

LOUISIANA MEDICAID IMMUNIZATION FEE SCHEDULE: AGE 19 - 20 YEARS

Effective for dates of service on and after January 1, 2024

COLUMN:

TOS	CPT Code	Modifier	CPT Description (may include additional information)	Age 19-20 Years		
				Fee	Sex	UVS >001
				5A	5B	5C
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 (Men ACWY-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, 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	\$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	\$268.02		
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	\$21.40		
03	90658		Influenza 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	\$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*	TH	Respiratory syncytial virus vaccine. Eff 08 21 2023	\$295.00	F	
03	90682		Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, ...IM use	\$73.40		
03	90686		Influenza virus vaccine, quadrivalent, split virus, preserv free, 0.5 ml dosage, IM use	\$22.35		
03	90688		Influenza virus vaccine, quadrivalent, split virus, 0.5 ml dosage, IM use	\$20.88		
03	90707		Measles, mumps and rubella vaccine (MMR), live, subcutaneous use	\$87.62		
03	90710		Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	\$259.37		
03	90714		Tetanus and diphtheria toxoids (Td), preservative free, 7 yrs 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 Men ACWY), 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	90756		Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures...IM use	\$32.37		
03	90759		Hepatitis B vaccine, 3-antigen, 10 mcg dosage, 3 does schedule, for IM use (Effective 01/11/2022)	\$73.82		

Revised:
May 20, 2024
*Jan 26, 2024

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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:	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 5A:	Reimbursement rate on file
COLUMN 5B:	Sex (Restriction): Some procedure codes are indicated for only one gender.

LOUISIANA MEDICAID IMMUNIZATION FEE SCHEDULE: AGE 19 - 20 YEARS

COVID-19 Vaccine and Administration

Effective for dates of service on and after January 1, 2024

COLUMN:

1	2	3	4A	4B	4C	4D
TOS	CPT Code	CPT Description	Age 19-20 Years			
			Fee	EFF DOS	End DOS	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	91304	Novavax COVID-19 Vaccine, Adjuvanted	\$148.20*		TBD	Must have admin code 90480

* 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.

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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: 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