

LOUISIANA MEDICAID IMMUNIZATION FEE SCHEDULE - Children/Adolescents (Birth through 18 years of age)
Effective for Dates of Service June 1, 2021 through November 30, 2022

Vaccines available from the Vaccines for Children 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 Vaccines for Children Program at no cost. For these vaccines, reimbursement will be only for the administration of the vaccine.

COLUMN:

1	2	3	4A	4B	4C	4D
TS	CPT Code	CPT Description	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	90619	Meningococcal conjugate vaccine, 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 vaccine, 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	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	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		
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 (MCV4 or MenACWY), IM use		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		

Listed below are some aids to help understand the fee schedule. If after reading the information below, 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: Procedure Code Description
- COLUMN 4A: Codes with minimum or maximum age restrictions. If the beneficiary's age on the date of service is outside the minimum or maximum age, claims will deny.
- COLUMN 4B: Reimbursement rate on file
- COLUMN 4C: Sex (Restriction): Some procedure codes are indicated for only one gender.
- COLUMN 4D: UVS>001. An 'X' in this column means more than one unit of service per day may be billed.

Revised: March 13, 2023
Revised: December 6, 2021
Revised: June 1, 2021
Revised: April 1, 2021
January 2021: no changes