

LOUISIANA MEDICAID IMMUNIZATION FEE SCHEDULE - Children/Adolescents (Birth through 18 years of age)

Effective for dates of service August 1, 2024 - December 31, 2024

Vaccines available from the Vaccines for Children (VFC) Program will be paid at zero (\$0.00) as the provider is to obtain the vaccine(s) for Medicaid beneficiaries age birth through 18 years from the VFC Program at no cost. For these vaccines, reimbursement will be only for the administration of the vaccine. For vaccines not available through the VFC Program, reimbursement will be the fee for the vaccine plus reimbursement for the administration of the vaccine.

COLUMN:

1	2	3	4	5	6	7A	7B	7C	7D
TOS	CPT Code	Modifier	CPT Description (may include additional information)	Effective DOS	End DOS	Age 0-18 Years			
						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	96380		Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by	01/01/2024		00 02	15.44		
03	96381		Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	01/01/2024		00 02	13.29		
03	90380		Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use			00 02	0.00		
03	90381		Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use			00 02	0.00		
03	90611		Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use	08/01/2024		18	0.00		
03	90619		Meningococcal conjugate vacc., serogroups A, C, W, Y quadrivalent, tetanus toxoid carrier (Men ACWY-TT), for IM use			02 18	0.00		
03	90620		Meningococcal recombinant protein and outer membrane vesicle vacc., serogroup B (MenB), 2 dose schedule for IM use			10 18	0.00		
03	90621		Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for IM use			10 18	0.00		
03	90623		Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y- tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	05/01/2024			0.00		
03	90633		Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for IM use			01 18	0.00		
03	90647		Haemophilus influenza b (Hib), PRP-OMP conjugate, 3 dose schedule, for IM use				0.00		
03	90648		Haemophilus influenza b vaccine (Hib), PRP-T conjugate, 4-dose, for IM use				0.00		
03	90651		Human Papilloma virus (HPV)...(9vHPV), 3 dose schedule, for IM use			09 18	0.00		
03	90656*		Influenza virus vaccine, trivalent (IIV3), split virus, ...0.5 mL dosage, for IM use	08/01/2024		6mo - 18	0.00		
03	90660		Influenza virus vaccine, trivalent, live (LAIV3) for intranasal use	08/01/2024		6mo - 18	0.00		
03	90661		Influenza virus vaccine (cclIV3), ...0.5 mL dosage, for IM use	08/01/2024		6mo - 18	0.00		
03	90670		Pneumococcal conjugate vaccine, 13 valent, for IM use				0.00		
03	90671		Pneumococcal conjugate vaccine, 15 valent, for IM use				0.00		
03	90677		Pneumococcal conjugate vaccine, 20 valent (PCV20), for IM use				0.00		
03	90680		Rotavirus vaccine, pentavalent, 3-dose schedule, live, for oral use				0.00		
03	90681		Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use				0.00		
03	90696		Diphth, tetanus, acell. pertussis and inact polio vacc, (DTaP-IPV), 4-6 yrs of age, for IM use			04 06	0.00		
03	90697		Diphth, tetanus, acell. pertussis, inact poliovirus, Hib conjugate, and HepB vaccine (DTaP-IPV-Hib-Hep B), for IM use			00 04	0.00		
03	90698		Diphth, tetanus, acell. pertussis, inact poliovirus, Hib vaccine (DTaP-IPV/Hib), for IM use				0.00		
03	90700		Diphth, tetanus, acellular pertussis vaccine (DTaP), < 7 yrs of age, for IM use			00 06	0.00		
03	90702		Diphtheria and tetanus toxoids (DT), < 7 years of age, for IM use			00 06	0.00		
03	90707		Measles, mumps and rubella vaccine (MMR), live, for subcutaneous use			01 18	0.00		
03	90710		Measles, mumps, rubella, & varicella vacc (MMRV), live, for subcutaneous use			01 18	0.00		
03	90713		Poliovirus vaccine, inactivated (IPV), for subcutaneous or IM use				0.00		
03	90714		Tetanus and diphtheria toxoids (Td), preservative free, 7 yrs or older, for IM use			07 18	0.00		
03	90715		Tetanus, diphth & acellular pertussis vaccine (Tdap), 7 yrs or older, for IM use			07 18	0.00		
03	90716		Varicella vaccine, live, for subcutaneous use			01 18	0.00		

