

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

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

COLUMN:

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		\$155.36		
03	90620		Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for IM use		\$210.57		
03	90621		Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for IM use		\$178.95		
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		\$70.26		
03	90636		Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, IM use		\$119.90		
03	90647		Haemophilus influenza type b (Hib), PRP-OMP conjugate, 3 dose schedule, IM use		\$28.93		
03	90648		Haemophilus influenza type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for IM use		\$11.70		
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	\$268.02		
03	90653		Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for IM use Eff 08 01 2024	65 99	\$83.49		
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		\$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 (ccIIV3), ..., 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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				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	\$27.79		
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		\$34.17		
03	90677		Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use		\$288.66		
03	90678		Respiratory syncytial virus vaccine, preF, subunit, bivalent, for IM use Eff 05/31/2023	60 99	\$295.00		
03	90678	TH	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for IM use Eff 08/21/2023	21 59	\$295.00	F	
03	90679		Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for IM use Eff 05/03/2023	60 99	\$280.00		
03	90682		Influenza virus vaccine, quadrivalent, (RIV4), derived from recombinant DNA...IM use		\$73.40		
03	90686		Influenza vaccine, quadrivalent, split virus, preservative free, 0.5 ml dosage, IM use		\$22.35		
03	90688		Influenza vaccine, quadrivalent, split virus, 0.5 ml dosage, IM use		\$20.88		
03	90707		Measles, mumps, and rubella virus vaccine (MMR), live, for subcutaneous use	21 60	\$87.62		
03	90714		Tetanus and diphtheria toxoids (Td), preservative free, 7 years or older, IM use		\$30.34		
03	90715		Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for IM use		\$38.31		
03	90716		Varicella virus vaccine (VAR), live, for subcutaneous use		\$159.24		
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.		\$147.74		
03	90739		Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for IM use		\$160.28		
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	\$183.41		
03	90756		Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures...IM use		\$32.37		
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
- 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 5A:
- 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 August 1, 2024 through December 31, 2024

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	\$131.10	9/11/2023	TBD	Must have admin 90480
03	91322	SPIKEVAX 2023-2024 formula	\$145.92	9/11/2023	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**	9/11/2023	TBD	Must have appropriate COVID-19 vaccine code
03	91304	Novavax COVID-19 Vaccine, Adjuvanted	\$148.20*		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.

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

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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

Revised: Static May 20, 2025

Oct 21, 2024

May 20, 2024

Jan 26, 2024