

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

Effective for dates of service on or after January 1, 2021 through December 31, 2021

COLUMN:

1 2

3

4A

4B

4C

4D

4E

TS	CPT Code	CPT Description	Age 21 Years & Older				Medicaid Expansion
			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	90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y quadrivalent, tetanus toxoid carrier (MenACWY-TT), for IM use		\$140.68			
03	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for IM use		\$178.50			E
03	90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for IM use		\$156.65			E
03	90632	Hepatitis A vaccine (HepA), adult dosage, for IM use		\$60.70			E
03	90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, IM use		\$110.85			
03	90647	Haemophilus influenza type b (Hib), PRP-OMP conjugate, 3 dose schedule, IM use		\$26.50			
03	90648	Haemophilus influenza type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for IM use		\$10.82			E
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	\$227.18			
03	90654	Influenza virus vaccine, trivalent, split virus, preservative-free, for intradermal use	21 64	\$18.92			
03	90656	Influenza virus vaccine, trivalent, split virus, preservative free, 0.5 ml dosage, IM use		\$19.77			
03	90658	Influenza virus vaccine, trivalent, split virus, 0.5 ml dosage, IM use		\$10.80			
03	90670	Pneumococcal conjugate vaccine, 13 valent for intramuscular use		\$230.14			E
03	90672	Influenza vaccine, quadrivalent, live (LAIV4), for intranasal use	21 49	\$26.88			
03	90674	Influenza vaccine, quadrivalent, preservative and antibiotic free, 0.5 ml, IM use		\$29.23			
03	90682	Influenza virus vaccine, quadrivalent, (RIV4), derived from recombinant DNA...IM use		\$60.98			
03	90686	Influenza vaccine, quadrivalent, split virus, preservative free, 0.5 ml dosage, IM use		\$19.58			
03	90688	Influenza vaccine, quadrivalent, split virus, 0.5 ml dosage, IM use		\$19.17			
03	90707	Measles, mumps, and rubella virus vaccine (MMR), live, for subcutaneous use	21 60	\$76.43			E
03	90714	Tetanus and diphtheria toxoids (Td), preservative free, 7 years or older, IM use		\$25.37			
03	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for IM use		\$34.06			E
03	90716	Varicella virus vaccine (VAR), live, for subcutaneous use		\$134.98			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		\$119.32			
03	90734	Meningococcal conjugate vaccine, serogroups A, C, Y, and W-135, quadrivalent (MCV4 or MenACWY), for IM use.		\$139.26			E
03	90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for IM use		\$131.10			
03	90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for IM use		\$69.65			E
03	90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for IM use	50 99	\$162.09			
03	90756	Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures...0.5ml dosage, IM use		\$27.70			

Rev: Jan 2021
 Rev: Jan 2020
 Rev: Jan 2019
 Rev: Nov 2018

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If further clarification is needed please contact 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: 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.