

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

Effective for dates of service on and after January 1, 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   |     |          |
| 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 influenzae type b (Hib), PRP-OMP conjugate, 3 dose schedule, IM use   |                      | \$28.93  |     |          |
| 03  | 90648    |          | Haemophilus influenzae 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  | 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   |                      | \$21.40  |     |          |
| 03  | 90658    |          | Influenza virus vaccine, trivalent, split virus, 0.5 ml dosage, IM use  |                      | \$11.02  |     |          |
| 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  | 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 (cclIV4), 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.<br><br>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   |
| COLUMN 5A: | 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 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 on and after January 1, 2024

COLUMN:

| 1<br>TS | 2<br>CPT Code | 3<br>CPT Description   | 4A                   | 4B            | 4C      | 4D  |
|---------|---------------|--|----------------------|---------------|---------|---|
|         |               |  | 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. | \$29.58              | 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.

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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