

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

Effective for Dates of Service on or after January 1, 2018\* through June 30, 2018

COLUMN:

TS	CPT Code	CPT Description	Age 21 Years & Older											
			Age Min - Max	Fee	Sex	UVS >001	Medicaid Expansion							
								1	2	3	4A	4B	4C	4D
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	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for IM use			\$144.68									E
03	90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for IM use			\$115.75									E
03	90632	Hepatitis A vaccine (HepA), adult dosage, for IM use			\$51.57									E
03	90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, IM use			\$80.27									
03	90647	Haemophilus influenza type b (Hib), PRP-OMP conjugate, 3 dose schedule, IM use			\$22.73									
03	90648	Haemophilus influenza type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for IM use			\$26.03									E
03	90649	Human Papilloma virus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, IM use	21	26	\$121.03									
03	90650	Human Papilloma virus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, IM use	21	26	\$124.37		F							
03	90651	Human Papilloma virus vaccine, types 6,11..58, nonavalent (9vHPV), 3 dose schedule, IM use	21	26	\$162.34									
03	90654	Influenza virus vaccine, trivalent, split virus, preservative-free, for intradermal use	21	64	\$17.76									
03	90656	Influenza virus vaccine, trivalent, split virus, preservative free, 0.5 ml dosage, IM use			\$16.78									
03	90658	Influenza virus vaccine, trivalent, split virus, 0.5 ml dosage, IM use			\$12.77									
03	90670	Pneumococcal conjugate vaccine, 13 valent for intramuscular use			\$155.84									E
03	90674	Influenza vaccine, quadrivalent, preservative and antibiotic free, 0.5 ml, IM use <b>(Covered 8-01-17)*</b>			\$20.65									
03	90682	Influenza virus vaccine, quadrivalent, (RIV4), derived from recombinant DNA...IM use			\$41.68									
03	90686	Influenza vaccine, quadrivalent, split virus, preservative free, 0.5 ml dosage, IM use			\$14.56									
03	90688	Influenza vaccine, quadrivalent, split virus, 0.5 ml dosage, IM use			\$12.61									
03	90707	Measles, mumps, and rubella virus vaccine (MMR), live, for subcutaneous use	21	60	\$41.67									E
03	90714	Tetanus and diphtheria toxoids (Td), preservative free, 7 years or older, IM use			\$18.82									
03	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for IM use			\$33.15									E
03	90716	Varicella virus vaccine (VAR), live, for subcutaneous use			\$72.82									E
03	90732	Pneumococcal polysacch vaccine, 23-valent, adult or immuno sup dosage, when admin to individuals 2 years or older, subcut. or IM use			\$28.72									
03	90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use <b>(Not covered 2-1-18)*</b>			\$111.30									E
03	90734	Meningococcal conjugate vaccine, serogroups A, C, Y, and W-135, quadrivalent (MCV4 or MenACWY), for IM use.			\$90.68									E
03	90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	60	99	\$185.93									E
03	90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for IM use			\$55.31									E
03	90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for IM use	50	99	126.00									
03	90756	Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures...0.5ml dosage, IM use			\$20.51									

Rev: February 2018\*  
 Rev: January 2018  
 Revised: October 2017 (added vaccine)  
 Previous Rev: January 2017

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Listed below are some aids to 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:

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: 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.

COLUMN 4E: An 'E' in this column means the vaccine was added for Medicaid Expansion, effective with date of service July 1, 2016 forward.