

LOUISIANA MEDICAID IMMUNIZATION FEE SCHEDULE - Children/Adolescents (Birth through 18 years of age)

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

Vaccines available from the Vaccines for Children (VFC) Program will be paid at zero (\$0.00) as the provider is to obtain the vaccine(s) for Medicaid beneficiaries age birth through 18 years from the VFC Program at no cost. For these vaccines, reimbursement will be only for the administration of the vaccine. For vaccines not available through the VFC Program, reimbursement will be the fee for the vaccine plus reimbursement for the administration of the vaccine.

COLUMN:

1	2	3	4	5	6	7A	7B	7C	7D
TOS	CPT Code	Modifier	CPT Description (may include additional information)	Effective DOS	End DOS	Age 0-18 Years			
						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	96372*		Therapeutic, prophylactic, or diagnostic inj (specify substance or drug); SQ or IM. Use with 90380 or 90381		12/31/2023	00 02	13.27		
03	96380		Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by	01/01/2024		00 02	15.44		
03	96381		Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	01/01/2024		00 02	13.29		
03	90380*		Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	8/3/2023		00 02	0.00		
03	90381*		Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	8/3/2023		00 02	0.00		
03	90619		Meningococcal conjugate vacc., serogroups A, C, W, Y quadrivalent, tetanus toxoid carrier (Men ACWY-TT), for IM use			02 18	0.00		
03	90620		Meningococcal recombinant protein and outer membrane vesicle vacc., serogroup B (MenB), 2 dose schedule for IM use			10 18	0.00		
03	90621		Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for IM use			10 18	0.00		
03	90633		Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for IM use			01 18	0.00		
03	90647		Haemophilus influenza b (Hib), PRP-OMP conjugate, 3 dose schedule, for IM use				0.00		
03	90648		Haemophilus influenza b vaccine (Hib), PRP-T conjugate, 4-dose, for IM use				0.00		
03	90649		Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18, (quadrivalent), 3 dose schedule IM use			09 18	0.00		
03	90651		Human Papilloma virus (HPV)...(9vHPV), 3 dose schedule, for IM use			09 18	0.00		
03	90670		Pneumococcal conjugate vaccine, 13 valent, for IM use				0.00		
03	90671		Pneumococcal conjugate vaccine, 15 valent, for IM use				0.00		
03	90672		Influenza vaccine, quadrivalent, live (LAIV4), for intranasal use			02 18	0.00		
03	90674		Influenza vaccine, quadrivalent, preservative and antibiotic free, 0.5 ml, for IM use				0.00		
03	90677**		Pneumococcal conjugate vaccine, 20 valent (PCV20), for IM use	9/1/2023			0.00		
03	90680		Rotavirus vaccine, pentavalent, 3-dose schedule, live, for oral use				0.00		
03	90681		Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use				0.00		
03	90685		Influenza vaccine, quadrivalent, split virus, preservative free, 0.25 ml, for IM use			00 02	0.00		
03	90686		Influenza virus vaccine, quadrivalent, split virus, preserv free, 0.5 ml dosage,for IM use				0.00		
03	90687		Influenza virus vaccine, quadrivalent, split virus, 0.25 ml dosage, for IM use			00 02	0.00		
03	90688		Influenza virus vaccine, quadrivalent, split virus, 0.5 ml dosage, for IM use			03 18	0.00		
03	90696		Diphth, tetanus, acell. pertussis and inact polio vacc, (DTaP-IPV), 4-6 yrs of age, for IM use			04 06	0.00		
03	90697		Diphth, tetanus, acell. pertussis, inact poliovirus, Hib conjugate, and HepB vaccine (DTaP-IPV-Hib-Hep B), for IM use			00 04	0.00		
03	90698		Diphth, tetanus, acell. pertussis, inact poliovirus, Hib vaccine (DTaP-IPV/Hib), for IM use				0.00		
03	90700		Diphth, tetanus, acellular pertussis vaccine (DTaP), < 7 yrs of age, for IM use			00 06	0.00		
03	90702		Diphtheria and tetanus toxoids (DT), < 7 years of age, for IM use			00 06	0.00		
03	90707		Measles, mumps and rubella vaccine (MMR), live, for subcutaneous use			01 18	0.00		