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TOS	CPT Code	Modifier	CPT Description (may include additional information)	Effective DOS	End DOS	Age 0-18 Years			
						Age Min/Max	Fee	Sex	UVS >001
03	90723		Diphth, tet, acell pertussis-Hep B-inactiv polio vacc (DtaP-HepB-IPV),for IM use				0.00		
03	90732		Pneumococcal polysacch vaccine, 23-valent, 2 years & older, for subcut. or IM use			02 18	0.00		
03	90734		Meningococcal conjugate vaccine, for IM use				0.00		
03	90744		Hepatitis B vaccine, ped/adolescent, 3-dose schedule, for IM use				0.00		
03	90678	TH	Respiratory syncytial virus vaccine. (NOT VFC)			10 18	\$295.00	F	

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

- COLUMN 1: TOS (Type of Service): File 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: Modifiers provide additional information about the service provided. Modifier TH identifies prenatal obstetrical services.
- COLUMN 4: Procedure code description and may include additional information (e.g. the effective date of service).
- COLUMN 5: 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 6: Date the procedure code is no longer valid. Blank dates indicate the procedure code is valid and an end date has not been issued.
- COLUMN 7A: Codes with minimum or maximum age restrictions. If the beneficiary's age on the date of service is outside the minimum or maximum age, the claim will deny.
- COLUMN 7B: Reimbursement rate on file
- COLUMN 7C: Sex (Restriction): Some procedure codes are indicated for only one gender.
- COLUMN 7D: UVS>001. An 'X' in this column means more than one unit of service per day may be billed.

COVID-19 Vaccine and Administration for Children/Adolescents (Birth through 18 years of age)
Effective for dates of service August 1, 2024 through December 31, 2024

Vaccines available from the Vaccines for Children (VFC) Program will be paid at zero (\$0) as the provider is to obtain the vaccine(s) for Medicaid beneficiaries age birth through 18 years from the VFC Program at no cost. For these vaccines, reimbursement will be only for the administration of the vaccine.

COLUMN:

1	2	3	4	5	6	7A	7B	7C
TOS	CPT Code	CPT Description (may also include additional information)	Condition of payment	Proc Code Effective DOS	Proc Code End DOS	Age 0-18 Years		
						Age Min/Max	Fee	Sex
03	91318	Pfizer-BioNTech COVID-19 vaccine 2023-2024 formula (yellow cap) (Provided by VFC Program)	Must have admin	9/11/2023	TBD	6mo-4yr	0.00	
03	91319	Pfizer-BioNTech COVID-19 vaccine 2023-2024 formula (blue cap) (Provided by VFC Program)	Must have admin	9/11/2023	TBD	5-11	0.00	
03	91320	COMIRNATY (COVID-19 vaccine, mRNA) 2023-2024 formula (Provided by VFC Program)	Must have admin	9/11/2023	TBD	12+	0.00	
03	91321	Moderna COVID-19 vaccine 2023-2024 formula (Provided by VFC Program)	Must have admin	9/11/2023	TBD	6mo-11yr	0.00	
03	91322	SPIKEVAX 2023-2024 formula (Provided by VFC Program)	Must have admin	9/11/2023	TBD	12+	0.00	
03	90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) COVID-19 vaccine, single dose.	Must have appropriate COVID-19 vaccine code	9/11/2023	TBD		30.78**	

TOS	CPT Code	CPT Description (may also include additional information)	Condition of payment	Effective DOS	End DOS	Age 0-18 Years		
						Age Min/Max	Fee	Sex
03	91304	Novavax COVID-19 Vaccine, Adjuvanted	Must have admin code 90480		TBD	12+	148.20*	

* 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.

**The published rate has been corrected. Claims have reimbursed correctly at \$30.78 for DOS on and after 01/01/2024.

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

COLUMN 1: TOS (Type of Service): File 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 and may include additional information (e.g. the effective date of service).

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

COLUMN 5: Procedure code is effective on and after the DOS indicated. A blank field indicates the code was effective prior to the effective date of the fee schedule.

COLUMN 6: Date the procedure code is no longer valid. Blank dates indicate the procedure code is valid and an end date has not been issued. 'TBD' to be determined.

COLUMN 7A: Codes with minimum or maximum age restrictions. If the beneficiary's age on the date of service is outside the minimum or maximum age, the claim will deny.

COLUMN 7B: Reimbursement rate on file

COLUMN 7C: Sex (Restriction): Some procedure codes are indicated for only one gender.