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

Effective for dates of service January 1, 2024 through July 31, 2024

COLUMN:

				Age 21 Years & Older			
TOS	CPT Code	Modifier	CPT Description	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 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	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 (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		

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

Effective for dates of service January 1, 2024 through July 31, 2024

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
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.

COVID-19 Vaccine and Administration

Effective for dates of service January 1, 2024 through July 31, 2024

COLUMN:

1	2	3	4A	4B	4C
			Age 21 Years &		
TS	**CPT Code**	**CPT Description**	**Fee**	**Effective DOS**	**End DOS**
03	91320	COMIRNATY (COVID-19 vaccine, mRNA) 2023-2024 formula	$131.10	9/11/2023	TBD
03	91322	SPIKEVAX 2023-2024 formula	$145.92	9/11/2023	TBD
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
03	91304	Novavax COVID-19 Vaccine, Adjuvanted	$148.20*		TBD

* 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 produ...
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 de...
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 Midw...
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 ef...
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:
May 20, 2024
Jan 26, 2024

& Older	
Condition of payment	
Must have admin 90480	
Must have admin 90480	
Must have appropriate COVID-19 vaccine code	
Must have admin code 90480	

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ffective date of the