

**LOUISIANA MEDICAID IMMUNIZATION FEE SCHEDULE: AGE 19 - 20 YEARS**

Effective for dates of service on or after January 1, 2021 through December 31, 2021

COLUMN:

1      2      3

4A    4B    4C    4D

TS	CPT Code	CPT Description	Age 19-20 Years			Medicaid Expansion
			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	\$140.68			
03	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for IM use	\$178.50			E
03	90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for IM use	\$156.65			E
03	90632	Hepatitis A vaccine (HepA), adult dosage, IM use	\$60.70			
03	90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, IM use	\$110.85			
03	90647	Haemophilus influenza type b (Hib), PRP-OMP conjugate, 3 dose schedule, IM use	\$26.50			
03	90648	Haemophilus influenza type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for IM use	\$10.82			E
03	90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, IM use	\$159.75			
03	90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, IM use	\$131.84	F		
03	90651	Human Papillomavirus vaccine types 6, 11...58, nonavalent (9vHPV), 3 dose schedule, IM use	\$227.18			
03	90654	Influenza virus vaccine, trivalent, split virus, preservative-free, for intradermal use	\$18.92			
03	90656	Influenza vaccine, trivalent, split virus, preservative free, 0.5 ml dosage, IM use	\$19.77			
03	90658	Influenza vaccine, trivalent, split virus, 0.5 ml dosage, IM use	\$10.80			
03	90670	Pneumococcal conjugate vaccine, 13 valent for intramuscular use	\$230.14			E
03	90672	Influenza vaccine, quadrivalent, live (LAIV4), for intranasal use	\$26.88			
03	90674	Influenza vaccine, quadrivalent, preservative and antibiotic free, 0.5 ml, IM use	\$29.23			
03	90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, ...IM use	\$60.98			
03	90686	Influenza virus vaccine, quadrivalent, split virus, preserv free, 0.5 ml dosage, IM use	\$19.58			
03	90688	Influenza virus vaccine, quadrivalent, split virus, 0.5 ml dosage, IM use	\$19.17			
03	90707	Measles, mumps and rubella vaccine (MMR), live, subcutaneous use	\$76.43			
03	90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	\$233.03			
03	90714	Tetanus and diphtheria toxoids (Td), preservative free, 7 yrs or older, IM use	\$25.37			
03	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for IM use	\$34.06			
03	90716	Varicella virus vaccine (VAR), live, for subcutaneous use	\$134.98			
03	90732	Pneumococcal polysacch vaccine, 23-valent, adult or immuno sup dosage, when admin to individuals 2 years or older, subcut. or IM use	\$119.92			
03	90734	Meningococcal conjugate vaccine, serogroups A, C, Y, and W-135, quadrivalent (MCV4 or Men ACWY), for IM use.	\$139.26			
03	90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for IM use	\$131.10			
03	90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for IM use	\$69.65			
03	90756	Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures...IM use	\$27.70			

Rev: Jan 2021  
 Rev: Jan 2020  
 Rev: Jan 2019  
 Rev: Sept 2018

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

**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:** Sex (Restriction): Some procedure codes are indicated for only one sex.

**COLUMN 4C:** UVS>001. An 'X' in this column means more than one unit of service per day may be billed.

**COLUMN 4D:** An 'E' in this column means the vaccine was added for Medicaid Expansion, effective with date of service July 1, 2016 forward.