TOS	CPT Code	Modifier	CPT Description (may include additional information)	Effective DOS	End DOS	Age 0-18 Years			
						Age Min/Max	Fee	Sex	UVS >001
03	90710		Measles, mumps, rubella, & varicella vacc (MMRV), live, for subcutaneous use			01 18	0.00		
03	90713		Poliovirus vaccine, inactivated (IPV), for subcutaneous or IM use				0.00		
03	90714		Tetanus and diphtheria toxoids (Td), preservative free, 7 yrs or older, for IM use			07 18	0.00		
03	90715		Tetanus, diphth & acellular pertussis vaccine (Tdap), 7 yrs or older, for IM use			07 18	0.00		
03	90716		Varicella vaccine, live, for subcutaneous use			01 18	0.00		
03	90723		Diphth, tet, acell pertussis-Hep B-inactiv polio vacc (DtaP-HepB-IPV),for IM use				0.00		
03	90732		Pneumococcal polysacch vaccine, 23-valent, 2 years & older, for subcut. or IM use			02 18	0.00		
03	90734		Meningococcal conjugate vaccine, for IM use				0.00		
03	90744		Hepatitis B vaccine, ped/adolescent, 3-dose schedule, for IM use				0.00		
03	90678	TH	Respiratory syncytial virus vaccine. (NOT VFC)	8/21/2023		10 18	\$295.00	F	

If further clarification is needed, please call Gainwell Technologies Provider Relations at 1-800-473-2783.

- COLUMN 1: TOS (Type of Service): File 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 and by the modifier appended to 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: Modifiers provide additional information about the service provided. Modifier TH identifies prenatal obstetrical services.
- COLUMN 4: Procedure code description and may include additional information (e.g. the effective date of service).
- COLUMN 5: 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 6: Date the procedure code is no longer valid. Blank dates indicate the procedure code is valid and an end date has not been issued.
- COLUMN 7A: Codes with minimum or maximum age restrictions. If the beneficiary's age on the date of service is outside the minimum or maximum age, the claim will deny.
- COLUMN 7B: Reimbursement rate on file
- COLUMN 7C: Sex (Restriction): Some procedure codes are indicated for only one gender.
- COLUMN 7D: UVS>001. An 'X' in this column means more than one unit of service per day may be billed.

**COVID-19 Vaccine and Administration for Children/Adolescents (Birth through 18 years of age)
Effective for dates of service May 12, 2023 through December 31, 2023**

Vaccines available from the Vaccines for Children (VFC) Program will be paid at zero (\$0) as the provider is to obtain the vaccine(s) for Medicaid beneficiaries age birth through 18 years from the VFC Program at no cost. For these vaccines, reimbursement will be only for the administration of the vaccine.

COLUMN:

1	2	3	4	5	6	7A	7B	7C
TOS	CPT Code	CPT Description (may also include additional information)	Condition of payment	Proc Code Effective DOS	Proc Code End DOS	Age 0-18 Years		
						Age Min/Max	Fee	Sex
03	91318	Pfizer-BioNTech COVID-19 vaccine 2023-2024 formula (yellow cap) (Provided by VFC Program)	Must have admin	9/11/2023	TBD	6mo-4yr	0.00	
03	91319	Pfizer-BioNTech COVID-19 vaccine 2023-2024 formula (blue cap) (Provided by VFC Program)	Must have admin	9/11/2023	TBD	5-11	0.00	
03	91320	COMIRNATY (COVID-19 vaccine, mRNA) 2023-2024 formula (Provided by VFC Program)	Must have admin	9/11/2023	TBD	12+	0.00	
03	91321	Moderna COVID-19 vaccine 2023-2024 formula (Provided by VFC Program)	Must have admin	9/11/2023	TBD	6mo-11yr	0.00	
03	91322	SPIKEVAX 2023-2024 formula (Provided by VFC Program)	Must have admin	9/11/2023	TBD	12+	0.00	
03	90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) COVID-19 vaccine, single dose.	Must have appropriate COVID-19 vaccine code	9/11/2023	TBD		29.58	

COVID-19 vaccines provided by the federal government are reimbursed at zero (\$0.00). For these vaccines, reimbursement will be only for the administration of the COVID-19 vaccine.

