

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

Effective for dates of service on and after January 1, 2025

COLUMN:

1	2	3	4	5A	5B	5C	5D
TOS	CPT Code	Modifier	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	90611*		Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use (Clinical criteria based on EUA)		0.00 or 270.00 *		
03	90619		Meningococcal conjugate vaccine, serogroups A, C, W, Y quadrivalent, tetanus toxoid carrier (MenACWY-TT), for IM use		171.22		
03	90620		Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for IM use		236.38		
03	90621		Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for IM use		206.57		
03	90623		Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y- tetanus toxoid carrier, and Men B-FHbp, for intramuscular use. Effective 01/01/2024		230.00		
03	90632		Hepatitis A vaccine (HepA), adult dosage, for IM use		71.61		
03	90636		Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, IM use		130.93		
03	90647		Haemophilus influenza type b (Hib), PRP-OMP conjugate, 3 dose schedule, IM use		29.83		
03	90648		Haemophilus influenza type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for IM use		12.42		
03	90649		Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, IM use	21 26	159.75		
03	90650		Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, IM use	21 26	131.84	F	
03	90651		Human Papillomavirus vaccine, types 6,11..58, nonavalent (9vHPV), 3 dose schedule, IM use	21 45	306.86		
03	90653		Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for IM use Eff 08 01 2024	65 99	83.49		
03	90656		Influenza virus vaccine, trivalent, split virus, preservative free, 0.5 ml dosage, IM use		22.35		
03	90657		Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for IM use Eff 08 01 2024		10.93		
03	90658		Influenza virus vaccine, trivalent, split virus, 0,5 ml dosage, IM use		21.86		
03	90660		Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use Eff 08 01 2024	21 49	28.87		
03	90661		Influenza virus vaccine, trivalent (cclIV3), ..., 0.5 mL dose, for IM use Eff 08 01 2024		36.85		

- \* Effective April 1, 2024, the JYNNEOS vaccine (CPT 90611) became commercially available.
- Reimbursement of 90611 is based on whether or not the vaccine was commercially purchased or government-provided.
- If commercially purchased, submit cost of vaccine as billed amount and reimbursement will be the lower of billed charges or the fee-on-file.
- If government-provided, submit \$0 as the billed amount and reimbursement will be \$0 (paid).

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TOS	CPT Code	Modifier	CPT Description	Age 21 Years & Older			
				Age Min - Max	Fee	Sex	UVS >001
03	90662		Influenza virus vaccine (IIV), split virus, preservative free, ...for IM use Eff 08 01 2024	65 99	83.49		
03	90670		Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use		257.99		
03	90671		Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use		253.56		
03	90672		Influenza vaccine, quadrivalent, live (LAIV4), for intranasal use	21 49	23.75		
03	90673		Influenza virus vaccine, trivalent (RIV3), ...for IM use Eff 08 01 2024		83.49		
03	90674		Influenza vaccine, quadrivalent, preservative and antibiotic free, 0.5 ml, IM use		29.35		
03	90677		Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use		298.04		
03	90678		Respiratory syncytial virus vaccine, preF, subunit, bivalent, for IM use Eff 05/31/2023	60 99	306.80		
03	90678	TH	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for IM use Eff 08/21/2023	21 59	306.80	F	
03	90679		Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for IM use Eff 05/03/2023	60 99	294.00		
03	90682		Influenza virus vaccine, quadrivalent, (RIV4), derived from recombinant DNA...IM use		63.76		
03	90686		Influenza vaccine, quadrivalent, split virus, preservative free, 0.5 ml dosage, IM use		20.04		
03	90688		Influenza vaccine, quadrivalent, split virus, 0.5 ml dosage, IM use		17.69		
03	90707		Measles, mumps, and rubella virus vaccine (MMR), live, for subcutaneous use	21 60	92.95		
03	90714		Tetanus and diphtheria toxoids (Td), preservative free, 7 years or older, IM use		33.48		
03	90715		Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for IM use		38.63		
03	90716		Varicella virus vaccine (VAR), live, for subcutaneous use		182.25		
03	90732		Pneumococcal polysacch vaccine, 23-valent, adult or immuno sup dosage, when admin to individuals 2 years or older, subcut. or IM use		133.47		
03	90734		Meningococcal conjugate vaccine, serogroups A, C, Y, and W-135, quadrivalent (MCV4 or MenACWY), for IM use.		165.99		
03	90739		Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for IM use		168.30		
03	90746		Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for IM use		70.38		
03	90750		Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for IM use	50 99	215.51		
03	90756		Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures...IM use		27.78		
03	90759		Hepatitis B vaccine, 3-antigen, 10 mcg dosage, 3 does schedule, for IM use Eff 01/11/2022	21 59	73.82		

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**If further clarification is needed, please call Gainwell Technologies Provider Relations at 1-800-473-2783.**

COLUMN 1:	TOS (Type of Service): 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 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:	Modifier
COLUMN 4:	Procedure code description
COLUMN 5A:	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 5B:	Reimbursement rate on file
COLUMN 5C:	Sex (Restriction): Some procedure codes are indicated for only one sex.
COLUMN 5D:	UVS>001. An 'X' in this column means more than one unit of service per day may be billed.

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

**COVID-19 Vaccine and Administration**

Effective for dates of service on and after January 1, 2025

COLUMN:

1	2	3	4A	4B	4C	4D
TS	CPT Code	CPT Description	Age 21 Years & Older			
			Fee	Effective DOS	End DOS	Condition of payment
03	91320	COMIRNATY (COVID-19 vaccine, mRNA) 2023-2024 formula	155.90		TBD	Must have admin 90480
03	91322	SPIKEVAX 2023-2024 formula	161.65		TBD	Must have admin 90480
03	90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) COVID-19 vaccine, single dose.	30.78		TBD	Must have appropriate COVID-19 vaccine code
03	91304	Novavax COVID-19 Vaccine, Adjuvanted	161.54*		TBD	Must have admin code 90480

\* If the product was received for free, the billed amount submitted to Medicaid should be \$0. Claims with a \$0 billed amount will be reimbursed at \$0. If the product was purchased, submit the appropriate billed amount, and reimbursement will be the lower of the billed charges or the fee on file.

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COLUMN 1: TS (Type of Service): 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 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: Effective Date - Procedure code is effective on and after the DOS indicated. Blank dates indicate the code was effective prior to the effective date of the fee schedule.

COLUMN 4C: Procedure code end date of service. TBD - to be determined

COLUMN 4D: Condition of payment identifies the service that must be submitted with code in column 2 in order for payment to be considered