is highlighted with a red box and a red arrow. The main content area displays several alerts and recent policy updates, including a 2015 Annual 1099 Notice for Providers, a notice about the Recipient Eligibility Verification System, and various attention notices for providers regarding Medicare crossover claims and electronic remittance transactions.

DEPARTMENT OF HEALTH & HOSPITALS
THIS SITE IS PART OF THE DHM NETWORK
LOUISIANA MEDICAID

PROVIDER LOGIN | CLAIMCHECK | NCO | ACTIVE PRECERT | RCD-IF | EDI INCENTIVE PROGRAM

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For Technical Support, call toll-free 1-877-598-8753.

Alerts
2015 Annual 1099 Notice for Providers - see notice
Please be advised that the Recipient Eligibility Verification System will be out of service from 5:00 pm to 9:00 pm on January 22, 2016 for phone system maintenance. Providers who are enrolled to use the eMeds system should use it during this time. We apologize for any inconvenience this may cause.

ATTENTION EPSDT PCS PROVIDERS!
See web notice below:
Attention!!
Providers Submitting Medicare Crossover Claims for Incarcerated Recipients
See link below for Changes to Crossover Claims Processing for Incarcerated Individuals

IMPORTANT INFORMATION FOR GNOCHC PROVIDERS:
The deadline for resubmitting denied claims or payment adjustments for GNOCHC DY5 claims is 12/31/15. Please see the notice posted below for details.

!! ATTENTION ALL PROVIDERS !! Louisiana Medicaid proprietary Remittance Advices (RA) are located on this web site secure portal under the link, Weekly Remittance Advices. It is the provider's responsibility to download and save or print and save these weekly payment registers for payment reconciliation and required documentation retention. Weekly RAs will not be reprinted for providers or vendors contracted with providers. Providers must log in to the secured portal weekly and obtain the RA if one is posted for the week, and they must make arrangements to supply these documents or give access to these documents to any contractor/vendors working on their behalf.

Recent Policy
[Attention LT-R and PCA Waiver Providers](#) 01/21/16
[2015 Annual 1099 Notice for Providers](#) 01/21/16
[Attention Providers: Removal of the Twelve \(12\) Visit Limit](#) 01/19/16
[Attention all Providers receiving Electronic Remit Transactions \(E835\)](#) 01/08/16
[Attention Providers Who Submitted Electronic Files](#) 01/06/16
[ATTENTION PROVIDERS SUBMITTING PROFESSIONAL MEDICARE CROSSOVER CLAIMS TO MOLINA - CLAIMS DENIED FOR EDIT 204 IN ERROR TO BE RECYCLED](#) 01/06/16
[Attention OB/GYN Providers - Sterilization Consent Forms](#) 01/06/16

The New Fee Schedule page has the following look with 'hover over' messages that display as pop-up text boxes which contain additional information about each type of fee schedule and additional dates that display once you click on "Select a Date" under the "Archives" column:

Fee Schedules for Immunizations of:
 - Children/Adolescents (birth through 18 years);
 - 19 & 20 year old enrollees;
 - Adults (age 21 years and older)

(Hover Over Message Pop-Up Text)

PROVIDER LOGIN | CLAIMCHECK | NCI | ACUTE PRECERT | RCD-19 | EHR INCENTIVE PROGRAM

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 EDI INFORMATION
 FAQ
 FEE SCHEDULES
 FEE SCHEDULES - NEW
 FORMS FILES USER MANUALS
 GNOCHC INFORMATION
 HELPFUL NUMBERS
 HIPAA INFORMATION CENTER
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 MEVS DISCLAIMER MESSAGE
 PAY-FOR-PERFORMANCE
 PHARMACY & PRESCRIBING PROVIDERS
 PROVIDER ENROLLMENT
 PROVIDER MANUALS
 PROVIDER SUPPORT

Fee Schedules

Immunization Fee Schedules	Current Schedule Effective Date	Previous Schedule Effective Date	Archives
Children/Adolescents: (Birth through age 18)	05/01/15 PDF	01/01/13 PDF	Select a Date (effective 07/01/12) (effective 01/01/11) (effective 08/06/08) Select a Date
Young Adult: (Ages 19 and 20)	05/01/15 PDF	07/01/14 PDF	Select a Date
Adult: (Age 21 years and Older)	05/01/15 PDF	07/01/14 PDF	Select a Date
H1N1: Professional Services			Select a Date
H1N1: Outpatient Hospitals & ESRD			Select a Date
ACA: (Age 0 through age 18)			Select a Date
ACA: (Age 19 and Older)			Select a Date

Outpatient Hospital Ambulatory Surgery	Current Schedule Effective Date	Previous Schedule Effective Date	Archives
Rural: TOS (15)	01/01/16 PDF , EXCEL	05/01/15 PDF	Select a Date
State: TOS (15)	01/01/16 PDF , EXCEL	08/01/15 PDF	Select a Date
Non-Rural, Non-State: TOS (15)	01/01/16 PDF , EXCEL	01/01/15 PDF	Select a Date

Outpatient Hospital Services	Current Schedule Effective Date	Previous Schedule Effective Date	Archives
Acute Care Hospital: TOS (30)	01/01/16 PDF , EXCEL	01/01/15 PDF	Select a Date
Small Rural Hospital: TOS (37)	01/01/16 PDF , EXCEL	01/01/15 PDF	Select a Date
State Hospital: TOS (39)	01/01/16 PDF , EXCEL	01/01/15 PDF	Select a Date
Sole Community Hospital: TOS (40)	01/01/16 PDF , EXCEL	01/01/15 PDF	Select a Date

Professional Services, Lab, X-Ray, Radiology and ASC	Current Schedule Effective Date	Previous Schedule Effective Date	Archives
Professional:	01/01/16 PDF , EXCEL	01/01/15 PDF	Select a Date
Laboratory & Radiology: (Non-hospital)	01/01/16 PDF , EXCEL	01/01/15 PDF	Select a Date
Ambulatory Surgical Center (Non-hospital)	01/01/16 PDF , EXCEL	01/01/15 PDF	Select a Date

Additional dates that display once you click on "Select a Date".

Clicking on any of the blue highlighted links will display the chosen fee schedule (example below):

LOUISIANA MEDICAID IMMUNIZATION FEE SCHEDULE - ADULT (AGE 21 YEARS & OLDER)
Effective for Dates of Service on or after May 1, 2015

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	90651	Human Papillomavirus vacc, types 6,11,58, nonavalent,3 dose sched, IM	21 26	162.34		
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	90686	Influenza vaccine, quadrivalent split virus, preserv free,3 yrs & older, IM us	21 99	14.56		
03	90688	Influenza vaccine, quadrivalent split virus, preserv free,3 yrs & older, IM us	21 99	12.61		
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.

1 of 1 Revised: May 2015