TOS	CPT Code	CPT Description (may also include additional information)	Condition of payment	Effective DOS	End DOS	Age 0-18 Years		
						Age Min/Max	Fee	Sex
03	91303	Janssen COVID-19 Vaccine (J&J)	Must have admin		06/01/2023	18+	0.00	
03	0031A	Janssen COVID-19 Vaccine Administration (J&J)	Must have 91303		06/01/2023	18+	29.58	
03	0034A	Janssen COVID-19 Vaccine Administration - Booster	Must have 91303		06/01/2023	18+	29.58	
03	91304	Novavax COVID-19 Vaccine, Adjuvanted	Must have admin code (0041A, 0042A, 0044A)		10/02/2023	12+	0.00*	
03	91304	Novavax COVID-19 Vaccine, Adjuvanted	Must have admin code 90480	10/03/2023	TBD	12+	148.20*	
03	0041A	Novavax COVID-19 Vaccine, Adjuvanted Administration - First Dose	Must have 91304		10/03/2023	12+	29.58	
03	0042A	Novavax COVID-19 Vaccine, Adjuvanted Administration - Second Dose	Must have 91304		10/03/2023	12+	29.58	
03	0044A	Novavax COVID-19 Vaccine, Adjuvanted Administration - Booster	Must have 91304		10/03/2023	12+	29.58	
03	91312	Pfizer-BioNTech COVID-19 Vaccine, bivalent product (gray cap)	Must have admin		09/12/2023	12+	0.00	
03	0121A	Pfizer-BioNTech COVID-19 Bivalent Administration – Single Dose	Must have 91312		09/12/2023	12+	29.58	
03	0124A	Pfizer-BioNTech COVID-19 Vaccine, bivalent (gray cap) Administration - Booster Dose	Must have 91312		09/12/2023	12+	29.58	
03	91315	Pfizer-BioNTech COVID-19 Vaccine, bivalent product (orange cap)	Must have admin		09/12/2023	5-11	0.00	
03	0151A	Pfizer-BioNTech COVID-19 Bivalent Pediatric Vaccine (5 years through 11 years) Administration – Single Dose	Must have 91315		09/12/2023	5-11	29.58	
03	0154A	Pfizer-BioNTech COVID-19 Vaccine, bivalent product (orange cap) Administration – Booster Dose	Must have 91315		09/12/2023	5-11	29.58	
03	91317	Pfizer-BioNTech COVID-19 Vaccine, bivalent product (maroon cap)	Must have admin		09/12/2023	6mo-4yr	0.00	
03	0171A	Pfizer-BioNTech COVID-19 Bivalent Pediatric Vaccine Administration – First Dose	Must have 91317		09/12/2023	6mo-4yr	29.58	
03	0172A	Pfizer-BioNTech COVID-19 Bivalent Pediatric Vaccine Administration – Second Dose	Must have 91317		09/12/2023	6mo-4yr	29.58	
03	0173A	Pfizer-BioNTech COVID-19 Vaccine, bivalent product (maroon cap) Administration – Third Dose	Must have 91317		09/12/2023	6mo-4yr	29.58	
03	0174A	Pfizer-BioNTech COVID-19 Vaccine, bivalent product (maroon cap) Administration – Booster Dose	Must have 91317		09/12/2023	6mo-4yr	29.58	

* 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.

TOS	CPT Code	CPT Description (may also include additional information)	Condition of payment	Effective DOS	End DOS	Age 0-18 Years		
						Age Min/Max	Fee	Sex
03	91313	Moderna COVID-19 Vaccine, bivalent product (dark blue cap with gray border)	Must have admin		09/12/2023	12+	0.00	
03	0134A	Moderna COVID-19 Vaccine, bivalent (dark blue cap with gray border) Administration - Booster	Must have 91313		09/12/2023	12+	29.58	
03	91314	Moderna COVID-19 Vaccine, bivalent product (dark blue cap with gray border)	Must have admin		09/12/2023	6mo-11yr	0.00	
03	0141A	Moderna COVID-19 Vaccine, Bivalent Pediatric Vaccine (6 months through 11 years) Administration – First Dose	Must have 91314		09/12/2023	6mo-11yr	29.58	
03	0142A	Moderna COVID-19 Vaccine, Bivalent Pediatric Vaccine (6 months through 11 years) Administration – Second Dose	Must have 91314		09/12/2023	6mo-11yr	29.58	
03	0144A	Moderna COVID-19 Vaccine, bivalent (dark blue cap with gray border) Administration – Booster Dose	Must have 91314		09/12/2023	6yr-11yr	29.58	
03	91316	Moderna COVID-19 Vaccine, bivalent product (dark pink cap and a label with a yellow box)	Must have admin		09/12/2023	6mo-5	0.00	
03	0164A	Moderna COVID-19 Vaccine, bivalent (dark pink cap and a label with a yellow box) Administration – Booster Dose	Must have 91316		09/12/2023	6mo-5	29.58	

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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.

Note: A blank Procedure Code Effective Date indicates the effective date of the procedure code precedes the effective date of this fee schedule.