

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

Effective for dates of service May 12, 2023 through December 31, 2023

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	90632		Hepatitis A vaccine (HepA), adult dosage, for IM use		\$64.74		
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		\$241.38		
03	90671		Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use		\$246.20		
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		\$29.94		
03	90677		Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use		\$264.74		
03	90678		Respiratory syncytial virus vaccine, prefF, subunit, bivalent, for IM use Eff 05/31/2023	60 99	\$295.00		
03	90678*	TH	Respiratory syncytial virus vaccine, prefF, subunit, bivalent, for IM use Eff 08/21/2023	21-59	\$295.00	F	
03	90679		Respiratory syncytial virus vaccine, prefF, 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		\$65.26		
03	90686		Influenza vaccine, quadrivalent, split virus, preservative free, 0.5 ml dosage, IM use		\$20.53		
03	90688		Influenza vaccine, quadrivalent, split virus, 0.5 ml dosage, IM use		\$19.91		
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		\$27.70		
03	90715		Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for IM use		\$36.16		
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		\$144.21		
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		\$28.37		
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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Effective for dates of service May 12, 2023 through December 31, 2023

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.

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

COVID-19 Vaccine and Administration

Effective for dates of service May 12, 2023 through December 31, 2023

COLUMN:

TS	CPT Code	CPT Description	Age 21 Years & Older			
			4A Fee	4B Effective DOS	4C End DOS	4D 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	91312	Pfizer-BioNTech COVID-19 Vaccine, bivalent product (gray cap)	\$0.00		09/12/2023	Must have admin code
03	0121A	Pfizer-BioNTech COVID-19 bivalent Administration – Single Dose	\$29.58	4/18/2023	09/12/2023	Must have 91312
03	0124A	Pfizer-BioNTech COVID-19 Vaccine, bivalent (gray cap) Administration - Booster Dose	\$29.58		09/12/2023	Must have 91312
03	91313	Moderna COVID-19 Vaccine, bivalent product (dark blue cap with gray border)	\$0.00		09/12/2023	Must have admin code
03	0134A	Moderna COVID-19 Vaccine, bivalent (dark blue cap with gray border) Administration - Booster	\$29.58		09/12/2023	Must have 91313
03	91303	Janssen COVID-19 Vaccine (J&J)	\$0.00		6/1/2023	Must have admin code
03	0031A	Janssen COVID-19 Vaccine Administration (J&J)	\$29.58		6/1/2023	Must have 91303
03	0034A	Janssen COVID-19 Vaccine Administration - Booster	\$29.58		6/1/2023	Must have 91303
03	91304	Novavax COVID-19 Vaccine, Adjuvanted	\$0.00*		10/02/2023	Must have admin code (0041A, 0042A, 0044A)
03	91304	Novavax COVID-19 Vaccine, Adjuvanted	\$148.20*	10/03/2023	TBD	Must have admin code 90480
03	0041A	Novavax COVID-19 Vaccine, Adjuvanted Administration - First Dose	\$29.58		10/03/2023	Must have 91304
03	0042A	Novavax COVID-19 Vaccine, Adjuvanted Administration - Second Dose	\$29.58		10/03/2023	Must have 91304
03	0044A	Novavax COVID-19 Vaccine, Adjuvanted Administration - Booster	\$29.58		10/03/2023	Must have 91304

* 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.

Revised:
Jan 26, 2024
Aug 31, 2023
Jun 13, 2023
May 31, 2023

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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 B in order for payment to be considered