



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

New Hampshire Medicaid Program

To: New Hampshire Medicaid Enrolled Providers
From: NH Division of Medicaid Services
Date: November 30, 2023
Subject: New Respiratory Syncytial Virus, Monoclonal Antibody Nirsevimab Administration Codes

Two new CPT codes have been added to the NH Medicaid fee schedule for the administration of Nirsevimab. These codes are to be used for the administration of the Nirsevimab Respiratory Syncytial Virus, Monoclonal Antibody seasonal dose.

CODE	Long Descriptor	Effective Date	Rate
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional <i>(Report 96380 for administration of respiratory syncytial virus, monoclonal antibody, seasonal dose [90380, 90381])</i>	October 6, 2023	\$6.58
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection <i>(Report 96381 for administration of respiratory syncytial virus, monoclonal antibody, seasonal dose [90380, 90381])</i>	October 6, 2023	\$5.48

Note: CPT codes 90461, 90462, 90471, and 90472 should not be used for the administration of Nirsevimab.

For more information on the recommendation of Nirsevimab by the Advisory Committee on Immunization Practices please see the Morbidity and Mortality Weekly Report (MMWR):

[Use of Nirsevimab for the Prevention of Respiratory Syncytial Virus Disease Among Infants and Young Children: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023 | MMWR \(cdc.gov\)](#)

Please contact the NH Immunization Program at 603-271-4482 or immunization@dhhs.nh.gov to enroll as a NH VFC provider or if you have any questions.

If there are any questions on this notice, please contact the Provider Relations Unit at (603) 223-4774 or (866) 291-1674.

Thank you,

NH Medicaid Provider Relations