

LOUISIANA MEDICAID IMMUNIZATION FEE SCHEDULE: AGE 19 - 20 YEARS

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

COLUMN:

1	2	3	4	5A	5B	5C
TOS	CPT Code	Modifier	CPT Description (may include additional information)	Age 19-20 Years		
				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 (Men ACWY-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, 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	159.75		
03	90650		Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, IM use	131.84	F	
03	90651		Human Papillomavirus vaccine types 6, 11...58, nonavalent (9vHPV), 3 dose schedule, IM use	306.86		
03	90656		Influenza 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 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	28.87		
03	90661		Influenza virus vaccine, trivalent (ccIIV3), ..., 0.5 mL dose, for IM use Eff 08/01/2024	36.85		
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	23.75		

- * 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 (may include additional information)	Age 19-20 Years		
				Fee	Sex	UVS >001
03	90673		Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, ...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	TH	Respiratory syncytial virus vaccine. Eff 08 21 2023	306.80	F	
03	90682		Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, ...IM use	63.76		
03	90686		Influenza virus vaccine, quadrivalent, split virus, preserv free, 0.5 ml dosage, IM use	20.04		
03	90688		Influenza virus vaccine, quadrivalent, split virus, 0.5 ml dosage, IM use	17.69		
03	90707		Measles, mumps and rubella vaccine (MMR), live, subcutaneous use	92.95		
03	90710		Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	275.16		
03	90714		Tetanus and diphtheria toxoids (Td), preservative free, 7 yrs 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 Men ACWY), 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	90756		Influenza virus vaccine, quadrivalent (ccIIIV4), derived from cell cultures...IM use	27.78		
03	90759		Hepatitis B vaccine, 3-antigen, 10 mcg dosage, 3 does schedule, for IM use (Effective 01/11/2022)	73.82		

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: 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 5A: Reimbursement rate on file

COLUMN 5B: Sex (Restriction): Some procedure codes are indicated for only one gender.

COLUMN 5C: UVS>001. An 'X' in this column means more than one unit of service per day may be billed.

Revised:

May 20, 2025

LOUISIANA MEDICAID IMMUNIZATION FEE SCHEDULE: AGE 19 - 20 YEARS**COVID-19 Vaccine and Administration**

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

COLUMN:

1	2	3	4A	4B	4C	4D
TOS	CPT Code	CPT Description	Age 19-20 Years			
			Fee	EFF 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.

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

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: 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 B in order for payment to be considered